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 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 ppts overall

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

Systematic review summary
There is a need to improve sanitation interventions
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:

  June 2014
  Baseline

  Round 2

  Jan. 2017
  Round 3

  Jan. 2018
  Round 4
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

Prevalence of improved sanitation
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)

Prevalence of improved sanitation (%) at baseline and endline by vulnerable group

<table>
<thead>
<tr>
<th>Vulnerable Group</th>
<th>Baseline (%)</th>
<th>Round 4 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female headed</td>
<td>+54%</td>
<td>+52%</td>
</tr>
<tr>
<td>With disability</td>
<td>+59%</td>
<td>+48%</td>
</tr>
<tr>
<td>With elderly</td>
<td>+53%</td>
<td>+53%</td>
</tr>
<tr>
<td>Poorer</td>
<td>+53%</td>
<td>+53%</td>
</tr>
<tr>
<td>Richer</td>
<td>+57%</td>
<td></td>
</tr>
</tbody>
</table>
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
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Questions?

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

Panel discussion
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