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# **Evaluating Impact: Turning Promises into Evidence**

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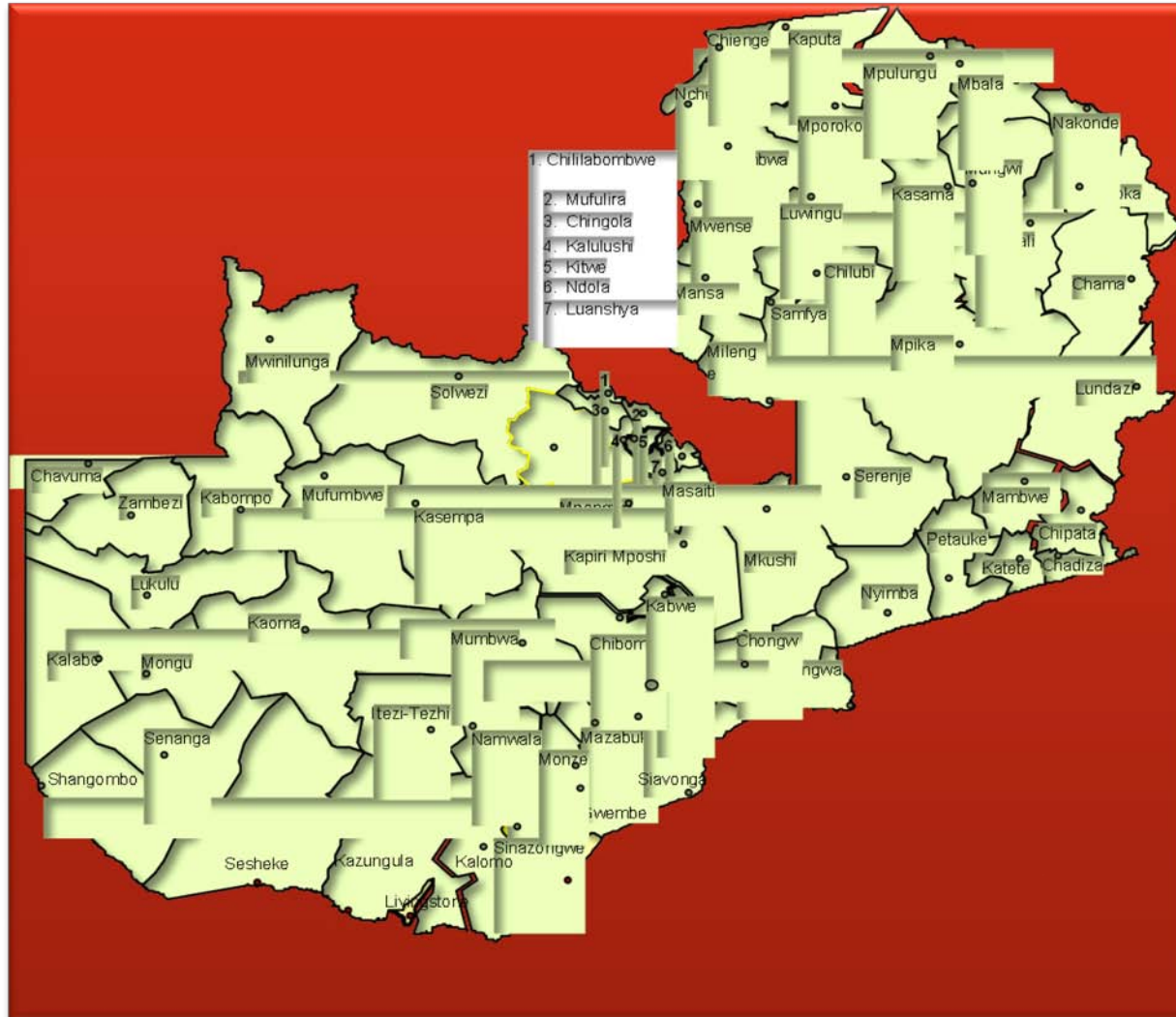
## **SANITATION AND HYGIENE**

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# MAP OF ZAMBIA SANITATION PROGRAMME DISTRICTS



# 1. Background

Estimated 2.5 billion cases of diarrhea each year,

Diarrhea remains the second leading cause of death among children under five globally, (1 in 5 deaths).

Africa and Asia account for over half the cases of childhood diarrhea.

Zambia is no exception with the least access to sanitation and hygiene services.

4.5 million Zambians live without access to safe water, and

# 1. Background

5.6 million lack access to improved sanitation, of which around 2.3 million practice open defecation.

Only 67% of the 8.4 million rural population have access to improved sanitation facilities

# 1. Background

Zambia intends to reduce diarrhea cases by:

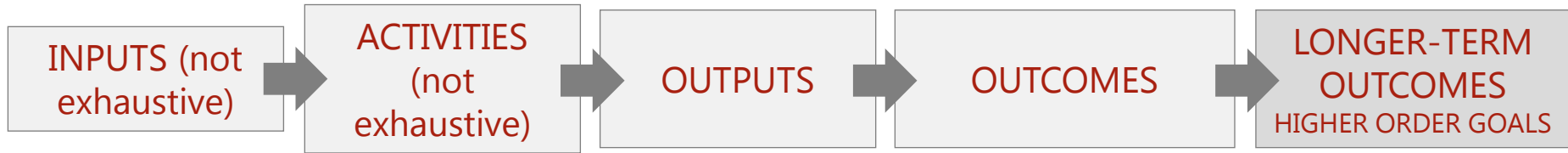
- CATS (CLTS, SLTS, PHAST, Legal enforcement, etc)
  - Sanitation Marketing
  - Institutional Sanitation
  - Hygiene Promotion and Sustainability
  - Communication for Development Campaign
- Sector Coordination
- M&E and Knowledge management

# 1. Background

## ○ Evidence

- Hand washing with soap has been shown to reduce the incidence of diarrhea disease by 37 per cent and incidence of acute respiratory infections (ARI's) by around 23 per cent (WELL 2007).
- Also a 50% reduction in incidence of pneumonia among children younger than 5 years. (SOWC 2008).
- Several studies carried out during the 2006 outbreak of severe acute respiratory syndrome (SARS) suggest that washing hands more than 10 times a day can cut the spread of the respiratory virus by 55 per cent (BMJ 2009).

# 2. Results Chain



- Financial and human resource
- Stakeholder buy in
- Supplies(bicycles, smart phones, water testing kits, glo germ kit, toilet slabs, self closing taps)

Construction of latrines and hand-washing facilities in 1000 schools and health centers  
Training of trainers at Provincial, districts and community level in hand washing with soap  
Training of trainers at community level in household water treatment

- 1,000 schools and health centers have latrines and soap available
- 550,000 HH acquire knowledge on importance of using latrines and hand washing with soap or ash
- Communities in 65 districts have access to treated water

- 3 million new users consistently using an improved sanitation facilities with hand washing
- Communities in 65 rural districts have access to improved latrines

- Reduced diarrhea water & sanitation related illness in children

# 3. Primary Research Questions

- ❑ What is the impact of constructing latrines and hand washing facilities in schools and health centers on improved sanitation and hand washing practices in targeted communities.
- ❑ To what extent will acquisition of knowledge by households on importance of using latrines and hand washing with soap or ash influence behavioral change of households on hygienic practices.
- ❑ To what extent will the implementation of CLTS influence consistent use of improved sanitation facilities and hygiene practices
- ❑ Does implementation of CLTS and PHAST) reduce diarrhoea amongst under five children?



# 4. Outcome Indicators

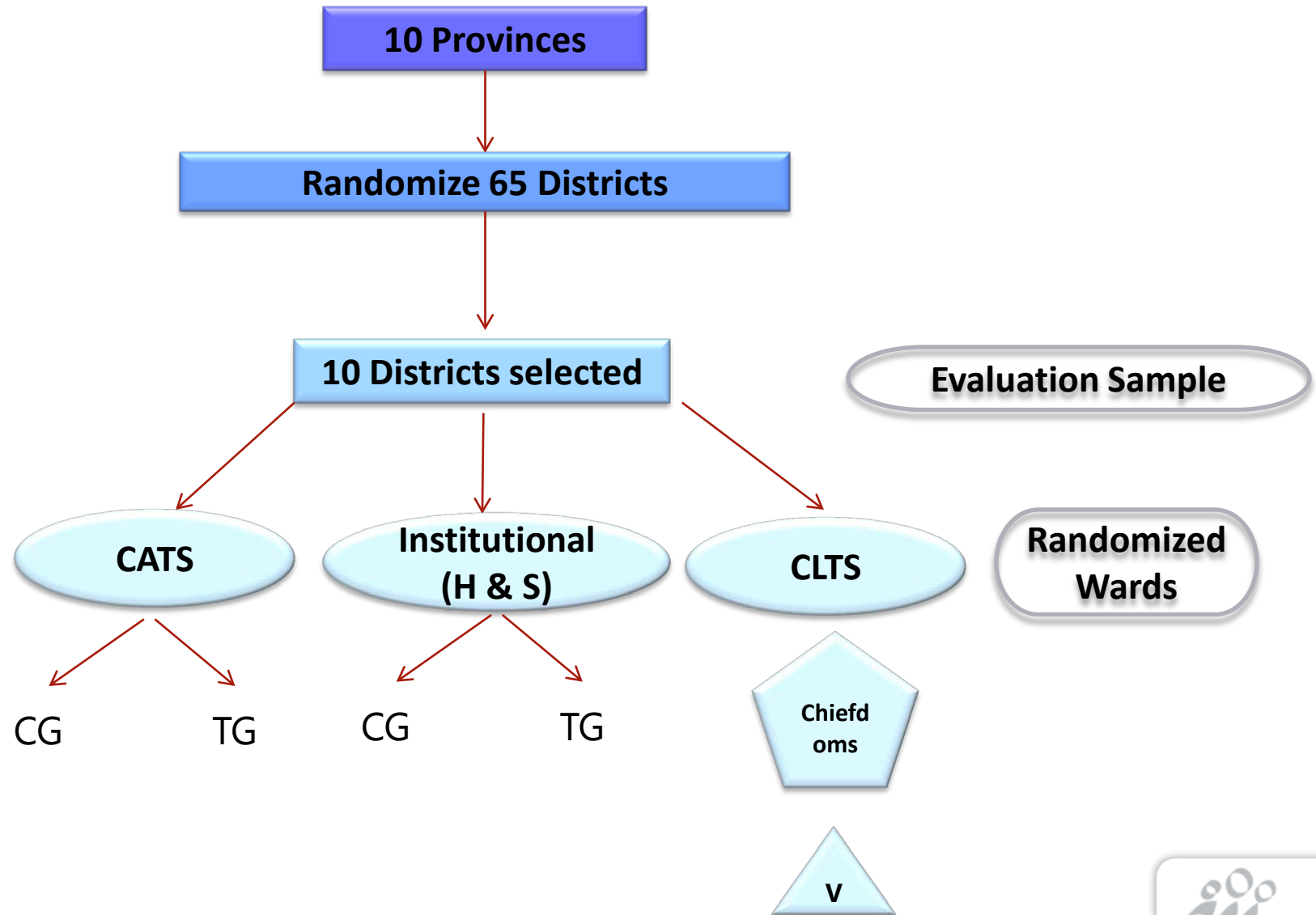
- % of population that have access to an improved sanitation facility in rural areas
- ...# of households that have soap available
- # of public institutions with improved latrines and soap available
- % of households that consistently use latrines and hand-washing facilities
- % of households that have hand washing stations within 2 meters
- Number of villages certified ODF
- % reduction in diarrhoea cases among children under five

# 5. Implementation Strategy

CATS outlined above will be implemented in 55 districts outside the 10 evaluation sampled districts.

Therefore only monitoring data will be collected from the 55 districts.

# 5. Identification Strategy/ Method



# 6. Sample and Data

Country level	65 rural District level	Evaluation sample 10 districts	Randomized Wards	Selected Wards
13 million	8.4 million	1,3 million	TBA	TBA

- ❑ Data will be collected (at baseline and end line) using a variety of tools and sources that will include
  - ❑ HH surveys
  - ❑ National surveys (DHS)
  - ❑ HMIS
  - ❑ EMIS
  - ❑ Electronic data monitoring devices
  - ❑ Qualitative techniques
  - ❑ Infrastructure assessments

# 6. Sample and Data

□ Data will be collected against stipulated indicators and will include

- ✓ Usage of facilities (monitoring)
- ✓ Access
- ✓ Practices
- ✓ WASH related diseases (diarrhoea, stunting??)
- ✓ Knowledge
- ✓ Behavioral changes
- ✓ Stool samples

# 7. Time Frame / Work Plan

ACTIVITY	2012									2013									2014									2015								
	Q2			Q3			Q4			Q1			Q2			Q3			Q4			Q1			Q2			Q3			Q4					
	M1	M2	M3	M1	M2	M3	M1	M2	M3	M1	M2	M3	M1	M2	M3	M1	M2	M3	M1	M2	M3	M1	M2	M3	M1	M2	M3	M1	M2	M3	M1	M2	M3			
Sample selection			█																																	
Conduct a baseline				█	█																															
Implement CATS in selected wards				█	█	█	█																													
Construct latrines and hand washing devices				█	█	█	█																													
Trigger CLTS in X Villages				█	█	█																														
Monitoring									█	█	█	█	█	█	█	█	█	█	█	█	█															
Conduct an impact evaluation																						█	█													
Phase in of the counterfactual wards																											█	█								

# 8. Sources of Financing

- ❑ SIEF funding with a possibility of DFID helping...