

# USAID Transform WASH

## Reaching Universal Access with Market-Based Sanitation



Learning Note, January 2024



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USAID Transform WASH aims to improve water, sanitation, and hygiene (WASH) outcomes in Ethiopia by increasing market access to and sustained use of a broader spectrum of affordable WASH products and services, with a substantial focus on sanitation.

Transform WASH achieves this by transforming the market for low-cost high quality WASH products and services: stimulating demand at the community level, strengthening supply chains, and improving the enabling environment for a vibrant private market.

USAID Transform WASH is a USAID-funded activity implemented by PSI in collaboration with SNV and IRC WASH. The consortium is working closely with government agencies, including the Ministry of Health, the Ministry of Water and Energy, the One WASH National Program coordination office, the Ministry of Labor and Skills, and regional and sub-regional governments.

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This learning note summarizes the findings of USAID Transform WASH's activities to explore progress towards universal sanitation coverage achieved through market-based sanitation.

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## Abbreviations & Glossary

<b>AIM slab</b>	Plastic toilet slab manufactured by Silafrica (brand name)
<b>AWS</b>	Area-wide sanitation
<b>CBHI</b>	Community-based health insurance
<b>EY</b>	Ethiopian year (e.g. 01/01/2016 EY = 12/09/2023 international calendar)
<b>FMoH</b>	Federal Ministry of Health
<b>HEW</b>	Health extension worker (usually two HEWs are assigned per <i>kebele</i> )
<b>HH</b>	Household
<b>HMIS</b>	Health Management Information System
<b>JMP</b>	WHO/UNICEF Joint Monitoring Programme
<b>Kebele</b>	Smallest administrative unit in Ethiopia (typically 1,000 to 2,000 households)
<b>MBS</b>	Market-based sanitation
<b>SATO pan</b>	Plastic toilet pan patented by Lixil Corporation (brand name)
<b>T/WASH</b>	USAID Transform WASH
<b>WASH</b>	Water, sanitation and hygiene
<b>Woreda</b>	District of Ethiopia (typically around 20,000 to 30,000 households)

# 1. Introduction

## 1.1. USAID Transform WASH

USAID Transform WASH (T/WASH) is a large-scale activity to promote market-based sanitation (MBS) in Ethiopia (2017 to 2024) by stimulating demand at the community level, strengthening supply chains for low-cost quality WASH products and improving the enabling environment for a vibrant private market. T/WASH supported more than 450 businesses in 63 *woredas* (districts) to sell, manufacture and install sanitation products in Ethiopia. By mid-2023, these businesses served approximately 200,000 customers.

On average more than 3,000 customers were served per *woreda* which corresponds to about 10 percent of the residents (assuming that, on average, a *woreda* comprises of around 20,000 to 30,000 households). This high-level calculation indicates that not all households in the project *woredas* have been reached by T/WASH-supported businesses.

## 1.2. Area-wide sanitation

Area-wide sanitation (AWS) is a systems-based, outcome-driven framework to achieve equitable, universal access and use of safely managed sanitation and hygiene in a given administrative area, such as a district (USAID, 2023).

Under AWS, stakeholders unite to reach the entire population within the designated area, rather than target a specific population. As such, the

framework is equitable and inclusive. The framework can also lead to improved leadership by local government and alignment of stakeholders and resources (USAID, 2023).

## 1.3. Research objectives

The T/WASH team knows a lot about its customers and the performance of its business partners. However, only limited information is available about non-customers. This assessment, in line with the AWS framework, aims to describe progress towards universal coverage achieved through market-based sanitation and to identify population groups that may have been left out and remain without adequate sanitation services.

The definition of “improved sanitation” applied in this study is provided in Box 1.

The research questions for this study are:

- Coverage of improved sanitation. What are the current sanitation service levels and how have they changed over the past years?
- Knowledge of improved sanitation options. What T/WASH products are known and how does knowledge translate into usage of improved sanitation facilities?
- Exposure of households to promotional activities. Which households have been reached with messages to invest in upgrading their sanitation facilities?
- Quality of sanitation facilities. What is the quality of the existing sanitation facilities?

## 2. Design & methodology

### 2.1. Scope

In early 2023, three well-performing T/WASH woredas were selected in consultation with the Ministry of Health: North Mecha and Gozamen in Amhara region, and Aleta Wondo in Sidama region. In each woreda, three well-performing kebeles (sub-districts) were selected in consultation with the woreda health offices. These three woredas performed better than others in terms of sanitation product sales (i.e. compared to an average of 3,000 customers per woreda): North Mecha (9,353 products sold), Gozamen (8,251) and Aleta Wondo (7,751). The focus was on well-performing woredas and kebeles to come up with benchmarks of coverage levels that can realistically be achieved through MBS.

The study was designed to oversample poor households by selecting households exempted from paying the community-based health insurance (CBHI). This was done to inform a follow-up activity to introduce sanitation subsidies in the selected kebeles. CBHI-exemption has been proposed as a suitable approach for targeting poor households (FMoH, 2023; Transform WASH, 2023).

### 2.2. Pre-assessment

The research team visited all selected woredas and kebeles in April/May 2023 to collect information about the official sanitation coverage (to inform data interpretation), names of sub-kebeles and CBHI-exempted households (to inform sampling) and names of health extension workers, businesses, and products (to inform the survey questionnaire).

### 2.3. Listing and sampling

To ensure the whole population within a kebele was covered in the survey, the survey teams recorded all households in the kebele with a registration survey, including the GPS coordinates and CBHI status. The teams hired local guides to walk the survey teams through the kebele and mark the doors of CBHI-exempted households with the color red, and the doors of all the other households with the color blue.

Table 1: Overview of total population and sample size achieved in the selected three kebeles per woreda

	Total number of households				Target sample size		Sampled	
	Official total (as per census)	Observed total (as per registration survey)	Official CBHI-exempted (as per household list)	Observed CBHI-exempted (as per registration survey)	CBHI-exempted	Other households	CBHI-exempted	Other households
<b>Total</b>	15,071	12,647	1,123	903	862	900	757	908
<b>Aleta Wondo</b>	5,807	5,060	424	326	300	300	261	287
<b>Gozamen</b>	3,604	2,978	370	277	300	300	236	330
<b>North Mecha</b>	5,660	4,609	329	300	262	300	260	291

Households were selected for the full household survey based on the following approach:

- **CBHI-exempted:** lists of CBHI-exempted households (obtained from local health authorities during the pre-assessment, including 62 to 186 households per *kebele*) were given to the survey teams with 110 randomly selected households to be interviewed, with the aim of a sample size of at least 100. In *kebeles* with less than 110 CBHI-exempted households, all of them were selected for interviews.
- **All other households:** based on the best estimates of the *kebele* population, the frequency of interviews was calculated with the goal of reaching a total of on average 110 visits and a sample size of 100 interviews. For instance, in Tekledib (North Mecha), it was determined that every 14th household marked with “blue” had to be interviewed following the sequence of listing the households.

## 2.4. Household interview

The listing and data collection took place in June 2023 by three teams (one per *woreda*) of five data collectors each. mWater was used to record the survey data. In total 1,665 households could be interviewed, 757 CBHI-exempted and 908 not CBHI-exempted (Table ).

As part of the household survey, the wealth quintile of each household was determined using the EquityTool, a simplified asset-based wealth index that mirrors the wealth index used in demographic health surveys (DHS), and integrated as an indicator in mWater.

On average, each household interview took approximately 20 minutes. The questionnaire included six modules:

- Equity tool
- CBHI status
- Marketing and outreach
- Observation of toilet facility
- Sanitation history and investments
- Accessibility of loans

### Box 1: Defining “improved” pit latrine

As per the WHO/UNICEF JMP definitions (JMP, 2018), pit latrines with a slab are classified as “improved” and pit latrines without a slab and open pits are classified as “unimproved”. As per the JMP definitions, the principal difference between improved and unimproved pit latrines is the presence of a “slab”.

For this assessment, pit latrines were counted as “improved” if they were completely covered (i.e. only one small drop hole) and washable with water just around the drop hole depending on the type of materials observed (e.g. concrete, plastic, or wooden planks). For example, latrines with a small AIM slab were counted as “improved”, while latrines with a SATO pan on a mud platform with no concrete plastering were counted as “unimproved”.

The Ethiopian Ministry of Health applies a stricter definition of “improved” for national monitoring: the latrine flooring must be fully washable, and a superstructure must provide privacy and protection from rain. In the section “quality of sanitation facilities” the impacts of applying the national definition are discussed.

More information about sanitation service ladders and some photos are provided in the Annex.

## 2.5. Data analysis

Microsoft Excel was used for data analysis of the household surveys. Weights were calculated and applied when aggregating results, based on the following rules:

- For population figures:
  - CBHI-exempted and other households: in proportion to those found in the household registration survey.
  - Equal weight for each *kebele*.
  - Equal weight for each *woreda*.
- For comparisons between CBHI-exempted and other households: equal weight per CBHI status and per *kebele* and per *woreda*.

## 2.6. Quality assurance

The data collectors attended a four-day training in Hawassa, including one day of field practice. The T/WASH survey coordinators spent the initial days of field work with the teams in Aleta Wondo and North Mecha. Survey reports in mWater were used to track progress. Each individual questionnaire was checked for internal consistency by the T/WASH survey coordinators.



## 3. Findings

### 3.1. Current and past sanitation service levels

#### Official sanitation coverage

The proportion of households having sanitation facilities is tracked with the Ministry of Health's Health Management Information System (HMIS, indicator '5.3. HEH\_HHSF'). The indicator is based on the JMP sanitation service ladder (FMoH, 2021). As per the HMIS indicator reference guide, health extension workers (HEWs) are expected to keep a 'hygiene & sanitation card' for each household in their *kebele* and to share a progress report with the health center on a quarterly basis.

Local authorities of all three *woredas* reported high coverage of improved sanitation and a low level of open defecation (see Table 2). However, during the pre-assessment, inconsistencies in the reported sanitation coverage were observed between reports provided at different levels (health post, health center and *woreda* health office). Box 2 provides some of the challenges with tracking sanitation coverage under the HMIS.

Table 2: Sanitation facility types used as per the reporting at health center level (average for the three selected *kebeles* for each *woreda*)

	Improved	Unimproved	No latrine
Aleta Wondo	79%	21%	0%
Gozamen	79%	17%	4%
North Mecha	80%	14%	6%

#### Box 2: Challenges with tracking sanitation coverage under the HMIS

**Incomplete tracking of households at *kebele* level.** HEWs were found not to have hygiene & sanitation cards prepared for each household. Instead of summarizing coverage levels from these cards, HEWs reported to prepare lists based on household visits or reports from health development army volunteers. These lists do not necessarily include all households for every quarter.

**Reporting in absolute numbers at *kebele* level.** HEWs report the absolute number of households that are using sanitation facilities. These reports are then compared against population numbers provided by the Ethiopia Statistical Services for each *kebele* based on the latest census data and adjusted by average population growth.<sup>1</sup> Using this approach, the reported proportion of households using sanitation facilities can be higher than 100 percent, and the proportion of households without facilities may not be based on actual observations.

**Inconsistent application of definitions.** HEWs were found to apply different criteria to classify a latrine as improved or unimproved. They also seem to have different interpretations of the terms 'basic' and 'limited'. The data reporting formats were found to provide little guidance to the HEWs and several documents were found to be in English rather than in the local language.

**Lack of data verification at local level.** It was reported that the data provided by the HEWs was not systematically verified by the health center or *woreda* health office teams.

<sup>1</sup> For instance, in North Mecha, data from the latest census was adjusted with a uniform population growth (e.g. 2021 to 2022: 1.31%, 2022 to 2023: 1.66%). Number of HHs was calculated based on an average household size of 4.3.

## Sanitation coverage as per survey

The results of the household survey show a much lower coverage of improved sanitation and a higher prevalence of open defecation compared to the official sanitation coverage figures provided by local health authorities, but higher than the national average for rural areas (as per the latest JMP estimates). On average, 15 percent of the households were found to have at least basic sanitation services,<sup>2</sup> 3 percent to have limited services, 62 percent unimproved services, and 20 percent were found to practice open defecation. Access to improved sanitation facilities was found to be in the same range for all three *woredas*, but open defecation was much higher in North Mecha compared to Gozamen and Aleta Wondo (Figure 1).

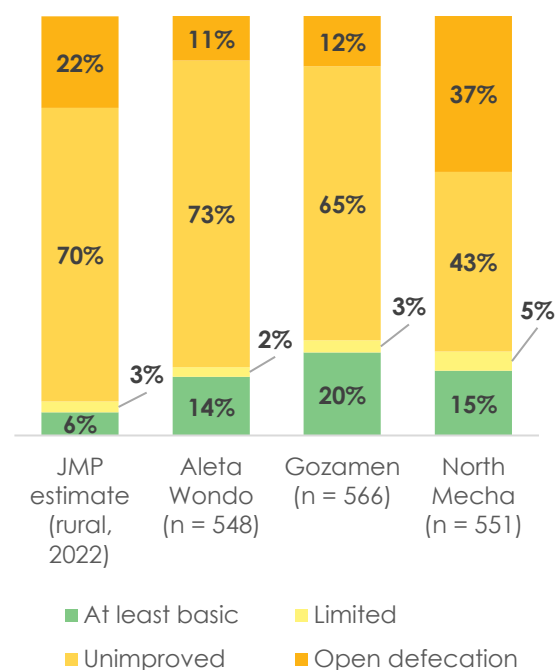


Figure 1: Sanitation service levels in the three T/WASH woredas in 2023 compared to JMP estimates for rural Ethiopia in 2022 (JMP, 2023)

The survey results show a strong correlation between sanitation service level and wealth quintiles (Figure 2). While only about 1 in 10 practice open defecation among the richer three wealth quintiles, it is more than half for the poor and poorest. Access to at least basic sanitation services (i.e. use of an improved facility not shared with other households) is highest for the richest wealth quintile, but still far from universal coverage.

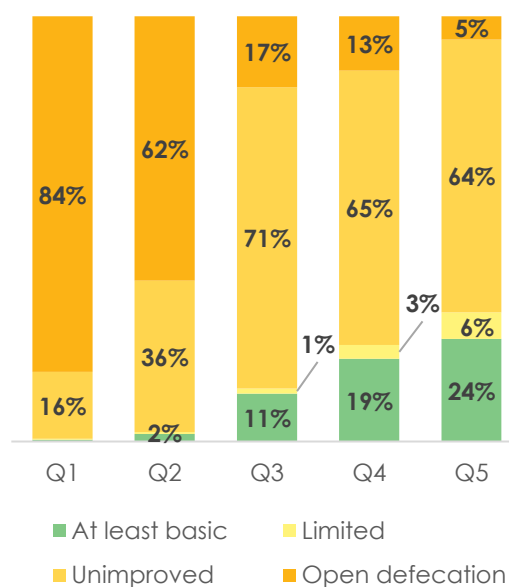


Figure 2: Sanitation service levels in the three T/WASH woredas by wealth quintile

The survey results also show that households living closer to the health post tend to have better sanitation services (Figure 3). It should be noted that the health post is usually at the *kebele* center where households tend to be wealthier than the ones living more remotely.

<sup>2</sup> At least basic sanitation services include basic and safely managed services (see Annex I).

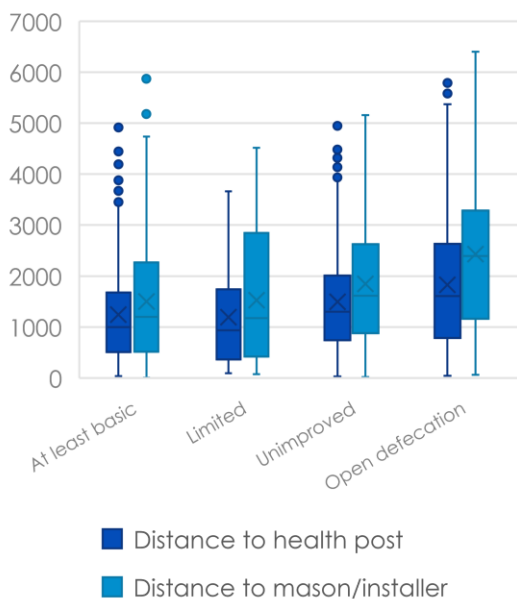


Figure 3: Distance (in meters) of households to health post and to the mason/installer's place of operation, by sanitation service level

### History of sanitation coverage

In the survey, households were asked about the type of sanitation facilities that they had used in the past (while living on the current plot). The results show that there was a relatively slow increase of improved sanitation in 2014 to 2020 but a clear acceleration in the last three years when T/WASH implementation activities reached full scale (Figure 4). In 2020 to

2023, an annual increase of about 3 percentage points could be observed (for at least basic sanitation services, an increase from 7 to 16 percent). However, the acceleration mainly happened for the richest/rich households, while progress for the poorest/poor remained stagnant. These results suggest that the market-based promotion of improved sanitation products and services contributed to accelerating progress but did not successfully reach the poorer households.

To put these numbers into the broader context: the annual increase in at least basic sanitation services from 2015 to 2022 as per the JMP estimates for rural Ethiopia was 0.22 percentage points - from 4 percent in 2015 to 6 percent in 2022 (JMP, 2023). While the selected woredas already had an above-average performance (of almost one percentage point per year), the T/WASH intervention has further increased the rate by a factor of 3 to 4. Still, even with an annual increase of 3 percent, it may take another 25 to 30 years to reach universal improved sanitation coverage and MBS interventions need to be further refined to speed up progress (e.g. by introducing smart and targeted subsidies for the poorest and access to loan and saving schemes for richer households).

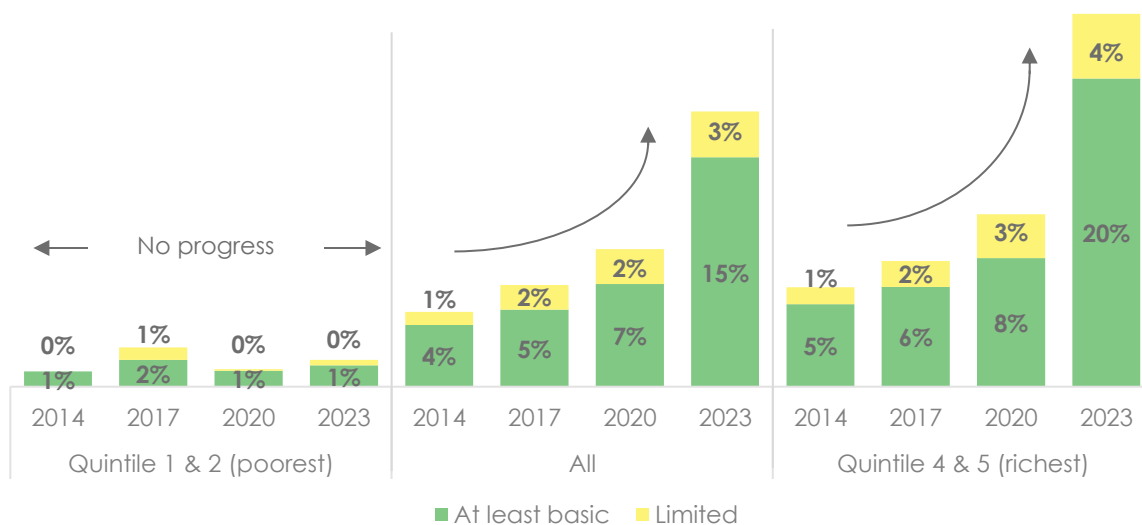


Figure 4: Sanitation service levels in the three T/WASH woredas over the past 10 years

### 3.2. Purchase and knowledge of improved sanitation products

Overall, 31 percent of the households in the study area reported to have purchased a T/WASH product such as a SATO pan, AIM slab and/or a concrete slab – referred to as “customers” in the following paragraphs. The number of customers was found to be about twice as high in North Mecha compared to Aleta Wondo (Figure 5). Richer households were about five times more likely to have purchased a T/WASH product compared to poorer households - about 40 percent compared to about 8 percent (Figure 6).

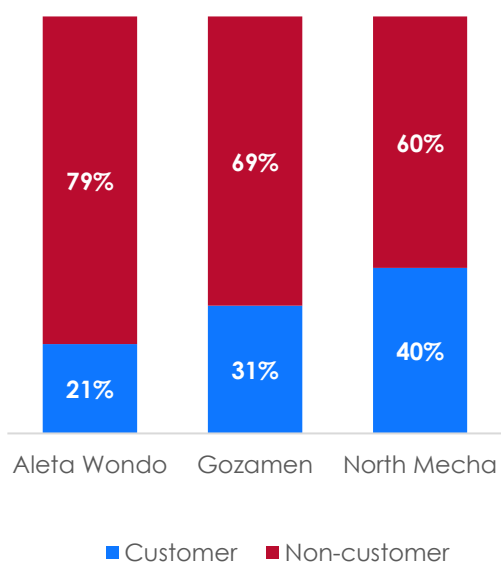
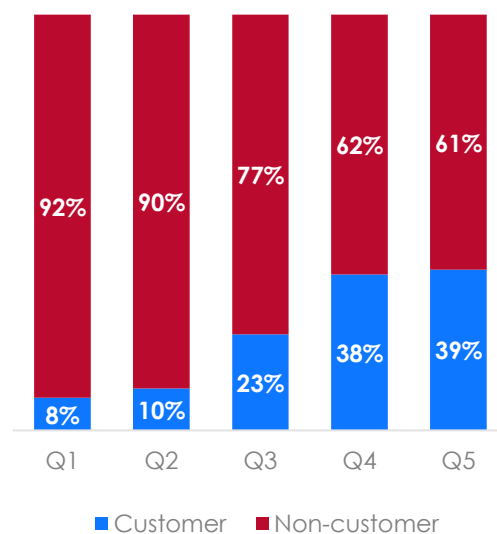


Figure 5: Households reporting to have purchased a T/WASH sanitation product for each woreda

Reported purchase of a T/WASH product did not always translate into the use of an improved pit latrine. Only about half of the customers were observed to use an improved latrine. This can be explained by the fact that the purchased pans/slabs were not installed or not installed properly. This stresses the importance of not only selling improved products but also ensuring proper installation services are offered.

Nevertheless, households who reported not purchasing a T/WASH product (“non-

customers”) have consistently very low sanitation services throughout the three woredas (Figure 7). Therefore, reaching more customers is expected to increase



the coverage of improved sanitation.

Figure 6: Households reporting to have purchased a T/WASH sanitation product for each wealth quintile

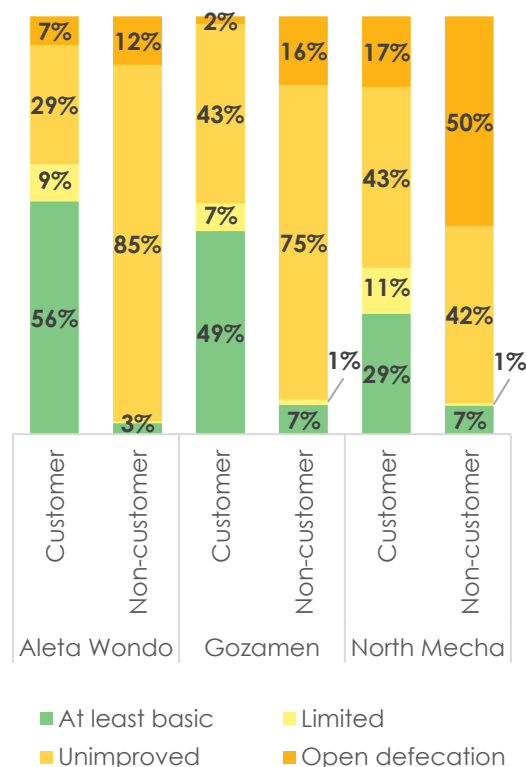


Figure 7: Sanitation service level by customers and non-customers of T/WASH products

Many households reported knowing either SATO pans (58 percent) or AIM slabs (41 percent) which shows that T/WASH and partners managed to widely popularize the products (Figure 8). Knowledge about the products is much higher among richer households than poorer ones, which could possibly be explained by the fact that richer households are more likely to be able to afford the products and are therefore more likely to remember information received about the products.

However, there is a significant drop in households that know about either SATO pans or AIM slabs, compared to households that have purchased the product. As mentioned earlier, there is another drop from households that purchased a product to households that have installed it properly to actually reach "improved" status.



Figure 8: Percentage of households who know the products, purchased the products, installed the products, and have improved sanitation services, disaggregated by wealth quintile

### 3.3. Exposure of households to promotional activities

#### Promotion by HEWs

Households knowing the name of at least one HEW are more likely to have purchased a T/WASH product compared to households that don't know HEW names (Figure 9) and are also more likely to have access to improved sanitation services (Figure 10). Therefore, ensuring that every household is in regular contact with HEWs is expected to have a positive impact on the sanitation coverage in a community.

Overall, the health extension program seems to be relatively strong in the selected *woredas* with most households having regular contact with the HEWs. While not investigated as part of this study, this could be one of the explanations why these three *woredas* performed better than the average.

Richer households were more likely to be visited by a HEW over the past year (Figure 11). There is a significant drop in the number of visits to poorer households. The results suggest that the poorest households are not the focus of the HEWs and are less likely to have had regular visits over the past one year – or that the visits were not “memorable” and relevant enough for poorer households to recall the visits.

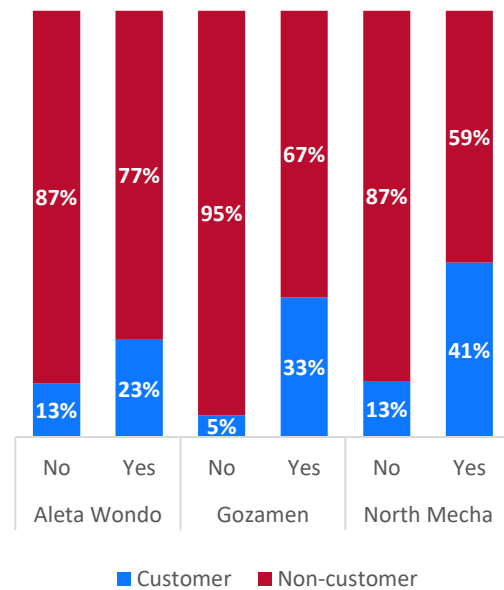


Figure 9: Households reported to have purchased a T/WASH product by households that know at least one HEW (“Yes”) and households that don't know any HEW (“No”) and by T/WASH woreda

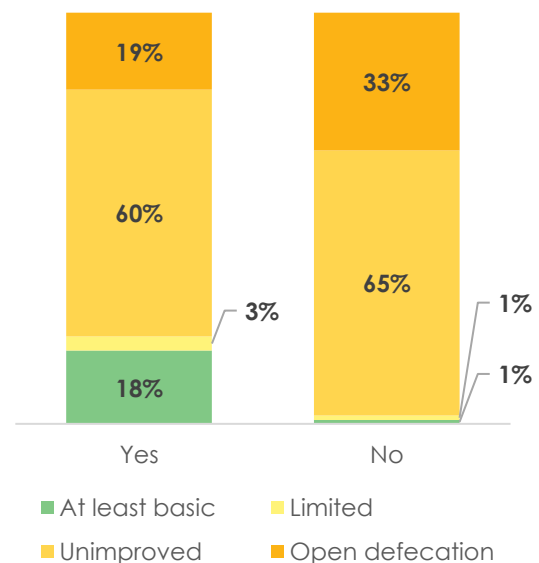


Figure 10: Sanitation service level by households that know at least one HEW (“Yes”) and households that don't know any HEW (“No”)

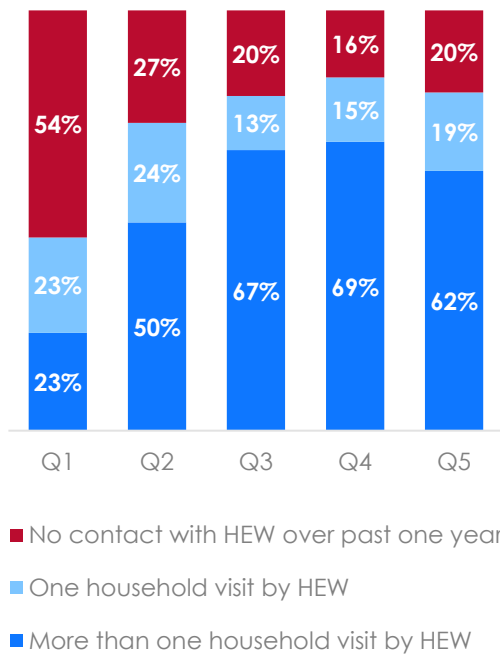


Figure 11: Number of household visits in the past year by a HEW per wealth quintile

### Promotion by business partners

Households approached at home by a mason (or another private sector actor) have a higher likelihood to have purchased a T/WASH product than households that have not been approached at home (Figure 12). Overall, the “conversion rate” of households that recall to have been visited by a mason and that purchased a product is with 43 percent relatively high.

The conversion rate is almost 50 percent for richer households but lower for poorer households (Figure 13). This result suggests that door-to-door visits by masons are very effective for richer households.

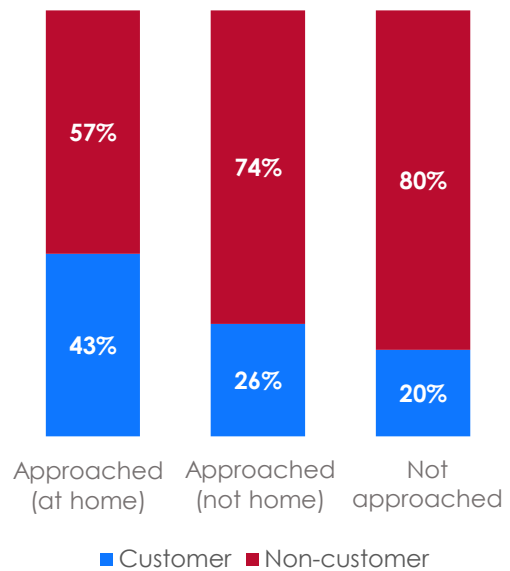


Figure 12: Households reported to have purchased a T/WASH product and whether they were approached at home, approached not at home, or not approached by a private sector actor

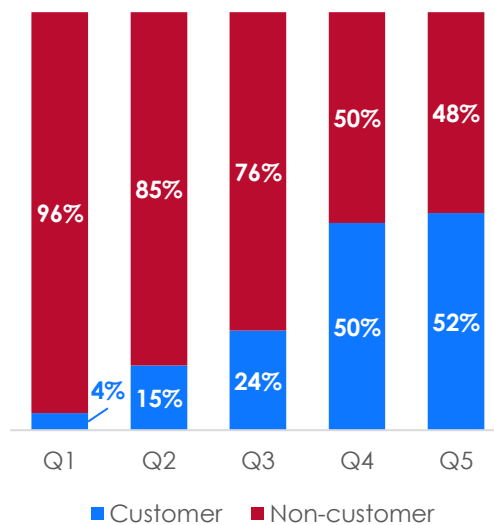


Figure 13: Households reported to have purchased a T/WASH product of those approached at home by a mason disaggregated by wealth quintile

The recall of a visit from a mason or sales agent is quite high in North Mecha, but relatively low in Gozamen (Figure 14). There is a tendency that richer households are more likely to have been approached by private sector actors (Figure 15), likely because the chance of making a “sale” is

considerably higher when approaching a wealthier household.

Nevertheless, the findings show that not all households have been approached at their door by a mason. Considering the high conversion rate, this seems to be a low hanging fruit to further increase access to improved sanitation - at least for wealthier households.

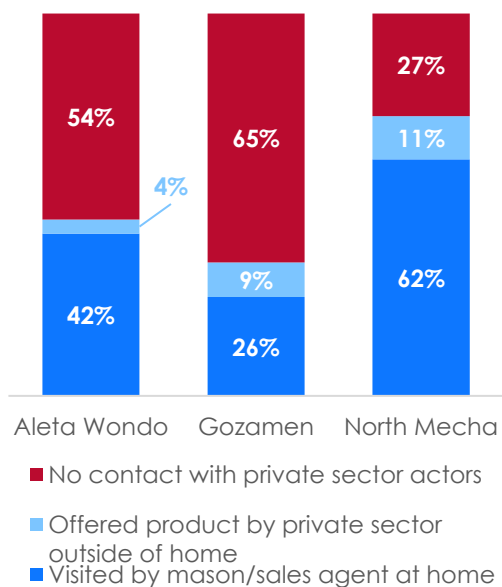


Figure 14: Recall of a private sector actor visit to the household per woreda

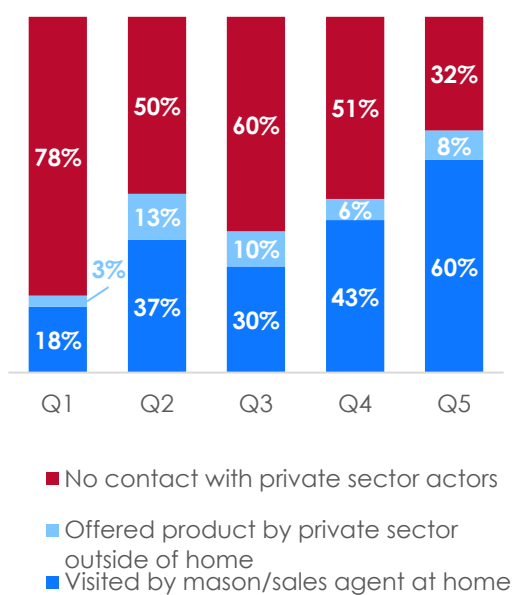


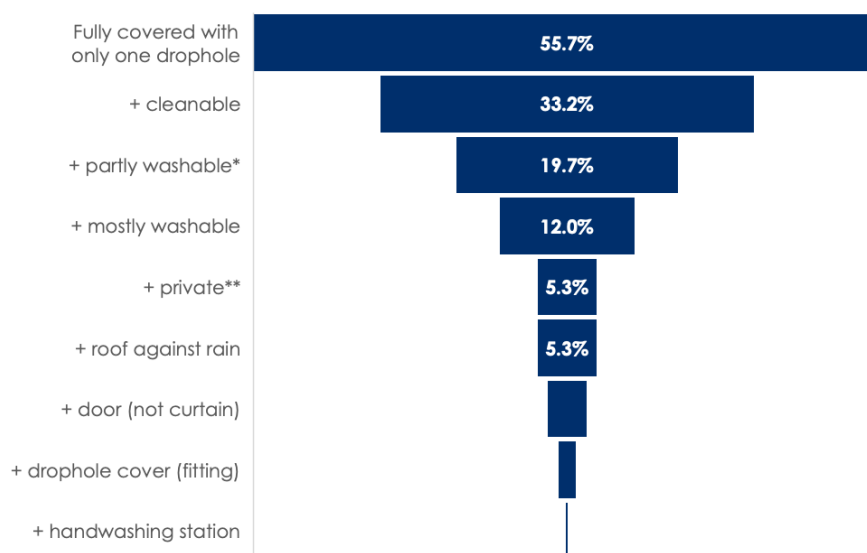
Figure 15: Recall of a private sector actor visit to the household per wealth quintile



### 3.4. Quality of sanitation facilities

While access to improved pit latrines has increased over the past years (especially among the richer households), the pit latrines are generally of low quality (Figure 16). Within the research area, 19.7 percent of households were found to have a latrine that complies with the JMP definition of a “dry pit latrine with slab” (i.e., they are completely covered with only one small drop hole and washable with water just around the drop hole depending on the type of materials).

The definition of “improved” (see box 1) has a big impact on the results. If the national definition of the MoH is applied (i.e., the latrine flooring must be fully washable, and a superstructure must provide privacy and protection from rain) the percentage of households with improved sanitation drops from 19.7 to 5.3 percent. If all criteria mentioned in the HEW refresher training manual are checked (i.e., also including the presence of a door, drophole cover, and a handwashing station with water and soap), the percentage even drops to below 1 percent.



\* JMP improved

\*\* FMOH improved

Figure 16: Proportion of households achieving a standard for improved facilities

## 4. Lessons learned & recommendations

**Market-based sanitation activities have increased the rate of change towards at least basic sanitation services by a factor of 3 to 4 and reached an increase of about 3 percentage points per year.**

However, the acceleration mainly happened for the richest/rich households, while progress for the poorest/poor remained stagnant. These results suggest that the market-based promotion of improved sanitation products and services contributed to accelerating progress but did not successfully reach the poorer households.

**Proper installation services are a vital component to ensure sanitation products upgrade a latrine to an “improved” status.**

Only about half of the households that reported purchasing a SATO pan and two thirds that reported purchasing an AIM slab, were found to have actually installed the product properly. Continuous support is also important to ensure the upgraded latrines are used and maintained properly over the long term.

**Direct contact with HEWs and door-to-door visits by private sector actors increase the likelihood that a household will buy a product to upgrade their toilet.**

Regular contact with HEWs is expected to have a positive impact on the sanitation coverage in a community. The “conversion rate” of households that recall having been visited by a mason and that purchased a product is with 43 percent relatively high. In particular for wealthier households, door-to-door visits by private sector actors seem to be very effective with a conversion rate of about 50 percent.

**The Health Management Information System for household sanitation needs to be strengthened to get accurate administrative data that can be used for decision making.** The official sanitation

coverage numbers from the HMIS seem inaccurate and currently the administrative data cannot be used for tracking progress or decision making. Issues are related to incomplete tracking of households at *kebele* level, reporting in absolute numbers at *kebele* level, inadequate data collection templates, inconsistent application of definitions, and a lack of data verification.

### Key recommendations:

- MBS programs should aim for area-wide monitoring to have a more comprehensive overview of progress of customers and non-customers.
- Encourage private sector actors to approach every household within their operation area through door-to-door visits. Especially for wealthier households, this approach seems to be a low hanging fruit to further increase access to sanitation.
- For the richer households, continue refining approaches to strive towards universal coverage through purely market-based interventions. To accelerate progress, a broader range of suitable financing solutions should be explored.
- For poorer households, further explore mechanisms to also reach most vulnerable households with MBS, e.g. through smart and targeted sanitation subsidies (FMoH, 2022).
- Further refine products and services to reach “improved” latrine status, e.g. increased focus on superstructures that provide adequate privacy.
- Ideally, administrative data should be used to track progress. In order to improve quality of administrative data for sanitation coverage in Ethiopia, strengthen the capacity of HEWs, improve data collection templates and clarify definitions to accurately monitor household sanitation through the FMoH's HMIS. Data obtained by HEWs should be verified at local level.

## References

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## Annex: Classification of dry pit latrines

SERVICE LEVEL	DEFINITION
SAFELY MANAGED	Use of improved facilities that are not shared with other households and where excreta are safely disposed of in situ or removed and treated off-site
BASIC	Use of improved facilities that are not shared with other households
LIMITED	Use of improved facilities that are shared with other households
UNIMPROVED	Use of pit latrines without a slab or platform, hanging latrines or bucket latrines
OPEN DEFECATION	Disposal of human faeces in fields, forests, bushes, open bodies of water, beaches or other open places, or with solid waste

“At least basic”  
including basic and safely managed sanitation

Figure 17: JMP sanitation service ladder



Figure 28: Examples of pit latrines defined as “improved” (i.e. with fully covered pits and floors around the drophole made of washable materials)



Figure 39: Examples of pit latrines defined as “unimproved” (i.e. with partly covered pits or floors that are not washable around the drophole such as mud/earth and wooden poles)