SNV Nepal

Sustainable Sanitation and Hygiene for All
DFAT funded rural SSH4A programme in Nepal

4-day baseline preparations workshop cum training

26 to 29 May 2014
Kathmandu, Nepal

SNV

IRC

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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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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.

Prior to the Nepal workshop, a similar workshop was conducted for the rural WASH team of SNV Bhutan from 20 to 22 May 2014 in Thimphu, Bhutan. The report of that workshop can be found on the SNV and IRC websites.

DAY 1: MONDAY 26 MAY 2014

Welcome and introductions

Erick Baetings, IRC Senior Sanitation Specialist and facilitator of the workshop, welcomed all the participants. Erick briefly explained the reason for organising the workshop and expressed his hope that by the end of the week the preparations for the baseline survey would be completed.

A quick round of individual introductions was made. A total of 18 people participated in the workshop: ten advisors from SNV Nepal and seven people aligned to the consultant responsible for conducting the baseline surveys for the DFID and DFAT rural sanitation and hygiene programmes. The list of workshop participants is given in Annex 1.

Tentative programme of the workshop

Erick explained that he had a preparatory meeting with Kabir, Anup and the new Sector Leader last week Friday in which the tentative programme of the workshop had been discussed. He then gave an overview of the topics that are to be covered during the workshop.

▶ **Sampling design and methodology**
  - Determine sample size
  - Select sample villages
  - Select sample units

▶ **Impact indicators**
  - Introduction and explanations
  - QIS methodology
  - Use of Akvo FLOW master questionnaire

▶ **Outcome indicators**
  - Introduction and explanations
  - Scorecard methodology
  - Comparing DFID and DFAT outcome indicators

He explained that the exact content, methodology (workshop, training or a mix of both) and speed is expected to depend on the:
- Knowledge of participants about performance monitoring;
- Knowledge of and experience with using the SNV performance monitoring guidelines and impact and outcome indicators;
- Level of English; and
- Need or desire to go into lengthy discussions.

To be able to obtain a better understanding of the participant's knowledge and experience in monitoring in general and SNV's performance monitoring system in particular, a quick round was made where the participants were asked to indicate whether they had any prior experience in those two areas. It transpired that 15 participants had (some) knowledge of and or experience in monitoring and that eight out of the ten SNV advisors had experience in applying SNV Asia's rural SSH4A performance monitoring system. Details are provided in Annex 1.

Introduction to SNV Asia's rural SSH4A monitoring framework

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 guidelines[1]. Copies of the performance monitoring guidelines were shared with all the participants.

Erick started by explaining that the SNV Asia performance monitoring guidelines are based on the performance monitoring indicators developed in 2010 for the first phase of the then AusAID funded rural SSH4A programme. The improved rural SSH4A performance monitoring guidelines and indicators – in principle similar to the earlier set of impact and outcome indicators – were modified last year on the basis of a three-day review workshop[2] organised in May 2013 in Kathmandu, Nepal.

What is monitoring?

Monitoring is checking the progress and or quality of something over a period of time against plans and targets set during the planning phase. It is the systematic and routine collection and analysis of information aimed at improving the efficiency and effectiveness of an activity, project or programme. Monitoring helps to keep the work on track. It informs you when things are going wrong. It enables you to determine whether the resources you have available are sufficient and are being well used, whether the capacity you have is sufficient and appropriate, and whether you are doing what you planned to do. Furthermore, monitoring is geared towards learning from what you are doing and how you are doing it.

Why do we monitor?

- ✓ To **review progress**;
- ✓ To **identify problems**;
- ✓ To be able to **make adjustments**;
- ✓ To **learn from experiences**; and
- ✓ To have **internal and external accountability**.

The purpose of monitoring was further explained with the help of the following picture.

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

[2] 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)
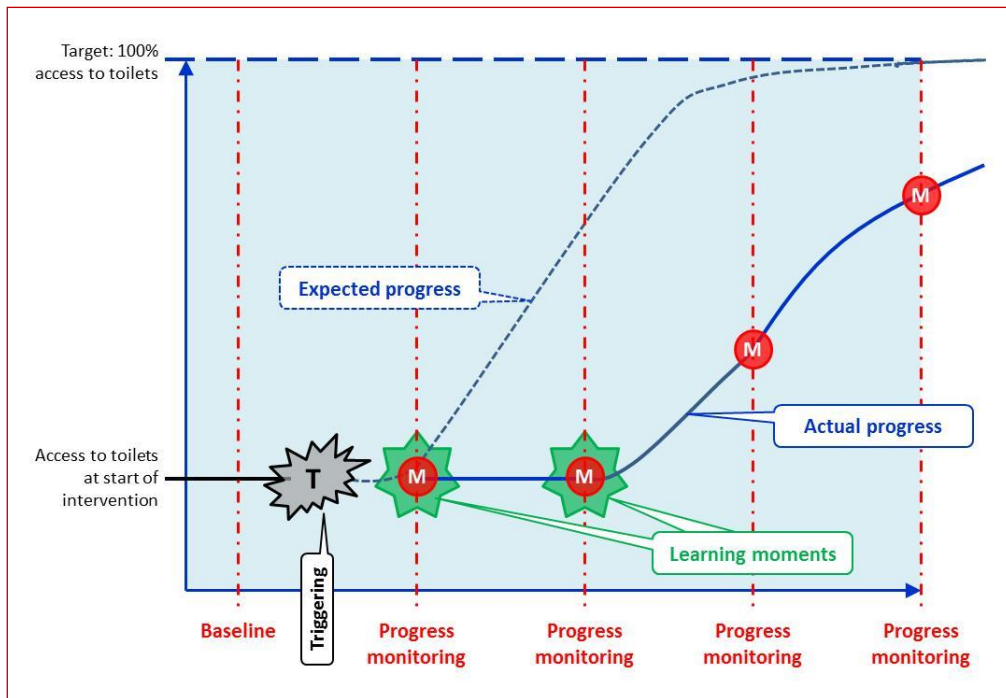
What do we monitor?

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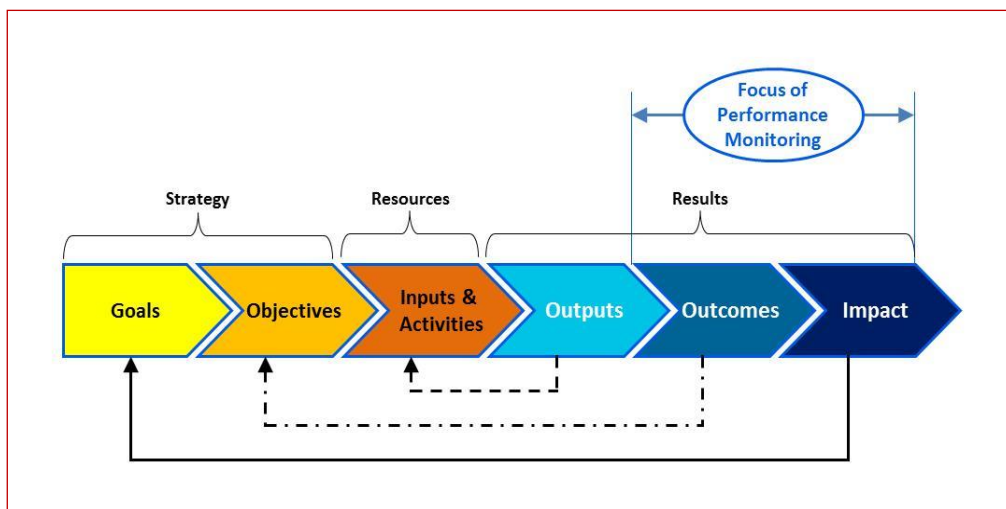
The differences between impact and outcome indicators were explained with the help of the following overview.

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

IMPACT indicators and the use of 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 the QIS methodology is used to **quantify 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 QIS 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**

The following example of the QIS-based impact indicator 1.1[3] "Households with access to a sanitary toilet" was used to explain in detail how the QIS ladders work in reality.

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.

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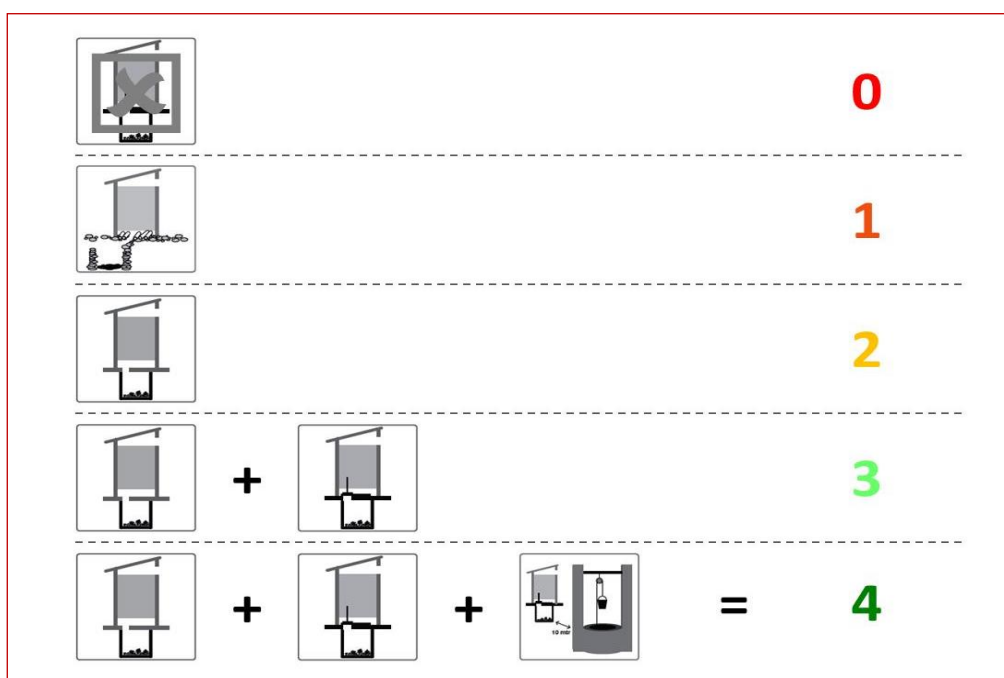
[3] This impact indicator is obtained from the SNV and IRC (January 2014) Performance Monitoring Guidelines for the Rural SSH4A Multi-Country Programme in Asia; Part 1 | Guidelines; Version 2

What IMPACT indicators do we use?

The following IMPACT indicators are used in the rural SSH4A programme to measure progress in number of households and number of people:

1. Households with access to a sanitary toilet
2. Households that use hygienic toilets
3. Households with access to hand washing facilities in or near the toilet
4. Use of toilet by all at all times[4]

The first three impact indicators are also to be measured at schools!

Whereas impact indicators 1 and 2 are measured primarily through direct observations, impact Indicators 3 and 4 are measured with the use of **proxy indicators**. Proxy indicators are indirect measures or signs that approximates or represents a desired behaviour in the absence of a direct measure or sign. Proxy indicators are used when it is practically impossible to assess the behaviour of all the people living in a house. For example impact indicator 3 assesses the existence and quality of hand washing facilities in or near the toilet as a proxy for the behaviour of safe practice of hand washing with soap at critical junctures.

OUTCOME indicators and the use of scorecards

SNV distinguishes the following three interconnected outcome types which all need to be monitored:

1. Improved capacities (of clients[5]),
2. Improved performance (of clients), and
3. Improved enabling environment (sector alignment).

Outcomes are measured with the help of indicators based on either the

- Scorecard methodology; or the
- Qualitative Information System (QIS) methodology

The QIS methodology is already explained in the previous section. The **scorecard methodology** is used to measure the capacities (or capabilities) of the SNV clients. In a discussion with clients the scorecards 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

Outcome indicator 5 "Progress in capacity of organisations to implement sanitation demand creation at scale and with quality" was used to explain how scorecards are to be applied. This was done by using the explanations with specific expectations or conditions that have to be met for each score as outlined in Part 2 of the performance monitoring guidelines[6].

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[4] Impact indicator 4 "Use by all at all times" will first of all only be tested in the DFAT funded programmes in Bhutan and Nepal.

[5] Client(s) is SNV terminology; within the rural SSH4A programme more often lead agencies or change agents is used.

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

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 agencies[7] 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.

How does this it all come together?

The following unsophisticated diagram shows how the different parts or components work together in one baseline survey report. The baseline survey report – or any future performance monitoring report for that matter – is expected to consist of two separate parts: 1) the wealth aggregated impact indicators; and 2) the outcome indicators.

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[7]   Change agents in DFAT terminology.
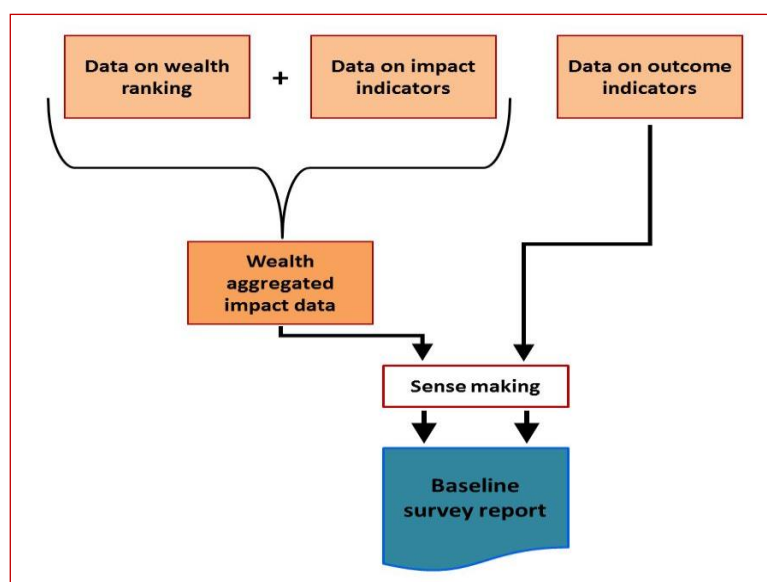
Introduction on the DFAT and DFID programmes

The facilitator was asked to give a brief introduction on the DFAT and DFID programmes for the benefit of the participants of the LCB responsible for conducting the baseline survey for both programmes. Together with the SNV advisors the following information was provided.

▶ DFAT: a 4 year programme that started on 1 May 2014. This programme is implemented in Nepal and Bhutan.

▶ DFID: a 4 year programme that started on 1 April 2014. This programme is implemented in nine countries[8]; Nepal is the only country in Asia.

The DFAT programme will be implemented in some 118 selected VDCs in a total of 8 districts, whereas the DFID programme will be implemented in some 99 selected VDCs in seven districts. To ensure that the programme targets are within reach the exact number of target VDCs might change somewhat over the coming months. The DFAT programme will also intervene at schools; the DFID programme will not.

SNV Nepal has two programme leaders responsible for the two programmes:

1. Anup Regmi, Programme Leader for the DFAT funded programme; and
2. Kabir Das Rajbhandari, Programme Leader for the DFID funded programme.

The list of intervention districts is provided in the table below.

| | Development Regions and Zones | | | | | Total # of intervention districts |
| | Mid-West | | | Central | East | |
	Karnali	Bheri	Rapti	Janakpur	Sagarmatha	
DFAT districts	Dolpa Jumla Kalikot		Rukum Salyan Rolpa	Sarlahi Mahotari		**8**
DFID districts	Mugu Humla	Surkhet Dailek Banke			Siraha Saptari	**7**

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8 Nepal in South Asia, Ghana in West Africa, and Ethiopia, South Sudan, Kenya, Uganda, Tanzania, Mozambique and Zambia in Southeast Africa.

The DFAT and DFID programme districts are presented in different colours on the following map of Nepal.
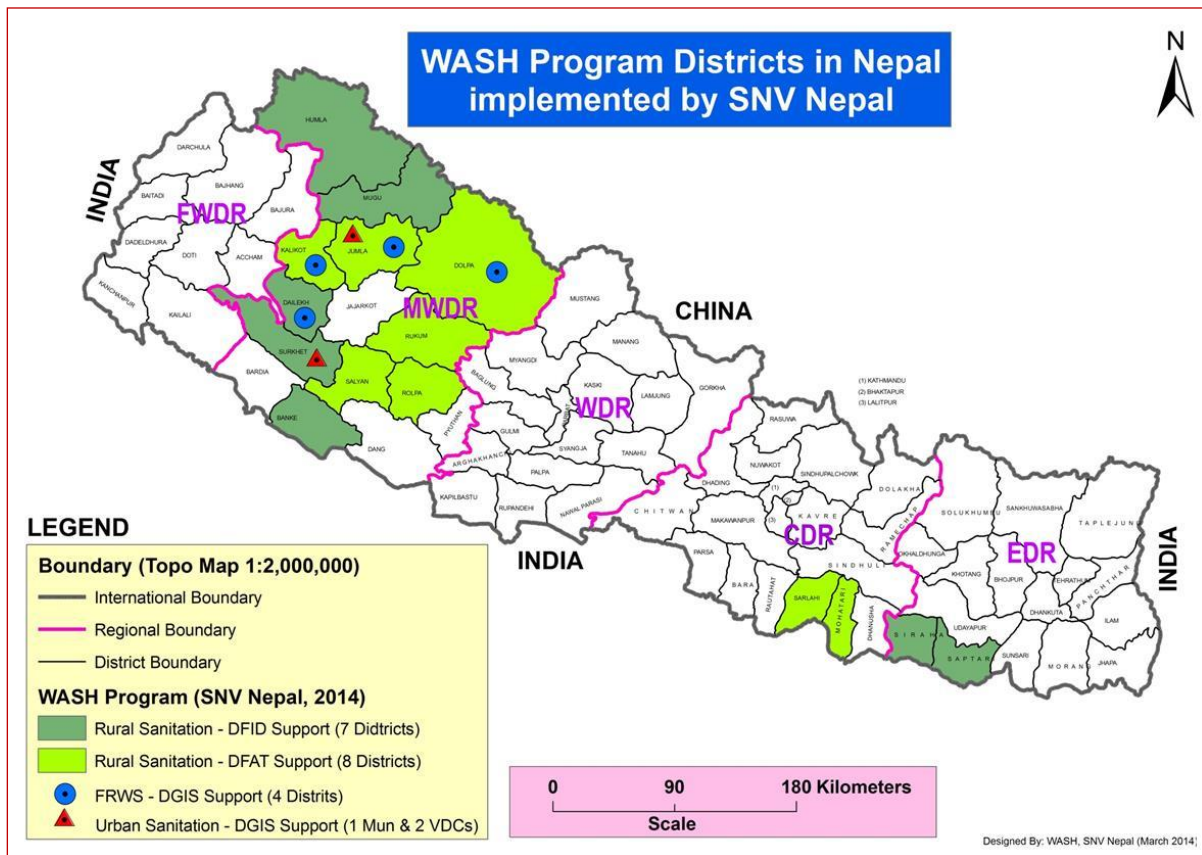
Introduction to sampling methodology

Before lunch an introduction was given on the sampling design and sampling methodology. Erick started this session by referring to the process described in Section 2.3 of the performance monitoring guidelines[9].

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.

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

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

Determine target population and survey clusters

After lunch Erick started with a simple exercise where the participants were asked to identify the most critical process step in monitoring out of the following three:

1. Determining a representative survey sample: 5 votes

2. Collecting objective and consistent data: 4 votes

3. Analysing and making sense of the collected data: 8 votes

A small majority thought that data analysis and sense making was the most important among the three critical processes. Erick explained that although data analysis is indeed important, it is only meaningful if it is done with data that is representative for the total population and data that is reliable.

At this stage of the workshop we were not aware that a different methodology would be used to determine the sample size for the DFID districts. Hence the same methodology as explained in the SNV Asia performance monitoring guidelines was applied for both the DFAT and DFID programme.

The district was taken as the highest **survey cluster** as this allows for comparison of programme results across the 15 districts. For the rural SSH4A programme the total **target population** is the total population that is expected to benefit from the programme. Therefore the population residing in the selected programme VDCs in one district is defined as the target population.

Determine sample size

An Excel workbook with all the details of the 15 districts was to be used to calculate the individual sample sizes for the 15 districts. Sample sizes were determined with the help of the Krejcie-Morgan table[10]. The required combined sample size for the two programmes was determined at 5,553 households:

1. DFAT: combined total sample size for the eight districts is 2,974 households; and

2. DFID: combined total sample size for the seven districts is 2,579 households.

Details for the eight DFAT districts are given in the table below. The table generated for the seven DFID districts is not included in the report as new instructions received on the second day of the workshop made the previous work redundant.

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[10] 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)

	Demograhic information of new districts as per CBS 2011 & DFAT Target								
	Kalikot	**Jumla**	**Dolpa**	**Salyan**	**Rukum**	**Rolpa**	**Sarlahi**	**Mahottari**	**Totals**
No. VDCs	54	53	55	30	30	23	99	76	**420**
Total rural HHs	23,013	19,303	7,488	46,556	41,856	43,757	120,932	103,539	**406,444**
Total VDCs to be intervened	14	12	14	15	20	14	17	12	**118**
Total rural HHs (w/o toilets)	4,603	1,022	5,990	18,365	10,607	18,196	27,883	35,334	**122,000**
Total # HHs in these VDCs	9,450	13,025	3,768	19,112	14,112	19,551	22,064	21,643	**122,725**
Sample size	**369**	**373**	**348**	**377**	**374**	**377**	**378**	**378**	**2,974**
Sample size (%)	3.90%	2.86%	9.23%	1.97%	2.65%	1.93%	1.71%	1.75%	**2.42%**

Select sample villages

For the selection of the VDCs that are to be included in the sample, the **stratified proportional sampling[11]** methodology was used as described in the performance monitoring guidelines. This was done by carrying out a very broad differentiation to select a manageable number of VDCs with conditions or characteristics that distinguish them from other VDCs. After an interesting discussion, the following VDC related characteristics were initially selected:

1. Sanitation coverage;
2. Poverty
3. Road access
4. Ethnicity
5. Remoteness from district HQ
6. Prevalence of other WASH stakeholders

Dailekh district was used to work out the exact process steps for selecting VDCs, wards and households that are to be included in the sample. While using the above characteristics (criteria) to select the sample VDCs it was soon discovered that some of the criteria had to be dropped due to lack of information (e.g. ethnicity, other WASH stakeholders operating in VDCs). Furthermore, some criteria came up with identical information (e.g. access to roads and remoteness in relation to the district HQ). The need to ensure an optimal geographic spread of the sample VDCs came apparent when the provisionally selected VDCs were plotted on the district map.

The table on the next page shows what was done during the first day with using different characteristics to select sample VDCs.

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[11] 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.

			Unique Characteristics of the VDCs						Scores		
	Name of programme target VDCs	Total # of HH	Sanitation coverage	Poverty (DAC index)	Road access	Ethnicity	Proximity (DHQ)	WASH S/Hs	Sanitation coverage	Poverty	Proximity (DHQ)
1	Dullu	850	66%	4	2		3	1			
2	Baluwatar	602	79%	4	1		7	2			
3	Kanshikandh	856	74%	3	1		5	1	2	1.5	2
4	chhiudi pushakot	932	35%	3	2		3	1	1	1.5	2
5	Malika	1,061	40%	4	2		4	1	1	1	2
6	Chamunda	2,064	91%	2	2		6	1			
7	Chauratha	535	77%	3	1		6	1	2	1.5	1
8	Kharigaira	826	55%	4	1		7	2	1	1	1
9	Raniban	747	64%	4	2		5	2			
10	Padukasthan	1,065	38%	4	1		9	1	1	1	1
11	Layati Bindrasaini	1,375	28%	3	2		4	1			
12	Tilepata	971	94%	4	1		7	1	2	1	1
13	Sigaudi	1,104	76%	4				3			
14	Jambukandh	1,195	29%	2	1		8	1	1	2	1
15	Bansi	785	70%	4	1		6	2			
16	Toli	646	27%	2	1		5	1			
17	Danda parajul	804	63%	3	2		4	1	1	1.5	2
18	Piladi	541	84%	3	2		3		2	1.5	2
19	Rawatkot	950	53%	4							
	Totals	**17,909**	**60%**								

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DAY 2: TUESDAY 27 MAY 2014

Recap of day one

Erick gave a quick recap on the topics that had been covered during the first day. Thereafter he gave a quick overview of and introduction to the topics that would be covered during day 2, namely:

1. Completing the sampling exercise; and
2. Discussing the impact indictors

Completing the sampling exercise

Work continued on the sampling exercise for Dailekh district which was started during the afternoon of the previous day. The participants were informed that clear instructions had been received from SNV HQ the previous night with regards to sampling for the seven DFID districts. The instructions received deviate from the sampling methodology described in the rural SSH4A performance monitoring guidelines. Both the sample size and the minimum number of VDCs that are to be included in the sample have been determined for all the nine DFID countries[12] by SNV HQ. The most relevant figures are:

⇨ Total sample size: 1,065 HH[13]

⇨ Number of villages (VDC) to be included in survey: 43-53 villages (VDC)

⇨ Number of HH per village (VDC) to be interviewed: 20-25 HH

On the basis of these instructions, the sample sizes of the seven DFID districts were recalculated. Furthermore, the numbers of VDCs to be included in the survey were calculated. The recalculated figures are shown in the following table.

	DFID Districts	Total # of target VDCs	Total # of HH	% San coverage	# of HH in % of total # of HH	Sample size proportional to # of HH	Sampled VDCs	Average # of HH 2B visited/VDC	Sampled HHs with toilet	Sampled HHs w/o toilet
1	Dailekh	20	22,587	58%	27%	**288**	12	25	168	120
2	Surkhet	13	12,010	60%	14%	153	6	25	91	62
3	Mugu	15	6,173	67%	7%	79	3	25	53	26
4	Humla	10	4,337	25%	5%	55	2	25	14	41
5	Banke	13	14,915	20%	18%	190	8	25	37	153
6	Siraha	14	11,035	10%	13%	141	6	25	14	127
7	Saptari	14	12,498	11%	15%	159	6	25	17	142
	Totals	**99**	**83,555**	**36%**	**100%**	**1,065**	**43**		**394**	**671**

Thereafter the revised sample size of Dailekh district (288 households) was used to complete the sampling exercise for that district. The following table provides insight in how the ten VDCs were selected

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[12] Nepal in South Asia, Ghana in West Africa, and Ethiopia, South Sudan, Kenya, Uganda, Tanzania, Mozambique and Zambia in Southeast Africa.

[13] According to the instruction the sample size (the number of households to be interviewed) is calculated to be able to show the picture at **country project level**, not at district level. If we want to be able to distinguish between districts, for each district a sample size of 1065 would be required, which would lead to too high costs.

and it also shows the sample size for each of the selected VDCs. The stratified[14] proportional sampling methodology – based on four unique characteristics – was used to select the VDCs.

The characteristics used for determining the VDCs to be included in the survey are:

1) Sanitation coverage;
2) Poverty: the GoN's DAG index was used for this purpose;
3) Accessibility: distance to the District HQ in hours was used; and
4) Geographical spread: this was done by plotting the selected VDCs on the map of Dailekh.

| | Name of programme target VDCs | Total # of HH | Sanitation coverage | Selection characteristics | | | Total # of HH | # of HH with sanitation | Sample size per VDC |
				Sanitation coverage	Poverty (DAG index)	Proximity to District HQ			
1	Dullu	850	66%						
2	Baluwatar	602	79%						
3	Kanshikandh	856	74%	2	1.5	2	856	630	**28**
4	Chhiudi pushakot	932	35%	1	1.5	2	932	324	**31**
5	Malika	1061	40%	1	1	2	1,061	423	**35**
6	Chamunda	2064	91%						
7	Chauratha	535	77%	2	1.5	1	535	410	**18**
8	Kharigaira	826	55%	1	1	1	826	455	**27**
9	Raniban	747	64%						
10	Padukasthan	1065	38%	1	1	1	1,065	408	**35**
11	Layati Bindrasaini	1375	28%						
12	Tilepata	971	94%	2	1	1	971	910	**32**
13	Sigaudi	1104	76%						
14	Jambukandh	1195	29%	1	2	1	1,195	351	**38**
15	Bansi	785	70%						
16	Toli	646	27%						
17	Danda parajul	804	63%	1	1.5	2	804	505	**26**
18	Piladi	541	84%	2	1.5	2	541	454	**18**
19	Rawatkot	950	53%						
20	Naryannagar	4678	53%						
	Totals	**22,587**	**58%**				**8,786**	**4,870**	**288**
					Sanitation coverage for selected VDCs				55%

To ensure a good spread across the district combined with the right mix of VDCs with their own unique characteristics, it was necessary to go a bit forward and backward from the map to the above table. An effort was made to ensure that the combined sanitation coverage of the selected VDCs was more or less similar to the sanitation coverage for all nineteen VDCs that will be targeted by the programme. The ten selected VDCs are indicated on the map of Dailekh district shown below.

After the selection of the VDCs, procedures were agreed on how to select the wards and the sampling units (households that are to be interviewed) within the selected wards. To not overcomplicate matters it was decided to select a maximum of three wards by random sampling[15]. The number of sampling units

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[14] 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.

[15] **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.

per ward was calculated by dividing the total sample size of the VDC by the number of selected wards. Within the selected wards the sampling units will then be selected through random sampling.
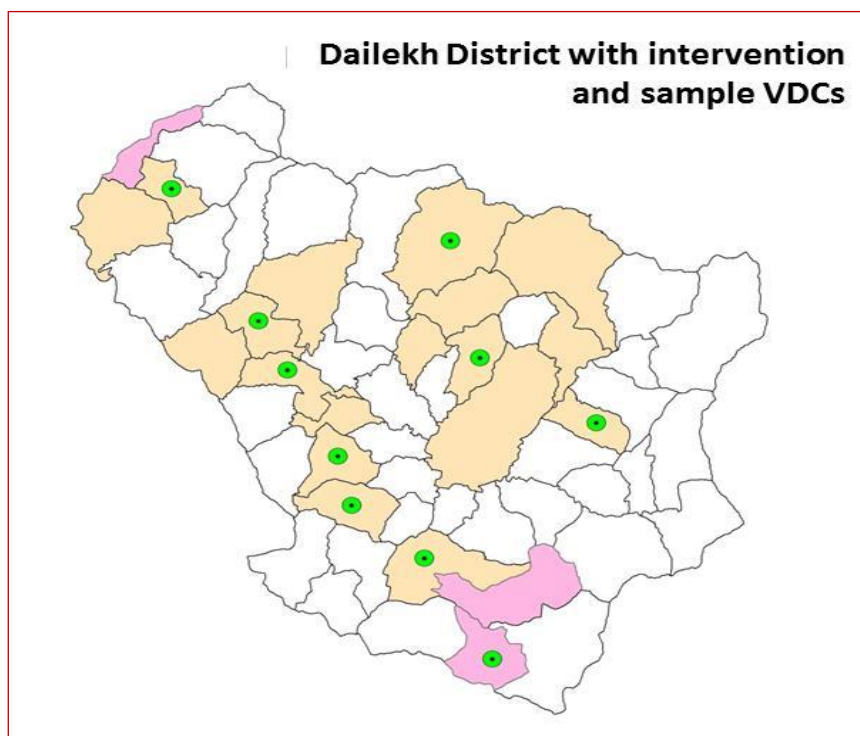
After the exercise for Dailekh was completed, the agreed upon process was put on a flipchart. After lunch the sampling process – shown in the following table – was reviewed and finalised.

	Sampling steps	DFAT districts	DFID districts
1	Determine survey cluster	Individual districts (#8)	Overall programme (all 7 districts combined)
2	Determine sample size (# of HH)	Total of districts sample sizes (2,974 HH)	As determined by SNV HQ (1,065 HH)
3	Determine sample size per district	Samples sizes determined for each district individually by using Krejcie and Morgan table	Divide 1,065 HH proportionally by total # of HH for target VDCs per district
4	Select sample VDCs	Stratified proportional sampling methodology on basis of 4 characteristics (sanitation coverage; poverty = DAG index; accessibility = distance to district HQ in hours; and geographical spread) DFAT = min: 4; max: 6 VDCs per district depending on # of VDCs	Same process DFID: total of 43 VDC
5	Determine sample size per VDC	Proportionally on total # of HH in the sample VDCs	Same process
6	Select sample wards	Random sampling by calculating the interval 2 to 3 wards per VDC with a minimum of 7-8 sample units (HH) per ward	Same process
7	Select sample units (HH)	Random sampling by calculating the interval	Same process

The agreed process was then used to carry out the sampling process for the DFAT supported programme in Sarlahi district. Anup Regmi, Programme Leader for the DFAT rural SSH4A programme, led the process. As the process was clear and easy to follow the whole exercise took only slightly more than one hour.

As Sarlahi is situated in the Terai whereas Dailekh is a hilly district, the VDC selection characteristics were reviewed. Considering the fact that all of the target VDCs are located in the same south-western pocket of the district and because all the VDCs are easily accessible by road, the characteristic 'proximity to District HQ' was found irrelevant as all the VDCs would have received similar scores. Alternatively a new characteristic 'flood-prone areas' was considered but this was also ditched quickly as all VDCs are likely to be flood-prone during the rainy season.

The following table provides insight in how the six VDCs were selected and it also shows the sample size for each of the selected VDCs.

	Name of programme target VDCs	Total # of HH	Sanitation coverage	Selection characteristics			Total # of HH	# of HH with sanitation	Sample size per VDC
				Sanitation coverage	Poverty (DAG index)	Proximity to District HQ			
1	Achalgadh	648	13%	1	1.5				
2	Arnaha	670	17%	1	1.5				
3	Balara	1,489	48%	2	1.5		1,489	715	**83**
4	Chhataul	1,137	10%	1	1.5		1,137	114	**64**
5	Chhatona	592	17%	1	1				
6	Dumariya	665	24%	2	1.5				
7	Gadahiyabairi	1,095	6%	1	1				
8	Khirwa	1,547	10%	1	1.5		1,547	155	**87**
9	Madhubani	699	9%	1	1		699	63	**39**
10	Mirjapur	770	6%	1	1		770	46	**43**
11	Ramban	1,100	18%	1	1.5		1,100	198	**62**
12	Ramnagar Bahuarwa	1,301	12%	1	1.5				
13	Rohuwa	1,174	10%	1	1.5				
14	Sisout	1,117	12%	1	1.5				
15	Sudama	618	23%	2	1.5				
16	Sekhauna	766	10%	1	1.5				
17	Mainathpur	761	16%	1	1.5				
	Totals	**16,149**	**16%**	1			6,742	1,290	**378**
					Sanitation coverage for selected VDCs				**19%**

Discussing the IMPACT indicators

The second part of the afternoon was used to compare the DFID and DFAT impact indicators. It must be noted that for the DFID programme:

- The word "**outcome indicator**" is used for what are impact indicators in SNV; and
- The word "**sustainability indicator**" is used for what are outcome indicators in SNV.

During this exercise we found some unclarities and critical differences between the DFID and DFAT indicators in the way the different QIS levels are assessed. Furthermore there were a number of concerns with the Master Questionnaire. The detailed findings are shown in the following tables and the main differences between the two sets of indicators can be summarised as follows:

⇨ Indicator 1: differences were noticed in level 4 of this indicator
⇨ Indicator 2: differences were notices in levels 3 and 4 of this indicator
⇨ Indicator 3: differences in location of the hand washing station in relation to the toilet

The following comparison of the two sets of indicators and the detailed observations were shared with Antoinette Kome and Gabrielle Halcrow with the request to clarify some of the issues and to consider harmonising the two sets of indicators as they aim for the same impact.

Indicator 1: Access to sanitary toilet

➔ **DFID: Progress in access to sanitation facilities**

➔ **DFAT: Progress in access to a sanitary toilet**

Level	DFID	DFAT	Same?	Comments
0	There is no toilet within the premise.	No toilet	OK	This is not reflected in MQ correctly and as the Q is phrased there is potential of double counting
1	Improved toilet (DFID definition) or toilet shared between one and more households (shared toilets are recorded separately, not reported as result)	Toilet, where human excreta is exposed to the environment	?	DFID used JMP definitions of 'improved' toilet. Not clear what difference is with level 2. Issue of shared toilets not understood.
2	Human excreta contained in such a way that it is inaccessible for human contact or animals, but still accessible by flies (for example VIP latrine without fly screen or flush toilet without water seal)	Toilet, 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	OK	MQ is not as clear as Q SAN3 is limited to: "Can rats reach the faeces in any way?"
3	Human excreta contained in such a way that it is inaccessible for human contact or animals, and inaccessible by flies	As previous, and toilet either has a water seal or a lid to cover the squatting hole.	OK	
4	Human excreta contained in such a way that it cannot contaminate surface or ground water	As previous, and toilet is located at least 10 meters away from a groundwater or surface water source.	Different	MQ is unclear and illogical in questions related to water contamination. And most Q cannot be observed by remunerators. For example Q SAN7: "can (ground) water get in or out of the pit (is the pit water tight)?"and Q SAN10: "does the pit or tank leak wastewater at any time of the year?"

Indicator 2: Use hygienic toilet

➔ **DFID: Progress in hygienic use and maintenance of sanitation facilities**

➔ **DFAT: Progress in using a hygienic toilet when at home**

Level	DFID	DFAT	Same?	Comments
0	Toilet exists but is not in use as toilet or no toilet	Toilet is not used as toilet	OK	
1	Toilet is in use as a toilet	Toilet, is used for defecating	Ok	
2	Toilet is in use as a toilet, and has the hole covered or has functional water seal (not blocked)	Toilet, is used for defecating; and 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	Ok	
3	As previous, and no fecal smears, walls and doors in place, no cleansing materials on floor and water available	As previous, and no human excreta is visible on either the slab (pan) or walls	Different	Previous +5 conditions put into one level. Difficult to score and to analyse? Biased to water availability for anal cleansing and not towards other cleansing options. In Terai most toilets do not have permanent superstructures but still can provide privacy.
4	As previous, and privacy (door can be closed/ locked)	As previous, and used anal cleansing materials and or sanitary materials are not exposed as they are disposed of safely immediately after use.	Different	Door seems somewhat excessive if comments on level 3 are considered.

Indicator 3: Adequate hand washing facilities in or near the toilet

➔ **DFID: Progress in access to HWWS**

➔ **DFAT: Progress in number of households and number of people (male and female) with adequate hand washing facilities in or near the toilet**

Level	DFID	DFAT	Same?	Comments
0	No handwashing station within accessible distance of the location of behaviour	Household with no specific place or facility for washing hands located within 10 paces of the toilet	Different	Differences in locations. MQ specifies toilets and not just any location of behaviour. Different distances are used (10 mtr vs. 10 paces).
1	Hand washing station within accessible distance of the location of behaviour but no soap	Household, has a designated place with water for washing hands which is located within 10 paces of the toilet (but which does not prevent contamination of the water)	Ok	
2	Hand washing station with soap within accessible distance of the location of behaviour, but hands touching the water	As previous, and with soap	Ok	
3	Hand washing station with soap within accessible distance, hands not touching the water	As previous, and with a hand washing facility or device that prevents people (or animals) from contaminating the water	Different	Animals (like dogs) not mentioned in DFID indicator. Open containers can be contaminated easily by animals (and humans).
4	Hand washing station with soap within accessible distance, running water	As previous, and with a hand washing facility that uses running (piped) water so that people (or animals) cannot contaminate the water	Ok	MQ Q HW11 asks: "is there running water from a tap?" This could potentially include a properly covered container with a tap. Or does this Q mean to exclude all options other than piped water?

Other observations:

1. DFID sustainability indicator 10 on faecal sludge management should it not be incorporated in the HH level MQ? So that the data can be collected at the same time. And should this indicator not be linked to DFID outcome indicator 1 – level 4? Potentially FSM practices have an even worse effect on the environment and water pollution is particular.

DAY 3: WEDNESDAY 28 MAY 2014

Recap of day two

Erick gave a quick recap on the topics that had been covered during the second day. Thereafter he gave a quick overview of the topics that were to be covered during day 3, namely:

1. Monitoring of outcome indicators; and
2. Monitoring of school impact indicators.

Monitoring of OUTCOME indicators

Comparing the DFAT and DFID outcome indicators

The first activity of the day was to compare the SNV Asia rural SSH4A outcome indicators, which are used for the DFAT funded programme, with the sustainability indicators used for the DFID programme. This was done to create awareness and clarity to both the SNV advisors and the LCB responsible for both DFAT and DFID baseline surveys as they will have to work with two different sets of indicators.

The result of the exercise is shown in the table below.

SNV Asia rural SSH4A OUTCOME indicators To be used in DFAT programme		SUSTAINABILITY indictors To be used in DFID programme		Remarks
		4	Number of people reached through hygiene promotion[16]	
5	Progress in the capacity of organisations to deliver sanitation demand creation processes with quality	1	Capacity of local governments or line agencies to steer sanitation demand creation at scale in their area	See note 1
		2	Capacity of local organisations implement sanitation demand creation (CLTS) with quality	
6	Progress in sanitation services and business development	3	Progress on private sector engaging in sales of sanitation hardware and services to BoP	See note 2
7	Progress in the capacity of local organisations to implement behaviour change communication at scale with quality	4	Progress on institutionalising hygiene behavioural change communication	See note 3
8	Progress in the capacity of local line agencies to steer and monitor performance in rural sanitation and hygiene			

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[16] This is in actual fact a DFID outcome indicator but included here for sake of completeness as the indicator is very different than the other three outcome indicators that measure access to and use of sanitation and hygiene facilities.

SNV Asia rural SSH4A OUTCOME indicators To be used in DFAT programme		SUSTAINABILITY indictors To be used in DFID programme		Remarks
9	Progress in rural sanitation and hygiene sector alignment	6	Improved sector alignment at local level	See note 4
10	Progress in pro-poor support mechanisms			
11	Progress in the degree of influence of women during planning and implementation of sanitation and hygiene programmes	7	Progress on the influence of women in rural sanitation and hygiene programmes	See note 5
12	Progress in the degree of influence of people from **poor households** during planning and implementation of sanitation and hygiene programmes	8	Progress on the influence of **poor households** and **minority groups** in rural sanitation and hygiene programmes	See note 6
13	Progress in the degree of influence of people from **socially excluded groups** during planning and implementation of sanitation and hygiene programmes	9	Progress on the influence of **disabled people** and **elderly** in rural sanitation and hygiene programmes	See note 6
14	Increased uptake of lessons learned and evidence based approaches by wider sector and government partners			
		10	Progress in FSM- emptying and collection	

Additional notes:

1. DFAT outcome indicator 5: DFID indicator split into two which makes more sense. For example in the case of Nepal different organisations are responsible for steering (WSSDO) and implementing (district LCBs) demand creation activities.

2. DFAT outcome #6: same up to and including level 1, different from there onwards. Increase in sales is not included in DFID indicator.

3. DFAT outcome #7: different scorecards are used as one is about implementation and the other about institutionalising BCC.

4. DFAT outcome #9: this indicator is exactly the same as DFID sustainability indicator 6, since both apply the corporate sector alignment indicator.

5. DFAT outcome 11: this indicator is the same as DFID sustainability indicator 7.

6. DFAT outcomes 12 and 13: QIS scales for DFAT outcomes 11-13 and DFID sustainability indicators 7-9 are identical. However, we may need to from different focus groups as the target groups are different. Both DFID sustainability indicators include two different target groups with their own specific focus and concerns. Hence, DFID indicators 8 and 9 may require two different focus group discussions each, however, that will depend on the situation found in the different sample VDCs.

Creating an overview of whom, who and when

Before lunch an overview was created with details about frequencies and timing of when the outcome indicators are to be measured but also details of whom to interview and by whom. The overview created for the DFAT outcome indicators is shown in Annex 2.

After lunch the same exercise was carried out the DFID sustainability indicators as shown in Annex 3. Except for the indicator that monitors progress in sanitation services and business development, there are basically no differences for the DFAT and DFID programme districts.

Develop OUTCOME data collection questionnaire for DFAT programme

The outcome data collection questionnaire developed by the facilitator over the weekend was reviewed and a number of changes and or modifications were made. The scorecards and QIS scoring tables were reviewed in detail at the same time when the questionnaire was improved. The details provided in Part 1 and the additional explanations provided in Part 2 of the SNV Asia rural SSH4A performance monitoring guidelines were examined and where necessary further explanations and tips and tricks were given. For example the need to facilitate guided self-assessment sessions for the capacity development indicators was stressed and highlighted.

The participants had the biggest problem with the corporate indicator on sector alignment as no details or instructions were available on what basis objective and consistent scores were to be given to the different statements.

Monitoring of school impact indicators

The rest of the afternoon was spent on determining a workable sample size and developing a data collection questionnaire for the school monitoring component. Schools are monitored in the DFAT programme only.

Determining the sample size

A quick and dirty exercise was carried out to determine the sample size of the number of schools to be included in the baseline survey as well as for regular annual progress monitoring.

The DFAT programme is implemented in some 118 VDCs across the eight intervention districts. It was estimated that each VDC has some five to ten schools: primary level of grades 1–5; lower secondary level of grades 6-8; secondary levels of grades 9–10; and higher secondary level of grades 11 and 12. Keeping in with the logic of the sampling methodology – including the selection of sample units – employed during the first day the following was decided:

- ➔ It is expected that there could be as many as 944 in the 118 VDCs if one considers an average number of eight schools per VDC.

- ➔ Schools will be selected in the same sample VDCs selected for the baseline survey. This means that sample schools will have to be identified in a maximum of 48 VDCs as a maximum of 6 VDCs will be included in the sample size for each of the eight DFAT intervention districts.

- ➔ Two schools will be selected for each VDC. This means that the school sample size with consist of a maximum of 96 schools. This gives a sample size of almost 10% of all schools.

- ➔ In each selected sample VDC, one primary school and one other school – either lower secondary, secondary and higher secondary – will be selected. The schools to be included in the sample will be selected in the same manner as wards and households will be selected for the household baseline survey (random sampling by calculating the different intervals).

Developing the school data collection questionnaire

The rest of the afternoon was spent to develop a data collection questionnaire on the basis of the following three impact indicators that will be measured at the selected schools:

- Impact indicator 1.2: Progress in number of schools and number of students (boys and girls) with access to a sanitary toilet

- Impact indicator 2.2: Progress in number of schools and number of students (boys and girls) that use a hygienic toilet

- Impact indicator 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

The above three impact indicators are in principle identical to the three standard impact indicators that will be used to measure progress at household level (impact indicators 1.1, 1.2 and 1.3).

At the end of the day the draft version of the school data collection questionnaires was completed.

DAY 4: THURSDAY 29 MAY 2014

Recap of day three

Erick gave another quick recap of the topics that had been covered during the third day. Thereafter he gave a quick overview of the topics that were to be covered during the third and final day, namely:

1. Understanding the DFID master questionnaire; and
2. Incorporating impact indicator 4 in master questionnaire.

Measuring DFID's outcome indicator 4

Before we started with the day's programme, Kabir Das Rajbhandari, Programme Leader of the DFID programme, requested support in understanding how to measure the DFID's sustainability indicator 4. The following is mentioned in the performance monitoring framework[17] developed for the DFID programme.

> **Outcome indicator 4: Number of people reached through hygiene promotion**
> This indicator will report on the target group of the hygiene promotion activities and depends upon the nature of the activity. People should not be counted twice.

It was suggested that the standard data collection table included in outcomes 11-13 of SNV Asia's performance monitoring guidelines could be used to capture the number of males and females attending specific BCC or hygiene promotion related programme activities. It would then however be useful to identify beforehand all the relevant BCC or hygiene promotion related activities and events and insert these in the table shown below.

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 %
Examples of community activities					
• TOTs					
• Demand creation activities					
• BCC interventions					
• Village WASH committee meetings					
• Community-based monitoring					
• ODF verification exercises					
• Etc.					
Examples of (sub) district events					
• (Sub) district stakeholder meetings					
• Etc.					

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[17] SNV (Revision October 2013) Summary of the performance monitoring framework for the Sustainable Sanitation and Hygiene for All programme

Data on the number of people attending BCC or hygiene promotion related activities could then be easily obtained at community level either through the VDC records or by instructing the district LCBs to keep an attendance record for the activities they undertake at community level. However measures need to be put in place to avoid double counting! What needs to be decided though is whether adolescents and children attending hygiene promotion activities should be included.

To keep the data collection work manageable, it was suggested to maintain these detailed attendance records only in those VDCs that will be included in the 2014-2015 annual performance monitoring sample.

Except for hygiene promotion activities carried at community level also other means will be used, such as the media, to educate the target population on key hygiene promotion messages (e.g. radio messages, television clips, flyers, etc.). The outreach of these media activity and events will have to be monitored separately.

Understanding the DFID Master Questionnaire

Most of the morning and part of the afternoon was used to go in detail through the DFID Master Questionnaire which will be used to develop the Akvo FLOW data collection application. Considering that a majority of the participants will be going to the field on Friday 30 May 2014 to test the new app, it was considered helpful to prepare the teams beforehand. It also gave us a chance to understand the logic of the questions by comparing the questions with the flow charts and the QIS levels developed for the DFID outcome indicators.

During the exercise notes were taken for questions that were either not easy to understood or that did not seem to fit in the overall QIS logic. The list of observations will be reviewed and finalised immediately upon the experiences gained and documented during the field testing on Friday.

Preparing for the field testing of the DFID Master Questionnaire

After the review of the DFID Master Questionnaire, the team took some time to complete the final arrangements for the field testing. On the basis of the number of available smart phone, a total of five teams were formed. All teams will travel together to the same village within Lalitpur district and it was agreed that each team would test the app with at least three different households. Anup Regmi explained what was expected of the teams. He also instructed them to document their experiences by answering a number of field testing-related review questions.

Incorporating DFAT impact indicator 4 in DFID Master Questionnaire

This was the final session of the four-day training workshop. Although the status of the master questionnaire was not clear by this time, as the Nepal team was still waiting for clarity from the region, it was nevertheless decided to draft the additional questions required to be able to collect data on SNV Asia's impact indicator 4.

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. During the May 2013 regional monitoring review workshop, it was decided to test this additional indicator first in the DFAT funded SSH4A programme in Bhutan and Nepal.

The following overview shows the draft questions the team came up with during the session.

	DFAT-specific questions for impact indicator #4	
	Questions	**Responses**
	Q82 provides insight in whether toilet is used or not: If yes, level 1; if not, level 0	
117	Does the size, walls, door and access way (steps) of the toilet allow access to all?	Yes_____ No _____
118	Does the size and shape of the toilet pan and or squatting hole allow use by all?	Yes_____ No _____
119	Is the toilet's location, considering distance, slope, time of day, etc., easily accessible for all?	Yes_____ No _____
	Q92 Provides insight in the privacy issue	
120	Is there any evidence of any human faeces (including stool of enfant or other household members that are not able to go to the toilet on their own) in or around the house?	Yes_____ No _____

While going through the different QIS levels in detail it was spotted that level 1 could either create confusion or be difficult to score. The mini scenario given for level 1 mentions:

Toilet is physically accessible for ALL at ALL times when at home including the elderly and disabled.

This could create misunderstandings particularly when there are household members that are not able to walk to the toilet independently, for example those members that are bedridden. In those cases an alternative option needs to be included similar to what is done for the children's stools in level 4 where observations are made to be sure that that the faeces of infants and small children that are not able to go to the toilet independently are collected and safely disposed in the toilet by a caretaker.

Evaluation and closure

At the end of the four-day workshop the workshop was evaluated by the participants. A simple methodology was used to evaluate the workshop whereby the participants were asked to complete individual ballot papers on four evaluation questions. A total of 18 participants took part in the workshop evaluation. The evaluation scores are presented in the table below.

	☺	☻	☹	Totals	Weighted score
A. Did the workshop meet your expectations?	12	6	-	18	83%
B. Were all important topics adequately covered?	13	5	-	18	86%
C. How do you rate the skills and capacity of the facilitator?	14	4	-	18	89%
D. Do you now feel confident enough to carry out or contribute to the baseline?	10	8	-	18	78%
Total scores	**49**	**23**	**0**	**92**	**84%**
Scores in %	*68%*	*32%*	*0%*	*100%*	

The participants gave the training workshop an overall satisfaction score of 84%. That is a good score considering that ten participants had no prior knowledge of SNV Asia's rural SSH4A performance monitoring framework. Given that the training, on the request of the team, had to cover the DFAT and simultaneously the DFID monitoring requirements, combined with the ongoing unclarities on the Akvo FLOW master questionnaire, did not create the most optimum environment for learning. Even so the participants were genuinely positive on what had been achieved during the workshop.

The fourth question on whether participants feel confident enough to carry out (LCB) or contribute (SNV advisors) to the baseline exercise scored the lowest. This does not come as a surprise and the level of confidence – although a concern – is expected to improve over the next weeks with the field testing scheduled for 30 May and another three-day training on Akvo FLOW scheduled for the second week of June.

With a few remaining words by the facilitator, the workshop was concluded.

POSTSCRIPT

On Friday 30 May 2014 a short follow up meeting was held at the SNV Nepal Country Office between Nadira Khawaja, SNV Nepal WASH Sector Leader, Anup Regmi, Programme Leader SSH4A (DFAT), Kabir Das Rajbhandari, Programme Leader SSH4A (DFID), and Erick Baetings. During the meeting the following topics were discussed:

1. DFAT outcome reporting requirements
2. Menstrual hygiene management practices at schools

Re DFAT outcome reporting requirements

The DFAT core indicators (DFAT outcomes) were compared with the SNV Asia regional performance indicators to get a better understanding of whether the SNV impact and outcome indicators provide all the information required to be able to report to DFAT. The comparison between the two different sets of indicators is presented in a table in Annex 4.

Two main problems were identified: 1) quite a number of DFAT indicators focus on the existence, composition and performance of village WASH committees which are not covered by any of the existing SNV Asia regional performance indicators; and 2) village level ODF verifications need to be recorded and documented. Hence, to be able to report on all of DFAT's core indicators the following additional requirements will need to be considered:

1. An outcome indicator monitoring progress in improved capacity (performance) of village WASH committees. This indicator will require a standard data collection table that will provide insight in the number and (gender) composition of WASH committees, and either an outcome score card or QIS ladder measuring actual performance of the committee to see whether they are 'fully functioning'. This requires that we come up with a definition of 'fully functioning'.

2. Village level ODF verifications and declarations need to be recorded and monitored separately.

Re menstrual hygiene practices at schools

Nadira raised the question of whether the teams should consider monitoring the relation between the existence of menstrual hygiene facilities and or practices and school absenteeism. She explained that this issue is becoming more and more relevant and even though the rural SSH4A programme does not necessarily address this issue, the collection of additional data during the baseline exercise would provide valuable insight and that could be used in future to write interesting papers and to develop possible funding proposals.

The urban performance monitoring framework includes two relevant impact indicators that could be considered, namely:

⇨ Impact indicator 4: Progress on access to menstrual hygiene facilities; and
⇨ Impact indicator 5: Progress on menstrual hygiene behaviour

During the following discussion a number of challenges came up. Monitoring access to menstrual hygiene facilities at schools should be doable and not to complicated. Monitoring menstrual hygiene behaviour could be more challenging as this is likely to require conducting focus groups discussions with adolescent girls. The fact that most of the LCB supervisors are expected to be male will make this a tricky affair.

Furthermore, it was thought to be difficult to obtain reliable girls absenteeism figures at the schools. Even if absenteeism data is available it will not be that straightforward to relate that data to menstrual periods.

No conclusion was drawn during the meeting, however, it was decided that this issue will require further consideration and discussion in the near future.

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

	Name	Organisation	Position	Email address	Familiarity with	
					General monitoring	SSH4A performance monitoring
1	Nadira Khawaja	SNV Nepal	Sector Leader	NKhawaja@snvworld.org	✓	
2	Harishova Gurung	SNV Nepal	WASH Advisor	HGurung@snvworld.org	✓	✓
3	Lek Bikram Shah	SNV Nepal	WASH Advisor	lshah@gmail.com	✓	✓
4	Kapil Dev Gyawali	SNV Nepal	WASH Advisor	kgyawali@snvworld.org	✓	✓
5	Govinda Raj Rokaya	SNV Nepal	WASH Advisor	grokaya@snvworld.org	✓	✓
6	Katak Bahadur Rokaya	SNV Nepal	WASH Advisor	krokaya@snvworld.org	✓	✓
7	Shankar Pathak	SNV Nepal	Sr. WASH Advisor	SPathak@snvworld.org		✓
8	Anup Regmi	SNV Nepal	PL SSH4A (DFAT)	ARegmi@snvworld.org	✓	✓
9	Kabir Das Rajbhandari	SNV Nepal	PL SSH4A (DFID)	krjbhandari@snvworld.org	✓	✓
10	Lenette Korri	SNV Nepal	Junior Professional	lkorir@snvworld.org		
11	Sudip Ghimire	LCB		sghimire8@outlook.com		
12	Surya Binod Pokhrel	LCB		suryabinodpokharel@gmail.com	✓	
13	Tshitij Gartoula	LCB		mrgartoulla@gmail.com	✓	
14	Deependra Kaji Thapa	LCB	Project Coordinator	Thapa.deepen@gmail.com	✓	
15	Sushil Koirala	LCB		sus_panacea@hotmail.com	✓	
16	Utimlal Chaurasiya	LCB		utimlal81@gmail.com	✓	
17	Shanta Baral	LCB		shanta_baral@yahoo.com	✓	
18	Prativa Shrestha	LCB		prativa124@yahoo.com		
19	Erick Baetings	IRC	Facilitator	baetings@ircworld.org		
	Totals				**14**	**8**

Annex 2: Outcome monitoring details for the DFAT programme

	Indicator	With whom	Who will do?	When / frequency
5	**Progress in the capacity of organisations to deliver sanitation demand creation processes with quality[1]**	WSSDO at district level	Baseline LCB and advisors	Baseline: June 2014 Regular PM: annually in May/June or as part of annual reviews with clients
6	**Progress in sanitation services and business development**	Supply chain entrepreneurs selected from actor map	Supply chain/project LCB and advisors	Baseline: after supply chain analysis September 2014 PM: Annually in May/June
7	**Progress in the capacity of local organisations to implement behaviour change communication at scale with quality**	WSSDO at district level	Baseline LCB and advisors	Baseline: June 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**	WSSDO at district level	Baseline LCB and advisors	Baseline: June 2014 Regular PM: annually in May/June or as part of annual reviews with clients
9	**Progress in rural sanitation and hygiene sector alignment**	DWASHCC (LDO) and WSSDO	Baseline LCB and advisors	Baseline: June 2014 Regular PM: annually in May/June or as part of annual reviews with clients
10	**Progress in pro-poor support mechanisms**	For baseline no formal interviews are necessary. For narrative part include examples at community and district level. **Consider including Q on toilet financing in baseline MQ!**	Baseline LCB (mapping official documents, strategies, etc. in all 7 districts) SNV advisors (narrative for 3 old districts)	Baseline: June 2014 PM: annually in May/June
11	**Progress in the degree of influence of women during planning and implementation of sanitation and hygiene programmes**	VDC and district level with women focus groups (50% of sample VDCs per district with minimum of 2 VDCs)	Baseline LCB	Baseline: June 2014 PM: at least once a year in May/June
12	**Progress in the degree of influence of people from poor households during planning and implementation of**	VDC level focus groups (50% of sample VDCs per district with	Baseline LCB	Baseline: June 2014 PM: at least once a year in May/June

	Indicator	With whom	Who will do?	When / frequency
	sanitation and hygiene programmes	minimum of 2 VDCs)		
13	**Progress in the degree of influence of people from socially excluded groups during planning and implementation of sanitation and hygiene programmes**	VDC level focus groups (50% of sample VDCs per district with minimum of 2 VDCs)	Baseline LCB	Baseline: June 2014 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**		SNV advisors	Baseline: No PM: continuous output monitoring but reporting annually

Annex 3: Outcome monitoring details for the DFID programme

	Indicator	With whom	Who will do?	When / frequency
1	**Capacity of local governments or line agencies to steer sanitation demand creation at scale in their area**	WSSDO at district level	Baseline LCB and advisors	Baseline: June 2014 PM: Annually in May/June
2	**Capacity of local organisations implement sanitation demand creation (CLTS) with quality**	Project LCBs at district level	Baseline LCB	Baseline: June 2014 PM: Annually in May/June
3	**Progress on private sector engaging in sales of sanitation hardware and services to BoP**	Supply chain entrepreneurs For baseline limit to actor mapping and obtaining data on sales transactions (products and volume). Max 5 entrepreneurs per district.	Baseline LCB	Baseline: June 2014 PM: Annually in May/June
4	**Progress on institutionalising hygiene behavioural change communication**	WSSDO at district level	Baseline LCB and advisors	Baseline: June 2014 PM: Annually in May/June
6	**Improved sector alignment at local level**	WSSDO at district level	Baseline LCB and advisors	Baseline: June 2014 PM: Annually in May/June
7	**Progress on the influence of women in rural sanitation and hygiene programmes**	VDC and district level with women focus groups (50% of sample VDCs per district with minimum of 2 VDCs)	Baseline LCB	Baseline: June 2014 PM: at least once a year in May/June
8	**Progress on the influence of poor households and minority groups in rural sanitation and hygiene programmes**	VDC level focus groups (2 per VDC) (50% of sample VDCs per district with minimum of 2 VDCs)	Baseline LCB	Baseline: June 2014 PM: at least once a year in May/June
9	**Progress on the influence of disabled people and elderly in rural sanitation and hygiene programmes**	VDC level focus groups (2 per VDC) (50% of sample VDCs per district with minimum of 2 VDCs)	Baseline LCB	Baseline: June 2014 PM: at least once a year in May/June
10	**Progress in FSM- emptying and collection**	Part of household MQ. SAN13 and SAN14 provide insight in pit emptying. Add one Q about when and how the pit was emptied.	Baseline LCB	Baseline: Part of HH baseline survey PM: at least once a year in May/June

Annex 4: Comparison of DFAT Core Indicators with SNV Asia regional performance monitoring guidelines

	DFAT Core Indicators	End-of-project targets		Match with SNV Asia indicators
		In #	In %	
	Outcome 1: Improved performance of actors in the WASH enabling environment			
1.1	Number and % of targeted WASH committees that are fully functioning at project completion	67	70%	**No indicator; this will have to be monitored additionally**
1.2	Number and % of targeted WASH committees with access to functioning external support mechanisms	40	42%	**Same as DFAT indicator 1.1**
1.3	Number of additional service providers with functioning request and response mechanisms	12	100%	Outcome # 6, level 4
	Outcome 2: Improved gender equality			
2.1	Number and % of water and sanitation management committee members who are women	288	30%	**Same as DFAT indicator 1.1**
2.2	Number and % of water and sanitation management committees which have at least 50% women members	3	30%	**Same as DFAT indicator 1.1**
2.3	Number and % of new WASH committees with women in management or technical roles	96	100	**Same as DFAT indicator 1.1**
2.4	Number of additional WASH related institutions actively implementing a gender policy	1	n/a	No indicator
	Outcome 3: Improved WASH evidence and knowledge base			
3.1	Number of peer-reviewed publications	0	n/a	Outcome #14
3.2	Number of externally focussed information sharing products/events e.g. reports, technical guides, policy notes, videos, synthesis of workshops etc.	8	n/a	Outcome #14.A
3.3	Number of team members participating in CSO WASH Fund Regional learning events, webinars and other e-learning events and forums	10	n/a	Outcome #14.B
	Outcome 4: Improved hygiene behaviour			
4.1	*Number of additional people with increased knowledge of hygiene practices*	100,000	n/a	Not separately monitored; increases in improved practices covered by impacts #1.1, 2.1 and 3.1 could be used
4.2	Number of additional people with hand washing facilities and soap (or ash) in their household	76,000	n/a	Impact #3.1, level 2
4.3	Number of students participating in school hygiene behaviour change programs	20,000	n/a	Not separately monitored; increases in improved practices

		DFAT Core Indicators	End-of-project targets		Match with SNV Asia indicators
			In #	In %	
					covered by impacts #1.2, 2.2 and 3.2 could be used
4.4		Number of additional students with access to an adequate number of school hand washing facilities with soap	12,000	n/a	Impact #3.2, level 2
	Outcome 5: Increased use of equitable sanitation services				
5.1		Number of additional people using a basic sanitation facility (unimproved facility using JMP/MDG definition)	270,000	n/a	Impact 1.1, level 1
5.2		*Number of additional people using an improved sanitation facility (improved facility using JMP/MDG definition)*	130,000	n/a	Impact 1.1, level 2
5.3		Number of additional people using a shared sanitation facility (shared using JMP/MDG definition)	0	n/a	Standard data collection on defecation practices for impact #1.1. Not covered by DFID MQ!
5.4		Number of additional people in communities that have become ODF as a result of project activities	300,000	n/a	**Not covered by indicators, this will have to be monitored separately**
5.5		Number and % of communities re-verified as ODF at project completion	77	100	**Not covered by indicators, this will have to be monitored separately**
5.6		Number of students in schools with access to an adequate number of functional female and male toilets	5000	33%	Impact #1.2
5.7		Number of additional private sector providers selling sanitation products and services	100	n/a	Standard data collection for outcome #6; based on actor mapping exercise
5.8		Number of new/existing businesses reporting revenue growth (relative to previous year) in the sale of sanitation products and services	50	n/a	Outcome #6, level 2
5.9		Number of additional universally-accessible sanitation facilities in public buildings and/or institutions	0	n/a	School toilets are monitored by impact #1.2