

Beyond the Finish Line: patterns of progress and equity in rural sanitation

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Introduction: Few countries on track

Can we improve sanitation intervention effectiveness?

Just 1 in 10 countries below 95% coverage are on track to achieve universal basic sanitation by 2030

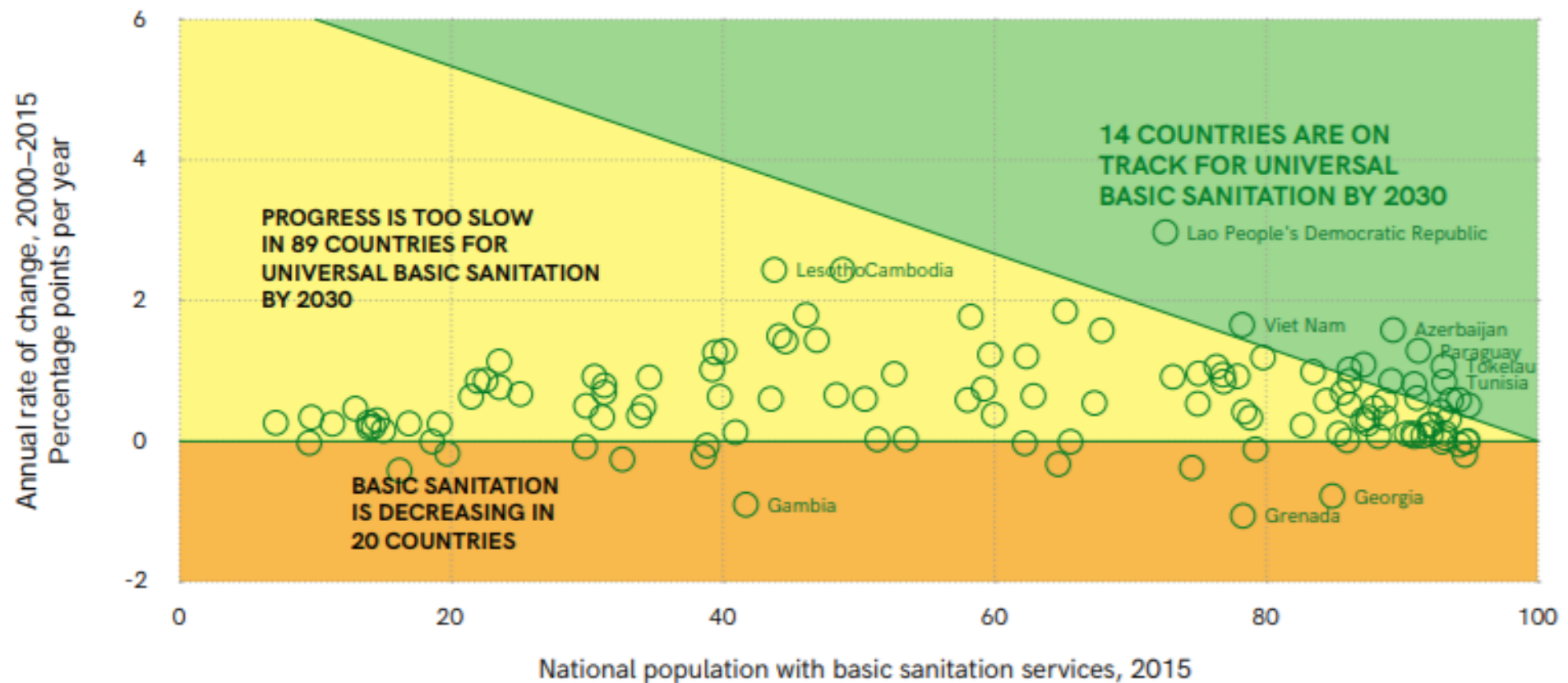


Fig. 20 Progress towards universal basic sanitation services (2000–2015) among countries where at least 5 per cent of the population did not have basic services in 2015

Objectives

Can we improve sanitation intervention effectiveness?

- Will discuss progress and lessons learned from various sanitation programmes attempting to increase sanitation coverage
- Will present data from two studies:
 1. Systematic review of literature assessing impacts of sanitation interventions on latrine coverage and use
 2. 11 country, four-year evaluation of the SSH4A approach
 - Assessed impact of intervention on sanitation coverage
 - Assessed equity of sanitation uptake across vulnerability characteristics

Systematic review

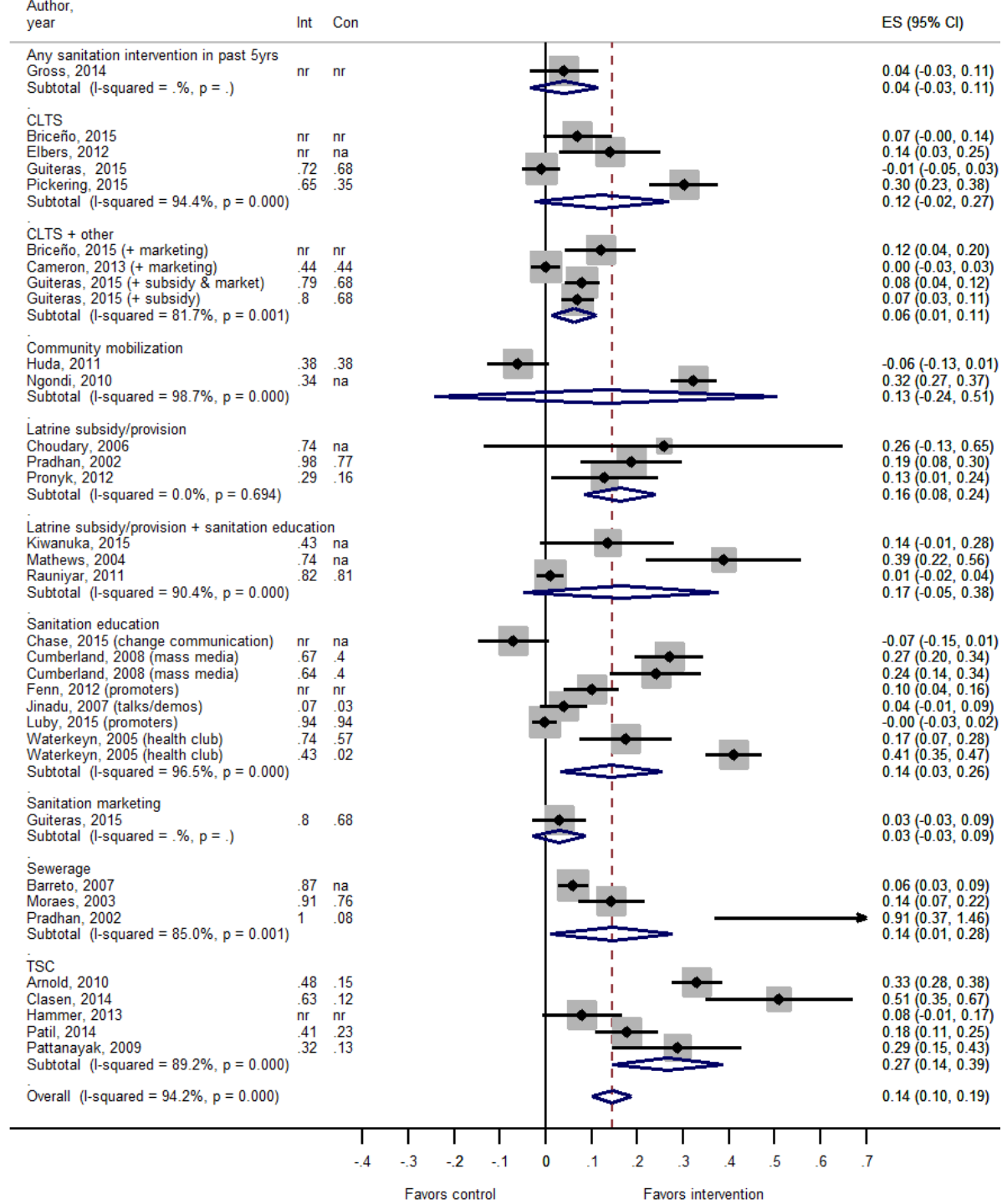
How do we increase WASH adherence?

- Systematic review design:
 - Included all studies from 1950 through 2015
 - Assessed impact of sanitation interventions on:
 - change in sanitation coverage
 - change in sanitation use
- Used meta-analysis to summarize estimates

Systematic review results

Sanitation coverage increased by +14 ppts overall

- Of 2264 studies in our initial search, we found 27 studies that assessed impacts on sanitation interventions on sanitation coverage
- Across these studies, the interventions increased sanitation coverage by +14 percentage points



Systematic review results

Sanitation coverage increased by +14 ppts overall

- While there were some successful studies, on average, the various intervention types did not do particularly well at increasing coverage

Systematic review

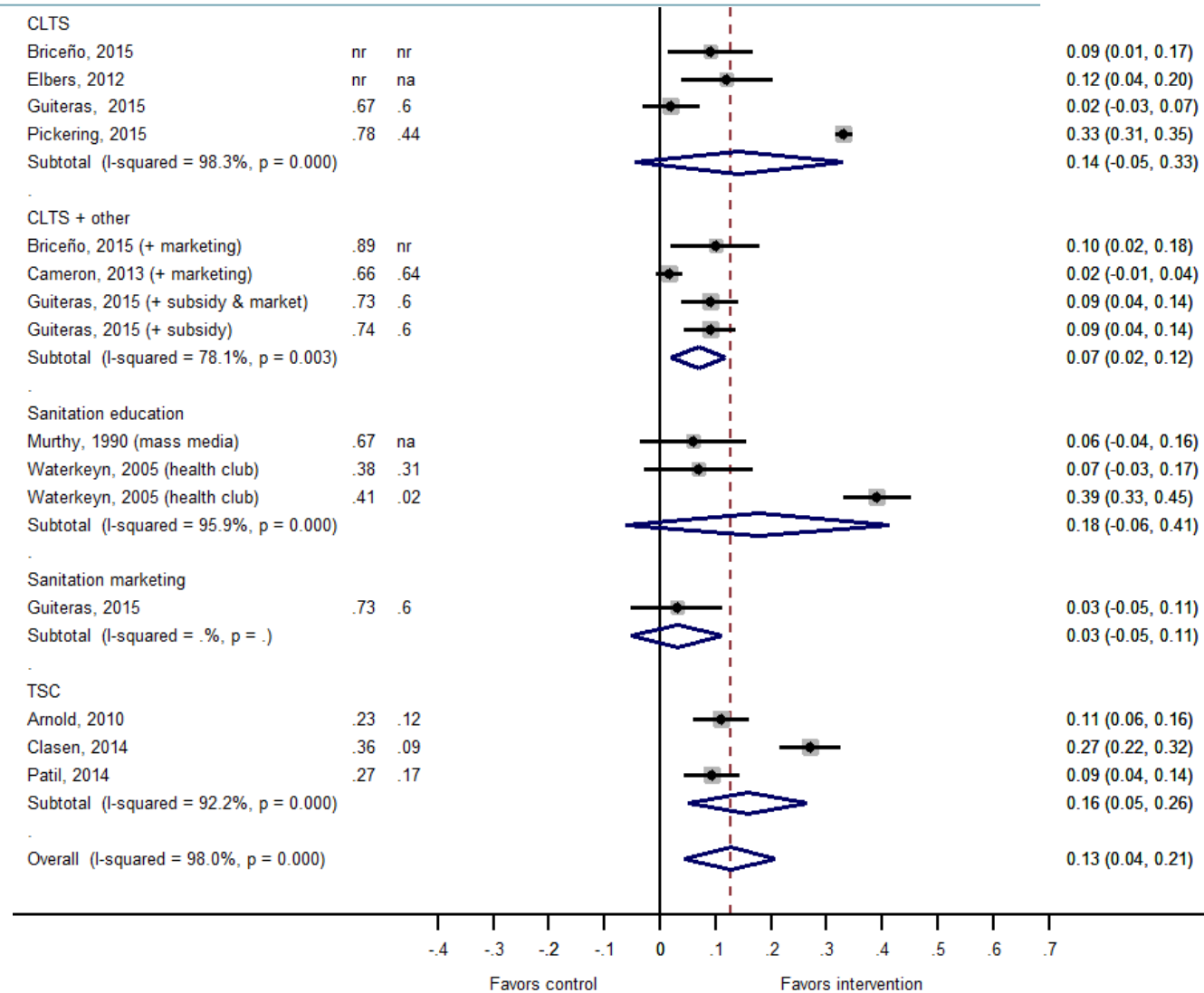
Last mile most difficult

- The baseline sanitation coverage levels were associated with coverage gains
- We stratified results by baseline coverage levels
 - Lower baseline coverage levels had greater gains
 - Higher baseline coverage levels had smaller increases

Systematic review

Sanitation use increased by +13 ppt overall

- 10 studies assessing impacts on use
- Overall increase in use of +13 ppt
- Interventions also didn't do a very good job of increasing use



Systematic review summary

There is a need to improve sanitation interventions

- Sanitation interventions often don't do a very good job of increasing coverage and use
 - Some intervention types worked better than others
 - Even within specific intervention types, there was high heterogeneity (context matters)
- Observed smallest gains in “last mile” populations

SSH4A evaluation methods

SSH4A evaluation took place in 11 countries across 4 years

- Data from rural areas in 11 countries, programme implemented by SNV (>12 million people programme population)
- Cross-sectional household surveys in same areas over time
 - At baseline and three follow-ups
- Multi-dimensional intervention
- Project timeline:



SSH4A: Objectives

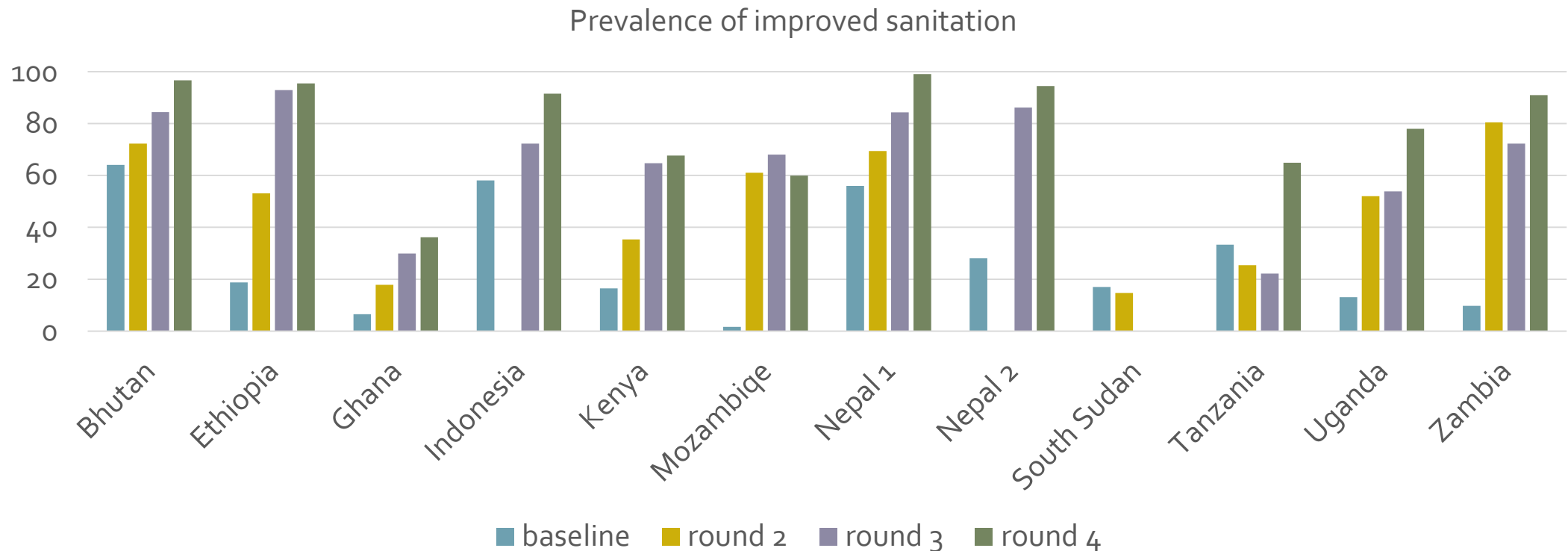
Assess impact on coverage and on equity of coverage

- Assessed impact of intervention on increasing improved sanitation coverage
- Also assessed equity of sanitation uptake across several vulnerability characteristics:
 - Wealth quintiles
 - Disability within Households (HH)
 - Elderly within HH
 - Female headed HH

SSH4A: Coverage of improved latrines

Persistence of intervention across time may be important

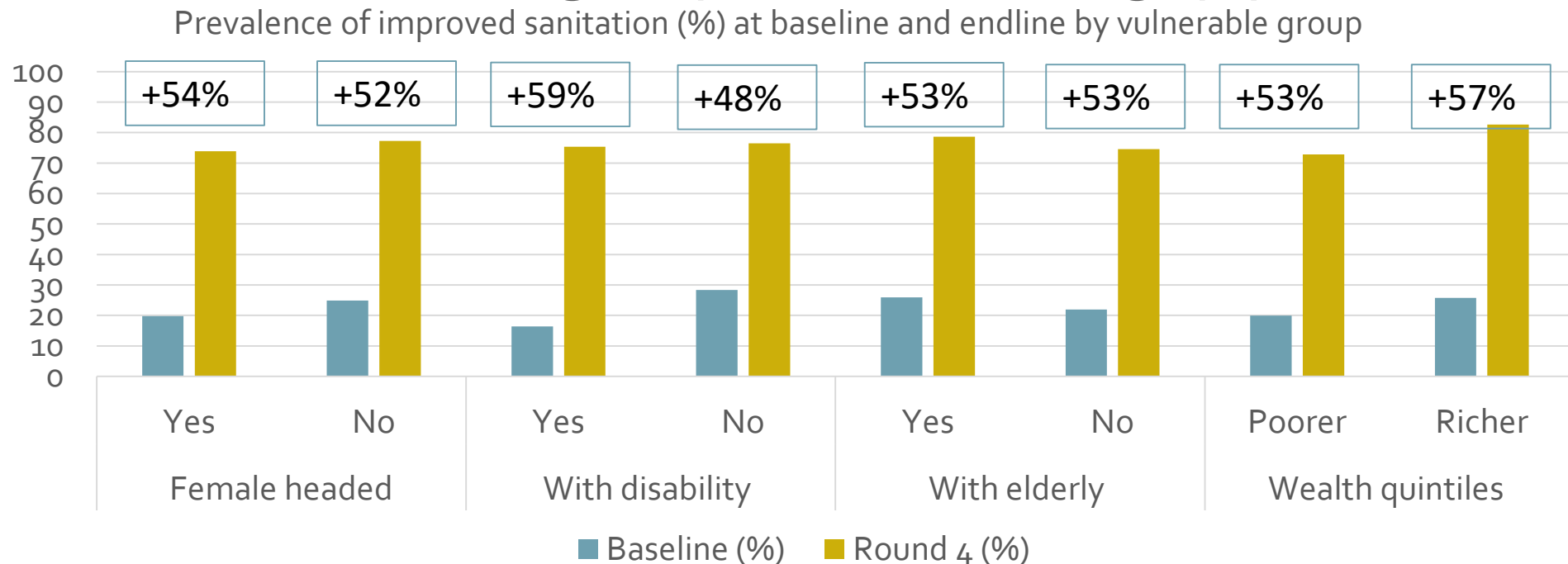
- Overall coverage increase of +47 ppts at endline
- Persistence of intervention across time may be important



SSH4A: Equity

SSH4A was reaching vulnerable groups

- SSH4A approach was reaching vulnerable groups
- Closed some of the sanitation gaps between vulnerable and non-vulnerable groups (but wealth gap persisted)



SSH4A

Summary of lessons learned

- SSH4A is increasing coverage across many countries and contexts
 - Persistent time in an area probably helpful to increase sanitation coverage
 - An integrated approach might addresses more of the barriers
- SSH4A is increasing coverage, even among the vulnerable groups that we assessed
 - The SSH4A approach made considerable efforts to reach these vulnerable groups and to track progress among these groups

Limitations

- No qualitative component in this particular research to explore all the reasons we got our observed results
- Generalizability:
 - Findings are generalizable only to rural settings in these countries
 - Findings might not be generalizable to late adopters
 - However, inclusion of many countries improves generalizability

Acknowledgements

Questions?



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Beyond the Finish Line: from coverage to sustainable rural sanitation services

Panel discussion



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