



By December 2016, 334,589 people had gained access to new and improved latrines in seven districts since 2014 under the Sustainable Sanitation and Hygiene For All – Results Programme (SSH4A-RP) implemented by SNV and the government of Nepal and funded by UKAID.

The Sustainable Sanitation and Hygiene For All (SSH4A) is SNV’s approach to ensure equitable and sustainable access to improved sanitation and hygiene. This is done by supporting district-wide rural sanitation and hygiene services. Developed since 2008 in Asia, the SSH4A approach is currently being implemented and scaled up across fifteen countries in Asia and Africa. The SSH4A Programme integrates best practices in sanitation demand creation and supply chain strengthening, hygiene behaviour change communication, governance, gender and social inclusion. SNV focuses on strengthening the capacities of local stakeholders to plan, implement, monitor and sustain sanitation and hygiene interventions.

The SSH4A-RP is funded by UKAID under the WASH Results Programme using a results based funding (RBF) modality. RBF is a type of Payment By Results (PbR) used by the UKAID that makes payments contingent on the independent verification of results.

This brief presents a summary of progress on the SSH4A-RP in Nepal from the third midterm survey conducted in December 2016 against a baseline done in 2014 at the household level. The brief also gives an overview of the programme’s impact on poverty, gender and people living with disabilities.

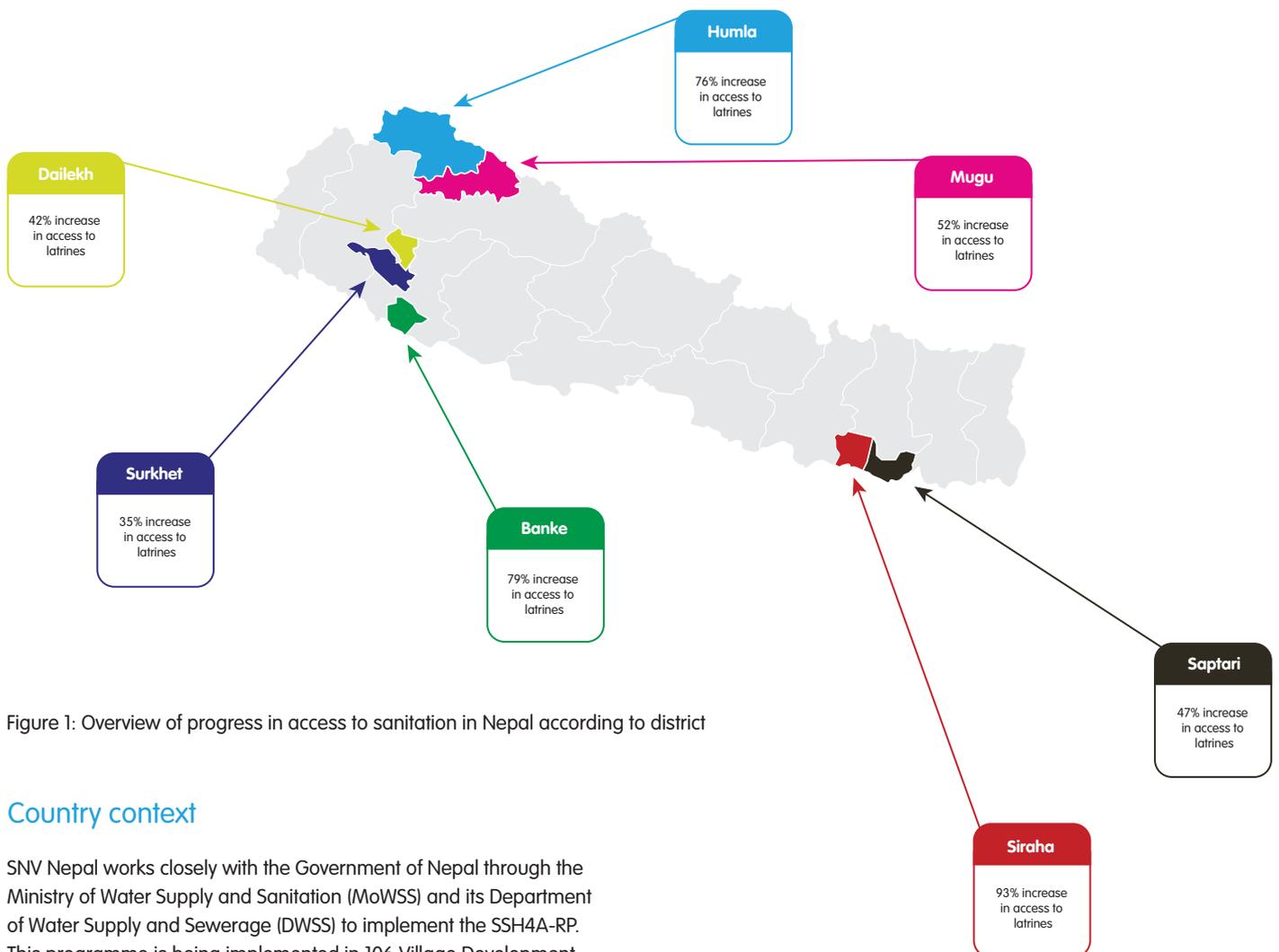


Figure 1: Overview of progress in access to sanitation in Nepal according to district

Country context

SNV Nepal works closely with the Government of Nepal through the Ministry of Water Supply and Sanitation (MoWSS) and its Department of Water Supply and Sewerage (DWSS) to implement the SSH4A-RP. This programme is being implemented in 106 Village Development Committees (VDCs) across seven districts, with the aim of achieving the government’s national target of universal access to basic sanitation by 2017. The seven districts were selected based on their poor sanitation conditions, remoteness, and levels of less than 0.499 on the ‘Human Development Index’.

SSH4A Programme Impact End 2016

Outcome Indicator 1: Access to sanitation facilities

This indicator is measured at the household level. It assesses access to new and improved latrines within the project areas using a ladder as shown in Figure 2.

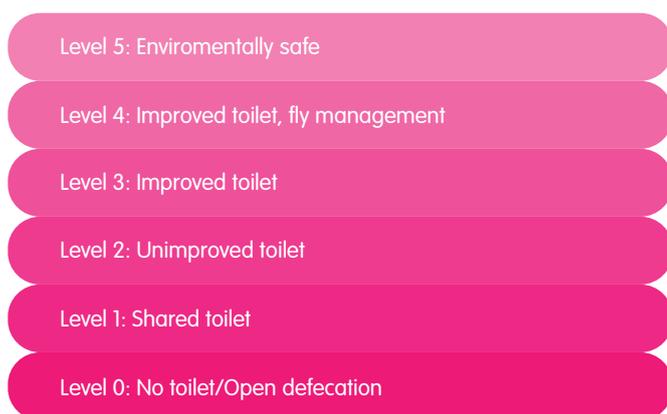


Figure 2: The sanitation ladder representing scale of access to sanitation facility

By the third midterm review

- 334,589 people had gained new and improved access to sanitation
- Open defecation had reduced to 13% from a baseline of 73%
- Access to sanitation had increased to 84% from 23% at baseline
- 90 Village Development Committees out of 106 have been declared Open Defecation Free (ODF)

Access to sanitation facilities against wealth quintile, female-headed households and households with people living with disabilities

- The poorest wealth quintile registered a 60% reduction in open defecation to 2% by the third midterm review
- Female-headed households registered a 47% reduction in open defecation to 17% at the third midterm review
- Access to improved toilets with fly management and environmentally safe toilets among female-headed households increased to 76% from 17% at the baseline within the programme area
- Households with people living with disabilities registered a 78% increase in access to environmentally safe toilets from a baseline of 1%

Both the poorest and richest wealth quintiles had the lowest proportion of people defecating in the open. This shows that the pro-poor support mechanisms adopted by the VDCs were effective in ensuring that the poor are able to construct safe sanitation facilities.

Sustained use of sanitation facilities

This indicator measures the number of people with access to a sanitation facility and are able to use it as intended.

- Sustained use of sanitation facilities increased to 83% from 20% at baseline within the programme area
- Among female-headed households, sustained use increased 57% from 23% at baseline

The large increase in sustained use of toilets over the programme period suggests that the new toilets are being used and are working properly. SSH4A-RP will focus on upgrading unimproved toilets and continue emphasizing strategies that protect groundwater from toilets that are not environmentally safe.

Outcome Indicator 2: Hygienic use and maintenance of sanitation facilities

This indicator is measured at the household level. It assesses whether a toilet is used and maintained as intended. It also measures the hygienic use and maintenance of sanitation facilities using a ladder as shown in Figure 3.



Figure 3: Scale of hygienic use and maintenance of toilets

Overall hygienic use and maintenance of sanitation facilities

- 86% of households with toilets were found to be hygienically used and maintained during the third midterm review, compared to a baseline of 25%
- Households with toilets that are functional, clean and have privacy increased to 71%, from 1% at baseline

Hygienic use and maintenance of sanitation facilities against wealth quintile, female-headed households and households with people living with disabilities

- 66% of the poorest households had access to toilets that are functional, clean and private compared to only 1% at the baseline
- The proportion of female-headed households with functional and clean toilets that are private increased by 68% from 2% at the third midterm review

A significant number of households have attained the highest level of hygienic use and maintenance of toilets – Level 4. This shows that toilets are clean, the superstructure is well made and it offers adequate privacy.

Outcome Indicator 3: Access to handwashing stations with soap

This indicator is measured at household level. It assesses the existence and quality of handwashing facilities in or near the toilet, and close to food preparation areas. These serve as proxy indicators for the practice of hand washing after defecation and before cooking or preparing food respectively.

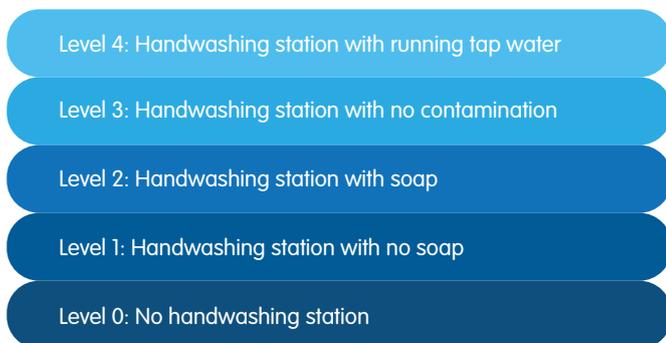


Figure 4: Presence of a handwashing station with soap after defecation

The most significant improvement in knowledge around handwashing with soap was on the importance of handwashing after defecation which registered a 9% increase in knowledge from a baseline of 87%.

Presence of handwashing stations next to sanitation facilities

- By the third midterm review, 39% of households registered an improvement at Level 4, i.e. access to a handwashing station with running water
- Handwashing stations with soap but potential water contamination increased to 14% from 3% at baseline

Presence of a handwashing station next to sanitation facilities against wealth quintile, gender and households with people living with disabilities

- The presence of handwashing stations within the poor wealth quintile increased to 66% from 15% at baseline
- There was a 45% improvement in the availability of handwashing stations next to toilets among female-headed households from 17% at baseline.
- 58% of households with people living with disability had handwashing stations with soap after defecation, up from 10% at baseline

42% of households with people living with disability did not have handwashing stations with soap after defecation, compared to 90% at baseline. The programme registered a notable increase in access to handwashing facilities with soap after defecation across all wealth quintiles, except among the richest households, which were very few in number at the baseline.

Presence of handwashing stations before cooking and food preparation

- By the third midterm review, 62% of the households registered an improvement in handwashing facilities used before food preparation from 12% at the baseline
- Female-headed households recorded a 63% improvement in the availability of handwashing stations next to food preparation areas from 9% at baseline
- Households with people living with disability recorded a 44% improvement in the availability of handwashing stations with soap before food preparation from nil at baseline

Since baseline, there has been a drastic increase both in the proportion of households that have a handwashing facility with soap near the toilet, and near food preparation areas.

A slightly higher proportion of households having people with disabilities did not have access to a handwashing facility near the toilet or food preparation area, compared to other households. This could mean that people living with disabilities may have reduced levels of access to good hygiene.

Gains made since baseline in handwashing facilities used before food preparation (62%) have been greater than those made in handwashing facilities used after defecation (48%).

Conclusions and key recommendations

Access to and sustained use of sanitation facilities

The results on access to sanitation facilities reveal an increase in access to sanitation, and specifically access to environmentally safe toilets across all districts within the programme area, across all wealth quintiles, and for both male and female-headed households.

- The flush toilet is an aspiration among the people in Nepal. Consequently, technological options being promoted focused on affordable ways of constructing a water-based system and related variations in the types of pits
- Sanitation programmes within the three terai districts are relatively recent, compared to the four hill and mountain districts. Besides sanitation demand creation for toilets, the programme also focused on upgrading of existing toilets in the hill and mountain districts
- Gender roles and social status have an impact on access to sanitation. Female-headed households made less progress in access and moving up the sanitation ladder in comparison to male-headed households. The programme focused on women-specific initiatives, especially in the conservative terai area, and needs to continue doing so
- The increase in sustained use of toilets reveals that the new toilets that have been constructed as part of the open defecation free campaigns are being used and are working properly

Hygienic use and maintenance of sanitation facilities

The results show that almost all toilets that were constructed at the household level are being used as toilets. A key reason is the no-subsidy approach adopted by the Government of Nepal which advocates for households to invest in a toilet, so that they feel ownership of the toilet and are motivated to use it. Another significant factor is the programme's focus on behaviour change communication that emphasizes the hygienic use of toilets after construction. The results show that people in the programme area are convinced that using the toilet is beneficial for them.

Households with people living with disabilities

The findings show there is little difference in access to sanitation facilities and the hygienic use and maintenance of toilets between households with people living with disabilities (PWDs) and those without PWDs. In terms of access to handwashing facilities, a slightly higher proportion of the households with PWDs do not have access to a handwashing facility near a toilet or food preparation area. This suggests that people with disabilities may have less access to good hygiene.

This progress update was produced by the SSH4A Programme Management Unit with support from the SSH4A Country Project Team in Nepal. The results presented in this paper are based on the performance monitoring data collected, analyzed and independently verified in Nepal under the SSH4A Results Programme.



SNV is a not-for-profit international development organisation. Founded in the Netherlands nearly 50 years ago, we have built a long-term, local presence in 38 of the poorest countries in Asia, Africa and Latin America. Our 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 programme has been funded by UK aid from the UK government; however the views expressed do not necessarily reflect the UK government's official policies.



The Sustainable Sanitation and Hygiene For All Results Programme (SSH4A-RP) is based on a capacity building approach that supports local government to lead and accelerate progress towards district-wide sanitation coverage with a focus on institutional sustainability and learning. The SSH4A-RP is being implemented across seven districts in Nepal, namely Humla, Mugu, Dailekh, Surkhet, Banke, Siraha and Saptari Districts. The districts also represent all three ecological zones within Nepal, namely the mountainous zone (Humla and Mugu Districts), the hilly region (Surkhet and Dailekh Districts), and the plains areas, i.e. "terai" zone (Siraha, Saptari and Banke Districts).

The findings from the 2016 third midterm review show that there has been significant progress in access to sanitation facilities since the baseline survey was conducted in May 2014. During the third midterm review, data was collected from 1,752 households in 41 villages within 126 wards across the seven districts.

