

Indicator description	Number of unique people reached with one or more water, sanitation or hygiene promotion intervention
Version	Quest version 1.3 DATE: 18/02/2012
Changes since last version	<p>This is a new methodology note for the composite WASH indicator. Changes have been highlighted within the existing separate indicators on water, sanitation and hygiene. A summary of these changes is as follows:</p> <ul style="list-style-type: none"> • Clarification of the types of shared water and sanitation facilities which may or may not be counted under the relevant indicators. • Additional numerical worked examples. • Clarification on preferred data sources, the counterfactual, avoiding double counting, sustainability and comparability with JMP indicators.
Type of indicator	Composite (combination of the three sub-indicators) and Cumulative (annual results are reported and summed over the entire reporting period, assuming that each individual is counted within one year only).
Technical definition / Methodological summary	<p>The bilateral results attributable to DFID will be the number of women, children and men who individually benefit from one or more of the three possible DFID supported WASH services: 1) sustainable access to clean drinking water; 2) sustainable access to improved sanitation; 3) access to improved hygiene.</p> <p>The preferred data source for the WASH indicators is programme data on direct beneficiaries and this should capture only individuals who have gained access to WASH services as defined within the methodologies 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 reached with WASH interventions who already had access according to the definitions outlined in the methodology notes. This may not always be clear-cut. In the case of providing access to safe drinking water in urban areas, for example, individuals reached with the intervention may already have had some access to clean water but this access is now improved (and is now available perhaps for longer periods of time, at a smaller distance or as a protected source). 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</p>

	<p>and contact the WASH policy team if clarification is required.</p> <p>An individual benefiting from more than one of the WASH interventions can be only counted once in the results for this indicator. This is the case even if the same individual benefits from multiple interventions in different years (that individual must still only be counted once). This can be reflected in the results reporting template by ensuring that double counting is avoided in the figures reported for the combined indicator (applying the same principles as those for avoiding double counting in the same year – see the data calculations section). However, not every individual need have access to all three interventions in order to be counted. Some people will get only one intervention, some will get two and some will receive all three interventions.</p> <p>The water and sanitation indicators refer to sustainability in the indicator names. Measuring sustainability is challenging and would require monitoring well beyond the timespan of the DFID Results Framework. It therefore is not possible to require that all interventions are verified as sustainable. However, sustainability should be considered within project design and monitoring.</p> <p>Note that unlike the Joint Monitoring Programme (JMP), the WASH indicators measure access rather than use. In this sense, the indicators are generally aligned with other DFID Results Framework indicators which are pitched at output rather than outcome level. Measuring use and attributing the results to DFID would be challenging and potentially more subjective.</p> <p>This results indicator is a composite indicator and this note only defines how to produce the composite data. The monitoring of individual interventions is outlined in the three specific indicator methodology notes (key sections of which are included as an Annex here).</p> <p>The results for the WASH composite indicator should combine data from the three individual indicators. How this is done will depend on available data, as set out in the 'data calculations' section below.</p>
Rationale	<p><i>Rationale for a combined indicator:</i> In April 2012 the Secretary of State for International Development made a commitment to provide 60 million people with</p>

	<p>access to sustainable WASH. This commitment is included in <i>The Coalition: together in the national interest</i> (2013).</p> <p>This target supersedes the three targets outlined in <i>Changing Lives, Delivering Results</i> (2011). As WASH services are integrated, in some cases the same people received more than one service. A single figure, capturing the number of individuals reached through either one or a combination of WASH inputs with DFID support, is the chosen measure of our overall impact.</p> <p>Data on the number of people reached with each of the three WASH inputs will also continue to be recorded because it is necessary in order to calculate the composite indicator, 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.</p> <p><i>Water supply:</i> Lack of water supply has negative impacts on poverty reduction, gender equity, child health and education. Ensuring everyone has access to a safe water supply is a high priority for the coalition government.</p> <p><i>Sanitation:</i> Lack of sanitation has negative impacts on child health, nutritional outcomes and education. Ensuring everyone has access to and uses sanitation is a high priority for the coalition government.</p> <p><i>Hygiene:</i> Hand washing with soap can reduce the prevalence of diarrhoea by 42-49%. Diarrhoea is the second greatest killer of children across the globe today and the number one cause of death in children in the continent of Africa. Good hygiene also protects against acute respiratory infections. Face and hand washing are also essential in preventing Neglected Tropical Diseases such as trachoma.</p>
Country Office Role	<p>Country offices should report this on this indicator through the DFID Results Framework data collection system. In reporting on this indicator the country office will take primary responsibility for ensuring adequate baseline data is available and that programmes include suitable indicators and requirements for regular measurement.</p> <p>Where direct budget support or sector support is being provided, country offices should determine the</p>

	<p>share of national results that can be attributed to DFID support (see general guidance on the DRF teamsite). Use of programme data on output level results (access to WASH services) is preferred.</p>
<p>Data source</p>	<p>Provision should be included in projects and programmes for the collection of data on improved WASH directly attributable to the intervention. 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.</p> <p>Data on household size, where needed, should be determined from recent national census data or from a nationally representative household survey.</p> <p>In the case of sector and budget support, output level data on the three separate WaSH indicators 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. Water and sanitation coverage is a key indicator that we would expect to be included in partner countries national statistical record and which would provide the basic data required.</p> <p>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 censuses. The resulting international database of coverage provides a useful reference to assess the validity of country data (but should not be used as a primary source as the indicators measure usage and programme output level data is preferred).</p> <p>Where we are funding through multilateral partners at a country level, they should be requested to collect WASH specific data to demonstrate results achieved.</p>
<p>Data included</p>	<p>Results are to be collected from all relevant bilateral programmes including health, education, social development and livelihoods programmes (although not humanitarian programmes unless the facilities constructed are permanent). Refer to the three separate WASH methodology notes for further details</p>

	<p>on definitions of which facilities/interventions may be included.</p> <p>WASH results achieved through DFID core funding to multilateral organisations will be considered separately, following an agreed approach across DFID. Only bilateral results (including ‘bilateral through a multilateral’) should be included in the DRF template.</p> <p>Where specific support is provided to multilaterals at country level to support water, sanitation and hygiene programmes (“multi-bi”), it should be possible to attribute results to DFID but care will be needed to avoid double-counting with global programmes. If you have questions please contact the Statistics Adviser in the WASH Policy Team.</p>								
Data calculations	<p>Two issues arise in calculating the number of unique people with sustainable access to one or more WASH services as a result of DFID support. More than one programme may target the same Geographical area and the same people may receive more than one type of WaSH intervention.</p> <p>(1) If detailed information is available on WASH services received, compile a list of communities (with populations) where WaSH programmes (which may be overlapping) operate and categorise them using the matrix of the 7 possible interventions 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 unique beneficiaries, ensuring that people receiving more than one intervention are counted once only.</p> <table border="1" data-bbox="577 1514 1353 1778"> <tr> <td>Water only</td> <td>Water and sanitation</td> </tr> <tr> <td>Sanitation only</td> <td>Water and hygiene education</td> </tr> <tr> <td>Hygiene education only</td> <td>Sanitation and hygiene education</td> </tr> <tr> <td></td> <td>Water, sanitation and hygiene education</td> </tr> </table> <p>Example</p> <p>A WASH programme provides 140,000 people with access to clean water, 60,000 with access to sanitation and 160,000 with hygiene education.</p>	Water only	Water and sanitation	Sanitation only	Water and hygiene education	Hygiene education only	Sanitation and hygiene education		Water, sanitation and hygiene education
Water only	Water and sanitation								
Sanitation only	Water and hygiene education								
Hygiene education only	Sanitation and hygiene education								
	Water, sanitation and hygiene education								

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

Hygiene only: 50,000

Water only: 40,000

Sanitation only: 25,000

Water and hygiene: 75,000

Sanitation and hygiene: 10,000

Water, sanitation and hygiene: 25,000

The total number of unique people receiving WASH services is 225,000 (the total of these categories).

(2) If detailed information is not available for analysis of services received, estimate the size of the population for which the programmes overlap and take only the highest figure from each type of WaSH intervention 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 sustainable access to an improved sanitation facility for 90,000 people and sustainable access to water for 20,000 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 unique people reached with access to water, sanitation or both.

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

	<p>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:</p> <p>Highest result (water = 100,000) + non-overlapping sanitation result (60,000 = 75% of 80,000) = 160,000</p>
Worked example	See imbedded examples above
Baseline	Baselines vary by country and 'results achieved between baseline and milestone 1' should be reported in the DRF template in addition to results for 2011/12 onwards where applicable. For projects, baseline data should be collected at the start of the project.
Good Performance	Good performance will be if the project is on track to meet the targets set out in the logframe.
Return format	Number of unique people reached with one or more water, sanitation or hygiene promotion intervention.
Data dis-aggregation	<p>Data should be reported separately on the numbers of people provided with access to improved water supply; improved sanitation; and improved hygiene. There is space for this and to report on this combined indicator in the results template.</p> <p>Women and girls are most severely affected by the lack of adequate WASH. At the household level it is expected that all family members would benefit from the provision of the facility and therefore it may not make sense to sex disaggregate.</p> <p>Where there are specific gender impacts or issues (for example, a project aiming to increase access to sanitation for women and girls), data should be disaggregated by sex to the extent possible.</p> <p>Whilst this is not a requirement for DRF reporting, the MDG target indicator disaggregates data according to rural/urban and so this data should be collected wherever possible for the purposes of monitoring. Data should also be disaggregated by age where possible for this purpose.</p>
Data availability	Provision should be included in projects and programmes for the collection of data on improved WASH directly attributable to the intervention. 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. In cases where it is difficult to calculate numbers for unique people or the overlaps in WASH provision, the alternative methods outlined in the 'Data

	calculations' section above may be used.
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.
Reporting Organisation	Data should be collected as part of project monitoring or national data (i.e. management information) may be the main source for general and sector budget support.
Quality assurance measures	<p>It is recognised that the quality of data available to estimate the number of people reached with WASH interventions who did not previously have access to the services 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 overlap between programmes where data is not available on beneficiaries at an individual level (see data calculations section).</p> <p>The JMP of UNICEF/World Health Organisation collates and analyses data on use of water and sanitation facilities from a range of developing countries every 2 years. JMP uses national sources of data and a common indicator definition to estimate progress in the sector. This provides an independent assessment of country's own estimates of progress. Please note that this is a complementary, quality assurance measure which may not be directly comparable with DFID's indicators.</p>
Data issues	Please refer to the annex for detail on data issues related to each of the 3 WASH interventions.
Contact	Laura Westcott, WASH team

Annex

Indicator description	Number of people with sustainable access to clean drinking water sources through DFID support
Type of Indicator	Cumulative – annual results are reported and summed over the entire reporting period, assuming that each individual is counted within one year only.
Methodological summary	<p>The bilateral results attributable to DFID will be those from direct investment in improved drinking water sources.</p> <p>The results are based on the ‘number of water points built or rehabilitated’ multiplied by the ‘number of beneficiaries per water point’.</p> <p>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.</p> <p>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.</p> <p>This indicator <u>excludes</u> temporary facilities constructed as part of humanitarian interventions and other temporary means of water provision (e.g. bottles). Permanent facilities constructed under humanitarian programmes <u>should</u> be included.</p>
Data source	<p>Data should be collected as part of project monitoring or national data (i.e. management information) may be the main source for general and sector budget support.</p> <p>National surveys or JMP data (http://www.wssinfo.org/) may be used to provide a sense check on output level data, particularly for general or sector budget support.</p>
Data calculations	<p>Indicator = $(c+r) \times b$</p> <p>where:</p> <p>c = number of water points constructed r = number of water points rehabilitated b = number of beneficiaries per water point</p> <p>A common example of b is where $b = n \times h$ n = average number of households served by each water point</p>

	<p>h = average number of people per householdⁱ.</p> <p>In many cases, multipliers 'b' for a variety of interventions will have been developed in each country. For example, the value of b will differ for different types of water point constructed and in different locations.</p> <p>WASH results achieved through DFID core funding to multilateral organisations will be considered separately, following an agreed approach across DFID. Only bilateral results (including 'bilateral through a multilateral') should be included in the DRF template.</p> <p>It is important to avoid double counting of results. If the same people are beneficiaries in multiple years then the results for each year <u>cannot</u> be added together. It is unlikely that this will be the case with providing clean water facilities but any potential areas of double counting should be considered. However if the number of people able to access water points increases over the life of the programme/project the larger number can be used when reporting results.</p> <p>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. Calculations to avoid this can be complex. Please contact the statistics lead on WASH for further advice.</p> <p>Where facilities are provided within public buildings such as schools or clinics but are not freely accessible to a community, the number of people reached cannot be included in this access indicator as their access is considered partial, in contrast to household access. Data on these kinds of facilities should be collected for project monitoring but should not be included in the DRF template. However, facilities provided within a community which can be accessed freely by all members of that community (e.g. a shared, protected spring) may be included. Judgement may be required and the WASH team can provide advice if necessary.</p> <p>Note that this calculation does not include a measure</p>
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ⁱ Figures for average household size will be available from the latest census or (nationally representative) household survey. The average household size may differ between urban and rural.

	<p>of whether the water sources remain in use after a given period of time, i.e. it does not include a measure of the sustainability of the intervention. This data should be collected where possible for project monitoring purposes</p>
Worked example	<p>DFID provides 10% of the cost of a programme that has constructed 4,000 improved water sources and rehabilitated 1,000 water sources.</p> <p>Data shows that each serves an average of 50 households of average size 6 people. Indicator = $0.1 \times (4,000 + 1,000) \times 50 \times 6 = 150,000$</p>
Data issues	<p>It is important to note that DFID's methodology is consistent with the approach used by national government and multilateral organisations but is different to the JMP methodology that measures the number of people using improved sources of water. The JMP methodology includes people who gain access through self-supply but does not include people who live near an improved source but are excluded from using it for social, economic or other reasons.</p>

Indicator description	Number of people with sustainable access to an improved sanitation facility through DFID support
Type of indicator	Cumulative – annual results are reported and summed over the entire reporting period assuming that each individual is counted within one year only.
Methodological summary	<p>This result is based upon the ‘number of sanitation facilities constructed’ multiplied by the ‘average number of beneficiaries per sanitation facility’</p> <p>The bilateral results attributable to DFID will be: (1) DFID-supported programmes that directly result in beneficiaries constructing their own facilities, for example Community-Led Total Sanitation (CLTS), Total Sanitation and Sanitation Marketing (TSSM) or other Community Approaches to Total Sanitation (CATS)ⁱⁱ, where these activities are carried out with the purpose of eliminating open defecation in communities; (2) Those people who benefit from direct investment in sanitation facilities in the form of construction or rehabilitation of improvedⁱⁱⁱ sanitation facilities.</p> <p>Facilities constructed under (1) may not meet the Joint Monitoring Programme (JMP) definition of ‘improved sanitation’ but should eliminate open defecation. This is consistent with the sanitation ladder approach adopted under the JMP. Therefore, latrines constructed with DFID support do not need to comply with the JMP definition of an ‘improved’ latrine in order to be counted towards our results, provided that they contribute towards eliminating open defecation in communities.</p> <p>The Country Office may choose to disaggregate results into facilities that meet the JMP definition of ‘improved’ and those that are ‘unimproved’ according to the JMP but eliminate open defecation. This will generate a more fine-grained picture of DFID’s in-country contribution, but this will not affect the results to be reported centrally, which include both categories.</p> <p>This indicator <u>excludes</u> temporary facilities constructed as part of humanitarian interventions.</p>

ⁱⁱ Monitoring should be carried out to verify that improved facilities have in fact been constructed.

ⁱⁱⁱ **Improved 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.

	Permanent facilities constructed under humanitarian programmes may be included.
Data source	<p>Data should be collected as part of project monitoring or national data (i.e. management information) may be the main source for general and sector budget support.</p> <p>National surveys or JMP data (http://www.wssinfo.org/) may be used to provide a sense check on output level data.</p>
Data calculations	<p>Indicator = $s \times b$</p> <p>where: s = number of sanitation facilities constructed (if this is not monitored it could be estimated using h (number of households reached by a sanitation campaign (programme data) \times r (average ratio of latrines constructed as a result of the campaign (from a sample survey))), see worked example) b = number of beneficiaries per sanitation facility. This is usually = average number of people per household</p> <p>Where facilities are provided within public buildings such as schools or clinics but are not freely accessible to a community, the number of people reached cannot be included in this access indicator as their access is considered partial, in contrast to household access. Data on these kinds of facilities should be collected for project monitoring but should not be included in the DRF template. However, facilities provided within a community which can be accessed freely by that community (e.g. within a market or other shared community area) may be included. Judgement may be required and the WASH team can provide advice if necessary.</p> <p>WASH results achieved through DFID core funding to multilateral organisations will be considered separately, following an agreed approach across DFID. Only bilateral results (including 'bilateral through a multilateral') should be included in the DRF template.</p> <p>It is important to avoid double counting of results. If the same people are beneficiaries in multiple years then the results for each year <u>cannot</u> be added together. It is unlikely that this will be the case with providing sanitation facilities but any potential areas of double counting should be considered. However if the number of people able to access sanitation increases</p>

	<p>over the life of the programme / project the larger number can be used when reporting results.</p> <p>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. Calculations to avoid this can be complex. Please contact the statistics lead on Water and Sanitation (Watsan) for further advice.</p> <p>Note that this calculation does not include a measure of whether the sanitation facilities remain in use after a given period of time, i.e. it does not include a measure of the sustainability of the intervention. This data should be collected where possible for project monitoring purposes.</p>
Worked example	<p>Where the <u>number of sanitation facilities is monitored directly</u>:</p> <p>DFID provides 20% of the cost of a programme that has constructed 5,000 sanitation facilities, with an average number of beneficiaries per sanitation facility of 10.</p> <p>Indicator = $0.2 \times 5,000 \times 10 = 10,000$</p> <p>Or, where the <u>number of beneficiaries of sanitation promotion is monitored only</u>:</p> <p><u>DFID reaches 50,000 households with a sanitation campaign. A survey shows that on average, one latrine is built per 10 households reached through the campaign, generally for private household use. The average household size is 6. DFID provided 50% of the funding.</u></p> <p>Indicator = $50,000 \times 0.1 \times 6 \times 0.5 = 15,000$</p>
Data issues	<p>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>

Indicator description	Number of people with access to improved hygiene through DFID support to hygiene promotion
Type of Indicator	Cumulative – annual results are reported and summed over the entire reporting period, assuming that each individual is counted within one year only.
Methodological summary	<p>This indicator is an output measure of the number of beneficiaries of hygiene programmes.</p> <p>Understanding whether hygiene promotion has in fact led to behaviour change (i.e. improved hygiene) is at the heart of understanding the impact of hygiene promotion programmes. This is not required as part of this indicator due to the difficulties in measuring behaviour change, but should be measured and recorded (as part of project monitoring) wherever possible. Indicators of key hygiene practices vary across a broad spectrum and are included in the later ‘Data Issues’ section for reference.</p> <p>The numbers reported must be attributable to DFID. See the DFID Results Framework general guidance</p> <p>Hygiene promotion is defined as “a planned approach to preventing diarrhoeal diseases through the widespread adoption of safe hygiene practices. It begins with, and is built on what local people know, do and want.” (UNICEF definition)</p> <p>Hygiene promotion activities can cover communication, social mobilisation, community participation, social marketing and advocacy, to bring about behaviour change.</p>
Data source	<p>Programme data on number of beneficiaries. Provision should be included in projects for collection of data on number of beneficiaries directly attributable to the intervention. This will normally be the primary source of data.</p> <p>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.</p> <p>In the case of sector and budget support, output level data (i.e. the number of people reached with hygiene promotion) is the preferred starting point</p>

	<p>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 .</p> <p>Where we are funding through multilateral partners at a country level, they should be requested to collect WASH specific data to demonstrate results achieved.</p> <p>We recognise the difficulties in this area and are happy to discuss solutions that country offices may propose.</p>
Data calculations	<p>This is a simple count of the number of beneficiaries of each relevant programme with an attempt to remove double counting.</p> <p>It is important to avoid double counting of results. If the same people are beneficiaries in multiple years then the results for each year <u>cannot</u> be added together. This is quite possible in the case of hygiene promotion.</p> <p>WASH results achieved through DFID core funding to multilateral organisations will be considered separately, following an agreed approach across DFID. Only bilateral results (including 'bilateral through a multilateral') should be included in the DRF template.</p> <p>Where specific support is provided to multilaterals at country level (i.e. 'bilateral through a multilateral' programmes) to support water and sanitation programmes, it may be possible to attribute results to DFID but care will be needed to avoid double-counting with global programmes. Contact the statistics lead on Water and Sanitation (Watsan) for further advice if necessary.</p> <p>If there is more than one type of hygiene promotion activity in the country, the total number of <u>unique</u> beneficiaries should be reported.</p> <p>Hygiene promotion beneficiaries of broader sectoral programmes including health, education, social development and livelihoods should be included</p>

	<p>against this indicator. However it is important that only the beneficiaries actually reached with hygiene promotion are included. An example could be that 3 million people receive improved health services and that (of those 3 million), 500,000 people are covered by a handwashing programme. The count against this indicator should be 500,000 (with monitoring of behaviour change, in addition, wherever possible).</p> <p>Where countries are supporting hygiene promotion through multiple funding mechanisms e.g. non Government programmes, sector budget support and general budget support there are significant risks of double counting. Calculations to avoid this can be complex. Please contact the</p> <p>Note that this indicator will at times overlap with the sanitation indicator. This is if the beneficiaries of a hygiene programme go on to build a latrine. These people may be counted under both indicators but must only be counted once for the purposes of the combined indicator on access to one or more WASH services.</p>
Data issues	<p>We encourage input from offices, particularly on the data challenges.</p> <p>This indicator is an output indicator. It does not capture whether the beneficiaries of programmes go on to use best hygiene practices.</p> <p>This indicator has been preferred to the proxy for handwashing with soap (proportion of households with a designated place to wash hands, in or near the sanitation facility, with a hand cleansing agent (soap or ash) and water available at the time of inspection). This is because of the difficulties of measurement and attribution. It is important to note that mere presence of a facility does not mean that behaviour has changed. What we really want to measure is consistency and frequency of use. But country offices are encouraged to use this proxy indicator to evaluate the reach of their work where available.</p> <p>Indicators of key hygiene practices vary across a broad spectrum but include:</p> <ul style="list-style-type: none"> • Handwashing at the 4 critical times; after defecation, after cleaning a baby/child after

baby/child's defecation, before preparing food, before feeding a child.

- Observing the safe drinking water chain from protected source to mouth (covering collection, transport (portage), storage and extraction for drinking e.g. ladle, two cup system, and tap.
- Ensuring a safe, clean environment i.e. keeping both human and animal faeces out of the immediate living environment as well as other organic waste which promotes fly breeding with all such waste deposited in rubbish/compost pits at a safe distance from the compound.
- Safe storage of food
- Safe storage of utensils

Approaches to measurement/assessment vary depending on a number of factors including the type of intervention and resources available for monitoring.

The three standard approaches, in order of increasing difficulty and resource-intensiveness are:

1. Self report (interview or questionnaire survey).
Example indicator: % reporting washing hands with soap at critical times (e.g. after defecation).
2. Proxy/inference (e.g. "spot checks" of facilities, knowledge questions). Example indicator: % households with soap & water present at the designated place for handwashing (DHS survey question 137,138 and 139 or Handwashing Module of MICS survey).
3. Structured observation of behaviour.
Example Indicator: % of caregivers observed washing hands with soap at critical times (e.g. before food preparation).

At the level of medium to large scale programmes a combination of self-report and proxy measures may be most appropriate but these should be combined with direct observation data from a sample of the target population.

The method adopted to measure hygiene practices is left to the discretion of the country office.

