



# SNV

## Ethiopia – SSH4A Results Programme endline brief



**From 2014 through 2017, an additional 430,383 people in Waghimra Zone gained access to sanitation facilities, and 501,331 more people began washing their hands with soap after defecation. Open defecation rates fell sharply, to 4% from 78%. These results were achieved through the Sustainable Sanitation and Hygiene for All (SSH4A) Results Programme.**

The Government of Ethiopia has committed to achieving nationwide open-defecation-free status by 2020. In collaboration with the government, SNV with local partner, Organization for Rehabilitation and Development in Amhara (ORDA) implemented SSH4A's four-pillared integrated approach: demand creation, sanitation supply chain development, behaviour change promotion, and support on governance issues to strengthen sustainability. This approach, funded by the UKAID WASH Results Programme<sup>1</sup>, was implemented in six *woredas* of Waghimra Zone<sup>2</sup>, selected because of their poor sanitation conditions, distance from cities, and minimal engagement with development partners.

This endline practice brief reports the outcomes and lessons learnt in implementing rural sanitation at scale in Waghimra Zone. It presents disaggregated sanitation

and hygiene outcomes to highlight the realities of the three most vulnerable groups in the country: the poorest households, female-led households, and households with people with disability.

### The challenge

In 2014, 78% of the population practised open defecation (OD). A government requirement that households construct latrines was not a successful strategy because most people were unaware of the importance of safe sanitation and hygiene and the health risks posed by contamination of their drinking water supply – rivers, streams, and unprotected springs and wells. The occurrence of faeco-oral transmitted diseases was reportedly high.

### Key achievements (2014 to December 2017)

The four-year rural sanitation programme engaged 531,578 people<sup>3</sup> and achieved the following results:

**95** out of 104  
kebeles were declared  
open defecation free



**95%** of all households  
have access to a toilet (**22%** in  
2014)



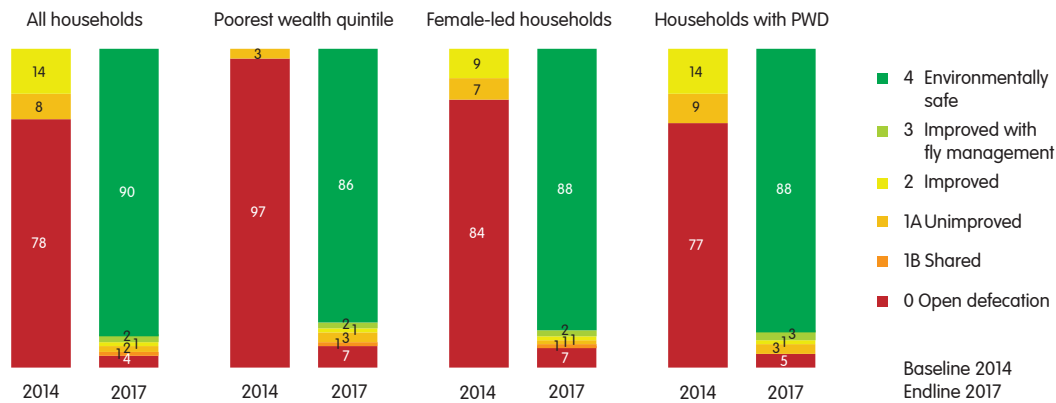
**95%** of all households practise  
hygienic use of toilets (**19%** in 2014)



**95%** of all households have  
access to handwashing facilities  
with soap after (**1%** in 2014)



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



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

## End results of SSH4A RP implementation in Waghimra Zone

In December 2017, SNV and partners visited 79 kebeles and interviewed 2,101 households to measure the benefits of SSH4A Results Programme's four-year implementation in Waghimra Zone. Akvo's FLOW mobile application software was used to ensure efficiency in gathering and verifying data. Results are presented by percentage of households<sup>4</sup>.

### ACCESS TO TOILET (see fig. 1)

Access to sanitation facilities increased by 73% over the four-year period as open defecation fell by 74%. Aggregated results show a 90% uptake of environmentally safe toilets (Level 4), indicating that households want quality toilets that ensure safety and privacy for their families. By the end of 2017, 95 of 104 kebeles had been declared open defecation (OD) free.

Households belonging to the poorest wealth quintile and female-led households had 89% and 76% increases in access to sanitation facilities, respectively, with commensurate reductions in the practice of OD. Households with people with disability (PWD) saw a 72% increase in access to sanitation, with a comparable reduction in OD practice.



Demand-triggering activities – such as School-Led Total Sanitation and Hygiene (SLTSH) campaigns at each development unit level and repeated behaviour change campaigns through various channels – complemented by regular follow-up by government stakeholders at all levels were the main drivers of change. Also important were the programme's intensive capacity-building and stakeholder development efforts, which targeted local government and community structures (e.g., cluster health centre staff, health extension workers, health development armies, school cluster supervisors, school teachers and students, kebele chairmen and managers, and religious leaders).

### HYGIENIC USE AND MAINTENANCE OF TOILET (see fig. 2)

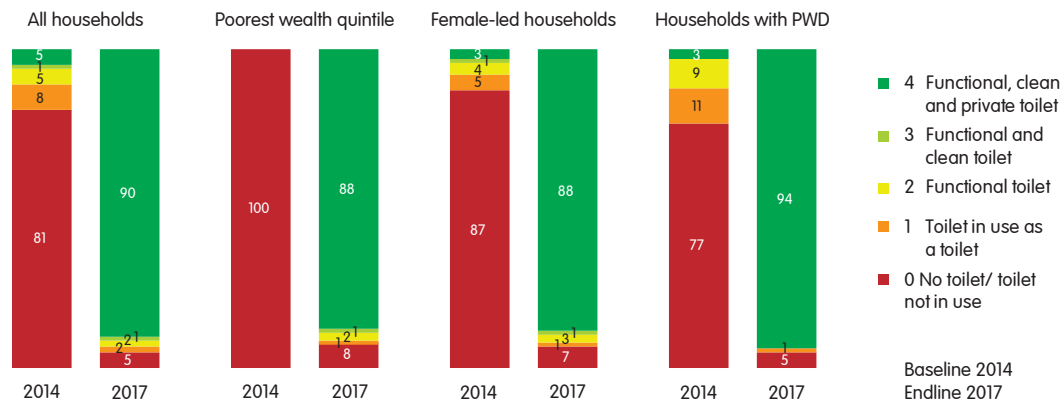
Aggregated results for 2017 show a 76% increase in the hygienic use of toilets and a proportionate decrease in households that do not have or do not use toilets. Most households opted to invest in Level 4 toilet use and maintenance, defined as functional, clean, and private.

Households in the poorest, female-led, and PWD categories showed great improvement, with 92%, 80%, and 72% increases in hygienic use of toilets, respectively. The poorest households made the most significant progress in adopting hygienic toilet use and maintenance standards, with a 92% reduction in households with

## Use of toilet up by 76%, use and maintenance up by 82%

Use rate: **95%** (2017 endline)  
**19%** (2014 baseline) 

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



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

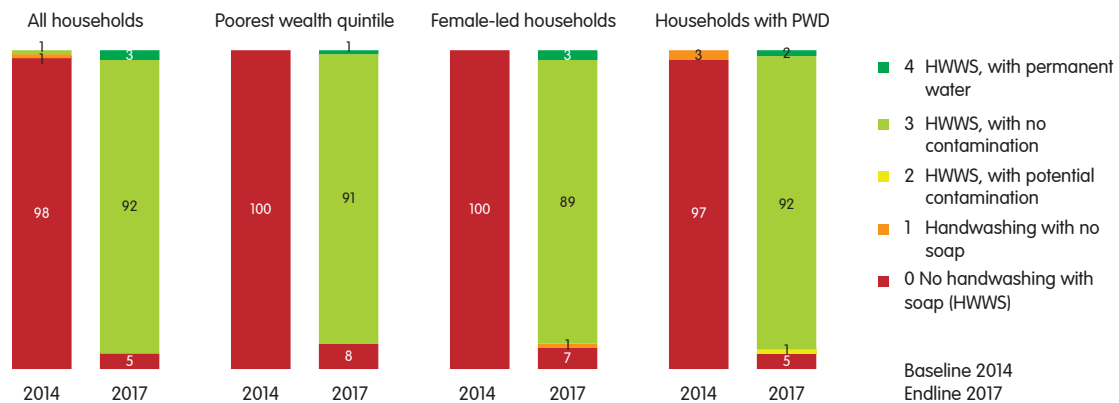
no toilets, followed by female-led households, with an 80% reduction. Nearly all PWD households – 94% – now use Level 4 toilets (94%), reflecting the need of PWD to have clean, private toilets that they can use safely. The use of multiple channels of communication for

behaviour change and the differentiation of messages for target groups helped increase the hygienic use of latrines. House-to-house outreach through health extension workers, community facilitators, health development armies, and school teachers was also a factor.

## Access to handwashing facility with soap near toilet up by 94%

Access rate: **95%** (2017 endline)  
**1%** (2014 baseline) 

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



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

### HANDWASHING FACILITY WITH SOAP ACCESS (see fig.3)

In 2014, only 26% of households understood the importance of handwashing with soap after defecation, and 98% of households had no access to a handwashing facility. By the end of the four-year programme, fewer than 10% had no HWWS stations, and the proportion of households having HWWS stations with no contamination (Levels 3 and 4) had increased by 94%. Now only 5% of households do not have handwashing stations. Government's efforts in sensitising households through

behaviour change campaigns and its promotion of an annual handwashing event account for this nearly universal success.

Progress was achieved across all vulnerable groups: the rates of HWWS access for the poorest households, female-led households, and PWD households now exceed 90%. These results show that all households have equal understanding about the benefits of having handwashing stations near toilet facilities.

## Recommendations and next steps

✔ With only 5% of the programme area's population not having access to toilets, stakeholders now need to identify those who still lack sanitation and establish mechanisms to help them abandon OD. Attaining 100% open-defecation-free status will motivate other *woredas* and realise the goal of an open-defecation-free Ethiopia by 2020.

✔ Intensive and regular monitoring of interventions should include follow-up activities. Government should strengthen the capacity of health and education sector champions to increase knowledge and

information about technology options as well as maintenance of toilets. Community leaders and health officials could develop a rewards system in every *kebele* to publicly recognise those that have become OD free.



✔ Working through public-private partnerships (PPPs), the government could ramp up sanitation marketing initiatives and mobilise more resources to improve the quality of existing tippy-taps and other handwashing and sanitation facilities. PPPs could also assist in training and equipping artisans in new and affordable technology options, including PWD-friendly technology.

### Endnotes

- <sup>1</sup> 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.
- <sup>2</sup> Abergele, Dehana, Gazgibla, Sehalala, Sekota Zuria, and Ziquala.
- <sup>3</sup> Population growth rate of using exponential model with varying district rates.
- <sup>4</sup> Figures are rounded off to the nearest whole number.



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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 selected countries in Africa and Asia. The programme contributes to ending open defecation; increasing the use of toilets that are functional, clean and facilitate privacy; and increasing access to handwashing facilities with soap (located next to toilets or areas where food is prepared).

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

This endline practice brief was prepared by Anne Mutta and Andualem Anteneh, with support from Anjani Abella and Rosenell Odondi, based on the December 2017 Endline Household Survey Report of Ethiopia. It was edited by Sally Atwater and designed by Bingo!.

### Photos ©SNV

(FRONT) Government support for HWWS campaigns facilitates massive outreach  
(P2) Mebrat Wubet from Sekota Zuria tests PWD-friendly latrine  
(P4) Close distance between HWWS facility and toilet enables Sindu Habtie from Ziquala to practise good hygiene behaviour

### For more information

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In collaboration with the Government of Ethiopia, SNV with local partner, Organization for Rehabilitation and Development in Amhara (ORDA) supports local governments in leading and accelerating progress towards sanitation coverage in rural areas. Between 2014 and 2017, the Sustainable Sanitation and Hygiene for All Results Programme (SSH4A RP) was implemented in Abergele, Dehana, Gazgibla, Sehal, Sekota Zuria, and Ziquala woredas. The programme reached 531,578 people. Main achievements of this four-year collaborative effort are highlighted here.

From 2014 through 2017...

**Access to sanitary toilet**

- 92%** of poorest households, up from 3%
- 92%** of female-led households, up from 16%
- 95%** of households with people with disability, up from 23%



**Hygienic use of toilet**

- 92%** of poorest households, up from 0%
- 93%** of female-led households, up from 13%
- 95%** of households with people with disability, up from 23%

**Handwashing with soap after defecation**

- 92%** of poorest households, up from 0%
- 92%** of female-led households, up from 0%
- 94%** of households with people with disability, up from 0%

**Sustainable Sanitation and Hygiene for All (SSH4A)** is an integrated approach that supports local governments in achieving area-wide rural sanitation and hygiene. The goal is to meet the needs of the entire population: no one should be left behind.

## INTRODUCING THE SSH4A COMPONENTS

The SSH4A approach contributes to building systems and capacities in rural areas. SSH4A's 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, affordable, market-based sanitation solutions that address the needs and/or desires of various consumer segments.
- ✔ **Strengthening capacity for behavioural change communication** 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 SSH4A approach is measured by three outcome indicator ladders, adapted from WHO/UNICEF's Joint Monitoring Programme for Water Supply, Sanitation and Hygiene.

### OUTCOME INDICATOR 1. Progress in access to toilet

Indicator level	Description
<b>4 Environmentally safe toilet</b>	Human faeces contained and not in contact with humans or animals. No flies or rodents enter or exit toilet. Human faeces do not contaminate surface water or groundwater.
<b>3 Improved toilet with fly management</b>	Human faeces contained and not in contact with humans or animals. No flies or rodents enter or exit toilet.
<b>2 Improved toilet</b>	Human faeces contained and not in contact with humans or animals. Flies or rodents may be present.
<b>1A Unimproved toilet</b>	Unimproved (private) toilet. Human faeces not contained and may be in contact with humans and animals.
<b>1B Shared</b>	Unimproved toilet shared between two or more households. Human faeces not contained and may be in contact with humans and animals.
<b>0 Open defecation</b>	No toilet; open defecation.

Outcome indicator 1 measures the presence and quality of a toilet within the household.

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

Indicator level	Description
<b>4 Functional, clean, private toilet</b>	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).
<b>3 Functional, clean toilet</b>	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.
<b>2 Functional toilet</b>	Toilet used for its intended purpose. Functional water seal or cover (not blocked).
<b>1 Toilet in use as toilet</b>	Toilet used for its intended purpose.
<b>0 No toilet; toilet not in use</b>	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.

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

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

Outcome indicator 3 is measured by proxy – the presence of a handwashing station within an accessible distance of a household's toilet – rather than the behaviour of handwashing itself. A proxy indicator is used because questions about behaviour can prompt 'socially desirable' answers that do not reflect actual practice. Accurate measurement at the household level is difficult.

The use of soap is considered more essential than the availability of running water. A handwashing station with running water but with no soap is scaled down to Level 1, below the acceptable benchmark.

In the SSH4A RP programme, progress in access to a 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 toilet and 2 HWWS, with potential contamination signify an improvement.

#### For more information

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