



SNV

Tanzania – SSH4A Results Programme endline brief



From 2014 through 2017, an additional 442,078 people in five districts in Tanzania gained access to sanitation, and 351,776 more people began washing their hands with soap after defecation. Open defecation rates fell to 2% from 36%. These results were achieved through the Sustainable Sanitation and Hygiene for All (SSH4A) Results Programme.

As part of its Vision 2025, the Government of Tanzania has pledged to reach 95% access to sanitation 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. This approach, funded by the UKAID WASH Results Programme¹, was implemented in five districts across two zones in Tanzania². The districts were selected because their sanitation conditions were poor and they were not directly included in the National Sanitation Campaign (NSC)³.

This endline practice brief reports the outcomes and lessons learnt in implementing a rural sanitation initiative for potential scale-up in Tanzania. 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 (PWD).

The challenge

In 2014, at least 35% of surveyed households in the five districts practised open defecation (OD). Sharing of latrines by multiple households was common. Communities in temporary settlements practised OD because landlords built temporary toilets, many of which were not emptied, collapsed quickly in the sandy clay soil, and were not replaced immediately, particularly in the Babati and Chato districts. Although 31% of households had functional toilets, only 4% used functional, clean toilets that provided privacy.

The baseline survey⁴ found that 60% of households knew the importance of handwashing with soap (HWWS) after defecation, but few acted on that information. By December 2017, 36% of all households in the programme districts had handwashing facilities within a 10-meter distance from the toilet. People continued to use water in containers, or in some instances waste water, to wash their hands after defecation.

Key achievements

(2014 to December 2017)

The four-year rural sanitation programme engaged 1,080,000 people and achieved the following results:

92% of all households
have access to a toilet (**54% in
2014**)



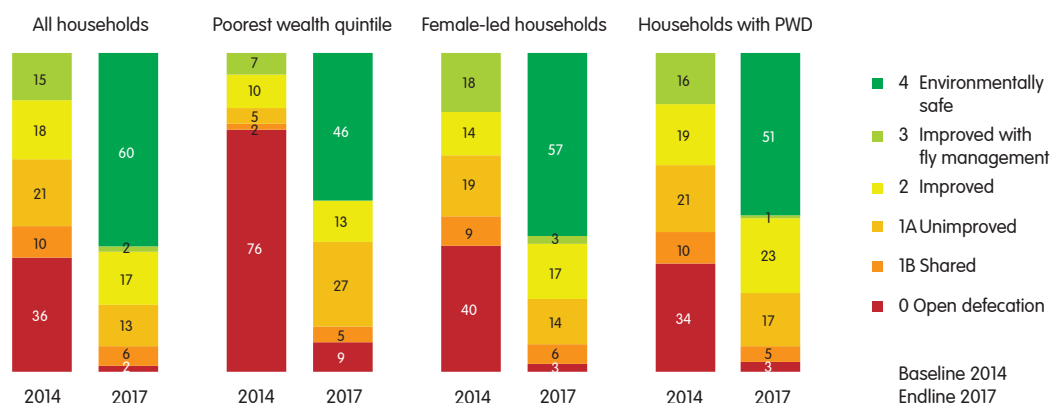
95% of all households practise
hygienic use of toilets (**61% in 2014**)



36% of all households have
access to handwashing facilities
with soap after defecation
(**0% 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 five districts in Lake and Northern zones

In December 2017 and January 2018, SNV and partners visited 79 villages in Lake Zone (Chato, Geita and Kwimba districts) and Northern Zone (Karatu and Babati districts) and interviewed 1,972 households to measure the benefits of SSH4A Results Programme's four-year intervention. Akvo's FLOW mobile application software was used to ensure efficiency in gathering and verifying data. Results are presented by percentage of households⁵.

ACCESS TO TOILET (see fig.1)

Aggregated households results show a 38% increase in access to new or better sanitation, and a 34% decrease in OD. The 60% increase in access to environmentally safe toilets is attributed to project interventions, including scaled-up production and sales of SAFI⁶ latrines, and a campaign to improve latrine floors.

The poorest wealth quintile saw a 67% reduction in OD. Access to new or better toilets went up by 64%, with 46% of the households constructing environmentally safe toilets.

Female-led households saw a 37% reduction in OD and a 40% increase in new or better toilets.

In PWD households, OD decreased by 31%, and 36% of households gained access to sanitation. The programme promoted PWD-friendly designs, such as wooden or bamboo pedestals placed over the latrine hole and walls with ropes or hand rails.

Programme interventions focussed on behaviour change: encouraging hygienic use and maintenance of facilities, providing information about toilet types suitable for different kinds of households, and supporting district leaders in taking the lead in behaviour change communication (BCC) messages about how to build safe and secure, private toilets. Such interventions account for the positive

results, specifically for the three vulnerable groups.

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

By the end of 2017, 95% of all households were using a toilet, and 89% were using and maintaining the cleanliness of their toilets. The proportionate reduction in households without toilets indicates that people are choosing to adopt hygienic toilets. BCC interventions included videos on the benefits of good hygiene, demonstrations at health centres for mothers with children under five, educational programming for schoolchildren, and emphasis on construction and maintenance of improved toilets with intact floors. Some interventions were targeted at households not using toilets hygienically⁷.

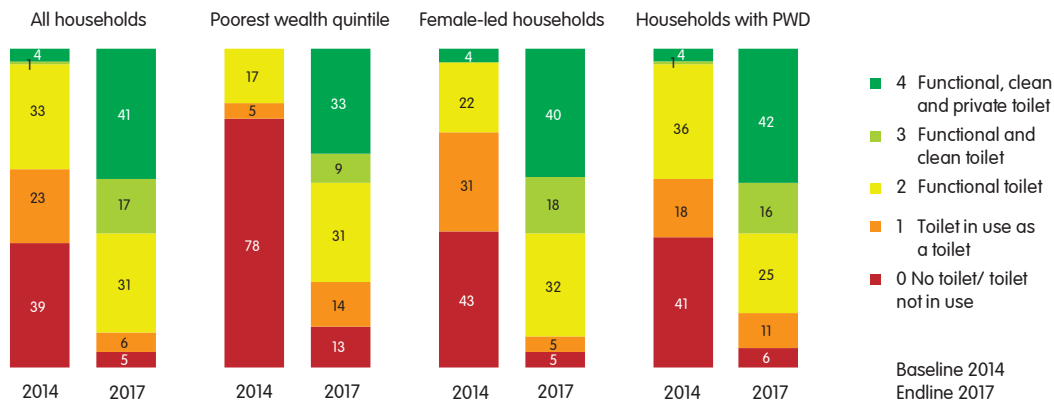
In the poorest households, female-led households and PWD households, the adoption of hygienic use and maintenance of toilets went up by 65%, 38%, and 35%, respectively, with commensurate reductions in households with no toilets or toilets that were not in use. PWD-friendly technology options, such as portable wooden pedestal stools, were adopted by some households.

Door-to-door campaigns targeting households are thought to be the main drivers in increasing access to

Use of toilet up by 34%, use and maintenance up by 51%

Use rate: **95%** (2017 endline)
61% (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.

sanitation, both generally and for the three vulnerable groups of people.

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

By the end of 2017, the survey showed a 36% increase in HWWS, with 28% of all households opting for Level 3 handwashing facilities and a 48% reduction in households that did not practise handwashing. Although a majority of households reached the top two levels, access to soap or soap alternatives remains a challenge for about 10% of households.

The poorest households saw a 27% increase in access to HWWS, with a 33% reduction in households that do not practise handwashing. Among female-led households, access to HWWS rose by 38%, and households without handwashing fell by 48%. These improvements are attributed to programme interventions and triggering sessions.

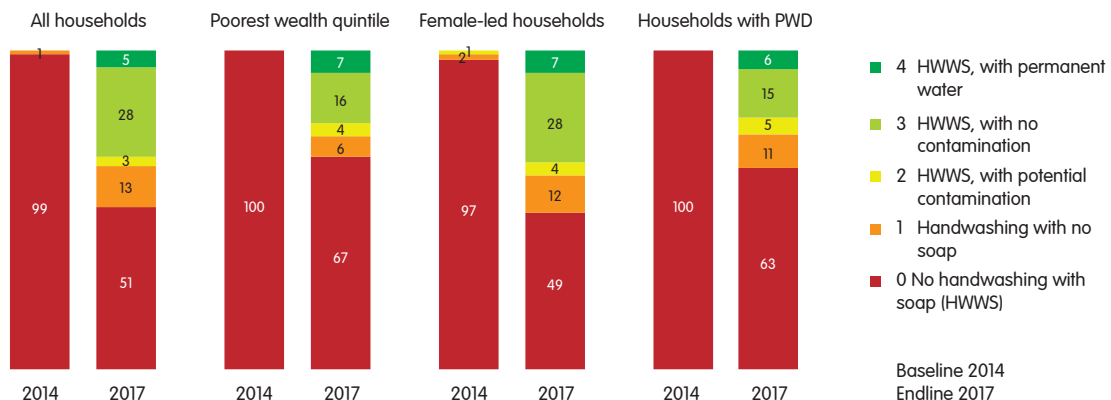
At baseline, no PWD household had access to HWWS. Messages on PWD-friendly handwashing options were targeted to these households, and by the end of 2017, 26% had access to HWWS; households without handwashing had fallen by 37%.

The uptake in HWWS was achieved through the use of videos and promotion of tippy-taps. The project team developed a video intended to trigger an emotional response and motivate households to wash their hands with soap and invest in both improved handwashing facilities and improved toilets. For households, affordability is not a barrier in gaining access to handwashing facilities with soap, since the most common technology – tippy-taps – can be made at home from readily available materials; the primary challenge is theft and vandalism.

Access to handwashing facility with soap near toilet up by 36%

Access rate: **36%** (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.

Recommendations and next steps

✓ Because access to affordable, durable toilets remains a challenge for most rural households, the project introduced Safi toilet options (dry offset pit toilet with Safi squat pan, water offset pit toilet with Safi squat pan, and water offset pit toilet with ceramic squat pan). The sanitation supply chain should be strengthened through new sales marketing strategies, with consistent follow-up by village health promoters and local leaders to move households to higher sanitation levels.

✓ Public-private partnerships are one way for local actors to address technological barriers, make soap and soap alternatives more

affordable, and train artisans in construction using local materials.

✓ Although 95% of households now use toilets, only 36% practise handwashing with soap after defecation. Behaviour change messages should address knowledge gaps, attitudes, and practices that are responsible for the low rates of HWWS.

✓ Public recognition for districts that achieve OD-free status and for individuals who promote HWWS can act as incentives

to increase demand for sanitation. A rewards programme should supplement enforcement of community by-laws to address OD and vandalism of facilities.



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 Lake Zone (Chato, Geita and Kwimba districts) and Northern Zone (Karatu and Babati districts).
- ³ To address the poor health conditions in the country, in 2011 the Government of Tanzania embarked on the National Sanitation Campaign under the Water Sector Development Programme. Phase I of the campaign (2011–2015) aimed to provide rural households with adequate water and sanitation facilities, using a combination of Community-Led Total Sanitation, social marketing and behaviour change communication, as well as providing schools with appropriate WASH conditions.
- ⁴ SNV Tanzania SSH4A Country Endline Baseline Report, October 2014.
- ⁵ Figures are rounded off to the nearest whole number.
- ⁶ *Safi* is a Swahili word meaning 'clean'. These toilets are affordable and produced by SNV to meet the durability and safety requirements of households.
- ⁷ The programme identified the following as the critical moments of HWWS - before eating/cooking, after defecation, before breast feeding or feeding a child, after cleaning a child that has defecated/ changing nappy, and after cleaning the potty.

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 Tanzania is a collaborative initiative with the Government of Tanzania. 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 Jackson Wandera, with support from Anjani Abella and Rosenell Odondi, based on the December 2017 Endline Household Survey Report of Tanzania. It was edited by Sally Atwater and designed by Bingo!.

Photos ©SNV

(FRONT) Local entrepreneurs building Safi latrine rings

(P4) Grandmother from Gendaa stands proudly in front of her newly-built Safi latrine

For more information

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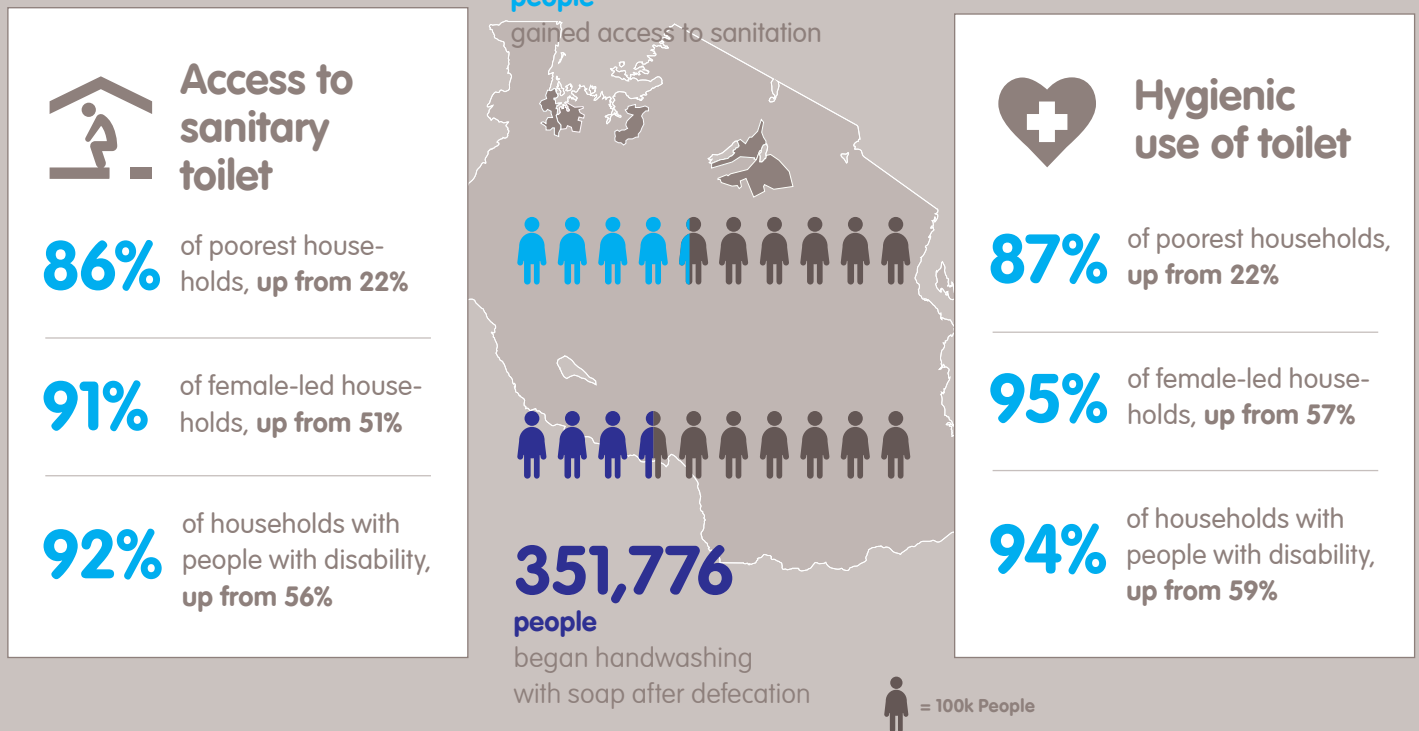


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In collaboration with the Government of Tanzania, SNV supports local governments in accelerating progress towards sanitation coverage across two zones. Between 2014 and 2017, the first phase of the Sustainable Sanitation and Hygiene for All Results Programme (SSH4A RP) was implemented in the Lake Zone (Chato, Geita and Kwimba districts) and Northern Zone (Karatu and Babati districts). The programme engaged 1,080,000 people. Main achievements of this four-year collaborative endeavour are highlighted here.

From 2014 through 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 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 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

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