

#### International Initiative for Impact Evaluation

Water, sanitation, and hygiene promotion for households, schools, and health facilities – an evidence gap map update

#### **Hannah Chirgwin**

Research Associate hchirgwin @3ieimpact.org

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#### Authors and acknowledgements















**Hugh Waddington** 

Hannah Chirgwin

Duae Zehra

John Eyers

Sandy Cairncross



#### What is an evidence gap map?

- Thematic evidence collection on programmes, e.g. on a range of interventions
- Presents a matrix of policy relevant interventions, intermediate outcomes, and impacts
- Impact evaluations and systematic reviews
- Additional filters for region/country, study design, population, etc.
- A tool to navigate the evidence base
- A global public good



# Democratising evidence for accountability and learning

1.4: To ensure all men and women have access to basic services, including basic drinking water, sanitation and hygiene.

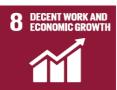




2 GOOD HEALTH QUALITY 5 GENDER 6.1: To provide safe and affordable drinking water for all, located on premises, available when needed and free from contamination.

























#### Sector-wide intervention and results frame

#### **Direct hardware provision**



All interventions for which the required infrastructure is provided by an external authority. This includes, for example, boreholes, piped water systems, water filters, soap, handwashing stations, latrines and public sewer connections.

#### **Behaviour change communication**



All informational campaigns including health messaging – an educational approach to increase participants' knowledge or skills – and psychosocial approaches, which use social or emotional motivators and pressures to change behaviour.

#### **Systems-based approaches**



Approaches that try to change people's behaviour and how hardware is accessed by changing the wider system around them. This includes subsidies; microfinance; and working with the suppliers of a service, such as improving current providers' performance and decentralisation.

Behaviour change communication combined with other promotional approaches







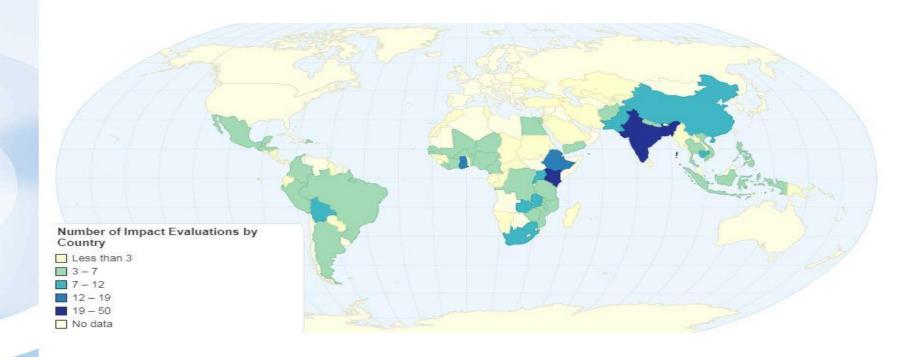
Interventions for which direct hardware provision or systems-based approaches are combined with a behaviour change communication campaign. An example is community-led total sanitation with marketing to sanitation providers.



## http://gapmaps.3ieimpact.org/evidence-maps/water-sanitation-and-hygiene-wash-evidence-gap-map-2018-update

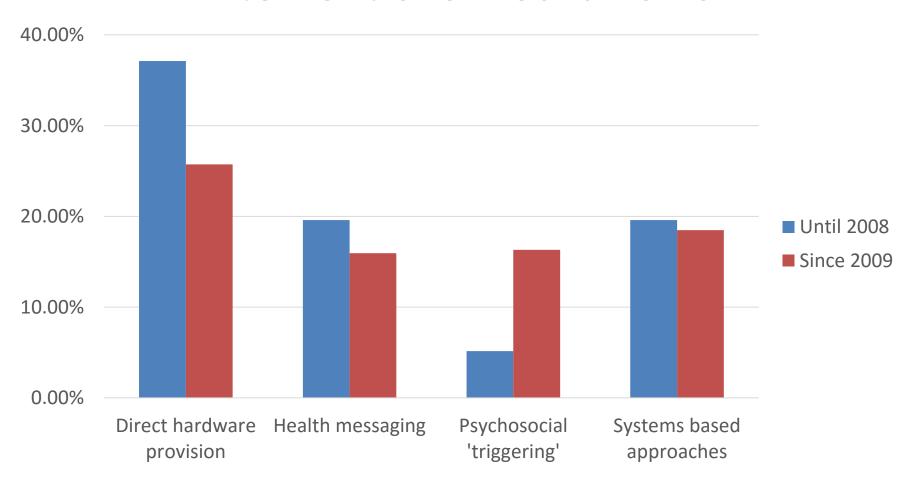
	Behavioural impacts							Health impacts							Socioeconomic impacts					
Interventions	Watersupplybehaviour	Water treament and sto rage practices	Construction , use , and maintenance of latines	Open defecation	Hygtene behavrou r	Time use	Willingness to pay	Sustainability and slippage	Diarrhoeal disease	Acute respirato ry in fections	Other water-related in Rections	Drudge ry, pain, and musculoskeletal disorders	Psychosocial health	Nutrition and anthropometry	Mo riolity	Education and cognitive development	Labour market and employment	nome, consumpton, and poverty	Safety and vulnerability	Political engagement
Direct hardware provision	0	•	0	0		0	0	0	8.	0	•		0	0	0		0	0	0	0
Health messaging	0	0	0	0	Ö	0	0	0		0			0	0	0	0				
Psychosocial 'triggering': directive	0		0	0			0	•	0	0				0	0					
Psychosocial 'triggering': participatory	0	0	•	•	0	0			0	0			0	0	0	0			0	
Subsidies and microfinance	0	0		0	0	0		0	0					0	0	0		0		
Improving operator performance		0	0	0	0	0	0	0	0			. 6		0	0	0	0	0		
Private sector and small-scale independent provider involvement						0			0		0				0	0		0 0		
Community-driven approaches	5		0	0	0	0	0	0	0		0	0		0	0	0	0	0		
Direct provision with health messaging		0		0		0	0	•		0		0	0	0	0		0	0		
Direct provision with psychosocial 'triggering'	0	0	6	0	0				0	0	0			0		1000				
Market-based approaches with health messaging	n 💿	0	0	0	•	0	0	100	•	0	0		0	0		0		0		
Market-based approaches with psychosocial 'triggering'	h o		•		0	0		0	0	0			0		0	6	0	0	0	

#### Evidence base in L&MICs

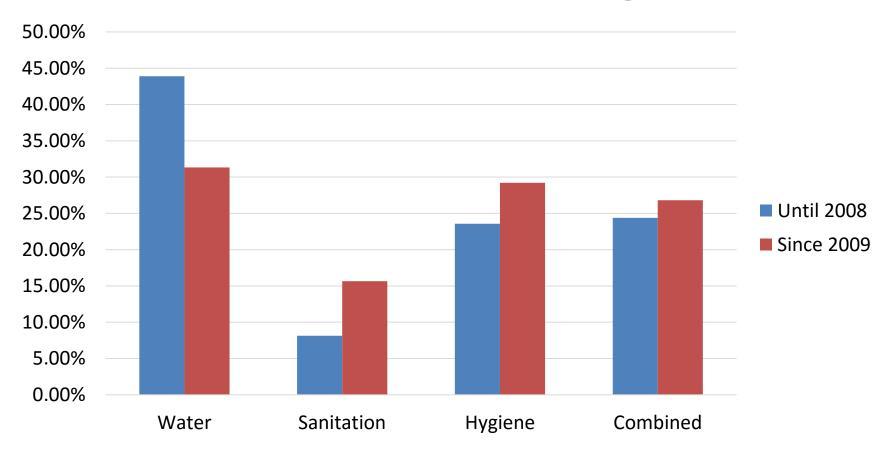




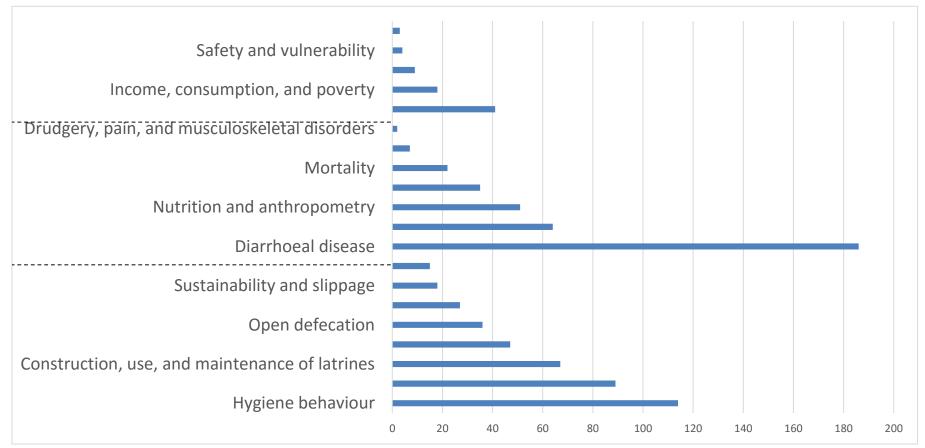
#### Interventions mechanisms



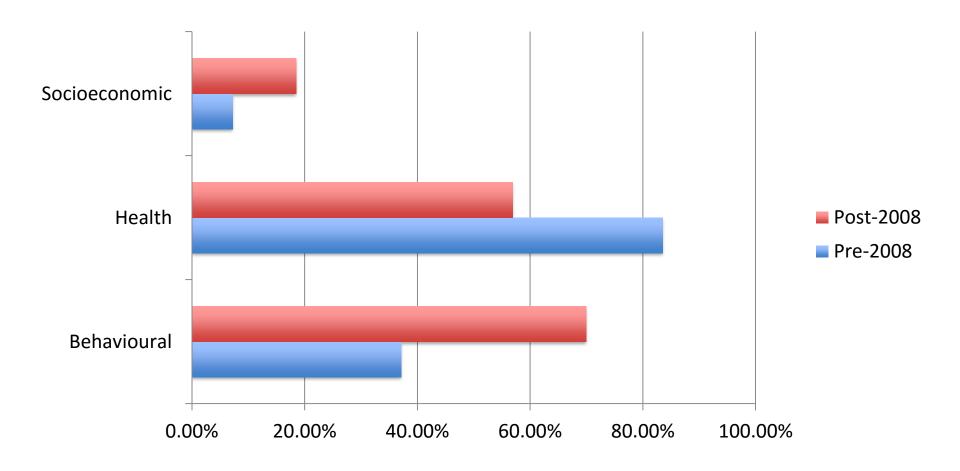
### Intervention technologies



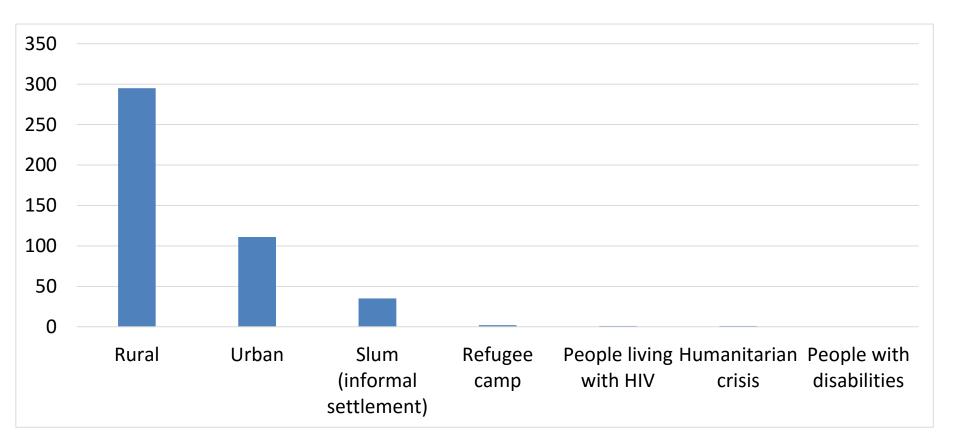
### Frequency of outcomes



### Changes in what is being reported on?



### **Populations**



### **Gender-sensitivity**

#### **Outcomes**

- Time use (22 studies)
- Psychosocial health (7 studies)
- Safety and vulnerability (4 studies)

BUT gender analysis rarely used to understand programme effects and most studies don't even report sex-disaggregated outcomes!

- 20% of IEs and SRs report sex disaggregation
- Outcomes disaggregated include: psychosocial health (43%), education and cognitive development (40%), open defecation (33%), time use (26%)

#### Gaps?

- Sustainability and slippage
- Psychosocial health
- Socioeconomic impacts
- Psychosocial 'triggering'
- Market-based approaches
- Menstrual care
- Vulnerable populations
- Synthesis gaps



### Thank you



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