<table>
<thead>
<tr>
<th>Indicator description</th>
<th>Number of people with sustainable access to clean water and/or sanitation through DFID support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator type</td>
<td>Composite (combination of the sub-indicators) and cumulative (annual results are reported and summed over the entire reporting period, ensuring that each individual is counted within one year only).</td>
</tr>
<tr>
<td>DFID commitment</td>
<td>The Conservative Party manifesto of 2015 pledged: ‘We will help at least 60 million people get access to clean water and sanitation, to stop terrible diseases’.</td>
</tr>
<tr>
<td>Rationale</td>
<td>Inadequate water, sanitation and hygiene (WASH) accounts for nearly 1,000 child deaths per day and a total of 842,000 deaths¹ (all ages) per year in low and middle-income countries. Poor WASH is also a factor in under-nutrition and a number of neglected tropical diseases. Improved WASH can reduce this disease burden and can impact on poverty reduction, gender equity and education.</td>
</tr>
<tr>
<td>Technical definition</td>
<td>All people counted under this indicator will have gained access to water or sanitation or both. Each person can be counted only once. This is the case even if the same individual benefits from multiple interventions in different years. Hygiene promotion should be integrated with water and sanitation programming.</td>
</tr>
<tr>
<td></td>
<td>Humanitarian results must be included where we are planning to meet needs that are open-ended and/or where we are reinstating permanent services following a humanitarian event. It excludes provision to people anticipated to be displaced for a short duration (6 months as a guide).</td>
</tr>
<tr>
<td></td>
<td>See the separate methodologies for water and sanitation (below) for guidance on definitions and calculating the number of people reached with each type of intervention. This methodology note outlines how to report on the composite indicator, combining the sub-indicators. How this is done will depend on available data, as set out in the ‘data calculations’ section below.</td>
</tr>
<tr>
<td></td>
<td>We also separately monitor the number of people reached with each of water, sanitation and hygiene because it is useful contextual information on DFID’s WASH programmes, and to ensure a continued high standard of transparency in our reporting to the UK public.</td>
</tr>
<tr>
<td>Data calculations</td>
<td>Results are included from all relevant programmes including health, education, social development and livelihoods programmes. Refer to the 2 separate methodology notes on water and sanitation for further details on definitions of which facilities/interventions may be included.</td>
</tr>
<tr>
<td></td>
<td>Two issues arise in calculating the number of people with sustainable access to clean water and/or sanitation through DFID support. More than one programme may target the same geographical area and the same people may receive more than one type of intervention.</td>
</tr>
</tbody>
</table>

¹ Preventing diarrhoea through better water, sanitation and hygiene: exposures and impacts in low- and middle-income countries, WHO 2014
(1) If detailed information is available on individuals with access to
WASH services, compile a list of communities (with populations) where
WASH programmes (which may be overlapping) operate and categorise
each person using the matrix below. For each category sum the
population being served by each intervention or combination of
interventions. Summing the total from each category then provides the
total number of beneficiaries, ensuring that people receiving more than
one intervention are counted once only.

<table>
<thead>
<tr>
<th>Water or water and hygiene</th>
<th>Water and sanitation or water, sanitation and hygiene</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanitation or sanitation and hygiene</td>
<td></td>
</tr>
</tbody>
</table>

**Example**
A WASH programme provides 140,000 people with access to clean
water and 90,000 with access to sanitation and hygiene promotion.
These interventions are integrated and some of these people benefit
from water, sanitation and hygiene.

In terms of the categories above, project data shows that we have the
following numbers of people:

Water: 80,000
Sanitation and hygiene: 30,000
Water, sanitation and hygiene: 60,000

Those reached with water, sanitation and hygiene can be counted only
once and so the total number of people reached with water and/or
sanitation is the total of the 3 categories above, equal to 170,000.

(2) If detailed information is not available for analysis at individual level
of services received, estimate the size of the population for which the
programmes overlap and take only the highest figure from water or
sanitation for the populations concerned.

**Example: fully overlapping programmes or one programme providing a range of WASH interventions**
DFID’s funding to the UNICEF Water and Health programme in Eritrea
will provide access to sanitation facility for 90,000 people, access to
water for 20,000 people and hygiene promotion for 100,000 people. The
people provided with water and sanitation access will be in the same six
regions of Eritrea, so we assume the results could largely or fully
overlap. The larger figure of 90,000 people is used as a conservative
estimate of people reached with access to water, sanitation or both (note
we do not count people who only receive hygiene promotion).
**Example: partly overlapping programmes**

Two programmes exist as follows within the same country:

- **Water**: 100,000 people
- **Sanitation**: 80,000 people

These two programmes overlap geographically and it is not possible to determine how many people receive only water, only sanitation or both.

If the programmes only partly overlap geographically, the results could be scaled accordingly using the percentage overlap. For example, if only 25% of the sanitation results above are achieved in the same regions as the water results, the total result recorded should be 160,000 people calculated as follows:

\[
\text{Highest result (water) + non-overlapping sanitation result (60,000 = 75% of 80,000)} = 160,000
\]

**Data sources**

Provision should be included in projects and programmes for the collection of data on access to and use of water and sanitation. This will normally be the primary source of data. Where water and sanitation results are delivered through non-specific WASH programmes, for instance health, education, social development or livelihoods, projects will need to collect WASH data in addition to other project data.

See the individual methodology notes on water and sanitation for more detail on data sources.

**Reporting roles**

DFID country offices/spending departments take primary responsibility for ensuring adequate baseline data is available and that programmes include suitable indicators and requirements for ongoing monitoring.

Where direct budget support or sector support is being provided, country offices should determine the share of national results that can be attributed to DFID support (see general guidance on attribution).

**Baseline data**

For DFID reporting purposes, 2014-15 financial year baseline is used with achieved results being reported from 2015-16 onwards.

**Return format**

**Data dis-aggregation**

Data dis-aggregation requirements will be aligned with SDG proposals. This will include gender, sex, disability, urban/rural, income. For meaningful dis-aggregation, collection of this data should be on a sample basis of the users of WASH, rather than based on numbers of facilities provided.

**Data availability**

Bi-annually

**Time period/lag**

Data collection and analysis is likely to take a minimum of six to twelve months. Results achieved in previous years should be reported against that year as data becomes available.

**Quality**

It is recognised that the quality of data available to estimate the number
| Assurance Measures | of people reached with water and sanitation who did not previously have access as defined in the methodology notes will vary. The quality of information on overlap between programmes will also vary. Please indicate any concerns in this respect in the results template and ensure that estimates are conservative where necessary by, for example, excluding one set of results in cases of overlap between programmes where data is not available on beneficiaries at an individual level (see data calculations section).

There are four layers of quality assurance (QA) in place relating to the DFID calculations, in addition to any processes put in place by partners or implementers.
1. Country offices assess data quality during annual reviews and project completion reviews.
2. Country offices comment on the quality of their data being reported to DFID HQ, and provide a link to the calculations spreadsheet.
3. Policy Division check results returns and calculations, and record any issues in a QA log.
4. Finance and Corporate Performance Division review the QA log to ensure resolution of issues.

<p>| Data quality | Given the range of data sources used, the accuracy of the results data varies and is subject to the quality of the underlying data source. In many cases DFID uses data collected by others (eg partner country governments, international organisations) and has limited control over the quality of the data. There are challenges to collecting data in developing countries including constraints due to security risks. This can jeopardise the completeness and the accuracy of the results estimates. Statistics Advisers in DFID under take quality assurance of the results data and attempt to minimise the source of any errors although there is a risk that errors may still exist. |</p>
<table>
<thead>
<tr>
<th>Indicator description</th>
<th><strong>Number of people with sustainable access to clean drinking water sources through DFID support</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator type</td>
<td>Cumulative – annual results are reported and summed over the entire reporting period, assuming that each individual is counted within one year only (i.e. only once).</td>
</tr>
<tr>
<td>Rationale</td>
<td>Lack of water supply has negative impacts on poverty reduction, gender equity, child health, and education. Ensuring everyone has access to a clean water supply is a high priority for the UK government.</td>
</tr>
<tr>
<td>Technical definition</td>
<td>The WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation has proposed new drinking water and sanitation ‘ladders’ for the sustainable development goals (SDGs). These include two main levels of service for water:</td>
</tr>
</tbody>
</table>
|                       | • Safely managed water  
|                       | • Basic water  
| Safely managed water  | is defined as a basic water source which is located on premises and available when needed; free of faecal and priority chemical contamination and/or regulated by a competent authority. |
| Basic water           | is defined as a basic drinking water source with a total collection time of no more than 30 minutes for a roundtrip including queuing and meeting the SDG definition of improved\(^i\). |
| For measurement under this indicator, we will use the basic water definition, supplemented by measures of use and sustainability in line with the indicator description and to provide assurance on the quality and sustainability of interventions. We will also separately monitor the number of people with access to safely managed water through DFID support, to capture progression in service levels, through a complementary indicator. ‘Safely managed water’ is the proposed service level for SDG indicator 6.1. |
| All programmes reporting results under this indicator must have assurance of the number of users of the relevant water facilities to provide evidence of the success and quality of the intervention and to avoid large assumptions on numbers of people reached. This may be provided by sources such as national or regional surveys (if this aligns well with programme areas), administrative data or programme-specific baseline and endline surveys. Results forecast should include only the number of people expected to use facilities. If not all people reached are expected to use facilities, then an adjustment should... |

\(^i\)An improved drinking-water source is defined as one that, by nature of its construction or through active intervention, is protected from outside contamination, in particular from contamination with faecal matter.  
**Improved facilities** include piped water into dwelling; piped water to yard/plot; public tap or standpipe; tubewell or borehole; protected dug well; protected spring; and rainwater.
be made utilising evidence as outlined above. It is anticipated that this adjustment will be required in most cases. Existing studies on success rates of the relevant intervention may be used to estimate the size of the adjustment. Teams can consult with the WASH Policy team if required.

To include results under this indicator, programmes will have to demonstrate that the following aspects of sustainability have been addressed in programme design as appropriate:

- Has the programme addressed **functional sustainability**, i.e. how services will remain operational including aspects such as appropriate design and operation and maintenance?
- How will the programme ensure that national/local government/communities have the necessary **capacity** to maintain sustainable services?
- Has the programme addressed **environmental sustainability** including assessing impacts on water resources and considering climate change?

Programmes will be asked to report evidence available (qualitative or quantitative) on sustainability.

A survey-based assessment of post-completion sustainability and use across the WASH portfolio will be carried out centrally and programmes are strongly encouraged to undertake measurement of sustainability following interventions. The WASH Policy team can provide support on approaches to this.

Humanitarian results **must** be included where we are planning to meet needs that are open-ended and/or where we are reinstating permanent services following a humanitarian event. Permanent facilities constructed under humanitarian programmes **should** be included. It **excludes** temporary provision (e.g. water bottles, short term tanker provision) to people anticipated to be displaced for a short duration (6 months as a guide).

Where facilities are provided within public buildings or areas (e.g. schools), they can only be counted if they are freely accessible at all times (e.g. not only during the day). Separate indicators, sitting under education and health, are proposed to capture extra-household services as defined by the JMP. These will not count towards this indicator unless the facilities are freely accessible at all times.

**Rehabilitated facilities** can be counted if they have been non-functioning for over a year Rehabilitation of DFID-funded facilities found to be non-functioning cannot be counted.

**Each individual should be counted only once, even if the same individual benefits from multiple interventions in different years.**
The preferred data source for this indicator is programme data on direct beneficiaries and this should capture only individuals who have gained access to basic water sources as defined within this methodology which they did not previously have. If alternative data sources are used, care must also be taken to establish the counterfactual – i.e. the number or proportion of people who already had access to clean drinking water sources according to the definitions outlined in this methodology. Individuals reached with the intervention will already have had access to a water source of some kind and the judgement is whether the level of access has changed from not meeting the basic water definition to now meeting the definition after the intervention. Please make conservative estimates in this respect and contact the WASH policy team if clarification is required.

| Data calculations and guidance | Results included from all relevant programmes including health, education, social development and livelihoods programmes. Where countries are supporting clean water provision through multiple funding mechanisms e.g. non-Government programmes, sector budget support and general budget support there are significant risks of double counting. Please contact the WASH team for further advice if needed. The numbers of people provided with access may be calculated in a number of ways depending on the nature of each programme. For example, the number of users per water point provided may be estimated or if a whole community is reached but some already had access as defined above, then the numbers reached may be calculated as the total population of the community minus the number already having access. The two key principles are that each person should be counted only once and only if they have gained access to basic water, as defined above, which they did not previously have. |
| Data sources | Provision should be included in projects and programmes for the collection of data on access to basic water and use. This will normally be the primary source of data. Where water results are delivered through non-specific WASH programmes, for instance health, education, social development or livelihoods, projects will need to collect WASH data in addition to other project data. In the case of sector and budget support, programme data is the preferred starting point before attributing DFID’s share of results. If this is not available, national statistical data should be used but in this case, funding in the sector from other sources should be considered in addition to the government budget when calculating DFID’s share of total expenditure. The Joint Monitoring Programme of WHO/UNICEF (http://www.wssinfo.org/) publishes a report every 2 years using data on use of improved water supply and basic sanitation from surveys and |
The resulting international database of coverage provides a useful reference to assess the validity of country data and to assess use. National or regional surveys (if this aligns well with programme areas), administrative data or programme-specific baseline and endline surveys can also provide evidence on access and use. The approach to monitoring taken by each programme will depend on data availability and the Geographical scope of the interventions.

Where we are funding through partners at a country level, they should be requested to collect the necessary WASH specific data to demonstrate results achieved.

**Reporting roles**

DFID country offices/spending departments take primary responsibility for ensuring adequate baseline data is available and that programmes include suitable indicators and requirements for ongoing monitoring.

Where direct budget support or sector support is being provided, country offices should determine the share of national results that can be attributed to DFID support (see general guidance on attribution).

**Worked example**

A programme provides water points within communities. These meet the JMP improved definition.

Within a particular community (population 2,000), enough water points are provided to serve the whole community, allowing collection of water within 30 minutes and in accordance with the technologies provided. However, 5% of these communities have their own water points on plot used only by those households. A baseline and endline survey also shows that only 80% of the community use an improved source of water after the intervention. The number of people who can be reported for this indicator is:

\[(2,000 \times 0.8) - (2,000 \times 0.05) = 1,500\]

\[1,600 - 100 = 1,500\]

(the number of people using improved water sources after the intervention minus the number using improved sources before)

**Baseline**

For DFID reporting purposes, 2014-15 financial year baseline is used with achieved results being reported from 2015-16 onwards.

**Data dis-aggregation**

Data dis-aggregation requirements will be aligned with SDG proposals. This will include gender, sex, disability, urban/rural, income. For meaningful dis-aggregation, collection of this data should be on a sample basis of the users of WASH, rather than based on numbers of facilities provided.

**Data availability**

Provision should be included in projects and programmes for the collection of data on access and use of basic water. This will normally be the primary source of data. In cases such as general budget support where project level data may not be available, other sources may be used provided that DFID’s attribution can be calculated. This may include national management information systems and/or surveys.

**Time**

Data collection and analysis is likely to take a minimum of six to twelve
<table>
<thead>
<tr>
<th>Period/Lag</th>
<th>months. Results achieved in previous years should be reported against that year as data becomes available.</th>
</tr>
</thead>
</table>
| Quality assurance measures | It is recognised that the quality of data available to estimate the number of people reached with access to clean drinking water as defined in this note will vary and that DFID will have to consult with programme partners to assess the quality of data provided. Please indicate any concerns in this respect in the results template.  

There are four layers of quality assurance (QA) in place relating to the DFID calculations, not including any processes put in place by partners or implementers.  
1. Country offices assess data quality during annual reviews and project completion reviews.  
2. Country offices comment on the quality of their data being reported to DFID HQ, and provide a link to the calculations spreadsheet.  
3. Policy Division check results returns and calculations, and record any issues in a QA log.  
4. Finance and Corporate Performance Division review the QA log to ensure resolution of issues. |
| Data quality | Given the range of data sources used, the accuracy of the results data varies and is subject to the quality of the underlying data source. In many cases DFID uses data collected by others (eg partner country governments, international organisations) and has limited control over the quality of the data. There are challenges to collecting data in developing countries including constraints due to security risks. This can jeopardise the completeness and the accuracy of the results estimates.  
Statistics Advisers in DFID undertake quality assurance of the results data and attempt to minimise the source of any errors although there is a risk that errors may still exist. |
<p>| Data issues | National programmes frequently count the number of facilities constructed. It is important to verify using other means that such facilities are brought into use for their intended purpose. |</p>
<table>
<thead>
<tr>
<th>Indicator description</th>
<th>Number of people with sustainable access to sanitation through DFID support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator type</td>
<td>Cumulative – annual results are reported and summed over the entire reporting period, assuming that each individual is counted within one year only (i.e. only once).</td>
</tr>
<tr>
<td>Rationale</td>
<td>Lack of sanitation has negative impacts on child health, nutritional outcomes and education. Ensuring everyone has access to clean sanitation is a high priority for the UK government.</td>
</tr>
<tr>
<td>Technical definition</td>
<td>The WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation has proposed new drinking water and sanitation ‘ladders’ for the sustainable development goals (SDGs). These include the following service levels for sanitation:</td>
</tr>
<tr>
<td></td>
<td>- Safely managed sanitation</td>
</tr>
<tr>
<td></td>
<td>- Basic sanitation</td>
</tr>
<tr>
<td></td>
<td>- Shared sanitation</td>
</tr>
<tr>
<td></td>
<td>- Unimproved sanitation</td>
</tr>
<tr>
<td></td>
<td>- Open defecation</td>
</tr>
<tr>
<td>Safely managed sanitation</td>
<td>is defined as a basic sanitation facility which is not shared with other households and where excreta is safely disposed in situ or transported to a designated place for safe disposal or treatment, where appropriate (disposal applies particularly to urban sanitation).</td>
</tr>
<tr>
<td>Basic sanitation</td>
<td>is defined as a sanitation facility not shared with other households and meeting the MDG definition of improved(^{iii}).</td>
</tr>
<tr>
<td>Shared sanitation</td>
<td>is defined as an otherwise improved sanitation facility shared with other households.</td>
</tr>
<tr>
<td>Unimproved sanitation</td>
<td>is defined as an unimproved(^{iv}) sanitation facility, shared or unshared.</td>
</tr>
<tr>
<td>Open defecation</td>
<td>is defined as defecation in bushes, fields, water bodies or other open spaces.</td>
</tr>
<tr>
<td>For measurement under this indicator, we will include safely managed sanitation, basic sanitation and elimination of open defecation where an entire community is certified as open defecation free (ODF). Only those people who did not have one of</td>
<td></td>
</tr>
</tbody>
</table>

\(^{iii}\) Improved sanitation facilities include flush/pour flush toilets or latrines connected to a sewer, septic tank, or pit, ventilated improved pit latrines, pit latrines with a slab or platform of any material which covers the pit entirely, except for the drop hole and composting toilets/latrines.

\(^{iv}\) Unimproved sanitation facilities include flush/pour flush not going to sewer/septic/pit, pit latrines without a slab, hanging and bucket latrine
these minimum levels of access previously should be counted under this indicator (not the whole community where certified as ODF). However, we will also separately monitor the progression in service levels through a complementary indicator. ‘Safely managed sanitation’ is the proposed service level for SDG indicator 6.2.

Facilities constructed to eliminate open defecation need not meet the Joint Monitoring Programme (JMP) definition of basic sanitation (e.g. they may be shared) but should comply with country definitions of latrines that provide access to sanitation. They should eliminate open defecation and should not allow excreta to be expelled in to the immediate environment.

Results can be included from DFID-supported programmes that directly result in beneficiaries constructing their own facilities in addition to people who benefit from direct investment in construction or rehabilitation of sanitation facilities.

All programmes reporting results under this indicator must have assurance of the use of the relevant sanitation facilities to provide evidence of the success and quality of the intervention. This may be provided by sources such as national or regional surveys (if this aligns well with programme areas), administrative data (e.g. on communities certified as open defecation free which would provide sufficient evidence of use) or programme-specific baseline and endline surveys. Results forecast should include only the number of people expected to use facilities. If not all people reached are expected to use facilities, then an adjustment should be made utilising evidence as outlined above. It is anticipated that this adjustment will be required in most cases. Existing studies on the relevant intervention may be used to estimate the size of the adjustment. Teams can consult with the WASH Policy team if required.

To include results under this indicator, programmes will have to demonstrate that the following aspects of sustainability have been addressed in programme design as appropriate:

- Has the programme addressed functional sustainability, i.e. how services will remain operational including aspects such as appropriate design and operation and maintenance?
- How will the programme ensure that national/local government/communities have the necessary capacity to maintain sustainable services?
- Has the programme addressed environmental sustainability including assessing impacts on water resources and considering climate change?

Programmes will be asked to report evidence available (qualitative or quantitative) on sustainability.
An independent assessment of post-completion sustainability and use across the WASH portfolio will be commissioned centrally. In addition, and programmes are strongly encouraged to undertake measurement of sustainability following interventions, preferably using independent assessors. The WASH Policy team can provide support on approaches to this.

Humanitarian results must be included where we are planning to meet needs that are open-ended and/or where we are reinstating permanent services following a humanitarian event. Permanent facilities constructed under humanitarian programmes should be included. It excludes temporary provision (e.g. temporary toilet facilities) to people anticipated to be displaced for a short duration (6 months as a guide).

Where facilities are provided within public buildings or areas (e.g. schools), they can only be counted if they are freely accessible at all times (e.g. not only during the day). Separate indicators, sitting under education and health, are proposed to capture extra-household services as defined by the JMP. These will not count towards this indicator unless the facilities are freely accessible at all times.

Each individual should be counted only once, even if the same individual benefits from multiple interventions in different years.

The preferred data source for this indicator is programme data on direct beneficiaries and this should capture only individuals who have gained access to sanitation as defined within this methodology which they did not previously have. If alternative data sources are used, care must also be taken to establish the counterfactual – i.e. the number or proportion of people who already had access to sanitation according to the definitions outlined in this methodology. The judgement is whether the level of access has improved from not meeting the definitions within the methodology notes to now meeting the definitions after the intervention. Please make conservative estimates in this respect and contact the WASH policy team if clarification is required.

**Data sources**

Provision should be included in projects and programmes for the collection of data on access to sanitation and use. This will normally be the primary source of data. Where sanitation results are delivered through non-specific WASH programmes, for instance health, education, social development or livelihoods, projects will need to collect WASH data in addition to other project data.

In the case of sector and budget support, programme data is the preferred starting point before attributing DFID’s share of results. If this is not available, national statistical data should be used but in this case, funding in the sector from other donors should be considered in addition to the government budget when calculating DFID’s share of total expenditure.

The Joint Monitoring Programme of WHO and UNICEF
(http://www.wssinfo.org/) publishes a report every 2 years using data on use of improved water supply and basic sanitation from surveys and censuses. The resulting international database of coverage provides a useful reference to assess the validity of country data and to assess use. National or regional surveys (if this aligns well with programme areas), administrative data or programme-specific baseline and endline surveys can also provide evidence on access and use. The approach to monitoring taken by each programme will depend on data availability and the Geographical scope of the interventions.

Where we are funding through multilateral partners at a country level, they should be requested to collect the necessary WASH specific data to demonstrate results achieved.

<table>
<thead>
<tr>
<th>Data calculations and guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Results included from all relevant programmes including health, education, social development and livelihoods programmes.</td>
</tr>
<tr>
<td>Where countries are supporting sanitation provision through multiple funding mechanisms e.g. non-Government programmes, sector budget support and general budget support there are significant risks of double counting. Please contact the WASH team for further advice.</td>
</tr>
<tr>
<td>The numbers of people provided with access may be calculated in a number of ways depending on the nature of each programme. For example, if a whole community is reached but some already had access to sanitation as defined above, then the numbers reached may be calculated as the total population of the community minus the number already having access.</td>
</tr>
<tr>
<td>The two key principles are that each person should be counted only once and only if they have gained access to the defined services which they did not previously have.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reporting roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>DFID country offices/spending departments take primary responsibility for ensuring adequate baseline data is available and that programmes include suitable indicators and requirements for ongoing monitoring.</td>
</tr>
<tr>
<td>Where direct budget support or sector support is being provided, spending departments should determine the share of national results that can be attributed to DFID support (see general guidance on attribution).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Worked example</th>
</tr>
</thead>
<tbody>
<tr>
<td>A programme works to help communities become open defecation free. 50 communities with a total population of 150,000 are targeted by the programme. 28 of these communities with a total population of 70,000 were certified as ODF through the national monitoring process. Project baseline data shows that 10% of people within these communities had access to improved sanitation before the intervention.</td>
</tr>
<tr>
<td>The number of people within targeted communities cannot be reported against this indicator as these communities were not certified as ODF and evidence shows that the facilities constructed are not being used.</td>
</tr>
</tbody>
</table>
For certified ODF communities, we know that the facilities are being used.

The number of people reported for this indicator should be:

\[ 70,000 \times 0.9 = 63,000 \]

(The number of people living in communities certified as ODF who did not have access to improved sanitation before the intervention).

**Baseline**

For DFID reporting purposes, 2014-15 financial year baseline is used with achieved results being reported from 2015-16 onwards.

**Data dis-aggregation**

Data dis-aggregation requirements will be aligned with SDG proposals. This will include gender, sex, disability, urban/rural, income. For meaningful dis-aggregation, collection of this data should be on a sample basis of the users of WASH, rather than based on numbers of facilities provided. This will require quality assurance in sample design.

**Data availability**

Provision should be included in projects and programmes for the collection of data on access and use of sanitation. This will normally be the primary source of data. In cases such as general budget support where project level data may not be available, other sources may be used provided that DFID’s attribution can be calculated. This may include national management information systems.

**Time period/lag**

Data collection and analysis is likely to take a minimum of six to twelve months. Results achieved in previous years should be reported against that year as data becomes available.

**Quality assurance measures**

It is recognised that the quality of data available to estimate the number of people reached with access to sanitation will vary and that DFID will have to consult with programme partners to assess the quality of data provided. Please indicate any concerns in this respect on the results template.

There are four layers of quality assurance (QA) in place relating to the DFID calculations, not including any processes put in place by partners or implementers.

1. Country offices assess data quality during annual reviews and project completion reviews.
2. Country offices comment on the quality of their data being reported to DFID HQ, and provide a link to the calculations spreadsheet.
3. Policy Division check results returns and calculations, and record any issues in a QA log.
4. Finance and Corporate Performance Division review the QA log to ensure resolution of issues.

**Data quality**

Given the range of data sources used, the accuracy of the results data varies and is subject to the quality of the underlying data source. In many cases DFID uses data collected by others (eg partner country governments, international organisations) and has limited control over the quality of the data. There are challenges to collecting data in developing countries including constraints due to security risks. This can jeopardise the completeness and the accuracy of the results estimates.
Statistics Advisers in DFID undertake quality assurance of the results data and attempt to minimise the source of any errors although there is a risk that errors may still exist.

| Data issues | National programmes frequently count the number of facilities constructed. It is important to verify using other means that such facilities are brought into use for their intended purpose. |