



# SNV

## Mozambique – SSH4A Results Programme endline brief



**From 2014 through 2017, an additional 338,345 people in five districts of Nampula Province, Mozambique, gained access to sanitation facilities, and 172,039 more people began washing their hands with soap after defecation. Open defecation rates fell to 38%, from 50%. These results were achieved through the Sustainable Sanitation and Hygiene for All (SSH4A) Results Programme<sup>1</sup>.**

The Government of Mozambique has made a commitment to end open defecation by 2025. In collaboration with the government, SNV implemented SSH4A's four-pillared integrated approach: demand creation, sanitation supply chain development, behaviour change promotion, and WASH governance strengthening.

The programme, funded by the UKAID WASH Results Programme<sup>2</sup> was rolled out in five districts: Angoche, Meconta, Mogovolas, Monapo, and Rapale, chosen because of their poor sanitation and hygiene conditions, high population, and minimal engagement with other development partners. The programme, whose first phase ran from May 2014 to March 2018, has now been extended to March 2020 and will target three of the original five districts: Angoche, Meconta, and Mogovols.

This endline practice brief shares the results of the SSH4A RP implementation in the five districts. It presents

disaggregated sanitation and hygiene outcomes to highlight the realities of the most vulnerable households in the country: the poorest, female-led, and those with people with disability (PWD) member/s.

### The challenge

In 2014, 50% of households in the programme areas were practising open defecation (OD). Newly constructed toilets collapsed during heavy rains, resulting in seasonal disuse. Adoption of safe hygiene practices – the hygienic use and maintenance of latrines and handwashing with soap (HWWS) – was low. The programme's baseline survey<sup>3</sup> indicated that the majority of households (86%) did not have HWWS stations. For the vulnerable groups, high levels of poverty contributed to low access to sanitation and hygiene.

### Key achievements

(2014 to December 2017)

The four-year rural sanitation programme engaged 1,406,673 people and achieved the following results:

**60%** of all households  
have access to a toilet  
(39% in 2014)



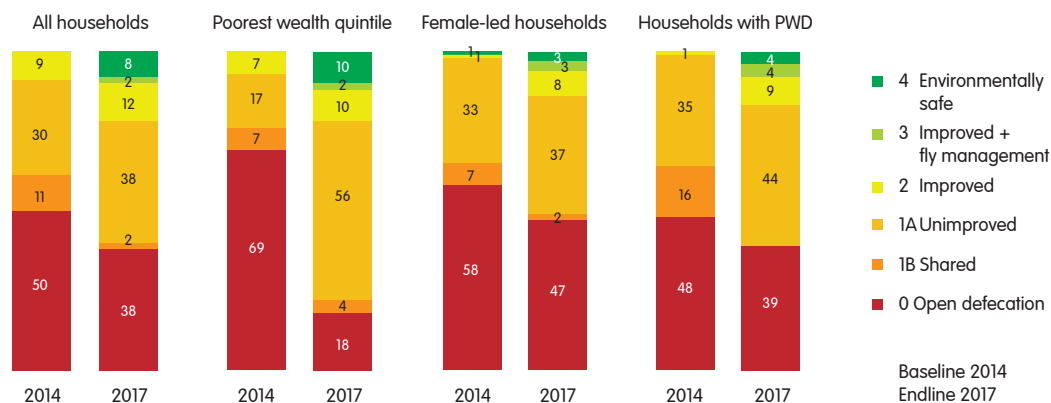
**132** communities in the five  
districts attained open-defecation  
free status



**16%** of all households have  
access to a handwashing facility  
with soap (4% in 2014)



Figure 1. Percentage of households with access to toilet, 2014 and 2017



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

## End results of SSH4A implementation in 5 districts in Nampula Province, Mozambique

Between December 2017 and January 2018, SNV and partners conducted a household monitoring survey in 115 villages and interviewed 2,133 households across the programme districts to measure the benefits of SSH4A Results Programme's four-year implementation. Akvo's FLOW mobile application software was used to ensure efficiency in gathering and verifying data. Results are presented by percentage of households.

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

Aggregated household results show a 12% reduction in the practice of OD and a 9% drop in use of shared toilets, indicating that more households now have their own toilets. The 8% increase in households with Level 4 toilets is attributed to the programme's support for communities in constructing improved toilets using locally available materials and local knowledge.

Amongst the poorest wealth quintile, OD practice fell by 51%, and access to better latrines went up by 54% — the highest rate amongst the vulnerable groups. Households with Level 4 and Level 2 toilets increased by 10% and 3%, respectively. The improvements are attributed to behaviour change communication (BCC) interventions and post-triggering efforts targeting the poor.

Female-led households achieved an 11% reduction in OD and a 16% increase in toilet access.

PWD households saw a 9% reduction in OD and a 25% increase in toilet access. Survey results indicate that no PWD households are sharing toilets, but about 12% of respondents said they had household members – mostly small children – who could not easily use latrines.

The programme deployed 38 local hygiene promoters and 18 technicians who focused on post-triggering and

OD-free activities; promoted through a 'one latrine for one family' slogan. The promoters and technicians provided technical support on latrine quality, information on different toilet types, and monitoring support. They also led frequent meetings and discussions with the community and local leaders to support uptake of sanitation facilities.

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

The aggregated results show an overall decline in the hygienic use and maintenance of toilets, largely because of an increase in the number of district households with no toilets. Amongst those households with toilets in 2014, however, most have achieved higher levels of sanitation. Households with Level 3 toilets increased by 1%, and households with Level 2 toilets, by 15%. These improvements are attributed to the programme's business development training and promotion of practical, low-cost sanitation options.

Hygienic use of toilets in the poorest wealth quintile, female-headed, and PWD households increased by 48%, 10%, and 19%, respectively, with 18%, 4%, and 12% increases in Level 4 toilets, reflecting a widespread preference for clean and private toilets.

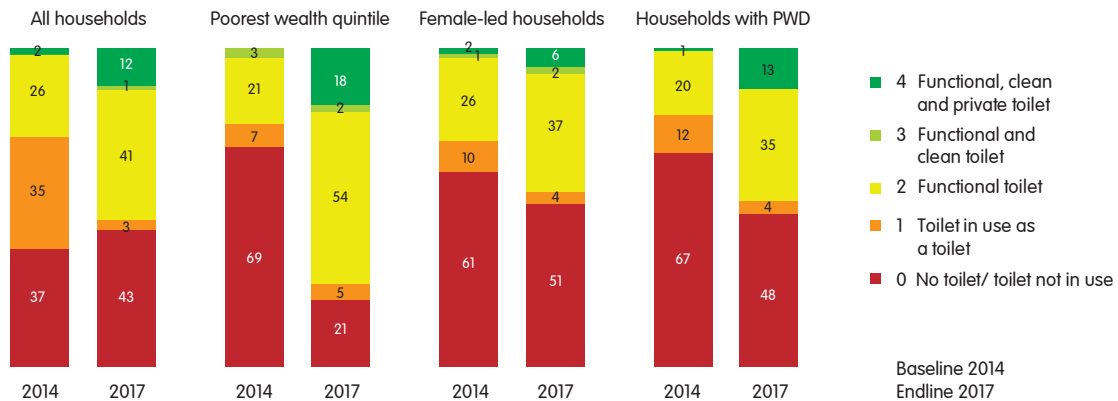
The poorest households made the most significant improvement in adoption of hygienic toilets, with

## Hygienic use and maintenance of toilet up by 26%

Access rate: **57%** (2017 endline)  
**63%** (2014 baseline)



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



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

a 48% reduction in households with no toilets, followed by PWD households (19% reduction) and female-headed households (10% reduction).

The increase in hygienic use and maintenance of toilets was a result of hygiene and sanitation promotion, continual monitoring by the hygiene promoters, and technicians' efforts in the villages.

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

Overall, households with HWWS facilities within 10 meters of a toilet increased by 12%, and households with no HWWS fell by 26%. The improvements reflect the success of hygiene promotions. Survey results indicate that the most common HWWS facilities are open water containers or buckets with small cups (used by about 71% of households) and open water bowls (used by about 20%). The poorest wealth quintile and female-led groups saw

30% and 11% increases in households with access to HWWS and 54% and 20% drops in households without handwashing facilities, respectively. In these two categories, most households adopted Level 3 handwashing stations.

PWD households achieved an 11% increase in access to HWWS, and households without handwashing stations fell by 17%.

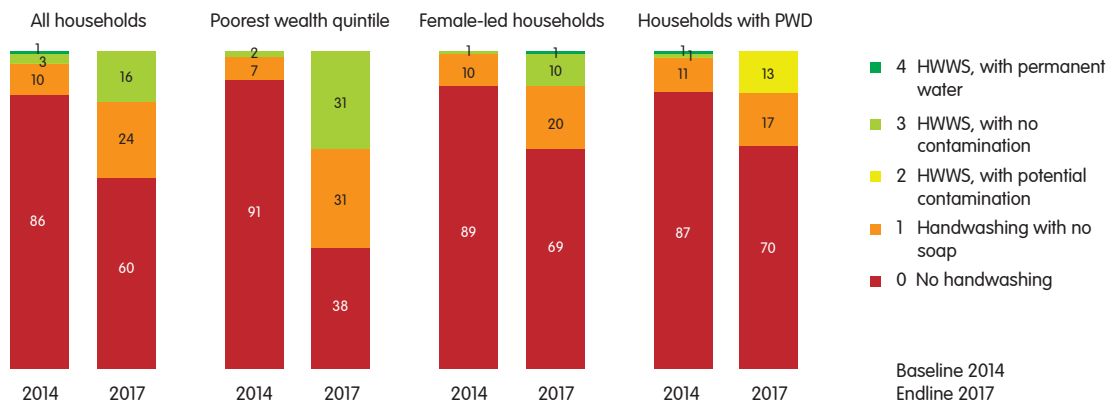
The results indicate a need to promote the construction of handwashing facilities whenever a toilet is built. In addition, the 14% increase in households at Level 1 (handwashing with no soap) should encourage the government to revise its BCC campaigns and focus on educating households about the benefits of soap and soap alternatives.

## Access to handwashing facility with soap near toilet up by 12%

Access rate: **16%** (2017 endline)  
**4%** (2014 baseline)



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



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

## Recommendations and next steps

✓ The government needs to encourage all households to construct HWWS stations at the same time that they are constructing toilets. In addition, the programme needs to strengthen the supply chain component of the SSH4A approach and focus on making affordable sanitary latrine options available, based on demand.

✓ The programme should improve collaboration with public-private partnerships with other WASH stakeholders, perhaps through the government's WASH Programme (PRONASAR<sup>4</sup>) and UNICEF.

✓ Because most households collect drinking and handwashing water from unsafe sources, the programme will begin monitoring households'

water treatment in the BCC component. In addition, the programme should deploy more local agents in hygiene and sanitation promotion activities, focusing on the functionality and cleanliness of sanitary facilities.



✓ District WASH actors should keep up the momentum to attain district-level OD-free status by consistently following up and supporting community leaders and chiefs. Public-private partnerships could also help provide sanitation

options and disability-friendly toilet options for PWDs; capacity building for hygiene promoters, government staff, and masons; and educational and financial support for masons in using local materials and tools.

### Endnotes

- <sup>1</sup> Mozambique SSH4A RP 4th Mid-term HH Monitoring Survey Report, March 2018.
- <sup>2</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>3</sup> SNV Mozambique SSH4A Country Baseline Report, October 2014.
- <sup>4</sup> Mozambique's national rural water supply and sanitation programme.

## 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 provide privacy; and increasing access to handwashing facilities with soap (located next to toilets or areas where food is prepared).

SSH4A RP in Mozambique is a collaborative initiative with the Government of Mozambique. 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 Befekadu Temesgen, with support from Anjani Abella and Rosenell Odoni, based on the December 2017 End-line Household Survey Report of Mozambique. It was edited by Sally Atwater and designed by Belle Phromchanya.

### Photos ©SNV

**(FRONT)** Community volunteers help elderly woman construct her own latrine  
**(P4)** Woman proudly poses in front of her newly-built latrine

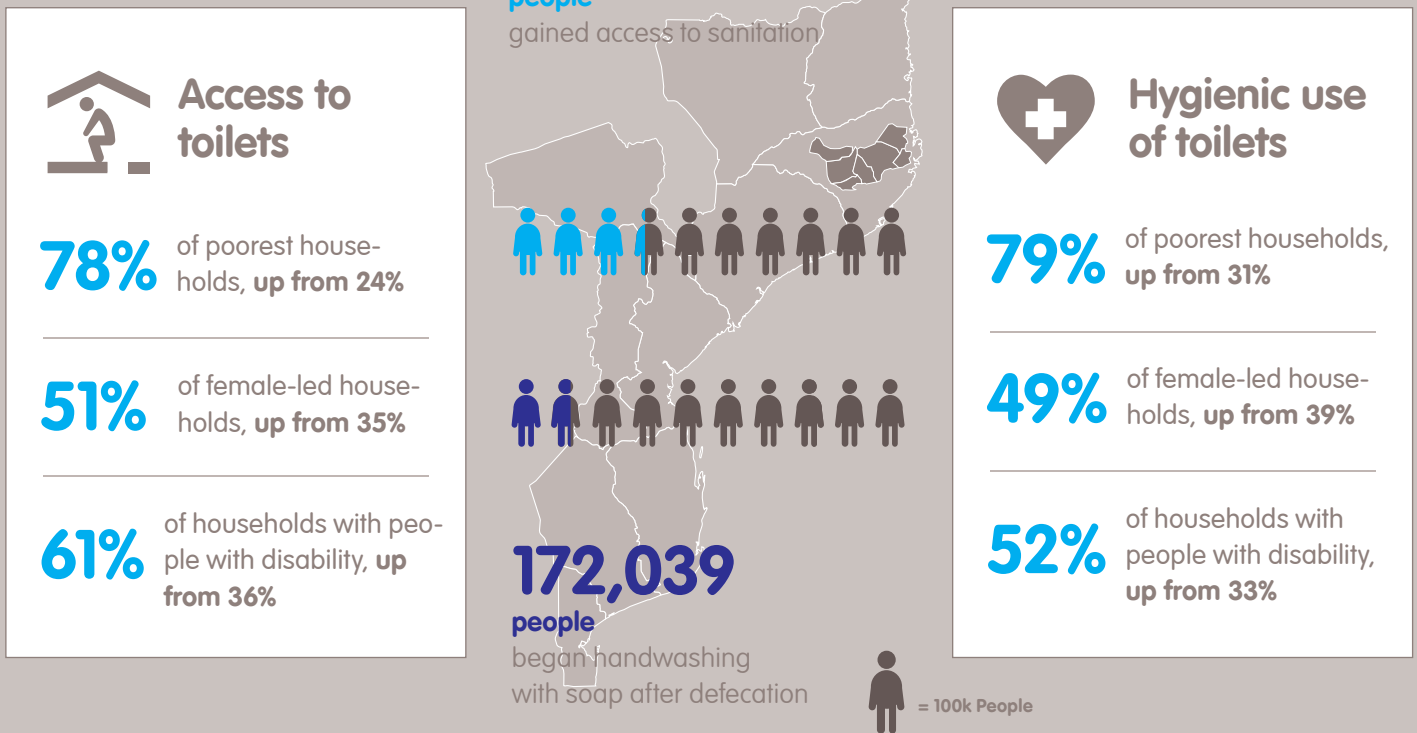
### For more information

Befekadu Temesgen, SSH4A Programme Leader in Mozambique  
✉ [bkassahun@snv.org](mailto:bkassahun@snv.org)



In collaboration with the Government of Mozambique, SNV 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 Angoche, Meconta, Mogovolas, Monapo, and Rapale districts. The programme reached 1,406,673 people. Main achievements of this four-year collaborative effort are highlighted here.

From 2014 through 2017...



### Handwashing with soap after defecation

**31%**

of poorest households, up from 2%

**11%**

of female-led households, up from 1%

**13%**

of households with people with disability, up from 2%

**Sustainable Sanitation and Hygiene for All (SSH4A)** is an integrated approach that supports local governments in achieving district-wide rural sanitation and hygiene. The goal is to improve health of the rural community through the vision: 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 facilities 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 disability, 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</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 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</b>	Human faeces contained and not in contact with humans or animals. Flies or rodents may be present.
<b>1A Unimproved</b>	Unimproved (private) toilet, human faeces are not contained and they get in contact with humans and animals.
<b>1B Shared</b>	Unimproved toilet shared between two or more households, human faeces are not contained and they get 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 is used according to its intended purpose, and has a functional water seal/cover (not blocked).
<b>1 Toilet in use as a 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 a 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 practices 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 a toilet and 2 HWWS, with potential contamination signify an improvement.

#### For more information

Befekadu Temesgen, SSH4A Programme Leader in Mozambique

✉ bkassahun@snv.org