



WSSCC
WATER SUPPLY & SANITATION
COLLABORATIVE COUNCIL



United Purpose 
Formerly known
as Concern Universal

The Rural Sanitation and Hygiene Promotion in Nigeria (RUSHPIN)/Global Sanitation Fund - Programme Outcome Survey

Title:	Programme Outcome Survey
Timescale:	September - December 2018
Review donors:	WSSCC, University of Buffalo and United Purpose
Core purpose:	Conduct an independent outcome survey for the programme in order to measure key sanitation and hygiene indicators of the RUSHPIN Programme in Benue and Cross River State, Nigeria.

Expressions of Interest to be sent to United Purpose by 27 September 2018 (details in Terms of reference)

Terms of Reference

1. Background

Established in 1990, the Water Supply and Sanitation Collaborative Council (WSSCC) is the only United Nations body devoted solely to the sanitation and hygiene needs of the most vulnerable and marginalized people. In 2008, WSSCC established the Global Sanitation Fund (GSF) to catalyse funding for countries with a high need for sanitation. GSF invests in collective behaviour change approaches that enable large numbers of people in developing countries to improve their access to sanitation and adopt good hygiene practices.

1.1. Programme Background

The Rural Sanitation and Hygiene Promotion in Nigeria (RUSHPIN) programme is a ground-breaking WSSCC-funded and government-owned initiative that seeks to transform the health of 1.2 million people in Cross River and Benue states. The programme, which started in 2012, is

implemented in partnership with the Federal, State & Local governments and civil society. The programme uses the demand-driven 'Community-led Total Sanitation' (CLTS) methodology, empowering communities to collectively change their sanitation and hygiene behaviour.

United Purpose (UP), is an international development charity with an innovative community-led approach to delivering the Sustainable Development Goals and eradicating global poverty and inequality is the Executing Agency for the RUSHPIN in Nigeria.

The RUSHPIN Programme is in its 6th year of Programme implementation, as part of an 18-months no cost extension. Currently, the programme has reached 2,321 (96.71%) of the target number of communities, of which 1,996 (83.17%) communities are Open Defecation Free (ODF). A total of 1,153,537 (96.13%) people (in Benue and Cross River States) have been engaged using the CLTS approach, of which 992,012 (82.67%) now benefit from living in clean and healthy Open Defecation Free environments.

The programme also achieved the first Open Defecation Free Local Government Area (LGA) in Nigeria (Obanliku LGA, Cross River State) in 2017. A feat that received nationwide attention. In 2018, it has added a second LGA (Bekwarra LGA, Cross River State). The RUSHPIN Programme now boasts of two (2) of Nigeria's five (5) ODF LGAs.

Furthermore, with the support of the RUSHPIN Programme, WSSCC and the Honourable Minister of Water Resources hosted the first Federal-level Inter-Ministerial Dialogue on Sanitation in 2016 and a second in 2017. These meetings provided a first-of-its-kind platform to discuss pathways for increased collaboration on sanitation and hygiene between key Ministries of Environment, Health, Finance, and Education and Women Affairs. The Inter-Ministerial Meetings are expected to become institutionalized and regular occasions for government and WSSCC stakeholders to discuss and jointly drive progress in the sanitation and hygiene sector.

RUSHPIN is now scaling up implementing sanitation marketing to strengthen the supply-side while exploring new powerful methodologies, such as 'Institutional Triggering', the use of Natural Leaders, and post-ODF initiatives to sustain achievements in communities.

The RUSHPIN programme was designed to support scale-up and expansion to six (6) other LGAs, with Government counterpart funds – only recently released by Benue State Government, with release by Cross River State still pending. The RUSHPN programme is currently in three (3) additional LGAs of Benue State, increasing programme reach with 600,000 people.

2. The Outcome Survey

WSSCC recommends that GSF programmes conduct outcome surveys periodically (every two years) throughout the programme cycle. The outcome survey represents an important component of a robust programme monitoring system. Outcomes surveys support independent verification of programme results, they serve to measure the sustainability of the results

achieved, and they are also a tool to measure other information on the programme outcomes that are not part of the routine monitoring system.

The specific objectives of the outcome survey are to:

1. Provide statistically representative data on the key programme sanitation and hygiene indicators in the GSF targeted programme areas;
2. Identify whether households in ODF declared communities have continued to use and properly maintain improved toilets and hand washing facilities and continue to comply to national and GSF programme ODF criteria;
3. Understand if the results achieved meet the needs of marginal and vulnerable populations, including the presence of appropriate financing mechanisms;
4. Describe emerging indicators of programmatic effect, including behavioral norms, habits, and satisfaction with available sanitation service;
5. Assess programme progress by comparing survey results with previous baseline/outcome survey data;
6. Determine the degree to which ODF communities are graduating / progressing towards total sanitation.

2.1. Methodology

WSSCC has established a partnership with the University at Buffalo (UB) for the purpose of strengthening the Outcome Survey methodology and harmonizing survey approaches across all GSF Programmes. UB and WSSCC have developed templates for study protocols, tools, analysis protocols, and reporting guidelines. All templates will be made available to the consulting research firm selected to conduct the outcome survey in a given country for customization to the country context. The selected research firm will be expected to work under the technical guidance and support of the EA, WSSCC and UB throughout the survey duration.

Survey design

The outcome survey will chiefly consist of a cross-sectional study of communities in all districts where programme implementation has begun. There will also be a comparative component of the study using a sample of pre-intervention communities.

The outcome survey will adopt a quantitative research design which includes household level interviews; inspections of water, sanitation, and hygiene facilities; and structured observations of sanitation and hygiene behaviours. The survey also includes observations of water, sanitation, and hygiene facilities in public schools and public health facilities in the sampled communities.

Sampling

The final sample design will be done by the selected research firm in technical consultation with WSSCC/UB. The EA will make available all information on villages within the targeted programme areas as well as information on ODF status and other programme interventions.

The design will adopt a multi-stage sampling approach and will be representative of all communities/villages that have been targeted through the programme as well as comparison communities. Preliminary calculations indicate that the sample sizes for surveys may be around **1000-1500 households**, including around **400-500 structured observations**, and **70-100 schools and health facilities**.¹

Key principles of the design will include:

- Sample frame to include all communities in which GSF-funded programs have been implemented (irrespective of ODF status).
- Random sample of communities where interventions have begun (actual number to be determined based on number of communities in which intervention has taken place).
- A matched sub-sample of pre-intervention communities.
- Among communities selected, aim to recruit approximately 16 households at random from an updated household listing.
- For the structured household observations, select randomly a subset of approximately 4 households from the 16 interviewed households in each community.
- Public schools and public health facilities will be included in all communities where they are present.

Respondents

Interviews will be conducted with the following respondents in each household:

- The head of household
- A female caregiver of a young child < 5 years old; if no child < 5 years old or female caregiver not available, another female resident of the household
- If present, a person with disability/mobility limitations
- If present, a person over the age of 65

Additional interviews will be conducted with the managers/heads of schools and health facilities in communities where these institutions are present.

¹ *These calculations are only approximations based on outcomes surveys that have been implemented to date.*

Data collection tools

WSSCC/UB have developed a standard set of survey tools, which will be customised to fit the national context by the selected research firm. The survey tools will include:

- **Head of Household questionnaire** (45 minutes)
- **Female (caregiver) questionnaire** (45 minutes)
- **Household questionnaire** (30 minutes)
 - *This module will be completed with either the head of household or the female respondent*
- **Persons with a physical disability questionnaire** (30 minutes)
 - *Interviews will be conducted with all adults with mobility issues or visual impairments in the targeted households. Interviews will only be conducted if the respondent is able to provide informed consent.*
- **Persons over age 65 questionnaire** (30 minutes)
 - *One interview will be conducted in all household with a person over the age of 65. Interviews will only be conducted if the respondent is able to provide informed consent.*
- **Public School & Public Health Facility Questionnaire** (30 minutes each)
 - *Each type of interview will be conducted in all communities where these institutions are present.*

In addition to the questionnaires, there will be two observation tools:

- **Structured Observations** (3 hours) will be conducted in a sub-sample of households for approximately 3 hours per household. Observers will use a structured observation guide to record and describe the following behaviours for all household members:
 - Latrine use / open defecation
 - Handwashing practices around events of potential pathogen transmission (e.g. latrine use, preparing food, eating, feeding a child, handling faeces, etc.)
 - Disposal of faeces of children under five years of age
- **Village ODF verification** (60 minutes)
 - An observation tool will be utilized to record whether human faeces are present in any common OD sites around the village, including along river banks/near water sources, in bushes/forest, in ditches/under bridges, around local pubs, in nearby farm land, in grazing lands, and in refuse collection sites

The information that will be collected in each questionnaire type is as follows:

Type of information	Household	Head of Household	Female (caregiver)	Disability / over 65	Institutions
Household demographics / assets		X			

Type of information	Household	Head of Household	Female (caregiver)	Disability / over 65	Institutions
Water access, treatment and storage	X				X
Sanitation facilities (with inspections)	X				X
Handwashing facilities (with inspections)	X				X
Participation and exposure to programme activities		X	X		X
Satisfaction with sanitation and hygiene services in the home		X	X	X	
Sanitation habits and social norms		X	X		
Latrine construction, cost, repairs		X			
Latrine use of all household members			X		
Menstrual hygiene management (MHM)			X		X
Access to sanitation and hygiene services in the home			X	X	

2.2. Customising and pretesting survey tools

The research firm will be responsible for customising the existing survey tools to the local context and translating the tools to the local languages(s). The research firm will be expected to conduct a pretest of the survey instruments in a minimum of 25 households representative of the target programme areas *prior* to training the full data collection team. The pre-test should involve a small group of 4-6 survey personnel who will eventually be supervisors or interviewers in the actual data collection. At least 3 of these personal should be female in order to pre-test the female (caregiver) questionnaire.

The agenda for the **pretest** should include:

- 2 days: Training/familiarization on the survey questionnaires and interviewer and supervisor manuals. This training should include reviewing the translation of the tools.
- 1-2 days: Pretest data collection in a minimum of 25 households that are comparable to the households involved in the main study.
- 1 day: Review/modification of survey tools and interviewer and supervisor manuals, including feedback on translations.

The research firm will share feedback from the pretest with the EA, UB and WSSCC and with support from UB will finalise the survey tools. Sufficient time should be allocated in the workplan for pretesting, reporting on pretest findings, and subsequent revision and associated translation updates. After pretesting, the revised tools should be programmed for the electronic data collection software and thoroughly tested. The electronic versions of the tools will be further piloted and finalized during the enumerator training.

2.3. Recruitment and Training of Fieldwork Staff

The consulting firm will recruit all field staff personnel required for the survey. Fieldwork should be conducted using a team approach with teams comprised of one supervisor and between 4-8 interviewers. The research firm will propose the total number of teams and field staff necessary.

Only female interviewers will administer the caregiver/female questionnaire and conduct the structured observations. It is therefore recommended that the majority of the field team members are female. Field team members should be native speakers of the local language(s) in which the interviews will be conducted. Supervisors should be fluent in English as well as necessary local language(s).

Enumerator training will take at least 7 working days. An example agenda includes:

- 2 days: programme background, principles of data collection and sampling methods, review of data collection instruments.
- 1 day: use of computer tablet for data collection and classroom practice
- 1 day: field practice for the household questionnaires
- 1 day: clarifications, revisions, and training on structured observations
- 1 day: field practice for structured observations and institution questionnaires
- 1 day: Review of final survey tools, work plan review, final logistics

It is envisaged that EA and WSSCC/UB staff will be present and contribute during parts of the training for technical support and clarifications. All data collected during the training should be shared with EA/WSSCC/UB so they can provide feedback on any necessary changes to the training or instruments.

2.4. Ethical approval

UB and WSSCC have developed a template study protocol for use in the ethical review process, which the research firm will customise. The research firm will be responsible for submitting the research protocol for ethical review at a relevant in-country research review board and securing either a waiver or approval, depending on the decision of the board.

2.5. Data collection and Fieldwork Supervision

Data should be collected **electronically using tablet computers** (preferred) or smart phones in order to facilitate efficient and clean data entry and linking of data from each survey tool. Preference is for programming to be done using ODK software or a derivative. WSSCC/UB will provide review and quality control of electronic data collection tools.

Fieldwork should take place over 4-6 weeks. Teams will need to spend a minimum of 2 days in each community; all structured observations are to be conducted at the same time on the morning of the second day.

During data collection, the research agency is expected to closely supervise and monitor the performance of the field teams, including conducting quality control of the collected data. Data from the tablet computers should be uploaded to a secure server regularly (at least every 2-3 days) and monitored for quality assurance. The research firm should have a data manager who can provide technical backstopping to the survey teams throughout data collection in case of tablet malfunction or programming errors.

2.6. Data Cleaning, Analysis, and Report Writing

The research firm will be expected to accurately clean data and make a log of all key data cleaning decisions and any significant changes made to the dataset. Cleaned and anonymized data should be shared with the EA and WSSCC upon submission of the draft report 4-6 weeks after the completion of data collection. Linking variables are to be retained to ensure that all household-related datasets (from household, head of household, female (caregiver), elderly/disability, and structured observation tools) can be linked to each other.

WSSCC will make available an analysis protocol and the final report template to be adapted by the research firm. The template will include a list of key tables that the research firm will be expected to include in the report. A list of key indicators that will be included in the analysis is included in Annex 2. Data analysis will include:

- Weighted analyses of point estimates and 95% confidence intervals for key variables, overall and by key stratification variables;
- Analyses comparing key indicators between intervention and comparison groups;
- Assessment of sustainability, as indicated by adherence to national and GSF program criteria;
- Description of survey population, including demographics, access, behaviors, social norms, habits, etc.;
- Construction of PCA wealth indices and composite scores for specified constructs (e.g., social norms, habits, etc.);
- Visual data representations and images of field conditions as appropriate.

The research firm will be expected to submit a draft of the report within 4-6 weeks of the completion of data collection. After receiving feedback from the EA, WSSCC, and UB, the research firm will provide a final report within two weeks.

3. Role and requirements for the consulting firm

3.1. Research firm responsibilities and required skills

The independent research firm selected to execute the survey will be responsible for the following work, and will expect to receive the following support from WSSCC:

Task	Responsible party	
	WSSCC/UB/EA	Research Firm
Planning, pretesting, and training		
Provide all necessary programme background information	X	
Providing draft questionnaires and manuals in English	X	
Develop the final survey plan for approval by the EA, UB and WSSCC		X
Customise and translate questionnaires and manuals into local language(s)		X
Obtain ethical clearance (or waiver) for the survey		X
Comment and approval of draft survey plan and draft survey tools (questionnaires and manuals) for pretesting	X	
Pretest the draft tools in a minimum of 25 households and share results including proposed changes		X
Provide feedback on tools following pretest	X	
Modify the tools as necessary based on pretest, review of translations, and feedback from WSSCC/UB/EA		X
Approval final survey tools (paper)	X	
Provide tablets for data collection		X
Program, thoroughly test, and share finalize electronic data collection software / tools prior to deployment		X
Comment and approval of final survey tools (electronic)	X	
Provide and maintain a database for hosting data		X
Recruit and train (for minimum 7 days) a sufficient number of survey personnel ensuring that by the end of the training all have had the necessary practice and are fully competent to conduct data collection		X
Provide support for training	X	
Data collection phase		
Implement data collection, managing field teams and all logistics, including support for electronic data collection		X
Implement field work quality control and data monitoring procedures and closely supervise the qualified field teams to ensure fieldwork is completed in the designated period		X
Respond to requests for clarifications from WSSCC/ EA		X
Provide regular feedback on data collection progress and any challenges		X
Provide support for addressing data collection challenges	X	
Analysis and reporting phase		
Provide all raw data and cleaned datasets to WSSCC		X
Share analysis template and report templates	X	
Provide customised analysis plan		X
Comment and approval of analysis plan	X	

Task	Responsible party	
	WSSCC/UB/EA	Research Firm
Analyse data using the analysis template		X
Provide support for data analysis	X	
Draft report		X
Provide feedback on draft report	X	
Prepare final report		X

The research firm should have a strong understanding of the sanitation and hygiene sector, as well as significant experience in statistical sampling, designing appropriate survey methodologies, and undertaking social research, ideally related to public health and behaviour change interventions.

The research firm should have experience with collecting data using computer assisted technology. It is useful if the research firm has previous experience of conducting research in the areas where the GSF programme is implemented.

3.2. Key deliverables

Key deliverables from the agency will include:

- **Initial inception report** containing a detailed study methodology, including:
 - Sample design
 - Approach to field work
 - Activity plan with a time-line
 - Adapted questionnaires in English
 - Pretest and training protocols
 - Quality control and data monitoring protocol
- **Final inception report** incorporating responses to inputs from WSSCC and UB based on feedback and results from the pretest, including:
 - Final survey instruments in English and translated in local language(s)
 - Final field manuals
 - Final quality control and data monitoring protocol
- **Data entry package** designed for tablets
- **Customised analysis plan** based on analysis template provided by WSSCC/UB
- **Final raw and clean datasets** (to be shared upon submission of draft report)
- **Quality Assurance Statement** (performance in line with standards and ‘best’ practices of Outcome Study)
- **Study Dissemination Plan** (presentation of 1st draft report to stakeholders in Nigeria)
- **Final Report** based on reporting template provided by WSSCC/UB

3.3. Application requirements

Prospective research firms should provide a proposal that includes:

- Comments on the firm's approach to implementation of survey stages and activities as described in the TOR. (*Note: No additional survey components are to be included aside from what has been specified in the TOR.*)
- A detailed (weekly) timeline of activities, including time for necessary review of deliverables by WSSCC.
- A proposed budget organized by project phase/activity, including a breakdown of all fees and costs over \$1000. Budgets should include all applicable taxes and insurance.
- Identification of staff with their experience and responsibilities, including recruitment strategy and eligibility requirements for any external staff that will need to be hired on a short-term basis.
- Description of prior experience conducting surveys using similar methodologies as described in the TOR.
- Identification of hardware and software that will be used for data collection.
- Identification of software that will be used for data analysis.
- Proposed data collection quality control and data monitoring mechanisms.

The criteria that will be used in evaluation of the proposals are included in Annex 1.

Proposals and relevant documents will be submitted by email to: nigeria@united-purpose.org

For any inquiries on this consultancy/ ToR, please contact: chinwe.nze@united-purpose.org or
Tel: 08069537090

Deadline for submission: 6pm: Tuesday 27 September 2018

Annex 1: Technical Proposal Evaluation Criteria

Proposal Evaluation Criteria		Score
Quality of Proposal		
1.1	The Offeror provides a coherent, organized and clear proposal in line with the ToR. Details of how and when the Offeror will respond to all the requirements in the ToR are provided. The Offeror provides a detailed weekly Gantt chart.	4
Research Experience		
2.1	The Offeror demonstrates its experience and success in designing, developing, and implementing household surveys, in particular survey work related to sanitation and/or health programming.	4
2.2	The Offeror demonstrates its technical experience, including but not limited to sampling, statistical analysis using sampling weights, and use of Computer Assisted Personal Interviewing.	4
Methodology and approaches proposed		
3.1	The Offeror clearly outlines its approach to development of the inception report and customization and translation of tools.	3
3.2	The Offeror proposes an appropriate approach to selecting the survey sampling units, including its approach to securing lists of households within selected villages.	3
3.3	The Offeror outlines how ethical issues will be handled and the process for obtaining any necessary ethical review waivers or approval.	3
3.4	The Offeror proposes appropriate technology and software to undertake the survey activities, including electronic data collection software, data hosting, and data analysis software.	3
3.5	The Offeror clearly outlines the training schedule and describes the training approach for (a) the pre-test and (b) the main data collection phases of the project.	3
3.6	The Offeror describes the approach to data collection and the quality control and assurance mechanisms that will be put in place to ensure high survey personnel performance and the reliability and accuracy of the data collected. This should include description of how the offeror will monitor and ensure interviewer capacity.	4
3.7	The Offeror clearly outlines its approach to data cleaning, analysis, and report writing.	4
Survey Personnel		
4.1	The Offeror proposes an appropriate data collection team size including a clear rationale for the proposed team size.	3
4.2	The Offeror outlines its approaches to recruitment of supervisors and interviewers, including its strategy for recruiting qualified individuals. The offeror provides a clear indication of the gender breakdown of the field teams according to the requirements provided in the TOR.	4
4.3	The offeror clearly describes appropriate roles and responsibilities for key staff.	3
4.4	The Offeror's team includes individuals who have sufficient experience to provide the following: <ul style="list-style-type: none"> A) Project management, including overall support of survey activities; B) Data management, including programming CAPI software, providing technical support for electronic data collection, database management, and data monitoring; C) Data analytics, including statistical sampling, data cleaning, and calculating point estimates using sample weights; 	5

	D) Training, including experience developing and conducting training on survey methodology and field activities using CAPI; E) Report writing, with experience interpreting statistical analysis.	
Total Points		50

Annex 2: WSSCC – GSF Outcome Survey Indicators

Indicator category	Indicator ¹	Data collection method
Programme exposure indicators		
Participation in ODF programme activities	% of people who participated in GSF programme activities	Self-report
	% of households with member who was selected to be natural leaders in the community	
	% of households with member who was selected to be on the local Village Health Committee	
	% of people who persuaded others to stop open defecation	
Sanitation indicators		
Latrine access and use	% of people with no access to sanitation facilities (open defecation)	Self-report
	% of people with access to an unimproved sanitation facility	Observation
	% of people with access to a limited sanitation facility	
	% of people with access to a basic sanitation facility	
	% of people with access to a safely managed sanitation facility	
	% of adults who report defecating in the open	Self-report
	% of adults who report always using the latrine	Census
Sustained access to latrine	% of children under 5 whose stools are disposed of appropriately	Census Observation
	% of households in previously verified ODF communities that have access to an improved sanitation facility	Self-report Observation
% of previously verified ODF communities that remain ODF (no households practice open defecation)		
Condition of the latrine	% of households with access to a latrine/pit with a vent pipe	Observation
	% of households with access to a latrine with covering on all four sides	
	% of households with access to a latrine that has a functioning way to lock the door or prevent entry while in use	
	% of households with access to a latrine that offers a shelter (intact roof)	
	% of households with access to a latrine that provides sufficient light when the door is closed	
	% of households with access to a latrine that has a lid/cover for the pit hole	
	% of households with access to a latrine that has an intact slab	
	% of households with access to a latrine that has a floor with no holes or cracks	
	% of households with access to a latrine that has water present	
	% of households with access to a latrine that has cleaning supplies	
	% of households with access to a latrine that does not have a foul odour	
	% of households with access to a latrine with no flies present	
	% of households with access to a latrine with no solid faeces inside the latrine but not inside the pan/pit	
	% of households with access to a latrine that is not being used as a place for storage for items not related to water, sanitation, or handwashing	
	% of households where the path to the latrine appears to be used/worn	
	% of households where there is evidence that the latrine is being used	
	% of households with access to a latrine that is clean	
	% of households where human faeces were observed in the household area or around the compound	
	% of households where animal faeces were observed in the household area or around the compound	
	Mean cost of latrine construction	Self-report

Indicator category	Indicator ¹	Data collection method
Latrine cost and financing	% of households that were able to construct sanitation facilities using their own financial resources	
	% of households that took a loan to finance latrine construction	
	% of households that were able to make any necessary repairs to their latrines using their own financial resources	
	% of households that took a loan to finance necessary repairs	
Decision-making on latrine construction	% of people involved in decision-making regarding the type of toilet constructed	Self-report
	% of people involved in decision-making regarding the location of toilet	
Latrine use social norms and habits	Mean score of population on latrine use habit index	Self-report
	Mean score of population on latrine use social norm index	
Intra-household equity in latrine access and use	% of households reporting all boys in the home are allowed to use the household latrine	Self-report
	% of households reporting all girls in the home are allowed to use the household latrine	
	% of household reporting that all men in the home are allowed to use the household latrine	
	% of households reporting that all women in the home are allowed to use the household latrine	
	% of households reporting that all elderly persons in the home are allowed to use the household latrine	
	% of households reporting that all persons with disabilities in the home are allowed to use the household latrine	
	% of women reporting that they can use the household latrine at any time	
	% of elderly reporting that they can use the household latrine at any time	
	% of people with disabilities reporting that they can use the household latrine at any time	
Satisfaction with sanitation facilities in the home	Mean score of women on index indicating satisfaction with the privacy, safety, and cleanliness of their sanitation facilities	Self-report
	Mean score of people with disabilities on index indicating satisfaction with the privacy, safety, and cleanliness of their sanitation facilities	
	Mean score of people over 65 years on index indicating satisfaction with the privacy, safety, and cleanliness of their sanitation facilities	
Hygiene indicators		
Access to a handwashing facility	% of people with no access to a handwashing facility	Observation
	% of people with access to a limited handwashing facility	
	% of people with access to a basic handwashing facility	
Handwashing behaviour	% of people who wash their hands after defecation or toilet use	Observation
	% of people who wash their hands after faecal contact (human or animal)	
	% of people who wash their hands before food preparation	
	% of people who wash their hands before serving food	
	% of people who wash their hands before feeding a child under 5 years	
	% of people who wash their hands before eating	
	% of people who wash their hands after respiratory fluid contact	
% of mothers who wash their hands before breastfeeding		
Sustainability of handwashing facilities	% of households in previously verified ODF communities that have access to a handwashing facility on premises with soap and water	Observation
Water indicators		
Access to a water source	% of people with access to surface water for drinking	Self-report
	% of people with access to an unimproved drinking water source	Observation

Indicator category	Indicator ¹	Data collection method
	% of people with access to a limited drinking water source	
	% of people with access to a basic drinking water source	
	% of people with access to a safely managed drinking water source	
Water treatment and storage	% of households that treat their water to make it safe to drink	Self-report
	% of households practicing safe water storage	Observation
Water insecurity	% of households that did not have a sufficient quantity of drinking water at least once in the last month	Self-report
Menstrual Hygiene Management (MHM) Indicators, household		
Awareness	% of women who were aware of what a period was at their first menstruation	Self-report
	% of women who knew how to manage their first period	
Stigma	% of women who agree with the statement: 'Menstruation is a natural biological process'	Self-report
	% of women who agree with the following statement: 'Women and girls often feel ashamed about menstruation'	
	% of women who feel ashamed when they are menstruating	
	% of women who could not perform their daily activities due to menstruation	
Management	% of women with access to a place at home where they feel comfortable changing their menstrual materials	Self-report
	% of women with access to a place at home where they feel comfortable washing and cleaning their bodies	
	% of women with access to a washing facility that provides sufficient water, light, accessibility, personal safety, and privacy	
	% of women using reusable materials with access to a place where they feel comfortable drying their sanitary cloths in sunlight	
	% of women using reusable materials with access to a sufficient amount of water for cleaning their sanitary cloths	
	% of women satisfied with the materials available to them to manage last period	
School indicators		
Participation in ODF programme activities	% of school administrators who participated in GSF programme activities	Self-report
	% of school administrators who were involved in decision-making regarding the type of toilet constructed	
	% of school administrators who were involved in decision-making regarding the location of toilet	
Latrine access and management	% of schools with no sanitation facility for students	Observation
	% of schools with unimproved sanitation facilities for students	
	% of schools with limited sanitation facilities for students	
	% of schools with basic sanitation facilities for students	
	% of schools with safely managed sanitation facilities for students	
	% of schools with sex-separated toilets for students	
	% of schools with toilets for students that are safe, private, and clean	
	% of schools with culturally appropriate anal cleansing materials for students	
	% of schools with accessible, safe, private, and clean toilets for people with disabilities	
% of schools where human faeces were observed anywhere on the school grounds		
Hygiene access	% of schools with no handwashing facilities	Observation
	% of schools with limited handwashing facilities	
	% of schools with basic handwashing facilities	

Indicator category	Indicator ¹	Data collection method
	% of schools with handwashing facilities accessible to small children and people with disabilities	
Water access and management	% of schools with no access to a water source	Self-report
	% of schools with access to surface water for drinking	Observation
	% of schools with access to an unimproved water source	
	% of schools with access to a limited water source	
	% of schools with access to a basic water source	
	% of schools with access to a safely managed water source	Self-report
	% of schools that treat their water to make it safe to drink	
	% of schools with water available throughout each school day and throughout the school year	Observation
% of schools with drinking water containers that are accessible to small children and people with disabilities		
General WASH management	% of schools with a child club that addresses water, sanitation, and hygiene	Self-report
	% of schools with a parent-teacher association that has addressed water, sanitation, and hygiene in the current school year	
	% of schools with someone designated to make sure drinking water is available, clean toilets, and make sure soap and water are available for handwashing	
	% of schools with a clean compound	Observation
Menstrual hygiene management (MHM)	% of schools that provide MHM services (e.g. education, disposal facilities for sanitary materials, facilities and materials for washing sanitary cloths, emergency supplies of sanitary materials)	Self-report Observation
Health facility indicators		
Latrine access and management	% of health facilities with no sanitation facility	Observation
	% of health facilities with unimproved sanitation facilities	
	% of health facilities with limited sanitation facilities	
	% of health facilities with basic sanitation facilities	
	% of health facilities with safely managed sanitation facilities	
	% of health facilities with sex-separated toilets	
	% of health facilities with toilets that are safe, private, and clean	
	% of health facilities with culturally appropriate anal cleansing materials	
	% of health facilities with accessible, safe, private, and clean toilets for people with disabilities	
% of health facilities where human faeces were observed anywhere on the grounds		
Hygiene access	% of health facilities with no handwashing facilities	Observation
	% of health facilities with limited handwashing facilities	
	% of health facilities with basic handwashing facilities	
	% of health facilities with handwashing facilities accessible to people with disabilities	
Water access and management	% of health facilities with no access to a water source	Self-report
	% of health facilities with access to surface water for drinking	Observation
	% of health facilities with access to an unimproved water source	
	% of health facilities with access to a limited water source	
	% of health facilities with access to a basic water source	
	% of health facilities with access to a safely managed water source	Self-report
	% of health facilities that treat their water to make it safe to drink	
% of health facilities with water available throughout each day and throughout the year		
Waste management	% of health facilities with safe disposal of sharp waste	Self-report

Indicator category	Indicator ¹	Data collection method
	% of health facilities with safe disposal of infectious waste	
General WASH management	% of health facilities with a management committee that has addressed water, sanitation, and hygiene in the past year	Self-report
	% of health facilities with someone designated to make sure drinking water is available, clean toilets, and make sure soap and water are available for handwashing	
	% of health facilities with a clean compound	Observation
Menstrual hygiene management (MHM)	% of health facilities that provide MHM services (e.g. education, disposal facilities for sanitary materials, facilities and materials for washing sanitary cloths, emergency supplies of sanitary materials)	Self-report Observation

¹All terms for water, sanitation, and hygiene facilities such as “improved”, “unimproved”, “limited”, “basic”, “safely managed”, etc. are defined according to JMP definitions