

SNV BHUTAN

SUSTAINABLE SANITATION AND HYGIENE FOR ALL

DFAT FUNDED RURAL SSH4A PROGRAMME IN BHUTAN

3-DAY BASELINE PREPARATIONS WORKSHOP

20 TO 22 MAY 2014

WANGCHUK RESORT, TABA

THIMPHU, BHUTAN



SNV

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IRC is an international think-and-do tank that works with governments, NGOs, businesses and people around the world to find long-term solutions to the global crisis in water, sanitation and hygiene services. At the heart of its mission is the aim to move from short-term interventions to sustainable water, sanitation and hygiene services. With over 40 years of experience, IRC runs programmes in more than 25 countries and large-scale projects in seven focus countries in Africa, Asia and Latin America. It is supported by a team of over 100 staff across the world.

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The findings, observations, comments, interpretations and conclusions contained in this report are those of the author and may not necessarily reflect the views of SNV Bhutan.

Baetings, E. (May 2014) Report on SNV Bhutan SSH4A baseline preparations workshop, 20 to 22 May 2014, Thimphu, Bhutan, SNV Asia Rural Sustainable Sanitation and Hygiene for All programme (SSH4A); IRC International Water and Sanitation Centre, The Hague, the Netherlands.

Other relevant SSH4A related documents, papers and reports can be found on:

<http://www.snvworld.org/en/sectors/water-sanitation-hygiene>

<http://www.ircwash.org/projects/sustainable-sanitation-and-hygiene-all>

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INTRODUCTION

Sustainable Sanitation and Hygiene for All Programme

The Sustainable Sanitation and Hygiene for All Programme aims to improve the health and quality of life of rural people through enhanced access to improved sanitation and hygiene practices. Developed since 2008 with IRC International Water and Sanitation Centre in Bhutan, Cambodia, Laos, Nepal and Vietnam, the SSH4A approach is now implemented in 15 countries across Asia and Africa.

The SSH4A approach uses an integrated model that combines work on demand creation, sanitation supply chain strengthening, hygiene behaviour change communication and governance. An additional cross cutting regional component of the programme focuses on performance monitoring and learning.



SNV's experience working on WASH programmes in more than 22 countries has shown that strategies need to be embedded in longer-term processes that develop sustainable service delivery models at scale. SSH4A is essentially a capacity building approach, supporting local government to lead and accelerate progress towards district-wide sanitation coverage with a focus on institutional sustainability and learning.

The SSH4A approach recognises a number of principles. It focuses on the understanding that sustainable sanitation and hygiene is first and foremost about behavioural change. However, whilst demand creation should come first, affordable hardware solutions also need to be in place so that people are able to act upon their newly defined priorities. SSH4A also recognises the need to reach all by making explicit inclusive strategies with local stakeholders. It focuses on the need to develop capacities and approaches that can be scalable through a government-led district-wide approach, as opposed to focusing exclusively on individual communities.

The SSH4A approach addresses the need to innovate in hygiene promotion practice, linking this to the sanitation drive, but also embedding this practice in long-term health promotion. It also recognises and addresses the need to have a long-term strategy to sustain sanitation and hygiene behaviour change, beyond one-off triggering and ODF-focused programmes. Last, but by no means least, SSH4A focuses on the need to measure progress in small steps (moving up the sanitation ladder), and to measure access as well as the use and maintenance of toilets.

Workshop to prepare for the baseline surveys

SNV and IRC collaborated in the first phase of the SSH4A Programme, which was co-funded through the AusAID Civil Society Water, Sanitation and Hygiene Fund, in 2010-2011. Following this successful collaboration, SNV and IRC signed a partnership agreement in August 2012 to continue their collaboration as part of the SSH4A Programme.

Over the proposed programme period of 2012-2017, while SNV has the overall lead in the programme and responsibility for implementation, IRC's contribution will continue to consist of two closely Inter-linked parts with an additional new activity relating to hygiene effectiveness. These are:

1. Support to performance monitoring
2. Knowledge management, dissemination and learning
3. Developing the hygiene effectiveness framework

All three activities in which IRC is involved will contribute to creating an improved evidence base on rural sanitation and hygiene in Asia.

During 2013 IRC involvement in the SSH4A Programme focused primarily on supporting the development of the SNV Asia rural SSH4A performance monitoring framework and guidelines, and leading the design of the proposed hygiene effectiveness study. This report relates to IRC's ongoing work in strengthening the capacity of the country teams to carry out performance monitoring.

The main objective of the workshop was to build sufficient capacity of the rural WASH team to:

1. Prepare, conduct and complete a baseline survey in the DFAT funded SSH4A Programme districts of good quality; and
2. Conduct sound performance monitoring during the period of the SSH4A Programme.

Following the Bhutan workshop, a similar workshop was conducted for the rural WASH team of SNV Nepal from 26 to 29 May 2014 in Kathmandu, Nepal. The report of that workshop can be found on the SNV and IRC websites.

DAY 1: TUESDAY 20 MAY 2014

Welcome and introductions

Henk Veerdig, SNV Bhutan WASH Sector Leader, opened the three-day workshop by welcoming the participants. Henk explained the objectives of the workshop and the results he expected the team to achieve by the end of the three days.

A quick round of individual introductions was made for the benefit of the facilitator. The list of people who participated in the rural SSH4A baseline preparation workshop in Taba is given in Annex 1.

Introduction and programme of the workshop

Erick Baetings, IRC Senior Sanitation Specialist and facilitator of the workshop, gave a brief general introduction and explained why we are here and what we are going to do. He explained that the new SNV Asia performance monitoring guidelines are based on the performance monitoring indicators developed for the first phase of the then AusAID funded rural SSH4A programme implemented in five countries in Asia. The improved rural SSH4A performance monitoring indicators and guidelines – in principle similar to the earlier set of impact and outcome indicators – were modified last year on the basis of a three-day review workshop¹ organised in May 2013 in Kathmandu, Nepal.

The tentative programme for the three-day workshop was presented and explained. During the ensuing discussions the following two additional topics were listed on the ‘parking lot’:

- ⇒ Urban baseline survey report; and
- ⇒ Data analysis and reporting

Introduction to rural SSH4A performance monitoring

Erick gave a general introduction to performance monitoring and the impact and outcome indicators used to measure overall programme performance in the rural SSH4A programme. The content of the presentation was based on parts of the introduction to the performance monitoring framework included in chapter 2 of the revised guidelines². Copies of Part 1 of the performance monitoring guidelines were shared with all the participants.

It transpired early on during the workshop that the SNV Bhutan rural WASH team was working with the first draft version³ (September 2013) of the performance monitoring guidelines. Although the final region-wide introduced impact indicators are more or less the same, the outcome indicators in the final version (January 2014) are vastly different from those included in the earlier draft versions.

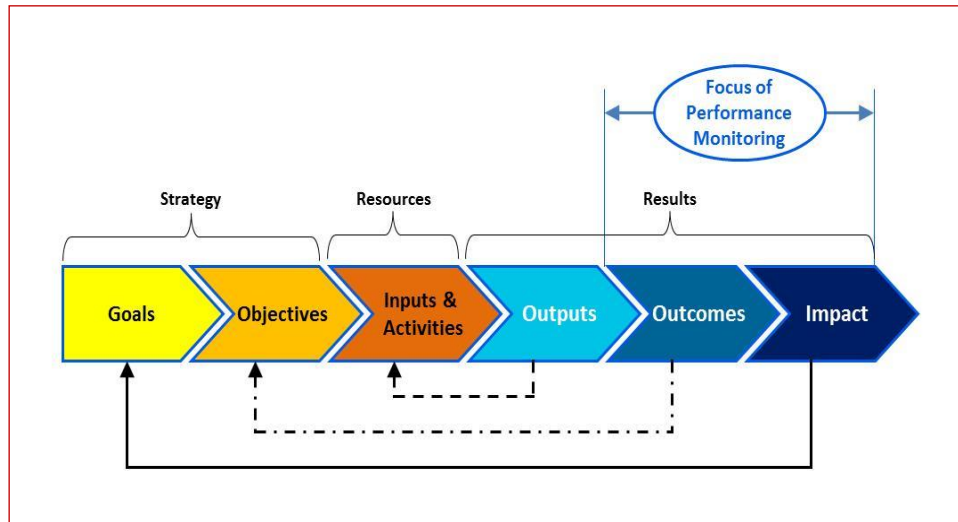
¹ The workshop used the results of two separate reviews on performance monitoring in the rural SSH4A Programme:
1) Review of Methodology for Performance Monitoring in the SSH4A programme in Five Asian Countries (Sijbesma, February 2012)
2) Review of 2012 Performance Monitoring Systems and Practices (Baetings, May 2013)

² SNV and IRC (January 2014) Performance Monitoring Guidelines for the Rural SSH4A Multi-Country Programme in Asia; Part 1 | Guidelines; Version 2



³ The cover of the first draft states: Work in Progress | First Draft Version | 03 September 2013

What do we monitor?

The rural SSH4A performance monitoring framework focuses on measuring programme outcomes and impacts. The causal relation between strategy (programme goals and objectives), resources (inputs such as human capital, organisational capabilities, finance but also the actual concrete programme activities) and the different types of results (outputs, outcomes and impacts) is presented in the following figure.



The differences between impact and outcome indicators were explained with the help of the following overview.

Elements	Measuring what	Examples
IMPACT monitoring	Measuring progress over time with regards to: ➤ increased access to physical assets or facilities	For example access to sanitary toilets 
	Measuring progress over time with regards to: ➤ degree in changes in sanitation and hygiene behaviours and practices	For example the actual use of toilets by all at all times 
OUTCOME monitoring	Measuring progress over time with regards to: ➤ extent and effectiveness of capacity development ; and ➤ increased performance of key sector organisations	For example : ✓ Progress in the capacity of local line agencies to steer and monitor performance in rural sanitation and hygiene ✓ Progress in sanitation services and business development

The impact indicators created some confusion as some thought that (access to) toilets were programme outputs whereas others thought that they were outcomes. The facilitator explained that although most other organisations (such as DFAT) use the term outcomes, SNV uses the term impact (such as access to sanitary toilets) as these are the direct results of the improved capacity or performance of our clients which in SNV terminology⁴ is seen as outcomes of its capacity development activities.

⁴ As captured in SNV's comprehensive planning, monitoring and evaluation system called Managing for Results (MFR).

There was also a discussion about the wisdom or need to develop a new data collection questionnaire or in fact the need to collect additional data as household surveys – based on the previous performance monitoring guidelines – are conducted by RGoB on an annual basis. Apparently a new monitoring tool has been developed and is currently being applied in two UNICEF supported districts with the support of SNV Bhutan’s rural WASH team.

The topic of using Akvo FLOW to collect and analyse data also generated quite a bit of discussion. SNV has recently formalised its partnership with Akvo globally to support standardising the data collection and processing and is trialling as part of SSH4A in both Africa and Asia in 2014. Erick explained that the use of smartphone apps for data collection is nothing new and that it is already being done for many years in numerous countries. The smartphone based water point mapping or geo-referencing tool is a good example of a successful tool.

Intro to Akvo FLOW

The Akvo FLOW tool is used for easy data collection and automated data entries. Akvo FLOW collects, manages, analyses and displays geographically referenced monitoring and evaluation data using mobile phones. It lets you create simple or complex surveys on any topic. The diversity is endless and surveys can include photos, videos, barcodes, and audio clips. Users have total flexibility to collect information that will make an impact on their programme.

Akvo FLOW brings together three elements: 1) Android smartphone app: staff on the ground can do surveys directly on their phones and send the data to database hosted in the cloud; 2) internet-based management tools: design surveys and manage how they are distributed to people through their phones; and 3) maps and dashboards: create reports and show survey results online.



More information can be obtained from www.akvo.org/web/introducing-akvo-flow.

Impact indicators and QIS

IMPACT is measured with the help of indicators based on the Qualitative Information System (QIS). Impact indicators need to be quantifiable to be useful. Changes in behaviour and practices (impacts) 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 as a means to quantify qualitative data used in process indicators and impact indicators. In other words:

“Quantifying Qualitative Information”

With QIS 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 (requirements / conditions) for a particular score.

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, and
- the **benchmark** is indicated at level 2.

A typical scale looks like:

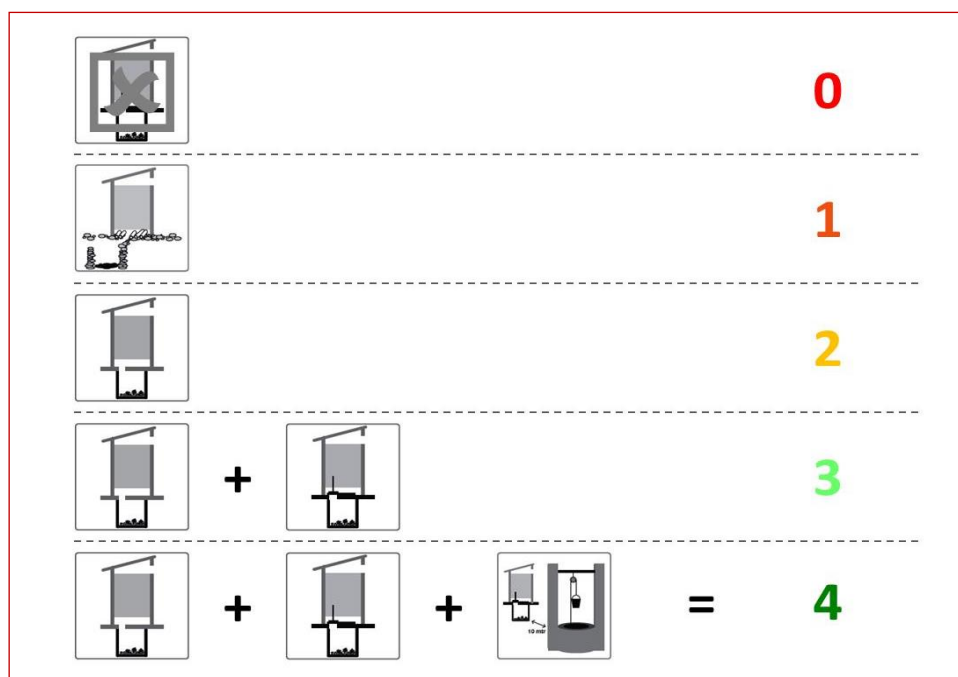
Level	Description
0	None of the characteristics are present (Condition or practice is <u>not present</u>)
1	One (easiest) characteristic is present
2	BENCHMARK: Two (easiest + next easiest) characteristics are present
3	Three (easiest + next easiest + then next easiest) characteristics are present
4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

An example of the QIS-based impact indicator 1.1⁵ “Households with access to a sanitary toilet” is shown in the following table.

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	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
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.

The same impact indicator is shown below but then visualised with the help of simple pictograms. Experience gained by the facilitator in introducing the QIS methodology in a similar rural sanitation and hygiene programme in East Indonesia, has made it clear that the use of simple pictograms is an effective way to explain the simple logic of the QIS scales.

⁵ This impact indicator is obtained from the SNV and IRC (January 2014) Performance Monitoring Guidelines for the Rural SSH4A Multi-Country Programme in Asia; Part 1 | Guidelines; Version 2



Introduction to sample design and sample methodology

Sampling is the methodology used to select part of a population for data collection and analysis. It enables a process of studying a group that is representative of the larger targeted population. This selection, the sample, is then used as a manageable number of people to then form the basis for analysis.

In many cases, collecting data for the entire target population would be too expensive in terms of time and resources, as well as too challenging logistically. A sample that is fully representative of the population from which it is drawn is called a **representative sample**. The sample needs to be representative in order to infer the results from the sample back to the whole population. Statistical analysis can only be used on representative samples; otherwise nothing can be said about the total population.

Erick started this session by referring to the process described in Section 2.3 of the performance monitoring guidelines⁶. The process to determine sample sizes and to select sample clusters and sample units consists of the following five steps.

Step	What
1	Determine target population and survey clusters
2	Determine sample sizes
3	Select sample villages
4	Determine sample sizes for the selected sample villages
5	Select sample units (HH) in the selected sample villages

⁶ Further details are provided in Annex 1: [Additional explanations on sampling design and sampling methodology](#) of the SNV and IRC (January 2014) Performance Monitoring Guidelines for the Rural SSH4A Multi-Country Programme in Asia; Part 2 | Annexes

Determine target population and survey clusters

The district is taken as the highest **survey cluster**. Although the rural SSH4A programme in Bhutan will be implemented in two districts, during 2014 programme activities will only commence in Samtse district located in the south-west of Bhutan. Hence, the baseline survey will only be carried out in this district.

For the rural SSH4A programme the total **target population** is the total population that is expected to benefit from the programme. Therefore the total rural population residing in Samtse district is defined as the target population.

Determine sample size

Prior to the workshop a simple Excel workbook had been shared with SNV Bhutan to obtain a detailed insight in the villages and conditions found in the intervention districts. This workbook was to be used to calculate the total sample size for the district with the help of the Krejcie-Morgan table⁷ as well as to select the sample villages. The required sample size for Samtse district was determined as 370 households, equal to 3% of the total rural target population as shown in the following table.

	Districts	# of SSH4A target villages	Total # of HH	Average HH size	Total population	Required sample size	
						In # of HH	In %
#1	Samtse	77	12,219	4.9	59,701	370	3.0%

Select sample villages

Samtse district is divided in 15 Gewog's or 'blocks' and these Gewog's are again sub-divided in some five to six Chiwog's per Gewog. The total number of Chiwog's in Samtse district is 77 and these are again sub-divided in villages. At the time of workshop information on the number of households was only available for the Gewog's. Hence it was decided to limit our work during the workshop to selecting the Gewog's that were to be included in the sample. The selection of the sample villages will then have to be done by the rural WASH team at a later time in close consultation with the Gewog authorities.

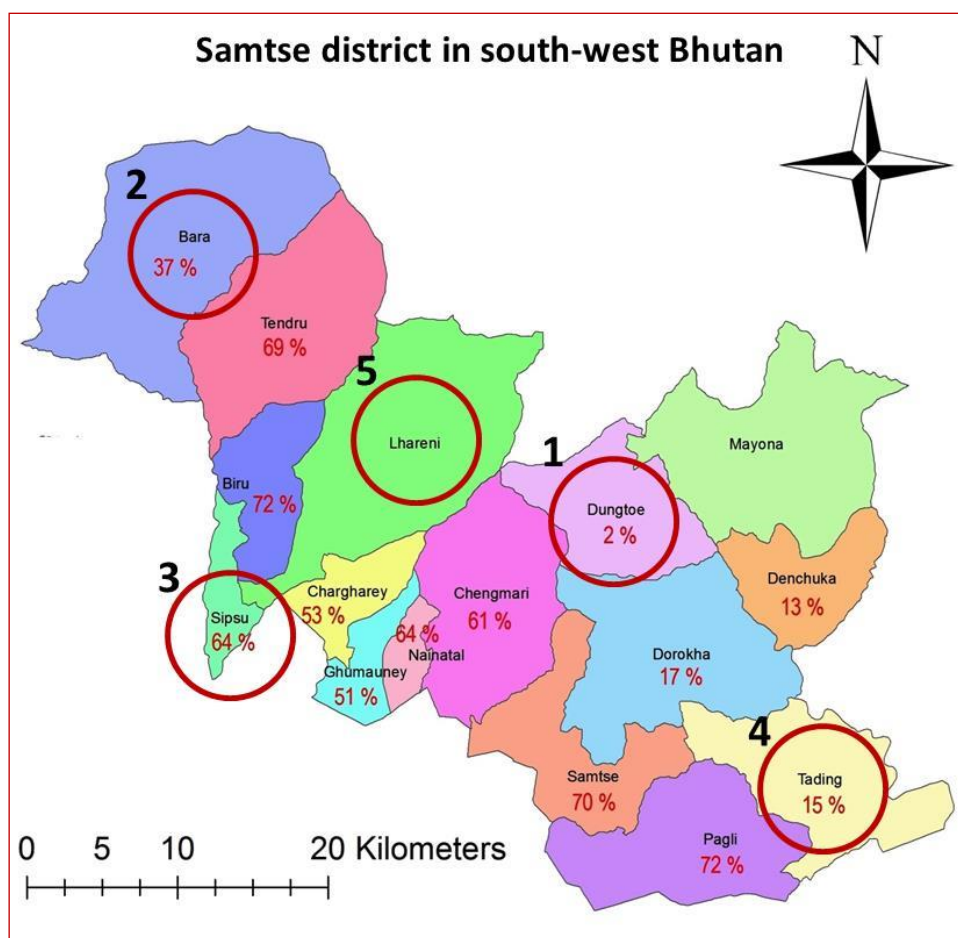
For the selection of the Gewog's that were to be included in the sample, the **stratified proportional sampling**⁸ methodology was used as described in the performance monitoring guidelines. This was done by carrying out a very broad differentiation – for example by using distance, poverty, geo-hydrologic conditions or other characteristics – to select a manageable number of Gewog's with unique conditions or characteristics. After a lengthy discussion a total of five Gewog's were selected and these are presented in the following table.

	Gewog	Sanitation coverage	Accessibility	# of Chiwog's
1	Dungfoe	2%	Difficult	5
2	Bara	37%	Far away	6
3	Sipsu	64%	Easy	5
4	Tading	15%	Reasonable	5
5	Lhareni	Unknown	Somewhat difficult	5

⁷ The **Krejcie-Morgan table** is provided on page 4 of Annex 1: Additional explanations on sampling design and sampling methodology of Part 2 of Performance Monitoring Guidelines for the Rural SSH4A Multi-Country Programme in Asia (January 2014)

⁸ 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.

The five selected Gewog's – shown in the following map of Samtse district – are expected to give a representative sample of all the different Gewog's in the district.



The samples sizes for the five Gewog's determined proportionally on the basis of the total number of households in the Gewog are provided in the following table.

	Gewog	Total # of HH in Gewog	Sample size per Gewog		As % of total sample
			In # of HH	In %	
1	Dungtse	285	33	11.6%	8.9%
2	Bara	653	76	11.6%	20.4%
3	Sipsu	921	107	11.6%	28.8%
4	Tading	824	95	11.6%	25.8%
5	Lhareni	514	59	11.6%	16.1%
	Totals	3,197	370	11.6%	100.0%

As mentioned earlier the selection of villages will have to be carried out by the rural WASH team in consultation with the local authorities. Due to the fact that the total number of households per village is rather small it was decided that the total number of villages will be determined by including 100% of the households in the sample.

As it is expected that there will not be vast differences in characteristics between the villages within a Chiwog, the villages can be selected by using the **random sampling**⁹ methodology. The rural WASH team was advised to use the instructions provided in the performance monitoring guidelines.

Group work

In the afternoon the participants were divided in three groups. The group work was expected to result in a complete household questionnaire to be used for the baseline survey as well as for the regular (annual) progress or performance monitoring exercises. The following groups were formed.

Group	What (assignment)	Group composition
1	Questions for asset-based wealth ranking on basis of Bhutan MICS	Tashi Yestho, Ugyen Rinzin, Tashi Dorji and Tshering Choden
2	Questions for impact indicators 1 to 4	Raj Kumar, Sonam Gyaltshen and Phurpa Thinley
3	Questions for Hygiene Effectiveness Study	Thinley Dem, Tshering Choden and Kinley Penjor

While the groups were working on their own assignments, Henk Veerdig and Tshering Samdrup (urban baseline consultant) supported by Erick Baetings discussed the draft report of the urban SSH4A baseline survey. Two main issues needed attention:

1. Combining the wealth ranking data with the data on the impact indicators to come up with wealth disaggregated data on the three impact indicators; and
2. Clarifying and making sense of the outcome indicators.

⁹ **Random sampling** is the purest form of probability sampling. Each member of the population has an equal and known chance of being selected. This minimises bias and simplifies analysis of results. The variance between individual results within the sample is a good indicator of variance in the overall population, which makes it relatively easy to estimate the accuracy of results.

DAY 2: WEDNESDAY 21 MAY 2014

Presentations and discussions of group work

Group 1: Assets-based wealth ranking part

Before work really started the participants wanted to discuss the why (purpose, added value) and how (which variables) of wealth ranking. This discussion took some one and a half hour up to the morning coffee break. It must be mentioned that except for a few urban WASH advisors the majority of the participants had not seen the regional guidelines¹⁰ on wealth disaggregated impact monitoring.

Erick explained the reason why SNV Asia had decided in 2013 to embrace wealth ranking, starting first with the urban SSH4A programme, as a means to show impact data disaggregated by wealth as this is becoming increasingly important for SNV. In 2014 the intention is for it now to be used globally in SNVs WASH programmes with the support of the head office. The ongoing work around the post MDG Strategic Development Goals (SDGs) is putting a stronger focus on reaching the 'poorest of the poor' and 'lowest wealth quintile'. Insight in to what extent the lowest wealth quintiles are capable of meeting the four rural SSH4A impact indicators will help us to review the effectiveness of our intervention strategies.

Key messages on wealth disaggregated impact monitoring

The issue of “addressing inequalities” in the post-2015 development agenda has been widely acknowledged as being of critical importance. In practice, however, the MDGs focused more on global and national averages without addressing inequalities explicitly, both within and between countries. The post-2015 framework intends to go explicitly beyond global and national averages, by disaggregation that measures the different levels of achievement of different social groups and highlights who is being left behind.

How will it help us?

- ▶ **Wealth disaggregated data are useful to track progress on programme goals, revealing differences between sub-groups that overall averages may mask.**
- ▶ **Data that are presented according to economic factors can help to identify vulnerable populations and target programme interventions.**
- ▶ **Wealth disaggregated data provide an evidence base for pro-poor oriented programme interventions and are a key component of mainstreaming equity as well as equity-oriented progress towards universal access to improved sanitation and hygiene.**

Questions were also raised about the appropriateness of the existing assets-based wealth ranking questionnaire. It was thought that since we are working on sanitation and hygiene this would require more specific WASH related variables. With a simple example Erick explained that the same wealth ranking methodology can be used irrespective of the type of programme or interventions. Wealth ranking simply looks at how much assets (wealth) a family has. It does not matter whether you use this wealth to buy a shirt, a car or indeed a toilet. The method was developed by the Demographic and Health Survey (DHS) and is used in both MICS (multi- indicator cluster surveys) and DHS surveys. It is an internationally

¹⁰ SNV (April 2014) [Guidance Note: Wealth disaggregated impact monitoring in SNV's WASH sector.](#)

recognised and established method and also the most up to date in this area. Using this method will give our data more credibility.

There were also worries about how to link wealth ranking with the impact indicators. The day before this had also been discussed with the consultant responsible for the baseline survey of the urban programme. There should be no problem whatsoever as long as each household gets a unique code and that same code is used in the different databases.

Group 2: Impact indicators

The group compared the master questionnaire developed by SNV Nepal with the performance monitoring guidelines document. A number of omissions and inconsistencies were found as well as a number of additional questions that were not included in Section 3.2 of the performance monitoring guidelines. A couple of examples:

- 1) SAN 1: The question related to defecation practices (page 17 of guidelines) was not fully covered in the Nepal master questionnaire. It was not possible to indicate that a household did not own a toilet but was using a toilet of someone else or a public toilet.
- 2) SAN 2: Types of toilets went beyond the ranges of toilet types included in the table on page 17 of the guidelines and also well beyond what is found in Bhutan.
- 3) SAN 3: The question on whether the faeces are safely contained refers solely to accessibility by rats whereas the description in level 2 of impact indicator 1.1 is much more specific: "human excreta is contained in an enclosed and covered pit or tank so that humans and animals cannot get in contact with human excreta."
- 4) SAN 6 to SAN 12: These are questions related to the likelihood of pit contents contaminating the water sources. Not sure how this information will be interpreted and used. Groundwater contamination by pit latrines is a difficult field of science and cannot be reliably answered by a few simple questions. May be better to ignore!
- 5) UoS 5: Question about anal cleansing which was not included in the guidelines. 'Nice to know' type of information but maybe not really something we 'need to know' and that is going to influence our intervention strategies.

After a short struggle with the Nepal master questionnaire, it was decided to compare the performance monitoring guidelines with the existing HH questionnaire that is being used all over Bhutan by PHED. As a number of changes and or additions have been made in the latest performance monitoring guidelines, the Bhutan HH questionnaire will require quite a bit of reworking to ensure that it is in line with the modified impact indicators. The reworking relates in particular to impact indicator 3 and furthermore impact indicator 4 needs to be added to the questionnaire.

Before lunch we briefly discussed the need for developing a school questionnaire to capture the sanitation and hygiene conditions found at the schools. The school questionnaire will consist of the original three impact indicators. It must be mentioned that up to date SNV Bhutan has not had any programme interventions at schools¹¹. The idea is to intervene initially on a sort of pilot basis in one school per Gewog bringing the total number of intervention schools in Samtse district to 15. Apart from Samtse, school sanitation and hygiene interventions are planned for 25 more schools in three other districts.

¹¹ This may require some further clarification. In a reaction to the draft report Gabrielle Halcrow wrote: "They started a school programme in Pemagatshel District in the previous phase and schools have been included in BCC strategies previously. They haven't included them in their performance monitoring consistently yet; focus has been on households."

When discussing the timing of the school sanitation and hygiene baseline survey, it was concluded that the baseline survey can only take place after the following activities have been completed:

- 1) Design or development of a school sanitation and hygiene intervention strategy; and
- 2) Selection of the intervention schools

It was also suggested to use the baseline survey exercise as an opportunity to introduce the school sanitation and hygiene component to the local authorities as well as to the selected schools.

Group 3: Hygiene effectiveness study

Group three presented the results of their previous day's group work. As the purpose and concept of the hygiene effectiveness study was not clear to all the participants, Thinley Dem provided some insight in the study. It was also mentioned that this additional study is for now only planned to be conducted as a pilot in Bhutan and Cambodia.

The hygiene effectiveness study will focus on the following three hygiene effectiveness ladders:

1. **Faecal containment, toilet use and maintenance:** this ladder is based on information obtained in impact indicator 1 and 2;
2. **Hand washing with soap at critical junctures:** this ladder is based on information obtained in impact indicator 3; and
3. **Safe water handling:** this ladder was included on the specific request of PHED to obtain an idea on safe water handling practices. Extra data will have to be collected for this ladder as no relevant information is collected as part of the regular impact data collection exercises.

Time was taken to go through the entire draft questionnaire developed prior to the workshop by Ingeborg Krukkert and Erick Baetings in consultation with Thinley Dem. A number of modifications were made to the questionnaire and in particular to the questions related to obtaining the different costs. It was also decided to obtain gender-disaggregated data for the questions related to the hygiene promotion activities as this will provide insight in who in particular benefits from these activities.

Working on outcome indicators

A short introduction to the rural SSH4A outcome indicators was given by Erick following the afternoon tea break. SNV distinguishes the following three interconnected outcome types which all need to be planned for and monitored:

1. Improved capacities,
2. Improved performance, and
3. Improved enabling environment.

The rural SSH4A outcomes are measured with the help of indicators based on either the

- Score Card methodology; or the
- Qualitative Information System (QIS) methodology

The **QIS methodology** is already explained in previous sections. The **score card methodology** is used to measure the capacities (or capabilities) of the SNV clients. In a discussion with clients the score cards are discussed and scored against a set of statements or conditions that describe the different levels of expectations for each score. These 'guided self-assessments' are done annually often as part of regular programme reviews with our clients (the lead agencies).

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) as shown in the table below.

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

The following table – with all the ten rural SSH4A outcome indicators – shows what methodology is used to assess and score the different indicators. The four indicators that assess and measure the capacities of the lead agencies¹² are monitored with the use of the score cards (indicators 5, 7, 8 and 9).

	Indicator	Score card	QIS ladder
5	Progress in the capacity of organisations to deliver sanitation demand creation processes with quality	✓	
6	Progress in sanitation services and business development		✓
7	Progress in the capacity of local organisations to implement behaviour change communication at scale with quality	✓	
8	Progress in the capacity of local line agencies to steer and monitor performance in rural sanitation and hygiene	✓	
9	Progress in rural sanitation and hygiene sector alignment	✓	
10	Progress in pro-poor support mechanisms	Narrative	
11	Progress in the degree of influence of women during planning and implementation of sanitation and hygiene programmes		✓
12	Progress in the degree of influence of people from poor households during planning and implementation of sanitation and hygiene programmes		✓
13	Progress in the degree of influence of people from socially excluded groups during planning and implementation of sanitation and hygiene programmes		✓
14	Increased uptake of lessons learned and evidence based approaches by wider sector and government partners	List of outputs with narrative	

In general the joint assessments and scoring on the different outcome indicators will help to identify and agree on capacity development areas where support is likely to be needed. Therefore when this is done as part of the annual programme reviews with clients this could be the starting point for developing unique and tailor-made capacity development plans with individual clients.

While discussing the outcome indicators one by one, a number of issues came up:

1. In general, as the rural SSH4A programme could be the first of this type of programme in the intervention districts, it is unlikely that the lead agencies will score very high if at all on the capacity indicators. The question that popped up: what is the relevance of carrying out a baseline when the scores are all going to be zero?

¹² Change agents in DFAT terminology.

2. What is the opportune time to carry out baselines on the outcome indicators? It may not be a good idea, or for some even impossible, to measure the outcome indicators at the start of a programme. Some examples:
- When in the midst of developing a conducive and productive relationship with the lead agencies, you may not want to start judging their capacity and performance before you have built up sufficient trust and a strong enough relationship¹³ (indicators 5, 7, 8 and 9).
 - A mapping exercise of sanitation entrepreneurs will have to be carried out first (indicator 6).
 - Before village level activities have commenced it may be strange and or impossible to form the different focus groups (indicators 11, 12 and 13). It was decided to discuss the timing of the outcome indicators on the third day when the entire team would be present.

¹³ The intention is that these assessments are to be part of SNV's regular annual meetings with clients to discuss and review progress in terms of capacity. It is not meant to be a stand-alone survey for example.

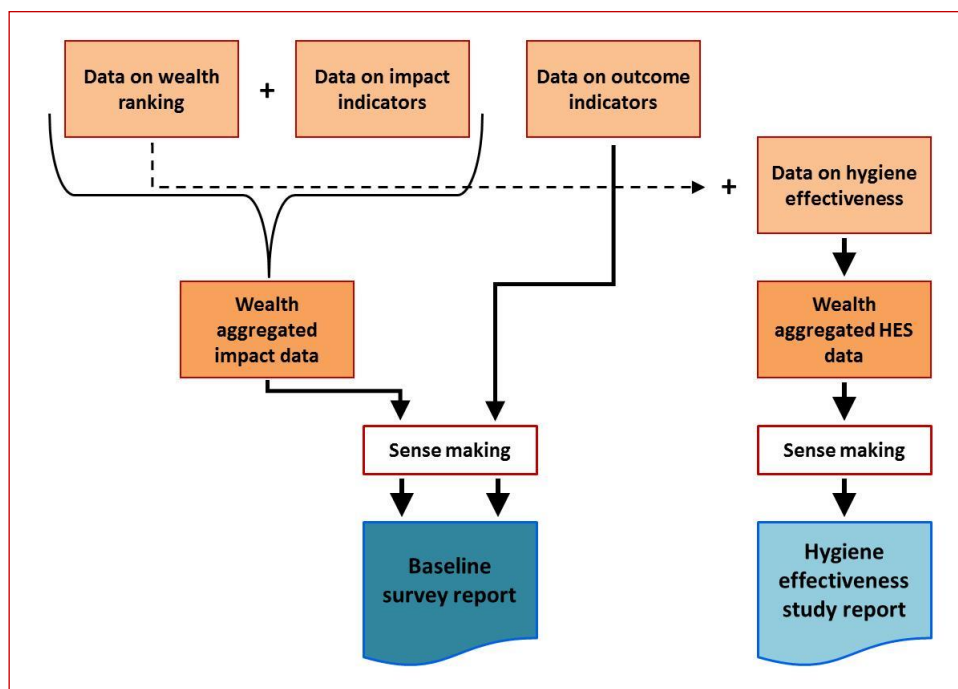
DAY 3: THURSDAY 22 MAY 2014

Agenda for the day

The morning of the third and final workshop day started by discussing and agreeing on the day's programme. This was done to ensure that all remaining topics were to be covered. The topics to be included in the programme of the day looked as follows:

1. Finalise discussion on impact indicator questions
2. Finalise discussion on hygiene effectiveness study questions
3. Finalise discussion on outcome indicator questions
4. Agree on timeline and frequency of measuring the outcome indicators
5. Present and discuss the revised urban SSH4A baseline wealth segregated impact indicators as well as at the reporting of the outcome indicators
6. Develop a concrete follow up action plan

There was some confusion on how all these different parts or components would work together in one baseline survey report, and therefore a simple diagram as shown below was drawn by the facilitator.



The baseline survey report will consist of two separate parts: 1) the wealth aggregated impact indicators; and 2) the outcome indicators. The wealth aggregated hygiene effectiveness information will be presented in a separate report.

Due to confusion among some of the participants some time was taken to discuss the use of Akvo FLOW in relation to the upcoming baseline survey. It was explained that the Nepal and Bhutan impact data collection questionnaires must be the same to be able to compare results. This should be no problem if the regional rural SSH4A performance monitoring guidelines are adhered to. There was some confusion as it looked like the DFID impact indicators are different from the regional guidelines.

Although it had already been discussed at length during the previous days, one of the participants questioned why the impact indicators had to be changed now that the previous set of three impact indicators had been adopted by the RGoB and rolled out nation-wide. The participants were informed that the decision to review and improve the previous impact (and outcome) indicators was taken last year (May 2013) during a SNV Asia performance monitoring review workshop in Nepal. Impact indicators 1 to 3 are still comparable with the original impact indicators. The newly added impact indicator 4 does not have to be considered part of national monitoring as at this stage it is meant for us to understand and learn about inclusion.

It was decided to continue with the group work to improve the Bhutan data collection questionnaire on the basis of the regional guidelines. Thereafter they were to be taken to Nepal to ensure consistency with the questionnaire to be used for the Nepal DFAT funded rural SSH4A programme. It was also found necessary to obtain a better understanding of the set of impact indicators that are to be used for the DFID funded rural SSH4A programme.

Group work

The three groups formed during the first day continued working on their assignments as follows:

- Group 2: work on impact indicators questionnaire
- Group 3: work on hygiene effectiveness study questionnaire
- Group 1: work on the outcome indicators questionnaire

Before lunch the frequency and timing of measuring the outcome indicators was discussed and decided upon during a plenary session. The overview so developed is presented in Annex 2. During the discussions a couple of issues came up and in particular the following:

- ▶ The team suggested using the capacity related outcomes 5, 7, 8 with lead agencies at the three levels they are working at, namely: national level, district level and Gewog level. As mandates, and therefore roles and responsibilities, differ vastly between the different levels it will be necessary to develop unique score cards for the different levels.
- ▶ Some participants felt somewhat uneasy with the use of the word mechanisms in outcome indicator 10 which deals with pro-poor support. It may be more about identifying and adopting, or where necessary adopting, existing good practices.
- ▶ For some of the outcome indicators it will be very difficult, if not impossible, to combine the baseline survey on outcomes with the household level baseline for the impact indicators. For example, outcome indicators 11 to 13, which require different community focus groups, can only be used when programme interventions have started in the communities.

Presentation of urban sanitation and hygiene baseline results

After the lunch break the consultants, who had been commissioned to carry out the urban baseline survey including final reporting, were asked to present the wealth disaggregated impact indicators. They had been working on it during the previous day – on the basis of the discussions Henk and Erick had with them in the afternoon of the first day – after they did not succeed previously. They started with a general introduction to wealth ranking and continued with the wealth ranking system they had developed in consultation with the SNV advisors. The actual ‘wealth’ ranking system used for the urban baseline survey is not the same as the MICS assets-based wealth ranking system that will be used for the rural impact indicators.

The following is a list of wealth ranking variables used in the urban baseline survey:

- ▶ Access to proper toilet
- ▶ Type of ownership of house (ownership/rented)
- ▶ Source of drinking water
- ▶ Educational qualification
- ▶ Household assets

When the actual wealth disaggregated impact indicators were shown the tables with the results, presented in percentages, did not make sense. Two problems surfaced:

1. The consultants had not understood the QIS scales and were not aware that they had to combine the different statements or conditions to reach at the different levels. As a consequence double counting of HH had occurred.
2. The percentages per wealth quintile did not add up to 100%, instead the results for the five wealth quintiles per level added up to 100%. This was discussed and during the tea break Raj and Erick showed the consultants how to come to the different QIS levels by inserting a range of 'if-then' formulas in the Excel workbook. Thereafter a simple table for impact indicator 1 (in # of HH) was generated to clarify what kind of tables are expected to be inserted in the report.

After the tea break some time was taken to look at and discuss the urban outcome indicators. The main issues that came up are summarised below.

- ▶ Some of the indicators are not easily understood. A good example is outcome indicator 3.4 dealing with enforcement of standards.
- ▶ Presenting the outcome results of the three urban areas in one table per indicator did not help in clarifying the status of the different lead agencies. It was suggested to use one way of presenting the information and to provide additional information and explanations below each table.
- ▶ Not clear whether baseline information is to be collected on all the outcome indicators, and if so when this should be done.

To wrap up the discussions, it was decided that the urban WASH team would sit with the consultants to review the different outcome indicators and to make sense of the data collected. Programme implementation would be greatly helped if for example a priority list of capacity development needs was inserted in the report. Suggestions or recommendations for enhancing capacities or improving the situation could be included as well.

Result of group work

Group 2: impact indicators questionnaire

The group presented the impact indicators questionnaire. Although during the previous day they had decided to modify the Bhutan data collection questionnaire, the idea was abandoned after realising how much work that entailed. Instead the tables provided in the performance monitoring guidelines were adopted.

Group 3: hygiene effectiveness study questionnaire

As the questionnaire had been extensively discussed during the previous day, only a few minor changes or additions had been made to the questionnaire. As the hygiene effectiveness ladders are based on the same information that is collected for the QIS impact indicators, it was decided to check whether the master questionnaire developed for SNV's DFID programme indeed provides all the data necessary to develop the hygiene effectiveness ladders.

A couple of potential problems were spotted, namely:

- ▶ Impact indicator 1: the options of whether people use a toilet of someone else (neighbour, relative, etc.) or a public toilet are missing.
- ▶ Impact indicator 1: data required for QIS level 3 and specifically: “toilet either has a water seal or a lid to cover the squatting hole” is missing in the master questionnaire. This statement is related to the design and construction of the toilet, for example is there a gooseneck of syphon fitted to the toilet pan.
- ▶ Impact indicator 2: similarly data required for QIS level 2 and specifically: “toilet 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” is missing. This statement is related to the actual use of the toilet, for example is there sufficient water in the gooseneck or syphon so that a complete water seal is created.
- ▶ Impact indicator 3: concerning the location of the hand washing facility in relation to the toilet a distance of 10 meters is used in the Nepal master questionnaire whereas the performance monitoring guidelines states a distance of 10 paces.

Way forward and action planning

Just before the end of the workshop Henk received clarity on the use of Akvo FLOW and the Master Questionnaire and informed the participants accordingly. The current Master Questionnaire will be used by Akvo to develop a smartphone app and the app will be tested on Friday 30 May by our colleagues in Nepal. This clarity came just in time for the final session and helped to summarise the agreements and to develop a concrete follow up action plan.

The agreements reached during the three-day workshop were revisited and noted down and where necessary detailed action points were inserted in the overview.

	Topic	Agreement	Action	Who	When
1	Wealth ranking	Use the existing Bhutan MICS wealth ranking methodology	Contact NSB to discuss possible support	Raj	< 27 May
2	Impact indicators	Use the master questionnaire developed for/by Nepal	List differences / contradictions between PMG and DFID MQ	Henk and Erick	By 30 May
			Include impact indicator #4	Erick	By 30 May
3	Hygiene effectiveness study	Questionnaire completed during the workshop will be used	Incorporate questions in MQ	Erick	< 26 May
4	Sample size	Sample size and Gewog's have been determined	Select Gewog and HH as outlined in PMG	Rural WASH team	
5	Outcome indicators	Follow annex 2 for outcome monitoring frequencies and other agreements	Finalise outcome data collection questionnaire	Erick	By 30 May
6	Urban baseline		Sense making of impact and outcome indicators	Urban WASH team with consultants	26 May
7	Planning for rural baseline	1) Akvo FLOW app will be used for data entry of baseline survey	Develop detailed plan for baseline data collection	Rural WASH team	27 May
			Organise small-scale	Rural WASH	Last week

	Topic	Agreement	Action	Who	When
		2) Depending on timeline, data collection may or may not be done with the help of paper questionnaires	testing of smart phone app	team	of May

Closure

The workshop was concluded and closed by Henk Veerdig on behalf of SNV Bhutan and Sonam Gyaltsen on behalf of the RGoB PHED.

The decisive closure took place in the evening with an ultimate and perfect dinner hosted by the SNV Bhutan WASH team in Ama's restaurant.

Annex 1: Participants of rural SSH4A baseline preparation workshop in Taba

	Name	Gender	Organisation	Designation/work area
1	Sonam Gyaltshe	Male	PHED (MoH)	EE
2	Kinley Penjor	Male	SNV	Urban-WASH Project Leader
3	Tashi Dorji	Male	SNV	Rural-WASH
4	Ugyen Rinzin	Male	SNV	Rural WASH Project Leader
5	Tashi Yestho	Female	SNV	Urban-WASH
6	Thinley Dem	Female	SNV	Rural-WASH
7	Tshering Choden	Female	SNV	Rural-WASH
8	Sonam Pelzom	Female	PHED (MoH)	EE
9	Phurpa Thinley	Male	LNW (LCB)	Rural-WASH
10	Raj Kumar	Male	SNV	Rural-WASH
11	Tshering Samdrup	Male	In-House Consulting	National Consultant-Urban WASH
12	Henk Veerdig	Male	SNV	Sector leader
13	Erick Baetings	Male	IRC	Workshop facilitator

Annex 2: Outcome monitoring details

	Indicator	With whom	Who do?	When /frequency
5	Progress in the capacity of organisations to deliver sanitation demand creation processes with quality ^j	National: PHED & HPD District: Health Office/Sector Sub-district: Gewog elected leaders	PHED and SNV advisors ⁱⁱ	Baseline: July-August 2014 Regular PM: annually in May/June or as part of annual reviews with clients
6	Progress in sanitation services and business development	SMEs	PHED and SNV advisors	Baseline: after mapping July 2014 Regular PM: annually in May/June
7	Progress in the capacity of local organisations to implement behaviour change communication at scale with quality	National: PHED & HPD District: Health Office/Sector Sub-district: Gewog elected leaders	PHED and SNV advisors	Baseline: July-August 2014 Regular PM: annually in May/June or as part of annual reviews with clients
8	Progress in the capacity of local line agencies to steer and monitor performance in rural sanitation and hygiene	National: PHED & HPD District: Health Office/Sector Sub-district: Gewog elected leaders	PHED and SNV advisors	Baseline: July-August 2014 Regular PM: annually in May/June or as part of annual reviews with clients
9	Progress in rural sanitation and hygiene sector alignment	National: PHED & HPD District: Health Office/Sector Sub-district: Gewog elected leaders	PHED and SNV	Baseline: July-August 2014 Regular PM: annually in May/June or as part of annual reviews with clients
10	Progress in pro-poor support mechanisms	Focus at sub-district level where pro-poor support is discussed e.g. during review meetings	PHED and SNV advisors	Baseline: N/A Regular PM: annually in May/June
11	Progress in the degree of influence of women during planning and implementation of sanitation and hygiene programmes	Community focus groups ⁱⁱⁱ Key decision making forums at Gewog level ^{iv}	PHED and SNV	Baseline: After community interventions have started ^v Regular PM: annually in May/June
12	Progress in the degree of influence of people from poor households during planning and implementation of sanitation and hygiene programmes	Community focus groups Key decision making forums at Gewog level	PHED and SNV	Baseline: After community interventions have started Regular PM: annually in May/June

	Indicator	With whom	Who do?	When /frequency
13	Progress in the degree of influence of people from socially excluded groups during planning and implementation of sanitation and hygiene programmes	Community focus groups Key decision making forums at Gewog level	PHED and SNV	Baseline: After community interventions have started PM: at least once a year in May/June
14	Increased uptake of lessons learned and evidence based approaches by wider sector and government partners		PHED and SNV advisors	Baseline: No PM: continuous output monitoring but reporting annually

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- i Outcome indicators 5, 7 and 8 will require three different score cards – one each for the different levels – as mandates (and subsequent roles and responsibilities) differ from National to District to Sub-District level.
 - ii Where it says PHED and SNV advisors, PHED and SNV advisors will carry out the score card exercises at the different levels for the baseline and regular (annual) performance monitoring exercises. External (independent) consultants may be hired to validate the results or to independently carry out the same exercises at mid-term and end-project reporting cycles.
 - iii Community focus groups to discuss the influence of women should consist of women only. These focus groups should be formed in the same villages as the sample villages selected for the baseline and regular (annual) performance monitoring exercises.
 - iv Focus groups consisting of women should be formed out of the female participants of key decision making forms at the Gewog's. The focus groups should be formed in the same Gewog's selected for the baseline and regular (annual) performance monitoring exercises.
 - v Focus groups can only be formed once programme implementation has commenced. As soon as focus groups have been formed a focus group discussion could be organised.