



**SNV**

Sustainable Sanitation and Hygiene for All



**Sustainable Sanitation & Hygiene for All (SSH4A) is SNV's comprehensive approach to ensuring equitable access to improved sanitation and hygiene for those who need it most. Developed since 2008, the SSH4A approach is now working towards sustainable sanitation services in 135 districts across 18 countries in Asia and Africa.**

### The challenge

Although access to improved sanitation is a basic human right, one third of the world's population still live without a safe, sanitary toilet. From health impacts to economic losses, the costs of inadequate sanitation are staggering. But this is one global crisis that is entirely preventable.

Improving access to sanitation services is essential for public health, wellbeing and achieving the Sustainable Development Goals (SDGs). Improved sanitation practices reduce the risk of disease, affecting the productivity and income of millions of rural families. Climate change and population growth make improvements even more urgent. In many countries, sanitation service delivery is fragmented and fails to deliver minimal service standards, while those without access to improved sanitation lack the means and influence to change their situation as they are often the poorest and the most marginalised groups of society.

### Our approach

In order to ensure equitable and sustainable access to sanitation, a comprehensive approach is needed. SNV's experience working on WASH programmes in 18 countries has shown that strategies such as demand creation and sanitation marketing need to be embedded in longer-term processes that develop sustainable service delivery models at scale.

Designed to address this need, Sustainable Sanitation & Hygiene for All (SSH4A) is essentially a capacity building approach, supporting local government to lead and accelerate progress towards district-wide sanitation coverage with a focus on institutional sustainability and learning.

SSH4A recognises the need to reach all by making explicit inclusive strategies with local stakeholders that aim to ensure that the needs of women and men from a range of social groups are taken into account, that effective participation is achieved at all levels and that gender equality is advanced.





SSH4A focuses on the need to develop capacities and approaches that can be scalable through a government-led district-wide approach, as opposed to focusing exclusively on individual communities.

The approach addresses the need to innovate in hygiene promotion practice, linking this to the sanitation drive, but also embedding this practice in long-term health promotion. It also recognises the need to have a long-term strategy to sustain sanitation and hygiene behaviour change, beyond one-off triggering and open defecation free (ODF)-focused programmes.

Last, but by no means least, SSH4A focuses on the need to measure progress in small steps (moving up the sanitation ladder) and to measure access as well as the use and maintenance of toilets and handwashing with soap.

### Integrated components

#### Capacity for steering and implementation of sanitation demand creation

An important component of the approach is to build capacity for implementation of demand creation activities at scale and momentum for change by promoting district-wide coverage. This takes place in two ways. Firstly through building the skills of individual community-led total sanitation (CLTS) facilitators and their capacity to implement activities (taking into account differences between communities in terms of income, ethnicity and caste). Secondly, this component involves organisational capacity development, working with local authorities at different levels (province/ region, district, sub-district/commune, community) to organise and steer demand creation activities, with attention to quality.

#### Capacity for sanitation supply chains and finance

Based on SNV's experience in value chain development, inclusive business and sanitation marketing, this component uses consumer studies, sanitation supply chain analysis and business modelling to understand both supply and demand within the sanitation market. Carried out in partnership with local government agencies, this increases the capacity of local stakeholders to undertake this type of analysis and to understand potential barriers to private sector engagement and financing mechanisms. It also identifies supply side constraints in the sanitation markets that can be addressed through business development activities with the private sector, helping to realise market-based solutions that meet a range of consumer needs and preferences, and responding to changing needs as communities progress to ODF and beyond.

#### Capacity for behavioural change communication (BCC)

There is now increased understanding that hygiene promotion should start from understanding behaviour and the motivation behind it. Recognising the need for local innovation in hygiene promotion practices and translating international insights into local understanding to achieve

### Key figures (2014-2018)



Approximately

**€ 39,000,000**

raised from 6 funding partners



Financing sanitation and hygiene initiatives across

**18 countries**



**10 million people**

living in rural areas reached so far



**3 million people**

gained access to basic (improved) sanitation facilities... and counting!

better quality results, SSH4A works to introduce and build capacity in behavioural change communication methodologies at local level with the active involvement of local and national agencies. The approach consists of a participatory review of existing information, education and communication (IEC) or hygiene promotion work, definition of priority behaviours based on survey data, building skills in formative research, development of BCC strategies, design of messages and campaigns and, finally, monitoring effectiveness. Strategies are then adjusted in response to the evolving priorities, including adding additional focus on menstrual hygiene management and safe emptying practices.

#### Capacity for WASH governance

SNV's experience has shown that building capacity and leadership from the start is essential to ensuring the sustainability and scalability of WASH interventions. SNV's programmes are based on the belief that access to improved sanitation is a human right, and that national and local governments are the duty bearers for a progressive realisation of that right in their countries. Recognising this, SSH4A works to build the capacity of local authorities, supporting them to promote and achieve district-wide coverage. SNV engages both locally: strengthening local government, private sector and civil society capacity for sustainable service delivery, and at national level: working with development partners to support sector reform. Presence at different levels of government not only creates synergies, but also facilitates learning with the ultimate aim of improving the overall performance of the sector.



## Selected project experience

Sustainable Sanitation and Hygiene for All Results Programme (SSH4A-RP)  
**Multi-country | UKAID | € 30M | 2014-2020**

SSH4A RP is SNV's largest results-based funded programme, implemented in Ethiopia, Ghana, Kenya, Nepal, Tanzania, Uganda, Mozambique and Zambia. The programme contributes to ending open defecation; increasing the use of toilets that are safely managed, functional, and facilitate privacy; and increasing access to handwashing with soap facilities (located next to a toilet or areas where food is prepared). We are so confident about our approach that we only receive funding after results are delivered and validated by external experts. Results show that more than 2.4 million people in SSH4A RP countries obtained access to improved sanitation.

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Sustainable Sanitation and Hygiene for All  
**Bhutan and Nepal | DFAT | € 3.2M | 2014-2018**

We're supporting the governments of Bhutan and Nepal to strengthen their respective rural sanitation and hygiene programmes in policy and in practice. Bhutan's national programme is now reinforced by gender-sensitive and socially-inclusive components. And, our innovative approaches to promote handwashing with soap and menstrual hygiene management practices are now incorporated in district-level behaviour BCC strategies. As members of the National Sanitation and Hygiene Coordination Committee, we have supported the development of Nepal's post-ODF guidelines, and are currently advising on village-level sanitation behaviour change plans. Three months before project completion, we've already met and exceeded our improved sanitation targets.

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Supporting Sanitasi Total Berbasis Masyarakat (STBM) in Lampung province  
**Indonesia | Dutch Embassy in Indonesia | € 1.5M | 2014-2017**

At Lampung province, we supported three district governments to implement and take the national sanitation and hygiene programme STBM (community-led total sanitation) to scale. Six months after project completion local government efforts to sustain project results independently have resulted in a full district achieving ODF status, and 140,000 people gaining access to improved sanitation. As members of the Sanitation Partners Group we also supported in the development and approval of the national Menstrual Hygiene Management guidelines. Improved sanitation targets are now embedded in local planning, and budget has seen a fivefold increase.

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## SUSTAINABLE SANITATION AND HYGIENE FOR ALL (SSH4A)

Integrated Nutrition, Hygiene and Sanitation (NOURISH)  
Cambodia | USAID | € 2.4M | 2014-2019

Led by Save the Children, we're applying SSH4A components to strengthen nutrition services within the health sector in the poorest districts of Battambang, Siem Reap and Pursat. We're creating demand for quality health services through district-level ODF awarding, and monitoring WASH facility construction and maintenance. Through sales and market trainings, business management and product diversification, we're enabling an environment where healthy market competition thrives.

In the areas where we have a presence, we've attained 75% improved sanitation coverage (compared to the baseline of 37%).

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*Leaving no one behind: Sanitation planning with households that are home to persons with disabilities (Banteay Meas district in Cambodia).*

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