Practice Brief

Uganda – SSH4A Results Programme endline brief

The Government of Uganda aims to eliminate the practice of open defecation by 2030[1]. In support of this vision, SNV's Sustainable Sanitation and Hygiene for All (SSH4A) approach was implemented under the SSH4A Results Programme in 15 rural districts across two regions in the country. As a result, an additional 457,974 people gained access to sanitation; 63,964 people practise handwashing with soap after defecation and before cooking/eating; and open defecation rates fell to 7% (compared to 16% in 2014).

This endline practice brief shares the final outcomes of the SSH4A RP implementation in Uganda[2]. It presents disaggregated outcomes on sanitation and hygiene access rates from two types of households – those belonging to the poorest wealth quintile, and those that are female-led.

The challenge

For many rural households, particularly those belonging to the poorest wealth quintile, good quality sanitation facilities are few. Do-it-yourself (DIY) methods result in poorly-constructed facilities. Knowledge of technological solutions for difficult conditions remains low. For example, constructed technologies are not suited to the context of collapsing soils, leading to slippage. By end 2017, open defecation rates for households belonging to the poorest wealth quintile rose to 13% (0% in 2014). Using proxies of handwashing with soap (HWWS) for use after defecation, the poor and poorest wealth quintiles were found to have high proportions of no access to HWWS in 2017, at 85% and 89% respectively.

In collaboration with the Government of Uganda, SNV implemented SSH4A's four-pillared integrated approach: demand creation, sanitation supply chain development, behaviour change promotion, and WASH governance strengthening[3]. The approach was piloted in districts[4] with poor sanitation conditions (at least 40% of the population was exposed to open defecation areas on a daily basis), were distant from main cities, ranked low in Uganda's Human Development Index, and had minimal engagement with development partners.

Key achievements

(2014 to December 2017)

The four-year rural sanitation programme reached 2,277,682 people (from a baseline of 2,033,442)[5], and achieved the following by the end of 2017:

69% of all households have access to a toilet **(55% in 2014)**

78% of all households practise hygienic use of toilets **(77% in 2014)**

16% of all households have access to a handwashing facility with soap **(10% in 2014)**

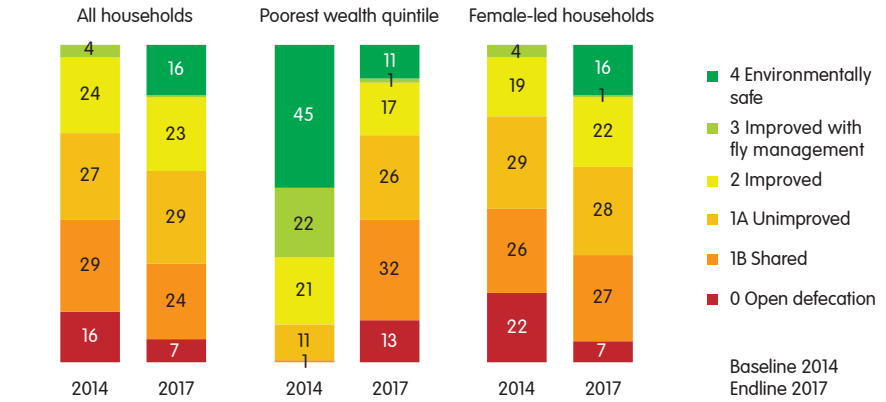
Results of SSH4A implementation in Uganda

In December 2017, SNV and partners visited 222 villages, and interviewed 3,326 households across the programme districts to measure the benefits of SSH4A Results Programme's four-year implementation in Uganda. Akvo's FLOW mobile application software was used to ensure efficiency in gathering and verifying data. Results are presented by percentage of households, and are rounded off to the nearest whole number.

Access to toilet up by 14%, access improved sanitation up by 11%

Access rate: **69%** (2017 endline) **55%** (2014 baseline)

FIGURE 1: Percentage of households with access to toilet, 2014 and 2017



NB: Households with toilets categorised as Level 1A through Level 4 are considered to have access to sanitation, as defined by DFID in the project.

Programme activities to increase access to safe and improved sanitation facilities included enhancing supply chains, promoting informed sanitation technology choice (such as use of SaTo toilet pans)[6], and working with the Hand Pump Mechanics Association[7]. Strong political will and involvement of local government officials in sanitation campaigns were key to achieving this. So have demand creation approaches and MANDONA[8] participatory follow-up approaches that enhanced behavioural change. The Ministry of Health conducted open defecation free verification and MANDONA follow-up approaches for district officials.

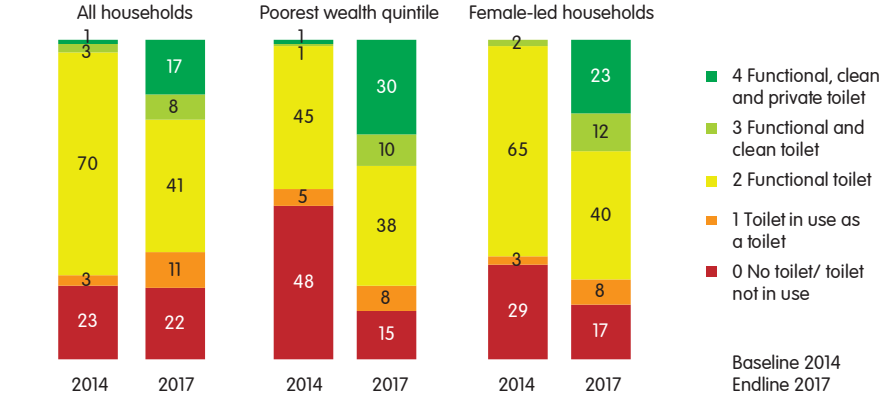
By end 2017, 69% of all households had access to improved sanitation (55% in 2014). Open defecation practice among female-led households dropped to 7% (22% in 2014).

Women who participated in sanitation and hygiene behavioural triggering sessions were reached through the church and women's groups. Improvements for the poorest wealth quintile were evidenced by the increased proportion of households with access to the "Unimproved toilet" level (from 11% in 2014 to 26% in 2017).

Use of toilet up by 1%

Use rate: **78%** (2017 endline) **77%** (2014 baseline)

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



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

Application of the MANDONA approach has been effective in facilitating toilet use among households through follow ups, particularly for the poorest and female-led households. MANDONA was complemented by the involvement of Village Health Teams (VHTs), who tracked hygienic behaviours after the MANDONA sessions.

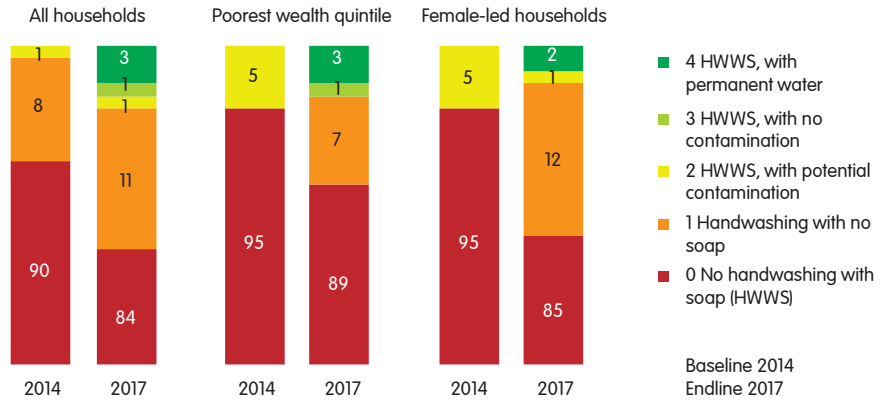
Practice of hygienic use and maintenance of toilets across all households saw a marginal increase of 1% (from 77% at baseline to 78% at endline). Disaggregated household results showed a different picture, with female-led households and those belonging to the poorest wealth quintile faring better. For households in the poorest wealth quintile, the proportion of households that used toilets increased by 34% (52% in 2014 to 86% in 2017), and 2017 closed with 30% of the poorest using and maintaining clean and private toilets (compared to 1% in 2014). Female-led household rates of use registered an increase of 13% (70% in 2014 to 83% in 2017), and a 23% increase on the "Functional, clean and private toilet" level.

By end 2017, 33% less households within the poorest wealth quintile (48% in 2014 to 15% in 2017), and 12% less female-led households (29% in 2014 to 17% in 2017) were found to have no toilet, or were not using a toilet.

Access to handwashing facility with soap near toilet up by 6%

Access rate: **16%** (2017 endline)
10% (2014 baseline)

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



NB: Levels 2 through 4 are considered to indicate access to a handwashing facility with soap.

While there was a marginal increase in all-household access to a handwashing facility with soap after defecation: 3% in 2017 (0% in 2014), 84% were still without access. Only 5% of all households (1% in 2014) reached the levels with soap access *(see top three levels)*. Results suggest that more encouragement for the use of soap or soap alternatives after defecation is needed to accelerate progress.

From 95% in 2014, the proportion of households within the poor wealth quintile with no access to a handwashing facility dropped by 6% (89% in 2017). Interestingly, half of those households climbed up to the highest HWWS level (3% in 2017). Among female-led households, those with access to a handwashing facility increased from 0% to 3% at endline, and the number of households with no access went down to 85% (95% in 2014).

Incremental progress in "climbing" the handwashing facility levels was achieved by the introduction of the tippy-tap technology[9]. But, given the temporary nature of installations, facilities were found to be prone to vandalism.

Recommendations and next steps

Government needs to intensify behaviour change communication activities, and revisit rural sanitation scale-up strategies to accelerate progress and target households with low access: female-led households and those that belong to the poorest wealth quintile. Government engagement in fora, such as the yearly sanitation week, and local leadership forum is one strategy to take, as well as organising a rewards system to recognise ODF villages. Encourage local leaders to develop sanitation-related by-laws to facilitate knowledge transfer to communities. Organise (re-)training moments for village health teams (VHTs) to roll out health and sanitation awareness campaigns, and empower them to sanction people caught vandalising.

Local leaders and key persons in communities have a role to play in breaking cultural beliefs and taboos that impede access to and the delivery of proper sanitation. Beyond toilet use and maintenance, involve female-led households in construction work, motivate land owners to build permanent toilets on their premises, and, where possible, provide sanitation options to excluded groups, e.g., people living with disability.

Stakeholders should intensify public-private partnerships. Encourage and train private artisans in the construction of pro-poor and low-cost toilets/handwashing facilities, and the use of locally-available and affordable materials. Seek ways to strengthen the purchasing capacity of households.

Endnotes

1 As envisaged in the Government of Uganda's Vision 2040 and the National Development Plan II (2015-2020).

2 SNV's SSH4A approach was first developed in 2008. Reported interventions in Uganda form part of the UKAID-funded multi-country initiative, Sustainable Sanitation and Hygiene for All Results Programme (2014-2017).

3 Learn more about SNV's SSH4A integrated approach, read: Sustainable Sanitation and Hygiene for All Capability Statement.

4 Arua, Koboko, Maracha, Moyo, Nebbi, Yumbe and Zombo in the West Nile region | Kyegegwa, Bundibugyo, Kasese, Kabarole, Kyenjonjo, Kibaale, Kamwenge and Mubende in the Rwenzori region.

5 Population growth rate using exponential model with varying district rates.

6 A simple, plastic, pour-flush pan that provides an air-tight seal, keeping odours in and insects contained in the pit.

7 Hand Pump Mechanics Associations was introduced by the Ministry of Water and Environment, Uganda to provide technical support for major maintenance and repairs associated with breakdowns and service failures for rural water supply facilities.

8 MANDONA follow up is an action-oriented approach to accelerate efforts in ending open defecation, following initial demand triggering. Based on participatory demand creation approaches, MANDONA involves a series of facilitated sessions with the entire community to reinforce behaviour change, and collectively undertake small, immediate and doable actions to achieve ODF status in the shortest time possible.

9 Tippy-Tap is a low-cost device to wash hands in areas where there is no running water. Suspended from a wooden frame, a tippy-tap consists of a 3-to-5-liter jerry can that is filled with water. A string attached to the neck of the jerry can is tied to a piece of wood at ground level. Soap is suspended from the frame beside the jerry can, and pressing with the foot on the wood tips the jerry can, releasing a stream of water through a small hole. A tippy-tap can provide a convenient and inexpensive means of washing hands after toilet use.

Suggested citation: SNV. (2018). *Uganda - SSH4A results programme endline brief* [Practice Brief].

SUSTAINABLE SANITATION AND HYGIENE FOR ALL RESULTS PROGRAMME (SSH4A RP)

SSH4A RP is SNV's largest results-based funded programme that was implemented in eight countries in Africa and Asia. The programme contributed to ending open defecation; increasing the use of toilets that are functional, clean and provide privacy; and increasing access to handwashing with soap facilities (located next to a toilet or areas where food is prepared).

SSH4A RP in Uganda is a collaborative initiative with the Government of Uganda. 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.

Photos ©SNV

(FRONT) Sub-County Chief, Jangokoro speaks to the Ayibu village community about the importance of good hygiene and sanitation.
(P2) A YSE in Alwi sub-county, Pakwach district demonstrate how to apply ash after latrine use.
(P3) Woman with sight impairment in Arabanga reaches a tippy-tap to wash her hands with soap with the help of a string guide installed between the toilet and the tippy-tap.

This endline practice brief reflects the country's achievements during the first phase. It was prepared by SNV's Anne Mutta and Anjani Abella, with the support of Rosenell Ondondi, based on the December 2017 Endline Household Survey Report of Uganda.

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Sustainable Sanitation and Hygiene for All Results Programme (SSH4A RP) in Uganda: strengthening existing sanitation and hygiene legislation

In collaboration with the Government of Uganda, SNV supports local governments to lead and accelerate progress in realising district-wide sanitation coverage across two administrative regions. Between 2014 and 2017, the first phase of the Sustainable Sanitation and Hygiene for All Results Programme (SSH4A RP) was implemented across 15 districts: Arua, Bundibugyo, Kabarole, Kamwenge, Kasese, Kibaale, Kaboko, Kyegegwa, Kyenjojo, Maracha, Moyo, Mubende, Nebbi, Yumbe, and Zombo. The programme reached 2,277,682 people. Main achievements of this four-year collaborative endeavour are highlighted here.

17% now use and mainten functional, clean and private toilets (1% in 2014)

SSH4A RP was implemented in **3,389 villages** across fifteen districts

6% now **wash hands** after defecation (10% in 2014)

More dignified lives for the **66%** **female-led households** now using toilets that are not shared (52% in 2014)

Progressively ending open defecation only **7%** defecate out in the open (16% in 2014)

69% agree that **open defecation and sharing of toilets are things of "the past"** (55% in 2014)

NB: Unless stated otherwise, most data above reflect the aggregated household-level results of the endline household survey conducted by SNV and partners from November to December 2017.

Sustainable Sanitation and Hygiene for All (SSH4A) is an integrated rural sanitation and hygiene approach that supports local governments to achieve area-wide coverage and use. Area-wide coverage, i.e., sub-district or district-wide, implies that the needs of the entire population within said area are met; leaving no one behind.

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INTRODUCING THE SSH4A COMPONENTS

The SSH4A approach contributes to building systems and capacities in rural areas. SSH4A 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 and affordable market-based sanitation solutions that address the needs 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
4 Environmentally safe	Human faeces contained and not in contact with humans or animals. No flies or rodents enter or exit the toilet. Human faeces do not contaminate surface water or ground water.
3 Improved with fly management	Human faeces contained and not in contact with humans or animals. No flies or rodents enter or exit the toilet.
2 Improved	Human faeces contained and not in contact with humans and animals, with the exception of flies or rodents.
1A Unimproved	Unimproved (private) toilet. Human faeces not contained and may be in contact with humans or animals.
1B Shared	Unimproved toilet shared between two or more households. Human faeces not contained and may be in contact with humans or animals.
0 Open defecation	No toilet; open defecation.

Outcome indicator 1 measures the existence of a toilet within the household being examined, and explores the quality of the existing structure.

N.B. In the context of the SSH4A RP programme, progress in access to toilet (outcome indicator 1) is counted from 1A Unimproved Level. For outcome indicators 2 and 3, households that reach the levels of 1 Toilet in use as a toilet and 2 HWWS with potential contamination - signify an improvement.

OUTCOME INDICATOR 2. Progress in hygienic use and maintenance of toilet

Indicator level	Description
4 Functional, clean and private toilet	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).
3 Functional and clean toilet	Toilet used according 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.
2 Functional toilet	Toilet used for its intended purpose. Functional water seal or cover (not blocked).
1 Toilet in use as a toilet	Toilet used for its intended purpose.
0 No toilet/ toilet not in use	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 being examined.

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

Indicator level	Description
4 HWWS, with permanent water	Handwashing with soap within accessible distance. Hands do not touch water source. Permanent water available (running water, or handwashing at well).
3 HWWS, with no contamination	Handwashing with soap within accessible distance. Water container covered properly, with no risk of contamination. Hands do not touch water source.
2 HWWS, with potential contamination	Handwashing with soap within accessible distance. Water container not covered and easily contaminated when hands touch water source.
1 Handwashing with no soap	Handwashing station within accessible distance. No soap.
0 No handwashing with soap (HWWS)	No handwashing station within accessible distance.

Outcome indicator 3 is measured using a proxy indicator that looks for the presence of a handwashing station, rather than into the behaviour of handwashing itself. A proxy indicator is used as questions on behaviour could lead to "socially desirable" answers that do not reflect actual practice. Accurate measurement at household level is difficult and expensive to do so.

More important aspects come earlier on the ladder. The use of soap is considered more essential than running water. A handwashing station with running water, but with no soap is scaled down to level 1: below the acceptable benchmark.

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