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Zambia – SSH4A Results Programme first mid-term brief



One year after implementation of SNV's Sustainable Sanitation and Hygiene for All Results Programme (SSH4A RP) in Chama, Chilubi and Nakonde districts, 56,669 people had gained access to safe sanitation and hygiene, and 8,081 people begun practising handwashing with soap after defecation, and open defecation rates had fallen from 28% to 4%.

The Government of Zambia has committed itself to end open defecation by 2030. In collaboration with the government, SNV is implementing SSH4A's four-pillared integrated approach: demand creation, sanitation supply chain development, behaviour change promotion, and support on governance issues to strengthen sustainability. The programme, which runs from January 2017 through March 2020, receives funding from the WASH Results Programme of UKAid and uses a results-based financing model¹. The programme districts were chosen for implementation because of their poor sanitation conditions, distance from cities, and lack of engagement with development partners.

This mid-term practice brief reports progress during the first year of SSH4A RP programme implementation in the three districts. It presents disaggregated sanitation and hygiene outcomes, with data on the districts' most vulnerable groups: the poorest households, female-led households, and households with persons with disabilities (PWD).

The challenge

Financial limitations, labour constraints (especially amongst female-led households), and lack of access to durable toilets and handwashing facility options are the greatest barriers to realising safe sanitation and hygiene in rural communities in Zambia.

Prior to the application of the SSH4A approach, 28% of the local population were practising open defecation

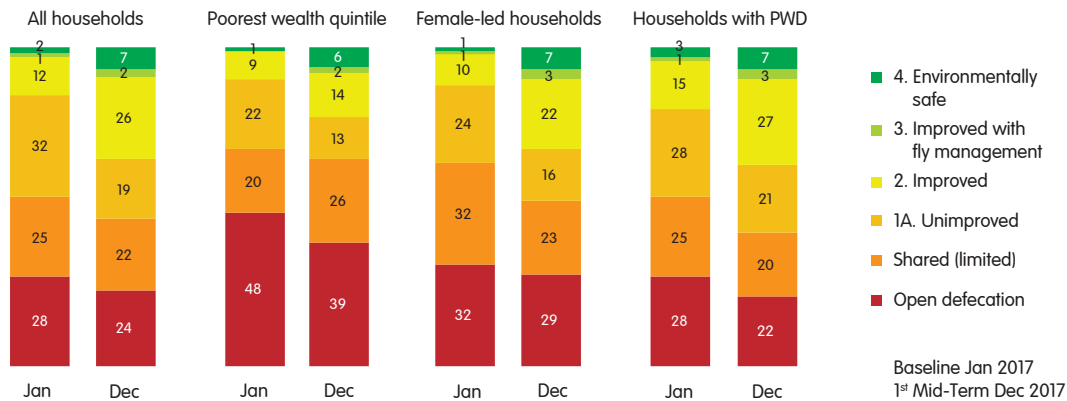
(OD) and 25% were using shared latrines. Whilst such practices are considered unsafe and unsanitary, their prevalence are likely due to limited access to resources for the construction of a toilet: in cash, labour, or both. In addition, 42% of the population were found to either have no toilets, or toilets that were not in use. The results of the programme's baseline survey² reveal that although communities built toilets in response to behaviour change triggering, a significant proportion are not using them across all wealth quintiles: the poorest households performing the worst.

Illustration 1: Four components of the Sustainable Sanitation and Hygiene for All (SSH4A) approach





FIGURE 1: Percentage of households with access to sanitary toilets, January to December 2017



Note: Households with toilets categorised as Level 1A through Level 4 are considered to have access to improved sanitation.

ACCESS TO A SANITARY TOILET *(see fig.1)*

During the first year of programme implementation the team raised awareness on diverse toilet options, and promoted informed (household) choice. Increased awareness on SAFI³ toilets (suitable for loose rock formation) and other toilet options led to a 13% reduction in all household use of unimproved toilets, and a 14% increase in access to improved toilets (level 2). Behavioural communication change activities helped 4% of all households abandon OD practice, and encouraged households to upgrade their toilets to National Rural Water Supply and Sanitation Programme (NRWSSP)⁴-compliant ones.



Amongst the poorest wealth quintile, OD practice fell by 9% and use of 'unimproved toilets' by 9%. By end 2017, a marginal 3% increase in overall access to safe sanitation (from level 1A to 4) was registered.

Between the ages of 15 and 49 years, women are considered to be in their most "active and productive" phase: socially and economically, making them great allies in effecting positive sanitation and hygiene changes. Despite this, the MTR found that 86% of all female-led households continue to lack access to labour and financial resources for toilet construction.

For households with people with disability (PWD), the 6% reduction in OD practice and 11% increase in access to safe sanitation were attributed mainly to programme interventions and government social cash transfer⁵. At the advice of members of the District Water, Sanitation and Hygiene Education Committee (DWASHE), households with PWDs are allowed to use part of their social cash support to finance toilet construction. Under the government's Food Security Pack Program and social cash transfer, PWDs receive double the allocation received by other vulnerable groups, such as the elderly and female-led households.

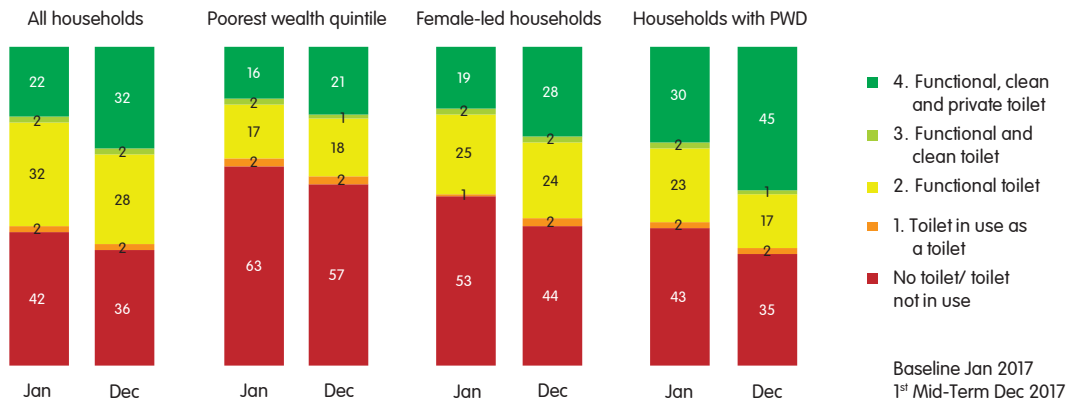
Given the effectiveness of traditional leaders in championing change in communities, the programme will continue leveraging their influence in educational activities to help eradicate OD by 2030. As well, developing specific interventions that offer cost-effective and affordable sanitation options will continue to be a focus. To address the urgent need to end OD, the programme will also intensify efforts to seek for synergies between the components of sanitation demand creation and sanitation supply chains and financing.

Hygienic use and maintenance of toilets up by 6%

Access rate: **64%** (Dec 2017 first MTR)
58% (Jan 2017 baseline)



FIGURE 2: Percentage of households' hygienic use and maintenance of sanitary toilets, January to December 2017



Note: Levels 1 through 4 are considered to indicate hygienic use and maintenance of facilities. Improvements are measured as households move up from Level 1.

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

Aggregate results of all households show a 6% increase in access to hygienic toilets accompanied by a similar reduction in households with no toilets. There was a 6%, 9% and 8% increase in access to hygienic toilets and a similar reduction in those with no access for the poorest wealth quintile, female-led households, and those belonging to PWDs, respectively. By end December 2017, aggregate household results registered a 10% increase on level 4: the highest gain realised across all levels. This suggests that 'privacy' holds great value for many households.

Within one year of programme implementation, 15% more households with PWDs moved up to level 4, followed by 9% for female-led households, and 5% for the poorest wealth quintile. It is assumed that because some PWDs use walls and the floors as walking aids, issues of cleanliness and privacy are paramount and perhaps, of greater importance compared to the other household categories.

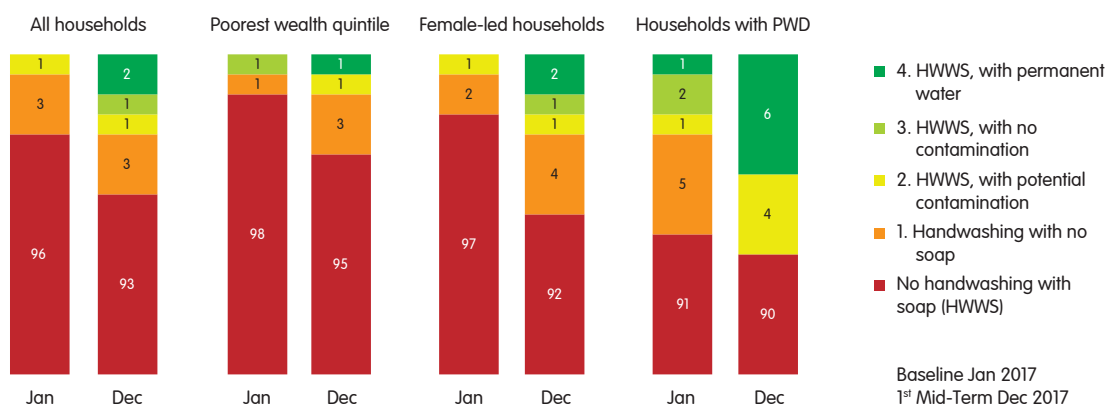
Communities have responded positively to triggering and building toilets, as manifested by the increased proportion of households with access to levels 2-4. But a significant

Access to handwashing facility with soap near a toilet, after defecation up by 3%

Access rate: **4%** (Dec 2017 first MTR)
1% (Jan 2017 baseline)



FIGURE 3: Percentage of households with access to handwashing facilities with soap, January to December 2017



Note: Levels 1 through 4 are considered to indicate access to handwashing with soap (HWWS). Improvements are measured as households move up from Level 2.

number of toilets are still not used as toilets, and open defecation practice remains high. Households belonging to levels 2 and 3 are likely to benefit from more intensive BCC work to take them higher up the sanitation and hygiene ladder. As such training of district and sub-district staff on BCC will serve as the focus for the coming year.

HANDWASHING FACILITY WITH SOAP ACCESS

(see fig.3)

Household access to a handwashing facility with soap remains the lowest (of all three programme outcome indicators). Although there is reported⁶ evidence of high knowledge on handwashing with soap (HWWS), the absence of handwashing facilities negates this. Across all households, the most progress is observed amongst households with PWDs: a 5% increase in access to HWWS, with permanent water (level 4).

Traditionally, handwashing facilities are not installed in fixed places. But, the absence of a handwashing facility does not necessarily mean that

handwashing with soap is not being practised. To address this, the programme is promoting locally-made tippy-taps in implementation areas. It is assumed that a closer distance to the facility increases the likelihood of practising hygienic behaviour.



Because of the numerous challenges to realising progress in handwashing with soap, refresher training activities for champions and technocrats who carry out triggering techniques are imperative. And initiatives to improve sanitation must be accompanied by an equal attention to HWWS. Similarly, to address durability, affordability and accessibility issues, the programme will continue to support artisan and mason training on technology options, including those suitable for PWDs. Finally, the reasons behind inaccessibility of soap/soap alternatives, especially amongst the poorest wealth quintile and female-led households, require further investigation to determine the course of action to be undertaken.

Endnotes

- ¹ 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.
- ² SNV Zambia SSH4A Country Extension Baseline report, May 2017.
- ³ SAFI toilets (Swahili word for 'clean') are affordable toilets developed by SNV, through action learning, to meet durability and safety desires of households.
- ⁴ A NRWSSP-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.
- ⁵ Social cash transfers and the Food Security Pack are government-led initiatives that offer social support and protection to vulnerable groups with the aim of protecting and promoting their welfare and livelihoods.
- ⁶ SNV Zambia SSH4A 1st Midterm HH report, December 2017.



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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 seven countries in Africa and Asia. 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 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. With support from the United Kingdom Government, SSH4A RP was extended to an additional three districts. The current 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.

The first MTR practice brief reflects the programme's progress between January and December 2017. It was prepared by SNV's Anne Mutta, Solomon Mbewe, and Anjani Abella, with the support of Rosenell Odondi, based on the 1st Midterm household report of SNV in Zambia, December 2017.

Photos ©SNV

- (FRONT) Evidence based monitoring: Kasama DWASH members collecting data for the household survey.
- (P2) SSH4A RP BCC team demonstrates the practice of handwashing with soap/ash.
- (P3) Local masons receive training on diverse and innovative sanitation technologies: latrines and handwashing facilities.

For more information

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