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Strengthening evaluation effectiveness and impact

Monitoring, Evaluation, and Verification Component of the WASH Results Programme

Evaluation Synthesis Report - Volume 2.1 – SSH4A Case Study

Oxford Policy Management

itad

e-Pact is a consortium led by Oxford Policy Management and co-managed with Itad in association with the Institute for Fiscal Studies.

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Abbreviations

BCC	Behaviour change communication
CLTS	Community-led total sanitation
DEQ	Detailed evaluation question
DFID	UK Department for International Development
DWSCG	District Water Supply and Sanitation Development Conditional Grant
FGD	Focus group discussion
FSM	Faecal sludge management
HDI	Human Development Index
INGO	International non-governmental organisation
JICA	Japan International Cooperation Agency
LCB	Local Capacity Builder
M&E	Monitoring and evaluation
MIS	Monitoring information system
MOU	Memoranda of understanding
MV	Monitoring and verification
MVE	Monitoring, verification, and evaluation
NSC	National Sanitation Campaign
ODF	Open defecation free
ODK	Open Data Kit app
OPM	Oxford Policy Management
PbR	Payment by results
PMU	Programme Management Unit
RBF	Results-based financing
SAWRP	South Asia WASH Results Programme
SI	Sustainability indicator
SNV	Netherlands Development Organisation
SSH4A	Sustainable Sanitation and Hygiene for All
SWIFT	Sustainable WASH in Fragile Contexts
UGX	Uganda shilling
USF	Uganda Sanitation Fund
VDC	Village Development Committee
VFM	Value for money
VHT	Village Health Team
WASH	Water, sanitation, and hygiene
WWW	World Water Week in Stockholm

1 Introduction

1.1 Structure of the WRP reporting

The endline evaluation of the WRP is presented across five separate volumes. This is due to the size and complexity of the programme. Vol. 1 presents the summary findings across the three Suppliers and addresses the evaluation questions. Vol. 1.2 contains the annexes to the summary report. Vols. 2.1, 2.2, and 2.3 are supplier-specific case studies and seek to provide far greater contextual information and discuss the evidence under the relevant thematic headings.

Table 1: Evaluation findings reporting

Volume		Contents
Vol. 1.1	Summary report	- These volumes address the evaluation questions across the three suppliers. - Provides lessons and recommendations
Vol. 1.2	Summary report annexes	
Vol. 2.1	SWIFT case study	*See below for details of the report structure* *The structure of the three case studies is the same to allow for issues to be compared across the three suppliers.*
Vol. 2.2	SSH4A case study	
Vol. 2.3	SAWRP case study	

1.2 Purpose of this report

This report summarise the main findings of the WASH Results Programme endline evaluation for the Sustainable Sanitation and Hygiene for All (SSH4A) programme only. It summarises the findings from the country visits to Uganda and Tanzania in early 2018, and the findings from the remote interviews with the SSH4A managers. In addition, the report draws on insights gained from roundtable meetings and learning events with the supplier SNV and the verifiers.

This report does not seek to answer the evaluation questions directly as these pertain to the programme as a whole, and are addressed directly in Vol. 1.1. Rather, this report notes the evaluation team's reflections as they pertain to SHH4A across the relevant thematic areas. This report is best viewed as documenting the supporting evidence from SSH4A that contributes to addressing the evaluation questions.

1.3 Structure of the remainder of this report

- **Section 2** provides details of the evaluation approach with reference to the SWIFT specific data collection, limitations, and potential sources of bias;
- **Section 3** provides an overview the SWIFT consortium, the results, and the implementation in each of the SWIFT counties; and
- **Section 4** discusses the findings of the evaluation under each of the DAC criteria and under thematic headings related to the evaluation questions.

2 Evaluation approach

The Endline Design Note provides an overview of the evaluation approach and scope of the WASH Results Programme evaluation overall. It includes a table listing the evaluation questions and indicating which ones were prioritised at endline. This SSH4A annex was written based on a review of SSH4A documents, interviews during two country visits to Uganda and Tanzania, phone interviews with SNV Netherlands Development Organisation (SNV) staff in the remaining SSH4A countries, and its Programme Management Unit (PMU), and interviews with the monitoring and verification (MV) team.

In 2016, a supplementary study of 10 NGO partners across the Rwenzori and the West Nile regions was also carried out in Uganda – insights form this work are referenced where appropriate.

2.1 Stakeholders met

Evaluation activities	Uganda	Tanzania	Other five[1] SSH4A counties	Comment
Supplier global managers	✓			n.b. Global management changed between phases
Lead verifier	✓			Interviewed periodically
Country verifiers	✓	✓	×	Interviews conducted via phone
Learning partner	n.a.			No 'learning partner' part of the consortia
Supplier country staff	✓	✓	✓	Country management-level was interviewed remotely in five countries. Entire SNV 'core team' interviewed in Uganda and Tanzania
Local implementing partners	✓	✓	×	Four Local Capacity Builders (LCBs) interviewed at endline in Uganda and one interviewed in Uganda
Government counterparts	✓	✓	×	In Uganda interviewed government officials from four districts. In Tanzania interviewed government officials from two districts. *(N.B. government staff are also implementing the programme)*
Community members (service users)	×	✓	×	Only a small sample in Tanzania
Other sector experts*	✓	✓	×	In Uganda: 'Uganda Sanitation Programme' (funded by the Global Sanitation Fund) and the UN Children's Fund (UNICEF). In Tanzania, the coordinator of the National Sanitation Campaign

[1] Ethiopia, Kenya, Mozambique, Nepal, and Zambia, plus two other countries.

2.2 Evaluation themes covered during country case studies

- **Country context** (other large sanitation and hygiene programmes; government prioritisation; national context).
- **Programme design and functioning** (scale; staff and partners; contracting; theory of change; implementation activities prior to 2015 and implementation activities during 2016-2017).
- **Monitoring** (outcome targets; indicator definitions; progress monitoring; survey design).
- **Implementation progress and quality of implementation** (progress to date; quality of implementation; variation in quality; district-wide focus; handwashing).
- **Inclusion, sustainability, and health** (progress; variations in achievements; challenges; faecal sludge management (FSM)).
- **How PbR played out in-country** (verification process; verification indicators; evidence requirements; changes in approach; payment deductions; lead verifier; benefits of PbR; negative consequences).
- **Degree of learning** (approach, innovations and evolutions, lessons).

2.3 Limitations

There were several major limitations to note with regards to endline data collection; these are outlined in Table 2.

Table 2: Key data collection limitations and implications

Limitation/ issue	Implications and mitigating action
Breadth of programme across countries: As SSH4A spanned nine countries (with activities in South Sudan discontinued in 2016) it was a particular challenge for the evaluation to obtain a complete picture across all of SSH4A, given that only two countries could be visited to carry out case studies.	The evaluation team undertook case studies in two countries of SSH4A, in contrast to other consortia. Interviews with country managers were partly able to cover other countries. As a result of the limitation, the evaluation is less able to generalise some findings for all of SSH4A. This is flagged in the report where relevant.
Time constraints in country: During the two country visits, the evaluation team could only spend a brief time in each country, allowing limited opportunity to explore programme-specific issues in depth. Time constraints meant all the interviews were done over five days in Uganda and three days in Tanzania. It was not possible to visit some programme areas for logistical reasons (i.e. West Nile in Uganda and Mwanza in Tanzania). In view of the time constraints during the two country visits, it was also not possible to meet certain stakeholder groups. For example, it was not possible to interview community leaders or Sub-County Health Assistants or Village Health Teams in Uganda or LCBs whose contracts had expired in Uganda and/or been discontinued in Tanzania. In Tanzania, we only visited two beneficiary communities to see the quality of latrines and handwashing stations, due to limited time and lack of household availability due to the visit occurring during planting season. In Uganda it was not possible to visit any households due to the time limits in our schedule.	Efforts were made to gather insights from the SNV core team to understand the activities, successes, challenges, and lessons learned over the full course of the programme. As a result of the limitation, the evaluation is less able to generalise some findings for all of Uganda or all of Tanzania, given that Mwanza and West Nile faced very different implementation challenges[2]. This is flagged in the report where relevant.
SNV country programmes ending prior to evaluation data collection: It was not possible to speak to the country managers of all SSH4A countries, as activities in South Sudan had halted in 2016, and staff in Ghana left their posts in March 2018 (before the evaluation was able to carry out any phone interviews).	It was not possible to speak to the staff whose contracts had ended by the time the endline evaluation activities took place. As such, the evaluation is less able to comment on the applicability of the findings to South Sudan and Ghana. Throughout the report this is re-stated where relevant.
Limited view of financial data: Due to the commercial and PbR nature of the contracts partners were unwilling to share financial information with the evaluation team.	This restriction severely hampers the evaluation team in our ability to reliably comment on value for money (VFM) beyond that represented by the 'prices' paid by DFID as set out in the contracts. The analysis and discussion of efficiency and VFM aspects is based solely on the qualitative reflections of the supplier staff and discussed in relation to contract value as a whole.
Limited direct engagement with beneficiaries: The evaluation design meant that there was limited third-party data collected.	As part of addressing this limitation the evaluation team explored utilising any of the beneficiary feedback mechanisms used by suppliers. This revealed some suitable data from the focus group discussions (FGDs) held by SNV for the following sustainability indicators (SIs): SI4, SI7, SI8 and SI9.

[2] E.g. Mwanza is harder to access, has high malaria rates, weaker governance, higher poverty, and worse roads than Arusha. West Nile is less challenging than Rwenzori, but has a larger refuge population.

2.3.1 Bias

Related to the limitations with regards to data collection there are several sources of potential bias arising from the data collection. While in all cases mitigating action was taken in the analysis, where possible, these remain important to consider in relation to the analysis:

- **Programme staff interviews –** The vast majority of the analysis is based on interviews with SNV programme staff. This is largely because the evaluation is explicitly for learning, as opposed to accountability purposes, and as such the experiences of implementers was seen as one of the most important facets. The result is that the majority of the analysis rests on a primary data source that has an incentive to cast the programme in a positive light. While during the analysis a focus was placed on triangulating data from interviews to arrive at the summary conclusions the evaluation team do not seek to question the experiences of the implementing staff as reported, and a focus was placed on accurately reflecting the reported experiences.
- **Limited primary data on results** –The evaluation team did not collect primary data on outputs and outcomes given DFID's investment in the results verification. As such the verified results data are assumed to be accurate as the evaluation team have limited means to validate these. As such, should there be any inaccuracies with the results data the analysis based on these data will have these errors embedded within it.
- **Monitoring, verification, and evaluation (MVE) contract –** The verification team and the evaluation component were commissioned under a single contract. Though the verification workstream (led by Itad) and the evaluation component (led by Oxford Policy Management (OPM)) are managed separately, OPM and Itad were contracted jointly as the e-Pact consortium. This is a potential source of bias for the evaluation team's judgements relating to the verification framework. Several steps were taken to minimise the risk of this affecting the analysis; most significantly, the verification and the evaluation were independently managed workstreams.

2.3.2 External validity / generalisability

The analysis is deeply rooted in the context of the particular PbR modality used. Salient features are: there was no grant component and payments were only made on the basis of verified results packages/deliverables; there were no upside incentives – only penalties for under-performance; the programme was a DFID centrally managed programme; the programme used an NGO delivery channel; and the programme had a very tight, hard deadline for results to be delivered. As such, the analysis is best viewed as pertaining not to all forms of PbR contracting but rather to this particular formulation. Throughout this report attention is placed on documenting the contextual factors that affected implementation and how the suppliers operationalised the modality. While there is learning related to the use of PbR contracting for WASH programmes more broadly, the findings are firmly situated in the context of this particular application of PbR. Furthermore, it is worth noting that the three supplier consortia (South Asia WASH Results Programme (SAWRP), Sustainable WASH in Fragile Contexts (SWIFT), and SSH4A) all had different results packages and verification frameworks, which arose from how the proposals were formulated and how the contracts were negotiated.

3 The SSH4A programme

This section seeks to provide an overview of the SSH4A consortium. This section is structured as follows:

- **Section 3.1** provides a broad overview of the consortium structure, implementation areas, and the implementation approaches. These facets are explored in more detail, as they pertain to implementation across the SNV countries, in Section 1.1[3].
- **Section 3.2** provides details of the consortium's contractual targets, how these were translated into payment milestones, and the verification approach and indicators.
- **Section 3.3** presents the consortium's achievements.
- **Section 1.1** presents the different contexts and implementation approaches across SNV countries.

3.1 Overview of SSH4A

SSH4A was one of the three suppliers that implemented the WASH Results Programme over 2014–2018. SSH4A was implemented in Kenya, Ethiopia, Ghana, Mozambique, Nepal, South Sudan, Tanzania, Uganda, and Zambia. SSH4A was contracted under Lot B, and only delivered sanitation and hygiene promotion.

Note that implementation in South Sudan was halted in 2016 (see Section 3.1.3).

3.1.1 Consortium make-up

SSH4A was solely implemented by SNV and its local government or NGO partners (see table below and Section 3.4.3 for detail) – there was no consortium and no separate monitoring, evaluation, and learning partner. SSH4A was managed by a PMU in Nairobi. No special contracting arrangements were introduced due to the PbR modality: the SNV country offices that implemented SSH4A operated as under a grant, receiving funding in advance from the PMU (see Section 4.3.1 for detail).

SNV had existing country offices and strong government relationships in all the nine countries where SSH4A was implemented. Some of the local organisations that supported various aspects of implementation were new to SNV, others were known partners.

[3] It should be noted that the division between Section 3.1 and Section 3.4 is slightly artificial in the case of SSH4A. The report is structured in this way in order to better align with the structure of the SAWRP and SWIFT reports as the intention is that all three supplier specific reports have the same structure and readers can easily read across the three consortia.

Table 3: Overview of implementing partners and areas of operation

Country	Partner	Local implementing partners	Focus	Location	Urban/ rural
Ethiopia	SNV	Local government staff, supported by ORDA (a government-affiliated local NGO)	Sanitation and hygiene	Six woredas in one zone	Rural
Ghana		Local government staff		Eight districts across four regions	
Kenya		Local government staff, supported by district-level SNV advisers		Selected communities within 10 sub-counties of four counties	
Mozambique		Local government staff, supported by NGOs (initially) and sub-district level technicians hired by SNV (later)		Five districts in Nampula province	
Nepal		Local government staff, supported by NGOs		106 VDCs within seven districts	
South Sudan		Local government staff (supported by some NGOs initially)		Two counties in two states	
Tanzania		Local government staff, supported by NGOs (initially) and by SNV advisers (later)		Five districts across two regions	
Uganda		Various NGOs – with more government involvement in the latter years		15 districts across two Regions	
Zambia		Local government staff, supported by sub-district level technicians hired by SNV		Four districts of the northern province	

In 2017 SNV's contract was extended until 2021, with an additional £13.1 million in the budget allocated to continue SSH4A activities in Ethiopia, Kenya, Mozambique, Nepal, Tanzania, Uganda, and Zambia. This extension entailed the delivery of new output and outcome results and in effect represents a new contract, as opposed to either a time- or cost-extension to deliver the original results specified in the contract between SNV and DFID. The implementation activities still follow the SSH4A framework, but new locations were added in most countries and some local implementation partners were changed.

3.1.2 Overview of implementation approaches

The WASH Results Programme was divided into two phases: the output phase lasted from April 2014 to March 2016,[4] and the outcome phase lasted from January 2016 to March 2018. During the output phase, payments were based on the delivery of output-level results only, and similarly

[4] With a one-quarter extension later added – the original timeframe was for the output phase to end in December 2015

during the outcome-phase payments were based only on outcome-level results. **In the context of the SSH4A this division was not seen to have greatly changed the activities between phases – this is discussed further in Section 3.4.4.**

SSH4A very much represents a continuation of SNV's existing work in WASH, given that the framework underlying SSH4A was developed by SNV in 2008 and has been implemented in other countries (see below). Unlike the other two supplier consortia, which contained a range of organisations and a variety of implementation approaches, the SSH4A approach for SNV was applied across countries, providing a common framework.

This section provides an overview of the SSH4A approach in general. Section 1.1 documents how the SSH4A approach was applied in the different country contexts under the WASH Results Programme.

The SSH4A approach was developed in Asia in 2008 and implemented in Nepal, Bhutan, Laos, Vietnam, and Cambodia. It embodies a tested operational approach for working at scale and combines demand creation − mostly using community-led total sanitation (CLTS) − with support to sanitation supply chains, behaviour change communication (BCC), and strengthening capacity for WASH governance. Attainment of open defecation free (ODF) status is a key objective. The SSH4A programme has no water supply component – it deals only with rural sanitation and hygiene promotion.

The SSH4A programme is based on four pillars[5]:

- **Sanitation demand creation:** First, CLTS facilitators are trained and the capacity of local government authorities at different levels (province/region, district, sub-district/commune, community) is strengthened to be able to implement demand-creation activities district-wide. Next, demand creation is implemented through local government structures, using the CLTS approach and the 'Follow-up Mandona' approach[6] to end open defecation. Monitoring and evaluation (M&E) is used to both track the skills of CLTS facilitators (self-reported), and to track access, hygienic use, and maintenance of sanitation facilities.
- **Hygiene BCC:** First, a review of existing information, education, and communication or hygiene promotion work is done, alongside formative research on which locally appropriate behaviours to promote. Next, BCC strategies are developed and messaging and campaigns are designed and implemented. M&E is used to track the effectiveness of the messaging in increasing the availability of handwashing facilities with soap.
- **Sanitation supply chains and finance:** Consumer studies, sanitation supply chain analysis, and business modelling is undertaken to understand both supply and demand within the sanitation market. After having mapped potential barriers to private sector engagement and financing mechanisms, and having identified supply-side constraints in the sanitation markets, market-based solutions are implemented to meet a range of consumer needs and preferences. M&E is used to track both progress on private sector engagement, and the extent of faecal sludge emptying and collection in communities.
- **WASH governance:** SSH4A works to build the capacity of local authorities, as their leadership from the start is essential to ensure the sustainability and scalability of WASH interventions. To

[5] Source: SNV (2014) SSH4A fact sheet
[6] This is an action-oriented approach to accelerate the end of open defecation after the initial CLTS triggering session. For more detail see: www.communityledtotalsanitation.org/resource/follow-mandona-guidelines-practitioners

achieve this, capacity for sustainable service delivery is strengthened at a local level – for local government, the private sector, and civil society – and at the national level by working with development partners to support sector reform. M&E is used to track improvements in the capacity of local governments to steer sanitation demand creation at scale in their area.

As a result of the varied baseline levels of WASH access across SSH4A countries (see Section 3.4.1)[7] SNV tailored its implementation approaches to these contexts:

- In countries where the access to improved toilets was higher (Ethiopia, South Sudan, Uganda, and Mozambique), SNV has focused on the remaining harder-to-reach communities;
- In Tanzania, SNV focused on the upgrading of sanitation facilities and on hygiene promotion, as the country has low levels of open defecation but high levels of unimproved facilities, with sustainability and hygiene challenges;
- In Ghana, SNV focused on targeted BCC to reduce the number of shared latrines; and
- In countries where the access to improved toilets was still low (Kenya and Nepal), SNV focused on providing specific support to build the basic capacity of the CLTS movement.

The focus of SSH4A was entirely rural. Individual country programmes varied widely in regard to the scope of communities engaged with – the scope and scale across countries is discussed in Section 3.4.2.

3.1.3 Significant changes to design during implementation

Implementation approaches under SSH4A remained consistent with the SSH4A pillars over the course of the programme in most countries, with two exceptions:

- All SSH4A activities in South Sudan were discontinued in 2016, due to political tension in the country. The targets for South Sudan were redistributed across the remaining SSH4A countries.
- SSH4A activities in Nepal were suspended for six months following the 2015 earthquake.

The wider set of other external factors that affected programme delivery are discussed in relation to the results in Section 4.2.7.

[7] This is noted with the caveat that Joint Monitoring Programme for Water Supply and Sanitation (JMP) data are nationally representative and that programme activities may have been planned in certain regions which deviated significantly from national averages.

3.2 SSH4A targets and the verification approach

3.2.1 Targets set in the contract

Table 4 outlines the deliverables as per the contract annex. As per the original contract, these deliverables were spread across a series of 11 'results packages', with each package containing some, or a mix, of the results below, or partial payment for progress towards results.

Table 4: SSH4A deliverables (revised)*

Deliverable		Target
Process		**Baselines completed and workplans agreed**
		Pre-conditions for demand creation assured – through training of CLTS facilitators, design of informed choice materials, agreement of ODF verification process, and completion of supply chain and consumer studies **Alignment with local government** – through drafting district sanitation plans, and a report demonstrating local sector alignment **Progress on sustainability and equity prerequisites** – through all country projects reaching benchmark in all key sustainability indicators, though up to two sustainability indicators in each country could fall below benchmark achievement where external factors had influenced progress in these indicators (see full list of indicators in Section 3.4.5)
Sanitation	Output	2.084 million people with new access to an improved sanitation facility
	Outcome	2.084 million people with sustained use of improved sanitation facilities
Hygiene	Output	2.73 million people reached by hygiene promotion activities
	Outcome	400,000 people practising handwashing with soap at critical times

Source: SSH4A contract annex, dated December 2014 (abridged by authors and updated based on minor changes to sustainability targets, see Section 3.2.5)

*Note: Payments for each deliverable were spread across multiple payment rounds. This is not captured here but is discussed below.

In regard to outputs, SNV committed to reaching different targets in each country, based on the baseline situation in that country. In practice, each country programme aimed for a somewhat higher target than the commitment to DFID, providing SNV with a safety margin should delivery of results prove to be more challenging than was anticipated.

In regard to outcomes, SNV set ambitious targets for sanitation, with 100% of the output population, i.e. 2.084 million people, still using latrines by programme end. It is important to note that because SNV adopted a population-wide survey as evidence, these 2.084 million people were not necessarily the same ones as were reached by December 2015[8]. Hygiene outcome targets were set at 400,000 practising handwashing with soap at critical times (this amounts to 15% of the output target, but these people do not need to have been the same individuals as were reached by December 2015).

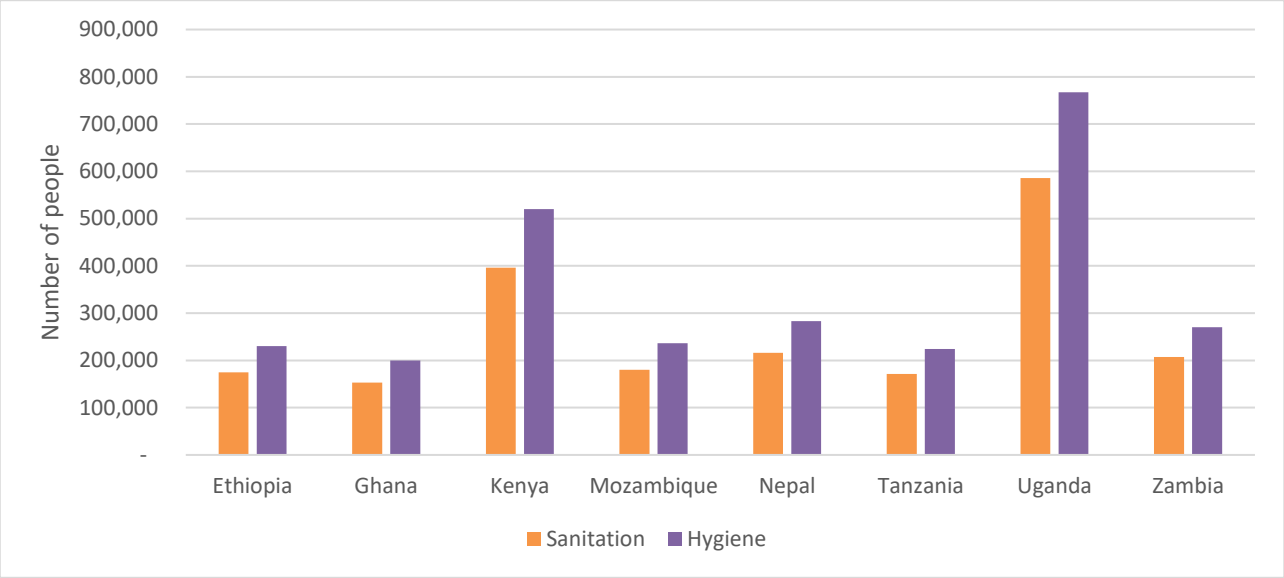
In its proposal SNV set out targets by country, but during negotiations it was agreed with DFID that there would be a single programme-wide target across countries, without country-specific targets.

[8] It should be noted that the monitoring and verification approach is significant in interpreting these results. These factors are outlined in Section 3.2.4 and discussed in relation to effectiveness in Section 4.2.1.

As a result, over-achievement in one country could balance underachievement in another – arguably significantly reducing the financial risks for SNV.

However, for internal planning purposes specific countries continued to operate against the internal targets which SNV set itself (see Figure 1). These targets were revised at times, mostly notably when work in South Sudan was discontinued in 2016, and targets were redistributed across the remaining SSH4A countries.

Figure 1: Internal sanitation and hygiene output targets for SSH4A countries



Source: SSH4A PMU

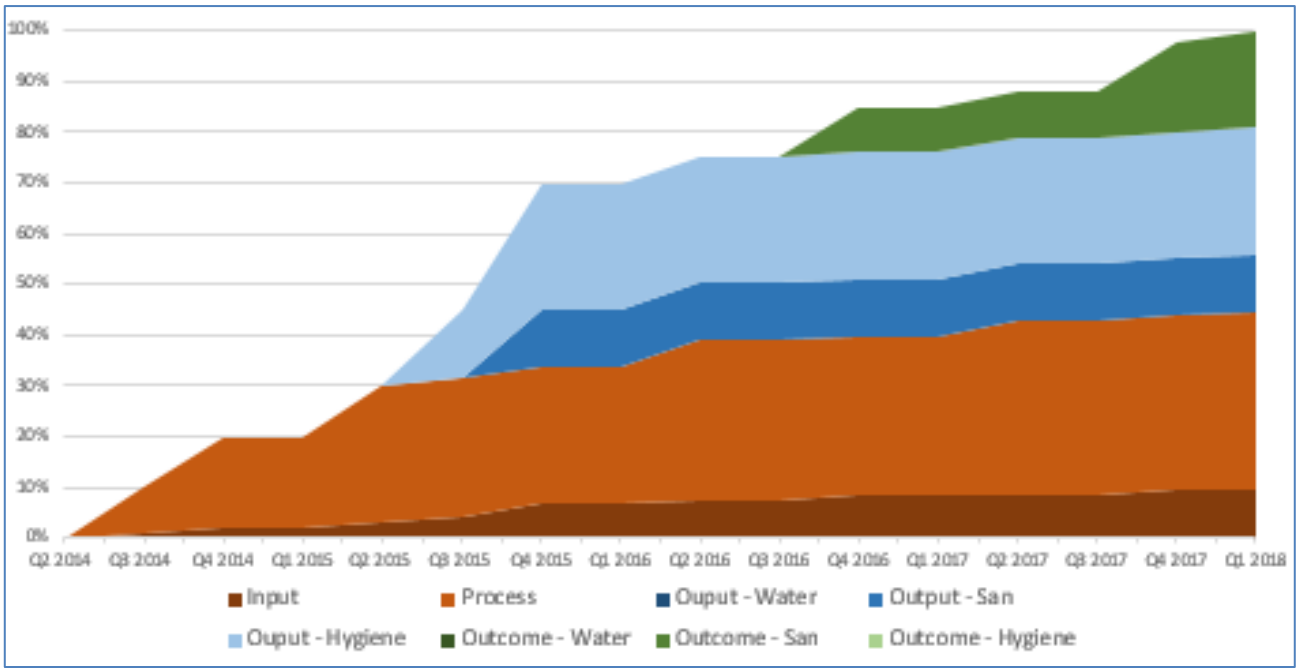
3.2.2 Results linked to payment (payment milestones)

For all SSH4A countries, DFID negotiated intermediate, output, and outcome deliverables with SNV for results achieved by SSH4A. SNV was paid through 10[9] 'results packages'; each required different pieces of evidence to be submitted, matching the different indicators chosen (Table 6). All of these results were verified by the independent MV team, with verification spread out over the programme (see Table 5).

Over the four years of the programme, approximately 70% of the payments were planned to be made in the output phase (April 2014–December 2015[10]), and the remaining 30% of the payments were planned for the outcome phase. It is also notable that 44% of the payments are seen to have ben related to processes or inputs – while 37% were related to outputs and 19% to outcomes (as per the analysis of the authors). Specifically, only 8% of payments were related to sustainability prerequisites as these were the least within the control of the supplier (classed within 'process payments').

[9] Note that Results Package 7, one the original 11 results packages, was dropped in agreement with DFID, resulting in 10 results packages.
[10] Later extended by one quarter.

Figure 2: Structure of payments over the course of the WASH Results Programme for SSH4A



Sources: Analysis is based on the contract annexes for the supplier. The coding of the data by results area is by the authors

Table 5: SSH4A payment/verification rounds

	2014			2015				2016				2017				2018
	Output- and process-related payment								*Outcome-related payment*							
Calendar quarter->	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1
Verification of SSH4A deliverables		**X X**	**X**		**X**	**X**	**X**				X		**X**		**X**	**X**

Source: MV verification reports

The definition of the indicators and their verification was something that was negotiated and established through the verification framework. The formulae for calculating the aggregation of results was defined within the verification framework. There were two levels of aggregation. First, the results were aggregated across the indicators that pertained to a certain deliverable – the weightings for the various indicators as well as the thresholds for proportional payments were contained in the Form 2s. Second, the results were aggregated across the various countries to produce an aggregate level of achievement, and therefore payment, for SSH4A as a whole.

3.2.3 Verification process

As with all the suppliers of the WASH Results Programme, the verification process was built around the supplier's existing M&E frameworks, though with the MV team requiring additional internal quality assurance processes and evidence as part of the results packages. Box 1 outlines the common elements of the verification framework under the WASH Results Programme.

Box 1: Common elements across suppliers of the verification framework

Due to the PbR financing modality of the programme, suppliers were only paid for results that had been independently verified. Therefore, the verification process, which confirmed whether or not the supplier had delivered the agreed results, was a central element of the programme. The independent verification of suppliers' results was based on a **systems-based approach** in this programme. This approach was not specified in the terms of reference but was chosen by the MV provider to match the budgetary envelope of the terms of reference.

Systems-based verification meant that evidence regarding the achievement of results was not established through independent data collection by the verification agent, but was instead based on data generated by the supplier's internal monitoring and reporting systems. This implies that a strong focus of the verification process was appraising the robustness of the supplier's internal monitoring and reporting systems. The MV provider set out its approach for verification at the end of the Inception Phase in September 2014. The approach was based on three core elements:

- **A systems appraisal of the supplier's internal monitoring and reporting systems:** A comprehensive systems appraisal was conducted ahead of the first full verification cycle to map which internal monitoring and reporting systems would generate the evidence needed for verification. If systems were deemed to be insufficient, corrective action was recommended by the verifiers. The systems appraisal was repeated ahead of each verification cycle until the systems were deemed to meet the required standard for evidence generation, and/or if evidence requirements changed over time.
- **Desk-based verification of supplier-generated evidence:** First, a list of evidence requirements was drawn up by the MV team (the 'Form 2'), tailored to each verification round as necessary. This evidence was then submitted by each supplier and checked for completeness by the MV team.
- **Field-based verification using MV-generated data:** In parallel to the desk-based verification of evidence described above, the MV team carried out field visits to double-check the veracity of evidence submitted and the quality of results achieved, and to assess the likely sustainability of result achieved.

These three elements took place in parallel and informed the **conclusion** by the verification team regarding whether a given supplier had delivered the agreed results (the quarterly **verification report**). This conclusion was passed on to DFID, who made a **payment decision** on the results to be paid for that quarter. An **After-Action Review** was frequently held thereafter to identify lessons and agree on actions to take in forthcoming verification rounds.

All verification forms (Form 2s) were built around the same elements: for each verification indicator, the form specified the indicator definition, data source, and data requirements for suppliers, and the methodology of analysis for the verifier. Indicators usually included a numeric assessment of the number of results achieved and a list of the documentation required to establish the veracity of the result and also its quality, if applicable. Each Form 2 also included the methodology for how a payment decision was made, based on the aggregate analysis of all the indicators which pertained to that deliverable, such as whether payment was proportional to the number of results achieved or whether it was made based on a pass or fail.

To ensure that the verification process was feasible and appropriate, the evidence requirements set out in the Form 2s were tailored for each supplier, and for each results deliverable, and in some cases even tailored for different countries or implementing partners. This resulted in 42 different Form 2s for the output phase. As the verification methodology was designed and adjusted while supplier implementation activities were ongoing, several modifications were made to the evidence requirements during the output phase.

For all SSH4A countries, the same process was used to verify results. Given the large number of countries, field spot-checks were only done by the country verifiers for around half of the nine countries (chosen at random) during those verification rounds which included the verification of

survey results. Field spot-checks were random checks intended to identify any systemic issues, as opposed to evaluating a statistically significant proportion of the project. The possibility of additional scrutiny was deemed sufficient to incentivise those that missed out on a country visit in any given round. A desk-based check of all documentation was undertaken for every country in every round, and if this check did not reveal any issues then a field visit was not always undertaken. Field spot-checks, where they were made, could have a direct bearing on verification decisions, and hence supplier payment[11].

Country visits were also made by the lead verifier to eight out of nine countries (with Ghana only visited briefly while in Accra for another project), mainly to understand the implementation set-up in each country. Additional trips were added at the request of DFID half way through the programme so that the MV team could begin reporting on sustainability risks to DFID.

3.2.4 Verification and payment indicators

Given that SSH4A contained 13 different types of results (see Table 6 – overleaf), around 20 different Form 2s were created, each with their own evidence requirements. This meant that evidence requirements changed from one quarter to the next over most of the output phase.

For all SSH4A countries, the same process and indicators were used to measure progress against all results. The same methodologies were used through the output and outcome phases:

i) For the 'process' results listed in Table 6, evidence was submitted in the form of activity reports.

ii) Annual population-wide household surveys were submitted as evidence for all sanitation and hygiene outputs and outcomes.

iii) Findings from various FGDs were used as evidence for the sustainability indicators (see Section 3.2.5 for detail on the data collection process).

Point ii above is particularly significant, as this method differed from that used for the other suppliers. Choosing population-wide household surveys as the evidence base had two important implications for the verification approach for SSH4A: firstly, it meant that results could be aggregated across countries. Secondly, outcome targets were set as an *absolute* population level matching those reached by December 2015, rather than a *percentage* of the population reached by December 2015 (output level). This allowed for any over-achievement to act as a buffer – for example, if the output target was 1,000 people but the programme reached 2,000 people, then the outcome target would be 'sustained use by 1,000 people', as opposed to 2,000 people. Therefore, even with a slippage of 1,000 people, the programme would still achieve its '100% sustained use' target. Combined, these nuances of the MV approach have significant implications for the discussion of effectiveness and are revisited in Section 4.2.1.

[11] From the midline evaluation report

Table 6: Comparison of contracted 'results' and indicators for SSH4A

Result type	Result area	Main indicators used in results packages[12]
Input	All	[all results packages] Management fee
Process	All	[RP1] Baseline reports completed [RP2] Workplans agreed with partners [RP3] CLTS facilitators trained [RP3] Informed choice materials designed [RP3] ODF verification process agreed [RP3] Supply chain and consumer studies completed [RP4] Report demonstrating local sector alignment [RP4] District sanitation plans in place [RP9/RP11] Sustainability and equity prerequisites in place (10 sustainability indicators)
Output	Sanitation	[RP4/RP6] Number of people with new access to improved sanitation facilities
	Hygiene	[RP5/RP6] Number of people reached through hygiene promotion
Outcome	Sanitation	[RP8/RP10/RP11] Number of people using improved sanitation facilities
	Hygiene	[RP8/RP10/RP11] Number of people practising handwashing with soap at critical times

Source: SSH4A contract annex

To verify progress on sanitation and hygiene outcomes, only key indicators were verified but a number of additional indicators were reported on in surveys reports. The key indicators were verified in the following way:

- **For sanitation outputs and outcomes,** the aspects set out in the bullet list below were used to measure[13] sustained use of improved sanitation. A household was only verified if everyone in the household was reported to use the toilet, if the facility appeared to be in use (via observation), and if the latrine could be classified as 'improved' (i.e. defined as providing some storage or treatment of excreta, and thus not likely to discharge or flush excreta immediately back into the local environment). Following survey issues in Mozambique identified by the MV team, SNV produced guidance for its teams in 2017 on how to proceed if the observation and the reported use differed.
  - Presence of a latrine – classified along a scale of: 0) no toilet; 1a) shared toilet; 1b) unimproved; 2) improved; 3) improved with fly management; and 4) environmentally safe. *A Level 2 latrine was deemed by DFID to be 'improved', but was only deemed to be improved by JMP standards if there was no evidence of access by rats.* This was documented with photos.
  - Households were asked if the toilet was in use, and whether it was used by all household members. This was documented in the survey replies.

[12] Results Package 7 was deleted, and merged with Results Package 8.
[13] SNV decided not to use the exact JMP wording in its questionnaire, but instead asked 'Do you have a toilet?' and then identified the type, and asked about usage by other household members.

- Enumerators observed if the toilet was in use and was being used as intended; it needed to meet all four of the following criteria: a visible path to the toilet; adequate privacy (user not visible); not used for other purposes like storage; and with a squat hole that was free of barriers (e.g. cobwebs). This was documented with photos[14].

- **For hygiene outputs, i.e. the population reached by BCC promotion,** SNV's approach evolved over time. At the proposal stage, SNV intended to document the number of people reached by every group event, house-to-house visit, promotional poster, and mass-media campaign through attendance lists and other estimations. This approach was used for Results Package 5 in 2015 and resulted in thousands of pages of evidence, of which the MV team agreed to only spot-check a small sample due to feasibility constraints. In those countries where only evidence for mass-media campaigns via radio was submitted, it was agreed with DFID to discount this evidence as it was the least credible[15] – resulting in only 50% of payment being awarded[16]. In agreement with the MV team, SNV then changed the methodology to use recall questions which had already been asked at baseline and midline surveys to estimate the number of people who could recall hygiene promotion messaging 'heard in the last 12 months', probing for messaging specifically from SNV or its partners. Based on this re-analysis of existing survey data, the remaining 50% of the output target was verified and paid in full, a few months later than intended. It is likely that the indicator chosen over-estimated the number of people reached, as 12 months is a long recall period and it is difficult to remember *from whom* messages were heard. The country verifiers attempted to confirm if it was likely that any other organisations were doing promotional work in the same programme locations at the same time. An additional reason for the over-estimate was that most baseline surveys did not capture hygiene message recall[17]. However, given that DFID did not pay for over-achievement, only 40% of those reached were paid for regardless, given that SNV exceeded its targets by over two-fold (see Section 3.3.1).
- **For hygiene outcomes,** the aspects set out in the bullet list below were used to measure progress on handwashing – as a proxy for actual handwashing behaviour. At proposal stage, only the presence of a handwashing facility had been proposed by SNV. However upon realising that the other suppliers used indicators better that were aligned with best practice[18], it was agreed in 2016 that four factors needed to be present for a household to be verified as 'practising handwashing', i.e. the household had to have a handwashing facility within 10 metres of a toilet, had to mention the two critical moments for handwashing, and needed to have both soap and water at the handwashing facility. If one of these criteria was not met, the household was <u>not</u> counted. Criteria were not weighted.
  - Presence of a handwashing station within 10 metres of a toilet[19] – classified along a scale of: 0) no handwashing station; 1) handwashing station with no soap; 2) handwashing station with soap; 4) handwashing station with no contamination; and 5) handwashing station with running tap water.

[14] These photos were not initially shared with the MV team due to privacy concerns. Later, the photos were checked by the MV team remotely to verify the toilet classification, and field checks were used to do spot checks on the observations.
[15] As evidence, the district-wide population reach of the radio stations was submitted, without any discounts given to those who did not own a radio or had not been listening at the radio at the time of the broadcast. DFID guidance does not allow people reached by radio to be counted due to the known measurement challenges.
[16] Source: Payment decision meeting notes for Results Package 5.
[17] Source: Verification Report 2015-Q4.
[18] The DFID guidance only required the reach of promotion activities to be measured, not handwashing, or any proxy indicators for handwashing. However, it was agreed to measure handwashing according to best practice. This was only feasible with those indicators which SNV had already been measuring at baseline. It would be best practice to additionally ask for a demonstration during the interview ('show me how you wash your hands') but it was not possible to add this question because it had not been asked at baseline.
[19] The surveys also measured the presence of a handwashing station at the place where food is prepared, but this was not verified.

- Knowledge of the two critical moments for handwashing with soap ('before eating' and 'after defecation').
- Recall of any promotional activities on handwashing for the previous 12 months (only used for output verification, not outcome).

3.2.5 Data sources for verification

SNV used the exact same monitoring approaches to track progress across all SNV countries and to then supply evidence for verification: annual population-wide household surveys were submitted as evidence for all sanitation and hygiene outputs and outcomes, and FGDs were used as evidence for the sustainability indicators.

Annual surveys on WASH outputs and outcomes

SNV tracked progress on sanitation results and hygiene results through almost annual[20] surveys throughout the SSH4A programme. These household surveys measured progress across a population-wide sample. Following some sampling errors identified by the MV team in the first midline survey in 2015 (Results Package 4[21]), subsequently the sampling of all surveys for all SSH4A countries was done by SNV's PMU team in Nairobi. The PMU team carried out spot-checks on all survey data before they were submitted to the verification team, to minimise data collection errors and data entry errors. In all countries, data were collected through the Akvo Flow mobile-based monitoring system[22], a common survey tool within the WASH sector. The entities collecting the survey data, however, varied across countries:

- In Ethiopia, Kenya, Tanzania, and Uganda (initially), survey implementation was done through enumerators hired by SNV, and contracted through a partial PbR contract[23].
- In Nepal and South Sudan the surveys were carried out by local partners.[24]
- In Ghana, Zambia, and Uganda (in the latter half of the programme) government staff administered the interviews themselves. According to SNV, using government staff to survey progress did not create a conflict of interest as government did not select better villages, and by involving them this helped foster greater buy-in of the results.

Monitoring of progress on sustainability indicators

SNV monitored progress on sustainability achievements through 10 sustainability indicators, which tracked the existence of various technical, environmental and institutional prerequisites for sustainability and equity (see Table 7). While the SSH4A approach developed in 2009 had an established methodology for measuring sustainability indicators, linking payments to the sustainability indicators resulted in SNV adjusting its methodology, introducing quantifiable levels for each indicator to reduce any ambiguities. The original SSH4A approach used qualitative

[20] Five surveys were carried out in four years: there was a gap of nine months between baseline and the Results Package 4 survey, and only six months between the Results Package 4 and Results Package 6 surveys. After that, it was annual.
[21] SNV Mozambique only sampled from intervention households, as opposed to using a population-wide sampling frame.
[22] See http://akvo.org/products/akvoflow/
[23] I.e. an advance was given for transport and airtime expenses and a final payment (daily facilitation rate) was made a few days later, once the survey data were submitted as agreed and to quality. For the few enumerators who did not submit data as agreed and to quality, their contracts were discontinued.
[24] In Nepal, the government does not allow SNV to hire survey enumerators directly. Instead, all surveys need to be done through sub-contracted local NGOs.

approaches to measure most-significant change. The adjusted measurement framework was piloted in Q1 of 2017. Progress was measured twice; once in 2017 and once in 2018[25]. A mixture of measurement approaches was used (see Table 7), all of which entailed subjective self-scoring. SNV confirmed that in some cases the self-scoring led to high scores being awarded, which increased baseline levels and made it harder for SNV to show progress against baseline (the requirement of progress against baseline was later removed, see below)[26].

Table 7: SNV sustainability framework*

Sustainability indicators		Means of assessment*
Component 1: Strengthening capacity for steering and implementation of sanitation demand creation		
SI1	Capacity of local governments or line agencies to steer sanitation demand creation at scale in their area	FGD at district level
SI2	Capacity of local organisations to implement sanitation demand creation (CLTS) with quality	Individual capacity, thus individual self-assessment by each trained CLTS facilitator
Component 2: Strengthening capacity for sanitation supply chains and finance		
SI3	Progress on private sector engaging in sales of sanitation hardware and services	FGD at district level
SI4	Availability of affordable sanitation options for the poorest wealth quintile	FGD at community level
Component 3: Strengthening capacity for BCC for hygiene promotion		
SI5	Progress on institutionalising hygiene BCC	With the line agency responsible for hygiene promotion
Component 4: Strengthening capacity for WASH governance		
SI6	Improved sector alignment at local level	FGD at district level
SI7	Enhanced women's participation in rural sanitation	FGD at community level
SI8	Enhanced participation of minority groups	
SI9	Enhanced participation of people with disability and the elderly	
Additional indicator on environmental sustainability		
SI10	Progress in safe management of faecal sludge	Household survey

**A mixture of measurement approaches was used. All except SI10 entailed self-scoring (a subjective measure). For several indicators, no baseline level was recorded:*

- *SI1, SI3, SI5, and SI6 were self-scored through FGDs with relevant district government actors. In almost all cases, progress was scored against 10 sub-indicators, with the final score taken as the average of the 10 sub-indicator scores. The exception was the SI3 indicator, which was scored against a single qualitative information system scale. No baseline level was recorded for these indicators.*
- *SI4, SI7, SI8, and SI9 were measured through FGDs held at community level with the relevant groups. These were scored by a single qualitative information system rating (against pre-agreed scales) made by each FGD. No baseline level was recorded for these indicators.*
- *SI2 was measured through self-scoring by a sample of CLTS facilitators against 10 sub-indicators. The country project score is the average of all of the CLTS facilitator scores. The baseline SI2 score was measured after the initial CLTS facilitator training.*
- *SI10 was measured though the annual household surveys. Baseline levels were recorded through the baseline surveys where possible, and otherwise through the first midline survey.*

[25] Originally it was planned for the sustainability indicators to also be measured in 2016 (under Results Package 7) but SNV agreed with DFID to cancel Results Package 7, as there was insufficient time after the major Results Package 6 household survey round (Q4 of 2015) to design the sustainability indicator measurement process. Instead, SNV implemented a pilot measurement of the sustainability indicators in Q1 of 2017, in addition to the full measurement in 2017 and 2018.

[26] Source: SNV presentation at Stockholm World Water Week (WWW) 2018.

At the start of the WASH Results Programme, the target agreed with DFID was that progress for SSH4A should be shown on all 10 sustainability indicators (relative to baseline), and that at least 50% of countries should reach the benchmark scores. This was revised twice:

- Following the Q1-2017 pilot, DFID agreed to drop the requirement to show progress on all 10 sustainability indicators as long as benchmarks were passed[27] and agreed to lower two benchmark requirements[28]. Removing the requirement to show progress against baseline levels solved the challenge of a likely inflated baseline. DFID also agreed that up to two sustainability indicators in each country could fall below benchmark achievement *where external factors had influenced progress in these indicators,* providing that SNV submit adequate evidence and justification for the external constraints.
- In late 2017, further changes were made to the sustainability indicator targets. DFID agreed that benchmarks only needed to be met for SI1, SI4, SI5, SI6, half of SI9, and SI10. Progress on the remaining indicators was reported, but not verified. This decision was agreed with DFID because demand creation (SI2) was less relevant at programme end, because private sector engagement had not worked out as expected[29] (SI3), and to reduce the reporting burden given that SI6, SI7, SI8, and SI9 all measured similar equity aspects (so only half of SI9 was kept, as a proxy for all four). SI10 was not dropped, but its measurement was updated for the 2018 measurement round so that it more accurately captured FSM risks of latrine pits which are unlikely to overflow (this detail caused issues in the 2017 round).
- **SNV also commented that in hindsight the long list of sustainability indicators and sub-indicators was unwieldy for the purpose of verification.**

The implications of these changes for reducing the risks linked to sustainability achievements is discussed in Section 4.5.1.1.

Several revisions were also made to the sustainability indicator sampling methodology. Originally, SNV only intended to undertake a handful of FGDs in each SNV country. This was deemed insufficient by the verification team. SNV slightly increased the FGDs per country, within the constraints of its available budget, and simplified the sampling approach[30]. While the feedback from the verification team helped make FGDs slightly more representative, the sample was still so small that there was a risk of results being skewed by outliers[31].

The exact process for verifying achievements on the sustainability indicators was also adjusted over time. The SNV proposal had initially implied a pass or fail payment for every result area, with no proportional payment. A proportional payment was later agreed with DFID, but it was not clear how the proportional payment would be adjusted if any indicators were not passed – whether a failure would result in a payment based on the proportion of indicators that achieved a

[27] The reasoning was that SNV stated it was hard to achieve in some indicators; some baseline values were over-estimated; and that some baselines, notably for SI7, SI8 and SI9, had not yet been measured (Source: Results Package 9 verification report).
[28] For the two poverty-related indicators, SI4 and SI8, a benchmark of 1.0 was agreed. SNV suggested that the lowering of the benchmark was required because the programme team had underestimated the difficulty of tackling sanitation supply and affordability challenges, political economy, and WASH governance issues within the relatively short period of the programme (Source: Results Package 9 verification report).
[29] SNV struggled to increase private sector engagement in sanitation supply chains throughout SSH4A. Even where SI3 showed that private sector engagement had increased, this was mainly in peri-urban areas and did not translate into increased latrine supply in the rural areas where SSH4A was operating.
[30] For Results Package 10 in 2017, SNV sampled FGD participants from the survey sampling framework. However, this resulted in many logistical issues in regard to conducting the FGDs. For Results Package 11 in 2018, SNV switched to a community-based sampling framework, where a village was randomly selected and participants were purposively selected within that village – based on feedback form the verification team. Source: Comparison of Form 2s for Results Package 10 and Results Package 11.
[31] For example, in Ghana some FGD results were skewed by outliers

pass, or the proportion of countries that achieved a pass. In 2018, following issues with Results Package 11, a pro rata approach was agreed according to the number of indicators that achieved a pass in all of the country projects[32].

3.3 Achievements

3.3.1 Aggregated sanitation and hygiene results by country

For SSH4A as a whole, the output and outcome targets[33] were achieved, despite activities in South Sudan being discontinued in 2016 (this meant that the targets for South Sudan were redistributed across the remaining SSH4A countries).

SSH4A only had overall targets, not country-specific targets. Nonetheless, SNV still set internal goals for country teams, with progress against these goals shown in the table below:

- **For sanitation outputs**, SSH4A exceeded its target by 12%. This meant that effectively the output target was reached with only seven countries, without Ghana or South Sudan (despite some deductions being made, due to calculation errors in Ghana, the result was still paid in full due to the over-achievement). Overall, there was a 30% increase in the population gaining access to sanitation, compared to baseline levels. Most countries modestly over-achieved the internal goals which SNV set itself – except for Ethiopia and Ghana.
- **For hygiene outputs,** SSH4A reached more than double of its overall target (248% achievement) – with particularly high achievements in Mozambique and Uganda. On average, a very high proportion of the SSH4A population (86.7%) was reached by promotional activities by December 2015. The verification notes that the reach of hygiene promotion activities was likely over-estimated because the indicator also captured prior knowledge of promotional messaging by other partners, not just by SNV (see Section 3.2.4). However it is important to remember that thanks to the significant over-achievement, the full payment would still have been made, even if half the result had been disallowed due to these measurement issues.
- **For sanitation outcomes**, SSH4A exceeded its overall target (113% achievement) – with particularly high achievements in Mozambique and Uganda. Overall, there was a 33% increase in the population using improved sanitation facilities, compared to baseline levels. Most countries over-achieved the internal goals which SNV set itself – except for Ghana, Kenya, and Mozambique. Despite some deductions being made, due to calculation errors in Ghana, Mozambique, and Tanzania, the result was still paid in full due to the over-achievement.
- **For hygiene outcomes**, SSH4A substantially exceeded its overall target (314% achievement) – with particularly high achievements in Nepal and Tanzania. Uganda was the only country which did not meet the internal goals which SNV set itself. Overall, there was a 16% increase in the population verified as practising handwashing at critical times.

[32] Source: Payment decision meeting notes for Results Package 11.
[33] Achievement against the sustainability targets is discussed later.

Table 8: SSH4A performance on key indicators

Deliverable		Indicator	Country	Internal population target[34]	Population claimed	Population verified (%increase over baseline levels)	% of goal
Sanitation	Output delivery	People with new access to improved latrines (JMP standard) ***By December 2015***	Ethiopia	194,000	*(as verified)*	143,220 (+27.4%)	74%
			Ghana	270,000	*(as verified)*	106,117 (+20.2%)	39%
			Kenya	240,000	*(as verified)*	364,346 (+20.2%)	152%
			Mozambique	200,000	*(as verified)*	263,064 (+18.7%)	132%
			Nepal	240,000	*(as verified)*	294,801 (+54.0%)[35]	123%
			South Sudan	190,000		N/A	-
			Tanzania	190,000	*(as verified)*	367,183 (+32.6%)	193%
			Uganda	330,000	*(as verified)*	504,015 (+20.6%)	153%
			Zambia	230,000	*(as verified)*	284,051 (+50.2%)	124%
			Total	**2,084,000**		**2,453,881 (30.6%)**	**112%**
	Outcome delivery	People using 'improved' latrines[36] ***By December 2017***	Ethiopia	175,000	*(as verified)*	382,774 (+80.8%)	219%
			Ghana	153,000	132,301	117,334 (+20.9%)	77%
			Kenya	396,000	*(as verified)*	226,328 (+21.2%)	57%
			Mozambique	180,000	288,134	122,980 (+10.3%)	68%
			Nepal	216,000	*(as verified)*	397,448 (+70.8%)	184%
			South Sudan			N/A	N/A
			Tanzania	171,000	471,951	457,011 (+37.2%)	267%
			Uganda	586,000	*(as verified)*	624,153 (+21.9%)	107%
			Zambia	207,000	*(as verified)*	408,080 (+57.9%)	197%
			Total	**2,084,000**		**2,736,108 (+33.1%)**	131%
			Ethiopia	230,000	*(as verified)*	489,306 (98.4%)	213%

[34] Source: SNV country managers. These were not official targets, only internal goals set for country teams. SSH4A did not have country-specific targets.
[35] The achievements for Nepal were reported six months after the December 2015 deadline, due the Nepal earthquake.
[36] This relates to the DFID definition, not the JMP definition. According to JMP, improved sanitation facilities cannot allow rats to access the pit contents.

Deliverable		Indicator	Country	Internal population target[34]	Population claimed	Population verified (%increase over baseline levels)	% of goal
Hygiene promotion	Output delivery	People reached by hygiene promotion ***By December 2015***	Ghana	200,000	*(as verified)*	454,309 (87.4%)	227%
			Kenya	520,000	*(as verified)*	743,234 (83.0%)	143%
			Mozambique	236,000	*(as verified)*	1,295,943 (98.7%)	549%
			Nepal	283,000	*(as verified)*	504,274 (93.6%)	178%
			South Sudan	0		N/A	N/A
			Tanzania	224,000	*(as verified)*	932,558 (88.5%)	416%
			Uganda	767,000	*(as verified)*	1,839,555 (86.0%)	240%
			Zambia	270,000	*(as verified)*	497,988 (90.0%)	184%
			Total	**2,730,000**		**6,757,167 (86.7%)[37]**	248%
	Outcome delivery	People practising handwashing with soap at critical times ***By December 2017***	Ethiopia	34,000	*(as verified)*	109,781 (+23.3%)	323%
			Ghana	30,000	68,173	54,149 (+9.8%)	180%
			Kenya	75,000	*(as verified)*	77,962 (+8.4%)	104%
			Mozambique	35,000	172,039	105,003 (+10.5%)	300%
			Nepal	41,000	*(as verified)*	368,568 (+66.5%)	899%
			South Sudan	0		N/A	N/A
			Tanzania	33,000	351,776	341,707 (+31.1%)	1035%
			Uganda	112,000	*(as verified)*	57,502 (+2.4%)	51%
			Zambia	40,000	*(as verified)*	141,423 (+21.2%)	354%
			Total	**400,000**		**1,256,095 (+16.6%)**	**314%**

Source: Targets = SSH4A survey reports; achievement = verification reports.

[37] For this indicator, the percentage indicates the proportion of the population, not the increase over baseline.

3.3.2 Sustainability results by country

As previously explained, SSH4A tracked the existence of various technical, environmental, and institutional prerequisites for sustainability and equity through 10 sustainability indicators (listed in Table 7 above, on page 18). SNV is the only supplier which linked progress on sustainability achievements to payments. Progress was measured twice: once in 2017 and once in 2018[38]. A mixture of measurement approaches was used (see Section 3.2.5), all of which entailed subjective self-scoring, though SNV presented evidence of the representative sampling of FGD participants.

In mid-2017, the sustainability targets were reached, with five out of eight countries reaching the benchmark in all 10 sustainability indicators, exceeding the required minimum result that at least 50% of country projects reach benchmark in all indicators (see Table 9). **In 2018, however, the sustainability targets were not reached, with three country projects (Kenya, Mozambique, and Nepal) failing to reach the benchmark for at least one indicator** (see Table 10). In both Kenya and Mozambique, for two of the indicators not reaching benchmark this was justified as being due to external factors, but at least one other indicator failed to reach the benchmark. In Nepal, good scores were verified for nine sustainability indicators, but SI9 failed to reach the target.

[38] Originally, it was planned for the sustainability indicators to also be measured in 2016 (under Results Package 7) but SNV agreed with DFID to cancel Results Package 7, as there was insufficient time after the major Results Package 6 household survey round (Q4 of 2015) to design the sustainability indicator measurement process. Instead, SNV implemented a pilot measurement of the sustainability indicators in Q1 of 2017, in addition to the full measurement in 2017 and 2018.

Table 9: Progress on sustainability indicators in 2017*

Indicator	Benchmark	Ethiopia	Ghana	Kenya	Mozambique	Nepal	Tanzania	Uganda	Zambia	Verified
SI1. Capacity of local governments in sanitation demand creation	**2.0**	3.4	3.4	2.4	1.5*	2.8	3.3	2.8	2.9	Yes (88%)
SI2. Capacity of CLTS facilitators	**2.0**	3.2	3.4	3.1	2.9	3.0	3.1	2.9	3.4	Yes (100%)
SI3. Private sector engagement	**2.0**	2.2	2.5	1.7	1.8	2.9	3.0	3.0	3.3	Yes (75%)
SI4. Availability of affordable sanitation options	**1.0**	3.2	1.3	1.8	3.0	2.3	2.2	1.5	3.5	Yes (100%)
SI5. Institutionalising BCC	**2.0**	3.8	3.8	2.4	2.0	2.9	3.3	2.9	3.9	Yes (100%)
SI6. Local sector alignment	**2.0**	3.3	3.6	1.4*	1.8*	3.4	3.2	3.0	3.5	Yes (75%)
SI7. Participation by women	**2.0**	2.8	3.1	2.1	2.2	2.3	2.8	2.7	3.3	Yes (100%)
SI8. Participation by minority groups	**1.0**	3.0	3.0	2.5	2.0	2.3	3.0	2.1	3.0	Yes (100%)
SI9. Participation by people with disabilities and elderly	**2.0**	2.7	2.6	1.9*	2.0	2.7	2.6	2.4	3.0	Yes (88%)
SI10. Safe management of faecal sludge	**80%**	99%	82%	60%	95%	61%	88%	81%	79%	Yes (75%)
Overall		**Yes**	**Yes**	**No**	**No**	**No**	**Yes**	**Yes**	**Yes**	Yes (62.5%)
Aggregate analysis: At least 50% of country projects reach benchmark (for all 10 sustainability indicators)										62.5%

Source: Results Package 9 verification report

*Note: Results needed to pass the benchmark levels. The red colour coding shows which results were failed, with orange indicating a borderline result (but which still passed).

Table 10: Progress on sustainability indicators in 2018*

Indicator	Benchmark	Ethiopia	Ghana	Kenya	Mozambique	Nepal	Tanzania	Uganda	Zambia	Verified
SI1. Capacity of local governments in sanitation demand creation	**2.0**	3.7	3.2	3.0	2.0	3.5	3.4	2.8	3.3	Yes (8/8)
SI4. Availability of affordable sanitation options	**1.0**	1.2	0.6	1.5	1.8	3.3	2.5	2.2	3.2	Part (7/8)
SI5. Institutionalising BCC	**2.0**	3.9	3.3	3.0	2.4	3.5	3.3	1.97	3.9	Yes (100%)
SI6. Local sector alignment	**2.0**	3.7	3.3	2.0	2.2	3.7	3.3	2.5	3.6	Yes (100%)
SI9. Participation by people with disabilities and elderly	**2.0**	2.7	2.1	1.7	-	1.5	2.3	2.5	2.8	Part (5/8)
SI10. Safe management of faecal sludge	**80%**	99%	71%	59%	91%	87%	86%	75%	84%	Part (5/8)
Overall		**Yes**	**Part**	**Part**	**Part**	**Part**	**Yes**	**Part**	**Yes**	**n.a.**
RP11.5 Verified result Benchmark achievement verified for all six sustainability indicators in all country projects										Partial 3/8 = 37.5%

Source: Results Package 11 verification report

*Note: Results needed to pass the benchmark levels. The red colour coding shows which results were failed, with orange indicating a borderline result (but which still passed).

3.4 SSH4A country contexts and implementation

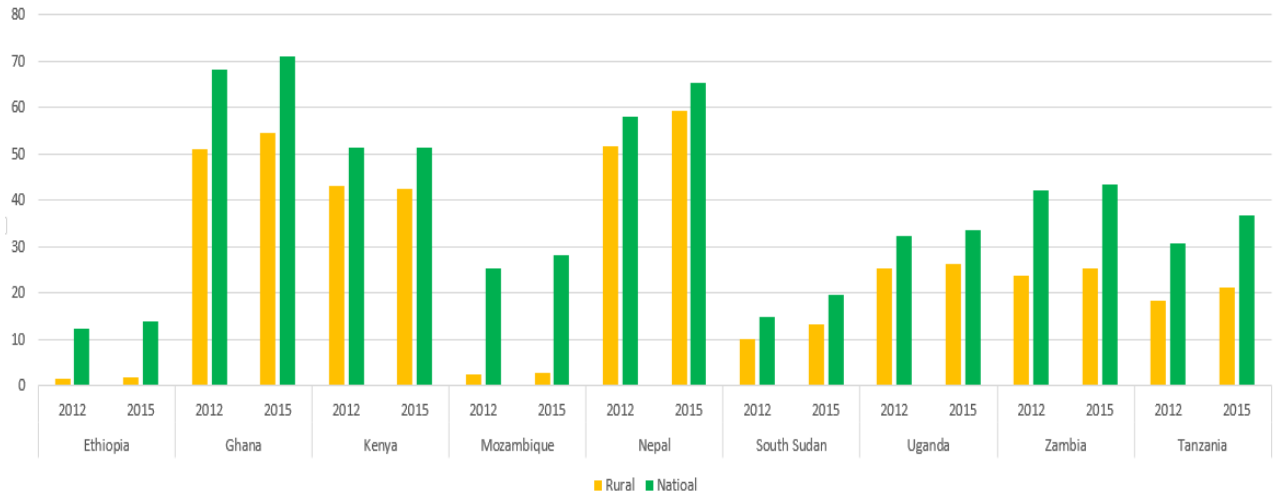
3.4.1 Country contexts

Progress in WASH

The latest JMP data that cover the life of the implementation period of SSH4A are displayed in the figure below, showing the change over 2012 and 2015 between for the national and rural contexts for the combined proportion of the population practising open defecation and with access to unimproved sanitation. Ethiopia, South Sudan, and Mozambique stand out as countries with a greater share of the population moving up the sanitation ladder to at least limited access. However, the national average for sanitation coverage hides inequalities between rural and urban areas, and disparities in access that exist at the sub-national level. For example, rural populations in Ethiopia and Mozambique are far more likely to reside in communities still practising open defecation and with unimproved access to sanitation. In comparison, the sanitation challenge in Ghana, Kenya, and Nepal is on a different scale. A far greater proportion of the populations in each country are more likely to reside in communities still practising open defecation and with unimproved access to sanitation. There are still differences between the national average and access rate for rural populations, but the contrast is far less than for the situation in Ethiopia.

In terms of coverage with hand washing facilities, it is important to note that coverage levels are particular low in Ethiopia, with most sanitation facilities having no handwashing facility, particularly in rural areas. Kenya, Uganda, and Zambia also stand out as countries with poor rates of access to a handwashing facility, especially in rural areas. The percentage with no access to a handwashing facility in rural populations in each country in 2015 were 74%, 72%, and 70%, respectively.

Figure 3: Percentage of the combined population practising open defecation and with access to unimproved sanitation – for rural vs urban in 2012 and 2015



Institutional contexts

The table below summarises the WASH sector contexts across the SSH4A countries.

Table 11: Summary of institutional contexts across countries

	National line ministry responsible for rural sanitation and hygiene	Responsibility for service delivery	National government-led service delivery programmes/approach
Ethiopia	Federal Ministry of Health and Ministry of Education (school sanitation)	Decentralised sector. Responsibility for service delivery is at the regional level, where Regional Health Bureaus reach communities directly through Health Extension Workers at the local level. There are 11 Regional Health Bureaus in Ethiopia.	OneWASH programme: different government ministries, development and NGO partners support four core programme streams: rural WASH, urban WASH, institutional WASH, and programme management and capacity building.
Ghana	Ministry of Sanitation and Water Resources	Decentralised sector. Responsibility for service delivery is at the district level – in metropolitan, municipal, and district assemblies (MMDAs). There are over 210 MMDAs in Ghana.	No single national service delivery programme – though UNICEF work with the Ministry of Sanitation and Water Resources to deliver a rural sanitation programme in half of the country's regions.
Kenya	Ministry of Health	Decentralised sector. Responsibility for service delivery is at the county level. There are 47 counties in Kenya.	No single national service delivery programme. Investment decisions largely rest at the county level as there is a high degree of fiscal decentralisation.
Mozambique	National Directorate for Water	Decentralised sector. Responsibility for service delivery is at district level.	PRONOSAR is the Government of Mozambique's national rural water and sanitation programme. Various donors work with the National Directorate for Water and provincial governments and district governments to build capacity, scale up coordination, and strengthen decentralised WASH governance.
Nepal	The Ministry of Water Supply and Sanitation; (as of 2015): Department of Water Supply and Sewerage	Decentralised sector. Responsibility for service delivery is at the village level, where District and Village Development Committees are responsible for water supply and sanitation.	No single national service delivery programme. Investment decisions largely rest at the district level, as water and sanitation project funds are devolved to the District Development Committee level. Notable is the non-PbR DFAT WASH programme also implemented by SNV in the

			same regions as the WASH Results Programme in Nepal.
South Sudan	The Ministry for Water Resources and Irrigation	Decentralised sector with very low capacity to deliver rural sanitation service delivery at the county level. There are currently 180 counties in South Sudan.	No single national service delivery programme. WASH basic services have historically been provided by non-state actors through humanitarian channels due largely to poor capacity and the protracted crisis in the country.
Tanzania	The Ministry of Water and Irrigation and Ministry of Health (and many other line ministries)	Decentralised sector. Local Government Authorities are responsible for rural WASH through Community-Owned Water Supply and Sanitation Organisations (COWSOs).	Water Sector Development Programme: various donors and the Government of Tanzania have quadrupled funding for water and sanitation in the last decade and numerous sector reforms have led to greater decentralisation in water and sanitation governance, greater coordination between ministries, and a sector-wide approach to financing.
Uganda	Ministry of Health and Ministry of Water and the Environment	Decentralised sector. Responsibility for service delivery is at the district level.	Water Supply and Sanitation Programme (WSSP II), a product of the Second National Development Plan (2015–2020), emphasises rural water supply and sanitation as a development priority in Uganda.
Zambia	Ministry of Local Government and Housing (sanitation) and Ministry of Health (hygiene)	Decentralised sector. Responsibility for service delivery is at the local authority level, district and council level.	National Rural Water Supply and Sanitation Programme, largely administered according to a WASHE (WASH and education) strategy that seeks to coordinate authorities for water, sanitation, and health education in the rural sector.

Uganda – Mandates for rural household sanitation and hygiene are shared between the Ministry of Health and the Ministry of Water and the Environment. Uganda has made a commitment to achieving ODF by 2020 (95% of households with a basic latrine, with 5% sharing) and to achieving universal access by 2030 (in line with Vision 2030). Households without a toilet risk a fine, enforceable under the Public Health Act. The national approach for rural household sanitation and hygiene is a no-subsidy approach. However, the sector suffers from under-prioritisation in planning, budgeting, monitoring for equity, and allocation processes. One of the main sources of on-budget finance for sanitation is the District Water Supply and Sanitation Development

Conditional Grant (DWSCG). The DWSCG is used for running the district water office, renovating broken water sources, and the construction of new water and sanitation facilities.

Tanzania – In Tanzania, sector reforms have re-shuffled the institutional architecture governing water and sanitation in the country. This has been guided by a sector-wide approach to planning, as part of Tanzania's Water Sector Development Programme. This approach has seen greater coordination of finance for the sector and has paved the way for a sector-wide approach to implementation, investment in monitoring, and institutional strengthening. Similar to Uganda, rural sanitation and hygiene falls under the Ministry of Health and the Ministry of Water and Irrigation. Following the 2009 Water Supply and Sanitation Act, the official mandate to provide WASH services to rural communities falls on local government authorities, with the operational and management responsibilities of rural water schemes falling to COWSOs.

Other countries – Across the programme countries, the norm for rural WASH provision is a clear decentralised governance arrangement. Countries with a longer history of water supply and sanitation sector reforms, like Tanzania and Uganda, have greater capacity at lower levels of government to take on the responsibility of rural WASH provision. In comparison, younger countries and federated states, like Nepal, Mozambique, and South Sudan, have much less capacity in existing institutional structures across government levels, particularly at the local level, to supply WASH services. The existence of national WASH programmes in Ethiopia and Mozambique, for example, are a strong indication of their governments' commitment to harmonising the sector and attracting extensive bilateral and multilateral funding.

Socioeconomic context

The table below summarises the socioeconomic contexts across SSH4A countries.

Ethiopia and Tanzania are the most populous countries in the programme, with Tanzania one of Africa's fastest growing populations, whereas South Sudan and Zambia stand out as being the two least populous countries in the programme, but with high annual growth rates between 2012 and 2015. Ghana, South Sudan, and Zambia stand out with regard to their negative annual growth rates between 2012 and 2015, with Ghana's economy taking a particularly pronounced downturn, as reflected in the -10.97 GDP annual growth rate over 2012–2015. Certainly Ethiopia stands out as the country with the lowest GDP/capita, but this is somewhat less surprising given the very high population of Ethiopia compared to the other countries in the programme. However, the percent of those living at the poverty line ($1.90/day) is much lower in Ethiopia than in Mozambique, Zambia, and Tanzania, indicating more inclusive growth in Ethiopia than in the latter countries. If GDP is considered alongside education and life expectancy, the countries on the lower end of the Human Development Index (HDI) spectrum in the group are Mozambique, South Sudan, and Ethiopia.

Table 12: Key socioeconomic data across SNV countries (based on 2012 data unless otherwise stated)

Indicator	Ethiopia	Ghana	Kenya	Mozambique	Nepal	South Sudan	Tanzania	Uganda	Zambia
Population	92, 444,183	25,733,049	*43,646,629*	*25,676,606*	*27,649,925*	*10,818,258*	*49,082,997*	*36,306,796*	*14,699,937*
% rural	81.8%	47.9%	75.6%	68.6%	82.5%	81.8%	70.5%	84.9%	60.4%
Population growth rate (2012–2015)	2.7% per year	2.4% per year	2.7% per year	3% per year	1.2% per year	3.3% per year	3.3% per year	3.5% per year	3.2% per year
GDP growth in current USD (2012–2015)	$48.84 per year	-$10.97 per year	*$27.1* per year	*$1.7* per year	*$13.5* per year	*-$3.19* per year	*$5.57* per year	*$5.75* per year	*-$5.68* per year
GDP per capita in current USD	$468.507	$1,629.8	$1,153.2	$566.1	$681.8	$1041.5	$820.2	$636.6	$1,734.9
Gini index estimate	39.1 (2015)	42.4	48.5 (2005)	54 (2014)	32.8 (2010)	NA	37.8 (2011)	41 (2012)	57.1 (2015)
% living at $1.90	26.7 % (2015)	12%	42.8% (2005)	62.9% (2014)	14% (2010)	NA	49% (2011)	35.9% (2012)	57.5% (2015)
HDI39 ranking in 2012*	0.43	0.57	0.54	0.41	0.54	0.42	0.51	0.48	0.57
Gender inequality index*	0.56	0.54 (2015)	0.61	0.59	0.52	NA	0.56	0.54	0.55

Source: World Bank Open Data; * UN Development Programme Human Development Data

[39] HDI.

Political context

Uganda is a largely democratic country with regular elections held from the lowest village level to the presidential level. The 2016 elections caused some delays to SSH4A implementation.

Tanzania – In 2015, an influx of Burundi refugees flooded into Tanzania seeking refuge following violence that broke out in their country after a long period of political instability and looming elections. At the time, emergency response funds were issued to support the Government of Tanzania to provide basic services to Burundians forced to reside in refugee camps in Tanzania.

Other countries – No political factors were noteworthy enough to affect SSH4A achievements, with the exception of South Sudan, where substantial political issues affected delivery to such an extent that SSH4A activities were discontinued in South Sudan in 2016. In Mozambique, Nepal, and Uganda, some political tension was reported (including during election periods) but this only affected achievements in minor ways.

The implications of these political contexts for the implementation for SSH4A are further discussed in Section 4.2.7.

Physical and environmental contexts

Uganda – Uganda suffers persistent droughts and floods, causing water stress and damage to lives and infrastructure, as well as livelihoods. Open water and swamps constitute about 16% of total land area of the country. The high demand for water for production, amidst the growing environmental degradation, means climate proofing of infrastructure is paramount for sustainability.

Tanzania – Tanzania also has a long history of suffering from persistent drought and extreme flooding. In 2012, the country received torrential rains that had not been experienced for many decades, creating widespread flooding across the country, resulting in lives lost. Heavy flooding re-occurred again in 2015, again resulting in lives lost.

Other countries – No environmental aspects were noteworthy enough to affect achievements, with the exception of the earthquake in Nepal in April 2015, which affected delivery. (Few direct effects were felt in the project districts, but local government officials were relocated to assist with the emergency response). Several SSH4A countries experienced heavy rains or floods or dry spells during the implementation period, but these were within the expected climatic variability expected for the region, and only affected achievements in minor ways.

The implications of these physical and environmental contexts for the implementation for SSH4A are further discussed in Section 4.2.7.

3.4.2 Scope and scale

SSH4A focused only on rural areas, and there was wide variation in the scale of the programme across countries. Some countries covered a substantial population (with Uganda being the largest, covering 2.3 million people) while other country programmes only covered around 0.5 million people.

In the majority of countries, SSH4A operated at an area-wide level in order to produce population-wide benefits. In Kenya and Uganda, SNV only implemented in certain sub-districts

because other organisations were already implementing in other sub-districts; thus, SNV complemented the activities of other organisations to achieve area-wide coverage[40].

Across all countries, SNV deliberately chose locations with low baseline levels of sanitation access, and locations where few other NGOs were operating. All locations were agreed with government partners.

Table 13: Overview of project districts and beneficiary targets per country

Country	Project districts	Coverage	Urban / rural	End 2017 project population
Ethiopia	Six *woredas* in one zone	Sub-district[41] wide	Rural	531,578
Ghana	Eight districts across four regions	N/A		548,533
Kenya	Selected communities within 10 sub-counties of four counties	Selected communities within a sub-county		921,393
Mozambique	Five districts in Nampula Province	District-wide		981,956[42]
Nepal	Selected communities within 106 VDCs within seven districts	District-wide (VDC-wide)		561,671
South Sudan	Two counties in two states	N/A		N/A
Tanzania	Five districts across two regions	Ward-wide – but only working in some wards per district (to complement the National Sanitation Campaign (NSC))		1,114,536
Uganda	15 districts across two regions	Sub-county-wide		2,307,185
Zambia	Four districts of the northern province	District-wide		667,550
			Total	**6,652,446**

3.4.3 Suppliers and implementing partners

In general, SNV implemented through, or by working closely with, local government partners, who were supported by a variety of NGOs, referred to as LCBs by SNV (see Table 14). The variations between countries is explained below.

Field-level implementation

Uganda – Implementation in Uganda was different from most SSH4A countries in that it was initially solely done through local organisations, with government counterparts only participating in coordinating meetings, in monitoring visits, and in ODF verification. However, in later years (2016–2018), district government staff played a bigger role in implementation.

Tanzania – As was the case in most SSH4A countries, implementation in Tanzania was done through government partners. Activities were anchored at district level (within district health departments), but included government staff across district/ward/village/sub-village levels. SNV paid the facilitation costs of government partners on a PbR basis (after submission of evidence of

[40] SNV actively worked with government to bring sanitation and hygiene services to the remaining sub-counties in order to achieve district-wide coverage.
[41] Sub-district = *kebele*.
[42] Excluding the population of Mogovolas District.

completion of a given activity). Implementation was done through volunteer CLTS facilitators trained by SNV in nearly every village, and nominated by the village chairperson or the District Health Officer. These could be community health promoters, teachers, or other members of the community. They were not paid, but SNV provided them with transport, lunch, and airtime to facilitate CLTS triggering. These volunteers were supported by one LCB in each of the four districts. These LCBs were not on PbR contracts. SNV also contracted five LCBs that were assigned to develop a supply chain for improved toilets to carry out specific tasks (one per district). This arrangement was unsuccessful: four out of five contracts were discontinued within the first year, with only one LCB remaining. The five districts were instead supported by three SNV advisers.

Other countries

- In Ghana, Kenya, Mozambique, South Sudan, and Zambia (as was the case in Tanzania), implementation was done through local government staff and community volunteers. In Kenya, Mozambique, and Zambia these were supported by consultants or technicians hired by SNV to supplement the efforts of government staff. In these countries, SNV generally found NGO capacity to be low, so these were not used in implementation. In both Tanzania and Mozambique, initial work with NGOs was discontinued for this reason.
- In Ethiopia and Nepal, local NGO played a stronger role in implementation – though some triggering and monitoring activities were done jointly with government staff. These NGOs included a mix of existing and new partners for SNV.

For those countries where implementation involved NGOs, SNV used the following approaches: a grant arrangement was applied in Ethiopia; partial PbR contracts were applied in three countries (Mozambique, Nepal, and Uganda); and SNV briefly used a full PbR contract for LCBs in Tanzania[43]. The implications of these contracting arrangements are discussed in Section 4.3.1.2.

Table 14: Overview of implementing partners

Country	Local implementing partners (LCBs)
Ethiopia	Local government staff, supported by ORDA (a government-affiliated local NGO)
Ghana	Local government staff
Kenya	Local government staff, supported by district-level SNV advisers
Mozambique	Local government staff, supported by NGOs (initially) and sub-district level technicians hired by SNV (later)
Nepal	Local government staff, supported by NGOs
South Sudan	Local government staff (supported by some NGOs initially)
Tanzania	Local government staff, supported by up to NGOs (initially) and by SNV advisers (later)
Uganda	Various NGOs – with more government involvement in the latter years
Zambia	Local government staff, supported by sub-district level technicians hired by SNV

[43] A full PbR contract meant that no advance was given and payment was made every few months, if the agreed milestone was successfully completed. Partial PbR contracts meant that an advance was given and a final payment was made on a milestone basis, when the final target was met.

3.4.4 Strategy changes between programme phases

In general, SSH4A was implemented as a single programme, which was not divided into separate activities during the output and outcome phases. Broadly speaking, all four pillars of SSH4A were implemented at the same time. In Uganda, a more structured approach was used due to the size and spread of the project area in the country, with implementation staggered across a baseline phase and Phases I, II, and III over April 2014 to December 2015; and Phases IV and X over January 2016 to March 2018 (see box below). This incremental approach was chosen because in Uganda SNV implemented across a larger variety of contexts than in other countries, and iterative phases allowed context analysis to inform adaptive programming in subsequent phases.

The results framework and workplans for SSH4A included measures during the output phase that sought to lay the foundations for sustainable outcomes. As a result, the latter two years of SSH4A (2016–18) did not represent a distinct shift in focus from the output phase. SNV's efforts in all countries in both phases were focused on institutional and community capacity development, inclusion at village and household level, behaviour change, and sustainability.

To illustrate this point, in Uganda, SNV's intentions were set out in the contracts with its implementing partners, the LCBs. These state that the LCBs should:

> *'work with the existing local government structures to plan and implement interventions towards sustainable sanitation and hygiene promotion in the above districts … ensure that the villages that claim ODF status are linked to the parish and sub-county structures, where the latter will continue to monitor and oversee sustenance of ODF and improved hygiene and sanitation behavioural practices in the respective villages. The LCB will also be expected to facilitate learning and quality assurance between the village.' (Source: Phase IV contracts)*

In Tanzania, similarly, there was no distinction between output and outcome phases, but implementation was slightly staggered, with demand creation done first and then supply chain development with BCC. SNV focused on upgrading of sanitation facilities and on hygiene promotion, as the country has low levels of open defecation but high levels of unimproved facilities with sustainability and hygiene challenges

In all countries, all four pillars of SSH4A were generally implemented at the same time, though work under the 'demand creation' pillar usually dominated in the first 18 months of the programme. The exact approach to demand creation varied slightly between countries based on the country context.

Box 2: Example of the phasing of the programme in Uganda: phases since 2014 to 2017 for LCB implementation

Phase	Timeframe	Results package	Focus
Phase I	July 2014		Conducting a reconnaissance of the project areas; implementers' capacities were assessed and strengthening started + rapid baseline
Phase II	Aug 2014 – Feb 2015	1, 2, 3	Demand creation
Phase III	Mar 2015 – Nov 2015	4, 5	Introduction of online monitoring and scaling up of the project intervention areas
Phase IV	April 2016 – Nov 2016	7	Enhancing the capacities of the existing structures
Phase X	Oct 2016 – Aug 2017	8, 9	Phase Xa – to bring Phase 3 sub-counties to speed and digitised progress data
			Phase Xb – to digitise for Phase 1 data

The preparatory processes included district meetings, training on demand creation approaches and contract discussions. Initial buy-in meetings were held with authorities (district, sub-counties) before each LCB undertook a rapid census-based baseline survey in one sub-county (Phase I); implementation then took place in that same sub-county (Phase II); and the programme then moved on to two to four more sub-counties in Phase III.

The phasing of implementation was deliberately undertaken to enable LCBs to learn in one sub-county in Phases I and II, before scaling up to more in Phase II. In the initial phases, each LCB could implement in only one sub-county; in the subsequent phases one partner could have up to four sub-counties.

Phases IV and X saw a transition to more activities being directly done by the district/sub-county teams. Accordingly, the focus in the phases was on capacity building of local government and community structures, ensuring that all areas achieved their targets and initiating an exit process where the programme was handed over to the line departments. Phases IV and X saw reduced engagement of the LCB partners and more direct interaction with the local government actors by the SNV advisers. During Phase X follow-up was carried out by both LCBs and Health Assistants, and village-level structures were strengthened. In the gaps between phases, there was no LCB activity but SNV was still supporting communities and local governments.

Most LCB contracts ended in June 2017 (although some were still implementing in August 2017) because by then LCB were not implementing in communities but district/sub-county teams continued community activities. LCBs were participating in programme progress review meetings (November every year). Monitoring of the household progress was performed by village leadership while district teams supervised the progress of the entire sub-county.

3.4.5 Approach to sustainability

Building the capacity of local and central government was also one of the four pillars of the SSH4A programme. Across all countries, SSH4A signed memoranda of understanding (MOUs) with district government counterparts, drew up district sanitation plans, trained a cadre of government CLTS facilitators, contributed to the national ODF verification process and ensured all its efforts were aligned with local government efforts.

Strengthening the private sector and supporting sanitation supply chain development was another one of the four pillars of SSH4A. Across all countries, SNV strengthened private sector capacity on sanitation marketing, and set up a supply chain for a locally appropriate improved latrine model.

Both of these pillars contributed to the longer-term sustainability of SSH4A's efforts. 10 sustainability indicators were used to track the existence of various technical, environmental, and institutional prerequisites for sustainability and equity are explained in Table 7. Progress was measured twice: once in 2017 and once in 2018 (see Section 3.4.6 for detailed methodology).

3.4.6 Monitoring and Verification

SNV used the exact same monitoring approaches to track progress across all SNV countries and to then supply evidence for verification: annual population-wide household surveys were submitted as evidence for all sanitation and hygiene outputs and outcomes, and FGDs were used as evidence for the sustainability indicators. Both are presented in Section 3.2.5.

Between annual survey rounds, routine monitoring systems were used to track progress sanitation and hygiene outputs and outcomes. Data from routine monitoring systems were not used for verification.

SNV country teams used two different approaches for routine monitoring of WASH outputs and outcomes. These complemented SNV's internal online reporting system, which monitors results across all SNV projects. The data were collected monthly or quarterly, and shared with government and NGO partners on at least a quarterly basis, to discuss progress.

- In Kenya, Nepal, Tanzania, and Zambia, SNV used the government's monitoring systems to track progress. Except in the case of Nepal, these were monitoring information systems (MISs). In Nepal they were paper based. Data were either entered into these MISs by government partners or by LCBs.
- In Ethiopia, Mozambique, and Uganda, SNV used its own monthly reporting tool to track progress. This was paper based in Ethiopia and Mozambique, and mobile-based in Uganda (the Open Data Kit app; ODK).

3.5 Linkages or synergies with other WASH programmes

In all SSH4A countries, other WASH initiatives were also being implemented, which created a more favourable enabling environment within which the WASH Results Programme operated (see table below). For example for Tanzania under SSH4A – programme activities were explicitly implemented within the framework of the national WASH programme and government were involved in implementation.

Notwithstanding these synergies, it does not unlikely that there was direct overlap between the other WASH initiatives and the WASH Results Programme being implemented in the same communities. It was a requirement for suppliers to demonstrate to DFID that they were the only significant actors implementing WASH activities in their locality.

Table 15: Overlaps and synergies with other WASH programmes

Country	Donor	Programme	Timeframe
Ethiopia	African Development	One Water, Sanitation And Hygiene National Program (OWNP)	Since 2015

Country	Donor	Programme	Timeframe
	Global Sanitation Fund	Ethiopia Sanitation and Hygiene Improvement Program (E-SHIP)	2012-2017
	Implemented by UNICEF	UNICEF Country Program	2012-2015
Ghana	World Bank	Sustainable Rural Water and Sanitation Project (additional financing)	2010-2017
Kenya	World Bank	Kenya Informal Settlements Improvement Projects (KISIP)	2015
	World Bank	Kenya Urban Water and Sanitation OBA Fund for Low Income Areas	2014-2019
Mozambique	DFID	Supporting the Transformation of Rural WASH Service Delivery in Mozambique	2015-2020
Nepal	DFID	Accelerating Sanitation and Water for All (ASWA)	2013-2019 (Phase 1)
	Global Sanitation Fund	The Nepal programme	2010-2017
	DFAT	SSH4A Civil Society WASH fund programme	2014-2018
South Sudan	DFID	Accelerating Sanitation and Water for All (ASWA)	2013-2019 (Phase 1)
Tanzania	DFID	Support to Rural Water Supply, Sanitation & Hygiene in Tanzania	2014-2022
	Global Sanitation Fund	Usafi wa Mazingira Tanzania (UMATA; Sanitation and Hygiene Programme)	2012-2018
Uganda	African Development	Water Supply and Sanitation Programme Phase II	From 2016
	Global Sanitation Fund	The Uganda Sanitation Fund (USF)	2011-2020
Zambia	African Development	Transforming Rural Livelihoods in Western Zambia - National Rural Water Supply And Sanitation II	From 2015
	African Development	National Rural Water Supply and Sanitation Program	Since 2008

Source: The databases that were searched to identify WASH synergies included DevTracker [DFID], World Bank Projects & Operations, African Development Bank Project Portfolio, Asian Development Bank Projects, WSSCC Global Sanitation Fund Countries and the UNICEF Evaluation database

4 Findings and analysis

4.1 Relevance

Box 3: Overall evaluation questions related to this section's discussion

Detailed Evaluation Question (DEQ) 1.1: To what extent were the programme objectives clearly articulated?

DEQ 1.2: To what extent does the programme's design (i.e. the theory of change) set out a clear and realistic process for how programme activities will achieve the intended outputs, outcomes, and impacts?

DEQ 1.3: To what extent were the scale and pace of the programme (including the December 2015 deadline) realistic for achieving intended outputs and outcomes given the capacity of suppliers and their local partners?

DEQ 1.4: To what extent was the PbR modality appropriate for achieving sustainable and inclusive WASH outcomes, given the capacity of suppliers and the timeline of the programme?

DEQ 1.5: How likely was it that the programme design would encourage 'innovative' private sector partnerships?

DEQ 1.6: How likely was it that the programme design would encourage suppliers to propose 'innovative WASH interventions'?

DEQ 1.7: How likely was it that the programme design would encourage inclusive outputs and outcomes?

DEQ 1.8: How appropriate was the WASH Results Programme's design for achieving the programme 'learning objectives'?

DEQ 1.9. To what extent was the design of each consortium sub-programme appropriate for achieving DFID's key objectives?

4.1.1 WASH policy country context and alignment with national policy context

In both Uganda and Tanzania, the SSH4A programme was aligned with the national sanitation policy and harmonised with approaches to increase access to sanitation for rural populations. In Uganda, district buy-in meetings and national-level meetings in 2014 were used to ensure alignment with the national policy context, with SNV explaining SSH4A and the design/roles and responsibilities of the PbR programme. SNV engaged with the Technical Support Unit and government structures at village, parish, and sub-county levels. SSH4A was also harmonised with a number of sector programmes, including Home Improvements Campaign, Uganda National Handwashing Initiative and the Uganda Sanitation Fund (USF). In Tanzania, SSH4A was aligned with the approaches used by the NSC and implemented through the same government district health departments.

According to the evaluation team, it is very likely that activities in the remaining seven SSH4A countries were also well-aligned with national WASH frameworks, because district sanitation planning was drawn up together with partner governments in all countries[44]. Through this step, SNV made sure that its implementation activities were aligned with government objectives and local priorities, and were harmonised with other implementations in the district for the lifetime of the programme. However, the evaluation did not review the extent of alignment in countries outside of Uganda and Tanzania.

[44] This activity was verified under Results Package 4 in 2015.

4.1.2 Programme design

SSH4A was implemented through a coherent framework that clearly prescribed the type and sequencing of activities to be implemented[45], and that was realistic for achieving the intended outputs and outcomes (see Section 3.1)[46]. The SSH4A framework did not leave room for completely new (and potentially innovative) intervention types to be added (e.g. in schools or in urban areas) but the framework was flexible enough to leave room for 'micro adaptation' in service delivery.

SSH4A appears well set up to deliver a PbR programme because of SNV's reported previous PbR experience[47], SNV's ability to pre-finance its country offices, and SSH4A's clear implementation framework: i.e. the fact the SSH4A had a clear framework for implementation made it suited for PbR because teams were familiar with the implementation approach (it was tried and tested), but the framework was flexible enough to allow micro-adaptation to tailor activities to the local context (Sections 0 and 4.2.5 cover this in detail). By choosing results packages (e.g. districts sanitation plans), which were an integral part of the SSH4A approach and monitoring approach, the verification requirements did not create additional requirements but reinforced activities which were already planned.

The PbR modality did not have a significant influence on the choice of programme activities as these were predefined in the SSH4A framework. The PbR modality influenced the choice of locations only to the extent that locations needed to contain a large enough population to make it likely that targets would be reached. SNV chose locations based on the potential population which could gain access to sanitation (the number of people without access were estimated from the last census), prioritising locations where few other WASH actors were working. All locations were agreed with government counterparts.

Strength of evidence: moderate/strong

Reasonable insight into the factors shaping programme design was triangulated across SNV staff from various country offices.

4.1.3 Coordination and synergies with other initiatives

Overall, SNV's positioning varied within the national WASH sector across the nine countries. In Ghana, Kenya, Nepal, and South Sudan, SNV was a bigger player alongside a more under-funded and less structured WASH sector. In contrast, in Ethiopia, Mozambique, Tanzania, Uganda and Zambia, the existence of national WASH programmes are a strong indication of their governments' commitment to harmonising the sector and attracting significant bilateral and multilateral funding.

It is likely that the level of coordination with other initiatives across the nine SSH4A countries was strong, given that SNV drew up district sanitation plans[48] and MOUs with partner governments in all countries to facilitate coordination. Both ensured that SNV's implementation activities were harmonised with other implementations in the district for the lifetime of the programme. SSH4A endeavoured to always operate in locations where few other government or NGO actors were working on sanitation and hygiene. In cases where there was

[45] Though the proposal documents did not include an explicit theory of change.
[46] Source: The first four results packages require a variety of manuals to be drawn up in every country.
[47] See midline evaluation report.
[48] This activity was verified under Results Package 4 in 2015.

significant overlap with other implementing organisations these overlapping areas were removed from the SSH4A programme areas[49].

In at least two countries (Mozambique and Tanzania) SNV teams shared that they actively coordinated with other initiatives providing water supply to rural communities (as SSH4A did not provide water) in an attempt to provide integrated services to communities.

During interviews with country managers further insights were gained on the relative position of SSH4A's work compared to other national WASH efforts for Uganda and Tanzania, providing further evidence of coordination efforts (for the remaining countries, no insights were gained on this aspect during interviews with country managers):

- **In Uganda**, a number of partners are funding sanitation and hygiene, including Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), Danida, World Bank, Austria, and the Japan International Cooperation Agency (JICA). SNV coordinates with these development partners through partnership meetings, National Sanitation Working Group meetings, and Annual Sanitation Week activities.

  The largest sanitation and hygiene programme is the USF, implemented by the Ministry of Health in 15 districts. It promotes a non-subsidy approach, like SSH4A. SNV signed an MOU with USF to ensure coordination and minimise duplication: USF and SSH4A overlapped in seven districts in West Nile but implemented in different sub-counties (50% each). SNV also held several joint events with USF, e.g. learning journeys, district meetings, joint monitoring visits, partner meetings, and Sanitation Week activities. SSH4A and USF also conducted joint training in CLTS and 'Follow-up Mandona', and provided supportive supervision.

  UNICEF and the World Bank formerly supported work in SSH4A districts in the Rwenzori Region but stopped when SSH4A started, to reduce duplication. However, UNICEF did provide training on CLTS to national trainers in SSH4A districts, which was then cascaded training down to sub-county and village training.

- **In Tanzania,** the NSC is the government sanitation and hygiene intervention, led by the Ministry of Health. It promotes a non-subsidy approach, like SSH4A. SSH4A was highly harmonised with the NSC as District Health Teams implemented both programmes. SNV operated in the same districts as the NSC but in different wards within districts – focusing on the wards with the lowest sanitation access levels. By implementing through the same District Health Teams, regular exchange and cross-learning was facilitated between SSH4A and the NSC. SNV also coordinated and interacted regularly with other WASH actors through the National Sanitation Working Group meetings and other sector coordination activities.

Strength of evidence: strong

The presence of deliverables requiring coordination, and insights from SNV staff, cross-checked with the views of government counterparts in Uganda and Tanzania.

4.1.4 Timelines and how realistic the targets were

SNV endeavoured to set realistic output targets for each country, based on the local baseline situation in every country. Country targets were set based on the potential population which could gain access to sanitation (the number of people without access was estimated from

[49] This only occurred in Mozambique, where a parallel CLTS project was discovered to be operating in Mogovolas District in 80 communities during 2016–17. SNV did not have the relevant population data to exclude only these communities so the whole district was excluded from the Results Package 11 survey. Source: Results Package 11.

the last census) and the SNV country budget available. This comparison was used to decide how many districts to work in, in every country. In Nepal, for example, the low sanitation access levels and high population density in *terai* districts was important for reaching targets, even if these areas were higher-risk areas because SNV had not operated there before.

However, in some countries the baseline in 2014 revealed that sanitation access levels were higher than was estimated based on the last census, with had sometimes taken place long ago (e.g. the last census in Mozambique took place in 2007). As a result, in some countries extra intervention areas were added to ensure that the potential population which could gain access to sanitation was sufficient to match the targets. In other countries (for example, Mozambique), additional technicians were recruited to be able to reach more communities by December 2015.

The fact that SSH4A met and exceeded its output targets suggests that they were achievable, though performance varied by country. The risk of underachievement was managed by SNV through giving each country programme a somewhat higher output target than the commitment to DFID, providing SNV with a safety margin should delivery of results prove to be more challenging than was anticipated. It is possible that high baseline levels and lower levels of government buy-in may have been some of the reasons why implementation was more challenging in some countries – notably Ghana and Mozambique. SNV Nepal commented that in the *terai* districts where SNV had not implemented before, building relationships and securing buy-in from government took longer, and targets were only reached thanks to the six-month extension given to SNV Nepal after the earthquake.

The timeline for delivery of outputs was clearly tight (effectively 18 months from August 2014 to December 2015); however, having a clear implementation framework at programme start meant less time was lost on implementation design. According to the evaluation team, the fact that SSH4A was the only supplier which had a clear implementation structure with pre-established monitoring and implementation approaches at programme start may have contributed to a more streamlined delivery, though this point has not been explored in detail. SSH4A carried out its baselines earlier than the other suppliers (in June/July 2014), arguably resulting in one to two months of extra implementation time. Furthermore, SNV only operated in countries where it had strong and existing relationships with government; this existing social capital undoubtedly facilitated the necessary relationship-building at programme start[50]. The various risk-sharing arrangements with partners (see Section 4.3.1) may also have played a role. SSH4A did not include any construction of water infrastructure, so procurement delays did not play as much of a role as in other consortia. Despite a more straight-forward delivery model, the period up to December 2015 was still described as stressful by numerous SNV staff (see Section 4.3.1.1)[51].

For outcomes, SNV set ambitious targets for sanitation (2.084 million people continuing to use latrines by programme end) and reasonable hygiene outcome targets (400,000 people continuing to practising handwashing with soap at critical times). Both were achieved and exceeded – suggesting they were achievable – though performance varied by country.

The timeline for delivery of outcomes appeared to play a particular role where 'usual' implementation approaches were not able to yield the expected result, and a different implementation approach was needed. This appeared to be particularly the case for handwashing with soap, where in several countries the acceptance of the classic 'tippy tap' model by communities was low and the design of a new handwashing facility was needed (see Section 4.2.1.2 for detail). A different facility was designed by SNV Kenya and SNV Zambia, but SNV

[50] See section on social capital, in midline evaluation report.
[51] See also this quote in the Uganda annex of the midline evaluation report: '*The tight timelines were very hectic and complicated, I wanted to quit, the deadlines needs to be a bit flexible.*'

Tanzania felt that the timeframe of the programme was not long enough to allow a new design to both be designed and rolled out in time to increase uptake and usage.

The evaluation was not able to evaluate whether the timelines of all the results packages were realistic. SNV chose the same timeline for results packages across all countries, to facilitate the collation and verification of evidence across all countries. Some SNV country teams[52] felt that the timing of results packages should have been adjusted to the context of a given country: for example, in some countries it took longer to set up the sanitation supply chain than in others, due to variations in the maturity of the sanitation market. However, the evaluation team was not able to triangulate this insight with other viewpoints.

Strength of evidence: moderate

Reasonable insight into the effect of timelines on programming, triangulated across SNV staff from various country offices.

4.1.5 Operationalisation of the PbR modality

SSH4A was led solely by SNV, not a consortium. This meant that SNV country offices were pre-financed by the PMU of SSH4A, as they would have been under a grant. However, some SNV country teams did choose to put their local partners on partial PbR contracts (see Section 4.3.1).

SSH4A was implemented through a mix of local government staff and NGOs. The justification of the exact mix used in each country is described in Section 3.4.3, and seems reasonable because the approach was chosen (and regularly adjusted) to match the capacity of local government and available NGO partners.

SSH4A was not designed to be implemented by small and medium-sized enterprises ('innovative' private sector partnerships'). However, SSH4A's supply chain component trained up entrepreneurs and set up supply chains. These were not innovative – supply chain development is a relatively standard WASH activity.

Strength of evidence: strong

Consistent feedback on key points, triangulated across SNV staff from various country offices.

[52] From the SNV country managers in Kenya and Mozambique.

4.2 Effectiveness

Box 4: Overall evaluation questions related to this section's discussion

DEQ 2.1: Did the programme achieve the intended outputs at scale?

DEQ 2.2: To what extent have the utilisation of water and sanitation services and the uptake of hygiene practices reached all members of target populations (inclusive outcomes)?

DEQ 2.3: To what extent have services continued to function and have behaviours continued to be used since their initial implementation (sustainable outcomes)?

DEQ 2.4: How did programme design and external factors affect the achievement of output and outcome objectives within consortia sub-programmes?

DEQ 2.5: Under which circumstances did the PbR framework help/hinder the achievement of intended outputs and outcomes?

DEQ 2.6: Under which circumstances did the PbR framework affect the quality of programme implementation (positive or negative)?

DEQ 2.7: Under which circumstances did suppliers implement innovative approaches and focus on learning?

4.2.1 Effectiveness by programme area

This section discusses the level of outcomes achieved across SSH4A and the factors driving this achievement. As noted in Section 3.3 the consortium achieved its outcome targets with respect to beneficiary numbers. However, as highlighted in Section 3.2.4 the outcome verification methodology (area-wide surveys) and aggregation method (allowing results to be aggregated across countries) meant that results could balance across countries. Table 16 presents the relationship between outputs and outcomes – highlighting that there was wide variation between results across countries in conversion rates. Two countries (Kenya and Mozambique) reported lower sanitation access rates in 2018 than in 2016. This is discussed with regards to sanitation and hygiene, respectively, below.

Table 16: Outcome results by country

Country	Sanitation			Hygiene		
	People with new access to improved latrines (JMP standard)	People using 'improved' latrines[53]	Outputs to outcomes	People reached by hygiene promotion	People practising handwashing with soap at critical times	Outputs to outcomes
Ethiopia	143,220	382,774	267%	489,306	109,781	22%
Ghana	106,117	117,334	111%	454,309	54,149	12%
Kenya	364,346	226,328	62%	743,234	77,962	10%
Mozambique	263,064	122,980	47%	1,295,943	105,003	8%
Nepal	294801	397,448	135%	504,274	368,568	73%
South Sudan	N/A					
Tanzania	367,183	457,011	124%	932,558	341,707	37%
Uganda	504,015	624,153	124%	1,839,555	57,502	3%
Zambia	284,051	408,080	144%	497,988	141,423	28%
Total	**2,326,797**	**2,736,108**	**118%**	**6,757,167**	**1,256,095**	**19%**

Source: verification reports.

[53] This relates to the DFID definition, not the JMP definition. According to JMP, improved sanitation facilities cannot allow rats to access the pit contents.

4.2.1.1 Sanitation

SNV set ambitious targets for sanitation outcomes, aiming for a population of 2.084 million people (not necessary the *same* people) to continue using improved latrines until programme end. Interestingly, SSH4A chose two indicators, one measuring access to a JMP standard latrine and another measuring access to a DFID 'improved' standard latrine. The wording of the indicator seems generally appropriate.

The sanitation outcome target was reached and exceeded for SSH4A but achievements varied considerably between countries: substantial improvements above baseline levels were seen for Ethiopia, Nepal, Tanzania, and Zambia, varying from 37% to 80%, but more limited improvements above baseline levels were seen for Ghana[54], Kenya, Mozambique, and Uganda, varying from 10% to 21% above baseline levels (see Section 3.3.1). Insights into the drivers behind this variation were mainly drawn from the experiences of Uganda and Tanzania, though some of the other country teams also offered some insights.

Several factors could be identified across countries which help to explain substantial improvements in the usage of improved latrines. **These factors are well known across the sector as playing an important role in creating demand for sanitation and influencing the behaviour of household members to construct latrines:**

- Repeated follow-up activities at community level was key to creating and sustaining demand at community level. SNV also applied 'Follow-up Mandona'[55], an action-oriented approach to accelerate the end of open defecation after the initial CLTS triggering session. Where gaps in implementation activities (e.g. Uganda) created gaps in follow-up, this affected the scale and pace of achievements in certain communities.
- Several SNV countries added additional volunteers/champions as community level to increase the contact time with communities.
- Obtaining buy-in from village leadership was key to creating and sustaining demand at community level. Obtaining political buy-in across government was key to providing the support which local government needed. This was particularly noticeable in Ethiopia and Nepal.
- Being able to tailor the demand-led approach to different community groups was essential to ensuring effectiveness across the project population. In some areas, SNV teams succeeded. In other areas this was more challenging, especially where baseline levels were already high[56], as the last mile is the hardest to reach.
- In some countries, latrine subsidy approaches used in nearby communities interfered with the demand-led approach. In Nepal, use of toilet subsidies is standard for hard to reach/disadvantaged households once sanitation access in the community is above 80%. Similarly, in some cases enforcement approaches traditionally used by government and community leaders interfered with the demand-led approach.
- In some countries, lack of a water component hindered progress on sanitation and hygiene, as water is needed to wash hands.
- In some countries, SNV felt that slow progress on supply chain development limited latrine options for households and may have slowed movement up the sanitation ladder.

[54] In Ghana, less progress was made than expected as achievements had to be revised downwards due to attribution issues. This aspect was not further explored.
[55] For more detail, see: www.communityledtotalsanitation.org/resource/follow-mandona-guidelines-practitioners
[56] Only applies to Mozambique.

Strength of evidence: strong

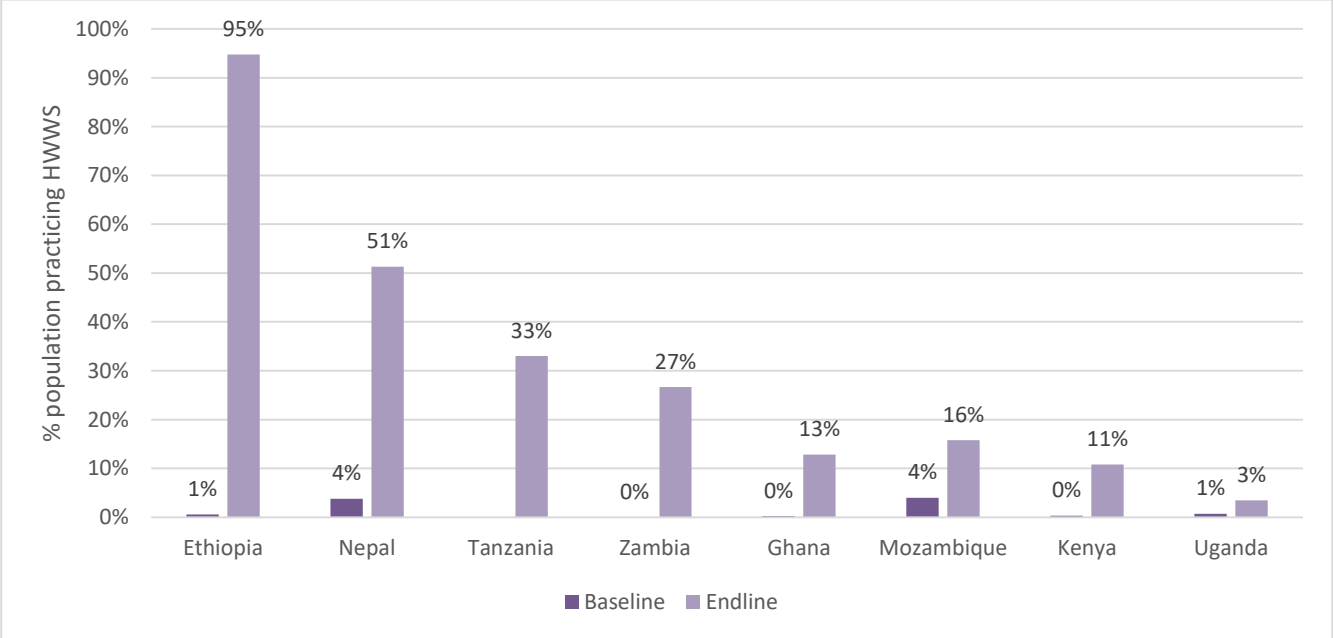
Robust data on latrine usage rates from the survey data, supplemented by insights (based mainly on insights from Uganda and Tanzania but also from different countries).

4.2.1.2 Hygiene

The SSH4A target for hygiene was set at 400,000 people continuing to practise handwashing with soap at critical times. Section 3.2.4 lists the indicators which were chosen to measure progress on handwashing behaviour, as a proxy for actual handwashing behaviour. These seem valid, noting that there remains considerable sector debate surrounding the appropriate measurement of handwashing practices.

This target was reached and exceeded (an increase of 16.6% was achieved) but achievements varied considerably between countries: substantial improvements above baseline levels were seen for Ethiopia, Nepal, Tanzania, and Zambia, varying from 21% to 66%, but more limited improvements above baseline levels were seen for Ghana, Kenya, Mozambique, and Uganda, varying from 2.4% to 10.5% above baseline levels (see Figure 4). Insights into the drivers behind this variation were mainly drawn from the experiences of Uganda and Tanzania, though some of the other country teams also offered some insight.

Figure 4: Improvements in handwashing with soap over baseline levels



Source: SSH4A endline survey

Several success factors could be identified which help explain substantial improvements in handwashing behaviour:

- **In Tanzania,** substantial improvement was seen in part because baseline levels were so low[57] – and also in part because SNV deliberately focused its BCC messaging on mothers and babies: trained health workers triggered mothers and children with a demonstration at vaccination centres, an approach SNV called 'emo-demos'. The Government of Tanzania expressed its intent to roll out this approach to other health clinics in the future (if a budget is

[57] In Tanzania, handwashing baseline levels were only at 1% because under Tanzania's NSC BCC had been very limited in the past.

secured). In Tanzania, SNV also had some success in school health clubs and working with children as change agents to bring messages back home to parents and siblings.

- **For Kenya,** SNV used the FOAM framework (focus on opportunity, ability, and motivation) to change behaviour, placing the emphasis of the messaging on the link between handwashing and disease contamination. As slow progress became clear, SNV conducted a review of the communication messages and channels with the help of a creative agency.

However – an important barrier to widespread uptake of handwashing behaviour appeared to be that tippy taps are often made with local materials, are of poor quality, and break easily, and many tippy tap bottles are stolen or sold for recycling and not replaced, as well as the fact that soap is stolen. In Tanzania especially, tippy taps were seen as low-tech and unattractive by communities. This is a known challenge in the WASH sector – yet thanks to the M&E data showing that the facilities were not durable, a variety of different approaches were developed in different countries:

- In **Kenya** SNV promoted a different design, entailing a tap fitted to a bucket.
- In **Zambia**, SNV developed a durable design able to handle heavy rains (the muya-yaya), which was rolled out in 2017, following consumer-centred research carried out by SNV in 2016.
- In **Tanzania**, SNV promoted a design with a squirting soap bottle instead of a bar of soap. This reduced theft of the soap bar – but as soap bottes need to be squeezed by hand, this may have introduced a health contamination risk.
- SNV **Tanzania** also endeavoured to design a new tippy tap design to improve acceptability – but the timeframe of the programme was not long enough to allow a new design to be rolled out in time to increase uptake and usage.

Further technical innovations in handwashing devices remain necessary.

A further barrier remains the short timeframe of the programme, because experience across the sector suggests that behaviour change in hygiene practices take time to embed. In Uganda, LCBs targeted their handwashing messages to different groups,[58] but commented that the implementation phases in Uganda were too short to sustain behaviour change, with not enough emphasis on follow-up (implementation was not phased in the same way in other SSH4A countries). Tippy taps are relatively cheap (1,000 Uganda shilling (UGX) for a jerry can) so lack of handwashing facilities was not viewed as an affordability issue. Differences in levels of practise of handwashing with soap within sub-counties can be attributed to leadership in communities. For instance, some villages have made by-laws on construction of handwashing facilities near latrines and these have been effective.

As with sanitation, the extent of government buy-in mattered in delivering handwashing with soap achievements. SNV teams in both **Nepal and Tanzania** explained that the fact that handwashing with soap was not a high priority for the government had several implications: little previous BCC work had been done, resulting in very low baseline levels; government buy-in was lower; and the national sector had a less developed understanding of evidence-based BCC work. In response, SNV Nepal hired an external BCC consultant to develop the capacity of the SNV team, leading to improved achievements over the course of 2016/2017 and allowing SNV Nepal to be able to use the success of its BCC work to initiate the process of developing a national BCC strategy with the government in March 2018 (thus improving government buy-in going forward).

[58] LCBs promoted improved practices (i.e. recommending people avoid dipping hands in a shared soapy water bowl and promoting the installation of a tippy tap near the kitchen for food preparation). LCBs targeted their handwashing messages to different groups, i.e. giving different messages to mothers and fathers. LCBs spread messages through many channels/venues (at religious gatherings, during savings group meetings, through a radio campaign or schools, at health centres during immunisation days, on market day) to reach their audience. Follow-up Mandona was also used to promote small do-able actions on handwashing with soap, e.g. to immediately construct a tippy tap.

Promoting handwashing remains a challenge across the sector. The Tanzanian government recently contracted the London School of Hygiene and Tropical Medicine to design a new handwashing campaign based on its Super Amma campaign. The appropriateness of a PbR approach for results on handwashing with soap is unclear given the timeframe required to embed behaviour change to ensure sustained practices.

Strength of evidence: strong

Robust data on handwashing rates from the survey data, supplemented by insights (based mainly on insights from Uganda and Tanzania but also from different countries).

4.2.2 Quality of results

This section explores: (i) whether the implementation of SSH4A was of a reasonable quality, and (ii) whether PbR had an influence on SSH4A's approach to quality. Note that an independent technical assessment of the infrastructure quality was not within the evaluation's scope. The quality of latrines, handwashing stations, and implementation processes in general are covered. Though common across all two areas it is the view of the evaluation team that it is likely that without the two-year outcome phase, a lower proportion of collapsed latrines or missing handwashing stations would have been rebuilt, and hence the quality of outputs would have been lower.

Quality of latrines

Overall, the quality of latrines clearly increased in SSH4A areas, as the survey shows that the percentage of latrines which are classified as 'functional and clean and/or private' has increased since baseline levels in all countries. Communities in all countries experienced a certain proportion of latrines collapsing, and the survey results suggest that a high proportion of these were rebuilt – even if that indicator is not specifically reported on in the SSH4A survey reports. For SSH4A, these improvements in the technical quality of latrines were largely driven by SSH4A deliberately promoting 'small do-able actions' to improve the quality of the current household latrine, while also promoting options which help households move up the sanitation ladder. It is possible that the PbR modality further sharpened this focus on high quality latrines through a focus on (and payment for) the *sustained use* of latrines – given that higher quality latrines are more likely to stay in use. However, the evidence for this PbR effect is weak. Deeper insights into the drivers of quality could only be obtained for Uganda and Tanzania:

- **In Uganda,** SNV undertook a consumer study on environmentally safe latrines, and provided informed choice materials that outlined appropriate designs for latrine construction in challenging areas (included marshy areas or wetlands, or other challenging locations or to stop termites). SNV sought guidance from the ATC[59] of the Ministry of Water and Environment. SNV and LCBs also held workshops providing advice on construction materials and latrine site selection. The Follow-up Mandona approach promoted 'small do-able actions' to improve the quality of the latrines, such as making a drop-hole cover. Sanitation Committee Members and volunteers visited a household's toilet to inspect the facility and make recommendations on how to improve the facility. Safe Toilet Pans (SaTo pans) made of durable plastic were promoted to improve fly management and odour control – to encourage movement up the sanitation ladder. Supply chains for SaTo pans were established (produced by Crestanks)[60].

[59] Appropriate Technology Centre (www.atc.washuganda.net)
[60] The pans were sold with a mark-up by Village Health Teams (VHTs) and women's groups. In one example the SaTo pan cost UGX 8,000 and was sold for UGX 10,000 so that the promoter made 2,000 per SaTo pan. However, the price was left to market dynamics.

Some challenges with SaTo pans were reported by the LCBs: for example, in areas affected by water shortage, SaTo pans are difficult to keep clean.

- **In Tanzania,** demo latrines were implemented in SSH4A villages to encourage movement up the sanitation ladder. Partly in response to the lead verifier's visit to the Lake region[61], masons were also trained on a variety of locally-available designs, including ones that can be used to build in collapsing soils. Some latrines needed re-building after pits collapsed due to flooding. SNV recommended putting a roof on the latrine, and digging circular pits or building improved latrines (known as Safi Latrines in Tanzania) to reduce the risk of pit collapse.

Quality of handwashing stations

Only limited insights could be obtained on the quality of handwashing stations for Uganda and Tanzania. No insights could be gained for the remaining SSH4A countries. In both Uganda and Tanzania, the survey data show that only a proportion of the population in intervention areas was using handwashing stations. SNV staff and implementing partners in both countries commented that this was partly due to the quality of handwashing stations sometimes being poor, with tippy taps breaking easily, and with many tippy tap bottles being stolen or sold for recycling and not replaced. The evaluation was not able to verify how widespread such issues were. Usage of handwashing stations is not just driven by the quality of the tippy tap – the cultural acceptability of the technology is also key. According to SNV in Tanzania[62], the common tippy tap design is not well accepted in Tanzania, which is one of the reasons for its limited use. The evaluation was not able to verify how widespread such negative attitudes towards tippy taps were.

It is not clear whether, and to what extent, PbR improved or worsened the quality of tippy taps. In Kenya, Tanzania, and Zambia (and possibly others), SNV country teams took steps to design and promote a different tippy tap design which addressed some of the acceptability issues voiced by community members (see Section 4.2.1.2). It could be speculated that such efforts might not have taken place under a non-PbR programme. However, in at least one country (Tanzania) the timeframe of the programme was not long enough to allow a new design to be both designed and rolled out in time to increase uptake and usage.

Quality of the implementation process

Given that the SSH4A approach has been implemented and adjusted by SNV since 2008, it is likely that implementation approaches were well-defined and well-tested. However, only limited insights could be obtained on the quality of the implementation process for Uganda, given that no communities were visited and no implementation processes were observed. No insights could be gained for the remaining SSH4A countries. There was insufficient information to assess whether or to what extent PbR affected the quality of implementation processes. For Uganda:

- **Quality of the demand-creation process**: LCBs' experience in Uganda confirmed findings from elsewhere that triggering worked better in homogenous communities. Triggering in heterogeneous communities proved more challenging, but SNV adjusted by using several different approaches more suited to these contexts (see Section 4.2.5). Who did the triggering was also important: LCBs performed the triggering with a range of district and community leaders including clan leaders, parish chiefs and councillors, VHT, head teachers, and religious leaders.
- **ODF verification**: Verification and declaration of ODF in Uganda is the responsibility of district local government. Through SSH4A, district and sub-county teams have been trained on the verification tools. SNV promoted peer verification where VHTs from one village verified another

[61] Significant latrine quality issues were flagged during the May 2017 visit to the Lake Region districts (Source: trip report).
[62] From the SNV country manager in Tanzania.

village through community exchange visits. In Phase 4 (2016) this approach proved quicker than verification by sub-county and district teams.

Strength of evidence: moderate

Survey data on latrine quality supplemented by insights on quality drivers from Uganda and Tanzania, but less insight on the quality of handwashing, the quality of implementation, or its linkages with PbR.

4.2.3 Effectiveness of supplier monitoring systems

This section centres on the degree to which SNV's monitoring systems generated data that were fit-for-purpose – and the influence of the PbR modality and the verification on this. How efficient these systems were is considered separately in Section 4.3.3.

Strengthening of SNV's monitoring systems

According to SNV[63], its usual approach to checking progress has been to use routine monitoring systems as opposed to using population-wide surveys. Under the WASH Results Programme, using population-wide surveys was a relatively new approach for SNV.

SSH4A used the same population-wide surveys to track progress five times throughout the four-year programme. There was no change in survey approach between the output and outcome phases. This survey approach appeared to be effective for obtaining the progress data on outputs and outcomes needed for the verification[64], as it entailed a rigorous sampling framework and multiple quality assurance processes. SSH4A did not substantially change its survey approach, compared to intentions at the proposal stage – no substantial additional monitoring activities were added.

Both SNV and the MV team commented that feedback from the MV team during the verification process had contributed to the strengthening of survey processes and to improving the rigour of the survey data. Akvo Flow was used by all SSH4A countries to collect annual survey data – and all SNV country teams interviewed felt that the robustness of surveys improved thanks to the feedback received from the verifier. It is very unusual for the robustness of surveys to be checked under a grant programme[65]. Having survey enumerators on partial PbR contracts also allowed SNV to discontinue contracts with any enumerators not collecting high quality data. SNV adopted additional procedures to check for fraudulent reporting in annual surveys, following feedback from the MV team and DFID. Procedures which were strengthened included: better and more formal enumerator training; spot-checks (the country verifier re-surveyed a small sample of households); map checks (reviewing the household sampling distribution using the GPS coordinates from the survey database); standardised questionnaires for enumerator training; and centralised survey design and sampling. Other processes had also been introduced before 2016 (see box below). SNV saw the benefits of the robust survey data, which highlighted several inconsistencies in its routine monitoring systems.

'Every programme should have good M&E, but PbR demands it.' – SNV staff member

It is also likely that SNV staff gained capacity in designing and implementing robust surveys – though this aspect was not explicitly covered by the evaluation. SNV indicated that it intends to use surveys to track progress (rather than routine monitoring systems) in future programmes,

[63] From the SSH4A global manager.
[64] Tracking 'progress results' was done differently – through milestone reporting. See Section 3.2.4.
[65] Source: MV presentation, at Stockholm WWW 2018.

suggesting that the benefits of monitoring system strengthening will continue beyond the lifetime of the WASH Results Programme.

SNV did not mention that investing in monitoring activities came at the expense of having less time for implementation activities.

Box 5: Examples of strengthening of survey processes at midline

The lead verifier made several recommendations in Q3 of 2015 on how to strengthen the household surveys, especially after critical issues were better understood following his country visits in mid-2015. As a result, SNV standardised its sampling procedure so that it was undertaken at programme level (rather than at country project level, as previously). The introduction of field spot-checks and map checks by the Verifier encouraged SNV to improve its enumerator training, and to ensure that strict protocols were followed for household sampling, and that enumerators were more closely supervised during the surveys.

In terms of the SNV's routine monitoring systems, an improvement was not necessarily seen for these as a result of PbR because these were not subject to verification. Detailed information was only collected for Uganda, which used the mobile-based ODK system for routine monitoring. In Uganda, LCB partners reported that their monitoring skills and their reporting systems had been strengthened, thanks to training by SNV. A number of Ugandan LCBs have adopted some of the improved M&E practices for use under another programme. A number of LCBs appreciated the opportunity to learn about mobile data collection. One LCB is now using M-Water to do the baseline for a WASH project in schools.

Overall it is important to remember that monitoring systems were not only strengthened in response to MV requirements, but also because reliable data on progress was needed to manage risk. For the purpose of risk management, the SSH4A programme manager routinely carried out a dummy check against the verification forms to make sure the evidence would satisfy all the verification criteria. In those cases where it did not (e.g. the sanitation survey of South Sudan in 2016) this gave SNV the option of retracting their evidence before it was verified, to allow them to address any gaps or errors[66]. This approach helped to substantially reduce the number of queries which verifiers made regarding the evidence received.

Strengthening of government monitoring systems

Where SNV used existing government monitoring systems[67] for routine monitoring (Kenya, Nepal, Tanzania, and Zambia), some government partners saw an improvement in the reliability of these data. Data were either entered into the MIS by government partners or by LCBs. Spot-checks were done on the data by SNV to improve data quality[68]. Government partners in Tanzania commented that the reliability of data entered into these MISs improved for project areas, which was welcomed by government. In Uganda, Health Assistants at sub-county level welcomed being able to use more reliable household inventories for planning purposes and to do follow-up.

However, it is not known to what extent any improvements in data quality checks will be continued after programme end or will be rolled out nationally. In the one country where government staff were used to carry out annual surveys, Zambia, it is likely that their involvement also built the capacity of government staff in conducting robust surveys. No country visit was carried out in Zambia, so government staff could not be interviewed

[66] From the midline evaluation report.
[67] Existing government monitoring systems varied, from paper-based systems to full MISs.
[68] For example, in Tanzania a sample of households was randomly selected by the SNV Programme Manager on a monthly basis (usually around 10 households in each of 10 villages), and the LCB or a member of the SNV team visited the relevant villages to check it for accuracy.

The evaluation could not assess if there were any missed opportunities to strengthen government monitoring systems. While the survey data collected by SSH4A were not fed back into any national MISs to improve national WASH statistics, it was probably unreasonable to expect this to be achieved given then timeframe and focus of the WASH Results Programme.

Influence of the verification

There is clear evidence that the verification framework for SSH4A was sufficient as well as effective for identifying issues related to data collection, and thus accurately confirming the extent to which output and outcome targets had been achieved. In the few cases where the verification checks found that a survey was not robust enough, SNV repeated the household survey at their own cost. This is a clear example of the power of the verification process in delivering better surveys and more robust data. Ghana, Mozambique, and South Sudan had the most issues with survey implementation.

Given that SSH4A spanned many more countries than the other suppliers, the country verifiers for SSH4A were the least-well-resourced of any supplier. Therefore, the SSH4A verification process was designed to be as cost-effective as possible – with the majority of the checks made remotely (enabled by the Akvo survey data), and tactical choices made so that the checks chosen would have the biggest impact on SNV M&E practices. In each country, country verifiers only had four to five days per verification round to carry out the desk-based verification and write the country verification report[69]. Despite this limited time available, clearly these desk-based checks created a strong incentive for improving data quality and monitoring, given that a field visit was not done for every verification round. This provides an interesting insight into the sufficient level of verification needed to ensure robust results.

Survey practices

For all SSH4A countries where survey implementation was done through enumerators hired by SNV (Ethiopia, Kenya, Tanzania, and Uganda), survey enumerators were on partial PbR contracts, with payments linked to the achievement of agreed activities (as opposed to being linked to the population reached). Namely, an advance was given for transport and airtime expenses and a final payment (daily facilitation rate) was made a few days later, once the survey data were submitted as agreed and to quality. For the few enumerators who did not submit data as agreed and to quality, their contracts were discontinued.

According to SNV[70], this arrangement substantially improved the quality of survey data. The partial PbR approach for survey enumerators is standard for SNV, but the rates used were slightly different from SNV's usual approach[71]. Anecdotally, SNV Mozambique has adopted Akvo Flow for agriculture and urban WASH programmes, and the survey enumerators of SSH4A in Mozambique are now being hired on other SNV projects as they are known to delivery high quality data. However, no survey enumerators could be interviewed to assess any impact which this contracting arrangement had on enumerators.

Strength of evidence: strong

Consistent feedback on key points, triangulated across SNV staff from various country offices and triangulated with the system improvement documents in the verification reports.

[69] Only a handful of verification rounds included spot checks in communities. When these were scheduled, additional days were given above the four to five days allocated to carry out these field visits.
[70] From the global manager of SSH4A and other SNV country manager interviews.
[71] From the global manager of SSH4A.

4.2.4 Flexibility and innovation in practice

Innovation in this context is taken to refer to innovations in programme approach – that is, where there was an application of novel approaches to overcome previous challenges. This framing of innovation around programme approach is rooted in the assumption[72] that PbR enables greater scope for innovation by removing donor requirements related to implementation approaches.

Similarly, the framing of flexibility here is also rooted in the programme context and the PbR nature of the contract. Specifically, that under PbR suppliers are seen to have greater autonomy over implementation activities and budget as these are not reporting requirements to the donor[73]. The MV team recognise that this is a specific framing of flexibility[74].

4.2.4.1 Innovation

Overall, the evaluation found little evidence to support the view that PbR stimulated innovation, instead the country teams implemented the tried and tested SSH4A approach which SNV had been using since 2009. The evaluation is not aware of any implementation approaches used which were new and innovative for the global WASH sector.

Nonetheless, SNV country teams cited examples of cases where implementation approaches were developed or adopted which were not in the original workplan and/or had not been used by SNV in that specific country before (see table below). These examples are closely related to results-oriented problem-solving which was encouraged by PbR, and is discussed in the next section. It should be noted that in all cases these approaches were not new to the sector, but rather were just new to SNV in that country. Note that due to the limited time spent interviewing other country teams, additional examples of new approaches may have taken place which were not picked up by the evaluation – so the table below is not a complete list.

Table 17: Examples of new approaches adopted by SNV country teams

Country	New approach
Kenya	Working with community-based promoters to increase access
Mozambique	Using technicians and promoters to supplement government staff
Uganda	Using the mobile-based ODK dashboard for monitoring
Tanzania	Developing and launching Safi latrines in Tanzania (new on the market)
	Using emo-demo at children vaccination centres to promote handwashing
Zambia	Adding an option to pay back Safi latrines in instalments

4.2.4.2 Flexibility

This section discusses whether the PbR modality offered a degree of flexibility which was beneficial for the achievement of results. We first discuss the flexibility in the design of the country-level programming (this section) and below we discuss flexibility in terms of community-level implementation activities by field-level staff (Section 4.2.5).

[72] From much of the PbR literature – and was a causal mechanism that was included in the PbR theory of change developed by the evaluation team and used in the contribution analysis.
[73] Supplanted by reporting only on results.
[74] Particularly, that flexibility is often framed in relation to the ability to respond to changes in context, and distinguished from adaptation (a change in knowledge of a context). Arguably, these framings are partially covered by the framing used by the evaluation team, but these were not used in the framing of questions in interviews.

At country level, almost all interviewed SNV country teams felt that PbR had provided them with more flexibility to respond to operating contexts. Several country teams cited examples of changing the sequencing or scope of activities under various SSH4A pillars[75]. Where additional funds were required to cover unexpected expenses, the PMU was able to cover some of these costs out of a PMU budget line. At a programme management level, the SSH4A HQ in Nairobi felt it had flexibility in budget allocation due to the contracting modality, allowing SNV to easily re-shuffle budgets within and between countries to respond to the context and manage risk; and to shift beneficiary targets between countries. According to SNV global management, some grant contracts are more stringent in shifting budget lines – however, the evaluation was not able to compare experiences to a clear counterfactual.

However, the SNV team in Nepal highlighted that the extremely tight timelines substantially limited its ability to change the sequencing or scope of activities. It is possible that more experienced SNV teams[76] were more able and felt a greater autonomy to adjust and re-plan than other teams – but the evaluation was not able to assess this in detail. According to SNV global management, variations in country context were more of a driving factor than any variation in SNV capacity across countries. While clear examples of flexibility were cited, the evaluation was not able to make a clear assessment of whether this flexibility differed substantially from SNV's usual programme management approach.

At implementing partner level, the degree of additional flexibility was more variable – with the caveat that only LCBs in Uganda and government partners in Tanzania could be interviewed. Despite the fact that many LCB partners were put on partial PbR contracts, detailed workplans drawn up by SNV for partners may have counteracted some of the potential flexibility.

- **In Uganda,** although LCB contracts specified the results they had to achieve and their detailed activity plans set a range of targets, LCBs maintained some flexibility in implementation. LCBs were able to course-correct as they implemented to respond to operating contexts, to determine how best to adapt their approach to the local context – for example, by involving parish chiefs and clan leaders during triggering. LCBs also learned by doing: by implementing, LCBs found that they did not need to trigger every village, they could rely on some villages to self-trigger. However, some LCBs felt that they were less able to adapt and respond to contexts because the ODK reporting format limited flexibility[77]. In response, SNV held trainings to explain how to retain flexibility within the LCB contracts. SNV explained the need to retain more control over the LCBs initially in order to manage the risks in delivery, and felt that trust and confidence in LCBs grew over time. The evaluation was not able to assess whether organisational culture played any role in encouraging or discouraging flexibility and adaptive programming.
- **In Tanzania,** government implementing partners experienced some rigidity due to government processes: they explained that budgeting of government funds was fixed to activity lines and spending timelines (e.g. the budget for triggering had to be used for triggering, and any unspent funds were lost and could not be re-allocated).

In summary, the PMU and SSH4A and SNV country teams experienced and welcomed flexibility in programming. However, this flexibility was not necessarily cascaded down to local LCB partners,

[75] For example, in Kenya, the funds ear-marked for LCBs were used to engage field monitors instead. In Tanzania, additional unexpected costs were incurred for printing household registries, which resulted in other activities being changed to accommodate this. In Uganda, SNV also had the flexibility to move targets and funding between LCBs (in one case an LCB took over from another LCB that failed to deliver).

[76] For example, the SNV country manager in Nepal.

[77] Some LCBs felt ODK hindered their adaptive programming because it limited the activities that could be undertaken (i.e. if a drama performance was used for triggering, this activity could not be captured in ODK, whereas there seemed to be more flexibility in the choice of activity in Phase 2 without ODK). The SNV team, however, was clear that 'not being able to report on an activity' is not the same as 'not being able to carry out the activity'. Even if certain activities could not be captured in ODK they could be included in monthly reports, which meant that SNV could pay for people reached through these activities.

due to a need on the part of SNV to manage risks in reaching targets and securing payment. It appears that this need to retain control and manage risk did not change substantially over the course of the programme. For Uganda, trust and confidence in LCBs grew over time but detailed workplans were still drawn up in the latter years of the programme.

Strength of evidence: strong

Consistent feedback on key points, triangulated across SNV staff from various country offices.

4.2.5 Experiences of adaptation and learning at the implementation level

This section discusses the degree to which adjustments at the implementation level were made to improved effectiveness, based on insights gained from near real-time monitoring data or evaluations. This is distinguished from innovation in programme approach more broadly, as well as flexibility (as framed above). As with innovation and flexibility, this framing is rooted in the context of this programme and an assumption[78] that the PbR modality would incentivise such adaptation at the implementation level to ensure targets are met effectively and therefore facilitate or increase payments.

Across all countries, SNV placed a strong emphasis in capacity building for all partners – this is SNV's usual approach but it had the benefit of positively influencing the 'capacity to respond/adapt' of local implementing partners.

Specific examples of adaptive programming could only be explored in detail for Uganda and Tanzania (where local partners were interviewed) but SNV teams from other countries also mentioned some examples. However, the latter could not be cross-checked with local partners themselves. **The fundamental shift reported was that programming was driven by the M&E and its feedback loop facilitated adaptive programming – as opposed to programming being driven by workplan activities[79]:**

- **In Uganda,** SNV deliberately adopted a phased approach, first piloting a given approach, allowing rapid feedback, and then adjusting activities where needed.[80] SNV advisers and LCBs re-prioritised and re-planned activities with LCBs based on routine monitoring data. For example, where upgrading of latrines was slow, LCBs used drama performances, religious gatherings, village-level savings and loans associations' gatherings, or funerals to strengthen the messaging around reducing open defecation. Messaging was also adjusted to tackle cultural taboos and other beliefs (e.g. that the belief that having a latrine drop-hole cover stopped gases from escaping from the latrine pit and that this could be dangerous). Specific strategies were also developed to persuade polygamous households to build latrines. The LCBs specifically used the progress data on the ODK dashboard to tailor their follow-up with households.

  There were also examples of adaptive programming in Uganda that were not a direct response to monitoring data, such as adjusting implementation during a dry spell or during heavy rains,[81] or delaying community mobilisation activities during the 2016 election cycle[82]. Even though in

[78] Included in the PbR theory of change developed by the evaluation team and used in the contribution analysis as a testable proposition.
[79] SNV personal comment, Stockholm WWW 2018.
[80] From midline evaluation report.
[81] For example, in dry spells the resulting water shortage made it difficult to make the bricks for latrine walls during this time, or when heavy rains made it impossible to complete latrine building. In these cases, SNV allowed LCBs to claim these results a month or two after the deadline.
[82] During the three elections in 2016 (presidential, sub-county, and parliamentary) it was not possible to visit villages during campaigns because political leaders did not want to be associated with SSH4A during the election – partly because SSH4A had a no-subsidy approach (i.e. no vote-winning incentives) but also because of the enforcement aspects (which could deter prospective voters and also because not all political leaders have sanitation facilities in their own houses). Community activities were delayed.

Uganda implementation was not through government, SNV advisers used regular joint monitoring visits to interrogate the monitoring data with government partners, and to encourage flexibility in implementation and cross-sector solutions by government.

- **In Tanzania,** SNV advisers regularly re-prioritised and re-planned activities with implementing district government teams based on monthly monitoring data. For example, BCC messaging was adjusted and 'emo-demos' were created to deliver handwashing messaging to mothers in a health clinic setting, because the messages were more effective when delivered to mothers who were concerned about their children's health. The household data which formed part of the MIS system were specifically used to follow up on specific households – i.e. sub-village registers were used for naming and shaming households that did not build a latrine, and frequent follow-up phone calls were made to households without latrines by district and ward governments. Village by-laws and enforcement were used as a last resort to increase the building and usage of latrines.
- **In other countries**, almost all interviewed SNV country teams agreed that having a feedback loop from the progress data was very useful – because it allowed teams to see where progress was faster or slower, and allowed teams to prioritise their interventions. Numerous examples are indicated in Box 6 (below). One SNV team summarised this as *'failure was not an option, we needed to find a solution every time'*. It appears that having a short feedback cycle between the progress data being collected and management action being taken was key, as all SNV country teams reviewed progress data at least on a monthly basis (or on a daily basis in Uganda, thanks to a mobile-based dashboard).

However, SNV cautioned that the ability to actually respond to signals from the progress data depended on the capacity of the implementer: LCBs tended to have less technical knowledge on how to adapt a given process (e.g. demand creation). For government implementing partners, bureaucracy could hinder the extent of 'adaptation', as did the availability of government staff time (government implementing partners were also working on a range of issues, whereas LCB implementers worked full-time). SNV invested in capacity building of implementing partners – but capacity building was affected if staff turnover was high (turnover was reportedly higher for certain government partners).

It should also be noted that ability to respond to signals from the progress data relied on robust data being collected in the first place – yet some SNV countries encountered more challenges in survey delivery than others. Specifically, Ghana, Mozambique, and South Sudan had the most issues with survey implementation (see Section 4.2.3). A further potential missed opportunity was that adaptive programming relies on learning from other teams and having time to share ways of doing things across teams and between countries – yet Section 4.2.6 suggests that the time pressure of the programme may have left less room for such lesson-sharing.

Box 6: Further examples of adaptation and learning at the implementation level [83]

For SNV Ethiopia, having a feedback loop from the progress data (specifically progress up the sanitation ladder) was very useful, so that it could adjust implementation in response to variations in progress.

For SNV Kenya, having reflection meetings with government partners was key for SNV, allowing SNV to discuss progress with them and to do problem-solving together. Reflection meetings also included government staff from other sectors, which helped to facilitate sector coordination. Undertaking regular monitoring visits with government partners helped these better understand the real issues and real barriers to behaviour change (usually the government had a limited budget for regular monitoring visits) and thus facilitated problem-solving. The feedback and advice from SNV advisers on how to overcome problems, provided during spot-checks, also facilitated problem-solving.

For SNV Mozambique, having a feedback look from the progress data was very useful: it allowed teams to see where implementation was going well and where progress was slow. For example, initial hygiene promotion approaches (based on formative research) were found to achieve hardly any improvement in the presence of handwashing facilities after nine months. Based on the survey data, which showed that BCC was not working, SNV overhauled its BCC approach.

In Nepal, SNV piloted slightly different approaches in different contexts and the rapid feedback from the M&E helped to improve implementation, through trial and error. Solutions were found to most of the implementation challenges encountered. For example, in *terai* districts CLTS was challenging because these contain large populations of Dalits (untouchables) and other disadvantaged populations, so SNV worked through champions, starting with early-adopters and then inviting neighbouring districts to their ODF celebration to motivate others. In Banke and Humla, Muslim women were not willing to talk to male CLTS facilitators, so SNV tried a variety of different approaches. The fourth variant worked, using male and female Muslim facilitators (trained up by a skilled senior Muslim facilitator which SNV brought in from the eastern region). The PbR modality was an important driver behind this repeated adaptation.

Overall, while the above discussion clearly highlights numerous examples of adaptation and learning at the implementation level, some country teams felt that this was akin to normal SNV practice, and was not different under a PbR programme. SNV would have recognised problems (such as ineffective hygiene behaviour change messages or collapsed latrines), identified solutions, changed course and moved forward, irrespective of whether it was funded under a grant programme or PbR. Similarly, SNV stressed that holding reflection meetings with the district partners based on routine monitoring data was usual practice for SNV. The evaluation was not able to sufficiently understand the counterfactual to be able to conclude whether PbR positively affected the degree of adaptation and learning at the implementation level.

Nonetheless, SNV noted a shift in accountabilities due to PbR – from activities to outcomes. Usually grant programmes focus on activities – e.g. how many people attended a meeting – yet SNV felt that under PbR the focus shifted to looking at whether the right people were in a meeting to make a decision or influence change. This shift in accountabilities focused minds on results, both for SNV and its partners. For example, in Tanzania, SNV felt that PbR increased accountability so that all levels of government felt responsible for reaching results. Ward officials mentioned that '*it makes us work hard, we visit every house, and walk long distances, because we know we are getting something at the end of the day*'. Another added that '*If you hold a carrot in front of a goat, it will walk faster to reach the carrot, than if you have no carrot*'. In Nepal, SNV felt that PbR encouraged SNV to get started more quickly on implementation, resulting in the development of a fast-track and long-track strategy in parallel – compared the DFAT WASH programme in Nepal, which was slower to get going. No insights could be gained for other countries.

[83] Interviews were not possible for Ghana and South Sudan, and there were no strong examples from Zambia.

Strength of evidence: strong

Consistent feedback on key points, triangulated across SNV staff from various country offices.

4.2.6 Learning in practice

This section briefly discusses learning activities within SSH4A. Their role in shaping wider sector learning is discussed in Section 4.5.2.

SSH4A placed a strong emphasis on learning: capacity building and sector strengthening was one of the four pillars of SSH4A and SNV as a knowledge-based organisation placed great importance on capacity building. SNV held annual workshops to bring together programme staff from all nine SSH4A countries to capture learning and compare experiences between SSH4A countries (the content of these workshops was not evaluated). Over 2014–16, the global workshops focused on how to design sustainable interventions from the start, how to carry out BCC work and sanitation supply chain development, and how to design post-ODF community engagement. Country teams found these to be extremely useful opportunities to exchange comments on experiences and to learn from other countries, especially on how to deal with the tight Millennium Development Goals (MDGs) deadline and the PbR modality[84]. Over 2016–18, the two global workshops focused on various topics, including sanitation supply chain development. In the opinion of the evaluation team, the involvement of government counterparts was particularly positive for effectiveness and sustainability.

Among SNV country managers, regular virtual webinars were also held to discuss challenges and share lessons. In addition, each SNV country team held quarterly reflection meetings in their country to discuss challenges and share lessons. Government partners from various countries were also invited to SSH4A learning events to allow government-to-government learning. SNV felt it had the internal capacity to foster learning across country teams, even without a dedicated learning partner.

It is not clear whether the emphasis placed on learning differed from SNV's usual approach. Some SNV staff felt that their emphasis on learning was stronger than under past SNV WASH programmes, although the extent to which this was due to the PbR mechanism, the high-profile nature of this programme, or the design of SSH4A is difficult to untangle. A different SNV team felt that there was 'less time for learning' than under other programmes. In 2016, several SNV staff had also felt that in the first two years, due to the time pressure of the MDGs deadline, there was less space for learning than in their previous multi-country programmes[85]. No clear conclusion could be drawn by the evaluation.

Strength of evidence: moderate

Insight into learning from a limited number of SNV country offices, triangulated with the views of MV.

4.2.7 Significance of external factors affecting achievements

External factors substantially affected achievements in two countries, but these were not case study countries so only limited insight could be gained on how these external factors affected achievement:

[84] From the midline evaluation report.
[85] From the midline evaluation report.

- **For Nepal,** the earthquake in April 2015 affected delivery (few direct effects were felt in the project districts, but local government officials were relocated to assist with the emergency response). As a result, SNV Nepal received a six-month postponement for the midline results for Results Package 6, which would otherwise have been due at the end of December 2015.
- **For South Sudan,** substantial political issues affected delivery to such an extent that SSH4A activities were discontinued in South Sudan in 2016. However, the evaluation was not able to interview anyone from South Sudan to gain further insight on this.

Apart from these two cases, external factors only affected achievements in minor ways in the remaining countries – and none of these resulted in a deduction in payment as underachievement in one area or country could be compensated by over-achievement elsewhere. These factors are mentioned as appropriate throughout Section 4.1.5, and briefly summarised again below:

- **For Uganda,** heavy rains in some areas made it harder for communities to dig pits during the rainy season. Lack of water posed challenges for making bricks for latrines during the dry season. The presence of refugees in northern Uganda caused challenges for delivery (subsidies in the humanitarian context also undermined SSH4A activities). The 2016 elections caused delays to implementation.
- **For Tanzania,** flooding caused latrines to collapse in some areas. No political issues affected delivery.
- **For Ethiopia,** drought and scarcity of water, which forced some communities to migrate, caused issues for handwashing with soap. Rocky soils made it difficult to dig deep latrines and some villages were very remote. These factors did not result in any change of targets – but SNV replaced one of the locations to be surveyed. No political issues affected delivery.
- **For Mozambique,** heavy rains and the remoteness of some communities affected delivery. Latrines often collapsed due to heavy rain, and survey implementation during the rainy season was very challenging. No major political issues affected delivery, though during one survey political issues meant that one location could not be accessed or surveyed.
- **For Nepal,** some of the low-lying *terai* districts are prone to flooding, and access to the Mugu and Humla districts is extremely challenging (an over 18-hour jeep journey plus a day's walk). There were several instances where political affected delivery.
- **For Zambia,** heavy rains, waterlogged soils, and the remoteness of some communities affected delivery. Latrine pits collapsed in waterlogged areas; in response, SNV did more on sani marketing promoting different latrine models. No political issues affected delivery.

Strength of evidence: moderate

Reasonable insight into the role of external factors, triangulated across SNV staff from various country offices.

4.2.8 Extent of attribution

SSH4A was implemented with resources from DFID, but it is important to stress that in those countries where SSH4A was implemented directly through government partners, these contributed substantially in terms of staff time and operational costs. SNV never covered government staff salaries. Interviews from Tanzania show that SNV only covered facilitation and training costs for government partners when activities were 'outside of normal operations'; i.e. if travel was within its own ward the government was expected to cover costs. Airtime costs were only covered in exceptional circumstances, even though government partners were doing more follow-up phone calls than usual. It is reasonable to assume that the same set-up was used with government partners in other countries. Undoubtedly, all of the above amounted to substantial counterpart

funding, improving the efficiency of resources – though the amount could not be quantified by the evaluation.

It is also plausible that LCBs also contributed some of their own funds to implementation costs – in Uganda there appear to be one to two examples of this – though the total contributions could not be quantified and are likely to be small.

Furthermore, when discussing attributions it is important to flag that the results of SSH4A are based on population-wide sampling but did not compare to a control group. This means that changes over baseline levels would also have been influenced by other WASH initiatives. While SNV provided evidence that they were the only NGO partner working on sanitation and hygiene in their localities, national sanitation and hygiene and local government efforts will also have influenced achievements.

In light of these points set out above, the achievements of SSH4A cannot be solely attributed to DFID funding.

Strength of evidence: suggestive

Some insight into counterpart funding from a limited number of SNV country offices.

4.3 Efficiency

Box 7: Overall evaluation questions related to this section's discussion

DEQ 3.1: How efficient was the tendering and procurement process and what effect did this have on programme delivery?

DEQ 3.2: To what extent were the individual sub-programmes designed and delivered in a cost-efficient and cost-effective manner?

DEQ 3.3: Under which circumstances did the PbR modality affect the cost-efficiency and cost-effectiveness of individual sub-programmes?

DEQ 3.4: Under which circumstances did the PbR modality strengthen the programme monitoring and management arrangements of individual sub-programmes?

DEQ 3.5: Under which circumstances did key programme features affect cost-efficiency and cost-effectiveness?

DEQ 3.6: Under which circumstances did consortium complexity affect the efficiency of the programme management arrangements of individual sub-programmes?

DEQ 3.7: To the extent were new PbR risk-sharing arrangements applied within consortia, and how did this affect programme delivery?

4.3.1 Approach to risk-sharing and programme implementation

As SSH4A was led solely by SNV and not implemented by a consortium, the risk was held solely by SNV and not shared with consortium partners. Not implementing through a consortium was a deliberate choice by SNV to simplify any risk-sharing arrangements (midline finding). Within SNV, the SSH4A PMU in Nairobi held the risk and held responsibility for all budgets. The PMU provided all SNV country offices with funding in advance (as under a grant), and country offices were not penalised if there was a financial penalty for delayed results or for under-performance. The PMU held a pot of funding which could be deployed to manage unexpected developments. The PMU could also approve budget transfers between SSH4A countries if this was needed to ensure delivery.

Overall, SNV managed the financial risk of underachievement by only agreeing programme-wide targets with DFID. As a result, over-achievement in one country could balance underachievement in another. SSH4A is the only consortium which did not have country-specific targets with DFID (though SNV had country-specific targets for internal planning purposes).

4.3.1.1 Effect of the PbR modality on supplier staff

Even though SNV country teams did not hold the risk for delivery (the risk was held at PMU), the programme undoubtedly created additional pressure for SNV country teams, both due to short timelines and the PbR modality. Different country teams varied in their ability to manage this additional pressure – probably due to a variation in staff competencies and a variation in the staff's previous experience with PbR. It is assumed that staff profiles were matched to the requirements of the programme, though this aspect was not evaluated. SNV country teams usually consisted of one country manager and two to four technical advisers.

Limited information could be gathered on this aspect from interviews.

SNV Zambia and SNV Kenya both reported that staff left due to the pressure, but it is possible that these staff left due for a variety of reasons[86]. In Tanzania, SNV staff felt that pressure was high, and that in hindsight they could have benefited from a more careful risk analysis at the onset, to help foresee some of the challenges they encountered. In Uganda, SNV staff reported that they did not experience undue pressure, appeared extremely competent, and were supported through coaching. In Nepal, the SNV team was very familiar with the SSH4A implementation and monitoring approaches, as it was the only country which had already implemented the previous SSH4A approach in Asia.

Several SNV country teams mentioned having to work long hours and work weekends, but this appeared to be due to a general high workload, as opposed to being due to specific additional monitoring requirements driven by the verification.

4.3.1.2 Effect of the PbR modality on relationships with partners and government

As explained in Section 3.4.3, in some countries SSH4A was implemented though local government staff, while in other countries it was implemented through LCBs.

For the countries where implementation involved NGOs, the approaches were as follows: SNV used a grant arrangement in Ethiopia; used partial PbR contracts in three countries (Mozambique, Nepal, and Uganda); and briefly used a full PbR contract for LCBs in Tanzania. A full PbR contract meant that no advance was given and payment was made every few months, if the agreed milestone was successfully completed. Partial PbR contracts meant that an advance was given and a final payment was made on a milestone basis, when the final target was met (e.g. for Uganda, a 20–30% advance payment was given, followed by a progress payment[87] of 30–35% and a final payment of 30-40%). If achievements did not meet the agreed target, a payment deduction could be made[88].

[86] For example, SNV Kenya changed its organisational structure during the course of the WASH Results Programme, which may have been another reason why two senior national WASH advisers left SNV Kenya. In Zambia, the Country Programme Lead moved to a different programme within SNV Zambia.
[87] For SNV to make progress payments, LCBs had to reach at least 50% of their population target.
[88] In Nepal, deductions were only made to the activity budget if the agreed activities had not been completed and the budget had not been used.

The evaluation was only able to explore the implications of this arrangement for LCBs in Uganda and Tanzania (as no LCBs were interviewed in the other countries):

- **In Uganda,** the risk-sharing arrangement appeared to have led to a shift in culture among LCBs, which had a stronger sense of accountability regarding whether they delivered or not. LCB managers used PbR to motivate their teams to get the results. SNV advisers also supported LCBs to improve their HR management. However, the risk-sharing arrangement was also problematic for several LCBs. Four out the 10 LCBs interviewed stated that, despite attending the introductory meetings and signing the contracts, they did not fully internalise the commitments they were taking on and the implications for late delivery or underachievement of project results[89]. Several Uganda LCBs also had to pre-finance the work with their own funds (or funds from other grant programmes) to fund SSH4A activities, either because SNV's advances arrived late or because delayed achievements resulted in delayed results-based payments by SNV. As implementation in Uganda was phased, some LCBs had to make staff redundant between contracting phases. For the output phase payment, only three out of 11 LCBs received 100% payment of their contract values in November 2016, due to under-performance[90]. Later, some LCBs also lost a payment due to their monitoring information not being successfully uploaded to the ODK dashboard. Some Ugandan LCBs reported that staff often had to work overtime and weekends to achieve results. Some staff left the organisation because they could not deliver at the pace required, although turnover was not very high.
- **In Tanzania,** a full PbR contract was initially used for the five LCBs partners, but this arrangement was so problematic that four out of five LCB contracts were discontinued within the first year. Any new LCBs contracts under the extension were converted to a partial PbR contract (a 50% advance on LCB staff salaries and a refund of travel/DSA expenses within 24 hours, in order to improve cash flow). The contracts of four LCBs were discontinued because the LCBs were not able to deliver the agreed milestones on time and to quality[91]. SNV attributed this to their poor working culture and planning ability. The interview carried out with one LCB, however, also suggests that the LCBs had limited pre-financing ability. Reportedly, several LCBs staff were not paid their salaries as a result of these challenges.
- **According to SNV in Mozambique[92],** the risk-sharing arrangement was problematic for several LCBs in Mozambique. It reportedly caused stress and cash flow problems for LCBs, most of whom were not used to working to specific results, and were not used to having to record and evidence their activities in such detail. However, this insight could not be cross-checked with the LCBs themselves.

For the three countries where implementation was through government (Kenya, Tanzania, and Zambia), SNV followed a PbR ethos (payment only after submission of evidence). However, payments were linked to completion of activities, as opposed to linked to the population reached. No deductions were made if the agreed population target was not reached. In practice, this meant that SNV reimbursed transport expenses and paid a small facilitation fee to government partners, but these were only paid after submission of evidence that the agreed activities took place, to the agreed standard. The evaluation was only able to explore the implications of this arrangement for government partners in Tanzania (as no government partners were interviewed in the other countries), though some reflections are included where relevant from SNV management for the other countries.

- **In Tanzania,** government partners reported that some government staff were uncomfortable working under PbR terms. SNV succeeded in instilling government commitment to results, through using MOUs to obtain buy-in, by setting targets for each district (not linked to

[89] Source: Supplementary evaluation interviews with 10 LCBs in Uganda (May 2016).
[90] *Ibid*.
[91] LCBs were not the main implementers of SSH4A in Tanzania – they were assigned specific tasks to accomplish.
[92] From the SNV country manager in Mozambique.

payment), creating competition between districts, and by only reimbursing expenses based on evidence. The performance-based ethos was explained to all levels of government: namely that SNV would be penalised if the results were not reached. Certain government staff refused to work under PbR terms. SNV worked with those that were willing / motivated to participate. Some staff welcomed the arrangement: '*if we are the best, then it gives us the motivation to stay in the lead! The ones which come last – really vowed to do something differently'.* Some government staff were not happy about the fact that the daily rate paid by SNV did not match the standard government DSA rates.

As indicated earlier, ward officials mentioned that PbR had an effect on ways of working*: 'it makes us work hard, we visit every house, and walk long distances because we know we are getting something at the end of the day'* – another added that *'If you hold a carrot in front of a goat, it will walk faster to reach the carrot, than if you have no carrot'.* Other government staff (especially at the lower levels of government) struggled to pre-finance their own transport costs and had to borrow from friends.

- **According to SNV country programme management in Kenya,** government partners in Kenya were not used to being given a target of reaching 600 people per month and this arrangement made them uncomfortable. However, reportedly government partners were also motivated and excited by this arrangement, once they that saw progress was being made. However, this insight could not be cross-checked with the government partners themselves.
- **According to SNV country programme management in Zambia,** giving government partners targets in Zambia worked well as this increased government buy-in. However, this insight could not be cross-checked with the government partners themselves.
- In 2016, some SNV staff reported that the pressure to deliver under the programme put a strain on some valuable relationships because government partners were asked to prioritise programme activities over other ongoing projects[93].

Overall, the various PbR risk-sharing arrangements chosen in different SNV countries appear to have positively affected programme delivery (as any sub-contractors who were not able to deliver the agreed results were not paid or were paid but contracts were discontinued). For government partners, it appears to have increased ownership and buy-in. However, for some LCB partners, this arrangement resulted in substantial stress and financial hardship for LCBs.

Strength of evidence: moderate

Reasonable insight from SNV staff into the effect on partners for a range of countries, but only able to triangulate against the views of NGO partners or government partners in Uganda and Tanzania.

[93] From the midline evaluation report.

Box 8: Examples of risk-sharing arrangements across SNV countries[94]

For Uganda, the implementing LCBs were on partial PbR contracts. It is not known if government counterparts were given targets, or if PbR payments made government uncomfortable. The survey enumerators were also on a partial PbR contract (i.e. an advance given for transport costs and mobile credit, and a daily allowance paid after the submitted data was checked).

For Tanzania, SNV reimbursed transport expenses and paid a small facilitation fee to government partners only after evidence of the activity was submitted. The survey enumerators were on a PbR contract, which had not been done by SNV Tanzania before. Transport and airtime was provided beforehand. A daily facilitation rate was only paid after the data which were submitted were complete. This resulted in efficient use of enumerators – those who did not produce good data were not hired again.

For Ethiopia, government counterparts set targets for SNV, which were mutually agreed in the MOU signed at district level. The implementing NGO (ORDA) was not on a PbR contract. SNV agreed targets with government. It is not known if PbR payments made government uncomfortable. The survey enumerators were on a partial PbR contract (i.e. an advance given for transport costs and mobile credit, and a daily allowance paid after the submitted data were checked).

For Kenya, SNV paid back facilitation and transport costs to government partners only after evidence of the activity was submitted. Government partners were given a target of reaching 600 people per month (at least 30 per working day). This initially made the government uncomfortable, as they were not used to this arrangement, but government counterparts reported feeling excited when they saw that progress was made. The survey enumerators (graduates) were on a partial PbR contract. Community promoters were also paid a reward for ODF certification.

For Mozambique, government partners were not given a target but the technicians hired for implementation were on PbR contracts (with targets given for the number of triggered and ODF communities). This was reported to cause stress and cash flow problems for LCBs, most of whom were not used to working to specific results, and were not used to having to record and evidence their activities in such detail. It is not known if PbR payments made government uncomfortable. The survey enumerators (graduates) were on a partial PbR contract.

For Nepal, government counterparts set targets for SNV, which were mutually agreed in the MOU signed at district level. The implementing LCBs were on a partial PbR contract (with an advance given and a final payment made based on the evidence submitted). This arrangement was not reported by SNV to cause any major issues. It is not known if PbR payments made government uncomfortable. The surveys were done by NGOs who were not on a PbR contract.

For Zambia, SNV paid back facilitation and transport costs to government partners only after evidence of the activity was submitted (initially SNV had to check activities to ensure the claim was valid). SNV felt this increased government buy-in. The survey enumerators (government staff) were on a partial PbR contract. Community volunteers/champions were given monthly targets and were given bicycles (but were not on PbR contracts).

4.3.1.3 Relations with DFID

SNV felt that the relationship with DFID was fine. SNV felt that open discussion could be held during payment decision meetings and DFID was flexible in handling the Nepal earthquake and the exit from South Sudan due to political turmoil.

According to SNV[95], DFID was reasonable in its understanding of what was needed to define an exceptional context – given that this was not clearly set out at proposal stage – because DFID teams in South Sudan and Nepal were well aware of the issues which SNV raised. However, this aspect was not further explored with SNV teams from South Sudan and Nepal.

[94] Interviews were not possible at endline for Ghana and South Sudan, and there were no strong examples of this from the programme in Zambia.
[95] From the global manager of SSH4A.

Strength of evidence: suggestive

Insight into DFID relations from only one SNV manager. No insights gained from DFID.

4.3.2 Efficiency of management arrangements

As SSH4A was led solely by SNV and not implemented by a consortium, the management arrangements and reporting lines appeared to be clear and straightforward. The evaluation did not gather insights from country managers on how efficient or effective these management arrangements were in practice.

Within each country, management arrangements varied depending on the implementation modality. Some insights were gained on this aspect for Uganda, with very limited insights from Tanzania:

- **For Uganda**, SNV advisers managed LCB partners closely[96] and provided substantial capacity building. The evaluation did not gather insights on how efficient or effective these management arrangements were in practice. Nonetheless, the LCBs in Uganda welcomed the capacity building received from SNV and commented that their capacities had increased due to being trained by SNV and working with the SNV advisers. The nature of the programme meant that flexibility in the deployment of human resources was also necessary, in terms of the number of staff and the skillset required throughout (i.e. demand creation needed a different set of skills than sanitation marketing). LCB managers thought that staff with less than a year's experience were most flexible and willing to learn.
- **For Tanzania**, management arrangements appeared heavier than in Uganda, with one SNV adviser assigned per district, who was working directly with one appointed district SSH4A focal point. The evaluation did not gather insights on the implications of these management arrangements.

In terms of efficient use of resources overall, reportedly where an area-wide approach to triggering rather than triggering village-by-village was used, this resulted in economies of scale and potential efficiency savings. In Ghana, SNV reportedly used a village-by-village approach and it was inefficient in terms of implementation costs. However, limited insights were obtained into this economies of scale aspect from interviews.

Strength of evidence: suggestive

Limited insight only from SNV staff in Uganda and Tanzania, triangulated against some insight from local partners in Uganda.

4.3.3 Efficiency of programme monitoring

Broadly speaking, it appears that the way SNV designed the SSH4A monitoring systems was cost-efficient for delivering the evidence needed for verification. SNV did not report that its monitoring systems went beyond MV requirements. Arguably, because SSH4A used the same monitoring approaches and verification indicators across all countries, there were also

[96] For example, SNV set salary standards across LCBs to prevent them paying staff too little. This was done in response to issues in the first contract phase, where LCBs received a lump sum payment for salaries and transport, meaning they could decide how to use the budget. Reportedly, one LCB went six months without paying its staff and another used the budget to buy a car and motorbikes and phones. In later phases, to prevent this, SNV issued contracts with two budget lines: one for the salaries of field staff and one line for transport/others.

economies of scale in developing these systems. Nonetheless, a small number of definitional challenges were encountered when choosing the monitoring indicators (see below).

The remaining aspects are covered under the effectiveness heading (Section 4.2.3)

Choice of indicators by SNV

DFID's methodological note on the measurement of sanitation and hygiene results formed the basis of the definition of the SSH4A sanitation and hygiene indicators. SNV agreed to these indicators. However, in hindsight it appears that the way certain results were measured caused issues for delivery in some countries and may have resulted in some achievements not being captured because they were not measured properly:

- **Discounting of shared latrines:** SNV agreed to not count shared latrines, in line with DFID's methodological note. In Tanzania and Kenya, SNV teams felt that this definition ignored traditional practice, as latrine sharing remains high among the Maasai for cultural reasons (sharing within a household compound is common within polygamous households), but these achievements were not captured by the indicator. In Kenya, SNV has been working with government to change the national guidelines on how to define latrine sharing. Properly differentiating between legitimate sharing (within a polygamous household) and unacceptable sharing remains a challenge for the whole sector. The SNV survey questionnaire was relatively robust in this matter, both checking how many people without a toilet share and how many people with a toilet have people who share.
- **Measurement of handwashing away from a latrine:** While SNV measured handwashing practices both within 10 metres of a toilet and at the food preparation area, SNV decided to only use the former indicator for verification purposes as it was deemed the more important indicator. In Kenya, SNV teams felt that the verification of handwashing with soap should have also assessed handwashing in the food preparation area, because in Kenya households were washing their hands with soap, but were doing so in the kitchen and not at a tippy tap within 10 metres of the toilet – meaning these achievements were not captured in the indicator.
- **Measurement of latrine pit emptying:** SNV designed the protocol for measuring risks for latrine pit emptying, captured by the sustainability indicator SI10. The MV team highlighted certain weaknesses of the SI10 protocol. For example, the protocol was not suited to the hill and mountain districts of Nepal because in these areas toilets do not fill up within 10 to 20 years, and as a result the SI10 indicator was not passed for Nepal in 2017 (Results Package 10). In response, SNV amended the protocol to take this nuance into account for the last verification round in 2018 (Results Package 11), as well as for further SSH4A activities continuing under the extension. All latrines in the hill and mountain areas of Nepal were verified to have safe FSM under the new protocol in 2018.

The verification process

Teething issues in the verification process posed some challenges for programme delivery:

At the start of the programme, the verification of 'process milestones' appeared burdensome: SNV reportedly submitted paper-based evidence running to thousands of pages – for example, to provide the attendance lists of all the CLTS facilitators that had been trained[97] and to evidence the people reached by hygiene promotion. SSH4A was the only supplier for whom tailored evidence requirements (Form 2s) had to be designed for almost every results package,

[97] From the midline evaluation report.

undoubtedly creating inefficiencies. There is a question as to whether the way the initial 'process milestones' were verified was particularly efficient.

For a small number of communities in Kenya and Zambia, SNV could not take in additional programme areas despite requests from government partners to do so, due to DFID's **baseline requirements**. In these few cases, time and budget constraints did not allow SNV to undertake the additional baseline survey which would have been required by DFID to allow the verification of results in these new areas. SNV therefore decided not to implement in these new locations which reportedly led to some tension with government counterparts.

Several revisions were also made to the sustainability indicators sampling methodology, with SNV commenting that in hindsight the long list of sustainability indicators and sub-indicators was unwieldy for the purpose of verification. Originally, SNV only intended to undertake a handful of FGDs in each SNV country.

The verification team deemed the number of FGDs which SNV had planned to measure progress on the sustainability indicators insufficient. SNV agreed to slightly increase the FGDs per country, but this had budget implications for SNV teams. While the feedback from the verification team helped make FGDs slightly more representative, the sample was still so small that in some countries results were skewed by outliers.

Strength of evidence: suggestive

Insight from a limited number of SNV country offices, with some triangulation against insights from the MV team.

4.3.3.1 Relations with verifiers

The terms of reference for the verifiers specified that they were technical advisers to DFID but not to suppliers, in order not to influence implementation approaches.

In relation to DFID, the verifiers provided advice on technical issues, such as on whether it was acceptable for SNV to count toilets that discharged faeces directly back into the environment, and on how best to measure handwashing practices at critical times. This part of the verifiers' role was established because DFID did not have the staff in-country to provide such insights. However, the final decision on which approach to follow was taken by DFID. The verification team appeared to play an important neutral role between DFID and SNV. However, there was no obligation for DFID to consult with the verification team on every decision; several decisions were taken without the lead verifier present.

In relation to the suppliers, country verifiers were explicitly instructed not to provide technical advice, even when advice was requested by SNV teams. The MV team was, however, able to share which approaches were used by other country teams or other suppliers, where this was useful for SNV.

The relationship between SNV and the country verifiers was reportedly cordial – however, their inability to communicate directly with SNV country teams made their work a bit more challenging. Partly to manage any risk of miscommunication across a nine- country programme, SNV decided that all interaction between SNV and the MV team should go through the PMU and the lead verifier. As a result, the country verifier and the country teams could not communicate directly. Not being able to provide technical advice was also somewhat frustrating for some country verifiers as they were all experienced WASH specialists. For the two country verifiers interviewed, both felt that their verification work played a useful function as a watchdog, even though it was

raised as a challenge that country verifiers only had four to five days per verification round to analyse the large amount of evidence. This was a challenge that was also flagged at midline. While there were some changes in country verifiers over the course of the programme, this does not appear to have affected interactions with SNV.

The lead verifier was able to make few trips to SNV countries, given that there were more countries than for other suppliers but a limited MV travel budget. However, the trips undertaken were invaluable for clarifying the verification process and being able to bring about improvements in SNV's monitoring approach in-country. Additional trips were added at the request of DFID half way through the programme so that the MV team could begin reporting on sustainability risks to DFID.

Strength of evidence: moderate

Insight from some SNV country offices, with triangulation against insights from the MV team.

4.4 Impacts

Box 9: Overall evaluation questions related to this section's discussion

DEQ 4.1: How likely is it that the programme will achieve its health and non-health impacts?

DEQ 4.2: Under which circumstances did the WASH Results Programme activities have any unintended/unplanned positive or negative impacts?

4.4.1 Prospects for health impacts

The evaluation design recognised that it would not be possible to measure actual health impacts of the WASH Results Programme. Several SNV country teams reported anecdotal evidence of fewer diarrhoea, cholera, and scabies outbreaks in programme areas; however, these trends could not be substantiated with data and any local health gains detected over the course of SSH4A would need to be set in the context of all factors influencing health – for example, concurrent interventions in other sectors by government or NGOs. Instead of investigating actual health impact, the evaluation assessed the prospects for achieving health impacts by answering the following four questions:

To what extent have services and behaviours continued to function and to be used since their initial implementation (sustainable outcomes)?

The promotion of durable facilities (such as Safi latrines and SaTo pans) improved the quality of latrines, and thus reduced the risk of contamination and negative health impacts.

The survey results (see Section 3.3.1) indicate that a substantial proportion of latrines continued to be in use at programme end. However, there are risks to the sustainability of these benefits, as discussed in Section 4.5.

In Ethiopia and Nepal, surveys showed that 95% and 51% of the population was practising handwashing by project end, respectively – an important prerequisite for health benefits. However, in the remaining countries, on average 16% of the population continued to practise handwashing (see Section 4.2.1.2), which is likely to pose risk to health benefits, as unwashed hands are a pathway to contamination.

To what extent have the utilisation of water and sanitation services and the uptake of hygiene practices reached all members of target populations (inclusive outcomes)?

All SNV countries aimed for community-wide usage of sanitation facilities, i.e. aiming for ODF status even though this was not paid for by DFID. In practice, about half of the country programmes achieved more than 90% latrine access – but the remaining countries only reached 50–60%. Lack of an explicit focus on ODF – with ODF achievements linked to payment – was potentially a missed opportunity in terms of incentivising positive health outcomes.

In these latter countries it is plausible that the poorest and most marginalised community members are among those who did not gain access to sanitation. This is likely to reduce any beneficial health impacts resulting from a population-wide reduction in open defecation (known as the 'herd effect').

To what extent has the programme advocated for, and successfully influenced, attempts to establish sustainable WASH services across entire districts (or beyond)?

In all of the countries, SSH4A aimed to achieve population-wide benefits either by implementing at a district-wide level itself (in seven countries), or by complementing the activities of other organisations to achieve area-wide coverage[98] (in Kenya and Uganda). This suggests that there is likely to be a herd effect' resulting from a population-wide reduction in open defecation.

What other obstacles exist to the realisation of the full potential health benefits of the WASH programme, in areas such as nutrition, shelter, livelihoods and education?

It is not known for each country what SSH4A did to support the achievement of health impacts. For Uganda, SNV specifically raised awareness of the health benefits of handwashing with soap and sanitation by using a 'WASH and Save' slogan for SNV's BCC work in Uganda: the message conveyed was that if households practise improved WASH behaviours they will save money spent on medication and hospital visits and increase income through increased ability to work. The campaign messaging was reportedly successful.

Overall, there are likely to be some health gains in SSH4A intervention areas, but the fact that on average only 20% of the population reached by hygiene promotion continued to practise handwashing is likely to reduce health benefits.

In addition, the fact that SSH4A provided sanitation and hygiene without access to safe water for rural communities makes it unlikely that health gains can be sustained. Nonetheless, it should be stressed that in in several countries[99] SNV teams actively coordinated with other initiatives providing water supply to rural communities (as SSH4A did not provide water), in an attempt to provide integrated services to communities.

More substantial health benefits might have been achieved if nutrition aspects were covered alongside WASH aspects; however, this was not a feature of the original programme design.

[98] SNV actively worked with government to bring sanitation and hygiene services to the remaining sub-counties in order to achieve district-wide coverage.
[99] E.g. Mozambique and Tanzania.

Strength of evidence: suggestive

Neither the programme nor the evaluation sought to measure impact-level indicators. The experimental evidence relating to the relationship between WASH outcomes and health impacts is developing and there is an increasing body of evidence regarding which factors are most significant – though the evidence base remains incomplete and there are significant areas of uncertainty.

4.4.2 Equity and inclusion

4.4.2.1 Extent of focus on inclusion

Table 18 presents a summary 'equity prerequisites' matrix for the programmes in Uganda and Tanzania, and Annex B contains further details.

The SSH4A framework – as well as SNV as an organisation – placed a clear emphasis on inclusion. In each country, SNV chose to operate in marginalised areas with low WASH access and SNV carried out targeted studies to help diagnose who the marginalised groups were and why they had lower access to latrines and/or lower knowledge of handwashing practices. SNV also produced handbooks with latrines options for those unable to squat. In terms of programme implementation, the prerequisites for inclusion were generally met. No sector benchmarks are available to indicate how the SNV approach compared to the usual inclusion approach in the sector.

SNV used demand creation and an emphasis on ODF to reach all members of the community. SNV worked through community leaders and mobilised the community spirit to encourage people to build latrines for neighbours who were unable to do so. This approach was based on research suggesting that affordability was not an issue but that the main barrier was attitudes (i.e. some people do not view sanitation as a priority).

However, in practice the rate of uptake of sanitation and hygiene practices was not always equal across all wealth groups and across other groups. In Ethiopia, Nepal, Zambia, and Tanzania, access increased to an almost equal degree across all wealth quintiles and across both male-headed and female-headed households[100]. However, despite SNV's efforts, in Uganda, Mozambique, Ghana, and Kenya, the survey results indicated that access was 30–50% lower for the poorest wealth quintiles compared to the richest, and 5–10% lower for female-headed than for male-headed households by the end of the programme[101]. Still, the survey results show that SSH4A increased access to improved latrines *to some degree*, even among the poorest wealth quintiles, in all countries. It should be noted, though, that SNV prioritised marginalised locations, so even the richer wealth quintiles were still relatively poor.

[100] See RP11 survey reports
[101] ibid

Table 18: Framework used to assess equity focus – Uganda and Tanzania

Areas of investigation	Achievement (Uganda)	Achievement (Tanzania)
Programme planning and implementation		
1. Within targeted locations, did the programme endeavour to meet the needs of all, including communities that were harder to reach or serve?	Yes	Yes
2. Was technology selection (where relevant) and detailed design undertaken with the full participation of the intended beneficiaries?	Yes	Yes
3. Within targeted communities, did operational approaches address the needs of marginalised groups/households, and of those with physical disabilities and infirmities?	Somewhat	Somewhat
4. Did women participate actively in programme implementation and were they adequately represented in decision-making processes?	Somewhat	Somewhat
Monitoring		
5. Did monitoring at output level generate disaggregated beneficiary data confirming that the programme provided access to WASH facilities for marginalised groups and those with special needs?	Yes	Yes
6. Did outcome-phase surveys confirm the use of WASH facilities and adoption of hygienic behaviour by marginalised groups and those with special needs?	Yes	Yes
Addressing institutional barriers		
7. Where relevant, did the suppliers, in collaboration with other development agencies, work to strengthen the policy and institutional environment for equity and inclusion?	Somewhat	Unlikely
8. Where discriminatory practices existed within government institutions, did the suppliers advocate for a more inclusive approach?	n.a.	

In terms of the institutional aspects, several risks remained in regard to achieving inclusion. Several SNV country managers felt that there was not enough time or emphasis on address sector-wide barriers to a more inclusive approach. SNV measured three aspects of inclusion as part of its sustainability indicators – namely the participation of the poor, of women, and of people living with disability. (The results of SI7, SI8, and SI9 are listed in Section 3.3.2. These showed that the poor, women, and people living with disability have a voice in decision-making processes).

- **The sustainability indicators relating to the participation of the poor and the participation of women were found to be acceptable for all countries in 2017** (they were not verified in 2018). However, the benchmarks agreed with DFID were set quite low, with a benchmark of 2.0 meaning that the poor are participating, have a voice, but do not influence decision making, and a benchmark of 1.0 meaning that women are participating but do not have a voice in decision making.
- **However, on the participation of people living with disability, only five out of eight countries scored well in 2018.** Kenya, Mozambique, and Nepal were below the 2.0 benchmark, meaning that in these counties people living with disability are participating, but do not have a voice in decision making.

Strength of evidence: strong

Robust data on access across wealth quintiles from the survey, supplemented by insights from SNV staff from various country offices.

4.4.2.2 Effect of PbR on inclusion focus

With regards to the effect of PbR, it appears that PbR neither helped nor hindered a focus on inclusion due to SNV's strong organisational commitment. There are limited data on this aspect. Two SNV country managers felt that it was useful to review progress on equity regularly using the sustainability indicators, and to document progress for government partners.

One SNV staff member felt that PbR placed an emphasis on reaching even the marginalised, as every person counted towards the target. However, another SNV staff member felt that if a payment indicator was not designed to encourage an emphasis on the marginalised, then there would be a risk that these people would be missed out.

Strength of evidence: suggestive

Conflicting insights from a limited number of SNV country offices.

4.4.3 Unintended positive or negative impacts

Due to the design of the evaluation, very limited data could be obtained on unintended impacts on communities, government, or NGO partners, or on SNV staff. In Uganda and Tanzania, there appeared to be some negative effects on the staff of LCBs – due to the loss or delay of income which resulted from results-based payments being delayed (in Uganda) or not paid (in Tanzania). No information could be obtained from LCBs in other countries.

- **In Uganda**, some of the LCBs interviewed lost a part of a payment due to their monitoring information not being successfully uploaded to the ODK dashboard (even after having been given time by SNV to rectify the data upload).
  - Some Uganda LCBs also had to borrow money from other grant-based programmes, to fund SSH4A activities or to cover implementation costs which were higher than expected. One of the results-based payments from SNV was delayed. During breaks between the SSH4A phases in Uganda, some LCBs had to make staff redundant between.
  - Some Ugandan LCBs reported that staff often had to work overtime and weekends to achieve results. Some staff left the organisations because they could not deliver at the pace required, although turnover was not very high.
- **In Tanzania,** relationships with LCBs appeared more strained, with four out of five LCB contracts discontinued within the first year, reportedly resulting in staff losing several months of salary. This may have had substantial negative impacts on a large number of staff – but only one LCB staff member could be interviewed.

Impacts on SNV staff are discussed in Section 4.3.1.1, and impacts on government staff are discussed in Section 4.3.1.2. Apart from some pressure placed on staff, no other unintended impacts were reported for these two groups.

In terms of unintended impacts at community levels, SNV held FGDs to measure progress on SI4, SI7, SI8, and SI9. No unintended positive or negative impacts were reported from these FGDs, suggesting that the SSH4A programme has navigated these different context without causing any unintended impacts. The reports show the variability and challenging contexts within which implanting partners are operating – several external factors are noted which affected

achievements positively or negatively but all factors are what would be reasonably expected[102] from a rural WASH programme. Supplementary interviews NGO partners in Uganda suggest, however, that in 2015 some LCB field staff used coercive measures in relation to households which were reluctant to improve their sanitation status, which may have had negative effects on households (and goes against the principles of CLTS)[103]. However, it is not clear how representative this experience was, given that the evaluation was not designed to collect systematic data from households on unintended impacts at community levels.

Strength of evidence: moderate

No unintended positive or negative impacts were reported from the FGDs carried out by SNV across the nine SSH4A countries. A small number of additional Insights were gained from SNV staff in Uganda and Tanzania, during the country visit. The evaluation was not designed to gather wider feedback from communities across the WASH Results Programme. .

4.5 Sustainability

Box 10: Overall evaluation questions related to this section's discussion

DEQ 5.1: To what extent were the individual sub-programmes designed and implemented to maximise the likelihood of achieving long-term sustainable WASH outcomes and impacts?

DEQ 5.2: Under which circumstances has the PbR modality affected the likelihood of long-term sustainability of the outcomes and impacts?

DEQ 5.3: Under which circumstances have other programme features affected the likelihood of the long-term sustainability of the outcomes and impacts?

DEQ 5.4: Under which circumstances did the WASH Results Programme contribute to enhanced sector learning to inform better evidence-based WASH policy and programming?

4.5.1 Prospects for sustainability

A risk-based framework was developed to assess the risks to sustainability. As with the equity framework, the logic and justification for the indicators chosen is contained within an annex to the Evaluation Design Document.

The framework was only applied in Uganda and Tanzania, as the remote interviews with the other country programme managers did not provide enough insights to reliably complete the assessment for other countries. Annex C contains the detailed frameworks, and Table 19 presents the summary findings. As the country programmes were similar in implementation a joint assessment was conducted. Risks scoring 1–2 are considered negligible risks and are colour coded green; risks scoring 3–4 are considered moderate risks and are colour coded amber; and risks scoring 6+ are considered high-risk areas and colour coded red. The strength of evidence supporting the assessment is included in parenthesis and is high (H), medium (M), or low (L).

Overall, the risk assessment suggests the following for SSH4A in Uganda and Tanzania:

i) **Broadly speaking, the risks at the community level risks were negligible** because SNV placed a strong emphasis on inclusive access and because the technologies selected by SNV in Uganda and Tanzania were generally fit-for-purpose and fit-for-context, and sufficient

[102] For example, external factors which created challenges included poor roads, heavy rains, collapsing soils and cultural attitudes of communities. Beneficial external factors included efforts by other development actors and pre-existing institutions supporting inclusion and sustainability.
[103] Source: Supplementary evaluation interviews with 10 LCBs in Uganda (May 2016).

demand was created at community level for households to pay for, construct, and maintain latrines and handwashing stations. The exception was community-level institutions, for which there was a slightly higher risk because community structures are voluntary in Uganda and Tanzania.

ii) **Risks at the local government level were higher, despite efforts by SNV to strengthen local government and build up supply chains in the private sector. Staff and funding shortages at local government level still pose risks to the ability of local government to continue supporting communities in both Uganda and Tanzania.**

iii) **At national government level, SSH4A had an impact on government commitment and leadership on sanitation and strengthening the WASH sector processes more widely. However, risks remained, especially due to shortages in sector funding.**

These points are explained in detail in the discussion below the table, covering the risks to sustainability at community level, at local government level, and at national government level, in turn.

In recognition of the fact that putting in place the prerequisites for sustainability was outside the direct control of SNV and required close collaboration with government and the private sector, the SSH4A approach started work on these early. Even though progress on the sustainability prerequisites was only measured near programme end (in 2017 and 2018), results packages from as early as 2015 required work on sustainability prerequisites (e.g. Results Package 4 required district sanitation plans to be in place, and a report demonstrating local sector alignment).

Table 19: Summary of sustainability risks – rural sanitation and hygiene in Uganda and Tanzania

Aspect	Areas of investigation	Risk[104] (1–9)
User / community level		
Functional	1. Are the selected technologies and systems fit-for-purpose and fit-for-context?	2 (H)
	2. Is the construction quality of physical infrastructure adequate?	4 (M)
Institutional	3. Are the responsibilities of service users and support organisations clearly and appropriately established?	2 (H)
	4. Are service users organised, trained, and equipped to undertake management tasks for which they are competent and capable?	2 (M)
	5. Do service users have the means and mechanisms to report faults and request technical assistance?	N/A
Behavioural	6. Has the programme achieved its outcome-level targets? (Latrine use, adoption of handwashing with soap, and (where relevant) consumption of safe water).	2 (H)
	7. Has there been substantive action during the outcome phase to consolidate latrine use and the adoption of handwashing with soap?	3 (H)
Financial	8. Did service users make a substantial capital cost contribution? (For household sanitation, this should be the full capital cost, barring cases of exceptional hardship).	1 (H)
	9. Is there real demand for the services developed, demonstrated through use and payment of operating / repair / replacement costs?	3 (M)

[104] Risk is calculated as the product of the likelihood and consequence scores.

Aspect	Areas of investigation	Risk[104] (1–9)
	10. Will funds collected meet the full lifecycle costs? If not, are arrangements in place for the shortfall to be met by local government or another permanent organisation?	N/A
Environmental	11. Has the long-term adequacy of the quality and quantity of water resources been assessed and, if necessary, addressed? (Including the possible impact of sanitation).	N/A
	12. Have the potential impacts of climate change been assessed and addressed in technology choice and system design?	N/A
Equity	13. Have the prerequisites for achieving inclusive WASH outcomes been addressed by suppliers?	2 (H)
Local government level		
Institutional	14. Is external support and guidance (from local government and/or the private sector) accessible and responsive to service users' needs?	4 (M)
	15. In the case of emergencies (e.g. floods) does local government have response arrangements in place to restore services as promptly as possible?	4 (M)
	16. Do local governments maintain accurate registers of physical assets within their administrative areas, and are asset management plans in place?	2 (M)
Financial	17. Are goods (e.g. spare parts, sanitary hardware) and support services affordable to service users?	4 (L)
National level		
Institutional	18. Are sustainability commitments and actions incorporated into the sector strategy?	2 (L)
	19. Is there clarity on the monitoring, management, and financing responsibilities of service users, government (each tier), NGOs, donors, and the private sector?	4 (M)
	20. Are sufficient funds transferred from national to local government to enable community support and the active monitoring of WASH services?	9 (M)
	21. Where necessary, are adequate measures in place to develop the capacity of government agencies to play an effective role in service delivery or community support?	3 (M)
	22. Is a viable sector monitoring system in place or under development?	4 (L)
	23. Are measures in place to facilitate learning on sustainability, and the application of that learning?	4 (L)

Prospects for sustainability – at community level

The risk-based framework suggests that sustainability risks at community-level were generally low. This is because the technologies selected by SNV in Uganda and Tanzania were generally fit-for-purpose and fit-for-context, and sufficient demand was created a community level for households to pay for, construct, and maintain latrines and handwashing stations.

SNV placed a particular emphasis on capacity building of community-based institutions or structures, as these were seen both as the main vehicle for delivery and the main route to sustaining structures and behaviours. In Uganda, SNV strengthened VHTs (two members per village) and voluntary Village Sanitation Committees so that these could continue to deliver and promote sanitation and handwashing in future. In Tanzania, SNV established sub-village committees which would continue to monitor and follow up with households, reporting progress to village heads. These committees also put in place community by-laws, penalising open defecation, which are likely to outlast the SSH4A programme.

While demand has clearly been created, the fact that community structures are voluntary in Uganda and Tanzania, with competing demands on their time and without funding, limits their ability and motivation to continue following up with communities and sustain behaviour change. In Tanzania, SNV was considering with the government organising a competition to award prizes to well-performing communities, as a means to motivate sub-village communities. In some places that have been declared ODF, sanitation and handwashing practices are difficult to sustain; relapse is to be expected if follow-up is limited.

Environmental risks at community-level appear negligible, as the survey data show that latrines are sited far enough from water points, and SNV promoted latrine designs that are able to withstand flooding or heavy rains in flood-prone areas.

Prospects for sustainability – at local government level and in the private sector

In Uganda and Tanzania, local government and the private sector were needed to provide support and guidance, so that voluntary community structures and households could deal with wider trends (such as arrival of economic migrants or refugees affecting community cohesion and willingness to achieve/sustain ODF), and to deal with various technical challenges (collapsible soils, high water table, termites, and lack of FSM).

Strengthening the private sector and supporting sanitation supply chain development was one of the four pillars of the SSH4A programme. In Uganda, SNV strengthened private sector capacity on sanitation marketing, including setting up a supply chain for SaTo pan distribution in collaboration with the INGO Water for People, and working with entrepreneurs to make and sell tippy taps. SNV worked with savings groups and VHTs to promote the pans at low cost. In Tanzania, SNV similarly set up a supply chain for the Safi latrine, for which there seems to be particular demand in areas with collapsing soils. Not enough entrepreneurs could be interviewed to assess if the supply chains are sustainable, or to assess to what extent these enterprises have expanded latrine sales outside the SSH4A intervention area[105]. It is not clear to what extent SNV worked with government to create the right enabling environment and regulation for supply chains to be sustainable. Evaluation of the effectiveness of this supply chain component was not a key focus of the evaluation, which focused more on demand creation (the behavioural change component).

Building the capacity of local government was also one of the four pillars of the SSH4A programme. SSH4A clearly contributed to strengthening government capacity at various levels. In Uganda, SNV strengthened capacity with the district and sub-county local governments where it worked, and with the elected parish (parish council) and village chairs (LC2 and LC1, respectively). Interviewed District Health Inspectors and Health Assistants reported that they were trained on Follow-up Mandona and mobile data collection. Health centre staff are well placed to sustain the gains of the sanitary and hygiene programme. Some communities have no Health Assistants; in their absence, SNV trained Community Development Officer, parish chiefs, VHT coordinators, and others – usually two per sub-county. In Tanzania, SNV trained local government staff at village/ward/district level in CLTS, latrine design, and monitoring – and also trained a critical mass of locally-based CLTS facilitators at community level.

There was no noticeable effect of the outcome phase on boosting capacity building in SSH4A countries. The exception appears to have been Uganda, where from 2016 onwards (what SNV called Phases IV and X) there was a transition to more activities implemented directly by the district/sub-county teams, with increased focus by SNV on capacity building of local government and community structures, as opposed to capacity building of LCB partners.

[105] In Uganda, SaTo plan availability and jerry can availability (for handwashing) sometimes appeared patchy in remote places.

However, staff and funding shortages at the local government level posed risks to the ability of local government to continue supporting communities in both Uganda and Tanzania. In Uganda, more District Health Inspectors have been recruited recently, due to a ban on district recruitment being lifted, but there is still a shortage of Health Assistants at sub-county level (partly due to budgets but also because the number of Health Assistants is capped according to the number of health centres at sub-county level). There remains a shortage of transportation budgets for community monitoring visits by the sub-county Health Assistant/Community Development Officer[106]. In Tanzania, there is a shortage of ward-level Environmental Health Officers (e.g. only seven officers across 25 wards in SNV areas) and a shortage of transportation budgets for monitoring visits, meaning that the government operates more through lower village-level structures (Village Environment Officers, sub-village committees, and health workers).

In several other countries, SNV mentioned that due to shortage of government funding for district staff, more emphasis was placed on voluntary community structures which can continue operating despite lack of funding. One government officer in Tanzania estimated that around 75% of SNV villages could continue be supported (by local structures) in the absence of sufficient sector funding. However, this masks the capacity gaps for these structures.

A further risk to sustainability is that in some SSH4A countries there is a culture of local government authorities and community leaders using enforcement to get households to build latrines, rather than genuine behaviour change. In Uganda, Tanzania, Nepal, and Ethiopia, local government authorities sometimes exercised pressure through an enforcement process to put pressure on households to build latrines. This will have contributed to increasing access levels, but is unlikely to be sustainable. It should be noted, though, that in Nepal SNV made specific efforts to encourage the government to move away from the enforcement – and succeeded, with the Nepali government issuing a memo against the use of sanctions[107].

Prospects for sustainability – at institutional level

Overall, SNV focused not only on ensuring functionality but also on ensuring sustainability at institutional level, with four out of the 10 sustainability indicators tracking progress on sustainability at institutional level.

Building the capacity of central government was also one of the four pillars of the SSH4A programme. SSH4A clearly contributed to strengthening central government capacity[108]. In Uganda, examples included training on the ODF definition, and on measurement and verification processes, as well as training on planning for sanitation. In Tanzania, SNV both strengthened the national MIS in project districts, and created delegated monitoring sub-village committees, which the government is intending to roll out nationally (budget permitting).

SSH4A also had an impact on government commitment and leadership on sanitation. At district level in Uganda, SNV used 'institutional triggering' to sensitise the relevant district government officers[109] on the situation with regard to sanitation, water, and solid waste. SNV felt that it had a positive influence on the production and delivery of district sanitation plans in Uganda. In all SSH4A countries, an MOU between SNV and the relevant district government structure was

[106] Some of the interviewed districts lacked sub-county Health Assistants, making it necessary to work through parish staff. Other districts had enough sub-county staff but lacked a fuel budget. Other districts had enough sub-county staff – and a fuel budget – but cars were in such bad state that they could not use them.
[107] In Nepal households are issued with a toilet card by the government when they build a latrine. Several district governments have withheld services from households without a toilet card – school enrolment was stopped; payments by the employment programme were stopped; and birth and death certificates were not issued.
[108] Anecdotally, some Ugandan government staff whose capacity was built by SHH4A left to join other organisations or were promoted and moved to other districts
[109] I.e. the district water and sanitation leadership coordination committee, the Chief Administrative Officer, and the elected government representative (LC5).

established at the start of the programme, which entailed drawing up a district sanitation plan (this was a results package), which was revisited annually, culminating in an exit strategy in 2018. In Tanzania, SNV secured a commitment from the government to continue reporting sanitation and hygiene outcomes to SNV after project end. Securing this political buy-in has increased the potential for sustainability.

SNV has also contributed to strengthening the WASH sector processes more widely. In Uganda, SNV advisers contributed to sanitation planning at district and national level by advising on the ongoing development of the ODF verification protocol. In Tanzania, where SNV implemented directly through government, SNV created strong government ownership and commitment to sanitation, which is likely to continue in project districts beyond programme end. SNV also influenced the planning and implementation of the NSC beyond project districts.

In some counties, SNV also contributed to strengthening the WASH sector monitoring. The availability of SSH4A programme monitoring data has improved capacity for planning, as well as monitoring. However, the government monitoring systems in Uganda and Tanzania remain mostly paper based, and the lack of updates means slippage in villages is still difficult to detect.

However, shortage of sector funding poses risks to the ability of central and local government to continue to support communities across SSH4A countries. In Uganda, SNV has had limited success in influencing district government WASH budgets. In Tanzania, sanitation is not seen as a big priority for the government, and the NSC is dependent on donor funding. Shortage of sector funding was cited as limiting the ability of the government to implement bigger BCC campaigns, yet government partners feel that such a campaign is needed to keep up the momentum at community level[110]. Lack of sector funding was also mentioned as a key risk by SNV staff in Ethiopia, Kenya, Mozambique, Nepal, and Zambia (see box below).

Strength of evidence: strong

Robust data from progress on the sustainability indicators, triangulated with insights from several SNV country managers and from government partners in Uganda and Tanzania.

[110] After the WASH Results Programme finished in Tanzania, an initiative called ‘CLEAR’ is now being implemented with DFID funding.

Box 11: Reflections on sustainability in the other SNV countries, from programme management interviews

For Ethiopia, SNV feels that the government partners now have the capacity to continue the work (sufficient training), but lack government funding. SNV feels that the sustainability of monitoring/follow-up could potentially have been improved by involving schools more in this aspect.

For Kenya, SNV feels that the government partners now have the capacity to continue the work (sufficient training), but government needs to be in campaign mode to continue to prioritise sanitation and hygiene (counties are not yet in campaign mode despite the national full ODF target by 2020). Leaders within the county assemblies are needed to push and get budgets allocated. In December 2017 the local County Assembly passed a motion to allow for the payment of stipends (though irregular) to the Community Health Volunteers, allowing them continue BCC sensitisation efforts. More funding is needed, though. SNV has done strong advocacy around this (SNV has an evidence-based advocacy programme). SNV also helped establish WASH forums at county and sub-county level, but these are dependent on donor funding to keep running. The extension will deliberately continue in the same counties (different sub-counties) to keep the pressure on the government, which matters for sustainability.

For Mozambique, SNV feels that their district partner governments had been trained – but has no funding to implement its Sanitation Plan, and cannot pay for technicians (SNV covered these costs). This demotivates government staff. SNV also feel there is not enough space for 'consistent capacity building services to districts'. The government is slowly putting in more budget – with a Sustainable Development Goal commitment; SNV hopes funding will improve in future. However, if there had been no RBF2 extension probably few activities would have continued in project sites. Also, private sector involvement in sanitation supply chains is still an issue.

For Nepal, SNV feels hopeful that the government can continue the work, as SNV has put 'a lot of effort' into government structures. However, from April 2018 a new federalist system was launched; now the responsibility for WASH has moved from VDCs to rural municipalities. These are all new structures and staff. As part of its exit strategy, SNV has trained these up, and drawn up a total sanitation framework, but as at 2018 these staff had just started their new roles.

For Zambia, SNV feels confident that government staff are capable and have been well trained. The main risk is the availability of government funding – SNV tried to raise government awareness on this early.

4.5.1.1 Effect of PbR on sustainability

Under the SSH4A programme, PbR had a closer link with sustainability than for other suppliers because SNV chose to link progress on sustainability indicators to payment. While the SSH4A approach developed in 2009 had an established methodology for measuring progress on sustainability prerequisites, linking payments to the sustainability indicators resulted in SNV adjusting its methodology, introducing quantifiable levels for each indicator to reduce any ambiguities.

According to the evaluation team, the sustainability indicators seemed reasonable – bearing in mind that agreeing on standard indicators for sustainability prerequisites has been a challenge for the WASH sector more widely. SNV did not use international standards, such as the World Health Organization's indicators from the Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS). Instead, SNV gave careful consideration to choosing sub-indicators which were able to capture the most important elements of relatively hard-to-measure concepts, such as 'sector alignment' (SI6). DFID, SNV, and the verification team repeatedly discussed the appropriateness of different sub-indicators, endeavouring to improve them. Several revisions were made to the sustainability indicators methodology, with SNV commenting that in hindsight the long list of sustainability indicators and sub-indicators was unwieldy for the purpose of verification.

Linking payments to sustainability indicators carried high risks for SNV because putting in place the prerequisites for sustainability was outside the direct control of SNV and required

close collaboration with government and the private sector. In response, SNV only linked 8% of total payments to sustainability achievements. Furthermore, in early 2017 SNV agreed with DFID to drop the requirement to show progress on baseline levels, and in late 2017 DFID agreed that benchmarks only needed to be met for SI1, SI4, SI5, SI6, half of SI9, and SI10 (see Section 3.2.5 for details). The combined effect of these changes reduced risks around payments linked to sustainability indicators for SNV. In particular, the removal of the requirement to make progress on baseline levels was a significant change – this meant that countries that started with above-benchmark performance had zero risk of not being paid.

Despite these steps taken by SNV to reduce risks, it appears that the extent of the focus on sustainability by SNV did not change due to the introduction of PbR. Capacity building and sector strengthening remained a core part of the SSH4A approach, regardless of PbR. SNV focused on other elements of sustainability which were not directly linked to payment – suggesting that the payment incentive was not the primary driver for programming. Reducing the number sustainability indicators linked to payment in the last payment milestone had no demonstrable effect on SNV programming – also suggesting that the payment incentive was not the main driver. However, different SNV country managers had different views on this matter:

- In Kenya and Nepal, managers felt that PbR placed more emphasis on sustainability, with a push to write progress down and push government on taking accountability for [sustaining] results.
- Managers in Tanzania reported that the need for more monitoring data led to more capacity building at community level – which coincidentally is also good for sustainability.
- However, managers in Mozambique felt that a focus on results left less space for capacity building.

It seems clear that the PbR modality did not *hinder* the extent of the focus on sustainability. If anything, it is plausible that sustainability *benefited* from the flexible programming resulting from PbR: achieving government buy-in has no standard recipe and sufficient flexibility in programming is needed to allow the implementer to try different ways of getting sustainability prerequisites in place. There is anecdotal evidence from Nepal – the only country with a plausible counterfactual in the form of the non-PbR DFAT WASH programme also implemented by SNV in the same regions – that the flexibility under the WASH Results Programme allowed SNV Nepal to change its original activities and instead focus on a regional event which took 18 months to plan but succeeded in securing government buy-in for a long-term vision for delivering sustainable WASH in mid-west Nepal. Under the non-PbR DFAT WASH programme, SNV instead implemented its planned deliverables. However, given that this is a one-off example, the evaluation could not conclude whether this insight is generalisable for the whole of SSH4A.

Strength of evidence: moderate

Insights from a limited number of SNV country offices were triangulated with insights from the verification team.

4.5.2 Dissemination and learning

As discussed in Section 4.2.6, SSH4A placed a strong emphasis on learning and carried out various learning activities. The section below discusses their role in shaping wider sector learning – at a national and a global level.

It seems likely that the ability of SSH4A to influence national WASH policy varied, based on the engagement and social capital of the SNV country managers. Detailed insight on this

could only be gained in Uganda and Tanzania – but it seems likely to hold across all SSH4A countries, based on suggestive insights for Nepal, Zambia, and Ethiopia:

- **In Uganda,** SNV strengthened national policy processes and shared lessons with the sector, through JOINT MONITORING VISITS and sector planning meetings, aided by a learning MOU with the Ugandan Sanitation Fund project. SNV also shared lessons with district government officials through very regular meetings, organised exchange visits at community level, and held reflection meetings with LCBs. In 2016, SNV in Uganda pointed out that SNV had prioritised sharing through national workshops, as opposed to sharing by producing documentation, as the latter was costly in terms of time and resources[111].
- **In Tanzania**, SNV shared lessons at national level (e.g. on emo-demos and delegated monitoring committees) within the national Technical Working Group and wider WASH sector. However, community exchange visits were not a feature of the programme, in part because their cost-effectiveness is questionable.
- **In Nepal**, SNV generated good practice and learning on how to achieve ODF, and also on how to do BCC to increase the uptake of handwashing. Efforts by SNV are likely to have been similar in other countries given SNV's commitment to sector learning, but will have varied slightly based on initiative by the country manager.
- **In Ethiopia,** the SNV country manager was well placed to share learning with the sector working groups -- whereas SNV country teams based away from the capital city (as was the case in **Zambia**) were probably less able to influence.

No firm conclusion could be drawn on the extent to which SSH4A has influenced global WASH policy, based on the evaluation activities conducted. SNV produced several blogs and impact stories for the SNV website, and is planning further learning papers. Some country teams felt that finding time to document learning remains a challenge. The experiences of SSH4A have, however, been presented at a range of conferences. However, no interviews were held with sector experts to ascertain if and how these dissemination efforts have influenced sector learning globally.

Strength of evidence: suggestive

Insights gained from country managers in Uganda and Kenya and the MV team, but limited ability to triangulate views with national or global WASH experts.

[111] From the midline evaluation report.

Annex A Evaluation questions

Table 20: Evaluation questions

Evaluation question	Midline	Endline	Evaluation method
HEQ1 Relevance: *Were the programme objectives appropriate, and achievable, and to what extent was DFID's programme design and the consortium sub-programme design consistent with achieving these objectives?*			
DEQ 1.1: To what extent were the **programme objectives** clearly articulated?	✓		**Document review**
DEQ 1.2: To what extent does the **programme's design** (i.e. the theory of change) set out a clear and realistic process for how programme activities will achieve the intended outputs, outcomes and impacts?	✓		**Document review**
DEQ 1.3: To what extent were the **scale and pace of the programme** (including the Dec. 2015 deadline) realistic for achieving intended outputs and outcomes given the capacity of Suppliers and their local partners?	✓		**Document review**
DEQ 1.4: To what extent was **the PbR modality** appropriate for achieving sustainable and inclusive WASH outcomes, given the capacity of Suppliers and the timeline of the programme?	✓		**Process evaluation**
DEQ 1.5: How likely was it that the programme design would encourage 'innovative' private sector partnerships?	✓		**Critique of TOC**
DEQ 1.6: How likely was it that the programme design would encourage Suppliers to propose "innovative WASH interventions"?	✓		**Critique of TOC**
DEQ 1.7: How likely was it that the programme design would encourage inclusive outputs and outcomes?	✓		**Critique of TOC**
DEQ 1.8: How appropriate was the WASH Results Programme's design for achieving the programme 'learning objectives'?	✓		**Critique of TOC**
DEQ 1.9. To what extent was the **design of each consortium sub-programme** appropriate for achieving DFID's key objectives?	✓		**Critique of TOC**
HEQ2 Effectiveness: *To what extent and under which circumstances did the programme operate as intended and which factors helped/hindered the achievement of output and outcome objectives?*			
DEQ 2.1: Did the programme achieve the intended outputs at scale?	✓		**Process evaluation**
DEQ 2.2: To what extent have the utilisation of water and sanitation services and the uptake of hygiene practices reached all members of target populations (inclusive outcomes)?		✓ *Wording updated*	**Process evaluation**
DEQ 2.3: To what extent have services continued to function and have behaviours continued to be used since their initial implementation (sustainable outcomes)?		✓ *Wording updated*	**Process evaluation**
DEQ 2.4: How did programme design and external factors affect the achievement of output and outcome objectives within consortia sub-programmes?	✓	✓	**Contribution analysis**
DEQ 2.5: Under which circumstances did the **PbR framework** help/hinder the achievement of intended outputs and outcomes?	✓	✓	**Contribution analysis**
DEQ 2.6: Under which circumstances did the **PbR framework** affect the quality of programme implementation (positive or negative)?	✓	✓	**Contribution analysis**
DEQ 2.7: Under which circumstances did Suppliers implement innovative approaches and focus on learning?	✓	✓	**Process evaluation**
HEQ3 Efficiency: *Has the programme been designed and implemented in a cost-efficient manner?*			
DEQ 3.1: How efficient was the **tendering and procurement process** and what effect did this have on programme delivery?	✓		**Process evaluation**

DEQ 3.2: To what extent were the **individual sub-programmes** designed and delivered in a cost-efficient and cost-effective manner?		Removed	n/a
DEQ 3.3: Under which circumstances did the **PbR modality** affect cost-efficiency and cost-effectiveness of individual sub-programmes?	✓	Removed	n/a
DEQ 3.4: Under which circumstances did the **PbR modality** strengthen the programme monitoring and management arrangements of individual sub-programmes?	✓	✓ *Wording updated*	**Process evaluation**
DEQ 3.5: Under which circumstances did **of key programme features** affect cost-efficiency and cost-effectiveness?	✓		
DEQ 3.6: Under what circumstances did consortium complexity affect the efficiency of the **programme management arrangements** of individual sub-programmes?	✓	✓ *Wording updated*	**Process evaluation**
DEQ 3.7: To the extent new PbR **risk-sharing** arrangements were applied within consortia, how did this affect programme delivery?		✓ (New EQ)	**Process evaluation**
HEQ4 Impact: *How likely is it that the programme will achieve its final impact objectives while minimising unintended negative consequences?*			
DEQ 4.1: How likely is it that the programme will achieve its health and non-health **impacts**?		✓	**Process evaluation**
DEQ 4.2: Under which circumstances did the WASH Results Programme activities have any **unintended/ unplanned positive or negative impacts**?		✓	**Impact assessment**
HEQ5 Sustainability: *How likely is it that the WASH outcomes achieved by the programme will be sustained beyond the end of the programme in 2018?*			
DEQ 5.1: To what extent were the **individual sub-programmes** designed and implemented to maximise the likelihood of achieving long-term sustainable WASH outcomes and impacts?	✓	✓	**Process evaluation**
DEQ 5.2: Under which circumstances has the **PbR modality** affected the likelihood of long-term sustainability of the outcomes and impacts?		✓	**Process evaluation**
DEQ 5.3: Under which circumstances have **other programme features** affected the likelihood of the long-term sustainability of the outcomes and impacts?		✓	**Process evaluation**
DEQ 5.4: Under which circumstances did the WASH Results Programme contribute to enhanced sector learning to inform **better evidence-based WASH policy and programming**?		✓ *Wording updated*	**Process evaluation**

Annex B Prospects for inclusive WASH: Uganda and Tanzania

Areas of investigation	Achievement (Uganda)			Achievement (Tanzania)			Justification	Strength of evidence
	Low (1)	Medium (2)	High (3)	Low (1)	Medium (2)	High (3)		
Programme planning and implementation								
1. Within targeted locations, did the programme endeavour to meet the needs of all, including communities that were harder to reach or serve?			✓			✓	• 'Endeavoured' to meet the needs of all; communities where SSH4A implemented were not necessarily hardest to reach. • SNV built on community spirit to reach the most vulnerable and marginalised in communities. But intra-household inequalities not examined.	*M*
2. Was technology selection (where relevant) and detailed design undertaken with the full participation of the intended beneficiaries?			✓			✓	SNV provided advice for latrine design for people who could not squat and produced informed choice materials. Where unimproved latrines are built as part of a CLTS process, consultation is less essential, but when improved designs are developed, consultation is more important: • In Uganda, not all implementing partners knew about designs or adaptations that could support those with particular needs. However, implementing partners and Health Assistants and others ensured participation in technology selection through the Follow-up Mandona approach and provided technical advice for latrine construction in challenging contexts (e.g. termites, marshy or collapsing soil (based on an orientation provided by SNV)). SNV also produced informed choice materials on latrine designs for older and disabled people, as well as for construction in challenging contexts. • In Tanzania, SNV carried out action research to better understand the latrine options and coping mechanisms for older people. SNV carried out research on improved latrine options (the level of consultation is unknown). Safi latrines were promoted for 75% of the population and for the remaining 25% of households (the poorest), SNV focused on improving traditional latrines through smaller upgrades.	*M*

							The strength of evidence is medium, as technology design was documented in informed choice materials but the level of participation was not documented, to our knowledge.	
3. Within targeted communities, did operational approaches address the needs of marginalised groups/households and of those with physical disabilities and infirmities?		✓			✓		• SSH4A placed a strong emphasis on affordable designs, but less emphasis / time seemed to be dedicated to developing and rolling out designs to address the needs of different groups, especially people living with disabilities. • In Uganda, effort was made to ensure that the vulnerable were included in triggering (often held at their houses), and had a voice in decision making (SI9 shows that the elderly appear to have more of a voice to influence decisions compared to people living with disabilities: rural communities respect the elders and consult them on many matters, including marriage decisions and investments; This is not the case for people living with disabilities: many a time they are marginalised even within their families.) However, more could have been done to roll out designs addressed to vulnerable groups. In Uganda, Follow-up Mandona was used to encourage actions for vulnerable groups, but it is not known how widespread this was.	*M*
4. Did women participate actively in programme implementation and were they adequately represented in decision-making processes?		✓			✓		Separate FGDs held with women groups. All SSH4A countries scored at least a 2.0 on SI7 (with women participating but not necessarily influencing decision making). In Uganda, women appeared to participate in village meetings, savings group meetings, and clan and faith meetings, alongside social functions such as marriages and weddings. Many women could identify their roles within rural sanitation and hygiene, indicating that they chose the sanitation option and also contributed to the construction. However, it does not appear that SSH4A took efforts to specially research female-specific sanitation challenges (e.g. menstrual hygiene management) and design and roll out specific interventions to address these. No data were available on the understanding of SNV staff of equity challenges.	*H*
Monitoring								
5. Did monitoring at output level generate disaggregated beneficiary data confirming that the programme provided access			✓			✓	• Data for marginalised groups not part of routine monitoring.	*H*

to WASH facilities for marginalised groups and those with special needs?							The SNV surveys show evidence that the poorest wealth quintiles, female-headed households, and people living with disabilities gained access to latrines, and received BCC.	
6. Did outcome-phase surveys confirm the use of WASH facilities and adoption of hygienic behaviour by marginalised groups and those with special needs?			✓			✓	The SNV surveys show evidence that the poorest wealth quintiles, female-headed households, and people living with disabilities use latrines and handwashing facilities (though at lower rates).	*H*
Addressing institutional barriers								
7. Where relevant, did the suppliers, in collaboration with other development agencies, work to strengthen the policy and institutional environment for equity and inclusion?		✓		✓			• In Uganda, SNV sought synergies with social protection programmes that target the poorest people, such as SAGE and Operation Wealth Creation, funded by government, in order to integrate wealth with sanitation and hygiene promotion (SAGE fund provides a monthly UGX 25,000 payment for the elderly in some districts). The selection criteria for beneficiaries of Operation Wealth Creation will include the household sanitation status assessment. • In Tanzania, SNV did not collaborate with other social protection programmes. No specific policy-level interventions on equity and inclusion across SSH4A (SNV in Zambia did work with a multi-stakeholder platform though).	*M*
8. Where discriminatory practices existed within government institutions, did the suppliers advocate for a more inclusive approach?	N/A							

Annex C Sustainability risks in Tanzania and Uganda

Aspect	Areas of investigation	Likelihood (1-3)	Consequence (1-3)	Risk[112] (1-9)	Justification	Strength of evidence
User / community level						
Functional	1. Are the selected technologies and systems fit-for-purpose and fit-for-context?	1	2	2	Promoted latrine designs that were affordable and environmentally safe.	H
	2. Is the construction quality of physical infrastructure adequate?	2	4	2	No observations on the proportions of latrines collapsed but SSH4A surveys show that that some latrines were built or upgraded to environmentally safe standards, though some remain unimproved. Follow-up Mandona also helped ensure household facilities were adequate. This is of lower consequence, as latrines can be repaired/replaced easily and cheaply.	M
Institutional	3. Are the responsibilities of service users and support organisations clearly and appropriately established?	1	2	1	Households have responsibility for latrine maintenance under the CLTS approach. FSM and pit emptying services are lacking but not necessarily needed for households in rural areas. This is of lower consequence, as households can dig a new pit.	H
	4. Are service users organised, trained, and equipped to undertake management tasks for which they are competent and capable?	2	2	2	Most repairs and upgrades can be managed at household level.	M
	5. Do service users have the means and mechanisms to report faults and request technical assistance?	N/A			No system for users to report faulty latrines or latrines which need emptying to private sector or local government, but of low consequence as households can carry out majority of routine maintenance themselves.	
Behavioural	6. Has the programme achieved its outcome-level targets? (latrine use; adoption of handwashing with soap; and (where relevant) consumption of safe water).	1	2	2	Achieved on latrine use and handwashing with soap.	H
	7. Has there been substantive action during the outcome phase to	1	3	3	Substantial work done, although some slippage on ODF status reported.	H

[112] Risk is calculated as the product of the likelihood and consequence scores.

	consolidate latrine use and the adoption of handwashing with soap?					
Financial	8. Did service users make a substantial capital cost contribution? (For household sanitation, this should be the full capital cost, barring cases of exceptional hardship).	1	1	1	Latrines built without subsidy (following national policy).	H
	9. Is there real demand for the services developed, demonstrated through use and payment of operating / repair / replacement costs?	1	3	3	Yes, demand has been created and there is willingness to pay for upgraded latrines (as evidenced by the high percentage of improved latrines in the surveys). However, there are no data on how much households are paying for the operation and maintenance of latrines.	M
	10. Will funds collected meet the full lifecycle costs? If not, are arrangements in place for the shortfall to be met by local government or another permanent organisation?	N/A			Not relevant – no expectation of generating communal funds for household sanitation.	
Environmental	11. Has the long-term adequacy of the quality and quantity of water resources been assessed and, if necessary, addressed? (Including the possible impact of sanitation).	N/A			SNV made sure that its siting of latrines was far enough from water points (survey data report on this).	
	12. Have the potential impacts of climate change been assessed and addressed in technology choice and system design?	N/A			In flood-prone areas, SNV promoted latrine designs able to withstand flooding or heavy rains. However, some latrines still collapsed.	
Equity	13. Have the prerequisites for achieving inclusive WASH outcomes been addressed by suppliers?	1	2	2	Yes, SSH4A placed an important focus on inclusion and monitored aspects of equity.	H
Local government level						
Institutional	14. Is external support and guidance (from local government and/or private sector) accessible and responsive to service users' needs?	2	2	4	Local government lack funds for sanitation. Extension staff not necessarily available/able to continue BCC and follow up, or provide advice on how to upgrade latrines. This is of lower consequence, as even without this advice the households can manage.	M
	15. In the case of emergencies (e.g. floods) does local government have response arrangements in place to restore services as promptly as possible?	2	2	4	Emergency relief is not generally available form government – but communities are able to rebuild latrines in the case of collapse, partly with the support of NGOs.	M

	16. Do local governments maintain accurate registers of physical assets within their administrative areas, and are asset management plans in place?	2	1	2	Registers for household toilets were set up during the project, but are unlikely to be maintained after project end (though there are some examples of Health Assistants using household registers for follow up in Uganda).	M
Financial	17. Are goods (e.g. spare parts, sanitary hardware) and support services affordable to service users?	2	2	4	SaniMarts have been established to support access to latrine spare parts in rural areas, but their longevity post-project is not assured. In Uganda, SaTo pan availability was patchy and cost varied.	L
National level						
Institutional	18. Are sustainability commitments and actions incorporated into sector strategy?	1	2	2	Uganda is developing a road map to achieve ODF and Tanzania has ODF in its national strategy. This is of medium consequence, as even without this strategy, the households can manage.	L
	19. Is there clarity on the monitoring, management and financing responsibilities of service users, government (each tier), NGOs, donors, and the private sector?	2	2	4	Responsibilities for service users are clear, but responsibilities for local government for rural sanitation appear less clear.	M
	20. Are sufficient funds transferred from national to local government to enable community support and the active monitoring of WASH services?	3	3	9	Rural sanitation is under-funded, meaning there is less funding available for follow-up (especially needed for SNV countries with a low baseline).	M
	21. Where necessary, are adequate measures in place to develop the capacity of government agencies to play an effective role in service delivery or community support?	3	1	3	SNV provided capacity building for local government agencies throughout the programme, but resources for longer-term capacity building of government staff are not generally available. This is of lower consequence, as latrines are generally managed at household level and not maintained by government.	M
	22. Is a viable sector monitoring system in place or under development?	2	2	4	Government has a sector monitoring system in place at district level but viability is limited by a lack of resources.	L
	23. Are measures in place to facilitate learning on sustainability, and the application of that learning?	2	2	4	National sanitation working groups have probably shared lessons on achieving sustainability, but there were limited data on this. Overall, this is of medium consequence, as even though latrines are managed by households, delivery can be improved by learning across NGOs and government actors.	L