



SNV

Ghana – SSH4A Results Programme endline brief



The Government of Ghana aims to eliminate the practice of open defecation by 2020. In support of this vision, SNV's Sustainable Sanitation and Hygiene for All (SSH4A) approach was implemented under the SSH4A Results Programme in eight districts across four regions in the country. As a result, an additional 129,469 people gained access to sanitation; 123,854 observe hygienic use of sanitation facilities; 68,173 practise handwashing with soap; and open defecation rates fell to 40% (compared to 80% in 2014).

This endline practice brief reports the outcomes and lessons learnt in implementing a rural sanitation project for potential scale up in Ghana¹. It presents disaggregated sanitation and hygiene outcomes to highlight the realities of the two most vulnerable groups in the country: the poorest households and female-led households in rural areas.

The challenge

Complete elimination of open defecation (OD) practice is among the Government's key targets to enable sustainable and equitable development. However due to high levels of poverty, perceived high costs of building a toilet, and limited toilet options, it has been difficult to scale up positive sanitation and hygiene practice in rural areas.

Within the poorest wealth quintile, at least 70% of all households lack access to sanitation. Prior to the application of the SSH4A approach, less than 20% of all households across all eight districts practised handwashing with soap: after defecation and before cooking or eating².

In collaboration with Government, SNV implemented SSH4A's four-pillared integrated approach: demand creation, sanitation supply chain development, behaviour change promotion, and support on governance issues to strengthen sustainability³. The approach was piloted in districts⁴ with poor sanitation conditions (less than 25% of the population access safe sanitation), were distant from main cities, ranked low in Ghana's Human Development Index, and had minimal engagement with development partners.

Key achievements

(2014 to December 2017)

The four-year rural sanitation programme engaged 541,334 people (from a baseline of 490,351)⁵, and achieved the following by the end of 2017:

254 of 694 communities were declared open defecation free



30% of all households have access to a toilet (7% in 2014)



36% of all households practise hygienic use of toilets (9% in 2014)



13% of all households have access to a handwashing facility with soap (0% in 2014)



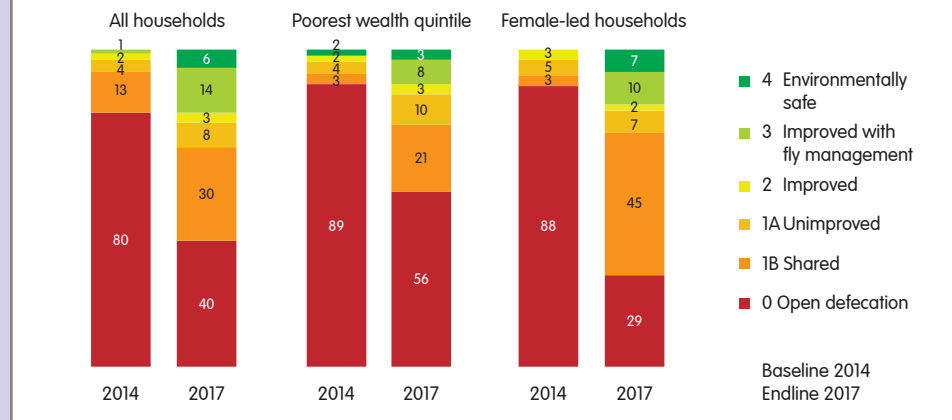


Access to toilet up by 24%, access to improved sanitation up by 20%

Access rate: **31%** (2017 endline)
7% (2014 baseline)



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.

Results of SSH4A implementation in Ghana

Between November and December 2017, SNV and partners visited 182 communities, and interviewed 2,840 households to measure the impact of the four-year SSH4A Results Programme in Ghana. For efficient data gathering and verification purposes, Akvo's FLOW mobile application software was used during the survey process. Endline results are presented in percentage of households, and are rounded off to the nearest whole number.

Aggregated household results show that the programme was successful in halving the practice of open defecation (OD). By end 2017, 31% of all households had access to a toilet.

Of those surveyed, 90% of all households had women/girls in their reproductive age. To ensure that their specific needs were met, efforts were made to facilitate the increased participation of women in community gatherings. Within female-led households, open defecation incidence fell to 29% (88% in 2014), and shared toilet use rose to 45% (3% in 2014). Departure from open defecation and shared toilet use indicate that more women are conscious of the positive health effects of toilet use, and are willing to invest better toilets. In total, access to a toilet for female-headed households increased by 18%.

To reach households belonging to the poorest wealth quintile, district-level officials shared information on

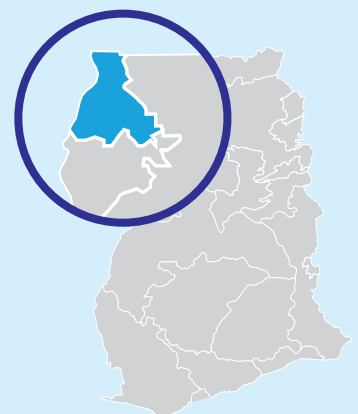
the availability of affordable toilet options, and introduced mechanisms of self-financing and community support. Open defecation practice by households belonging to the poorest wealth quintile fell by 33% in 2017. Total access to a toilet – which aggregates the top four levels of the sanitation ladder – increased by 16%.

By end 2017, all-household hygienic use and maintenance of toilets increased by 27%. This was accompanied by an impressive 24% leap in the proportion of households now with access to functional, clean and private toilets (compared to 0% in 2014). These positive results are largely due to a behavioural change communication (BCC) strategy that used multiple channels and methods of outreach, and involved the meaningful participation of relevant SSH4A district stakeholders in planning and implementation. With a focus on the poorest wealth

Spotlight on Nadom district

The Nandom district in the Upper West Region is set to become the first ODF-certified district in Ghana: 101 of the 114 communities in the district have already been declared open defecation free, and open defecation incidence in 2017 was at 0% (compared to 79% in 2014).

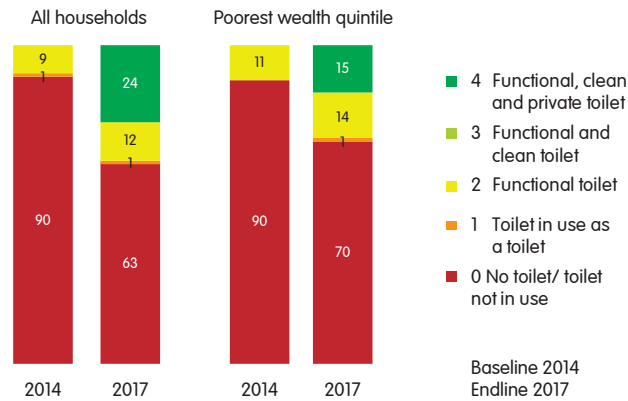
Engagement of traditional leaders in campaigns for safe access to sanitation, the active participation of the district leadership in post-demand creation support, and the promotion of affordable latrine options were all key to realising the district's accomplishment.



Use of toilet up by 27%, use and maintenance up by 27%

Use rate: **37%** (2017 endline)
10% (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 hygienic use and maintenance of toilets. Maintenance is measured from Level 2.

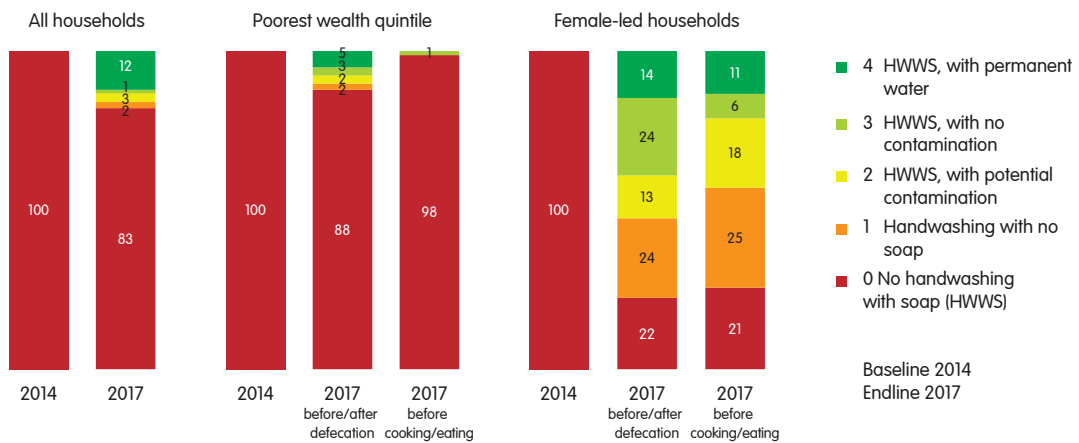
quintile, hygienic use and maintenance of toilets increased by 19%. Registered progress stems from intense BCC activities that included household visitations, mobile van campaigns, and training workshops for environmental

health officers and 'natural-born' community leaders on the concept of demand creation, and tips on how to build a toilet.

Access to a handwashing facility with soap near toilet up by 18%

Access rate: **18%** (2017 endline)
0% (2014 baseline) 

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



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

At the start of SSH4A RP implementation, all households did not have access to a handwashing facility. By end 2017, aggregated household results on access to a handwashing facility increased by 18%. Progress was also evidenced in the 17% reduction of households with no access to a handwashing facility (lowest level), and in the 12% increase of household access to handwashing with soap (HWWS) with running tap water (highest level).

With a focus on households belonging to the poorest wealth quintile, and those that are female-led, access to a handwashing facility after defecation, and before cooking/

eating was 0% at the start of SSH4A RP implementation. By end 2017, access rates for the poorest wealth quintile increased to 12% and 1% respectively. For female-led households, endline results registered an increase of 75% and 60% respectively.

Gains in the proportion of households with access to HWWS with running water validate community appreciation for SSH4A RP BCC hygiene and sanitation messages, thereby increasing demand. As such investment support will be needed to provide all households with appropriate and safely-managed handwashing facilities.

Recommendations and next steps

✔ Of the surveyed population, 40% of all households still practise open defecation, and 30% use shared toilets. When disaggregated by SSH4A RP implementation districts, significant variances exist. There is a need to investigate the reasons behind high open defecation rates, and to identify the type of support to motivate households to build their own toilets, as opposed to using shared toilets.

✔ The sanitation (and development) challenge is most felt by households belonging to the poor and poorest wealth quintiles, which have an average size of seven members. Due to perceived high costs, these households may opt out from toilet procurement, or where a toilet is procured – an option that is inappropriate for the household's size is selected. Offering a wide range of low-cost sanitation options, and the continuous training and capacity development of programme staff and artisans help raise community awareness on reliable sanitation options, and (sustaining) hygienic use and maintenance.



✔ To meet increased community demand for handwashing stations with soap, Government has a role to play in making low-cost and easy-to-maintain options available to benefit all wealth quintiles. Facilities located close to latrines and cooking/eating places provide a convenient and inexpensive way to address positive hygiene behaviours, coupled with continuous supervision on sustainable facility use and maintenance.

✔ To achieve scale and sustainability, move beyond village-focussed demand-creation initiatives, to one that enables area-wide support. The case of Nandom district provides an excellent template to learn from and adapt.

✔ A district's ODF success greatly relies on strengthening collaboration across all communities within a district. Encourage communities to hold fora, and learn from each other's mistakes and/or successes to accelerate ODF progress. District officials also have a role to play in reinforcing the benefits of handwashing with soap.

Endnotes

- ¹ SNV's SSH4A approach was first developed in 2008. Reported interventions in Ghana form part of the UKAID-funded multi-country initiative, Sustainable Sanitation and Hygiene for All Results Programme (2014-2017).
- ² Figures and percentages are based on the SSH4A RP December 2017 endline survey report for Ghana. Available upon request.
- ³ Learn more about SNV's SSH4A integrated approach, read: Sustainable Sanitation and Hygiene for All Capability Statement.
- ⁴ KEEA in the Central region | Jasikan in the Volta region | East Gonja, Nanumba South, Saboba and Cheraponi in the Northern region | and Nandom and Lawra in the Upper-West region.
- ⁵ Exponential population projection since 2014 at annual population growth rate of 2.5%.



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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 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).

The Ghana programme was carried out in collaboration with Government, and received generous funding from the United Kingdom Government.

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) A dignified life brought by clean, private and fully functional sanitation facilities.

(P2) Handwashing station in Eduko KEEA supported by a bamboo stand.

(P3) Mdm Vida Samson washing her hands after using a toilet.

This endline practice brief reflects the results of SSH4A RP programme implementation in the country. 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 in Ghana.

For more information

Anne Mutta, SSH4A RP Multi-country Programme Manager

✉ amutta@snv.org



In collaboration with the Government of Ghana, SNV supported local governments to lead and accelerate progress towards area-wide sanitation coverage across eight municipal and district assemblies. From 2014 through 2017, the Sustainable Sanitation and Hygiene for All Results Programme (SSH4A RP) was implemented in Chereponi, East Gonja, Jasikan, KEEA, Lawra, Nandom, Nanumba South, and Saboba. The programme engaged 541,334 people (combined municipal/district population). Main achievements of this four-year collaborative endeavour are highlighted below.

24%

now enjoy top-level access to the hygienic use and maintenance of sanitation facilities (0% in 2014)



A toilet is **meant** to be used as a toilet, says **30%** of the poorest households with improved hygienic behaviours



More dignified lives

for the **26%** female-led households now using toilets that are not shared (8% in 2014)



Progressively ending open defecation

only **40%** defecate out in the open (80% in 2014)



SSH4A RP was implemented in **876 communities** across eight districts



Climbing up the sanitation ladder!

24% of the poorest households now have access to safe sanitation (18% in 2014)



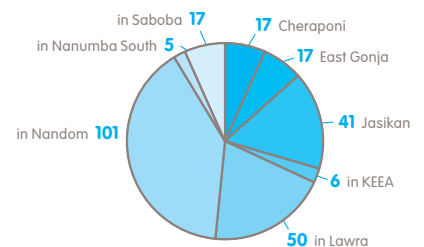
541,334

new people gained access to improved and unimproved toilet facilities



= 100k People

254 communities declared open defecation free at endline!



18% now

wash hands after defecation, and before/after cooking/eating (0% in 2014)



30%

agree that open defecation and sharing of toilets are things of "the past" (7% in 2014)



An amazing leap!

60% female-led households now have access to a handwashing facility (0% 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 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 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 presence and quality of a toilet within the household.

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 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.

OUTCOME INDICATOR 3. Progress in access to handwashing with soap (HWWS) near a 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 (HWWS)	No handwashing station within accessible distance.

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

Note: In the SSH4A 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 a toilet and 2 HWWS with potential contamination - signify an improvement.

For more information

Anne Mutta, SSH4A RP Multi-country Programme Manager

✉ amutta@snv.org