Reaching the most vulnerable at the household level

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WHO ARE THE MOST VULNERABLE?

Biologically vulnerable? 
Population < 5

Economically vulnerable? 
Rural underserved populations

Ecologically vulnerable? 
Living in disaster/flood prone areas
WASH PROJECT PRIORITIES

WASH projects should be:
- Sustainable
- Resilient
- Affordable

Is it possible to reach the most vulnerable populations through market based mechanisms?

What should be the priorities when reaching the most vulnerable populations?

- Coverage?
- Cost to the provider per year per person served?
- Health impact / Cost effectiveness?
THE MARKET PRIMING PROCESS

Development off commercial market

Subsidized time-limited interventions

Sustained equity provision

Early Mid Late
FILLING MARKET GAPS: THE VISION

- Commercial
- Social marketing
- Public Sector
MARKET GAPS: THE REALITY

Commercial

Non-profit

Public Sector
REACHING THE MOST VULNERABLE: A BALANCING ACT

- Commercial market will not serve all households
- highest need comes with lowest cash

Need for balancing long term objective of
- Sustainability / market based approach
with the short term goal of
- Equity / rapid increase in coverage for vulnerable populations
REACHING THE MOST VULNERABLE: THREE PART APPROACH

- Commercial sector expansion to serve those households who can pay
- Subsidized time-limited interventions to prime the market
- Targeted subsidies for the poor and areas of market failure
Possible distribution models to target subsidies:

- Facility based – antenatal care
- Community based – health workers
- Mix with private sector distribution: voucher schemes
- Vaccination campaigns – introduction of HWTS
- Integrated health campaigns
REACHING THE MOST VULNERABLE: DISTRIBUTION MODELS

INTEGRATION WITH ANTENATAL SERVICES

A clinic-based program to integrate antenatal services with distribution of hygiene kits including safe water storage containers, water treatment solution (brand name WaterGuard), soap, and hygiene education, was implemented in Malawi in 2007 and evaluated in 2010.

Program participants were more likely to (p<0.0001)
• know correct water treatment procedures - 67% versus 36%
• treat drinking water - 24% versus 2%
• purchase and use WaterGuard - 21% versus 1%
• demonstrate correct hand washing technique - 50% versus 21%

Funding for HWTS is a challenge to go to scale

-> Need for innovative financing mechanisms

In 2011 Vestergaard Frandsen implemented a carbon funded HWTS and hygiene program providing 877,505 households and 4.5 million Kenyans with a LifeStraw Family filter and health education.