Indicator description	Number of people with access to improved hygiene through DFID support to hygiene promotion
Version	Quest version 2.14 DATE: 18/02/2012
Changes since last version	• Clarification on preferred data sources, the counterfactual and avoiding double counting. Note: most of these changes are for clarification and should not greatly affect reporting.
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	This indicator is an output measure of the number of beneficiaries of hygiene programmes. 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. The numbers reported must be attributable to DFID. See the DFID Results Framework general guidance **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) Hygiene promotion activities can cover communication, social mobilisation, community participation, social marketing and advocacy, to bring about behaviour change. The preferred data source for this indicator is programme data on direct beneficiaries and this should capture only individuals who have been reached with hygiene promotion activities as defined within this methodology which they had not previously received. 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 some kind of hygiene promotion activity according to

	the definitions outlined in this methodology. In essence, each individual should be counted only once, even if the same individual benefits from multiple interventions in different years.
Rationale	Diarrhoea is the second greatest killer of children across the globe today and the number one casue of child deaths in the continent of Africa. Hand washing with soap can reduce the prevalence of diarrhoea by 42-49%. It also protects against acute respiratory infections. Face and hand washing are also essential in preventing Neglected Tropical Diseases such as trachoma.
Country Office Role	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. 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 the DRF teamsite). Use of figures on output level results (access to WASH services) is preferred.
Data source	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. 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, output level data (i.e. the number of people reached with hygiene promotion) 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. Where we are funding through multilateral partners at

	a country level, they should be requested to collect WASH specific data to demonstrate results achieved. We recognise the difficulties in this area and are happy to discuss solutions that country offices may propose.
Data included	Results are to be recorded from all relevant bilateral programmes including health, education, social development and livelihoods programmes. Where specific support is provided to multilaterals at country level to support water, 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. 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. 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 WASH statistical lead if in doubt. If there is more than one type of hygiene promotion activity in the country, the total number of unique beneficiaries. Hygiene promotion beneficiaries of broader sectoral programmes including health, education, social development and livelihoods should be included 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). 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.**
Data calculations	This is a simple count of the number of beneficiaries of each relevant programme with an attempt to remove double counting. It is important to avoid double counting of results. If the same people are beneficiaries in multiple years then the results for each year cannot be added together. This is quite possible in the case of hygiene promotion.
Most recent 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 people with access to improved hygiene through DFID support to hygiene promotion
Data dis-aggregation	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. Where there are specific gender impacts or issues (for example, a project aimed at women and girls), data should be disaggregated by sex to the extent possible.
Data availability	Provision should be included in projects and programmes for the collection of data on access to hygiene promotion activities 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
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 unique people reached with access to clean drinking water as defined in this note will vary. Please indicate any concerns with respect to this in the results template.

	Demography and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS) surveys provide standardised, internationally comparable and nationally representative data for hygiene promotion indicators. The JMP does not currently report on hygiene.
Data issues	We encourage input from offices, particularly on the data challenges. This indicator is an **output indicator.** It does not capture whether the beneficiaries of programmes go on to use best hygiene practices. 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. Indicators of key hygiene practices vary across a broad spectrum but include: • 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.
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