



# SNV

## Zambia – SSH4A Results Programme endline brief



**From 2014 through 2017, 370,000 people gained access to sanitation, and 180,000 more people began washing their hands with soap after defecation. Open defecation rates fell from 50% to 5% over the four-year period. This progress was achieved through the Sustainable Sanitation and Hygiene for All Results Programme (SSH4A RP).**

The Government of Zambia aims to achieve nationwide open defecation free status by 2030. In collaboration with the government, SNV implemented SSH4A's four-pillared integrated approach: demand creation, sanitation supply chain development, behaviour change promotion, and WASH governance strengthening.

The programme, funded by the UK AID WASH Results Programme<sup>1</sup> was rolled out across four districts in the Northern Province of Zambia<sup>2</sup>. The programme districts were selected because of their poor sanitation conditions, distance from cities, and their minimal engagement with development partners in sanitation and hygiene.

This endline practice brief shares the results of the SSH4A RP implementation in Zambia. It presents disaggregated sanitation and hygiene outcomes to highlight the realities of the three most vulnerable groups in the country - the poorest households, female-led households, and

households with people with disability (PWDs) - and summarises lessons learnt from implementing rural sanitation at scale.

### The challenge

Sustainable, durable and affordable sanitation and handwashing options are needed. Toilets collapse due to the nature and properties of soils. The frequency of heavy rains heightens the vulnerability of toilet infrastructure. Lack of an enabling environment, which includes the absence of clear regulatory frameworks, policies and community by-laws - to prevent theft, vandalism, and the destruction of handwashing stations for example - continues to hamper the installation of handwashing facilities. Although many households have invested in tippy-tap devices and handwashing containers with lids, these are temporal and highly susceptible to destruction.

### Key achievements (2014 to December 2017)

The four-year rural sanitation programme reached 670,000 people (against 500,000 people in 2014)<sup>3</sup>, and achieved the following results:

**85%** of all households  
have access to a toilet (**38% in  
2014**)



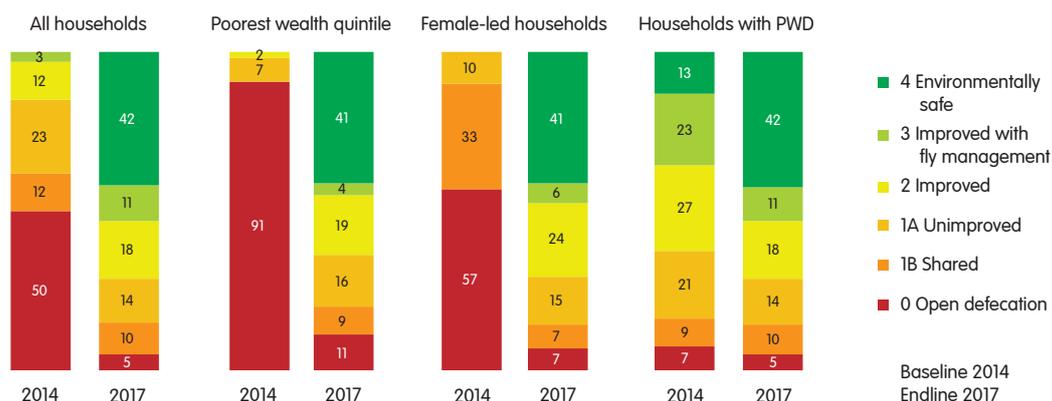
**92%** of all households practise  
hygienic use of toilets (**46% in 2014**)



**35%** of all households have  
access to a handwashing facility  
with soap (**0% in 2014**)



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

## End results of SSH4A implementation in four districts in the Northern Province of Zambia

In December 2017, SNV and partners visited 113 villages, and interviewed 1,628 households across the programme districts to measure the benefits of SSH4A Results Programme's four-year implementation in the Northern Province of Zambia. Akvo's FLOW mobile application software was used to ensure efficiency in gathering and verifying data. Results are presented in percentage of households<sup>4</sup>.

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

Aggregated household results show a 45% reduction in the practice of open defecation (OD) and a 2% drop in use of shared toilets; indicating that more households constructed their own toilets. Increased access to improved toilets is largely due to the presence of bigger retailers supporting sanitation marketing initiatives, making construction materials – at competitive and affordable prices – available for the communities. Further, during Community-Led Total Sanitation (CLTS) triggering sessions, community champions advised households on various latrine options that met government toilet standards, as prescribed in the National Rural Water Supply and Sanitation Programme (NRWSSP)<sup>5</sup>.

Amongst the poorest wealth quintile and female-led households, OD practice fell by 80% and 50%, respectively. Though both face persistent financial challenges, high motivation led to a 71% and 76% increase in access to improved toilets, respectively, with 41% of households in both categories investing in toilets on the highest level. Targeted as 'laggard groups', specific behavioural change communication (BCC) messages deployed emphasised universal access to motivate change within communities. BCC was led by sanitation and hygiene community

systems that governed the community ODF agenda.

For PWD households, rates of OD and access to unimproved sanitation fell by 2% and 7%, respectively. There was an 8% increase in access to improved toilets, and access to environmentally safe toilets increased by 29%.

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

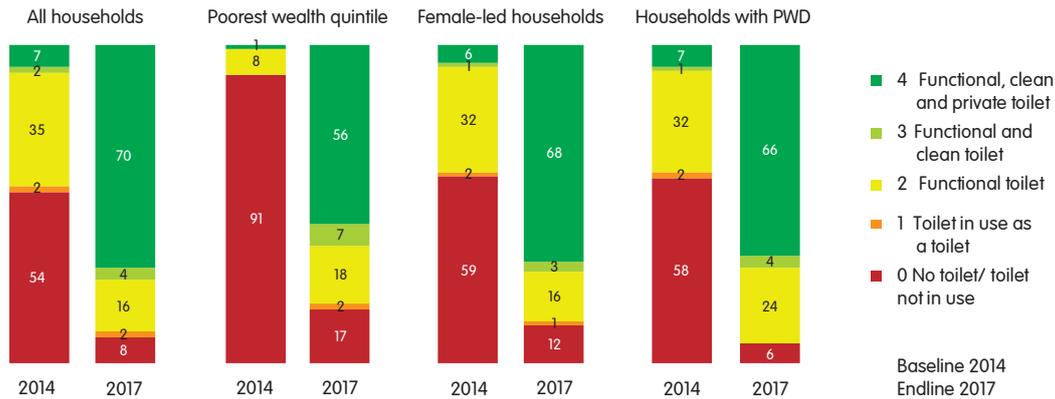
By end 2017, all households OD rates fell by 46%, and use (and maintenance) of level 4 toilets increased by 63%. The sharp rise in use of level 4 toilets resulted from a BCC strategy that used multiple channels to communicate messages, and to elicit the participation of all relevant stakeholders. Community champions, technocrats, traditional leaders and civic leaders were mobilised in planning and implementing NRWSSP-compliant sanitation standards.

The proportion of the poorest households, female-led and PWD households using toilets increased by 74%, 47% and 52%, respectively (levels 1-4). Across all vulnerable groups, most significant changes were recorded on level 4: 55% for the poorest, 62% for female-led households, and 59% for households with PWDs.

## Use of toilet up by 46%, use and maintenance up by 46%

Use rate: **92%** (2017 endline)  
**46%** (2014 baseline) 

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



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

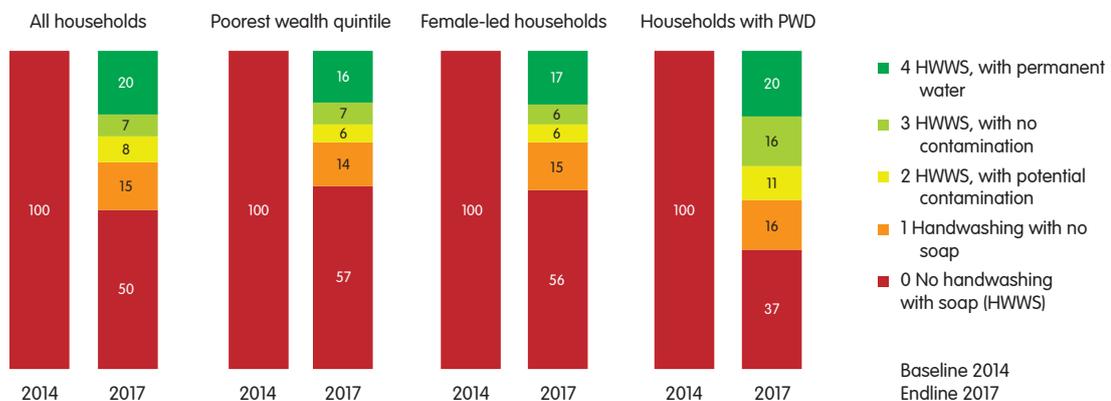
For the remaining 30% of all households that belong to levels 3 and below, government could accelerate efforts to pilot self-financing mechanisms, and explore income-

generating opportunities to enable communities to purchase Safi<sup>6</sup> toilets and hire local artisans or masons to build improved toilets that facilitate hygienic use.

## Access to handwashing facility with soap near a toilet up by 35%

Access rate: **35%** (2017 endline)  
**0%** (2014 baseline) 

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



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

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

At the start of the SSH4A RP, no household had access to a handwashing facility with soap (HWWS). By end 2017 HWWS triggering sessions and BCC campaigns resulted in the 35% increase in households with access (levels 2 to 4). Of this, 20% climbed all the way up the highest level: HWWS with permanent tap water. Gains in the proportion of households with access to HWWS validate survey results that 30% of respondents acknowledge the importance of washing hands after defecation. This knowledge was also key to halving the number of households with no access to HWWS. The remaining

15% moved up to level 1, signifying the need for the government to increase focus in educating households on the benefits of using soap, or its equivalent, within BCC campaigns.

At endline, there was a 29% increase in access to HWWS levels for households belonging to the poorest wealth quintile and female-led households, and a 43% and 44% reduction in households with no access to handwashing, respectively. Access to HWWS levels by households with PWDs increased by 47%, and those with no access to HWWS fell by 63%.

## Recommendations and next steps

✓ There is a need for durable toilet options and handwashing facilities (beyond tippy-taps) that are able to withstand the specific soil properties and climate conditions in the Northern Province. Local authorities should continue to provide systems support to enhance private sector involvement in scaling up affordable sanitation and hygiene options, and encouraging households to climb up the sanitation and hygiene ladder. In addition, public-private partnerships may be explored to enhance income generating activities of the three most vulnerable households, thereby increasing their levels of disposable incomes for the proper construction and maintenance of toilets and handwashing facilities.

✓ Measures, policies and community by-laws need to be put in place to eradicate vandalism of handwashing facilities. Continuous education on maintenance of



handwashing facilities will be as crucial as monitoring their use to ensure sustainability. Constructing tippy-taps that can either be stored away at night or locked in place, educating communities to avoid water and soap wastage, partnering with community health workers and local leaders to publicly 'shame' culprits found vandalising or stealing are some measures that can be taken.

✓ To advance behaviour change communications, national fora, e.g., traditional ceremonies (*Ukusefya Pa Ng'wena*<sup>7</sup>) may be used by the government as platforms for education, product promotion, and continuous training. Public recognition of districts that have attained open defecation free (ODF) status, and households with access to HWWS could go a long way in encouraging others to climb up the sanitation and hygiene ladder. As such, ODF certification at chiefdom/ward level should be intensified.

### 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> Kasama, Luwingu, Mporokoso and Mungwi districts.
- <sup>3</sup> Population growth rate using exponential model with varying district rates.
- <sup>4</sup> Figures are rounded off to the nearest whole number.
- <sup>5</sup> A NRWSP-approved toilet is one that (i) is supported by a superstructure that provides privacy, (ii) has a lid covering the drop hole, (iii) has a smooth, cleanable floor, and (iv) has a handwashing facility with soap/ash located 10m from the toilet.
- <sup>6</sup> SAFI toilets (Swahili word for 'clean') are affordable toilets produced by SNV to meet durability and safety desires of households.
- <sup>7</sup> Literally translated *Ukusefya Pa Ng'wena* means the 'festival of the crocodile'. It is a Bemba cultural traditional ceremony conducted by the Paramount Chief and celebrated every August in the Mungwi district.



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### 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 a toilet or areas where food is prepared).

SSH4A RP in Zambia is a collaborative initiative with the Government of Zambia. 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 endline practice brief was prepared by Anne Mutta, Solomon Mbewe and Anjani Abella, with support from Rosenell Odondi, based on the December 2017 Endline Household Survey Report of Zambia.

### Photos ©SNV

(FRONT) Sharon Mwamba from Kasama District now embraces good hygiene practice, following her participation in sensitisation activities by the Village Sanitation Action Group (SAG). (P4) "Handwashing with soap is paramount in the fight against diarrhoeal-related diseases", says Sharon Mwamba.

### For more information

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In collaboration with the Government of Zambia, SNV supports local governments in leading and accelerating progress towards area-wide sanitation coverage. From 2014 through 2017, the first phase of the Sustainable Sanitation and Hygiene for All Results Programme (SSH4A RP) was implemented in the Kasama, Luwingu, Mporokoso and Mungwi districts. The programme engaged 673,529 people. Main achievements of this four-year collaborative endeavour are highlighted below.

**80%** of the poorest households have access to a toilet (9% in 2014) 

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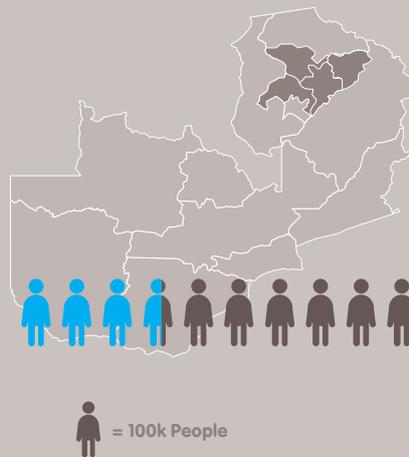
**86%** of female-led households have access to a toilet (10% in 2014)

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**86%** of households with people with disability have access to have access to a toilet (84% in 2014)

**370,000**

new people gained access to sanitation



**83%** of the poorest households use a toilet (9% in 2014) 

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**88%** of female-led households use a toilet (41% in 2014)

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**94%** of households with people with disability use a toilet (42% in 2014)

**29%** of the poorest households have access to a hand-washing facility with soap after defecation (0% in 2014)

**29%** of female-led households have access to a hand-washing facility with soap after defecation (0% in 2014)

**47%** of households with people with disabilities have access to a handwashing facility with soap after defecation (41% in 2014) 

**Sustainable Sanitation and Hygiene for All (SSH4A)** is an integrated 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 (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/exit the toilet. Human faeces do not contaminate surface water or groundwater.
<b>3 Improved with fly</b>	Human faeces contained and not in contact with humans or animals. No flies or rodents enter/exit the toilet.
<b>2 Improved</b>	Human faeces contained and not in contact with humans and animals. Flies or rodents may be present.
<b>1A Unimproved</b>	Unimproved (private) toilet. Human faeces are not contained, and may be in contact with humans and animals.
<b>1B Shared</b>	Unimproved toilet shared between two or more households. Human faeces are not contained and may be in contact with humans and animals.
<b>0 Open defecation</b>	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
<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/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 a toilet within the household.

### OUTCOME INDICATOR 3. Progress in access to handwashing with soap (HWWS) near toilet

Indicator level	Description
<b>4 HWWS, with running tap 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 is within an accessible distance, but water container is not covered, and can easily be contaminated when "hands touch the water".
<b>1 Handwashing with no soap</b>	Handwashing station within accessible distance. No soap.
<b>0 No handwashing (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 on behaviour can prompt "socially 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.

N.B. In the context of 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 climb up the "Toilet in use as a toilet" and "HWWS, with potential contamination" levels signify an improvement.

#### For more information

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