

**SNV**

**SUSTAINABLE SANITATION AND HYGIENE FOR ALL**

---

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

**PART 1 | GUIDELINES**

**VERSION 2 | 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 1** of a total 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
<b>Capability</b>	<b>Capabilities</b> 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)
<b>Capacity</b>	<b>Capacity</b> 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)
<b>Household</b>	A <b>household</b> 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.
<b>Hygiene</b>	<b>Hygiene</b> 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)
<b>Performance monitoring</b>	<b>Performance monitoring</b> 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.
<b>Sanitary toilet versus hygiene toilet</b>	A ' <b>sanitary toilet</b> ' refers to the sanitary quality of construction (facilities). A ' <b>hygienic toilet</b> ' refers to the hygienic status of the toilet which means that it is a well-operated and clean toilet (behaviour).
<b>Toilet versus latrine</b>	The terms 'toilet' and 'latrine' are used interchangeably in this document.
<b>Toilet with pit / tank</b>	The term ' <b>toilet with pit / tank</b> ' is used to describe any container – above or below ground, wet or dry, watertight or not – in which human waste is (temporarily) contained.
<b>Physical disability</b>	The term <b>physical disability</b> is understood to mean a disability that could be assumed to impact on access to sanitation and hygiene services.

---

# Content list

<b>1. Background and Introduction.....</b>	<b>1</b>
<b>1.1 Background .....</b>	<b>1</b>
<b>1.2 Sustainable Sanitation and Hygiene for All Programme Overview .....</b>	<b>1</b>
<b>1.3 Theory of change.....</b>	<b>3</b>
<b>1.4 SNV Asia result chain for the rural SSH4A programme .....</b>	<b>4</b>
<b>2. Introduction to the Performance Monitoring Framework.....</b>	<b>5</b>
<b>2.1 SNV Corporate harmonised indicators.....</b>	<b>5</b>
<b>2.2 Timing.....</b>	<b>6</b>
<b>2.3 Sampling design and sampling methodology .....</b>	<b>6</b>
<b>2.4 Performance monitoring tools .....</b>	<b>9</b>
Qualitative Information System (QIS).....	9
Capacity development scorecards.....	10
<b>2.5 Data collection and quality control.....</b>	<b>10</b>
Data collection methods .....	10
Data quality control.....	11
<b>2.6 Data handling, analysis and reporting .....</b>	<b>11</b>
Data handling .....	11
Data analysis.....	11
Data reporting .....	12
<b>3. Performance monitoring indicators.....</b>	<b>13</b>
<b>3.1 Overview of the rural SSH4A indicators .....</b>	<b>13</b>
<b>3.2 Impact level indicators.....</b>	<b>16</b>
IMPACT INDICATOR 1.1: PROGRESS IN NUMBER OF HOUSEHOLDS AND NUMBER OF PEOPLE (MALE AND FEMALE) WITH ACCESS TO A SANITARY TOILET .....	16
IMPACT INDICATOR 1.2: PROGRESS IN NUMBER OF SCHOOLS AND NUMBER OF STUDENTS (BOYS AND GIRLS) WITH ACCESS TO A SANITARY TOILET .....	19
IMPACT INDICATOR 2.1: PROGRESS IN NUMBER OF HOUSEHOLDS AND NUMBER OF PEOPLE (MALE AND FEMALE) THAT USE A HYGIENIC TOILET WHEN AT HOME .....	21
IMPACT INDICATOR 2.2: PROGRESS IN NUMBER OF SCHOOLS AND NUMBER OF STUDENTS (BOYS AND GIRLS) THAT USE A HYGIENIC TOILET WHEN AT SCHOOL.....	23
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 .....	24
IMPACT INDICATOR 3.2: PROGRESS IN NUMBER OF SCHOOLS AND NUMBER OF STUDENTS (BOYS AND GIRLS) WITH ADEQUATE HAND WASHING FACILITIES IN OR NEAR THE TOILET.....	27
IMPACT INDICATOR 4: PROGRESS IN NUMBER OF HOUSEHOLDS AND NUMBER OF PEOPLE (MALE AND FEMALE) USING A SANITARY TOILET WHEN AT HOME.....	29

<b>3.3 Outcome level indicators .....</b>	<b>31</b>
OUTCOME INDICATOR 5: PROGRESS IN CAPACITY OF ORGANISATIONS TO IMPLEMENT SANITATION DEMAND CREATION AT SCALE AND WITH QUALITY AT DISTRICT / SUB DISTRICT LEVEL .....	31
OUTCOME INDICATOR 6: PROGRESS IN SANITATION SERVICES AND BUSINESS DEVELOPMENT .....	32
OUTCOME INDICATOR 7: PROGRESS WITH REGARDS TO INCREASED CAPACITY OF LOCAL ORGANISATIONS TO IMPLEMENT BEHAVIOUR CHANGE COMMUNICATION AT SCALE AND WITH QUALITY .....	35
OUTCOME INDICATOR 8: PROGRESS IN CAPACITY OF LOCAL LINE AGENCIES TO STEER AND MONITOR PERFORMANCE IN RURAL SANITATION AND HYGIENE.....	36
OUTCOME INDICATOR 9: PROGRESS WITH REGARDS TO IMPROVED RURAL SANITATION AND HYGIENE SECTOR ALIGNMENT .....	38
OUTCOME INDICATOR 10: PROGRESS IN DEVELOPMENT OF PRO-POOR SUPPORT MECHANISMS.....	39
OUTCOME INDICATOR 11: PROGRESS WITH REGARDS TO THE DEGREE OF INFLUENCE OF WOMEN DURING PLANNING AND IMPLEMENTATION OF SANITATION AND HYGIENE PROGRAMMES .....	40
OUTCOME INDICATOR 12: PROGRESS IN THE DEGREE OF INFLUENCE OF POOR HOUSEHOLDS DURING PLANNING AND IMPLEMENTATION OF SANITATION AND HYGIENE PROGRAMMES.....	42
OUTCOME INDICATOR 13: PROGRESS IN THE DEGREE OF INFLUENCE OF SOCIALLY EXCLUDED GROUPS DURING PLANNING AND IMPLEMENTATION OF SANITATION AND HYGIENE PROGRAMMES.....	44
OUTCOME INDICATOR 14: INCREASED UPTAKE OF LESSONS LEARNED AND USE OF EVIDENCE-BASED APPROACHES TO SANITATION AND HYGIENE BY GOVERNMENT PARTNERS AND THE WIDER SECTOR .....	46

**The following annexes can be found in Part 2: Annexes**

- ⇒ **Annex 1: Additional explanations on sampling design and sampling methodology**
- ⇒ **Annex 2: Additional explanations on data collection methods and quality control**
- ⇒ **Annex 3: Additional explanations on performance monitoring indicators**



---

# 1. BACKGROUND AND INTRODUCTION

## 1.1 BACKGROUND

The SSH4A programme aims to strengthen the capacities and performance of local governments, NGOs, the local private sector and other stakeholders to improve access to, and quality of, rural sanitation and hygiene in a sustainable manner and at scale. The programme has been implemented by local governments and partners with support from SNV and IRC in 19 districts in Nepal, Bhutan, Laos, Vietnam and Cambodia since 2008. It aims to contribute to giving one million people access to improved hygiene and sanitation facilities by the end of 2015 with the support of Australian Aid, DFID, and the Government of the Netherlands, along with other donors.

SNV's activities are implemented in collaboration with local government and line agencies, and improving WASH governance is one of the components of the programme. Improved performance monitoring and learning around that serves wider objectives besides the reporting to donors, relating to learning processes at local level and the development of sustainable monitoring practices. Furthermore SNV and IRC have a commitment to learning about the effectiveness of this particular sanitation and hygiene programme and the evidence-based participatory monitoring approach in the different countries.

As part of the joint programme, the country teams developed a shared performance monitoring framework which enabled comparison across the region<sup>1</sup>. In the first programme workshop, hosted by Lao PDR in Vientiane in August 2010, the teams identified a total of 18 key indicators divided across the five programme components. They also developed a quantitative scoring scale for indicators. In 2012 and again in 2013, IRC reviewed the performance monitoring methodology in collaboration with the country teams<sup>2</sup>. In May 2013 the teams met in Kathmandu to review the recommendations of the reviews, share the experiences to date and agree on the shared indicators going forward.

The guidelines in this document reflect these experiences to date and continue to build upon IRC's experience with Qualitative Information Systems (QIS) and SNV's Monitoring for Results (MfR) framework. It also takes into account the post MDG discussions and further donor requirements. While the common indicators and definitions will have to be applied by all countries in order to make cross-country comparisons, it is clear that these guidelines have to be adapted to the different country contexts. In these guidelines a minimum set of shared indicators will be used, realising there may be a need to add other indicators depending on the demands of the clients we work with.

## 1.2 SUSTAINABLE SANITATION AND HYGIENE FOR ALL PROGRAMME OVERVIEW

The Sustainable Sanitation and Hygiene for All (SSH4A) programme aims to accelerate progress in sanitation and hygiene by strengthening professional and organisational capacity of local governments, private sector and other sector stakeholders for more effective service delivery in rural sanitation and hygiene to achieve full coverage in their districts. SNV works as a capacity development and knowledge-sharing organisation at national, district and sub-district levels. The inputs are technical (organisational and institutional) advisory services, evidence based advocacy and knowledge management.

---

<sup>1</sup> SSH4A Performance Monitoring Guidelines V1, 2011 available online <http://www.ssh4a.org/page/63764>

<sup>2</sup> Sijbesma, Christine (2012), Review of Methodology for Performance Monitoring in the Sustainable Sanitation and Hygiene for All (SSH4A) Programme in Five Asian Countries, IRC International Water and Sanitation Centre, The Hague, The Netherlands

As a partner, IRC supports in terms of strengthening performance monitoring, knowledge and learning linked to the Bhutan and Nepal activities and SNVs wider regional SSH4A Programme in Asia<sup>3</sup>.

The overall goal of the SSH4A Programme is: Improved health and quality of life of men and women through access to improved sanitation and hygiene practices.

The intended outcomes are progress in:

- Capacity of local government organisations to implement sanitation demand creation at scale with quality;
- Capacity of local organisations to implement behaviour change communication at scale with quality;
- Involvement of private sector actors in sanitation related supply chains;
- Capacity of local government organisations to lead and steer the sector;
- Degree of influence of women / households living in poverty/socially excluded groups during planning and implementation of sanitation and hygiene programmes; and
- Improved performance monitoring and evidence based learning.

The SSH4A Programme consists of the following five integrated components related to these outcomes:

- 1) Sanitation demand creation and follow up;
- 2) Sanitation supply chain development and finance;
- 3) Behavioural change communication for hygiene;
- 4) Improving WASH governance and multi-stakeholder sector development; and
- 5) Learning, documenting and sharing.



Figure 1.1: SNV Asia Rural SSH4A Programme components

<sup>3</sup> SSH4A is a multi-donor multi-country programme implemented in Nepal, Bhutan, Cambodia, Laos and Vietnam by SNV, IRC and local and national governments ([www.ssh4a.org](http://www.ssh4a.org)).



## 1.3 THEORY OF CHANGE

SNV's WASH programmes are based upon the belief that access to water and sanitation is a human right, and that local government is the duty bearer of that right. SNV's role is to strengthen the capacity of local actors to enable these rights within the target population. These local actors, then in turn will be able to develop the capacity of other parties such as local communities to implement sustainable sanitation and hygiene interventions. This interaction should support the adoption of proven or successful approaches by local institutions and where possible be embedded in local systems and processes. Furthermore, as capacities are enhanced the local actors will be able to replicate and scale up similar programmes and interventions so that universal access to improved sanitation behaviour and practices will become a reality.

The Sustainable Sanitation and Hygiene for All (SSH4A) programme (*delivery team*) aims to accelerate progress in sanitation and hygiene by strengthening capacity of local governments, private sector actors and other local stakeholders (*change agents*) for more efficient and effective service delivery in rural sanitation and hygiene to achieve full coverage in their area (district, region or province level) (*impact*). Ensuring sustainable service delivery requires engagement from all sector stakeholders, to achieve quality at scale whilst adequately addressing the needs of vulnerable groups. SNV engages both local level – building capacity among local government, private sector and civil society for sustainable service delivery – and national level – building capacity of national organisations, and works with development partners to support sector development for sustainable sanitation and hygiene, for all.

The SSH4A approach consists of several integrated components in order to develop a sustainable service delivery model that has the potential for implementation at scale. Sustainable sanitation and hygiene for all does not merely mean access to improved facilities, but also sustained behaviour change. The focus is therefore on behaviour change and inclusion, not just on the construction of sanitation and hygiene facilities. Ensuring sustained behaviour change requires effective behaviour change communication to create the conditions (opportunity, ability and motivation to improve behaviour and practices) for sustained change. Ensuring adequate sanitation and hygiene facilities now and in the future goes well beyond demand creation at community level. Functioning and viable supply chains for a range of sanitation and hygiene products and services that meet different consumer needs and aspirations are essential to meet the changing needs of consumers now and in the future.

Combined they contribute to strengthening professional and institutional capacity and evidence-based learning in:

- 1) Sanitation demand creation and community-led approaches to improved sanitation**  
*Expected change: Progress in the capacity of local organisations to implement sanitation demand creation at scale with quality*
- 2) Sanitation supply chain development and informed choice**  
*Expected change: Different consumer segments will have improved access to appropriate and affordable sanitation products and services*
- 3) Behaviour change communication (BCC) for hygiene promotion**  
*Expected change: Progress in the commitment and capacity of local organisations to implement behaviour change communication at scale with quality*
- 4) Strengthening WASH governance**  
*Expected change: Progress in the capacity of local organisations to lead and steer the sector*
- 5) Performance monitoring, learning and dissemination**  
*Expected change: Improved performance monitoring and evidence-based learning of the teams, the national WASH sector as well as contribution to the learning of the WASH sector in Asia*

Each of the above components must be embedded in local planning, budgets and responsibilities, engaging the different local stakeholders to steer and monitor progress with equity. This means ensuring local pro-poor support mechanisms are in place to assist households such as single headed female households and informal settlements which have been shown to face specific challenges. Additionally, to ensure that everyone can benefit from improved sanitation and hygiene practices, gender and social inclusion strategies need to be in place and progress monitored in terms of equity.

Through a continuous learning process of documenting, reflecting and sharing at various platforms including national WASH stakeholder groups, there will be an increase not only in the evidence base of effective practices, but ideally an uptake by other actors and partners both in the countries and in the wider region. This is done through engaging with regional learning events, online discussions, participating in thematic comparative studies and the documentation, dissemination and use of learning briefs (approaches, best practices, etc.).

Performance monitoring is part of the learning cycle. The performance monitoring framework seeks to closely complement governments' own monitoring systems, which focus more on quantitative indicators than on more qualitative intermediate results and outcomes. One of the objectives of the proposed activity is to further develop the performance monitoring framework consisting of a mix of quantitative output and quantitative outcome indicators (quantified qualitative process indicators that measure changes in behaviour and practices and improved or enhanced capacity) as well as impact indicators. The aim is to further improve the existing performance monitoring system, which will be critical for a nation-wide programme as well as to ensure that the attention and focus in the sector goes beyond the counting of toilets.

## 1.4 SNV ASIA RESULT CHAIN FOR THE RURAL SSH4A PROGRAMME

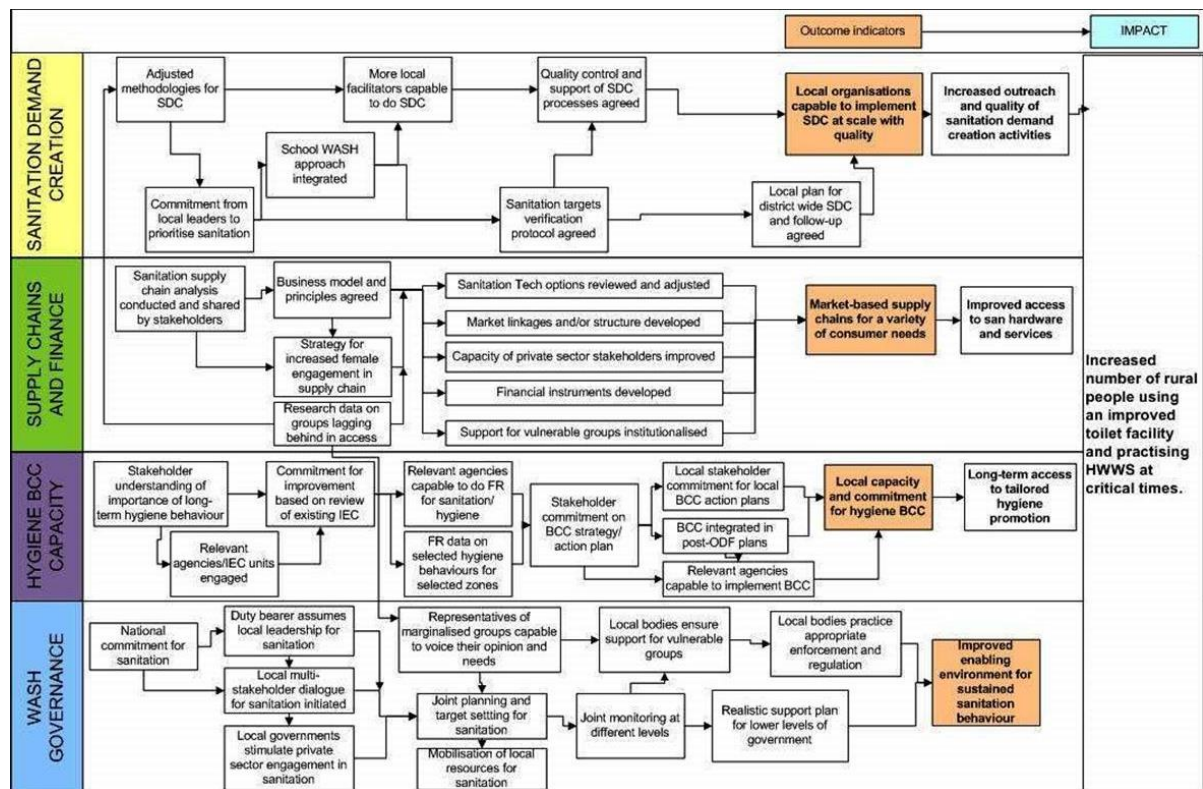


Figure 1.2: Rural SSH4A programme result chain

## 2. INTRODUCTION TO THE PERFORMANCE MONITORING FRAMEWORK

To measure progress in achieving objectives under each of the five SSH4A components a generic set of 12 performance indicators has been developed. These shared indicators will be applied in all rural SSH4A programmes supported in the Asia region. In addition to the common indicators, there are a number of additional indicators – specific to the country or programme – that have been added by local organisations and or to meet specific donor reporting requirements. The generic set of performance indicators is presented in section 3.2.

### 2.1 SNV CORPORATE HARMONISED INDICATORS

Everything SNV does is focused on achieving development results in the most efficient, effective and sustainable way possible. To ensure this, SNV has made planning, monitoring, evaluation and learning a key part of its work. SNV’s comprehensive planning, monitoring and evaluation system is called Managing for Results (MfR). MfR forms the basis of a clearly articulated series of steps used by SNV’s advisors to plan and monitor the progress of projects, track the effectiveness of approaches and learn throughout the project cycle. In practice, MfR means constant analysis, reflection and improvement of our practice – enabling successful tailoring of solutions to local problems and contexts and full transparency for our donors and partners.

An online PME tool is used in all SNV projects and allows for all project- related information, from impact to outcomes, outputs and indicators, to be entered, monitored and shared. Each SNV projects needs to monitor at least one impact with corresponding indicators and one outcome with corresponding indicators to plan, monitor and report on. An overview of the SNV corporate sanitation and hygiene related impact and outcome indicators<sup>4</sup> is provided in the following tables.

IMPACT	INDICATORS	INDICATORS FURTHER SPECIFIED
Improved use of WASH by target population	<b>For sanitation:</b> <ul style="list-style-type: none"> <li>Number (#) of people (women, men) using an improved sanitation facility</li> </ul>	<ul style="list-style-type: none"> <li>Number (#) of people (women, men) having an improved sanitation facility at their house</li> <li>Number (#) of people (women, men) using an unimproved sanitation facility at their house</li> <li>Number (#) of girls having sufficient improved sanitation facilities at their school</li> <li>Number (#) of boys having sufficient improved sanitation facilities at their school</li> </ul>
	<b>For hygiene:</b> <ul style="list-style-type: none"> <li>Number (#) of people (women, men) practising hand washing with soap after defecation</li> </ul>	<ul style="list-style-type: none"> <li>Number (#) of people (women, men) having a hand-washing facility with soap at their house</li> <li>Number (#) of children (girls, boys) having a hand-washing facility with soap at their school</li> </ul>

Table 2.1: Overview of SNV Corporate sanitation and hygiene related impact indicators

<sup>4</sup> SNV Corporate harmonised indicators as per 30 October 2012.

OUTCOME TYPE	OUTCOMES	INDICATORS
<b>Outcome type 3: Improved performance of client (group)s</b>	<ul style="list-style-type: none"> <li>Local governments are steering sanitation demand</li> <li>Improved supply of services</li> </ul>	<ul style="list-style-type: none"> <li>Number (#) of local governments that have initiated steering of sanitation demand creation activities</li> <li>Number (#) of WASH client (group)s who are supplying improved services</li> <li>% targets met of targets set in improved performance of WASH client (group)s</li> </ul>
<b>Outcome type 2: Improved enabling environment</b>	<ul style="list-style-type: none"> <li>Progress on sector alignment</li> </ul>	<ul style="list-style-type: none"> <li>Score on sector alignment score card (<i>see below</i>)</li> <li>% targets met of targets set in improved enabling environment for WASH</li> </ul>
<b>Outcome type 1: Improved capacity</b>	<ul style="list-style-type: none"> <li>Improved client (group)s capacity</li> </ul>	<ul style="list-style-type: none"> <li>Number (#) of client (group)s in WASH whose capacity improved: <ul style="list-style-type: none"> <li>a. Capability to relate</li> <li>b. Capability to act &amp; commit</li> <li>c. Capability to adapt &amp; renew</li> <li>d. Capability to balance coherence &amp; flexibility</li> <li>e. Capability to deliver development results</li> </ul> </li> <li>% targets met of targets set in improved capacity of WASH client (group)s</li> </ul>

Table 2.2: Overview of SNV Corporate sanitation and hygiene related outcome indicators

## 2.2 TIMING

Performance monitoring will be done annually (as a minimum but could be more frequent depending on specific local government and donor requirements) and captured in SNV's online PME format<sup>5</sup> to maintain data and track progress. This will be accompanied by sharing and feedback to districts or provincial governments and or multi-stakeholder WASH platforms. Timing of performance monitoring is related to the programme calendar and staging of activities. Programme calendar related key events being:

- Begin (baseline)
- Annual progress monitoring linked to SNVs annual reporting
- End point

## 2.3 SAMPLING DESIGN AND SAMPLING METHODOLOGY

This section outlines the sampling design and sampling methodology that is to be employed for monitoring the four impact indicators. Programmes should apply the same methodology to ensure consistency and methodological soundness across the countries. The steps in the paragraphs below explain the method to determine sample sizes and to select sample clusters and sample units.

### Step 1: Determine target population and survey clusters

To monitor performance across the different programmes the rural population of the selected villages in the selected districts is defined as the **total target population**. As performance monitoring is to be conducted in all intervention districts, the district is taken as the highest **survey cluster**.

<sup>5</sup> SNV's online PME format is a unique and flexible web-based tool. The tool allows that all PME information – from impact to outcomes, outputs and corresponding indicators – is accessible to project managers, partners and donors as and when needed.

## Step 2: Determine sample sizes

Using a correct sample size is crucial for the reliability of your results. A sample that is too big will lead to the waste of precious resources such as time and money, while a sample that is too small will not allow you to gain reliable insights or be statistically sound. The sample sizes should be determined by using the Krejcie-Morgan table presented in Annex 2.3<sup>6</sup>.

Samples sizes should be selected for individual districts on the basis of the population of these districts. Sample sizes determined at district level will provide representative district samples which then allow for the comparison of monitoring results across districts. An example is provided in the table below.

	TOTAL POPULATION	AVERAGE HH SIZE	TOTAL # OF HH	SAMPLE SIZE <sup>7</sup>	SAMPLE SIZE IN %	COMBINED %
Overall country programme	67,000	5	13,400	375	2.8%	2.8%
District 1	12,000	5	2,400	331	13.8%	9.9%
District 2	18,000	5	3,600	351	9.8%	
District 3	5,000	5	1,000	278	27.8%	
District 4	32,000	5	6,400	364	5.7%	

Table 2.3: Example of district sample size calculations

The above table shows that in this example the combined sample size of 9.9% for the four districts is substantially larger than the sample size of 2.8% if a sample was determined on the basis of the total population for the programme.

## Step 3: Select sample villages

Considering that the rural SSH4A programme has the intention to create ODF districts, the total number of villages could be rather large. It therefore makes sense to select a manageable number of villages in which performance monitoring is to take place. When selecting the sample village be sure that both the population in these villages and the type of villages are representative for the entire district.

For the selection of sample villages, **stratified proportional sampling**<sup>8</sup> is best, preferably through a simple and very broad differentiation to get two or three major groups of locations (e.g. distance, poverty, geo-hydrologic conditions). This allows seeing how the approach impacts on better and worse off areas, and what the effects are of a more tailored approach to help disadvantaged areas catch up. The following example could be used to select the sample villages. The selection criteria to be used depend on the conditions in the districts and of course on number of villages with unique conditions or characteristics you want to include in your sample. All the villages located in the district should be included in the selection table.

The number of villages to be included in the sample depends on the total number of villages in the districts. It is therefore difficult to define a minimum number here. However, it is advised to select a number of villages that would give a representative sample of all the villages located in the district. If for example you would use the above table with six different criteria for the selection of sample districts, you could consider a minimum of six sample villages so that all the different criteria are covered in the final list of sample villages.

<sup>6</sup> Although a range of online sample size calculators are available nowadays, programmes are advised to use the Krejcie-Morgan table as it is easy to use and will ensure consistency across the different programme areas.

<sup>7</sup> Sample sizes are determined on the basis of the Krejcie-Morgan table provided in Annex 2.3.

<sup>8</sup> A **stratified sample** is a probability sampling technique in which the researcher divides the entire target population into different subgroups, or strata, and then randomly selects the final subjects proportionally from the different strata. This type of sampling is used when the researcher wants to highlight specific subgroups within the population.

NAME OF VILLAGE	GENERAL				GEO-HYDROLOGICS			SELECTED (Yes/No)	JUSTIFICATION AND OTHER REMARKS
	POVERTY	REMOTE OR HARD-TO-REACH	SANITATION COVERAGE	EXISTENCE OF SCHOOL	FLOOD PRONE	HIGH WATER TABLES	WATER SCARCITY		
Village #1	✓	✓	35%	Yes			✓		
Village #2			65%	No	✓				
Village #3	✓		47%	Yes		✓			
Etc.									

Table 2.4: Sample village selection matrix

#### Step 4: Determine sample sizes for the sample villages

Similar to determining the sample sizes for the programme districts, the sample sizes for the sample villages should be determined with the use of the Krejcie-Morgan table presented in Annex 2.3. A basic rule for sample size states that about 25 to 30 units are required as a minimum in order to provide a pool large enough for even the simplest analyses. It is therefore suggested to make sure that the minimum number of households to be included in the sample size should be 25, unless the total number of households in a village is of course less than this number of 25. In other words in villages with less than 25 households you would conduct monitoring at all the households equal to a 100% sample size.

During this step you may have to go back to the previous step to adjust the number of sample villages to make sure that the overall sample size of the district is indeed the same as the sum of the individual sample sizes of the sample villages. For example if you have selected only very small villages then the sum of individual sample sizes may be less than the total required sample size for the district.

If the programme wants attribution, it could use a batch-wise approach. This is considered optional only depending on the specific requirements of the programme. Using the batch wise approach, the batch that serves as control group will get the programme for example one year later. From the first batch on, each next batch thus serves first as control group. This makes it possible to monitor change in a methodologically more robust double difference model. An example of a batch-wise approach is illustrated in the following figure. In this example it is essential that a number of villages from the three different batches are included in the district-wide sample. Baseline surveys of all sample villages are conducted simultaneously in the beginning of the programme as this will allow for annual comparisons between interventions villages and other villages.

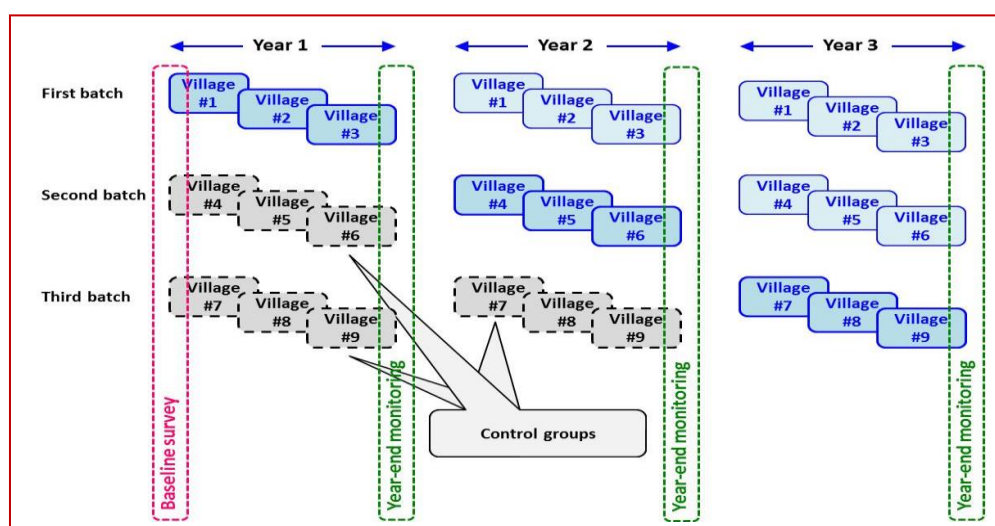


Figure 2.1: Example of a batch-wise approach to monitoring

### Step 5: Select sample units in the selected villages

**Proportional stratified random sampling**<sup>9</sup> should be used to select households (sample units) to be included in the sample. The following sub-groups or strata should be considered: 1) poor and non-poor households, and 2) households with access to a toilet and households without access to a toilet. This could be done by using locally-made village maps as done in Cambodia where households are marked belonging to either the disadvantaged or majority group. Using local knowledge instead of national criteria increases the chance of a more reliable division.

During repeat performance monitoring exercises select different or independent household samples in the same locations to reduce the effect that repeated scoring in the same household could have on performance measurement.

Further information on the sampling design and sampling methodology is provided in Annex 1.

## 2.4 PERFORMANCE MONITORING TOOLS

### Qualitative Information System (QIS)

Impact and outcome indicators need to be quantifiable to be useful. Changes in behaviour and practices (impacts) and changes in performance (outcomes) are in actual fact the results of qualitative processes and therefore not always easy to quantify in terms of numbers. For that purpose the Qualitative Information System (QIS) was developed by IRC and WSP at the end of the 1990s as a means to quantify qualitative data used in process indicators and impact and outcome indicators.

#### “Quantifying Qualitative Information”

Qualitative information is quantified with the help of progressive scales called ‘ladders’. Each step on the ‘ladder’ has a short description, called “mini-scenario”, which are factual statements that describe the situation for a particular score. Scoring is done jointly with respondents using participatory methods. Each scale ranges from the absence of the particular indicator at the lowest level (score 0) to the optimal mini-scenario at the highest level (score 4). Levels 1, 2 and 3 describe the scenarios in-between levels 0 and 4 for each specific indicator. Where there is a benchmark it is indicated at level 2. A typical scale looks like

Description	Level
<b>None of the characteristics are present</b> (Condition or practice is <u>not present</u> )	<b>0</b>
<b>One (easiest) characteristic is present</b>	<b>1</b>
<b>BENCHMARK: Two (easiest + next easiest) characteristics are present</b>	<b>2</b>
<b>Three (easiest + next easiest + then next easiest) characteristics are present</b>	<b>3</b>
<b>IDEAL: All four (key) characteristics are present</b>	<b>4</b>

In principle the QIS methodology can be used to measure impact and outcome indicators to measure progress and achievements whether in a household, school, enterprise and or local government institutions at district, province and or regional level. In this way, households, schools, enterprises and or local government institutions that are at the lowest levels at start can climb to a higher level on the ladders developed for each indicator. The value is in analysing and visualising progressive improvements over the course of the programme. For communities and districts, performance assessment and subsequent improvement planning are based on how households and schools are distributed percentage-wise across the respective scales in the selected villages and districts.

<sup>9</sup> In **proportional stratified random sampling**, the size of each strata is proportionate to the population size of the strata when looked at across the entire population. This means that each stratum has the same sampling fraction.

The experience from the previous phase highlighted the need to translate the scales into simple tick boxes to ensure clear interpretation by the enumerators as well as to enhance consistency and uniformity of scoring when collecting data. Examples are available from the Bhutan team.

### Capacity development scorecards

SNV distinguishes three interconnected outcome types: *capacities developed*, followed by *improved performance*, and *improved enabling environment*. All three outcome types need to be planned for and monitored. The score cards though are used to measure against the five capabilities as part of SNVs annual capacity assessment processes with clients. The process for monitoring capabilities as part of capacity assessments is documented in SNVs Guidance to Capacity Assessment Tool, June 2012 and available on the intranet.

SNV recognises the following five capabilities:

- **Capability to commit and act** = the ability to work properly: to plan, take decisions and act on these decisions collectively;
- **Capability to relate** = building and maintaining networks with external actors;
- **Capability to adapt and renew** = the ability of an organization to learn internally and to adjust to shifting contexts and relevant trends;
- **Capability to maintain coherence** = the strength of an organisations’ identity, self-awareness and discipline; and
- **Capability to deliver on development objectives** = the organisations’ skill to ensure that it is producing what it is established to do.

The scorecards adapt these to the specific capacity development outcomes of the programme. In a discussion with clients annually the score cards are discussed and scored against the following. The scores are not weighted but are intended to show progress and areas of further capacity needed to be planned for in the next year and are scored from 0 (absent) through to 4 (strong). Detailed explanations on the different score cards are provided in Annex 3.

0	1	2	3	4
None / Absent	Area of weakness	Acceptable	Positive strength	Strong

## 2.5 DATA COLLECTION AND QUALITY CONTROL

### Data collection methods

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 that will have to be used are:

- **Structured interviews:** information is obtained through an interview with the respondent (interviewee) and the information is then recorded by enumerators (interviewers). Structured interviews are performed by using survey forms or questionnaires with only closed-ended questions<sup>10</sup>.
- **Direct observations:** information is obtained by watching (observing) behaviour, events, or physical characteristics. Observations will have to be carried out for all impact indicators to assess the physical characteristics and conditions of the sanitation and hygiene facilities.

<sup>10</sup> 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.



- **Guided (capacity) self-assessments:** information is obtained through a participatory process whereby the respondent, who is guided and supported by the interviewer, decides and rates the QIS scales and or capacity development scorecards. This methodology is particularly appropriate for the capacity development indicators as it enables an organisation to look in detail at how effectively it functions and to identify priority capacity development needs.

In principle a combination of structured interviews and direct observations are to be used to collect data on the impact indicators, and the guided (capacity) self-assessments are to be used to collect data on the outcome indicators.

Further details and examples of the data collection methods are provided in Annex 3.

### **Data quality control**

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 quality of data, 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.

Appropriate data quality control measures are provided in Annex 3.

## **2.6 DATA HANDLING, ANALYSIS AND REPORTING**

### **Data handling**

It is expected that the SSH4A performance monitoring system will collect mostly quantitative (i.e. numerical) data. For that reason the QIS and capacity development scorecards have been developed to quantify qualitative information. Quantitative data from the household surveys will be tabulated and analysed using an appropriate analytical software package. The software should allow for the calculation and presentation of disaggregated data as well as for cross tabulation of different indicators where necessary.

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, indicate whether there are any data omissions, errors and inconsistencies in the data collection forms or simple data entry errors. For example, the system may automatically add up all the values and cross-check them with the reported totals.

As far as possible and considering its usefulness the monitoring data will be presented in graphs and charts as this will provide a more user-friendly analysis to track progress and to assess programme results. Diagrams are also to be used to visualise progress and show differences between locations and specific groups. Although there is a need to keep things simple, you may need to ascertain with the help of a professional statistician whether there is a need for additional statistical analysis.

### **Data analysis**

The programme disaggregates data by poverty, and where relevant ethnic or caste groups to show if access and changes are equal for all, and if, not, if special measures reduce the gaps over time. In this next phase the impact level indicators are to be monitored by wealth quintiles using principle component analysis. Wealth ranking is done following the DHS wealth index. Details on this are given in the separate wealth index guidance document.

## **Data reporting**

Progress reports will have to be produced in line with SNV and donor reporting requirements and as a minimum annually. Reports should attempt to provide insights into trends towards achieving the programme objectives by comparing programme results over the course of the programme.

Another issue to consider is the amount or depth of information to be provided to different levels. The actual usage of the information depends on the roles and responsibilities with regards to programme implementation. The higher the level, the less the involvement in day to day programme management. For example, whereas sub-districts need management information on ODF status of sub-villages, district authorities may require only information on ODF status of villages. As a consequence the monitoring data collection and retrieval or reporting systems are expected to require more details at lower levels. The monitoring system should therefore allow for some level of automatic aggregation while reporting to higher levels. The amount of aggregation will depend on the information needs and will therefore have to be decided in consultation with these higher levels.

A standard reporting template will be developed using Microsoft Excel that will allow for easy (semi-automated) generation of regional overviews.

### 3. PERFORMANCE MONITORING INDICATORS

#### 3.1 OVERVIEW OF THE RURAL SSH4A INDICATORS

The following table provides an overview of the minimum set of rural SSH4A impact and outcome indicators.

PROGRAMME COMPONENTS	INDICATORS		TYPE OF INDICATOR			
			OUTCOME	IMPACT	SNV CORE INDICATOR	INCLUDED IN MINIMUM SET
IMPACTS AS A RESULT OF ALL PROGRAMME COMPONENTS	1.1	Progress in number of households and number of people (male and female) with access to a sanitary toilet		✓	✓	Yes
	1.2	Progress in number of schools and number of students (boys and girls) with access to a sanitary toilet		✓	✓	
	2.1	Progress in number of additional households and number of people (male and female) that use a hygienic toilet		✓		Yes
	2.2	Progress in number of schools and number of students (boys and girls) that use a hygienic toilet		✓		
	3.1	Progress in number of households and number of people (male and female) with adequate hand washing facilities with soap in or near the toilet		✓	✓	Yes
	3.2	Progress in number of schools and number of students (boys and girls) with adequate hand washing facilities with soap in or near the toilet		✓	✓	
	4	Progress in number of people (male and female) using a sanitary toilet when at home (“use by all”)		✓		Test in Bhutan and Nepal
GENERATING DEMAND	5	Progress in the capacity of organisations (local NGO’s and other implementing organisations) to deliver sanitation demand creation processes with quality at (sub)district level	✓		✓	Yes
SANITATION SUPPLY CHAINS	6	Progress in sanitation services and business development	✓			Yes
BCC	7	Progress in the capacity of local organisations to implement behaviour change communication at scale with quality	✓		✓	Yes
WASH GOVERNANCE	8	Progress in the capacity of local line agencies to steer and monitor performance in rural sanitation and hygiene	✓			Yes
	9	Progress in rural sanitation and hygiene sector alignment	✓		✓	Yes
	10	Progress in pro-poor support mechanisms	✓		✓	Yes
	11	Progress in the degree of influence of women during planning and implementation of sanitation and hygiene programmes	✓			Yes
	12	Progress in the degree of influence of people from poor households during planning and implementation of sanitation and hygiene programmes	✓			Yes

PROGRAMME COMPONENTS	INDICATORS		TYPE OF INDICATOR			
			OUTCOME	IMPACT	SNV CORE INDICATOR	INCLUDED IN MINIMUM SET
WASH GOVERNANCE	13	Progress in the degree of influence of people from socially excluded groups during planning and implementation of sanitation and hygiene programmes	✓			Nepal and Bhutan
KNOWLEDGE & LEARNING	14	Increased uptake of lessons learned and evidence based approaches by wider sector and government partners	✓			Yes

Table 3.1: Overview of the rural SSH4A performance monitoring indicators

As indicated in the overview of indicators above, the performance of the SSH4A programme will be measured with the use of impact and outcome indicators. Outputs are measured at the country level specific to project activities and agreed deliverables although standardised data collection is given in these guidelines. SNV's definitions for the different types of indicators are presented in the following table.

TYPE OF INDICATOR	DEFINITION <sup>11</sup>	SPECIFIC USE WITHIN RURAL SSH4A
OUTPUT INDICATORS	Tangible, concrete results (to be delivered) of SNV, LCBs and partners. Results: quantity and quality of capacity building services targeted at SNV clients or other organisations active in the sector. SNV distinguishes four main outputs: 1) People trained; 2) People advised / coached; 3) Group processes facilitated; and 4) Results analysed and documented	Measuring progress over time with regards to: → Increased <b>delivery of documents for learning and sharing</b> → Increased <b>participation</b> (sex/disability/poverty/socially excluded groups) <b>within programme activities</b>
OUTCOME INDICATORS	Results (to be achieved) of (groups of) client organisations and or sub-sector (institutions). Results: expected changes in capacity of (groups of) clients as a means to achieving improved performance of these (groups of) clients and its related improved enabling environment. SNV distinguishes the following outcomes: 1) Improved capacity of (groups of) clients; 2) Improved performance/service delivery of (groups of) clients; and 3) Improved enabling environment	Measuring progress over time with regards to: → <b>Extent and effectiveness of capacity development</b> → Increased <b>performance of key sector organisations</b> to design, plan, implement, monitor and steer, and modify and replicate programme components at scale with quality.
IMPACT INDICATORS <sup>12</sup>	Results (to be achieved) for the population. Results: improved access to good quality basic services and income, production and employment and the related improvements in well-being of people living in poverty.	Measuring progress over time with regards to: → <b>Access to sanitation and hygiene facilities</b> → <b>Hygienic usage of sanitation and hygiene facilities</b> → Degree in <b>changes in sanitation and hygiene behaviour and or practices</b>

Table 3.2: SNV definitions for different types of indicators

<sup>11</sup> Definitions are based on the SNV (2007) SNV Managing for Results 2007-1015, Policy Framework

<sup>12</sup> To avoid confusion or misconception, it is important to remember that what SNV defines as impact indicators are often referred to as outcome indicators by other (non- capacity building) organisations. For example AusAID refer to these indicators as outcome indicators.

The causal relation between strategy (programme goals and objectives), resources (inputs such as human capital, organisational capabilities, finance but also activities) and the different types of results (outputs, outcomes and impacts) is presented in the following figure.

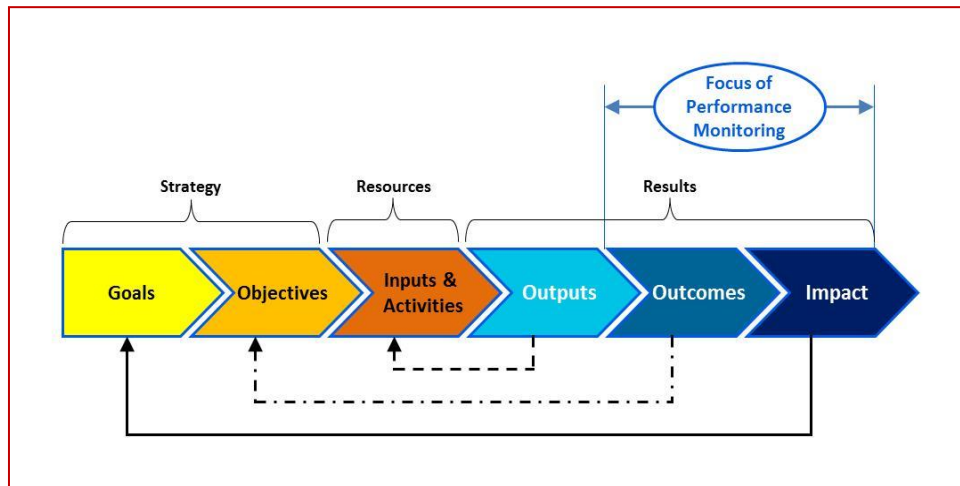


Figure 3.1: What do we monitor?

The following sections provide details of the proposed impact and outcome indicators. Additional details and examples are provided in Annex 3.

## 3.2 IMPACT LEVEL INDICATORS

ALL PROGRAMME COMPONENTS



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

**Result: Additional men/women with access to an improved sanitation facility at their home**

This impact indicator is measured at household level in the programme target villages. It assesses the **design and quality of construction of the toilet** and not its hygienic use and maintenance (see indicator 2.1). The use of QIS enables the following to be measured:

- ➔ Progress over time with regards to increased **access to sanitation facilities**; and
- ➔ Progress over time with regards to increased **quality of the sanitation facilities**.

This impact indicator will provide data for the following SNV Corporate harmonised indicators:

- Number (#) of people (women, men) having an improved sanitation facility at their house

This indicator deals with the quality of construction of the latrine and in particular whether it meets the WHO / UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP) criteria for an improved sanitation facility. For monitoring of the United Nation's Millennium Development Goals (MDG), an improved sanitation facility is defined as one that hygienically separates human excreta from human contact. Following the above definition of improved sanitation facilities, the JMP has developed the following sanitation ladder.

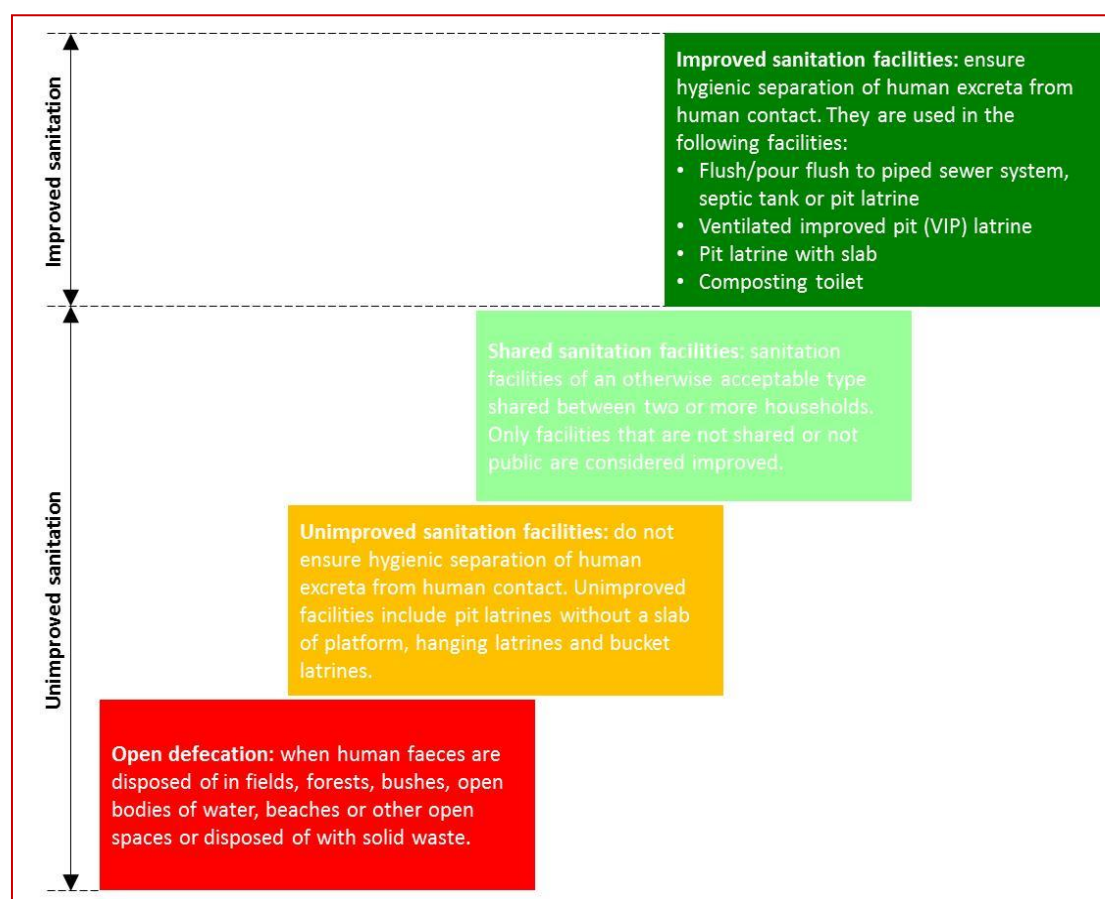


Figure 3.2: Adapted from the WHO/UNICEF JMP sanitation ladder

Although the JMP definitions are widely used for assessing country sanitation coverage, limitations in the above JMP classifications are widely acknowledged, since they do not assess whether a toilet poses a risk to the human environment. The rural SSH4A programme instead assesses whether the facilities meet a number of sanitary requirements as outlined in the QIS scenarios. Even when technical standards exist for the various technology options, the actual facilities may not comply with these standards, either in terms of design, construction quality, or maintenance and repair requirements. The SSH4A impact indicators are therefore framed to assess the actual environmental safety of the facilities, based on the actual status of the facilities where the quality of construction and regular maintenance and repair activities are taken into consideration.

### Standard data collection to support Impact Indicator 1.1

The collection of the following standardised data is optional for the countries but is useful for programme management in terms of collecting the number of households, the number of men/women with access to any kind of sanitation facility and the inclusion of shared households. The actual design and quality is assessed with the use of impact indicator 1.1.

Household composition		
What is the household composition?	In #	In %
Number of male HH members (#)		
Number of female HH members (#)		
Total number of HH members (#)		100%
Additional information for AusAID funded activities		
Number of male HH members with physical disabilities (#)		
Number of female HH members with physical disabilities (#)		
Total number of HH members with a physical disability (#)		

Defecation practices	
Where do you and your family members defecate?	Tick
Use our own toilet (✓)	
Use toilet of others (e.g. neighbours or relatives) (✓)	
Use public toilets (✓)	
Do not use any toilet (open defecation) (✓)	
If you own a toilet, is it also used by other people on a regular basis (e.g. neighbours or relatives)?	Tick
YES (✓)	
NO (✓)	

Access to sanitation facilities at household level	
If the HH owns a toilet, what type of toilet and how many of each type?	#
• Pit latrine (direct drop pit with squatting slab) (#)	
• Ventilated improved pit (VIP) latrine (#)	
• Pour-flush latrine with pan and water seal and direct drop pit/tank (#)	
• Pour-flush latrine with pan water seal and with offset pit(s)/tank(s) (#)	
• Flush toilet (with automatic flushing mechanism) (#)	
• Composting toilet (e.g. Ecosan) (#)	
• Other type of toilet (#)	

Notes: 1. Additional explanations and examples are provided in Annex 3.1

IMPACT INDICATOR 1.1: HOUSEHOLDS WITH ACCESS TO A SANITARY TOILET	
Level	Descriptions / mini scenarios
0	No toilet
1	Toilet, (i) where human excreta is exposed to the environment
2	<b>BENCHMARK</b> 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
3	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.
4	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; (iii) either has a water seal or a lid to cover the squatting hole; and (iv) is located at least 10 meters away from a groundwater or surface water source.

Notes: 1. Additional explanations are provided in Annex 3.1.

2. Where in the above mini scenarios for level 4, 10 meters are indicated as an appropriate distance (proximity of toilet in relation to groundwater and surface water sources) it is 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.

MONITORING PROTOCOL DETAILS FOR IMPACT INDICATOR 1.1		
Basic sampling unit	Household	See Annex 1 for further details on sampling methodologies and selection of survey clusters and households
Data collection methodology	Structured interviews combined with direct observations by enumerators in person at the house with one or more respondents	See Annex 2 for further details on data collection techniques. Compare with existing government data records when available
Data collection tools	Household level data collection questionnaires with observation checklist against standardised QIS scale	
Who will collect the data	Country dependent	
Means of verification	Performance monitoring report and database	





## IMPACT INDICATOR 1.2: PROGRESS IN NUMBER OF SCHOOLS AND NUMBER OF STUDENTS (BOYS AND GIRLS) WITH ACCESS TO A SANITARY TOILET

### Result: Additional boys/girls with access to an improved sanitation facility at their school

This impact indicator is measured at schools in the programme target villages. It assesses the **design and quality of construction of the toilet** and not its hygienic use and maintenance (see indicator 2.2). The use of QIS enables the following to be measured:

- ➔ Progress over time with regards to increased **access to sanitation facilities**; and
- ➔ Progress over time with regards to increased **quality of the sanitation facilities**.

This impact indicator will provide data for the following SNV Corporate harmonised indicators:

- Number (#) of girls having sufficient improved sanitation facilities at their school
- Number (#) of boys having sufficient improved sanitation facilities at their school

### Standard data collection to support indicator 1.2

The collection of the following standardised data is optional for the countries but is useful for programme management in terms of collecting the number of schools and the number of students with access to any kind of sanitation facility and the ratios to be calculated. The actual design and quality is assessed with the use of impact indicator 1.2.

School composition		
Number of pupils / students	In #	In %
Number of girl pupils / students (#)		
Number of boy pupils / students (#)		
Total number of pupils / students (#)		100%
Number of teachers / educators		
Number of female teachers / educators (#)		
Number of male teachers / educators (#)		
Total number of teachers / educators (#)		100%

Defecation practices			
Where do the students and teachers urinate and or defecate during the school hours?	Girls	Boys	Teachers
• School toilets (✓)			
• School urinals (✓)			
• Toilets belonging to neighbouring families (✓)			
• Public toilets (✓)			
• Home (✓)			
• Do not use any toilet (open defecation) (✓)			

### Access to sanitation facilities at schools

If there are any toilets, what type and how many?	Girls only	Boys only	Shared	Teachers
• Urinals (#)				
• Pit latrine (direct drop pit with squatting slab) (#)				
• Ventilated improved pit (VIP) latrine (#)				
• Pour-flush latrine with pan and water seal and direct drop pit or tank (#)				
• Pour-flush latrine with pan water seal and with offset pit(s) or tank(s) (#)				
• Flush toilet (with automatic flushing mechanism) (#)				
• Composting toilet (e.g. Ecosan) (#)				
• Other type of toilet (#)				

- Notes: 1. Additional explanations and examples on the different types of sanitation facilities are provided in Annex 3.1.
2. With the above information the 'sufficient' ratio of girl and boy students per school toilet can be calculated! Sufficient refers to the student-to-toilet ratio. Most countries have a benchmark for the student-to-toilet ratio. If not, use the UNICEF/WHO student to toilet ratio. Note that the UNICEF/WHO guideline standard<sup>13</sup> for student-to-toilet ratio is 25 girls per toilet compartment and 50 boys per toilet compartment when a urinal is available, plus one toilet for male staff and one for female staff. National standards may differ.

### IMPACT INDICATOR 1.2: SCHOOLS WITH ACCESS TO SANITARY TOILETS

Level	Descriptions / mini scenarios
<b>0</b>	<b>No toilet</b>
<b>1</b>	<b>Toilet, (i) where human excreta is exposed to the environment</b>
<b>2</b>	<b>BENCHMARK 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</b>
<b>3</b>	<b>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.</b>
<b>4</b>	<b>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; (iii) either has a water seal or a lid to cover the squatting hole; and (iv) is located at least 10 meters away from a groundwater or surface water source.</b>

- Notes: 1. The explanations provided in Annex 3.1 for impact indicator 1.1 are also to be used for this indicator.
2. This impact indicator is to be used for each individual school toilet. As the indicator focuses on the

<sup>13</sup> WASH in Schools Monitoring Package, UNICEF April 2011.  
Available at: [http://www.unicef.org/wash/schools/files/wash\\_in\\_schools\\_monitoringpackage\\_.pdf](http://www.unicef.org/wash/schools/files/wash_in_schools_monitoringpackage_.pdf)

number of schools, an average score for all the toilets will need to be calculated for the school. This can easily be done in an automated database as shown in the simple example below!

Levels	Individual scores per school toilet								Totals	Score per level	Total score	Average score	Average level
	#1	#2	#3	#4	#5	#6	#7	#8					
0									0	0	0		
1	✓								1	25	25		
2		✓					✓		2	50	100		
3				✓				✓	2	75	150		
4			✓		✓	✓			3	100	300		
									8		575	72	3

- Where in the above mini scenarios for level 4, 10 meters are indicated as an appropriate distance (proximity of toilet in relation to groundwater and surface water sources) it is 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.

MONITORING PROTOCOL DETAILS FOR IMPACT INDICATOR 1.2		
<b>Basic sampling unit</b>	<b>School</b>	Monitoring is to be done in the schools located in the sample villages selected as described in Section 2.2
<b>Data collection methodology</b>	<b>Structured interviews combined with direct observations by enumerators in person at the school</b> with one or more respondents	See Annex 2 for further details on data collection techniques. Compare with existing government data records when available
<b>Data collection tools</b>	School level data collection forms with observation checklist against standardised QIS scale	
<b>Who will collect the data</b>	Country dependent	
<b>Means of verification</b>	Performance monitoring report and database	

#### ALL PROGRAMME COMPONENTS



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

#### Result: Additional people using a hygienic toilet at their home

This impact indicator is measured at household level in the programme target villages. It assesses two aspects: 1) whether the toilet is in use; and 2) the **quality of operation and maintenance and the hygienic status of the toilet**, and not the design and quality of construction of the toilet (see indicator 1.1). The use of QIS enables the following to be measured:

- ➔ Progress over time with regards to increased **use of sanitation facilities**; and
- ➔ Progress over time with regards to increased **access to hygienically operated and maintained sanitation facilities**.

IMPACT INDICATOR 2.1: HOUSEHOLDS THAT USE HYGIENIC TOILETS	
Level	Descriptions / mini scenarios
0	Toilet is not used as toilet
1	Toilet, (i) is used for defecating
2	<b>BENCHMARK</b> 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
3	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
4	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; (iii) no human excreta is visible on either the slab (pan) or walls; and (iv) used anal cleansing materials and or sanitary materials are not exposed as they are disposed of safely immediately after use.

- Notes: 1. Additional explanations are provided in Annex 3.2.
2. Be aware that the total number of households covered by this indicator is not the same as the total number of households covered by impact indicator 1.1. This for the simple reason that only households that own a toilet are assessed whether the quality of operation and maintenance and the hygienic status of their toilets are up to standard. See the example in the following table.

IMPACT INDICATOR 1.1			IMPACT INDICATOR 2.1		
SCALE LEVELS	# OF HH INCLUDED IN SAMPLE	# OF HH WITH TOILET	SCALE LEVELS	# OF HH INCLUDED IN SAMPLE	REMARKS
Level 0 (No toilet)	5	35	Level 0	5	Total of indicator 2.1 is equal to total of levels 1 to 4 of indicator 1.1. In this example 35 HH!
Level 1	10		Level 1	15	
Level 2	15		Level 2	7	
Level 3	5		Level 3	6	
Level 4	5		Level 4	2	
<b>Totals</b>	<b>40</b>	<b>35</b>		<b>35</b>	

From the above example the following conclusions can be drawn:

- ⇒ 25 out of 40 households have access to an improved sanitation facility; and
- ⇒ 10 out of 40 households have access to an unimproved sanitation facility; and
- ⇒ 30 out of 35 households use their toilet for defecating.

Additional cross-tabulation – where the two variables (access and use) are compared – will need to be carried out to be able to calculate the number of households (and the number of people) that either uses an improved sanitation facility or an unimproved sanitation facility.

MONITORING PROTOCOL DETAILS FOR IMPACT INDICATOR 2.1		
<b>Basic sampling unit</b>	<b>Household</b>	See section 2.2 for further details on sampling methodologies and selection of survey clusters and households
<b>Data collection methodology</b>	<b>Structured interviews combined with direct observations by enumerators in person at the house</b> with one or more respondents	See Annex 2 for further details on data collection techniques
<b>Data collection tools</b>	Household level data collection questionnaires with observation checklist against standardised QIS scale	
<b>Who will collect the data</b>	Country dependent	
<b>Means of verification</b>	Performance monitoring report and database	

#### ALL PROGRAMME COMPONENTS



### IMPACT INDICATOR 2.2: PROGRESS IN NUMBER OF SCHOOLS AND NUMBER OF STUDENTS (BOYS AND GIRLS) THAT USE A HYGIENIC TOILET WHEN AT SCHOOL

#### Result: Additional students using a hygienic toilet at their school

This impact indicator is measured at schools in the programme target villages. It assesses the **quality of operation and maintenance and the hygienic status of the toilet** and not the design and quality of construction of the toilet (see indicator 1.2). The use of QIS enables the following to be measured:

- ➔ Progress over time with regards to increased **use of hygienically operated and maintained sanitation facilities.**

IMPACT INDICATOR 2.2: SCHOOLS THAT USE HYGIENIC TOILETS	
Level	Descriptions / mini scenarios
<b>0</b>	Toilet is not used as toilet
<b>1</b>	Toilet, (i) is used for urinating and defecating
<b>2</b>	<b>BENCHMARK</b> Toilet, (i) is used for urinating and 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
<b>3</b>	Toilet, (i) is used for urinating and 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

## IMPACT INDICATOR 2.2: SCHOOLS THAT USE HYGIENIC TOILETS

Level	Descriptions / mini scenarios
4	<b>Toilet,</b> (i) is used for urinating and 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; (iii) no human excreta is visible on either the slab (pan) or walls; and (iv) used anal cleansing materials and or sanitary materials are not exposed as they are disposed of safely immediately after use.

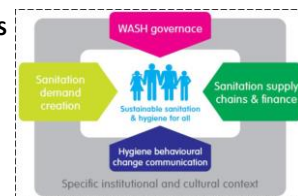
- Notes: 1. The explanations provided in Annex 3.2 for impact indicator 2.1 are also to be used for this indicator.
2. This impact indicator is to be used for each individual school toilet. As the indicator focuses on the number of schools, an average score for all the toilets will need to be calculated for the school. This can easily be done in automated database! See example provided for impact indicator 1.2.

### MONITORING PROTOCOL DETAILS FOR IMPACT INDICATOR 2.2

<b>Basic sampling unit</b>	<b>School</b>	Monitoring is to be done in the schools located in the sample villages selected as described in Section 2.2
<b>Data collection methodology</b>	<b>Structured interviews combined with direct observations by enumerators in person at the school</b> with one or more respondents	See Annex 2 for further details on data collection techniques
<b>Data collection tools</b>	School level data collection questionnaires with observation checklist against standardised QIS scale	
<b>Who will collect the data</b>	Country dependent	
<b>Means of verification</b>	Performance monitoring report and database	

#### ALL PROGRAMME COMPONENTS

### 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



#### **Result: Additional people with access to an improved hand washing facility near their toilet**

Impact indicator 3.1 is measured at household level in the programme target villages. It 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. The use of QIS enables the following to be measured:

- ➔ Progress over time with regards to increased **access to hand washing facilities in close proximity of a toilet.**

This impact indicator will provide data for the following SNV Corporate harmonised indicators:

- Number (#) of people (women, men) having a hand washing facility with soap at their house

### Standard data collection to support indicator 3.1

The collection of the following standardised data is optional for the countries but is useful for programme management in terms of collecting the number of households, the number of men/women with access to any kind of hand washing facility. If required it can also provide insight in the users' knowledge on when to wash their hands. The actual quality of the hand washing facility is assessed with the use of impact indicator 3.1.

Access to hand washing facilities at household level	
<b>Do you have any specific hand washing facilities to wash your hands?</b>	<b>Tick</b>
• YES	
• NO	
<b>If YES, what type and how many? (#)</b>	<b>#</b>
• Hand washing facilities with running water (piped) (#)	
• Tippy tap / treadle tap (#)	
• Covered water container with tap (#)	
• Covered water container with ladle or dipper (#)	
• Open water container with tap (#)	
• Open water container with ladle or dipper (#)	
• Other type of hand washing facility	
<b>If YES, where are the hand washing facilities located and how many?</b>	<b>#</b>
• In or near the toilet (#)	
• In or near the kitchen (#)	
• Other location (#)	

Additional questions for AusAID funded activities	
<b>Household member interviewed recalls the critical junctures of HWWS</b>	<b>Tick</b>
• Before (breast) feeding an infant (baby or small child)	
• After cleaning a child who has defecated	
• After defecating (e.g. after using the toilet)	
• Before preparing food	
• Before eating	

Notes: 1. Additional explanations and examples are provided in Annex 3.3.

2. Take care to interview the right 'representative' person when assessing whether household members know when to wash their hands. Considering that the risks associated with faecal-oral contamination is the highest for babies and small children it would be best to interview the child caretaker(s).

IMPACT INDICATOR 3.1: HOUSEHOLDS WITH ACCESS TO HAND WASHING FACILITIES IN OR NEAR THE TOILET	
Level	Descriptions / mini scenarios
0	Household with no specific place or facility for washing hands located within 10 paces of the toilet
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)
2	<b>BENCHMARK</b> 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
3	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); ii) with soap; and iii) with a hand washing facility or device that prevents people (or animals) from contaminating the water
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 (piped) water so that people (or animals) cannot contaminate the water

- Notes: 1. Additional explanations are provided in Annex 3.3.
2. Where in the above mini scenarios, 10 paces are indicated as an appropriate distance (close proximity of hand washing facility in relation to the toilet) it is 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.

MONITORING PROTOCOL DETAILS FOR IMPACT INDICATOR 3.1		
Basic sampling unit	Household	See section 2.2 for further details on sampling methodologies and selection of survey clusters and households
Data collection methodology	Structured interviews combined with direct observations in person at the house with one or more respondents	See Annex 2 for further details on data collection techniques
Data collection tools	Household level data collection questionnaires with observation checklist against standardised QIS scale	
Who will collect the data	Country dependent	
Means of verification	Performance monitoring report and database	





### IMPACT INDICATOR 3.2: PROGRESS IN NUMBER OF SCHOOLS AND NUMBER OF STUDENTS (BOYS AND GIRLS) WITH ADEQUATE HAND WASHING FACILITIES IN OR NEAR THE TOILET

**Result: Additional students with access to an improved hand washing facility at their school.**

Impact indicator 3.2 is measured at the schools in the programme target villages. It assesses the existence and quality of hand washing facilities in or near school toilets as a proxy indicator for the behaviour of safe practice of hand washing with soap at critical junctures. The use of QIS enables the following to be measured:

- ➔ Progress over time with regards to increased **access to hand washing facilities in close proximity of a toilet.**

This impact indicator will provide data for the following SNV Corporate harmonised indicators:

- Number (#) of children (girls, boys) having a hand washing facility with soap at their school

#### Standard data collection to support indicator 3.1

The collection of the following standardised data is optional for the countries but is useful for programme management in terms of collecting the number of schools and the number of boys/girls with access to any kind of hand washing facility. The actual quality of the hand washing facility is assessed with the use of impact indicator 3.2.

Access to hand washing facilities at schools	
<b>Are there any specific hand washing facilities at the school?</b>	<b>Tick</b>
• YES	
• NO	
<b>If YES, what type and how many? (#)</b>	<b>#</b>
• Hand washing facilities with running water (piped) (#)	
• Tippy tap / treadle tap (#)	
• Covered water container with tap (#)	
• Covered water container with ladle or dipper (#)	
• Open water container with tap (#)	
• Open water container with ladle or dipper (#)	
• Other type of hand washing facility	
<b>If YES, where are the hand washing facilities located?</b>	<b>#</b>
• In or near the toilets (#)	
• In or near the class rooms (#)	
• In or near the teachers offices (#)	
• Other locations (#)	

Notes: 1. The explanations and examples provided in Annex 3.3 for impact indicator 3.1 can also be used for this indicator.

### IMPACT INDICATOR 3.2: SCHOOLS WITH ACCESS TO HAND WASHING FACILITIES IN OR NEAR THE TOILETS

Level	Descriptions / mini scenarios
0	School has no specific place or facility for washing hands located within 10 paces of the toilet
1	School, (i) has a designated place with water for washing hands which is located within 10 paces of the toilets (but which does not prevent contamination of the water)
2	<b>BENCHMARK</b> School, (i) has a designated place with water for washing hands which is located within 10 paces of the toilets (but which does not prevent contamination of the water); and (ii) with soap
3	School, (i) has a designated place with water for washing hands which is located within 10 paces of the toilets (but which does not prevent contamination of the water); (ii) with soap; and (iii) with a hand washing facility or device that prevents people (or animals) from contaminating the water
4	School, (i) has a designated place with water for washing hands which is located within 10 paces of the toilets; (ii) with soap; and (iii) with a hand washing facility that uses running (piped) water so that people (or animals) cannot contaminate the water

Notes: 1. The additional explanations provided in Annex 3.3 for impact indicator 3.1 can also be used for this indicator.

2. Where in the above mini scenarios, 10 paces are indicated as an appropriate distance (close proximity of hand washing facility in relation to the toilet) it is 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.

#### MONITORING PROTOCOL DETAILS FOR IMPACT INDICATOR 3.2

<b>Basic sampling unit</b>	School	Monitoring is to be done in the schools located in the sample villages selected as described in Section 2.2
<b>Data collection methodology</b>	Structured interviews combined with direct observations in person at the school with one or more respondents	See Annex 2 for further details on data collection techniques
<b>Data collection tools</b>	School level data collection questionnaires with observation checklist against standardised QIS scale	
<b>Who will collect the data</b>	Country dependent	
<b>Means of verification</b>	Performance monitoring report and database	

## Optional Impact Indicator

ALL PROGRAMME COMPONENTS



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

**Result: Additional people (all members of the household including the elderly and those living with a disability) using the toilet when at home**

This impact indicator is measured at household level in the programme target villages. It assesses issues such as accessibility, convenience and privacy of the toilet as a **proxy indicator for the use of the toilet by all at all times** when they are in or around the house. The existence of household toilets is captured by impact indicator 1.1. The use of QIS enables the following to be measured:

- ➔ Progress over time with regards to increased **use of the toilet by all household members and at all times**.

**This is an optional impact indicator** that will for the time being only be used (tested at scale) in the AusAID funded SSH4A programme in Bhutan and Nepal to assess its appropriateness and usefulness.

IMPACT INDICATOR 4: USE OF TOILET BY ALL AT ALL TIMES	
Level	Descriptions / mini scenarios
<b>0</b>	Toilet is not used
<b>1</b>	Toilet, (i) is visibly in use
<b>2</b>	<b>BENCHMARK</b> Toilet, (i) is visibly in use; and (ii) is physically accessible for ALL at ALL times when at home including the elderly and disabled
<b>3</b>	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
<b>4</b>	Toilet, (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

- Notes:
1. Additional explanations are provided in Annex 3.4.
  2. The number of male and female household members with physical disabilities is already captured by indicator 1.1.

MONITORING PROTOCOL DETAILS FOR IMPACT INDICATOR 4		
<b>Basic sampling unit</b>	<b>Household</b>	See section 2.2 for further details on sampling methodologies and selection of survey clusters and households
<b>Data collection methodology</b>	<b>Structured interviews combined with direct observations by enumerators in person at the house</b> with one or more respondents	See Annex 2 for further details on data collection techniques
<b>Data collection tools</b>	Household level data collection questionnaires with observation checklist against standardised QIS scale	
<b>Who will collect the data</b>	Country dependent	
<b>Means of verification</b>	Performance monitoring report and database	

### 3.3 OUTCOME LEVEL INDICATORS

#### GENERATING DEMAND



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

**Result: Increased capacity of client or change agent to implement sanitation demand creation at scale in their area leading to improved performance**

This outcome indicator is to be used with the lead agency responsible for implementing sanitation demand creation at the District or Sub-District level. This process is not the same as a triggering workshop at a community level. It is measured at the District or sub-District level depending on which level this is organized at in each context. The country programmes will continue to monitor the quality of facilitation at the village level using their own locally adapted criteria. An example is provided in the Annex.

This is a capacity development indicator and the use of capacity scorecards enables the following to be measured:

- ➔ Progress over time with regards to increased **capacity of local organisations to implement sanitation demand creation activities at scale and with quality.**

This outcome indicator will provide data for the following SNV Corporate harmonised indicators:

- Number (#) of local governments that have initiated steering of sanitation demand creation activities
- Number (#) of WASH client (group)s who are supplying improved services
- Number (#) of client (group)s in WASH whose capacity improved:
  - a. Capability to deliver on development objectives
- % targets met of targets set in improved capacity of WASH (groups of) clients.

OUTCOME INDICATOR 5: CAPACITY TO IMPLEMENT SANITATION DEMAND CREATION WITH QUALITY					
Organisational elements and statements	Scores				
	0	1	2	3	4
Your organisation ...					
1. 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)					
2. Provides assessed training to facilitators in proven demand creation approaches to an adequate standard					
3. Provides follow-up to the facilitators after training in the form of guidance, coaching, motivation and/or support during implementation					
4. Regularly assesses the performance of facilitators responsible for demand creation and follow-up					
5. Uses the experiences and lessons learned to adjust or improve sanitation demand creation activities and/or facilitator training.					

Notes: 1. Additional explanations and examples are provided in Annex 3.5.

2. Scores: 0=non-existent; 4=fully present

MONITORING PROTOCOL DETAILS FOR OUTCOME INDICATOR 5		
<b>Basic sampling unit</b>	<b>Lead agency responsible for implementing demand creation activities at district / sub-district level</b>	This will differ per country but are likely to be sub-district or district (government) actors but could also be a LCB.
<b>Data collection methodology</b>	<b>Guided capacity self-assessment</b> with one or more representatives of the lead agency	See Annex 2 for further details on data collection techniques Follow the 'trust but verify' approach where you verify the answers by looking for evidence of agreed performance against plans and targets. Comparison of feedback from clients and documented evidence of progress reporting against results.
<b>Data collection tools</b>	SNV capacity scorecard adapted to include the four organisational elements	
<b>Who will collect the data on this indicator</b>	SNV Advisor as part of the annual review with clients	After conducting a CSA for the baseline, CSAs are conducted annually as part of programme reviews with clients.
<b>Means of verification</b>	Report on annual review discussion with client	

#### SANITATION SUPPLY CHAINS



#### 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 outcome indicator is to be used with a range of sanitation supply chain related private entrepreneurs and SMEs in the programme areas in terms of providing construction services, sanitary products and materials. It currently does not extend to emptying and reuse services. Examples of these indicators are provided in the urban SSH4A guidance notes. 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. The use of QIS enables the following to be measured:

- ➔ Progress over time with regards to an increased **number of private sector actors (including female entrepreneurs) engaged in sanitation related businesses**; and
- ➔ Progress over time with regards to increased **performance of private sector actors engaged in sanitation related supply chains**.

This indicator relates to outcome indicator 8, which focuses on the creation of an enabling environment. The intention is for the government to be actively facilitating private sector engagement in market-based supply chains for a variety of sanitation and hygiene consumer needs.

## Standard data collection to support Outcome Indicator 6

The following standard data capture the numbers of private sector actors engaged in sanitation related businesses or supply chains. The increase in capacities is assessed with the use of outcome indicator 6.

Private sector involvement				
Type of private sector actors engaged in sanitation businesses or related supply chains	Total # of actors	Sex of entrepreneurs		
		Male	Female	Females in %
• Sanitation hardware producers (#)				
• Shops / retailers (#)				
• Sales agents (#)				
• Masons / carpenters (#)				
• Pit emptying service providers (#)				
• Others, specify (#)				
<b>Total number of private sector actors (#)</b>				

- Notes: 1. To complete the above overview requires a simple actor mapping exercise at (sub) district level. It should provide a complete and comprehensive overview of all private sector actors engaged in sanitation businesses or related supply chains in a (sub) district.
2. The above private sector actors could represent either business entities<sup>14</sup> (e.g. sanitation hardware producers, shops, retailers, etc.) or individual entrepreneurs (e.g. masons, carpenters, pit emptier, etc.).

OUTCOME INDICATOR 6: PROGRESS IN SANITATION SERVICES AND BUSINESS DEVELOPMENT	
Level	Descriptions / mini scenarios
<b>0</b>	<b>No private sector actors involved in sanitation related businesses or supply chains within reach of the customers<sup>15</sup></b>
<b>1</b>	<b>Private sector actor, (i) is involved in sanitation related businesses or supply chains that are within reach of the customers</b>
<b>2</b>	<b>BENCHMARK</b> <b>Private sector actor, (i) is involved in sanitation related businesses or supply chains that are within reach of the customers; and (ii) experienced increase in sales during the past year</b>
<b>3</b>	<b>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 through a form of outreach</b>

<sup>14</sup> A **business entity** is usually defined as a commercial, corporate and/or other institution that is formed and administered as per commercial law in order to engage in business activities, usually the sale of a product or a service. This can in theory include businesses run by an individual entrepreneur also known as single proprietors. Single proprietors include professional people, service providers, and retailers who are “in business for themselves”.

<sup>15</sup> Understood in terms of physical reach of the district area only and does not imply affordability or presence at the village level. Needs to be understood in terms of the context and based on the supply chain analysis.

OUTCOME INDICATOR 6: PROGRESS IN SANITATION SERVICES AND BUSINESS DEVELOPMENT	
Level	Descriptions / mini scenarios
4	<b>Private sector actor,</b> (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) markets sanitation through a form of outreach; and (iv) reaches the poorest wealth quintile.
	Justification for above score:
	Required follow-up actions:

- Notes: 1. Additional explanations are provided in Annex 3.6.
2. The above outcome indicator is to be used with a range of private sector actors engaged in sanitation businesses and related supply chains. This can either be a representative sample of all relevant actors in a given area (sub-district or district) or specifically targeted at those actors that are engaged and or supported by the programme.
3. Reporting is to be done against the individual private sector actors. Considering the likely differences in size and scope of the different businesses, it does not make sense to calculate average scores of all the private sector actors included in the sample.

MONITORING PROTOCOL DETAILS FOR OUTCOME INDICATOR 6		
<b>Basic sampling unit</b>	<b>Sanitation entrepreneur</b>	Monitoring is to be done with all the sanitation entrepreneurs that have received capacity building or any other kind of support.
<b>Data collection methodology</b>	<b>Structured interviews combined with direct observations in person at the business premises</b> with one or more business representatives	See Annex 2 for further details on data collection techniques
<b>Data collection tools</b>	Data collection questionnaires with observation checklist against standardised QIS scale	See Annex 3.6 for additional details
<b>Who will collect the data</b>	Country dependent but likely to be part of the annual review with clients by SNV advisors	
<b>Means of verification</b>	Report including documentation (e.g. sales records, customer review) against each QIS level	





**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 activities at scale in their area leading to improved performance**

This outcome indicator is to be used with the lead agency responsible for designing, planning, organising and implementing behaviour change communication activities. This is a capacity development indicator and the use of capacity scorecards enables the following to be measured:

- ➔ Progress over time with regards to increased **capacity of local organisations to implement behaviour change communication activities at scale and with quality.**
- ➔ **Capacity to deliver**
- ➔ **Capacity to commit and act**
- ➔ **Capacity to maintain coherence**
- ➔ **Capability to renew and adapt.**

OUTCOME INDICATOR 7: CAPACITY TO IMPLEMENT BEHAVIOUR CHANGE COMMUNICATION AT SCALE					
Organisational elements and statements	Scores				
	0	1	2	3	4
Your organisation ...					
1. 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					
2. Has a clear division of roles and responsibilities to implement the strategy or plan					
3. Has adequate human and financial resources to implement BCC activities in line with its strategy or plans					
4. Develops BCC based on formative research or evidence of motivators					
5. Tests effectiveness of messages and approaches with the target audience					
6. Provides training to facilitators or other implementers in BCC approaches to an adequate standard					
7. Regularly assesses the performance of facilitators or others responsible for BCC interventions					
8. Reviews approaches based on monitoring or lessons learned					
9. Monitors the usage and effectiveness of BCC materials					
10. Adapts or tailors the approaches and messages based on the changing context, lessons learned and/or specific target populations					

Notes: 1. Additional explanations and examples are provided in Annex 3.7.  
 2. Scores: 0=non-existent; 4=fully present

MONITORING PROTOCOL DETAILS		
<b>Basic sampling unit</b>	<b>Lead agency responsible for BCC interventions</b>	This will differ per country but are likely to be sub-district or district (government) actors.
<b>Data collection methodology</b>	<b>Guided capacity self-assessment</b> with one or more representatives of the lead agency	See Annex 2 for further details on data collection techniques. Follow the 'trust but verify' approach where you verify the answers by looking for evidence. Comparison of feedback from clients and documented evidence for example in the form of minutes of stakeholder meetings.
<b>Data collection tools</b>	Capacity scorecard on the four organisational elements	
<b>Who will collect the data on this indicator</b>	SNV Advisor as part of the annual review with clients	After conducting a CSA for the baseline, CSAs are conducted annually as part of programme reviews with clients.
<b>Means of verification</b>	Documentation of capacity self-assessment process	

#### WASH GOVERNANCE



### 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. This is a capacity development indicator and the use of capacity scorecards enables the following to be measured:

- ➔ Progress over time with regards to increased **capacity to steer and monitor performance within the rural sanitation and hygiene sub-sector.**
- ➔ **Capacity to deliver,**
- ➔ **Capacity to commit and act**
- ➔ **Capacity to maintain coherence**
- ➔ **Capability to renew and adapt.**

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

Organisational elements and statements at district/sub district level	Scores				
	0	1	2	3	4
Your organisation ...					
1. 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.					
2. Has a plan for implementing sanitation and hygiene activities in their district/sub-district to achieve their targets					
3. Ensures that there are human and financial resources to implement the plans					
4. Has a clear division of roles and responsibilities to implement the plan					
5. Gives active follow-up and enforces agreements on the above.					
6. Has a monitoring system that measures progress on sanitation and hygiene targets at village and district level					
7. Ensures that information on progress is shared, analysed and discussed with relevant village and district level stakeholders					
8. Ensures that monitoring includes data that assesses inclusion of all groups within the villages, including people with a disability.					
9. Reviews the status of villages to assess the sustainability of coverage/ access to sanitation					
10. Uses the data from monitoring, experiences and lessons learned to adjust or improve implementation plans when relevant					

Notes: 1. Scores: 0=non-existent; 4=fully present

**MONITORING PROTOCOL DETAILS FOR OUTCOME INDICATOR 8**

<b>Basic sampling unit</b>	<b>Lead agency responsible for the rural sanitation and hygiene sector</b>	This will differ per country but are likely to be sub-district, district or provincial level (government) actors
<b>Data collection methodology</b>	<b>Guided self-assessment</b> with one or more representatives of the lead agency	<b>See Annex 2 for further details on data collection techniques</b> Follow the 'trust but verify' approach where you verify the answers by looking for evidence of agreed performance against plans and targets.
<b>Data collection tools</b>	Sector alignment scorecard	
<b>Who will collect the data on this indicator</b>	SNV Advisor as part of the annual review with clients	After conducting a CSA for the baseline, CSAs are conducted annually as part of programme reviews with clients.
<b>Means of verification</b>	Documentation of capacity self assessment process.	



**OUTCOME INDICATOR 9: PROGRESS WITH REGARDS TO IMPROVED RURAL SANITATION AND HYGIENE SECTOR ALIGNMENT**

**Result: Improved enabling environment in terms of sector alignment within 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. This is a capacity development indicator and the use of capacity scorecards enables the following to be measured:

- ➔ Progress over time with regards to increased **sector alignment within the rural sanitation and hygiene sub-sector.**

This outcome indicator will use the SNV Corporate indicator on sector alignment and will therefore provide data for the following SNV Corporate harmonised indicators:

- Improved enabling environment (SNV Outcome Type 2)
- Score on sector alignment score card
- % targets met of targets set in improved enabling environment for WASH

OUTCOME INDICATOR 9: IMPROVED ENABLING ENVIRONMENT IN TERMS OR SECTOR ALIGNMENT					
WASH Sector alignment scorecard					
Statements	Scores				
	0	1	2	3	4
1. A multi-stakeholder dialogue has started (on rural sanitation)					
2. All relevant (local) government sector stakeholders are involved in the dialogue.					
3. All relevant (local) donor (or funding) agencies are involved in the dialogue.					
4. Relevant civil society and private sector stakeholders are involved in the dialogue.					
5. Information and data (evidence base) are shared in the group.					
6. Sector priorities (for rural sanitation) are set jointly by stakeholders.					
7. Sector targets (for rural sanitation) are set jointly by stakeholders.					
8. Plans (for rural sanitation) are made jointly.					
9. Approaches (to rural sanitation) are aligned.					
10. Standards and norms (related to rural sanitation) are aligned.					

- Notes:
1. The sector alignment scorecard should be applied to the sub-sector the project or intervention is working on. For the rural SSH4A programme this relates obviously to the sanitation and hygiene sub-sector.
  2. The multi-stakeholder dialogue can be at sub-national level (district or province) or national level.
  3. The Corporate Sector Alignment Card is based on Yes/No answers and calculates 0 for No and 1 for Yes. To calculate from this version score 0 = No and for Yes (Score 1-4) or in other words 0=non-existent; 4=fully present.

MONITORING PROTOCOL DETAILS FOR OUTCOME INDICATOR 8		
<b>Basic sampling unit</b>	<b>Lead agency responsible for the rural sanitation and hygiene sector</b>	This will differ per country but are likely to be sub-district, district or provincial level (government) actors
<b>Data collection methodology</b>	<b>Guided self-assessment</b> with one or more representatives of the lead agency	See Annex 2 for further details on data collection techniques Follow the 'trust but verify' approach where you verify the answers by looking for evidence of agreed performance against plans and targets.
<b>Data collection tools</b>	Sector alignment scorecard	
<b>Who will collect the data on this indicator</b>	SNV Advisor as part of the annual review with clients	After conducting a CSA for the baseline, CSAs are conducted annually as part of programme reviews with clients.
<b>Means of verification</b>	Documentation of capacity self assessment process.	

#### WASH GOVERNANCE



### OUTCOME INDICATOR 10: PROGRESS IN DEVELOPMENT OF PRO-POOR SUPPORT MECHANISMS

#### Result: Progress in the development of pro-poor support mechanisms for sanitation related to the attention given by local agencies

This outcome indicator will measure:

- Access to finance or support mechanisms of the poorest and excluded groups in the province/district/commune.
- Attention to the consumer needs of the poorest and socially excluded groups in the province/district/commune.

This will be a narrative describing at least:

- How the poorest and socially excluded groups are defined and identified linked to GESI (11-13) indicators.
- The existing financial or other pro-poor support mechanisms for the poorest and socially excluded groups and any progress.
- The degree of use by the poorest and socially excluded groups of these support mechanisms.
- How it is monitored.

It should also include attention to:

- What are the specific consumers needs of the poor and socially excluded groups regarding toilet designs and information about toilet options.
- To what extent are these needs included in existing toilet designs offered to communities?
- To what extent is there special attention to providing information for the poorest and socially excluded groups including people living with disability during post-triggering?
- Having data about the status of sanitation of the poorest wealth quintile.

- Having information about the sanitation needs and preferences of poorest wealth quintile.
- Information on affordability of the cost of sanitation options in relation to the income in the lowest wealth quintile. Affordability should not exceed 5% of annual cash income. Income data can be based on secondary sources, if existing.
- Scoping and use of existing mechanisms and channels for rural sanitation
- Monitoring of effectiveness of pro-poor support
- Gathering feedback from target groups about the effectiveness.

MONITORING PROTOCOL DETAILS FOR OUTCOME INDICATOR 10		
Basic sampling unit	Province/district/commune level	
Data collection methodology	Interviews, observations, notes from meetings	
Data collection tools	Narrative	
Who will collect the data	Country dependent, typically SNV Advisor	
Means of verification	Discussion report with multi-stakeholder sector group	

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

#### WASH GOVERNANCE



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

This outcome indicator is measured during focus group discussions in the programme target villages. It assesses the actual influence women have in sanitation and hygiene programmes as evidence of more inclusive decision making. The use of QIS enables the following to be measured:

- ➔ The number of **females attending sanitation and hygiene related programme activities**; and
- ➔ Progress over time with regards to the degree of **influence of women during planning and implementation of sanitation and hygiene programmes**.

### Standard data collection to support Outcome Indicator 11

The following standard data capture the numbers and percentages of males and females attending sanitation and hygiene related programme activities. The actual quality of participation and influence is assessed with the use of outcome indicator 11.

The programme does not stipulate equal levels (50%) of participation but rather ensures that reliable data on participation is available to monitor representation across programme activities and to adjust intervention strategies as required. Furthermore, the collection of disaggregated data of women and men participants at key activities will inform the programme on who has access to information. The collection of reasons for non-participation of a specific group will assist the programme in devising alternative means to ensuring access to information for all.

Participation by adult males and females					
Programme related activities / events	Date of event	Total # of adults	Sex of participants		
			# of male adults	# of female adults	# of female adults in %
<b>Examples of activities</b>					
• TOTs					
• Demand creation activities					
• BCC interventions					
• Village WASH committee meetings					
• Community-based monitoring					
• ODF verification exercises					
• Etc.					
<b>Examples of (sub) district events</b>					
• (Sub) district stakeholder meetings					
• Etc.					

- Notes: 1. Only include the number of legal adults<sup>16</sup> in the above table.
2. Each country will have to identify which main programme activities are to be monitored (e.g. village committees, (sub)-district level stakeholder meetings) and maintain this data on an on-going basis.

OUTCOME INDICATOR 11: INFLUENCE OF WOMEN IN SANITATION AND HYGIENE PROGRAMMES	
Level	Descriptions / mini scenarios
<b>0</b>	<b>No participation of women in meetings and events</b>
<b>1</b>	<b>Women, (i) attend meetings (but do not speak)</b>
<b>2</b>	<b>Women, (i) attend meetings; and (ii) speak (but do not influence decisions)</b>
<b>3</b>	<b>Women, (i) attend meetings; (ii) speak; and (iii) influence decisions</b>
<b>4</b>	<b>Women, (i) attend meetings; (ii) speak; (iii) influence decisions; and (iv) the decisions made also reflect and respect women's needs and perspectives.</b>
	Justification for above score (including narrative and examples of evidence of decision making):
	Required follow-up actions:

<sup>16</sup> A **legal adult** is a legal concept for a person who has attained the age of majority and is therefore regarded as independent, self-sufficient, and responsible (contrast with "minor"). No specific age is given here as the age of legal adulthood is likely to differ from country to country. You are therefore advised to use national standards.

- Notes: 1. Additional explanations are provided in Annex 3.9.
2. This indicator is to be used at community and at (sub) district level.
3. One or two key decision-making forums have to be identified and these should be monitored at least annually during the course of the programme.
4. Evidence of improved decision-making should be documented as supporting narratives.

MONITORING PROTOCOL DETAILS FOR OUTCOME INDICATOR 11		
<b>Basic sampling unit</b>	<b>Communities, sub-districts and districts</b>	Identify representative focus groups in the same sample villages used for impact indicators 1 to 4. Also identify, at least one, representative focus groups at sub-district and or district level.
<b>Data collection methodology</b>	<b>Observation of relevant programme activities followed by focus group discussions</b> with a representative group of adult females	The guided self-assessment approach should be used to wrap up and conclude the discussions of the FGD
<b>Data collection tools</b>	QIS scoring format	
<b>Who will collect the data</b>	Country dependent	
<b>Means of verification</b>	FGD notes and narratives and evidence of decision-making	

## OUTCOME INDICATOR 12: PROGRESS IN THE DEGREE OF INFLUENCE OF POOR HOUSEHOLDS DURING PLANNING AND IMPLEMENTATION OF SANITATION AND HYGIENE PROGRAMMES

### WASH GOVERNANCE



### Result: Increased influence of poor households during planning and implementation of sanitation and hygiene programmes

This outcome indicator is measured during focus group discussions in the programme target villages. It assesses the actual influence poor households have in sanitation and hygiene programmes as evidence of more inclusive decision making. The use of QIS enables the following to be measured:

- ➔ The number of **poor households attending sanitation and hygiene related programme activities**; and
- ➔ Progress over time with regards to the degree of **influence of poor households during planning and implementation of sanitation and hygiene programmes**.

### Standard data collection to support Outcome Indicator 12

The following standard data capture the numbers of poor households attending sanitation and hygiene related programme activities. The actual quality of participation and influence is assessed with the use of outcome indicator 12. The programme does not stipulate any levels of participation but rather ensures that reliable data on participation is available to monitor representation across programme activities and to adjust intervention strategies as required. Furthermore, the collection of disaggregated data of poor and non-poor households at key activities will inform the programme on who has access to information. The collection of reasons for non-participation of a specific group will assist the programme in devising alternative means to ensuring access to information for all.



Participation by poor households					
Programme related activities / events	Date of event	Total # of adults	Number of adults		
			# of adults from non-poor HH	# of adults from poor HH	Adults from poor HH in %
<b>Examples of community events</b>					
• Demand creation activities					
• BCC interventions					
• Village WASH committee meetings					
• Community-based monitoring					
• ODF verification exercises					
• Etc.					

- Notes: 1. Only include the number of legal adults in the above table.
2. Each country will have to identify which decision-making forums are to be monitored. It would make sense to use the same events as identified for indicator 11.
3. It is suggested to use this indicator only for community-level meetings and events.

OUTCOME INDICATOR 12: INFLUENCE OF POOR HOUSEHOLDS IN SANITATION AND HYGIENE PROGRAMMES	
Level	Descriptions / mini scenarios
<b>0</b>	<b>No participation of people from poor households in meetings and events</b>
<b>1</b>	<b>People from poor households, (i) attend meetings (but do not speak)</b>
<b>2</b>	<b>People from poor households, (i) attend meetings; and (ii) speak (but do not influence decisions)</b>
<b>3</b>	<b>People from poor households, (i) attend meetings; (ii) speak; and (iii) influence decisions</b>
<b>4</b>	<b>People from poor households, (i) attend meetings; (ii) speak; (iii) influence decisions; and (iv) the decisions made reflect and respect people living in poverty's needs and perspectives.</b>
	Justification for above score (including narrative and examples of evidence of decision making):
	Required follow-up actions:

- Notes: 1. For the time being the explanations provided in Annex 3.9 for outcome indicator 9 are also to be used for this indicator.
2. Describe how poverty is defined and how these groups are identified.
3. This indicator is to be used at community level only. One or two key decision-making forums have to be identified and these should be monitored at least annually.

4. Evidence of improved decision-making should be documented as supporting narratives.

MONITORING PROTOCOL DETAILS FOR OUTCOME INDICATOR 12		
<b>Basic sampling unit</b>	<b>Communities</b>	Identify representative focus groups in the same sample villages used for impact indicators 1 to 4
<b>Data collection methodology</b>	<b>Observation of relevant programme activities followed by focus group discussions</b> with a representative group of adults from poor households	The guided self-assessment approach should be used to wrap up and conclude the discussions of the FGD
<b>Data collection tools</b>	QIS scoring format	
<b>Who will collect the data</b>	Country dependent	
<b>Means of verification</b>	FGD notes, narratives and evidence of decision-making.	

#### WASH GOVERNANCE



### OUTCOME INDICATOR 13: PROGRESS IN THE DEGREE OF INFLUENCE OF SOCIALLY EXCLUDED GROUPS DURING PLANNING AND IMPLEMENTATION OF SANITATION AND HYGIENE PROGRAMMES

#### Result: Increased influence of socially excluded groups during planning and implementation of sanitation and hygiene programmes

This outcome indicator is measured during focus group discussions in the programme target villages. It assesses the actual influence socially excluded groups have in sanitation and hygiene programmes as evidence of more inclusive decision making. The use of QIS enables the following to be measured:

- ➔ The number of **people from socially excluded groups attending sanitation and hygiene related programme activities**; and
- ➔ Progress over time with regards to the degree of **influence of people from socially excluded groups during planning and implementation of sanitation and hygiene programmes**.

**This is an optional impact indicator** that will only be used in the AusAID funded SSH4A programme in Bhutan and Nepal.

The programme does not stipulate any levels of participation but rather ensures that reliable data on participation is available to monitor representation across programme activities and to adjust intervention strategies as required. Furthermore, the collection of disaggregated data of people from socially excluded groups and non-socially excluded groups at key activities will inform the programme on who have access to information. The collection of reasons for non-participation of a specific group will assist the programme in devising alternative means to ensuring access to information for all.

#### Standard data collection to support Outcome Indicator 13

The following standard data capture the numbers of people from socially excluded groups attending sanitation and hygiene related programme activities. The actual quality of participation and influence is assessed with the use of outcome indicator 11.

Participation by socially excluded groups						
Programme related activities / events	Date of event	Total # of adults	Total # of adults living with a disability	# of adults from non-socially excluded groups	# of adults from socially excluded groups	Adults from socially excluded groups in %
<b>Examples of community events</b>						
• Demand creation activities						
• BCC interventions						
• WASH committee meetings						
• Community monitoring						
• ODF verification exercises						
• Etc.						

- Notes:
1. Only include the number of legal adults in the above table.
  2. Each country will have to identify which decision-making forums are to be monitored. It would make sense to use the same events as identified for indicators 11 and 12.
  3. It is suggested to use this indicator only for community-level meetings and events.

OUTCOME INDICATOR 13: INFLUENCE OF HOUSEHOLDS FROM SOCIALLY EXCLUDED GROUPS IN S&H PROGRAMMES	
Level	Descriptions / mini scenarios
<b>0</b>	<b>No participation by people from socially excluded groups in meetings and events</b>
<b>1</b>	<b>People from socially excluded groups, (i) attend meetings (but do not speak)</b>
<b>2</b>	<b>People from socially excluded groups, (i) attend meetings; and (ii) speak (but do not influence decisions)</b>
<b>3</b>	<b>People from socially excluded groups, (i) attend meetings; (ii) speak; and (iii) influence decisions</b>
<b>4</b>	<b>People from socially excluded groups, (i) attend meetings; (ii) speak; (iii) influence decisions; and (iv) the decisions made reflect and respect socially excluded groups' needs and perspectives.</b>
	Justification for above score (including narrative and examples of evidence of decision making):
	Required follow-up actions:

- Notes:
1. For the time being the explanations provided in Annex 3.9 for outcome indicator 9 are also to be used for this indicator.
  2. Describe how socially excluded groups are defined and how these groups are identified. Similarly describe how people living with a disability are defined and how these people are identified.
  3. This impact indicator is to be used at community level only. One or two key activities, meetings or

events have to be identified and these should be monitored during the course of the programme duration.

4. Evidence of improved decision-making should be documented as supporting narratives.

MONITORING PROTOCOL DETAILS FOR OUTCOME INDICATOR 13		
<b>Basic sampling unit</b>	<b>Communities</b>	Identify representative focus groups in the same sample villages used for impact indicators 1 to 4
<b>Data collection methodology</b>	<b>Observation of relevant programme activities followed by focus group discussions</b> with a representative group of adults from socially excluded groups	The guided self-assessment approach should be used to wrap up and conclude the discussions of the FGD
<b>Data collection tools</b>	QIS scoring format	
<b>Who will collect the data</b>	Country dependent	
<b>Means of verification</b>	FGD notes and narratives and evidence of decision-making	

#### KNOWLEDGE AND LEARNING

### OUTCOME INDICATOR 14: INCREASED UPTAKE OF LESSONS LEARNED AND USE OF EVIDENCE-BASED APPROACHES TO SANITATION AND HYGIENE BY GOVERNMENT PARTNERS AND THE WIDER SECTOR



**Result: Increase in uptake of lessons learned and use of evidence-based approaches to sanitation and hygiene by the wider sector and government partners leads to improved service delivery and replication**

This outcome indicator is measured by the SNV advisors on an on-going basis at programme level. The following is to be measured:

- ➔ Participation of key clients and partners in thematic discussions (numbers)
- ➔ Participation of key clients and partners in regional thematic workshops (numbers)
- ➔ Participation of key clients and partners in relevant national sharing events (numbers)
- ➔ Participation of key clients and partners in CSO WASH Fund Learning Events (Bhutan and Nepal only)
- ➔ Perception of usefulness by key clients and partners. The perception of usefulness by key clients and partners will be described in a narrative on the basis of workshop evaluations and the “what do you take home” reflection with workshop participants.

### Standard data collection supporting outcome indicator 14

#### A. NUMBER OF (EXTERNALLY FOCUSED) KNOWLEDGE PRODUCTS

This indicator captures the number of knowledge products that have been produced as part of the programme and that have been made available to the sector as a whole.

Development and sharing of knowledge products				
Knowledge product	Type of product <sup>17</sup>	SSH4A component <sup>18</sup>	Audience	Location on public website

- Notes: 1. The above table provides a simple overview of all the documents that have been produced as part of the programme.
2. Although this indicator captures the number of knowledge products made available to the sector, it might be a good idea to create a complete overview of programme outputs that also include knowledge products that have not been shared outside the realm of the programme.

**B. ENGAGEMENT OF PARTNERS IN REGIONAL THEMATIC DISCUSSIONS AND LEARNING EVENTS**

Participation in thematic discussions and learning events				
Event	Type of event	Dates of event	Name of participant	Organisation

- Notes: 1. SNV Bhutan and SNV Nepal will need to monitor specifically the attendance in CSO WASH Fund Learning Events as this is a prescribed AusAID CSO WASH Fund indicator.
2. Means of verification: participation lists, workshop reports and evaluations.

Each country will have to keep an overview that captures any evidence of identified uptake of lessons learned or use of approaches by government partners and the wider sector or as a result of the programme’s influence.

Examples of means of identifying uptake include<sup>19</sup>:

- Informal feedback
- Structured interviews: these may be useful for higher level Government officers.
- Reflection meetings: for example, facilitating an informal discussion within the National WASH Forum to discuss what material shared or co-produced within the Forum has led to improved performance by any member agency. This can both highlight the agencies who have led to change in others, as well as allowing other organisations to learn from the methodology they used. Document good practices discussed at reflection meeting.

<sup>17</sup> Type of knowledge products: for example manuals, documented approaches, videos, blogs, learning papers, etc.

<sup>18</sup> SSH4A programme components: these are the five programme components of the rural SSH4A programme, namely: 1) sanitation demand creation; 2) sanitation supply chains and finance; 3) hygiene behaviour change communication; 4) WASH governance; and 5) documenting, learning and sharing.

<sup>19</sup> List adapted from Civil Society WASH Fund Knowledge and Learning (K&L) Advisory Group Guide to Monitoring Uptake of Learning, Version 2, 2013.

- Ask for immediate feedback from meeting or forum participants on the proposed approach. Follow-up, after a few months, with anyone who expresses interest to change performance as a result of the material shared / co-produced.
- For peer to peer learning and exchange visits between delivery team members, the “visitor” is to provide feedback to the “host” on what was replicated or not, and why. This ensures time for reflection, as well as valuable feedback to the host.
- Narratives: for example, maintain a log (“scrapbook”) of what has been shared, and what has been subsequently used to date. The log can also be used to capture what has not be used and why.
- Number of co-produced documents, indicating good collaboration.

---

## 4. ANNEXES

The following annexes can be found in Part 2: Annexes

- ⇒ **Annex 1: Additional explanations on sampling design and sampling methodology**
- ⇒ **Annex 2: Additional explanations on data collection methods and quality control**
- ⇒ **Annex 3: Additional explanations on performance monitoring indicators**