

SNV

SUSTAINABLE SANITATION AND HYGIENE FOR ALL

**PERFORMANCE MONITORING GUIDELINES FOR THE
RURAL SSH4A MULTI-COUNTRY PROGRAMME IN
ASIA**

PART 2 | ANNEXES

JANUARY 2014



These performance monitoring guidelines for SNV Asia's Rural Sustainable Sanitation and Hygiene for All (SSH4A) Programme are developed by and for SNV Asia with the support from Erick Baetings, Senior Sanitation Specialist, IRC International Water and Sanitation Centre, The Hague, the Netherlands and with guidance from Gabrielle Halcrow, SNVs Programme Coordinator for SSH4A in the Asia region.

These performance monitoring guidelines were finalised with the feedback and input provided by the SNV Asia WASH Sector Leaders, SNV Asia Rural SSH4A Programme Managers and the SNV Global Sector Coordinator WASH.

These guidelines can be found on the Sustainable Sanitation and Hygiene for All (SSH4A) project pages at: <http://www.ircwash.org/projects/sustainable-sanitation-and-hygiene-all>

This document presents **Part 2** of two parts, namely:

- ▶ **Part 1: Performance monitoring guidelines**
- ▶ **Part 2: Annexes with additional explanations**

DEFINITIONS

The following is a glossary list of terminology used in this document.

Term	Definition / explanation
Capability	Capabilities are the collective ability of a group or a system to do something either inside or outside the system. The collective skills involved may be technical, logistical, managerial or generative (e.g. the ability to earn legitimacy, to adapt, to create meaning, etc.). (SNV Guidance to Capacity Assessment Tool, July 2012)
Capacity	Capacity is referred to as the overall ability of an organisation or system to create value for others. Improving capacity of (groups of) clients is a <i>means</i> to achieving improved performance of these (groups of) clients or an improved enabling environment. (SNV Guidance to Capacity Assessment Tool, July 2012)
Household	A household is often defined as a group of related people living under the same roof or close buildings, preparing and sharing food together and members accepting one member of their group as the head of the household. A household can consist of one or more families. However, in each country we will follow the local definitions of households as long as it does not deviate too much from the above definition. The country specific definition should be included in the reports for clarity sake.
Hygiene	Hygiene refers to the set of practices perceived by a community to be associated with the preservation of health and healthy living. While in modern medical sciences there is a set of standards of hygiene recommended for different situations, what is considered hygienic or not can vary between different cultures, genders and ethnic groups. (Wikipedia)
Performance monitoring	Performance monitoring is a means to support the supervision of programme activities in progress to ensure that they are on-course and on-schedule in meeting the programme objectives and performance targets.
Sanitary toilet versus hygiene toilet	A ' sanitary toilet ' refers to the sanitary quality of construction (facilities). A ' hygienic toilet ' refers to the hygienic status of the toilet which means that it is a well-operated and clean toilet (behaviour).
Toilet versus latrine	The terms 'toilet' and 'latrine' are used interchangeably in this document.
Toilet with pit / tank	The term ' toilet with pit / tank ' is used to describe any container – above or below ground, wet or dry, watertight or not – in which human waste is (temporarily) contained.
Physical disability	The term physical disability is understood to mean a disability that could be assumed to impact on access to sanitation and hygiene services.

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ANNEX 1: ADDITIONAL EXPLANATIONS ON SAMPLING DESIGN AND SAMPLING METHODOLOGY

Sampling is the tool used to select part of a population for data collection and analysis. It enables a process of studying a group that is representative of the larger targeted population. This selection, the sample, is then used as a manageable number of people to then form the basis for analysis. In many cases, collecting data for the entire target population would be too expensive in terms of time and resources, as well as too challenging logistically. A sample that is fully representative of the population from which it is drawn is called a **representative sample**. The sample needs to be representative in order to infer the results from the sample back to the whole population. Statistical analysis can only be used on representative samples; otherwise nothing can be said about the total population.

There are a number of steps to enable inference from a representative sample.

1. Clearly define the target population from which the sample is to be selected.
2. Clearly define the basic sampling unit.
3. Ensure that each sampling unit has an equal or known chance of being selected into the sample.

Re 1: **Target population**¹: for the rural SSH4A performance monitoring exercises this is as follows:

Type of target population	Definition of target population	Remarks	Sampling unit
Rural population	The total rural population of the selected villages in the selected districts where the rural SSH4A programme is implemented	These are the end beneficiaries of the programme	Rural households
Schools	The total number of primary schools in the selected districts where the rural SSH4A programme is implemented	It is possible that certain countries also include secondary schools in the sample if they are part of the target group.	Rural primary schools
Lead agencies	The total number of organisations located in the districts where the rural SSH4A programme is implemented and that are responsible for the three areas mentioned in the remarks column	These are the lead agencies responsible for: <ul style="list-style-type: none"> ▪ Demand creation and follow up; ▪ BCC interventions; and ▪ Leading and steering the sector 	(Sub) district government departments
Sanitation supply chain actors	The total number of sanitation supply chain actors operating the districts where the rural SSH4A programme is implemented	Sanitation supply chain actors could be any individual or business that operates within the existing sanitation supply chains. The actual types of entrepreneurs to be included here are expected to differ per country.	Rural sanitation entrepreneurs
Community focus groups	These are informal groups formed in the target villages around women, poor households and socially excluded groups to discuss specific outcome indicators		

¹ The **target population** is the total set of units. It could be all the citizens in a country, all farms in a region, or all children under the age of five living without running water in a particular area. For the rural SSH4A programme it is the total population that is expected to benefit from the programme. As the programme will benefit different target groups (e.g. the rural households, schools, government departments, rural sanitation entrepreneurs) the total population of these target groups need to be known.

Re 2: **Basic sampling unit**²: for the rural SSH4A performance monitoring exercises the following basic sampling units will be used:

- ▶ **Rural households** for performance monitoring on impact indicators 1 to 4
- ▶ **Rural primary schools** for performance monitoring on impact indicators 1 to 3
- ▶ **(Sub) district government departments** acting as lead agencies for performance monitoring on outcome indicators 5 and 7 - 9
- ▶ **Sanitation entrepreneurs** for performance monitoring on outcome indicator 6
- ▶ **Community focus groups** for outcome indicators 11, 12 and 13

Re 3: **Each sampling unit has an equal or known chance of being selected into the sample**: the general goal of all sampling methods is to obtain a sample that is representative of the target population. In other words, apart from random error, the information derived from the sample is expected to be the same had a complete census of the target population been carried out. Most sampling methods attempt to select units such that each has a definable probability of being chosen. Methods that adopt this approach are called "probability sampling methods."

Sampling methods are classified as either probability or nonprobability. In probability samples, each member of the population has a chance (greater than zero) of being selected in the sample. Probability sampling methods include random sampling, systematic sampling, and stratified sampling. In nonprobability sampling, some members of the population have no chance of being selected, or where the probability of selection can't be accurately determined. Nonprobability sampling methods are selected from the population in some non-random manner. These include convenience sampling, judgment sampling, quota sampling, and snowball sampling. The advantage of probability sampling is that the sampling error can be calculated. Sampling error is the degree to which a sample might differ from the population. When inferring to the population, results are reported plus or minus the sampling error.

Probability sampling methods that may be considered are:

- **Random sampling** is the purest form of probability sampling. Each member of the population has an equal and known chance of being selected. This minimises bias and simplifies analysis of results. The variance between individual results within the sample is a good indicator of variance in the overall population, which makes it relatively easy to estimate the accuracy of results. When there are very large populations, it is often difficult or impossible to identify every member of the population, so the pool of available subjects becomes biased.
- **Systematic sampling** is also called an Nth name selection technique. After the required sample size has been calculated, every Nth record is selected from a list of population members. Systematic sampling involves a random start and then proceeds with the selection of every Nth element from then onwards. In this case, $N = (\text{population size} / \text{sample size})$. It is important that the starting point is not automatically the first in the list, but is instead randomly chosen from within the first to the Nth element in the list. As long as the list does not contain any hidden order, this sampling method is as good as the random sampling method with the advantage that is easier to apply.
- **Cluster sampling** reduces the need for population lists for the selected cluster. Because people usually live in clusters (such as villages or sub-villages) these can be used as the basis for sampling. For instance, when using sub-villages as cluster, lists of households can be developed for each of the selected sub-villages. These lists are then used to draw samples from, for example by random selection or by pulling households out of a hat. Multi-stage cluster sampling involves taking a next set of samples from these lists, for example all households with children under five years.
- **Stratified sampling** is used when monitoring is to focus on particular population segments ('strata'). A stratum is a subset of the population that share at least one common characteristic, for example males and females, or different socio-economic, social, ethnic or religious groups. Each stratum is then sampled as an independent sub-population, out of which individual elements can be randomly selected. It is a technique used when comparisons are needed between different groups, as well as requiring estimates about the total population.

² In sampling, **basic sampling units** are selected from a larger set of the same units (the total population). Common examples of a unit would be a single person, organisation, institution, animal, a manufactured item and so forth. Sampling units are sometimes referred to units of observation.

There are two measures that affect the accurateness of the data.

- First of all there is the **confidence interval** (also called margin of error). This is the positive and negative deviation you allow on your survey results; the plus-or-minus figure usually reported in newspaper or television opinion poll results. For example, if you use a confidence interval of 4 and 47% per cent of your sample picks an answer you can be "sure" that if you had asked the question of the entire relevant population between 43% (47%-4) and 51% (47%+4) would have picked that answer.
- Second there is the **confidence level**. This tells you how sure you can be. It is expressed as a percentage and represents how often the true percentage of the population who would pick an answer lies within the boundaries of the confidence interval (margin of error). The 95% confidence level means you can be 95% certain; the 99% confidence level means you can be 99% certain. Most researchers use the 95% confidence level. Following on our previous example, when you put the confidence level and the confidence interval together, you can say that you are 95% sure that the true percentage of the population is between 43% and 51%. The wider the confidence interval you are willing to accept, the more certain you can be that the whole population answers would be within that range.

There are three factors that determine the size of the confidence interval for a given confidence level:

- Sample size
- Percentage
- Population size

The larger your **sample size**, the more sure you can be that their answers truly reflect the population. This indicates that for a given confidence level, the larger your sample size, the smaller your confidence interval. However, the relationship is not linear (i.e., doubling the sample size does not halve the confidence interval).

Your accuracy also depends on the **percentage** of your sample that picks a particular answer. If 99% of your sample said "Yes" and 1% said "No," the chances of error are remote, irrespective of sample size. However, if the percentages are 51% and 49% the chances of error are much greater. It is easier to be sure of extreme answers than of middle-of-the-road ones. When determining the sample size needed for a given level of accuracy, you must use the worst case percentage (50%). This is the population proportion used in the table below. This level of accuracy gives the maximum sample size. You should also use this percentage if you want to determine a general level of accuracy for a sample you already have. To determine the confidence interval for a specific answer your sample has given, you can use the percentage picking that answer and get a smaller interval.

The third factor is **population size**. How many people are there in the group your sample represents? This may be the total number of people in a village you are supporting, the number of people who own and use toilets, etc. Often you may not know the exact population size. This is not a problem. The mathematics of probability proves the size of the population is irrelevant unless the size of the sample exceeds a few per cent of the total population you are examining. The larger the total population from which the sample is drawn, the smaller the sample size that is needed. This means that a sample of 500 people is equally useful in examining the opinions of a state of 15,000,000 as it would a city of 100,000. For this reason, population size is only likely to be a factor when you work with a relatively small and known group of people.

There are a number of techniques to calculate the sample size and or to check if the chosen sample size is large enough for generalisation of the findings. In general, if the total population size is known the table on the following page should be used to determine the sample sizes for the household interviews.

Table for Determining Sample Size from a Given Population with a standard error of 5%

Total # of units ³	Minimum sample size	In %	Total # of units	Minimum sample size	In %	Total # of units	Minimum sample size	In %
10	10	100%	220	140	64%	1200	291	24%
15	14	93%	230	144	63%	1300	297	23%
20	19	95%	240	148	62%	1400	302	22%
25	24	96%	250	152	61%	1500	306	20%
30	28	93%	260	155	60%	1600	310	19%
35	32	91%	270	159	59%	1700	313	18%
40	36	90%	280	162	58%	1800	317	18%
45	40	89%	290	165	57%	1900	320	17%
50	44	88%	300	169	56%	2000	322	16%
55	48	87%	320	175	55%	2200	327	15%
60	52	87%	340	181	53%	2400	331	14%
65	56	86%	360	186	52%	2600	335	13%
70	59	84%	380	191	50%	2800	338	12%
80	66	83%	420	201	48%	3500	346	10%
85	70	82%	440	205	47%	4000	351	9%
90	73	81%	460	210	46%	4500	354	8%
95	76	80%	480	214	45%	5000	357	7%
100	80	80%	500	217	43%	6000	361	6%
110	86	78%	550	226	41%	7000	364	5.2%
120	92	77%	600	234	39%	8000	367	4.59%
130	97	75%	650	242	37%	9000	368	4.09%
140	103	74%	700	248	35%	10,000	370	3.70%
150	108	72%	750	254	34%	15,000	375	2.50%
160	113	71%	800	260	33%	20,000	377	1.89%
170	118	69%	850	265	31%	30,000	379	1.26%
180	123	68%	900	269	30%	40,000	380	0.95%
190	127	67%	950	274	29%	50,000	381	0.76%
200	132	66%	1000	278	28%	75,000	382	0.51%
210	136	65%	1100	285	26%	100,000	384	0.38%

Source: Krejcie, R.V. and Morgan, D.W. (1970) Determining Sample Size for Research Activities. Available at: <http://opa.uprrp.edu/InvInsDocs/KrejcieandMorgan.pdf>

Sampling sizes can also be calculated by using online sample size calculators, however, it is advised to use the above Krejcie-Morgan table to determine the sample sizes across the rural SSH4A programme areas to ensure that all countries apply the same principles, for example the same standard errors.

³ Total number of units: for example households.

ANNEX 2: ADDITIONAL EXPLANATIONS ON DATA COLLECTION METHODS AND QUALITY CONTROL

DATA COLLECTION METHODS⁴

The choice of data collection method depends on a number of issues such as the accuracy required, the total population, the basic sampling unit, and the skills of the enumerators. The main data collection methods are:

- **Questionnaires:** forms which are completed and returned by respondents. An inexpensive method that is useful where literacy rates are high and respondents are co-operative.
- **Interviews:** forms which are completed through an interview with the respondent. More time consuming than questionnaires, but they are better for more complex questions, low literacy or less co-operation.
- **Direct observations:** making direct observations is the most accurate method for many indicators but is time consuming.
- **Reporting:** the main alternative to making direct observations is to require village authorities to report their activities. Reporting requires high levels of literacy and co-operation, but can be backed up by a legal requirements and direct measurements.

The process of data collection must be systematic and based on well-defined procedures that are appropriate to the context within which the data are being collected. Questionnaire-based data collection methods are the most commonly used to collect information in WASH programmes.

In the SSH4A programme the 'household' has been selected as the **basic sampling unit** when collecting data in the villages. At the household level data is collected principally by using a combination of interviews and direct observations. However the exact methodology used might differ slightly per impact indicator as this depends on the type of information that is required.

Structured interviews

In interviews information is obtained through inquiry and the information is then recorded by enumerators. Structured interviews are performed by using survey forms or questionnaires, whereas open interviews are notes taken while talking with respondents. To ensure consistency only **structured interviews** are used when collecting data for the impact indicators.

The impact monitoring related structured interviews are to be conducted with a well-designed form. The data collection forms are filled in by the enumerators (interviewers), instead of by the respondents (interviewees). Although this approach is more time consuming, more complicated questions can be asked and data can be validated as it is collected, thereby improving data quality. The household data collection questionnaire should include only closed-ended questions⁵. There are basically only two options for answering the questions:

- 1) Choose between 'yes' or 'no'; for example to answer the question: do you have a latrine? Any other option than 'yes' or 'no' is not possible here.
- 2) Select one answer from a list of options; for example to answer the question: what is the type of latrine and how many are there? The questionnaire provides a limited but core list of options that are most likely to provide the correct answer. An additional category of 'others' is included in case the actual situation cannot be captured by the core answers. The remunerator selects the right option on the basis of structured questioning and direct observations and then puts the correct figure (1 for one latrine; 2 for two latrines; and so on) in the row matching the correct answer.

The structured interviews are undertaken **in person at the house** with one or more persons (interviewees) with the ability to represent the house. Interviewees should meet the following criteria:

- Live permanently in the house; being a full member of the household;
- Be at least 18 years of age; and
- Be preferably the head of the household or another person that can make or influence household level decisions.

⁴ For this section use has been made of the following document: FAO (May 1998) Data Collection Methods; FAO Fisheries Technical Paper 382. Available at: <http://www.fao.org/docrep/003/x2465e/x2465e09.htm#b8-6.3.3%20Interviews>

⁵ A **closed-ended question** is a question that limits respondents with a list of answer choices from which they select one answer. Commonly these types of questions are in the form of multiple choices.

Direct observations

Observation is way of gathering data by watching behaviour, events, or noting physical characteristics in their natural setting. Observations will have to be carried out for all impact indicators to assess the physical characteristics and conditions of the sanitation and hygiene facilities, for example the type and quality of construction of toilets. To avoid all sorts of misunderstandings and distrust, the observations are to be carried out overt (everyone knows that something is being observed) instead of covert (no one knows that something is being observed and the observer is concealed). Most of the QIS based impact indicators are proxy-indicators for desired behaviours. The observations are therefore primarily indirect where the results of interactions, processes or behaviours are watched, for example, observing the existence of hand washing facilities with adequate water and soap as an indication that hand washing with soap is being practiced. For all sorts of reasons, direct observations – where you watch behaviours as they occur – are not practical.

The remunerators should make observations when visiting the households. In practice, the remunerators combine observations with the conducting of structured interviews using questionnaires cum recording sheets and checklists. This is to be done so that the information gathered during the interviews are immediately verified and validated.

One of the main disadvantages of using observations as a means to collect data is the fact that this method is susceptible to observer bias. It is therefore critical that detailed guidelines are made available and that the remunerators are well trained to ensure high quality and consistent data. The level of training will vary based on the complexity of the data collection and the individual capacities of the enumerators.

Specific examples

Impact indicator 1: After questioning the interviewee whether they have a toilet, the remunerator (interviewer) then ask whether it is acceptable for him or her to visit the toilet. The visit to and observation of the toilet is first of all necessary to verify that the interviewee is giving reliable information but it is also necessary to assess the type and quality of construction of the toilet. The remunerator should invite the interviewee to accompany him or her to the toilet.

With the help of the detailed explanations and examples provided in Annex 3, the remunerator selects the picture that best reflects the toilet. As a major part of the toilet is likely to be blocked from view – most if not all of the sub-structure is likely to be underground – it is expected that the remunerator will have to verify and validate the final choice in consultation with the interviewee.

Guided self-assessments⁶

Most of the data for the outcome indicators are to be obtained through guided self-assessments. This is particularly relevant for the capacity development indicators. This means that the multiple-choice answers to the closed-ended questions, given in the QIS **scale format with five options** (levels 0 to 4), are to be decided and rated by the interviewees, in line with the scenarios described in the different levels, with the guidance and support from the remunerators (interviewers).

Capacity self-assessments

Capacity self-assessments (CSA) enable organisations to look in detail at how effectively their organisation functions – that is, assessing in depth the key individual and organisational capacities needed to implement their activities and or programmes successfully – and to identify priority capacity development needs.

A full understanding of an organisation's current capacities, performance and immediate and future capacity needs is a prerequisite before any capacity development support is provided. By stimulating reflection, learning, and dialogue, an organisation's strengths and weaknesses can be identified, constraints and challenges examined, gaps between current and desired performance identified, and ideas for addressing them generated. Only with a comprehensive understanding, can realistic, organisation-specific tailor-made capacity development plans be developed and implemented.

⁶ This section is based on the work carried out by IRC for the SHAW programme in East Indonesia. Particular reference is made to the capacity self-assessment methodology developed for and applied with four Indonesian SHAW implementing partners.

Some of the reasons why we use guided self-assessments are:

- A self-assessment is a participatory process of collecting and analysing data in which people are put in a position to identify and solve problems or short-comings together. This creates the important sense of self-realisation of current circumstances and conditions, and awareness that change may be necessary.
- A self-assessment emphasises opportunities for improvement; it is not meant to be a 'blame game'.
- It is the best way to ensure 'buy-in' and to create 'ownership' for the subsequent actions that may need to take place.

The rating of the QIS scales or capacity score cards should be established during a **guided self-assessment** carried out by the interviewees under the guidance and with the support of the remunerator. This implies that the remunerator takes time to explain the different scales to the interviewees and then together come to a decision.

Although there is a need for the participants to be as honest and as truthful as possible there is always the likelihood that interviewees want to portray a rosier picture of their organisation. Hence, to avoid or to minimise bias objectively verifiable criteria need to be defined for the different levels in the QIS ladders or capacity score cards. In particular for the higher levels or scores, hard evidence in the form of reports, documents, etc. should be available and verified to back up and validate the scores.

QUALITY CONTROL⁷

Quality control in relation to monitoring

Quality control (QC) is a procedure or set of procedures for verifying and maintaining a desired level of quality. To do so, **rigorous data collection methods using appropriate tools must be adopted, accompanied by clear instructions and guidelines, and strict application of quality control practices.**

When collecting data, it is important that the data are of high quality so that they can be reliably used as the basis for sound decision-making. To ensure data quality, **data control measures must be applied at every stage of the data collection process.** Additional data quality controls should be applied when entering the data into computerised databases, during data analysis, interpretation and use.

Problems in data quality

Data quality problems can be caused by heavy workload and unclear definitions of roles, responsibilities and tasks among those responsible for completing and verifying the questionnaires. Poorly designed questionnaires, inadequate understanding of the guidelines, intentional or unintentional misreporting, and many other factors can also affect data quality. Consequences from improperly collected data include:

- Inability to provide a reliable and truthful insight in the status of the programme;
- Inability to validate and repeat the results of monitoring;
- Distorted findings resulting in wasted resources; and
- Incorrect findings that lead to compromising decisions.

Having a thorough understanding of the factors that can affect data quality is essential. Various problems can affect data quality and subsequent data analysis and use in decision-making. Four main sources of data quality problems can be identified as follows:

- 1) **Bad design of the data collection questionnaires:** inappropriate structure and presentation of the questions, and missing or unclear explanations and instructions, can cause errors while completing the questionnaires.
- 2) **Lack of understanding of data terms, concepts and categories:** remunerators fill in data collection forms without reading and fully understanding the data concepts, terms and categories.
- 3) **Incorrect completion of questionnaires:** remunerators enter either incorrect data or correct data but into the wrong cell, or have not completed all the essential cells of the questionnaire.
- 4) **Inadequate and careless checking of the completed questionnaires:** remunerators and their superiors do not thoroughly check the completed questionnaires for errors and omissions.

⁷ For this section use has been made of the following document: UNESCO (2011) [Systematic Monitoring for Education for ALL](http://www4.unescobkk.org/education/efatraining/module-a2/3-a-general-introduction-to-data-collection/); Module A2: Data Collection and Quality Control; Section 6: Data quality control. Available at: <http://www4.unescobkk.org/education/efatraining/module-a2/3-a-general-introduction-to-data-collection/>

Data quality control should be carried out:

- ⇒ During data collection.
- ⇒ During data entry and processing.
- ⇒ When analysing, interpreting and using the data.

The following paragraphs introduce some general methods and practical tips for carrying out data quality control during different monitoring sub-activities.

Data quality control measures

1. Designing the data collection questionnaire

- Data quality control mechanisms should be built into the design of the monitoring tools including data collection questionnaires.
- Data collection questionnaire should be designed with clear structure, presentation and explanations.
- Clear and concise instructions and or guidelines should be made available to all the stakeholders involved in monitoring.

2. Completing the questionnaire during data collection

- Adequate training must be organised so that the remunerators fully understand the data collection questionnaires and the accompanying instructions and or guidelines.
- Post-training follow up is necessary to enhance the knowledge and capacities of the remunerators. The extent of on-the-job follow up (e.g. coaching, guiding, instructing, training, etc.) depends on the skills and capacities of the individuals. Maintain frequent communication with them to monitor progress while they carry out data collection tasks, and to offer help if and when necessary.
- After completing the household data collection form the remunerator goes through the entire form and carefully checks for errors and omissions.
- After completing all household interviews another person goes through the completed data collection forms and checks for errors and omissions. This check can be performed by another interviewer or by someone else like the remunerator's supervisor. If mistakes are detected, the remunerator should be contacted to clarify and rectify the mistakes.

Minimum checks to be carried out during and following data collection

While checking the completed household data collection forms, the following checks should be carried out:

- ▶ Check if all the pages and all questions are properly completed.
- ▶ Check if all the answers are legible.
- ▶ Check if ticks (✓) and numbers (#) have been correctly applied.
- ▶ Check if the same data is consistent in different questions.
- ▶ Check if there is any illogical data (e.g. there is no latrine at the house (impact indicator 1.1) but the quality of the latrine (impact indicator 2.1) is nevertheless completed).
- ▶ Use other innovative or smart data checks.

3. Data verification and quality control

- Data quality checks and controls should be done as close to the data source as possible.
- During data collection, responsible individuals should check for data omissions and inconsistencies in the data collection forms.
- Immediately following data collection, supervisors of the remunerators should systematically check for omissions, inconsistencies and errors.

4. Data quality control during data entry and processing

Additional data quality controls should be applied during data entry and processing.

- Automatic data verification mechanisms should be incorporated in the computerised databases so that when data is entered automatic checks signal, with for example the use of different colour codes, whether there are any data omissions, errors and inconsistencies. For example, the system may automatically add up all the values and cross-check them with the reported totals.
- Once data entries have been completed,

- Compare data of key impact indicators for inconsistencies. As data for the impact indicators is collected at the same time and by the same individuals, there should therefore be no reason for inconsistencies or differences.
- Calculate derived statistics such as percentages and ratios as this can highlight missing data and errors. For example, it may signal errors when girls account for more than 100% of total enrolment, or when there are student-to-toilet ratios of more than 1000.

5. Data quality control during data analysis and interpretation

The process of analysing and interpreting the information from the villages can help to highlight and identify other data anomalies.

- ➔ Calculation of indicators and comparing them among villages, sub-districts and or districts can reveal unlikely or illogical results that can be traced back to data or calculation errors.
- ➔ Further data errors and inconsistencies can be detected while interpreting the analytical results to draw conclusions. For example, the monitoring results should match the progress made in village ODF verification and declaration.
- ➔ Having other persons to review the analytical results may help to identify data anomalies that were not obvious during the initial analysis.
- ➔ When disseminating monitoring results, encourage the users to query the information or make comments.

ANNEX 3: ADDITIONAL EXPLANATIONS ON PERFORMANCE MONITORING INDICATORS

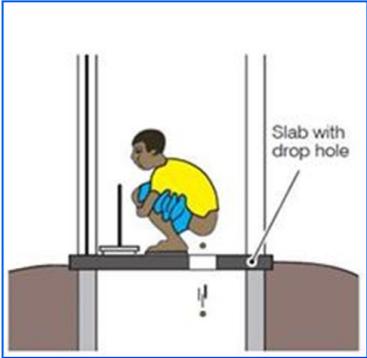
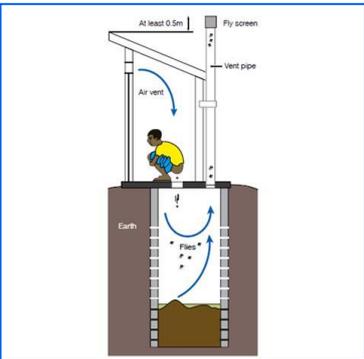
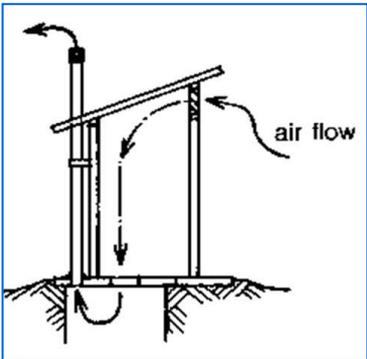
ADDITIONAL EXPLANATIONS FOR INDICATOR 1

STANDARD DATA COLLECTION FOR HOUSEHOLD DEFECATION PRACTICES AND NUMBER OF HOUSEHOLDS WITH ACCESS TO A TOILET

Household composition	
Questions	Explanation
What is the household composition?	Provide here details of the gender composition of the sampled household in terms of number of male household members and female household members. A household is defined as a group of related people living under the same roof or close buildings, preparing and sharing food together and members accepting one member of their group as the head of the household. A household can consist of one or more families.
• Number of male HH members (#)	
• Number of female HH members (#)	
Total number of HH members (#)	
Additional information for AusAID	This information is only required for the AusAID co-funded SSH4A programme in Bhutan and Nepal.
• Number of HH members with physical disabilities (#)	Disabilities should be defined by context but are understood to include those that would reasonably expect to impact on accessibility and informed choice.

Defecation practices	
Questions	Explanations
Where do you and your family members defecate?	There could be more than one answer as practices might differ among household members AND there could also be different practices in different seasons.
• Use our own toilet (✓)	Provide a tick if the household owns a toilet and that toilet is used by some or all of the household members for defecation purposes.
• Use toilet of others (✓)	Provide a tick if the household does not own a toilet and instead some or all of the household members use a toilet owned by a private individual (e.g. neighbours, relatives, etc.).
• Use public toilets (✓)	Provide a tick if the household does not own a toilet and instead some or all of the household members use a public toilet.
• Do not use any toilet (open defecation) (✓)	Provide a tick if the household does not own a toilet and instead some or all of the household members defecate in the open. For example defecating in the bush, on the beach, near the river, in the fields, somewhere in the village and also children defecating in the yard.
If you own a toilet, is it also used by other people on a regular basis (e.g. neighbours or relatives)?	This question is included to obtain an idea about the number of private toilets that are shared with people that do not own a toilet.
• YES (✓)	Provide a tick if the toilet is also used by other people.
• NO (✓)	Provide a tick if the toilet is not used by any other people.

ACCESS TO SANITATION FACILITIES

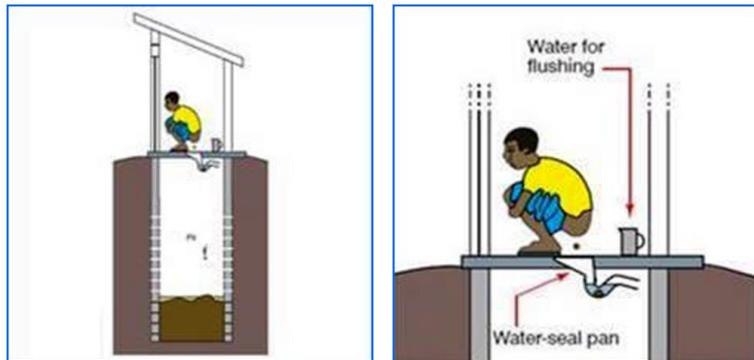
Questions	Explanation
If the HH owns a toilet, what type of toilet and how many of each type?	<p>This indicator only assesses whether the household has access to a toilet and if so what type of toilet. Quality of design and construction to assess whether it meets the JMP definitions of improved sanitation are assessed in Impact Indicator 1.1.</p> <p>Select the type of toilet from the list below and write down the number of such facilities as a household may have more than one toilet.</p>
<ul style="list-style-type: none"> Pit latrine (direct drop pit with a squatting hole) 	<p>Pit latrine is a dry pit latrine whereby the pit is fully covered by a slab or platform that is fitted either with a squatting hole or seat. The platform should be solid and can be made of any type of material (concrete, wooden logs with earth or mud, cement, etc.) as long as it adequately covers the pit without exposing the pit content other than through the squatting hole.</p> <div style="display: flex; justify-content: space-around;">   </div>
<ul style="list-style-type: none"> Ventilated improved pit (VIP) latrine 	<p>The ventilated improved pit latrine (VIP) offers improved sanitation by eliminating flies and odour through air circulation. It is a dry pit latrine ventilated by a pipe that extends above the latrine roof. The inside of the superstructure is kept dark so that flies will try to escape by heading towards the strongest light source, which comes from the vent pipe. The open end of the vent pipe is covered with gauze mesh or fly-proof netting which blocks the exit of flies.</p> <div style="display: flex; justify-content: space-around;">   </div>
<ul style="list-style-type: none"> Pour-flush latrine with pan and water seal and direct drop pit or tank 	<p>Pour flush to pit latrine refers to a system that flushes excreta to a hole in the ground or leaching pit. Pour flush latrines normally have a U-shaped conduit partly filled with water (U trap) fitted under the squatting pan. The U trap overcomes the problems of flies, mosquitoes, and odour by serving as a water seal. Unlike a flush toilet, a pour flush latrine uses water poured by hand for flushing.</p>

ACCESS TO SANITATION FACILITIES

Questions

Explanation

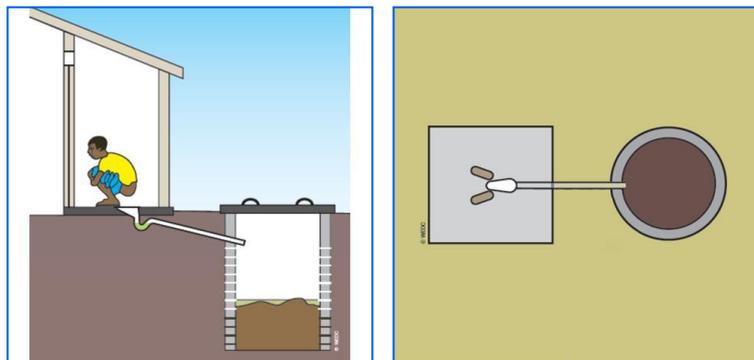
This particular latrine has a pit situated directly under the squatting slab.



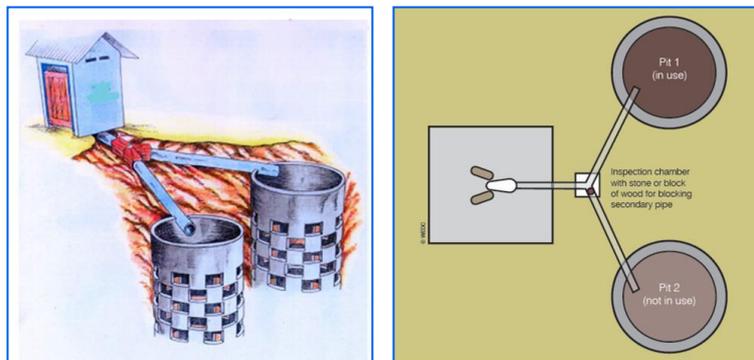
Pour flush to pit latrine refers to a system that flushes excreta to a hole in the ground or leaching pit. Pour flush latrines normally have a U-shaped conduit partly filled with water (U trap) fitted under the squatting pan. The U trap overcomes the problems of flies, mosquitoes, and odour by serving as a water seal. Unlike a flush toilet, a pour flush latrine uses water poured by hand for flushing.

An offset pour-flush latrine is one where the pit is separated from the cubicle. Human waste is directed to the pit through an extended pipe. A pour-flush latrine with double offset pits enables alternating use of the two pits.

Pour-flush latrine with single offset pit

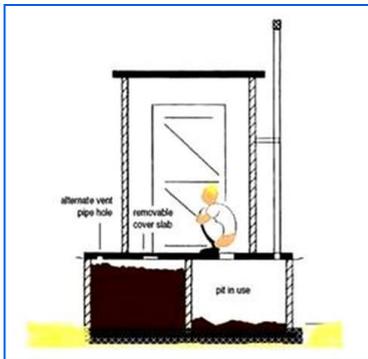
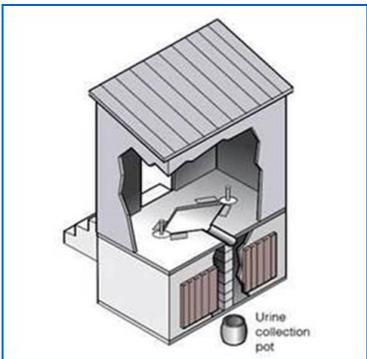


Pour-flush latrine with double (alternating) offset pits



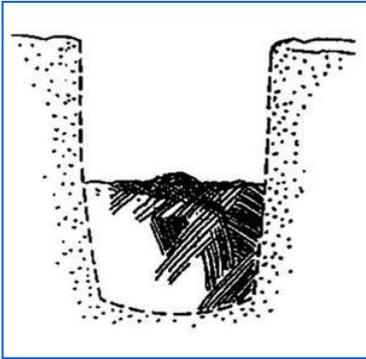
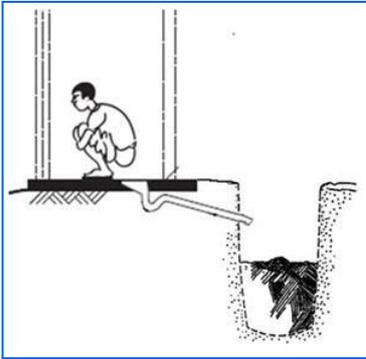
- Pour-flush latrine with pan and water seal and with offset pit(s)/tank(s)

ACCESS TO SANITATION FACILITIES

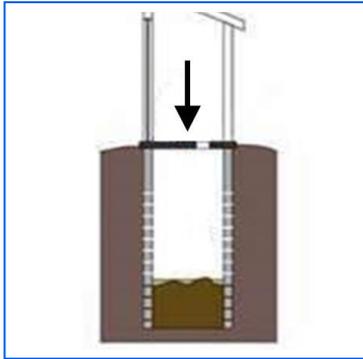
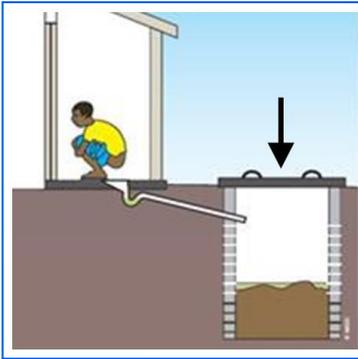
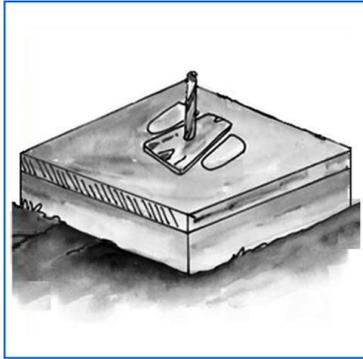
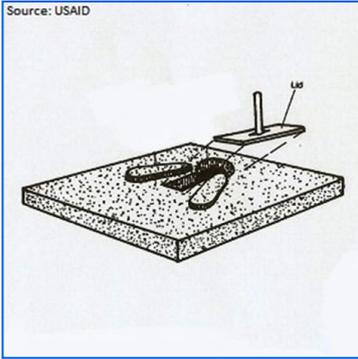
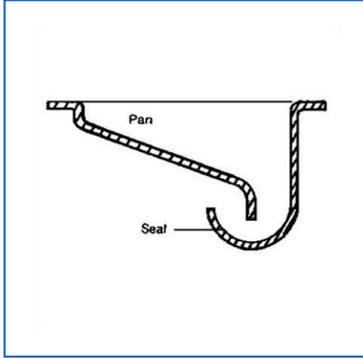
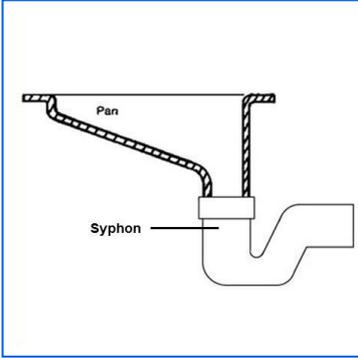
Questions	Explanation
<ul style="list-style-type: none"> Flush toilet (with automatic flushing mechanism) 	<p>Flush toilet uses a cistern or holding tank for flushing water, and a water seal (which is a U-shaped pipe below the seat or squatting pan) that prevents the passage of flies and odours.</p> <div style="display: flex; justify-content: space-around;">   </div>
<ul style="list-style-type: none"> Composting toilet (e.g. Ecosan) 	<p>An Ecosan toilet or composting toilet is a dry toilet into which carbon-rich material (vegetable wastes, straw, grass, sawdust, ash) are added to the excreta and special conditions maintained to produce inoffensive compost. A composting latrine may or may not have a urine separation device.</p> <div style="display: flex; justify-content: space-around;">   </div>
<ul style="list-style-type: none"> Other type of toilet 	<p>Any other type of toilet not included in the above list.</p>

IMPACT INDICATOR 1.1: PROGRESS IN NUMBER OF HOUSEHOLDS AND NUMBER OF PEOPLE (MALE AND FEMALE) WITH ACCESS TO A SANITARY TOILET

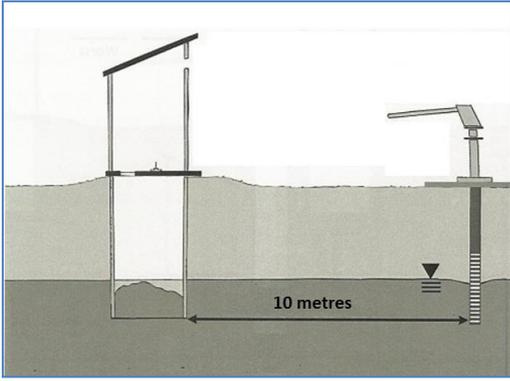
This indicator assesses the **design and quality of construction of the latrine** and not its hygienic use and maintenance (see indicator 2.1).

IMPACT INDICATOR 1.1: HOUSEHOLDS WITH ACCESS TO A SANITARY TOILET		
Level	Scenarios	Explanations
0	No toilet	<p>The household does not have a toilet.</p> <p>This does not automatically mean that the household members do not have access to and use a toilet! See also the standard data collection table on defecation practices.</p>
1	Toilet, (i) where human excreta is exposed to the environment	<p>This is a toilet, but it is not safe because → human excreta is exposed to the environment;</p> <p>This means that there is no pit or tank, or the pit or tank is open and as a consequence people and or animals, such as pigs, dogs, rodents, and flies, can access unsafely stored and possibly exposed human faecal matter.</p> <p>Some examples are provided below.</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>A 'hanging' latrine built directly above a water body</p>  </div> <div style="text-align: center;"> <p>A latrine built on a slope, disposing human waste in the environment</p>  </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <p>A latrine with an open uncovered direct pit or tank or with a broken cover</p>  </div> <div style="text-align: center;"> <p>A latrine with an open uncovered off-set pit or with a broken cover</p>  </div> </div>
2	Toilet, i) where human excreta is contained in an enclosed and covered pit or tank so that humans and animals can NOT get in contact with human excreta	<p>This is a toilet, which is safe because → the human faecal matter is contained in an enclosed and covered pit or tank.</p> <p>As a result humans and animals, such as pigs, dogs, rodents, and flies, cannot get in contact with human faeces. Examples are provided below.</p>

IMPACT INDICATOR 1.1: HOUSEHOLDS WITH ACCESS TO A SANITARY TOILET

Level	Scenarios	Explanations	
2		<p>A fully closed and covered single direct pit</p> 	<p>A fully closed and covered single or double off-set pit</p> 
3	<p>Toilet, (ii) where human excreta is contained in an enclosed and covered pit or tank so that humans and animals can NOT get in contact with human excreta; and (iii) either has a water seal or a lid to cover the squatting hole.</p>	<p>This is a toilet, which is safe because</p> <ul style="list-style-type: none"> ➔ the human faecal matter is contained in an enclosed and covered pit or tank so that humans and animals cannot get in contact with human faeces; and ➔ the squatting slab has a functioning water seal or a lid that fully covers the squatting hole. <p>People, animals and or flies cannot access the contents of the pit or tank and therefore cannot get in contact with human excreta. Also because the slab is closed, flies cannot enter and emerge from the pit and you cannot smell the contents of the pit. Examples are provided below.</p> <p>There is a (wooden) lid or cover that is big enough to entirely cover the squatting hole</p> <div style="display: flex; justify-content: space-around;">   </div> <p style="text-align: center;">The pour-flush toilet pan is fitted with a water seal or syphon</p> <div style="display: flex; justify-content: space-around;">   </div>	

IMPACT INDICATOR 1.1: HOUSEHOLDS WITH ACCESS TO A SANITARY TOILET

Level	Scenarios	Explanations
4	<p>Toilet,</p> <p>(ii) where human excreta is contained in an enclosed and covered pit or tank so that humans and animals can NOT get in contact with human excreta;</p> <p>(iii) either has a water seal or a lid to cover the squatting hole; and</p> <p>(iv) is located at least 10 meters away from a groundwater or surface water source.</p>	<p>This is a toilet, which is safe because</p> <ul style="list-style-type: none"> ➔ the human faecal matter is contained in an enclosed and covered pit or tank so that humans and animals cannot get in contact with human faeces; ➔ the squatting slab has a functioning water seal or a lid that fully covers the squatting hole; and ➔ the toilet is located at least 10 meters away from a groundwater or surface water source. <p>On top of the two elements described in levels 2 and 3, the toilet needs to be safely located away from a water source. This to avoid human excreta (faecal sludge), accumulated in the pit or tank, from contaminating the groundwater and or surface water that may be used for domestic (drinking and other) purposes.</p>  <p>10 meters are indicated as an appropriate distance (proximity of toilet in relation to groundwater and surface water sources). It is however recommended to use national standards if these are available. Clearly document alternative distances, if not using the distance of 10 metres, to allow for comparison between countries.</p>

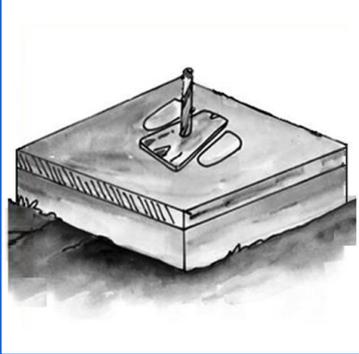
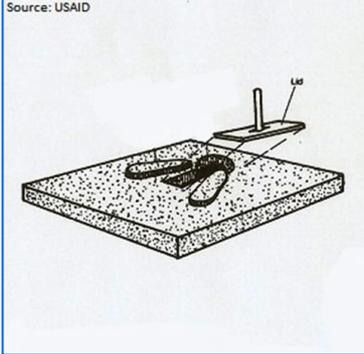
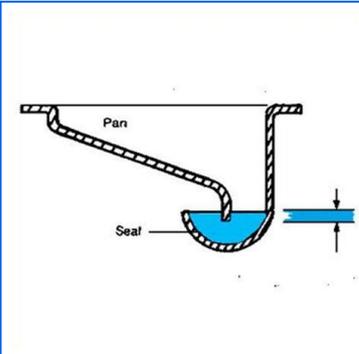
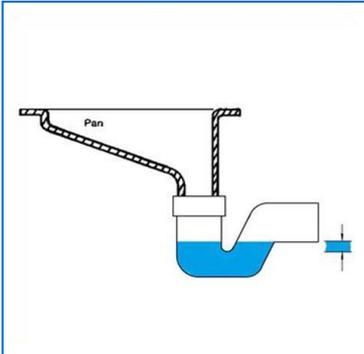
ADDITIONAL EXPLANATIONS FOR INDICATOR 2

IMPACT INDICATOR 2.1: PROGRESS IN NUMBER OF HOUSEHOLDS AND NUMBER OF PEOPLE (MALE AND FEMALE) THAT USE A HYGIENIC TOILET

This indicator assesses two aspects: 1) whether the latrine is in use, and 2) whether the latrine is clean and hygienic. The actual use of latrines by people depends on whether the latrine is relatively safe to use and whether it is considered to be hygienic. Latrines that are not cleaned regularly can be potential sources for spreading of diseases. As a consequence of a latrine's location (relatively near houses), badly maintained latrines can be potentially even riskier than open defecation practices. Remember no one wants to use a dirty latrine and furthermore a dirty latrine attracts flies and other harmful animals. Not all 'dirt' in a latrine is a health risk: mud and papers from sweets, while not aesthetic, are not faecal-oral disease transmissions risks while an open bin with used anal cleansing material (e.g. used toilet paper) is a health risk.

IMPACT INDICATOR 2.1: HYGIENIC USE OF TOILET BY HOUSEHOLDS		
Level	Scenarios	Explanations
0	Toilet is not used as toilet	<p>The toilet is not used for defecation purposes.</p> <p>This means the toilet is not used for defecating by any of the household members (people living in the house).</p>
1	Toilet, (i) is used for defecating	<p>The toilet, ➔ is used for defecation purposes.</p> <p>Some or all of the household members use the toilet for defecating (and urinating). This could be relatively easy to ascertain by inspecting the toilet carefully, for example:</p> <ol style="list-style-type: none"> Are there any actual signs that the toilet is used? Consider the following: <ul style="list-style-type: none"> Are there any anal cleansing materials in the toilet? Is there water for flushing in case of a pour-flush toilet? Is there any hint of smell inside the toilet? Are there any faecal smears in or around the squatting hole or toilet pan? In the case of a simple direct pit latrine it is rather easy to assess usage by inspecting the amount of faecal matter in the pit with the use of a dipstick made out of bamboo or any other local material. You could question the respondent whether the toilet has ever been emptied. The frequency of pit emptying in relation to the size of the pit and the years in use should give a good indication on whether the toilet is indeed being used for defecation purposes.
2	Toilet, (i) is used for defecating; and (ii) either has a functioning water seal or a lid that is in use and that completely covers the squatting hole so that rodents and or flies cannot get into the pit or tank	<p>The toilet, ➔ is being used for defecating; and ➔ it has a functioning water seal or a lid that is in use and that completely covers the squatting hole</p> <p>Because the slab is closed, flies cannot enter and emerge from the pit and you cannot smell the contents of the pit. Examples of functioning water seals and lids are provided below.</p>

IMPACT INDICATOR 2.1: HYGIENIC USE OF TOILET BY HOUSEHOLDS

Level	Scenarios	Explanations
2		<p>The squatting hole of a pit latrine is covered with a (wooden) lid or cover that completely covers the hole and that blocks entrance to the pit or tank when not in use. Observe whether the size of the lid is big enough and whether it is placed correctly on the squatting hole.</p> <div style="display: flex; justify-content: space-around;">   </div> <p>The pan of a flush or pour-flush toilet is fitted with a functioning water seal or syphon and water is poured into it so that the water seal is intact and blocks entrance to the pit(s) or tank(s). Observe whether there is water in the seal or syphon and whether it is completely blocking the entrance to the pit or tank or to the pipe that connects the pan to an off-set pit or tank.</p> <div style="display: flex; justify-content: space-around;">   </div>
	3	<p>Toilet, (i) is used for defecating; (ii) either has a functioning water seal or a lid that is in use and that completely covers the squatting hole so that rodents and or flies cannot get into the pit or tank; and (iii) no human excreta is visible on either the slab (pan) or walls</p>
4	<p>Toilet, (i) is used for defecating; (ii) either has a functioning water seal or a lid that is in use and that completely covers the squatting hole so that rodents and or flies cannot get into the pit or tank;</p>	<p>This toilet, → is being used for defecating; → it has a functioning water seal or lid that is in use and that completely covers the squatting hole; → no human excreta is visible on either the slab (pan) or walls; and → used anal cleansing materials and or sanitary materials are not exposed because they are disposed of safely immediately after use.</p>

IMPACT INDICATOR 2.1: HYGIENIC USE OF TOILET BY HOUSEHOLDS

Level	Scenarios	Explanations
4	<p>(iii) no human excreta is visible on either the slab (pan) or walls; and</p> <p>(iv) used anal cleansing materials and or sanitary materials are not exposed as they are disposed of safely immediately after use.</p>	<p>The inside of the toilet cubicle or superstructure is clean which means that on top of the condition described in level 3 there is no used anal cleansing material or used sanitary materials (sanitary napkins) visible inside the toilet cubicle. This means that these materials are disposed of safely (hygienically) immediately after they have been used.</p> <p>The most commonly available anal cleansing options are water, natural materials and paper:</p> <ul style="list-style-type: none"> • The use of water is common in countries with Islamic traditions and in many places in Asia. If water is used then this level is automatically reached. • Natural materials, such as leaves, corn cobs, stones, and bamboo sticks are commonly used in rural areas. Normally these materials are collected before entering the toilet. After using the materials, they need to be disposed of safely. • The use of paper, such as old newspapers and in some case toilet paper, is common in (poor) urban areas where paper can be collected or bought. <p>Anal cleansing materials and or sanitary materials could be disposed of safely (hygienically) in different ways, for example:</p> <ul style="list-style-type: none"> • Inside the toilet pit. Note that this could lead to rapid filling of the pits and regular blocking of the pipes. • Inside a fully closed container. This requires hygienically handling once the container is full. • Inside a rubbish pit. • By burning them. Burning should be done preferably inside a rubbish pit. • Etc.

ADDITIONAL EXPLANATIONS FOR INDICATOR 3

STANDARD DATA COLLECTION FOR HOUSEHOLDS WITH ACCESS TO A HAND WASHING FACILITY

This indicator measures the number of households and the number of people with access to any kind of hand washing facility. The quality and its actual use are assessed with the use of impact indicator 3.1.

ACCESS TO HAND WASHING FACILITIES	
Questions	Explanations
Do you have any specific hand washing facilities to wash your hands?	This question is about having one or more designated hand washing facilities or stations or devices.
<ul style="list-style-type: none"> • YES 	Provide a tick if this house has a designated place or facility for hand washing.
<ul style="list-style-type: none"> • NO 	Provide a tick if this house does not have a designated place or facility for hand washing.
If YES, what type and how many? (#)	Select the correct type and provide the number of each of these types of hand washing facilities.
<ul style="list-style-type: none"> • Hand washing facilities with running water (piped) (#) 	<p>This hand washing device requires running (piped) water and a faucet. It may therefore not be appropriate in many rural houses where access to piped water systems is still a dream.</p> 
<ul style="list-style-type: none"> • Tippy tap / treadle tap (#) 	<p>The tippy tap is a hands free way to wash hands that is especially appropriate in rural areas where there is no running water. It is operated by a foot lever and thus reduces the chance of bacteria transmission as the user only touches the soap. It requires only a little bit of water to wash hands.</p> 

ACCESS TO HAND WASHING FACILITIES

Questions	Explanations
<ul style="list-style-type: none"> Covered water container with tap (#) 	<p>This can be any type of closed and covered container (bucket, drum, etc.) with a fixed faucet to make it easier and more hygienic to withdraw water.</p> <div style="display: flex; flex-wrap: wrap;">     </div>
<ul style="list-style-type: none"> Covered water container with ladle or dipper (#) 	<p>This can be any type of closed and covered water container (bucket, drum, etc.) where water is taken out by using a handheld dipper. This is not an ideal device because the water inside the container can be contaminated as the water needs to be withdrawn by a handheld device.</p> 
<ul style="list-style-type: none"> Open water container with tap (#) 	<p>This can be any type of uncovered container (bucket, drum, etc.) with a fixed faucet to make it easier to withdraw water. This is not an ideal facility because the water inside the container can be easily contaminated as the container is not covered.</p> 

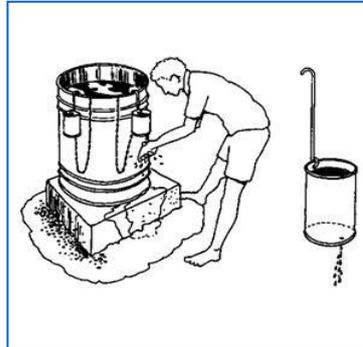
ACCESS TO HAND WASHING FACILITIES

Questions

Explanations

- Open water container with ladle or dipper (#)

This can be any type of uncovered water container (bucket, drum, etc.) where water is taken out by using a handheld dipper. This facility is far from ideal device because the water inside the container can be easily contaminated as the container is no covered and the water needs to be withdrawn by a handheld device.



For example hand washing devices made of bamboo

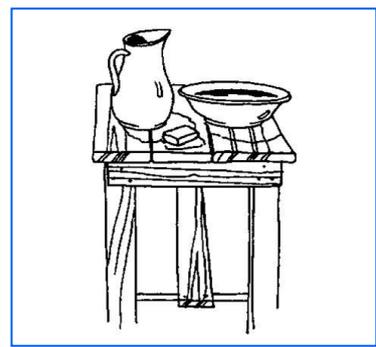


For example hand washing devices made of jerry cans

- Other type of hand washing facility



For example a hand washing device that makes use of a jug



ACCESS TO HAND WASHING FACILITIES	
Questions	Explanations
If YES, where are the hand washing facilities located and how many?	Select the correct location and provide the number of hand washing facilities at these locations.
<ul style="list-style-type: none"> In or near the toilet (#) 	Provide a number equal to the number of hand washing facilities located inside the toilet or within 10 paces of the toilet.
<ul style="list-style-type: none"> In or near the kitchen (#) 	Provide a number equal to the number of hand washing facilities located inside the kitchen or within 10 paces of the kitchen.
<ul style="list-style-type: none"> Other location (#) 	Provide a number equal to the number of hand washing facilities located at any other place inside or outside the house.

ADDITIONAL QUESTIONS FOR AUSAID FUNDED ACTIVITIES	
KNOWLEDGE ABOUT CRITICAL JUNCTURES OF HHWS	
Questions	Explanations
Household member interviewed recalls the critical junctures of hand washing with soap	<p>This question concerns the existence of knowledge about critical junctures of hand washing with soap. The following five critical times to wash hands are first and foremost those occasions when people can get in contact with human excreta and when people get in direct contact with food.</p> <p>As infants are most prone to getting sick, it would be best to interview the child caretakers in the family. Provide ticks for all the different options mentioned.</p>
<ul style="list-style-type: none"> Before (breast) feeding an infant (baby or small child) 	Provide a tick if the interviewee mentions this critical juncture.
<ul style="list-style-type: none"> After cleaning a child who has defecated 	Provide a tick if the interviewee mentions this critical juncture.
<ul style="list-style-type: none"> After defecating (e.g. after using the toilet) 	Provide a tick if the interviewee mentions this critical juncture.
<ul style="list-style-type: none"> Before preparing food 	Provide a tick if the interviewee mentions this critical juncture.
<ul style="list-style-type: none"> Before eating 	Provide a tick if the interviewee mentions this critical juncture.

IMPACT INDICATOR 3.1: PROGRESS IN NUMBER OF HOUSEHOLDS AND NUMBER OF PEOPLE (MALE AND FEMALE) WITH ADEQUATE HAND WASHING FACILITIES IN OR NEAR THE TOILET

This indicator assesses the **existence and quality of hand washing facilities in or near the toilet** as a proxy indicator for the behaviour of safe practice of hand washing with soap at critical junctures.

As it is practically impossible to assess the actual hand washing behaviours of all the people living in a house proxy indicators are used to assess this indicator. Proxy indicators are indirect measures or signs that approximates or represents a phenomenon or behaviour in the absence of a direct measure or sign.

The following reliable and valid proxies for hand washing behaviour will be used:

- 1) Existence of an adequate hand washing facility,
- 2) Availability of sufficient water, and
- 3) Availability of soap.

IMPACT INDICATOR 3.1: HOUSEHOLDS WITH ACCESS TO A HAND WASHING FACILITY

Level	Scenarios	Explanations
0	Household with no specific place or facility for washing hands located within 10 paces of the toilet	<p>Although the household members might wash their hands at certain times, there is no designated hand washing facility inside or within 10 paces of the toilet.</p> <p>The location of hand washing facilities (inside or near the toilet and in or near the kitchen) is crucial. It is assumed that proximity of a hand washing facility to a toilet will facilitate the washing of hands after defecation. Similarly the proximity of a hand washing facility to the location where food is prepared will facilitate the washing of hands when handling food. However, this indicator focuses primarily on the washing of hands after defecating.</p> <p>A distance of 10 paces is used in the mini scenarios as an appropriate distance (proximity of hand washing facility in relation to the toilet). It is however recommended to use national standards if these are available. Clearly document alternative distances, if not using the distance of 10 paces, to allow for comparison between countries.</p>
1	Household, (i) has a designated place with water for washing hands which is located within 10 paces of the toilet but which does not prevent contamination of the water	<p>Household, ➔ has a designated place with water for washing hands which is located within 10 paces of the toilet but which does not prevent contamination of the water</p> <p>A hand washing facility is a device at a designated place that is used for the washing of hands. Certain hand washing facilities are designed such that they avoid the contamination of the water by animals, users or the environment. However, there are also hand washing facilities that do not prevent the contamination of the stored water. This because the water is either stored in an open container or the water needs to be withdrawn by a ladle or other utensil which allows the contamination of the water by dirty utensils or hands.</p> <p>A range of non-ideal types of hand washing facilities are given in the standard data collection table for this indicator, such as:</p> <ul style="list-style-type: none"> • Covered water container with ladle or dipper • Open water container with tap • Open water container with ladle or dipper <p>Water is obviously needed to wash hands. The quality of water is not that relevant and even more so this cannot be detected through simple observations. However, preferably water from an improved water source should be used.</p>
2	Household, (i) has a designated place with water for washing hands which is located within 10 paces of the toilet but which does not prevent contamination of the water; and (ii) with soap	<p>Household, ➔ has a designated place with water for washing hands which is located within 10 paces of the toilet but which does not prevent contamination of the water; and ➔ soap available at the hand washing facility</p> <p>If there is no soap at a hand washing facility, hand washing with soap will not occur. Consequently, checking to see if soap is present at a hand washing facility is a simple and important indicator. The visible presence of soap at a hand washing facility acts as a cue and thus a reminder that it needs to be used.</p> <p>Soap could be any kind of soap not necessarily a bar of soap but any kind of locally available cleansing agent (e.g. soap in liquid form, detergent, etc.).</p>

IMPACT INDICATOR 3.1: HOUSEHOLDS WITH ACCESS TO A HAND WASHING FACILITY

Level	Scenarios	Explanations
3	Household, (i) has a designated place with water for washing hands which is located within 10 paces of the toilet; (ii) with soap; and (iii) with a hand washing facility or device that prevents people (or animals) from contaminating the water	Household, → has a designated place with water for washing hands which is located within 10 paces of the toilet; → there is soap available at the hand washing facility; and → the hand washing facility prevents contamination of the water by people and or animals A safe hand washing facility or device should be anything that will ensure that water is not contaminated by people, animals, or the environment. Hand washing facilities are deemed to be safe when they meet the following characteristics: <ul style="list-style-type: none"> • it is either directly connected to a water main; or • it has a closed container with a lid or securely fitted cover; and • water can be withdrawn without the necessity to get into the water storage container with hands or any type of utensil. A range of acceptable types of hand washing facilities is given in the standard data collection table for this indicator, such as: <ul style="list-style-type: none"> • Tippy tap or treadle tap • Covered water container with tap
4	Household, (i) has a designated place with water for washing hands which is located within 10 paces of the toilet; (ii) with soap; and (iii) with a hand washing facility that uses running water so that people (or animals) cannot contaminate the water.	Household, → has a designated place with water for washing hands which is located within 10 paces of the toilet; → there is soap available at the hand washing facility; and → the hand washing facility uses running water to avoid contamination of the water by people and or animals. A hand washing facility with running water – one that is directly connected to a water main – is the best and therefore most desirable option. In the standard data collection table for this indicator, the hand washing facilities with running (piped) water would meet the criteria for level 4.

ADDITIONAL EXPLANATIONS FOR INDICATOR 4

IMPACT INDICATOR 4: PROGRESS IN NUMBER OF HOUSEHOLDS AND NUMBER OF PEOPLE (MALE AND FEMALE) USING A SANITARY TOILET WHEN AT HOME

This indicator measures the number of households and the number of people that use their toilet consistently when they are in or around the house. The existence of household toilets is captured by impact indicator 1.1.

As it is practically impossible to assess the actual use of toilets by all the people living in a house proxy indicators are used to assess this indicator. Proxy indicators are indirect measures or signs that approximates or represents a phenomenon or behaviour in the absence of a direct measure or sign. The following reliable and valid proxies for toilet use will be used:

- 1) Toilet is visibly in use,
- 2) Toilet is physically accessible for ALL at ALL times, and
- 3) Toilet provides convenience and privacy for ALL at ALL times.

Having access to a latrine does not mean that the latrine is used by all at all times. There can be many reasons (e.g. accessibility, convenience, privacy, security, location, type of slab and squatting hole, etc.) why certain members of the household will not use a latrine at all times. The creation of Open Defecation Free villages goes well beyond the construction of latrines. It requires that all the villagers have access to a latrine and that they consistently use it when in the village.

Considering that certain members of the family may not be able to use the latrine independently, this indicator assesses the safe disposal of human faeces of all family members. Safe disposal means either defecating or disposing of faeces in a latrine. Exposure to human faeces is a primary source of diarrhoeal disease. It is therefore essential for hygiene improvements that households safely dispose of both adult and child faecal matter. Exposure to children's faeces, especially faeces from children under the age of three, is a critical factor, because young children are more likely to contaminate the household environment since they are less likely to use a latrine.

IMPACT INDICATOR 4: USE OF TOILET BY ALL AT ALL TIMES		
Level	Scenarios	Explanations
0	Toilet is not used	<p>The toilet is not used for defecation purposes.</p> <p>This means the toilet is not used for defecating purposes by any of the household members (people living in the house).</p> <p>Note: The scenario described above is exactly the same as that what is described in level 0 of impact indicator 2.1.</p>
1	Toilet, (i) is visibly in use	<p>Toilet, → is visibly in use</p> <p>Some or all of the household members use the toilet for defecating (and urinating). This could be relatively easy to ascertain by inspecting the toilet carefully, for example:</p> <ol style="list-style-type: none"> 1) Are there any actual signs that the toilet is used? Consider the following: <ul style="list-style-type: none"> • Are there any anal cleansing materials in the toilet? • Is there water for flushing in case of a pour-flush toilet? • Is there any hint of smell inside the toilet? • Are there any faecal smears in or around the squatting hole or pan? 2) In the case of a simple direct pit latrine it is rather easy to assess usage by inspecting the amount of faecal matter in the pit with the use of a dipstick made out of bamboo or any other local material. 3) You could question the respondent whether the toilet has ever been emptied. The frequency of pit emptying in relation to the size of the pit and the years in use should give a good indication on whether the toilet is indeed being used for defecation purposes. <p>Note: The scenario described above is exactly the same as that what is described in level 1 of impact indicator 2.1.</p>

IMPACT INDICATOR 4: USE OF TOILET BY ALL AT ALL TIMES

Level	Scenarios	Explanations
2	<p>Toilet, (i) is visibly in use; and (ii) is physically accessible for ALL at ALL times when at home including the elderly and disabled</p>	<p>Toilet, → is visibly in use; and → the toilet is physically accessible for ALL at ALL times when at home including the elderly and disabled</p> <p>This requires a number of observations to assess whether the toilet is indeed accessible for all at all times. This depends on for example the design and construction quality of the toilet but also on the location of the toilet. Issues to consider here could be:</p> <p>1) Design and quality of construction of the toilet:</p> <ul style="list-style-type: none"> ⇒ The width and height of the door or entrance to the toilet cubicle. ⇒ The size (square footage and height) of the toilet cubicle. ⇒ The design and construction of the user interface (slab). For example: <ul style="list-style-type: none"> • Is the size of the squatting hole convenient for use by women? Toilet pans with a minimum dimension of 18” should provide no problems. However the shape and size of squatting holes in pit latrines are sometimes not convenient for female users. • Is it convenient for small children? Toilet pans should provide no problems as the actual hole is rather small. However, the size of squatting holes in pit latrines are sometimes of such a size that small children are afraid to use the toilet as they see a big black hole. • Can the toilet be used by people with physical disabilities? Squatting types of toilets, with a pan or a hole, may not be convenient for people with physical disabilities. <p>2) Location of the toilet:</p> <ul style="list-style-type: none"> ⇒ The distance to the house and the level or gradient of the terrain leading to the toilet. For example: <ul style="list-style-type: none"> • Are people with a physical disability able to reach the toilet?
3	<p>Toilet, (i) is visibly in use; (ii) is physically accessible for ALL at ALL times when at home including the elderly and disabled; and (iii) provides convenience and privacy for ALL at ALL times</p>	<p>Toilet, → is visibly in use; → is physically accessible for ALL at ALL times when at home including the elderly and disabled; and → the toilet provides convenience and privacy for ALL at ALL times</p> <p>This requires a number of observations to assess whether the toilet provides privacy and security for all at all times. This depends on for example the design and quality of the superstructure but also on the location of the toilet. Issues to consider here could be:</p> <p>1) Type and quality of the superstructure. For example:</p> <ul style="list-style-type: none"> ⇒ The quality of the superstructure: For example: <ul style="list-style-type: none"> • Does it provide enough privacy especially for women and adolescent girls? • Does it provide a secure environment for women and adolescent girls? • Can the toilet be used when it rains? <p>2) Location of the toilet. For example:</p> <ul style="list-style-type: none"> ⇒ The proximity to other houses: For example: <ul style="list-style-type: none"> • Is the toilet located in a place that provides both privacy and safety for its users? ⇒ The distance to the house. For example: <ul style="list-style-type: none"> • Do women, adolescent girls but also small children feel safe to visit the toilet when it is dark? • Is the toilet conveniently located (not too far from the house)

IMPACT INDICATOR 4: USE OF TOILET BY ALL AT ALL TIMES

Level	Scenarios	Explanations
		for use when it rains?
4	<p>Toilet,</p> <ul style="list-style-type: none"> (i) is visibly in use; (ii) is physically accessible for ALL at ALL times when at home including the elderly and disabled; (iii) provides convenience and privacy for ALL at ALL times; and (iv) there is no visible evidence of children’s stools in or around the house and surrounding yard 	<p>Toilet,</p> <ul style="list-style-type: none"> → is visibly in use; → is physically accessible for ALL at ALL times when at home including the elderly and disabled; → provides convenience and privacy for ALL at ALL times; and → there is no visible evidence of children’s stools in or around the house and surrounding yard <p>Exposure to children’s faeces, especially faeces from children under the age of three, is a critical factor, because young children are more likely to contaminate the household environment since they are less likely to use a latrine. It is therefore essential that the faeces of infants and small children that are not able to go to the toilet independently are collected and safely disposed in the toilet by a caretaker.</p> <p>The remunerator or interviewer should observe the conditions inside and around the house for signs of children’s stool.</p>

ADDITIONAL EXPLANATIONS FOR INDICATOR 5

OUTCOME INDICATOR 5: PROGRESS IN THE CAPACITY OF LOCAL ORGANISATIONS TO IMPLEMENT SANITATION DEMAND CREATION AT SCALE AND WITH QUALITY

This is a capacity development indicator that measures the progress in increased capacity of local organisations to implement demand creation activities at scale with quality. This outcome indicator is to be used with the lead agency responsible for implementing demand creation activities at the district or sub-district level.

The table below shows a number of examples of the evidence that is required to give a certain score. However, the expected evidence depends however on: 1) specific expectations about the required organisational capabilities; and 2) specific capacity building initiatives taken up by SNV and its capacity building partners. This means that the table could potentially be unique for each country.

OUTCOME INDICATOR 5: CAPACITY TO IMPLEMENT DEMAND CREATION WITH QUALITY					
Organisational elements and statements	Explanations of expectations per score				
	0	1	2	3	4
Designing and planning					
<ul style="list-style-type: none"> Has a plan for implementing demand creation activities in their district/sub-district with attention to timing (e.g. season, other activities and when households have available cash to invest) 	There is no physical evidence of an operational plan	i) A hard copy of the OP is available in the office	i) A hard copy of the OP is available in the office; and ii) It provides all the details about the intended results and required resources	i) A hard copy of the OP is available in the office; ii) It provides all the details about intended results and required resources; and iii) It is time bound, realistic and therefore doable	i) A hard copy of the OP is available in the office; ii) It provides all the details about intended results and required resources; iii) It is time bound, realistic and therefore doable; and iv) It is shared with, understood and used by all staff in the organisation
<ul style="list-style-type: none"> Provides assessed training to facilitators in proven demand creation approaches to an adequate standard 	There is no training provided for facilitators in the proven demand creation approaches and tools	i) Tot training has been provided but was not assessed	i) Tot training has been provided and was assessed ii) Hard copies exist of the necessary tools and training reports	i) Tot training has been provided and was assessed with facilitators achieving an adequate standard ii) Hard copies exist of the necessary tools and training reports iii) Subsequent cascade training if provided was assessed	i) Tot training has been provided and was assessed with facilitators achieving an adequate standard; ii) Hard copies exist of the necessary tools and training reports; iii) Subsequent cascade training if provided was assessed with facilitators achieving an adequate standard; and iv) Trained facilitators were subsequently observed and assessed in practice e.g. at village level

OUTCOME INDICATOR 5: CAPACITY TO IMPLEMENT DEMAND CREATION WITH QUALITY

Organisational elements and statements	Explanations of expectations per score				
	0	1	2	3	4
<ul style="list-style-type: none"> Provides follow-up to the facilitators after training in the form of guidance, coaching, motivation and/or support during implementation 	There is no follow-up provided for facilitators in the proven demand creation approaches and tools	i) Follow-up has been partially provided on an ad-hoc basis	i) Follow-up is provided in a planned manner.	i) Follow-up is provided in a planned manner; and ii) Includes a range of methods e.g. coaching, motivating and additional guidance.	i) Follow-up is provided in a planned manner. ii) Includes a range of methods e.g. coaching, motivating and additional guidance; and iii) Is part of a clear capacity development process /cycle to ensure adequate support and quality of facilitation
<ul style="list-style-type: none"> Regularly assesses the performance of facilitators responsible for demand creation and follow-up 	There is no assessment of facilitators in the proven demand creation approaches and tools	i) Follow-up assessment has been partially made on an ad-hoc basis	i) Follow-up is provided in a planned manner.	i) Follow-up is provided in a planned manner. ii) Includes a range of methods e.g. coaching, motivating and additional guidance.	i) Follow-up is provided in a planned manner. ii) Includes a range of methods e.g. coaching, motivating and additional guidance. iii) Is part of a clear capacity development process /cycle to ensure adequate support and quality of facilitation (Example given below).
<ul style="list-style-type: none"> Uses the experiences and lessons learned to adjust or improve sanitation demand creation activities and/or facilitator training. 	No adjustments or improvements made	i) Adjustments made but not based on experiences or lessons learned	i) Evidence of adjustments made based on experiences or lessons learned to activities or training in the past 12 months but not widely shared.	i) Evidence of adjustments made based on experiences or lessons learned to activities or training in the past 12 months made and shared.	i) The documented approaches and tools are updated regularly on the basis of on-going learning; and ii) All documents are shared with, understood and used by all relevant staff responsible for demand creation related activities

In addition, the country programmes will continue to monitor the quality of facilitation at the village level using their own locally adapted criteria. An example of this from the first phase is provided below.

QUALITY CRITERIA FOR SDC FACILITATION AT COMMUNITY LEVEL					
Criteria	Scores				
	1	2	3	4	5
• Ensures that workshop invitations and motivation is done adequately as to ensure participation of different genders, ethnic groups and wealth groups					
• Monitors attendance and makes additional efforts to reach groups who do not attend (if needed)					
• Facilitates does not lecture					
• Demonstrates a respectful attitude towards participants and adapts to local customs					
• Is clear about agreements, roles& responsibilities of the community and outside organisations (does not create false expectations)					
• Gives specific attention and/or uses methods to enable participation of different genders, ethnic groups and wealth groups					
• Includes informed technology choice activities and understanding of <u>sanitary quality</u> of toilets					
• Includes hygiene and hand washing					
• Gives attention to special needs (disabled, elderly, poor)					
<i>Describe strengths and weaknesses</i>					

Notes: Scores: 1=non-existent; 5=fully present.

In addition, the following is an example from SNV Bhutan of a capacity development process /cycle to ensure adequate quality of facilitation.

CAPACITY DEVELOPMENT PLAN FOR CDH FACILITATORS



- Discussion with team (SNV/LCB) on the CDH concepts, sessions, objectives and approaches to come to common understanding

- LCB (with SNV advisor(s) if possible) organise an internal ToT for the new LCB facilitators before commencing the CDH workshops. the new LCB facilitators will not independently conduct initial CDH workshops. They will be attached to senior LCB/SNV facilitators as part of on-the-job training and coaching. A capacity assessment of the new LCB facilitators will be undertaken at the end of each CDH workshops.

- LCB/SNV CDH facilitators will, prior to conducting a CDH workshop, sit with respective Health Assistants/HAs (and GAOs if possible). This will help in defining roles of the local governance functionaries from the beginning, as well as identifying where the HAs and GAOs can facilitate certain sessions and where support might be required.

- LCB/SNV facilitators will lead 3 CDH workshops with full involvement of the HAs/GAOs per Geog. Its possible the HAs/GAOs will lead some sessions during these three CDH workshops, depending on the capacity and confidence of the HAs/GAOs. At the end of these 3 CDH workshops, the LCB/SNV will make a joint assessment of the capacity of the HAs/GAOs to carry forward the CDH workshops, and identify capacity gaps for support. A report and action plan to address gaps are documented.

- HAs/GAOs will take lead in the next 3 CDH workshops and the LCB/SNV facilitators will provide support where-ever required. Another joint assessment of the HAs/GAOs capacity to take forward the CDH workshops independently will undertaken upon completion. A report and action plan to address possible gaps are documented

- Throughout the process, references will be made to the baseline datas, and will be followed through and monitored during the monitoring/follow-up visits. A format for the follow-up visits will need to be drafted and agreed upon by all involved. This will need to be done by end of November 2011 or latest by 2nd week of December 2011. A report and action plan to address possible gaps are documented.

- Its agreed that the CDH facilitators informs the expectations from the natural leaders/sanitation champions at the end of the CDH workshop once the Natural Leaders are identified. the following are the messages/expectations:
 - Monitoring of the agreed action plan, if a plan is developed and agreed upon
 - Promotion and encouragement to community members on the needs and benefits of toilet construction
 - Participate and promote sanitation in community meetings. Put sanitation on the agenda of community meetings, together with local governance functionaries where-ever possible
 - contribute to learning about people constructing and not constructing toilets - understanding the contexts and reasons for the things that are happening and more importantly not happening

ADDITIONAL EXPLANATIONS FOR INDICATOR 6

OUTCOME INDICATOR 6: PROGRESS IN SANITATION SERVICES AND BUSINESS DEVELOPMENT

Result: Increased provision of sanitation products and services available for consumer households' needs and preferences

This is a capacity development indicator that measures the progress in increased performance of private sector actors engaged in sanitation related businesses or supply chains.

OUTCOME INDICATOR 6: PROGRESS IN SANITATION SERVICES AND BUSINESSES DEVELOPMENT		
Level	Scenarios	Explanations
0	No private sector actors involved in sanitation related businesses or supply chains within reach of the customers	<p>There are no private sector actors involved in sanitation related businesses or supply chains within reach of the customers</p> <p>This means that there are no sanitation (and hygiene) products and services available to the customers in the programme area. This is not the same as that there are no private sector actors located within the programme area! Private sector actors may have a business in neighbouring areas (outside the programme area) but because of their location and or outreach they may still be accessible to the programme area's target groups.</p>
1	Private sector actor, (i) is involved in sanitation related businesses or supply chains within reach of the customers	<p>Private sector actor, i) is involved in sanitation related businesses or supply chains and is accessible to the customers located in the programme area</p> <p>The definition of private sector actors is likely to differ from country to country and might even differ within different geographical areas within a country. The first step is to make clear who is included in our definition of private sector actors. This of course also depends on who we will target the capacity building activities on. Although the standard data collection table is expected to provide a complete overview of sanitation related businesses in a certain geographical area (e.g. district), this impact indicator will only focus on those businesses that we will target. The programme's intervention strategy should make it clear what kind of businesses will be strengthened during the course of the programme.</p> <p>Consider the following:</p> <p>1) Demand for and acquisition of sanitary toilets: this requires customers to have access to the following goods and services:</p> <ul style="list-style-type: none"> ⇒ Sanitation related products: <ul style="list-style-type: none"> • Construction materials such as cement, bricks, toilet pans, syphons, sewer pipes and so forth: shops or retailers that stock and sell sanitation related goods. • Pre-fabricated goods such as concrete rings, concrete slabs with or without toilet pans: concrete part producers. ⇒ Sanitation related services: <ul style="list-style-type: none"> • Toilet construction services: contractors, masons, etc. <p>2) Operation, use and maintenance of sanitary toilets: this requires customers to have access to the following goods and services:</p> <ul style="list-style-type: none"> ⇒ Sanitation related products: <ul style="list-style-type: none"> • Materials required to operate the toilet such as soap, cleaning materials, anal cleansing materials and so forth: shops or retailers that stock and sell these products • Construction materials required to maintain or repair the toilets: shops or retailers that stock and sell sanitation goods. ⇒ Sanitation related services: <ul style="list-style-type: none"> • Toilet maintenance and repair services: masons, etc.

OUTCOME INDICATOR 6: PROGRESS IN SANITATION SERVICES AND BUSINESSES DEVELOPMENT

Level	Scenarios	Explanations
		<p>3) Disposal and or reuse of pit contents: this requires customers to have access to the following services:</p> <p>⇒ Sanitation related services:</p> <ul style="list-style-type: none"> • Pit emptying services either mechanical provided by large and small entrepreneurs or manual services provided by sweepers. • Disposal and or reuse services provided by the same business involved in pit emptying services or by public or private service providers. <p>There is also a need to define accessibility. What is an acceptable distance? What is an acceptable amount of time for customers to obtain sanitation related goods and services? Again this is likely to differ from location to location. It is important to document the assumptions clearly as to be able to compare and understand the differences between countries.</p>
2	<p>Private sector actor,</p> <p>(i) is involved in sanitation related businesses or supply chains within reach of the customers; and</p> <p>(ii) experienced increase in sales during the past year</p>	<p>Private sector actor,</p> <p>i) is involved in sanitation related businesses or supply chains and is accessible to the customers located in the programme area; and</p> <p>ii) the entrepreneur experienced an increase in sales during the past year</p> <p>This level requires the assessment of the increase in sales over a specific period of time. We have opted here for a specific period of one year, which means annual increases in sales.</p> <p>Definitions:</p> <ul style="list-style-type: none"> • Increase: the amount by which something increases. • Sales: sale is the act of selling a product or service in return for money or other compensation. <p>Tracking the sales and marketing activities is a good way to assess increase in sales as changes here can have a direct impact on how much a business sells and how profitably it is. Possible measures are:</p> <ul style="list-style-type: none"> • Increase in number of sales • Increase in profit margins on sales • Increase in number of new customers <p>Although it may not be obvious to all concerned, there is a potential conflict of interest when dealing with sanitation supply chain actors. It is in the interest of the programme to see a noticeable increase in the number of customers and, to make products and services available at affordable prices for the poor. On the other hand entrepreneurs are expected to be in particular interested in increases in profits. There is a need to find a balance in these potentially conflicting interests as the sector requires viable businesses now but even more so in the future. Considering this and the difficulties related to obtaining reliable sales figures, it is suggested that we assess the increase in the number of sales and in particular:</p> <p>⇒ Increase in the sales volumes or more precisely increases in the number of products (or services) sold during the past year.</p> <p>To be able to calculate the increase in sales volumes you require the sales figures for the current year and those of the past year. An example:</p> <ul style="list-style-type: none"> • Sales volumes of concrete rings for 2012: 300 rings • Sales volumes of concrete rings for 2013: 360 rings • Increase in sales volume is $[(350-300)/300] = 20\%$ <p>As simple as it looks it will require that the entrepreneurs or businesses keep relatively reliable sales records. Is that too much to ask if and when we are supporting the business to enhance their long-term viability?</p>

OUTCOME INDICATOR 6: PROGRESS IN SANITATION SERVICES AND BUSINESSES DEVELOPMENT

Level	Scenarios	Explanations
3	Private sector actor, (i) is involved in sanitation related businesses or supply chains within reach of the customers; and (ii) experienced increase in sales during the past year; and (iii) markets sanitation a form of outreach	Private sector actor, i) is involved in sanitation related businesses or supply chains and is accessible to the customers located in the programme area; ii) the entrepreneur experienced an increase in sales during the past year; and iii) the entrepreneur markets his or her products and services through various forms of outreach. Marketing is the process of communicating the value of a product or service to customers, for the purpose of selling the product or service. It is a critical business function for attracting customers. The intensity of marketing required depends on for example on the type of goods and services on offer, the attitude of current and potential new customers to the products or services on offer and, the number of competitors selling the same products or services. The actual location of the business might be more crucial for success than the marketing activities undertaken by it. This level could assess both the types of marketing activities undertaken and the intensity of these activities. Comparing this in a similar way as done for the increase in sales, it should give an insight if marketing is done. A separate table below provides more details.
4	Private sector actor, (i) is involved in sanitation related businesses or supply chains within reach of the customers; and (ii) experienced increase in sales during the past year; (iii) market sanitation through various forms of outreach; and (iv) reaches the poorest wealth quintile.	Private sector actor, i) is involved in sanitation related businesses or supply chains and is accessible to the customers located in the programme area; ii) the entrepreneur experienced an increase in sales during the past year; iii) the entrepreneur markets his or her products and services through various forms of outreach; and iv) the entrepreneur is reaching the poorest wealth quintile. This relates to availability of affordable sanitation options for the poorest wealth quintile which meets their needs and preferences. Affordability should not exceed 5% of annual cash income. Income data are collected in a household survey or from secondary sources, if existing.

LEVEL 3: ASSESSING THE TYPES AND INTENSITY OF MARKETING ACTIVITIES

Marketing activities	Intensity of marketing activities									
	Last year					This year				
	0	1	2	3	4	0	1	2	3	4
Just sit and wait for customers										
Word of mouth										
Show-casing of products										
Participating in fairs										
Location of the business										
Distributing brochures or flyers										
Providing discounts or (delayed) payment schemes										
Others (Specify below)										

ADDITIONAL EXPLANATIONS FOR INDICATOR 7

OUTCOME INDICATOR 7: PROGRESS WITH REGARDS TO INCREASED CAPACITY OF LOCAL ORGANISATIONS TO IMPLEMENT BEHAVIOUR CHANGE COMMUNICATION AT SCALE AND WITH QUALITY

Result: Improved capacity of client or change agent to implement behaviour change communication at scale in their area leading to improved performance

This is a capacity development indicator that measures the progress in increased capacity of local organisations to implement behaviour change communication activities at scale with quality. This outcome indicator is to be used with the lead agency responsible for implementing BCC interventions.

The table below shows a number of examples of the evidence that is required to give a certain score. However, the expected evidence depends however on: 1) specific expectations about the required organisational capabilities; and 2) specific capacity building initiatives taken up by SNV and its capacity building partners. This means that this table could potentially be unique for each country.

OUTCOME INDICATOR 7: CAPACITY TO IMPLEMENT BEHAVIOUR CHANGE COMMUNICATION AT SCALE					
Organisational elements and statements	Explanations of expectations per score				
	0	1	2	3	4
<ul style="list-style-type: none"> Your organisation... has a BCC strategy or action plan that includes sanitation and hygiene focus behaviours and target groups in line with national guidance and/or plans. 	There is no physical evidence of an operational plan	i) A hard copy of the OP is available in the office	i) A hard copy of the OP is available in the office; and ii) It provides all the details about the intended results and required resources	i) A hard copy of the OP is available in the office; ii) It provides all the details about intended results and required resources; and iii) It is time bound, realistic and therefore doable	i) A hard copy of the OP is available in the office; ii) It provides all the details about intended results and required resources; iii) It is time bound, realistic and therefore doable; and iv) It is shared with, understood and used by all staff in the organisation
<ul style="list-style-type: none"> Has a clear division of roles and responsibilities to implement the strategy or plan 	There is no physical evidence of a clear division of roles and responsibilities	i) Within the organisation roles and responsibilities are clearly defined	i) Within the organisation roles and responsibilities are clearly defined; and iii) Field implementation, supervisory and quality control roles or functions are clearly separated	i) Within the organisation roles and responsibilities are clearly defined; ii) Field implementation, supervisory and quality control roles or functions are clearly separated; and iii) This is well documented	i) Within the organisation roles and responsibilities are clearly defined; ii) Field implementation, supervisory and quality control roles or functions are clearly separated; iii) This is well documented; v) It is available, understood and used by all staff in the organisation
<ul style="list-style-type: none"> Has adequate human and financial resources to implement BCC activities in line with its strategy or plans 	No budget or staff assigned.	i) Budget and staff assigned as part of existing activities but	i) Evidence that staff and budget has been allocated inline with plan / strategy	i) Required guidance provided. ii) Progress is monitored to ensure allocations are	i) Revision of allocation resources is made as required.

OUTCOME INDICATOR 7: CAPACITY TO IMPLEMENT BEHAVIOUR CHANGE COMMUNICATION AT SCALE

Organisational elements and statements	Explanations of expectations per score				
	0	1	2	3	4
		not in line with plan or strategy	but not clear guidance.	considered adequate.	
<ul style="list-style-type: none"> Develops BCC based on formative research or evidence of motivators 	There is no physical evidence that formative research has been undertaken in the programme area	<ul style="list-style-type: none"> i) Hard copies exist of a report with the outcomes of formative research 	<ul style="list-style-type: none"> i) Hard copies exist of a report with the outcomes of formative research; and ii) The report provides insight in existing KAP of the main population segments 	<ul style="list-style-type: none"> i) Hard copies exist of a report with the outcomes of formative research; ii) The report provides insight in existing KAP of the main population segments; and iii) The main outcomes of the formative research are used for developing a localised BCC strategy 	<ul style="list-style-type: none"> i) Hard copies exist of a report with the outcomes of formative research; ii) The report provides insight in existing KAP of the main population segments; iii) The main outcomes of the formative research are used for developing a localised BCC strategy; and vi) The main outcomes of the formative research are shared with, understood and used by all relevant staff responsible for BCC activities
<ul style="list-style-type: none"> Tests effectiveness of messages and approaches with the target audience 	Materials and approaches are not field tested.	<ul style="list-style-type: none"> i) Materials and approaches are tested but not specifically with target audience 	<ul style="list-style-type: none"> i) Evidence that materials and approaches have been tested before use with an applicable target group in terms of understanding of key messages and appropriateness. 	<ul style="list-style-type: none"> i) Evidence that materials and approaches have been tested before use with an applicable target group in terms of understanding of communication objectives, key messages and appropriateness. ii) Materials have been adjusted based on outcomes of testing if required. 	<ul style="list-style-type: none"> i) Evidence that materials and approaches have been tested before use with an applicable target group in terms of understanding of key messages and appropriateness; and ii) Materials have been adjusted based on outcomes of testing and re-tested.
<ul style="list-style-type: none"> Provides training to facilitators or other implementers in BCC approaches to an adequate standard 	There is no training provided for facilitators in BCC approaches and tools	<ul style="list-style-type: none"> i) Tot training has been provided but was not assessed 	<ul style="list-style-type: none"> i) Tot training has been provided and was assessed; and ii) Hard copies exist of the necessary tools and training reports 	<ul style="list-style-type: none"> i) Tot training has been provided and was assessed with facilitators achieving an adequate standard; ii) Subsequent cascade training if provided was assessed; and iii) Hard copies exist of the necessary tools and training reports 	<ul style="list-style-type: none"> i) Tot training has been provided and was assessed with facilitators achieving an adequate standard; ii) Subsequent cascade training if provided was assessed with facilitators achieving an adequate standard; iii) Facilitators were subsequently observed and assessed in practice

OUTCOME INDICATOR 7: CAPACITY TO IMPLEMENT BEHAVIOUR CHANGE COMMUNICATION AT SCALE

Organisational elements and statements	Explanations of expectations per score				
	0	1	2	3	4
					e.g. at village level; and iv) Hard copies exist of the necessary tools and training reports
<ul style="list-style-type: none"> Regularly assesses the performance of facilitators or others responsible for BCC interventions 	There is no assessment of facilitators in BCC approaches and tools	i) Follow-up assessment has been partially made on an ad-hoc basis	i) Follow-up is provided in a planned manner	i) Follow-up is provided in a planned manner; and ii) Includes a range of methods e.g. coaching, motivating and additional guidance.	i) Follow-up is provided in a planned manner ii) Includes a range of methods e.g. coaching, motivating and additional guidance; and iii) Is part of a clear capacity development process /cycle to ensure adequate support and quality of facilitation (Example given below).
<ul style="list-style-type: none"> Reviews approaches based on monitoring or lessons learned 	BCC approaches have not been reviewed.	i) BCC approaches have been reviewed but not based on monitoring or lessons learned	i) Evidence that BCC approaches have been reviewed based on monitoring or lessons learned	i) Evidence that BCC approaches have been reviewed based on monitoring or lessons learned; and ii) Approaches have been adjusted in response	iii) Evidence that materials and approaches have been tested before use with an applicable target group in terms of understanding of key messages and appropriateness; iv) Materials have been adjusted based on outcomes of testing and re-tested; and v) Revised approaches shared with, understood and used by all staff in the organisation
<ul style="list-style-type: none"> Monitors the usage and effectiveness of BCC materials 	No monitoring of usage and effectiveness of BCC materials. Materials are simply distributed.	i) Record is kept of distribution of BCC materials but not of usage or effectiveness	i) Record of distribution and feedback is sort on usage and effectiveness	i) Regularly monitored for usage at sub-district leve. For example: is it visible, are people aware of the materials, are they considered effective?	i) Regularly monitored for usage at sub-district level (e.g. is it visible, are people aware of the materials, are they considered effective?); ii) Effectiveness is assessed in terms of monitoring changes in impact; and iii) Outcome of monitoring is actively used e.g. change distribution, update materials

OUTCOME INDICATOR 7: CAPACITY TO IMPLEMENT BEHAVIOUR CHANGE COMMUNICATION AT SCALE

Organisational elements and statements	Explanations of expectations per score				
	0	1	2	3	4
<ul style="list-style-type: none"> Adapts or tailors the approaches and messages based on the changing context, lessons learned and/or specific target populations 	No adjustments or improvements made	i) Adjustments made but not based on experiences, changing contexts or lessons learned	i) Evidence of adjustments made based on experiences or lessons learned to approaches in the past 12 months but not widely shared.	i) Evidence of adjustments made based on experiences, changing contexts or lessons learned in the past 12 months made; and ii) All documents are shared	i) The documented approaches and tools are updated regularly on the basis of on-going learning; and ii) All documents are shared; and iii) Understood and used by all relevant staff responsible for demand creation related activities

ADDITIONAL EXPLANATIONS FOR INDICATOR 8

OUTCOME INDICATOR 8: PROGRESS IN CAPACITY OF LOCAL LINE AGENCIES TO STEER AND MONITOR PERFORMANCE IN RURAL SANITATION AND HYGIENE

Result: Improved steering and monitoring of performance of the rural sanitation and hygiene sub-sector

This outcome indicator is to be used with the lead agency responsible for the rural sanitation and hygiene sector at the District/Sub District level.

OUTCOME INDICATOR 7: CAPACITY TO IMPLEMENT BEHAVIOUR CHANGE COMMUNICATION AT SCALE					
Organisational elements and statements	Explanations of expectations per score				
	0	1	2	3	4
<ul style="list-style-type: none"> Your organisation.... sets priorities and targets for investment in rural sanitation and hygiene in line with national policies and planning documents and on the basis of local information. 	No priorities or targets set specifically for rural sanitation and/or hygiene	i) Priorities and target set but not aligned with national policies and planning documents and on the basis of local information.	i) Priorities and target set and aligned with national policies and planning documents and on the basis of local information.	i) Priorities and target set and aligned with national policies and planning documents and on the basis of local information; and Evidence of documentation.	i) Priorities and target set and aligned with national policies and planning documents and on the basis of local information; ii) Evidence of documentation; and Clearly communicated with key stakeholders and understood.
<ul style="list-style-type: none"> Has a plan for implementing sanitation and hygiene activities in their district/sub-district to achieve their targets 	There is no physical evidence of an operational plan	i) A hard copy of the OP is available in the office	i) A hard copy of the OP is available in the office; and ii) It provides all the details about the intended results and required resources	i) A hard copy of the OP is available in the office; ii) It provides all the details about intended results and required resources; and iii) It is time bound, realistic and therefore doable	i) A hard copy of the OP is available in the office; ii) It provides all the details about intended results and required resources; iii) It is time bound, realistic and therefore doable; and iv) It is shared with, understood and used by all staff in the organisation
<ul style="list-style-type: none"> Ensures that there are human and financial resources to implement the plans 	No budget or staff assigned.	ii) Budget and staff assigned as part of existing activities but not in line with plan or strategy	i) Evidence that staff and budget has been allocated inline with plan / strategy but no clear guidance	i) Required guidance provided; and ii) Progress is monitored to ensure allocations are considered adequate	i) Revision of allocation resources is made as required
<ul style="list-style-type: none"> Has a clear division of roles and responsibilities to implement the plan 	There is no physical evidence of a clear division of roles and responsibilities	i) Within the organisation roles and responsibilities are clearly defined	i) Within the organisation roles and responsibilities are clearly defined; and ii) Field implementation, supervisory and quality	i) Within the organisation roles and responsibilities are clearly defined; ii) Field implementation, supervisory and quality control	i) Within the organisation roles and responsibilities are clearly defined; ii) Field implementation, supervisory and quality control roles or functions are clearly separated;

OUTCOME INDICATOR 7: CAPACITY TO IMPLEMENT BEHAVIOUR CHANGE COMMUNICATION AT SCALE

Organisational elements and statements	Explanations of expectations per score				
	0	1	2	3	4
			control roles or functions are clearly separated	roles or functions are clearly separated; and iii) This is well documented	iii) This is well documented; and iv) It is available, understood and used by all staff in the organisation
<ul style="list-style-type: none"> Gives active follow-up and enforces agreements on the above. 	No active follow-up		Key person in charge gives active follow-up and enforces agreements on the above.		
<ul style="list-style-type: none"> Has a monitoring system that measures progress on sanitation and hygiene targets at village and district level 	No monitoring system in place that measures progress on sanitation and hygiene targets at village and district level		Monitoring system in place that measures progress on sanitation and hygiene targets at village and district level		
<ul style="list-style-type: none"> Ensures that information on progress is shared, analysed and discussed with relevant village and district level stakeholders 	Information on progress is not shared, analysed and discussed with relevant village and district level stakeholders		Evidence that information on progress is shared, analysed and discussed with relevant village and district level stakeholders		

ADDITIONAL EXPLANATIONS FOR INDICATOR 11

OUTCOME 11: PROGRESS WITH REGARDS TO THE DEGREE OF INFLUENCE OF WOMEN DURING PLANNING AND IMPLEMENTATION OF SANITATION AND HYGIENE PROGRAMMES

Result: Increased influence of women during planning and implementation of sanitation and hygiene programmes

This indicator assesses the actual influence women have in sanitation and hygiene programmes and any evidence of more gender inclusive decision making.

The participation of rural women in decision-making and in the running of community-led programmes helps to ensure that programmes are equitable and effective. Women's confidence and self-esteem increase, and they are more likely to participate in both private and public-decision-making, when they have greater knowledge, economic assets and income-earning capacity. Low participation is often due to stereotypes, perpetuated by both men and women, which assign women's influence to the private sphere and men's to the public realm. The use of quotas and positive action to increase women's participation in decision-making bodies is not enough to ensure their participation, but they could be an important first step.

The programme could play a role in supporting women inclusive community organisations and groups. Furthermore, the programme needs to promote self-sustainability by considering the formation of groups and associations capable of reaching out to decision-makers and expanding their influence. Women often end up doing most of the work but often easily lose out on many of the benefits. Women's participation in formal bodies is often low, and yet when it comes to physical participating in programme activities women are often found to participate more than men. This lack of membership in decision-making bodies undermines women's access to benefits, including training and recognition for the work they carry out.

OUTCOME INDICATOR 11: INFLUENCE OF WOMEN IN SANITATION AND HYGIENE PROGRAMMES		
Level	Scenarios	Explanations
0	No participation of women in meetings and events	<p>Women (adult females) do not participate in sanitation and hygiene programme related meetings and events</p> <p>Participation in the context of this indicator means nothing more than attending relevant activities, meeting and events.</p> <p>There could be a range of reasons why women are not participating in programme related activities, meetings, events and so on. Although it does not really make any difference for scoring purposes, the actual reasons will be important to devise appropriate programme intervention strategies and effective approaches. Therefore, consider the following list of possible reasons why women do or do not participate:</p> <ul style="list-style-type: none"> • Women are not specifically invited to participate • Women are not allowed to participate • Because men attend women have to stay home to take care of their children and other household responsibilities • Timing of meetings and event do not consider the agenda and daily activities and responsibilities of women • Women are not interested • Women are not able to attend due to absence of men as a consequence of employment migration • Etc.
1	Women, (i) attend meetings (but do not speak)	<p>Women, i) attend meetings and events (but do not speak)</p> <p>Women are allowed to and do attend relevant programme related activities, meetings and events. However, they do not really get or take the opportunity to speak during these events. Certain group of women (younger women, poorer women and women with time constraints) can often be excluded from participating, so it is important to monitor this.</p>

OUTCOME INDICATOR 11: INFLUENCE OF WOMEN IN SANITATION AND HYGIENE PROGRAMMES

Level	Scenarios	Explanations
		Again for scoring purposes it does not really matter what the reason is for not speaking, but it is relevant for devising programme intervention strategies or effective approaches. It is therefore important to discuss this and try to understand the underlying causes. It is suggested that this is noted down in the FGD discussion notes.
2	Women, (i) attend meetings; and (ii) speak (but do not influence decisions)	<p>Women, i) attend meetings and events; and ii) speak (but do not influence decisions)</p> <p>Women are allowed to attend relevant programme related activities, meetings and events and, they are actively engaging in the event by speaking and participating in the discussions.</p> <p>It is relevant to get a better understanding of who these women are that are allowed and able to speak during public meetings and events. Do these women constitute a representative sample of the community as this is likely to have an influence on their opportunities to participate actively? Consider for example women from poor and non-poor households, women in formal positions or women with a respected profession (e.g. teachers), abled and disabled women, young and old women; etc.</p>
3	Women, (i) attend meetings; (ii) speak; and (iii) influence decisions	<p>Women, i) attend meetings and events; ii) speak; and iii) influence decisions</p> <p>The active participation of women and their engagement in the discussions in relevant programme related activities, meetings and events did have an influence on the decisions that were made during these events. To be able to influence decisions, women will need to be given the opportunity to acquire sufficient knowledge to assert their rights effectively and to participate actively in decision-making.</p>
4	Women, (i) attend meetings; (ii) speak; (iii) influence decisions; and (iv) decisions made reflect and respect women's needs and perspectives	<p>Women, i) attend meetings and events; ii) speak; iii) influence decisions; and iv) the decisions made reflect and respect women's needs and perspectives.</p> <p>To be relevant and beneficial to women the final decisions need to reflect and respect the needs and perspectives of women (and possibly other marginalised community groups). This should relate to community level decisions such as target setting, implementation approaches as well as roles and responsibilities, community-based monitoring, etc. however, as most sanitation and hygiene activities (and decisions) are implemented at household level it is also relevant to see whether women were able to influence household level decision-making such as choice of sanitation and hygiene technologies, location of facilities, etc.</p>

- Notes:
1. This indicator requires additional work to define more objectively verifiable criteria on which the different levels can be scored.
 2. It is advised that one or two specific meetings or events are picked and then monitored over the course of the programme duration as this will allow for fair comparison over time. These could be for example key decision making meetings or annual planning meetings.