

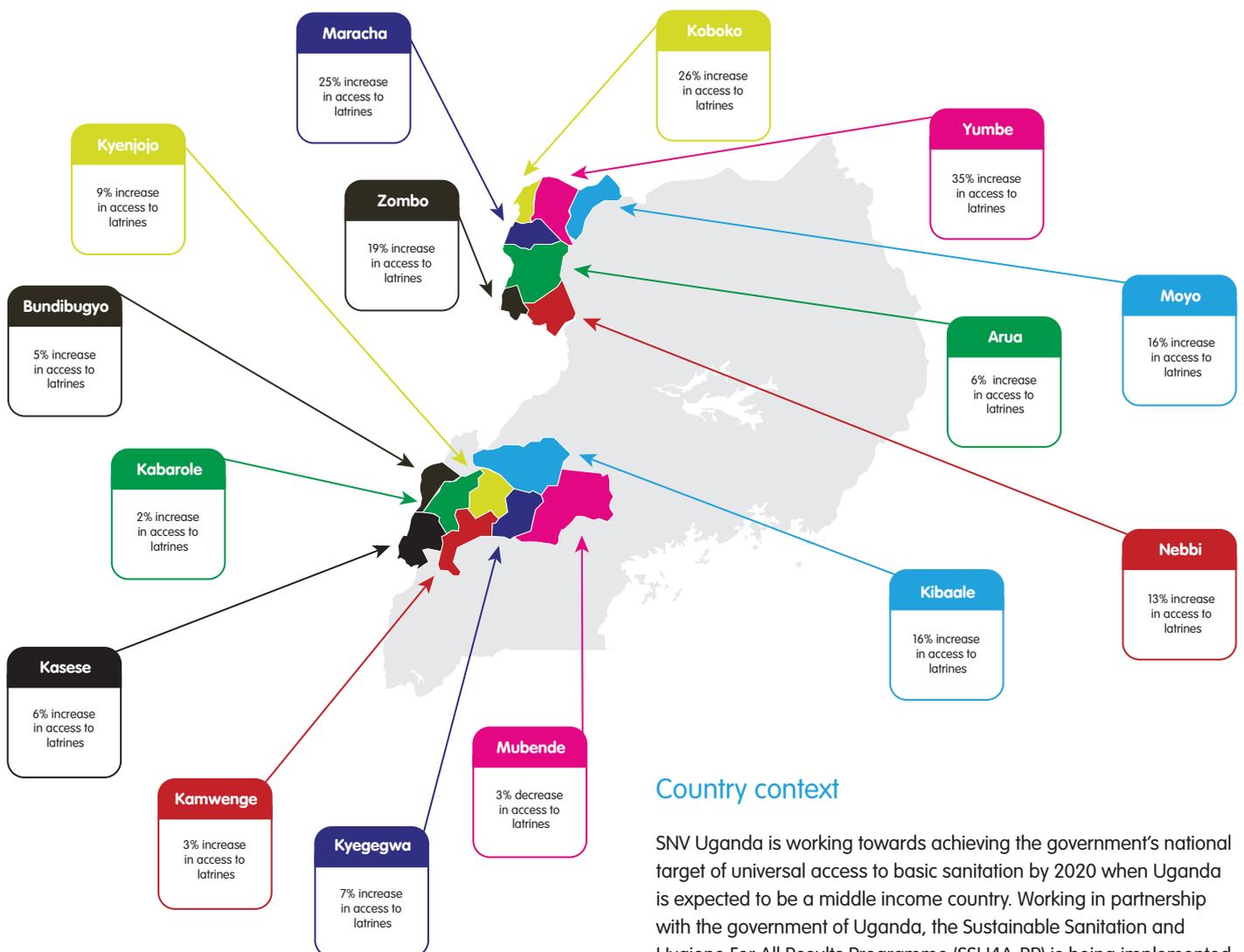


By December 2016, 768,385 people had gained access to new and improved latrines in Uganda since 2014 under the Sustainable Sanitation and Hygiene For All – Results Programme (SSH4A-RP) implemented by SNV and the government of Uganda and funded by UKAID.

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 programme results.

This brief presents a summary of progress on the SSH4A-RP in Uganda 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.



### Country context

SNV Uganda is working towards achieving the government’s national target of universal access to basic sanitation by 2020 when Uganda is expected to be a middle income country. Working in partnership with the government of Uganda, the Sustainable Sanitation and Hygiene For All Results Programme (SSH4A-RP) is being implemented across 15 districts within the West Nile and Rwenzori regions. These districts are Arua, Bundibugyo, Kabarole, Kamwenge, Kasese, Kibaale, Koboko, Kyegegwa, Kyenjojo, Maracha, Moyo, Mubende, Nebbi, Yumbe and Zombo (see map in Figure 1).

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

# 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 programme areas using a sanitation ladder as shown in Figure 2.

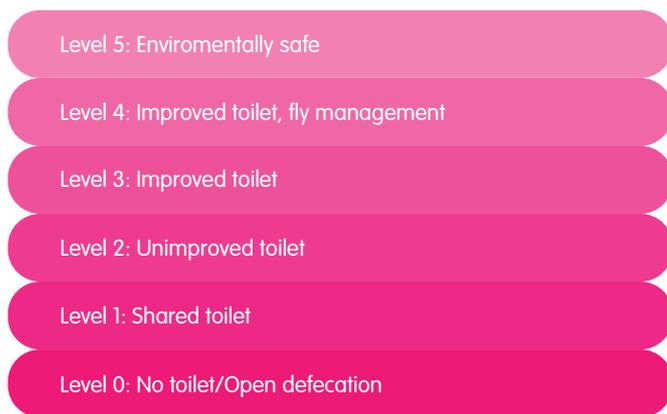


Figure 2: The sanitation ladder representing scale of access to sanitation facility

### By the third midterm review

- 768,385 people had gained new and improved access to sanitation facilities
- Open defecation had reduced to 5% from a baseline of 16%

### Access to sanitation facilities against gender of household head

- Access to improved toilets among female-headed households increased to 97% across all districts from a baseline of 78%
- Among female-headed households, open defecation reduced to 5% at the third midterm from a baseline of 22%

Access to improved toilets with fly management and environmentally safe toilets among female-headed households increased to 46% from 23% at the baseline within the programme area.

## 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 70% from 47% at baseline within the programme area
- Among female-headed households, sustained use of sanitation facilities increased by 25% from 43% at baseline
- Households in the poorest wealth quintile registered a 33% increase in the sustained use of sanitation facilities from 29% at the baseline

## 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

- 83% of households with toilets were found to be hygienically used and maintained during the third midterm review, compared to a baseline of 77%
- 21% of households had functional, clean and private toilets during the third midterm review, compared to a baseline of 1%
- Among female-headed households access to improved toilets had increased to 27% from a baseline of 19%

Women are the main participants in the Behaviour Change and Communication campaigns. The Behaviour Change and Communication campaign targets caregivers for under 5 and women, therefore we note an increase of 10% compared to 4% among male headed households. This has led to a positive change in the hygienic use and maintenance of sanitation facilities among women.

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## Outcome Indicator 3: Access to handwashing stations with soap

Measured at the household level, this indicator assesses the existence and quality of handwashing facilities in or near the toilet, and close to food preparation areas. Knowledge of the critical moments for handwashing with soap and prioritizes two junctures i.e. after defecation and before preparing food. The existence and proximity of handwashing facilities serve as proxy indicators for the practice of handwashing after defecation and before cooking or preparing food respectively, as indicated in Figure 4 below.

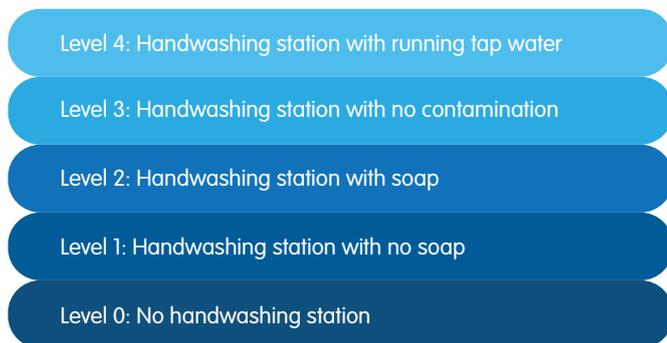


Figure 4: Presence of a handwashing station with soap after defecation

### Presence of handwashing stations next to sanitation facilities

- By the third midterm review, 18% of the households registered an improvement at Level 1, i.e. access to a handwashing station with no soap next to a latrine
- There was a 25% improvement in the availability of a handwashing station next to latrines among female-headed households from 5% at baseline

### Findings on presence of handwashing stations with soap

Overall access to handwashing with soap after defecation shows improvement across the handwashing ladder, with the exception of handwashing station with soap. The use of soap within a household for handwashing after defecation is not prioritized. This in combination with the use of water as anal cleaning practices could contribute to low presence of soap or equivalent.

### Presence of handwashing stations with soap before cooking and food preparation

At the third midterm review, 14% of the households with handwashing stations were at Level 3, i.e. handwashing stations without water contamination, compared to level zero at baseline.

## Recommendations

As the SDG era begins, it is critical that the programme upgrades reporting requirements and builds a database on progress towards safely managed sanitation. It is recommended that a countrywide roadmap to achieving Open Defecation Free (ODF) Status is developed at the policy level.

Periodic refresher training will be conducted for Community Led Total Sanitation (CLTS) facilitators targeting parish and sub-county staff. This is critical in order to establish new knowledge on what works or does not work, and helps reinforce the quality of work done.

Verifying ODF status needs to remain independent. Current practice requires that costs are either paid for by the implementing NGO or local government self-verifies their work. An independent team needs to be established and charged with this role to avoid the backlog of unverified villages and long periods of waiting after self-claims have been made.

This progress update was produced by the SSH4A Programme Management Unit with support from the SSH4A Country Project Team in Uganda. The results presented in this paper are based on the performance monitoring data collected, analyzed and independently verified in Uganda 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 15 districts, namely Arua, Bundibugyo, Kabarole, Kamwenge, Kasese, Kibaale, Koboko, Kyegegwa, Kyenjojo, Maracha, Moyo, Mubende, Nebbi, Yumbe and Zombo.

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 3,494 households in 201 villages across 15 districts.

