USAID
FROM THE AMERICAN PEOPLE

WATER AND DEVELOPMENT

Indicator Handbook

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Sanitation and Hygiene Indicators (HL8. 2)

USAID's has seven standard indicators for measuring an "Increase sustainable access and use of sanitation and the practice of key hygiene behaviors" (DR 2).

TABLE 2: STANDARD INDICATORS FOR SANITATION

HL.8.2-1 Number of communities certified as **open defecation free** (ODF) as a result of USG assistance.

HL.8.2-2 Number of people gaining access to a **basic** sanitation service as a result of USG assistance.

HL.8.2-3 Number of people gaining access to **safely managed** sanitation services as a result of USG assistance.

HL.8.2-4 Number of basic sanitation facilities provided in health facilities and schools as a result of USG assistance.

New Indicator in FY 2018

HL.8.2-7 Number of people receiving **improved** sanitation service quality from an **existing** "**limited**" or "**basic**" service as a result of USG assistance.

 Identifies community-based sanitation indicators

 Identifies household access sanitation indicators

 Identifies sanitation indicators designed to monitor health facilities and schools

TABLE 3: STANDARD INDICATORS FOR HYGIENE

HL.8.2-5 Percentage of households with soap and water at a handwashing station on premises.

HL.8.2-6 Percentage of households in target areas practicing correct use of recommended household water treatment technologies.

 Identifies household access indicators for hygiene

CAPTURING PROGRESS ALONG THE SANITATION SERVICE LADDER

The sanitation indicators are aligned with definitions used by the JMP and are designed to capture progress along the sanitation service ladder. ODF status is counted when an entire community progresses beyond open defecation (indicator HL.8.2-1), regardless of the quality of sanitation facilities households are using. When beneficiaries gain **new access** to basic sanitation (improved facility that is not shared), the number of people can be reported under indicator HL.8.2-2. When beneficiaries gain **new access** to a safely managed

sanitation service, the number of people can be attributed to indicator HL.8.2-3. There are activities that address specific components of the sanitation service chain[11] that seek to move households up the sanitation ladder from basic but cannot satisfy all aspects of safely managed sanitation services. These activities can attribute measured improvements (such as improved containment, safe emptying/transporting, or fecal sludge treatment improvements) to indicator HL.8.2-7.

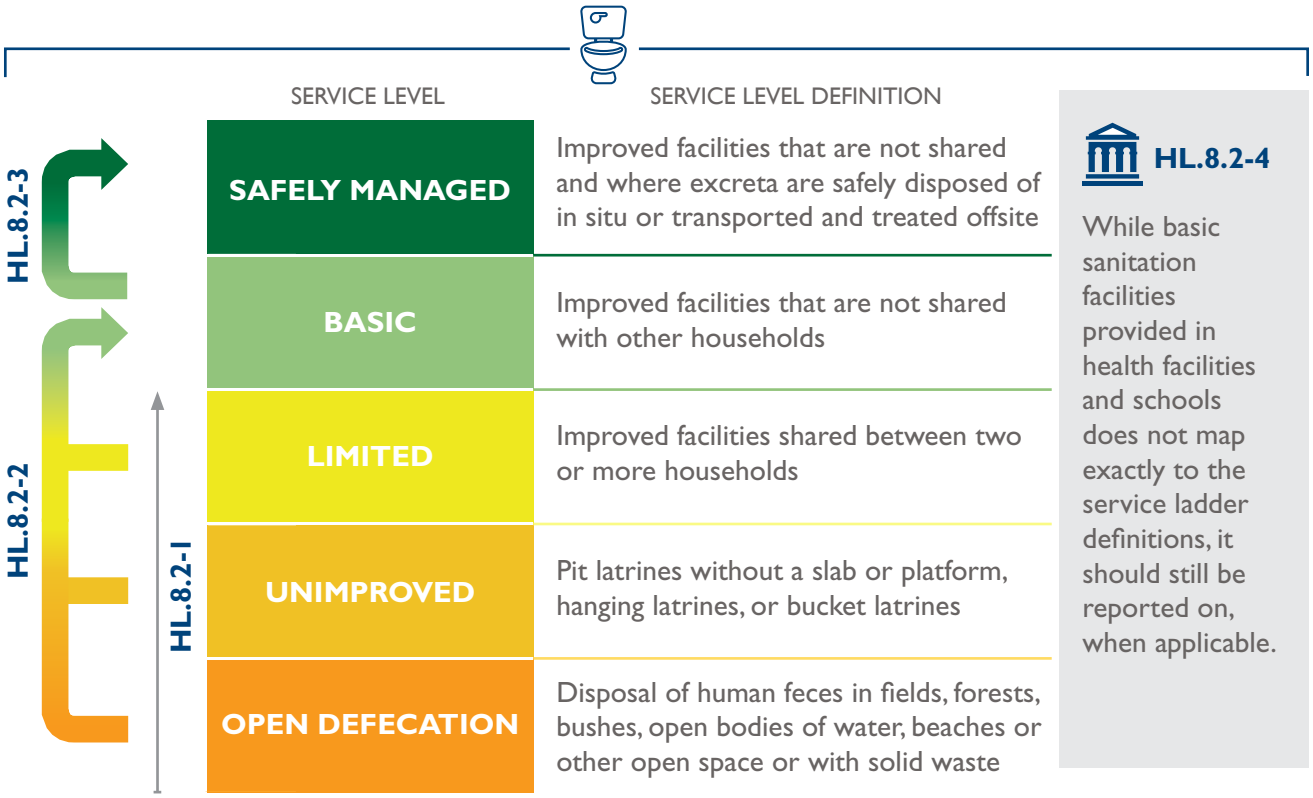

FIGURE 5: ADAPTED JMP SANITATION SERVICE LADDER AND DEFINITIONS TO SHOW WHERE USAID'S STANDARD INDICATORS CORRESPOND WITH THE APPROPRIATE SERVICE LEVELS

BEST PRACTICES IN REPORTING HYGIENE BEHAVIORS

Hygiene indicators are aligned with international best practices in reporting hygiene behaviors such as handwashing with soap and household water treatment. Households with soap[12] and water at a handwashing station on premises (indicator HL.8.2-5) are only counted if the handwashing station is available on the premises of the household. The percentage of households practicing correct use of recommended household water treatment technologies (indicator HL.8.2-6), also referred to as point-of-use (POU) water treatment, must follow one of the peer-reviewed water treatment methods with an evidence base shown to meet World Health Organization (WHO) water treatment standards.

[11] The sanitation service chain is the management of fecal waste from capture to transport to safe treatment and disposal.
[12] Soap may be in bar, powder, or liquid form. Alternatives like sand or ash do not qualify as soap for purposes of reporting on this indicator.

DATA SOURCES AND METHODS

The PIRS for each standard sanitation and hygiene indicator outlines acceptable data sources and tracking methods. Just as with the drinking water indicators, each activity will need to develop its own adapted PIRS, detailing specific data sources, collection methods, and any data collation needed. Acceptable data collection methods for sanitation and hygiene include:

DIRECT OBSERVATION

In some situations, it is possible to directly count all of the beneficiaries of a particular intervention. This would be equivalent to a census of all households or communities, rather than relying on a sample. For example, when communities achieve ODF status, each community is generally verified through a site visit by an implementing partner or local certification authority. Direct observation to verify the presence of latrines or perform transect walks of common open defecation sites may be part of this observation. For basic sanitation, an implementer may also choose to directly observe the presence of all new latrines following an intervention. If the latrines are observed to meet basic sanitation standards, a direct count of beneficiaries can be completed.

HOUSEHOLD SURVEY

Indicators HL.8.2-5 and HL.8.2-6 must be measured via a household survey. Soap and water must be readily observed by an enumerator to qualify for the handwashing indicator and presence of the materials required (e.g., chlorine tablets, flocculant sachets, water filters, fuel for boiling) as well as a safe water storage container must be observed by the enumerator for the household water treatment indicator. Full details of monitoring methods for the various technologies are available in the PIRS.

Sanitation access may also be measured with household surveys, either a complete census or a sample survey. For example, activities where partners are implementing behavior change, demand generation, or market facilitation in target communities, baseline and endline surveys may be used to determine how many members of a community gained access to basic sanitation. Surveys must be designed to assess whether facilities meet the criteria for basic sanitation (an improved facility that is not shared with other households). It is important to assess the baseline status of sanitation access to determine if the activity resulted in new access to sanitation.

SERVICE PROVIDER RECORDS

In some cases, service provider records may be used to report on access to sanitation services. For households achieving safely managed sanitation, an activity may be working with a utility, private pit-emptying business, or other service provider. In cases like this, records of new customers who adopt these services may be used to determine the number of beneficiaries who have gained access to safely managed sanitation services or are receiving improved service quality. These records would need to provide information on the prior level of service or be combined with other sources of information.

ATTRIBUTION OF RESULTS

Many of the standard indicators note that the result must be achieved ***"as a result of USG assistance."*** Whether and how results can be attributed to specific USAID-funded interventions is often a question. USAID interventions are always implemented as part of a wider system, with many other actors contributing to ultimate outcomes. A facilitative approach, centered on creating behavior change and working with service providers to expand access to services, is critical to achieving sustainability and self-reliance. It can, however, present challenges for monitoring, therefore data must be collected along the theory of change to ensure accurate attribution of results.

Interventions for indicators related to expanding access to sanitation (HL.8.2-1, HL.8.2-2, HL.8.2-3, HL.8.2-7) might include direct construction (e.g., of communal septic systems), demand generation activities, facilitation of supplies and services, and/or working with government on the development of policies and plans which result in behavior changes or increased access. **In general, results can be attributed to USAID programs in cases where implementing partners are doing direct construction activities, implementing behavior change activities (either through its own staff or staff who have received training and/or other support from the activity) or working directly with service providers.** Service providers are those who deliver sanitation products or services, such as hardware stores that sell sanitation products, masons that construct latrines, or businesses that manage fecal waste transport, treatment and/or disposal. Beneficiaries who receive a service from a provider that a USAID activity is supporting (such as a latrine seller or pit emptier) can be counted as they are directly benefiting from USAID's intervention. However, if another enterprise decides to enter the same business without support, his or her customers would not be counted.

Spontaneous spillover of improved practices does not count as a deliberate service delivery strategy; neighbors who apply new practices based on observation or interactions with participants who have not been trained to extend knowledge to others as part of a deliberate service delivery strategy are not considered participants and should not be included in reporting. For example, if a community spontaneously adopts sanitation after seeing a neighboring community become ODF, but never received any type of behavior change intervention, they cannot be counted. The sample frame for any survey aiming to measure indicators attributable to USG assistance would only include those areas where the activity implemented social and behavior change or other interventions. Larger scale surveys can be used to track population level changes as custom indicators; USAID's activities may contribute to these larger changes, but they cannot be directly attributed.

HL8.2-2 EXAMPLE INTERVENTIONS

NUMBER OF PEOPLE GAINING ACCESS TO A BASIC SANITATION SERVICE AS A RESULT OF USG ASSISTANCE

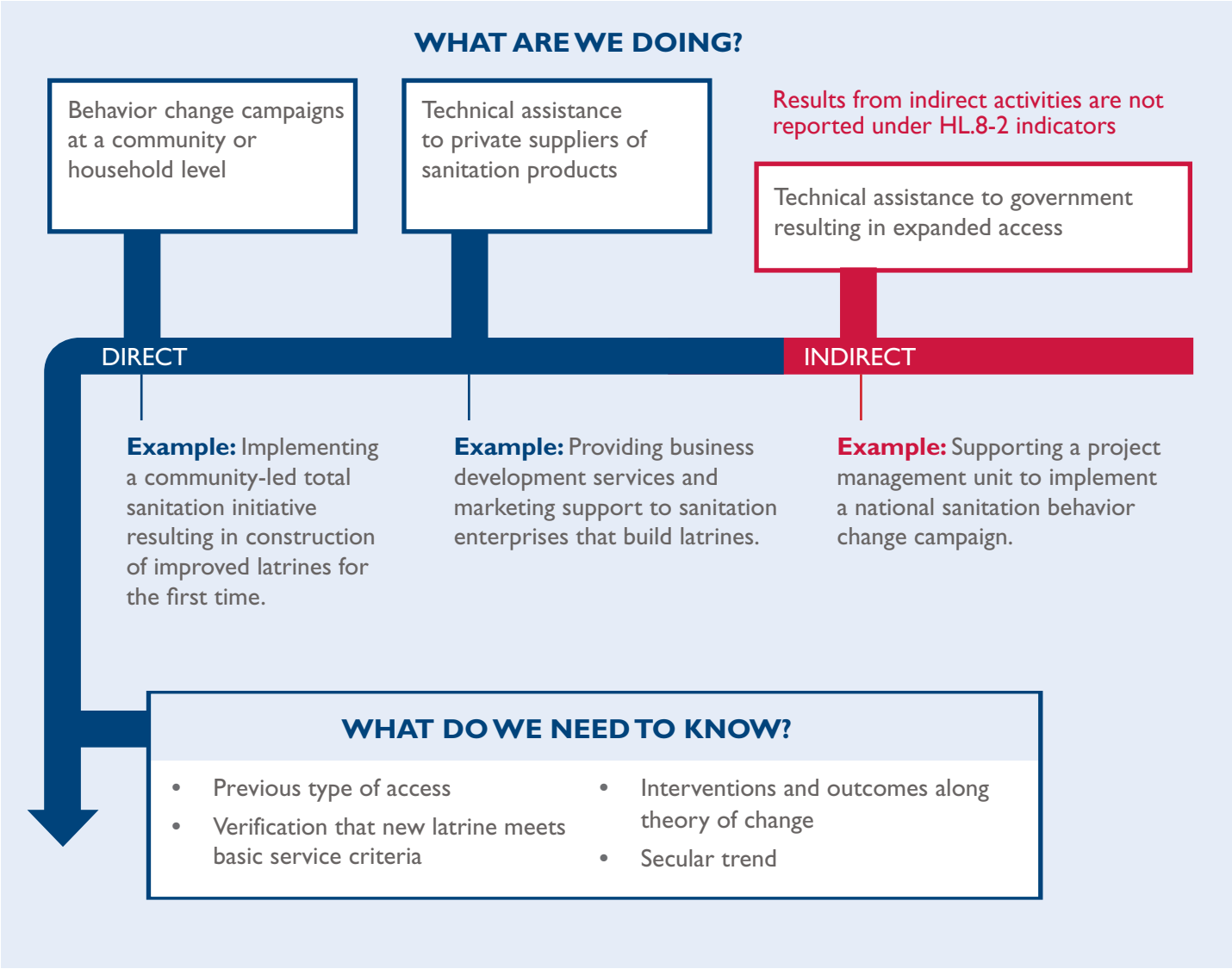

FIGURE 6: EXAMPLE OF DIRECT AND INDIRECT SANITATION INTERVENTIONS. NOTE THAT DIRECT CONSTRUCTION OF HOUSEHOLD SEWER CONNECTIONS OR LATRINES FOR A COMMUNITY IS NOT REPRESENTED BECAUSE IT IS NOT SOMETHING USAID DOES IN ITS PROGRAMMING

SANITATION AND HYGIENE SCENARIOS

SCENARIO 1: RURAL BEHAVIOR CHANGE ACTIVITY

An activity is implementing a community-led total sanitation (CLTS) initiative in a rural area. Their plan is to train local health workers who will then trigger 1000 communities to become ODF. The host country has a national process for certifying communities as ODF.

The following steps can help the partner determine the correct indicator to use:

What is the baseline status?

The partner must first ensure that targeted communities are not already ODF. This may be done by checking against a national database, if available, or by direct observation via a community visit to observe whether open defecation is occurring.

What indicator should the activity use?

CLTS is designed to help communities achieve ODF status, therefore the most appropriate indicator to use is HL.8.2-1.

It is not an explicit goal of CLTS to help households achieve access to basic sanitation services, but, in some places, a subset of households may opt for higher-quality latrines that do meet this standard. If there is evidence that the activity may result in new basic sanitation, the activity should also report on indicator HL.8.2-2.

What data are needed to confirm this result?

Because there is a national process in place, the activity will be able to use those records to track this indicator. The activity should track when triggering took place, and when certification is completed by the local government authority, which is when the indicator can be reported. In some cases, local governments may be overloaded and slow to complete these certifications. If that is the case, the partner could perform their own ODF verification process. This would entail an enumerator visiting each community and documenting that they meet host country standards for ODF.

If the activity plans to measure new access to basic sanitation, a baseline measurement of access to sanitation must be established. This will ensure that only those who adopt basic sanitation as a result of the CLTS activity are counted. A sample survey of households across the target communities would provide this information. This survey would need to assess the status of each household latrine to assess whether it meets the standard of an improved facility and ask whether it is shared with any other households. A similar survey upon completion of the CLTS activities can then be used to compare

the rates of access to basic sanitation. With before and after measurements, the activity will be able to report on how many people gained access to basic sanitation.

Can these results be attributed to USG assistance?

Yes! The results could be attributed because the activity would be implementing a behavior change intervention (CLTS), that leads to the community becoming ODF. The activity must maintain a record of triggering being completed to document the activity's role in achieving this result.

SCENARIO 2: URBAN MARKET-BASED SANITATION ACTIVITY

An activity is aiming to improve sanitation in a city of 50,000 people. To achieve this goal, the activity is implementing multiple interventions including:

- Providing business development services to enterprises that sell latrine products
- Introducing new products to these same enterprises
- Providing technical assistance and new equipment to enterprises that provide pit emptying services
- Supporting sales and marketing city-wide for both sanitation products and services

The following steps can help the partner determine the correct indicator to use:

What is the baseline status?

With a complex set of interventions like this, a baseline status of access should first be established, which will determine the appropriate indicators. The activity conducts a household survey which shows that, of the total population, 70 percent already meets the standard for having a basic sanitation service (a non-shared household latrine that safely prevents human contact with excreta). The 30 percent of the population who do not meet the basic service standard either share a sanitation facility with neighbors, use public sanitation facilities, or openly defecate.

The survey results also show that only 10 percent of the total population have a sanitation facility connected to a piped sewerage network. To better understand the full sanitation service chain, the survey also asks about containment, emptying, and transport for those with on-site sanitation. The results show that half of the population with on-site, basic sanitation services report that they have used a service to empty their latrine and transport the waste off-site.

Household surveys can have some data limitations. In general, they are only able to report on the emptying and transportation of fecal waste and lack insight into where the waste ultimately ends up. To understand this, the activity accesses records from the service providers who empty pits as well as the regulator. Both sets of records show that waste emptied from pits is taken to a designated treatment site, where it is treated to national standards.

This provides the activity with the following baseline results:

- 40 percent have access to **safely managed** sanitation (10 percent sewerage, 30 percent on-site)
- 30 percent have **basic** access to sanitation
- 30 percent **lack basic access** to sanitation

What indicator should the activity use?

Based on this information, the activity should report on indicators HL.8.2-2 and HL.8.2-3. The 30 percent of the population (15,000 people) who do not have basic access are potential beneficiaries and may get first-time access to basic sanitation as a result of the activity (HL.8.2-2) or could move directly to having a safely managed service (HL.8.2-3). The 30 percent of the population (15,000 people) who have basic, but not safely managed, sanitation may achieve first-time access to safely managed sanitation (HL.8.2-3) once they begin using pit emptying services. If these beneficiaries do not meet the full criteria for safely managed sanitation, but have received an improvement in service quality, then the activity might report on HL.8.2-7.

What data are needed to confirm this result?

Because the activity is working with service providers to extend sanitation services, service provider records will be the primary data source for measuring these indicators. The activity needs to set up a monitoring system with the supported service providers to ensure that records will yield all of the necessary information. For the latrine suppliers, records will show how many new latrines have been sold and if these have been sold to customers for whom this is their first private, household latrine. Pit emptying service providers should also track new customers who can then be counted as gaining access to safely managed sanitation.

Can these results be attributed to USG assistance?

Yes! Because the activity is working with the sanitation service providers (those who supply pit emptying services or household latrines), results can be attributed to the activity. Given that the approach is aimed at working through the private sector, it is important to track custom indicators across the theory of change to ensure that the technical assistance is achieving results, and outcome indicators can be attributed to the activity. In this scenario, the activity documents that the enterprises have begun offering new products, improved their financial management and customer service, and are taking a more active sales and marketing approach.

Policy and Governance Indicators (HL.8.3)

The standard indicators for measuring "Strengthened sector governance and financing" (DR 1) are categorized under two parts of the Office of U.S. Foreign Assistance's Standardized Program Structure and Definitions, Policy and Governance (HL.8.3) and Sustainable Financing (HL.8.4). There is one standard indicator for policy and governance, which was introduced in FY 2018.

New Indicator in FY 2018

HL.8.3-3 Number of water and sanitation sector institutions strengthened to manage water resources or improve water supply and sanitation services as a result of USG assistance

Institutions counted under this indicator may include local, regional or national government ministries/offices, regulators, and civil society organizations. Water and sanitation service providers cannot be counted against this indicator; however, where service provider capacity building results in new or improved access, indicators under HL.8.1 and HL.8.2 may be used.

A single institution may only be counted once in a single reporting year, regardless of the amount of improvement achieved. An institution may be counted again in subsequent years if further improvements are made.

DATA SOURCES AND METHODS

This indicator measures institutional improvements based on an activity-specific institutional assessment index. The index must measure outcome-based changes and may be based on the following categories:

- Human resources
- Monitoring systems
- Financial management (budget execution, ability to pass an annual audit)
- Project planning and management of implementation
- Enforcement of policies (watershed protection, allocation systems)
- Equity (tariff setting, poor inclusive policy, gender mainstreaming policy)
- Accountability to stakeholders

This index can be based on standard models such as USAID's Government to Government (G2G) index, the WASH Building Blocks or a national governance index. Because types of institutions and activities vary widely, managers are encouraged to adopt the approaches most appropriate for their program and adapt the tools best suited for local needs. Managers may also engage with WASH Advisors in Washington when discussing an institutional assessment index.

Indicator HL.8.2-1	Number of communities verified as open defecation free (ODF) as a result of USG assistance
Bureau Owner(s)	Agency: USAID Bureau and Office: RFS/CW POC: waterteam@usaid.gov
Disaggregate(s)	None

Indicator HL.8.2-2	Number of people gaining access to a basic sanitation service as a result of USG assistance
Definition	A basic sanitation service, defined according to the Joint Monitoring Programme (JMP), consists of 1) a sanitation facility that hygienically separates human excreta from human contact (i.e., an improved sanitation facility), that 2) is not shared with other households. Improved sanitation facilities include the following types: • flush or pour/flush facility connected to a piped sewer system, septic system, or a pit; • composting toilets; • pit or ventilated improved pit latrines (with slab). All other sanitation facilities do not meet this definition and are considered "unimproved." Unimproved sanitation includes flush or pour/flush toilets without a sewer connection; pit latrines without slab/open pit; bucket latrines; or hanging toilets/latrines. Households that 1) have an unimproved sanitation facility, or 2) have an improved facility that is shared with other households are not counted as having access to a basic sanitation service. A household is defined as a person or group of persons that usually live and eat together. Persons are counted as "gaining access" to an improved sanitation facility, either newly established or rehabilitated from a non-functional or unimproved state, as a result of USG assistance if their household did not have similar "access", i.e., an improved sanitation facility was not available for household use, prior to completion of an improved sanitation facility associated with USG assistance. This assistance may come in the form of hygiene promotion to generate demand. It may also come as programs to facilitate access to supplies and services needed to install improved facilities or improvements in the supply chain(s). **Limitations:** It is important to note that providing "access" does not necessarily guarantee beneficiary "use" of a basic sanitation facility and thus potential health benefits are not certain to be realized from simply providing "access." Not all household members may regularly use the noted basic sanitation facility. In particular, in many cultures young children are often left to defecate in the open and create health risks for all household members including themselves. The measurement of this indicator does not capture such detrimental, uneven sanitation behavior within a household. Additional limitations of this indicator are that it does not fully measure the quality of services, i.e. accessibility, quantity, and affordability, or the issue of facilities for adequate menstrual hygiene management.
Primary SPS Linkage	HL.8.2
Linkage to Long-Term Outcome or Impact	Use of an improved sanitation facility by households is strongly linked to decreases in the incidence of waterborne disease among household members, especially among those under age five. Diarrhea remains the second leading cause of child deaths worldwide.
Indicator Type	Outcome
Reporting Type	Number
Use of Indicator	Useful for program management, funding allocations and tracking, and reporting towards USAID's Water and Development Strategy objectives.
Reporting Frequency	Annual, depending on the specifications in the contract or grant.

Indicator HL.8.2-2	Number of people gaining access to a basic sanitation service as a result of USG assistance
Data Source	Data must be collected by USAID staff, implementing partners, or a third-party evaluator. USAID staff, implementing partners, or a third-party evaluator must reasonably demonstrate the linkage between USG assistance and new services provided in order to attribute results to this indicator. Acceptable method(s) by which data for this indicator can be collected are: Direct count of beneficiary households and estimates of the number of people living in those households by the USAID partners implementing activities in the zone of influence or a third-party evaluator and summarized on a quarterly or annual basis. This method would be most appropriate when the technical approach being pursued involves some direct household engagement by the USAID implementing partner, e.g., when a household is provided a subsidy for the construction of an improved sanitation facility. Household surveys of a representative and statistically significant sample of those who gained access to verify that the sanitation facility meets the standards in the definition for a basic facility. This data source requires that a baseline must be established before the start of activity implementation through an initial household survey conducted by USAID, the implementing partner, or a third party evaluator using a representative and statistically significant sample of households in the zone of influence. This indicator can be difficult and time consuming to measure accurately and requires robust data quality assurance on the part of USAID.
Bureau Owner(s)	Agency: USAID Bureau and Office: RFS/CW POC: waterteam@usaid.gov
Disaggregate(s)	Sex (Female, Male) Residence (Rural, Urban) Wealth Quintile

Indicator HL.8.2-3	Number of people gaining access to safely managed sanitation services as a result of USG assistance
Definition	A safely managed sanitation service is defined as a basic sanitation facility service (see indicator 8.2-2) that is not shared with other households and where excreta is safely disposed in situ or removed to be treated off-site. Safely managed sanitation services are those that effectively separate excreta from human contact and ensure that excreta do not re-enter the immediate environment. This means that household excreta are contained, extracted, and transported to designated disposal or treatment site, or, as locally appropriate, are safely re-used at the household or community level. Persons are counted as "gaining access" to a safely managed sanitation service if their household did not previously have similar "access." This may include households who previously had a basic sanitation facility but did not have safe removal or disposal of excreta. **Limitations:** It is important to note that providing "access" does not necessarily guarantee beneficiary "use" of a basic sanitation facility and thus potential health benefits are not certain to be realized from simply providing "access." Not all household members may regularly use the noted basic sanitation facility.
Primary SPS Linkage	HL.8.2
Linkage to Long-Term Outcome or Impact	Use of a safely managed sanitation facility by households is strongly linked to decreases in the incidence of waterborne disease among household members, especially among those under age five. Diarrhea remains the second leading cause of child deaths worldwide.
Indicator Type	Outcome
Reporting Type	Number
Use of Indicator	Useful for program management, funding allocations and tracking, and reporting towards USAID's Water and Development Strategy objectives.
Reporting Frequency	Annual basis, depending on the specifications in the contract or grant agreement.

Indicator HL.8.2-3	Number of people gaining access to safely managed sanitation services as a result of USG assistance
Data Source	Data must be collected by USAID staff, implementing partners, or a third-party evaluator. USAID staff, implementing partners, or a third-party evaluator must reasonably demonstrate the linkage between USG assistance and new services provided in order to attribute results to this indicator. Acceptable method(s) by which data for this indicator can be collected are: • Direct count of beneficiary households and estimates of the number of people living in those households by the USAID partners implementing activities in the zone of influence. (This method would be most appropriate when the technical approach being pursued involves some direct household engagement by the USAID implementing partner.) • For sanitation facilities where excreta is safely disposed in situ (those rural locations where excreta can be safely abandoned or where the sanitation facility itself provides on-site treatment, e.g., composting toilets), acceptable data sources are: • Sales records from USG-supported enterprises demonstrating that a household has purchased a latrine. Number of persons in a household may be estimated based on existing data. • Household surveys of a representative and statistically significant sample of the population. This will be most appropriate when the USAID grantee or contractor is working to create demand at a wide scale and not directly engaging with households. For sanitation facilities where excreta is removed to be treated off-site (e.g., sewerage systems, desludging services), acceptable data sources are: • Records from enterprises (private sector or government) providing waste removal services demonstrating household use of such services. The implementing partner must demonstrate the linkage between USG assistance and new services provided. • Records from enterprises (private sector or government) providing waste removal services demonstrating increased capacity to provide waste removal and transport services. This must be combined with data demonstrating that the expanded capacity is a result of USG assistance and there is demand for such services (e.g., by households with new latrines that do not require emptying by the end of the activity). • Household surveys of a statistically significant sample of the population. This will be most appropriate when the USAID implementing partner is working to create demand for waste removal services at a wide scale and not directly engaging with households. If a sample survey is used to estimate the number of those "gaining access", then a baseline must be established before the start of activity implementation. Any use of third-party data (e.g., utilities or government entities) must account for baseline service levels and demonstrate the link between USG-assistance and new access to safely managed water service. For any projects expanding the capacity of fecal sludge management providers, the implementing partner will be responsible for demonstrating that the expanded capacity has led to use of services. This indicator can be difficult and time consuming to measure accurately and requires robust data quality assurance on the part of USAID.
Bureau Owner(s)	Agency: USAID Bureau and Office: RFS/CW POC: waterteam@usaid.gov
Disaggregate(s)	Sex (Female, Male) Residence (Rural, Urban) Wealth Quintile

Indicator HL.8.2-4	Number of basic sanitation facilities provided in health facilities and schools as a result of USG assistance
Definition	Schools in the context of this indicator are day schools for children 6 to 18 years of age who return home after school. Schools may be public or private. Health facilities may provide different levels of service, but it is anticipated that sanitation facilities will be installed in health facilities at the lower echelons of the service hierarchy. Health facilities may be public or private. A basic sanitation facility (see indicator HL.8.2-2) is one that provides privacy and hygienically separates human excreta from human contact and includes: • flush or pour/flush facility connected to a piped sewer system; • a septic system or a pit latrine with slab; • composting toilets; • or ventilated improved pit latrines (with slab). All other sanitation facilities do not meet the definition of "basic" and are considered "unimproved." Unimproved sanitation includes flush or pour/flush toilets without a sewer connection; pit latrines without slab/open pit; bucket latrines; or hanging toilets/latrines. For latrine blocks with several squat holes, the "sanitation facility" count is the number of squat holes in the block. Sanitation facilities that are repaired in order to meet set local government standards will also be counted. Sanitation facilities counted are only those that have hand washing facilities within or near the toilets and are located on premises of the institution. In school settings, there must be gender-specific sanitation facilities and host country standards regarding the ratio of students per squat hole must be met. **Limitations:** Access to sanitation facilities does not guarantee use. Additionally, the cleanliness of the sanitation facility will not be reflected either.
Primary SPS Linkage	HL.8.2
Linkage to Long-Term Outcome or Impact	Per WHO guidelines, "Schools with poor water, sanitation, and hygiene conditions and intense levels of person-to-person contact are high-risk environments for children and staff and exacerbate children's particular susceptibility to environmental health hazards." Health facilities, like any other public space, must have sanitation facilities to reduce the possibility of spreading disease. Per WHO guidelines, "hospitals and health centers have special requirements for sanitation as they may have to deal with patients who are infected with diseases such as cholera, typhoid and hepatitis."
Indicator Type	Output
Reporting Type	Number
Use of Indicator	Useful for program management, funding allocations and tracking, and reporting toward the Water and Development Strategy.
Reporting Frequency	Annual, depending on the specifications in the contract or grant

Indicator HL.8.2-4	Number of basic sanitation facilities provided in health facilities and schools as a result of USG assistance
Data Source	Direct observations of all institutional setting sites targeted by USG assistance conducted on an annual basis by the USAID implementing partners or a third-party evaluator. USAID staff, implementing partners, or a third-party evaluator must reasonably demonstrate the linkage between USG assistance and new services provided in order to attribute results to this indicator.
Bureau Owner(s)	Agency: USAID Bureau and Office: RFS/CW POC: waterteam@usaid.gov
Disaggregate(s)	Institution Type (School/Health Facility)

Indicator HL.8.2-5	Percent of households with soap and water at a handwashing station on premises
Definition	A handwashing station is a location where household members go to wash their hands. In some instances, these are fixed locations where handwashing devices are built in and are permanently placed. But they may also be movable devices that may be placed in a convenient spot for family members to use. The measurement takes place via observation by an enumerator during the household visit. The enumerator must see the soap and water at this station. The soap may be in bar, powder, or liquid form. Shampoo will be considered liquid soap. The cleansing product must be at the handwashing station or reachable by hand when standing in front of it. A "commonly used" handwashing station, including water and soap, is one that can be readily observed by the enumerator during the household visit, and where study participants indicate that family members generally wash their hands. Numerator: Sample-weighted number of households where both water and soap are found at the commonly used handwashing station. Denominator: Sample-weighted total number of households observed. **Limitations:** The measurement of handwashing is difficult and should preferably be conducted by objective measures that do not rely on self-reports. The presence of a handwashing station does not guarantee use. However, this indicator has been shown to be linked with actual handwashing behavior and, as such, is a useful proxy.
Primary SPS Linkage	HL.8.2
Linkage to Long-Term Outcome or Impact	A clear link can be made between handwashing with soap among child caretakers at critical junctures and the reduction of diarrheal disease among children under five, one of the two major causes of child morbidity and mortality in developing countries. The critical junctures in question include handwashing with soap after the risk of fecal contact (after defecation and after cleaning a child's bottom) and before handling food (before preparing food, eating, or feeding a child).
Indicator Type	Outcome
Reporting Type	Percent
Use of Indicator	Useful for program management, funding allocations, and tracking.
Reporting Frequency	Annual basis, depending on the specifications in the contract or grant agreement.

Indicator HL.8.2-5	Percent of households with soap and water at a handwashing station on premises
Data Source	Acceptable methods for data collection include: • Multiple Indicator Cluster Surveys (MICS) (Round 4 and later) conducted by UNICEF (http://mics.unicef.org/tools) • Demographic and Health Surveys (DHS) Macro (http://www.measuredhs.com/countries/) • Household surveys, which may be conducted by USAID, contractors, grantees, or a third party evaluator during USG-funded interventions A baseline needs to be established for each project reporting on this indicator during the first year for which data is collected for this indicator will vary for each operating unit. Since this is an indicator that both DHS and MICS collect, published data obtained through these surveys may also be used, if applicable, in target areas for USG programs.
Bureau Owner(s)	Agency: USAID Bureau and Office: RFS/CW POC: waterteam@usaid.gov
Disaggregate(s)	None

Indicator HL.8.2-6	Percentage of households in target areas practicing correct use of recommended household water treatment technologies
Definition	Households will be counted for this indicator if they are correctly practicing at least one form of evidence-based household water treatment (HWT). HWT is also known as point of use, or POU, treatment, and comprises all methods with a peer-reviewed evidence base shown to improve the microbiological quality of the water to WHO standards of <1 CFU fecal coliforms/100 ml sample. Specific HWT technologies that are considered for this indicator include (alone or in combination to reach <1 CFU/100 ml): • Chlorination (chemical disinfection) • Flocculant/Disinfectant (physio-chemical disinfection) • Filtration (physical removal) • Solar disinfection (UV/heat disinfection) • Boiling (disinfection via heat). Correct practice of an HWT technology does not count towards indicators 8.1-1 (Number of people gaining access to a basic drinking water source), or 8.1-3 (Number of people receiving improved service quality from an existing basic or safely managed drinking water service). This indicator is focused on improving the quality of existing drinking water. **Limitations:** HWT is not universally effectively against all classes of waterborne pathogens (e.g. free chlorination is ineffective against Cryptosporidium), and requires substantial education and behavior change to ensure correct and consistent use.
Primary SPS Linkage	HL.8.2
Linkage to Long-Term Outcome or Impact	The World Health Organization (WHO) argues that HWT "may play an important role in protecting public health where existing water sources… are untreated, are not treated properly or become contaminated during distribution or storage" (UNICEF & WHO, 2009). The organization estimates that "low cost interventions for household-based treatment of drinking water and safe storage can significantly reduce the pathogen load in drinking water and . . . reduce the risk of diarrheal disease." In 2009, UNICEF and WHO adopted a comprehensive strategy for effective diarrhea control that includes household water treatment and safe storage as proven interventions to reduce child mortality. WHO advises that HWT technologies be considered 'interim' solutions to reduce the disease burden owed to poor water quality. Among all HWT technologies, reductions in diarrheal disease owed to HWT intervention studies are often in the range of 15-50% (Clasen et al., 2007). HWT should serve as a temporary disease prevention measure until more efficacious household or community water treatment technologies can be put in place, along with a sustainable business model.
Indicator Type	Outcome
Reporting Type	Percent
Use of Indicator	Useful for program management, program performance evaluations, funding allocations and tracking.
Reporting Frequency	At least twice during USG-funded interventions.

Indicator HL.8.2-6	Percentage of households in target areas practicing correct use of recommended household water treatment technologies
Data Source	Specific monitoring methods to asses 'correct use' of HWT are objective and rely on household-level observations of the reported technology/ies and water storage container, and are based on WHO's Toolkit for Monitoring and Evaluating Household Water Treatment and Safe Storage. Households are considered to be correctly practicing water treatment technologies if the following conditions are met for at least one of the following treatment options: Chlorination or Flocculant/ Disinfectant using chlorine: the enumerator observes the presence of chlorine bottle/tablets or flocculant sachets in the home, as well as the presence of a safe storage container. Alternatively, the enumerator may test for free chlorine residual and must obtain positive results (i.e. free residual chlorine > 0 ppm). The results of free chlorine residual testing should be included in the annual Environmental Mitigation and Monitoring Plan (code correct users as CT+); Filtration: the enumerator observes an intact filter and is able to verify that either water is in the upper compartment to be filtered, or that water has been through the filter and can be dispensed from the filter's tap. If water is collected from the filter after treatment, the enumerator must also observe a safe water storage container (code correct users as Filter +); Solar disinfection: the enumerator observes intact and sealable bottles, either in the home or where they are exposed to the sunlight; study participants must self-report that bottles are exposed to the sun for at least six hours per day on sunny days and up to two days on cloudy days. If treated water is collected separately, the enumerator must also observe a safe water storage container (code correct users as SODIS+); Boiling: the enumerator observes the presence of boiled water, a fuel source, and a safe water storage container; study participants must also report that boiling occurred until water comes to a rolling boil (code correct users as BOIL+). Numerator: Number of households correctly practicing CT+ or SODIS+ or Filter+ or BOIL + Denominator: Total number of households visited
Bureau Owner(s)	Agency: USAID Bureau and Office: RFS/CW POC: waterteam@usaid.gov
Disaggregate(s)	Technology type (CT+, Filter+, SODIS+, BOIL+) Residence (Rural, Urban) Wealth Quintile

Indicator HL.8.2-7	Number of people receiving improved sanitation service quality from an existing "limited" or "basic" service as a result of USG assistance
Definition	A person is counted for this indicator when their current primary sanitation service qualifies as "basic" (see indicator HL.8.2-2) or "limited" (shared), and they receive an improvement in their sanitation service quality as a result of USG assistance. Specifically, "improved sanitation service quality" is defined as being achieved if: • Household excreta containment (e.g. septic tank) is improved to be more safely stored, emptied and transported to an officially designated location for disposal/treatment; or • Fecal sludge transport service is established and used (e.g. extending FSM service to new HHs); or • Delivery to a designated location for treatment is ensure (e.g. establishing truck GPS monitoring); or • Improvements are made to the treatment of fecal sludge in-situ at households **Note:** People counted against this indicator cannot also be counted against indicator HL.8.2-2 or HL.8.2-3: Number of people gaining access to access to a basic or safely managed sanitation services as a result of USG assistancee.
Primary SPS Linkage	HL.8.2
Linkage to Long-Term Outcome or Impact	Use of an improved sanitation facility by households is strongly linked to decreases in the incidence of waterborne disease among household members, especially among those under age five. For sanitation coverage purposes, the WASH sector divides households into five service level categories: open defecation (no service), unimproved sanitation, limited (shared) sanitation, basic sanitation (improved facility not shared), and safely managed. These categories are used to define a sanitation ladder. The WASH sector seeks to have households move up the sanitation ladder and eventually arrive at safely managed sanitation in order to meet sanitation-related Sustainable Development Goals (SDGs). Improvements in sanitation service quality is an indication that there is movement toward reaching the sanitation-related SDGs in the expected direction.
Indicator Type	Outcome
Reporting Type	Number
Use of Indicator	This indicator is required for reporting performance of activities across multiple OUs that support the achievement of Development Result 2 (Increase Sustainable and Use of Sanitation and the Practice of Key Hygiene Behaviors) of the USAID Water and Development Plan. Formerly, indicators captured those beneficiaries reaching a designated level of service (basic or safely managed), but those achieving improvements in service between these categories were not measured. These data will be used to assess progress towards achieving this development result and will be reported in USAID's annual Water Sector Report to Congress and other key stakeholders.
Reporting Frequency	Annual

Indicator HL.8.2-7	Number of people receiving improved sanitation service quality from an existing "limited" or "basic" service as a result of USG assistance
Data Source	Upon completion of promotion, technical assistance, capacity building, construction, rehabilitation, or upgrading of sanitation services that improves sanitation service quality, data must be collected by USAID staff, implementing partners, or a third party evaluator. USAID staff, implementing partners, or a third-party evaluator must reasonably demonstrate the linkage between USG assistance and new services provided in order to attribute results to this indicator. Acceptable method(s) by which data for this indicator should be collected are: • Program records and observations of sanitation facilities or treatment systems constructed/ renovated • Household surveys of a representative and statistically significant sample of those who received improved sanitation service quality • Service partner records of service rendered such as truck operators, manufacturers, or sales agents • Partner government records, policy, by-laws, or regulationsNumber of people may be a direct count or may be determined by multiplying number of households with benefits by the average number of people per household. This indicator can be difficult and time consuming to measure accurately and requires robust data quality assurance on the part of USAID.
Bureau Owner(s)	Agency: USAID Bureau and Office: RFS/CW POC: waterteam@usaid.gov
Disaggregate(s)	Sex(Female, Male) Residence (Rural, Urban) Wealth Quintile

Indicator HL.8.3-3	Number of water and sanitation sector institutions strengthened to manage water resources or improve water supply and sanitation services as a result of USG assistance
Definition	This indicator will measure the number of water sector institutions that demonstrate an improvement in governance based on an activity-specific institutional assessment index. The index can be activity-specific, but must follow guidelines below and must be able to set a baseline against which improvement is measured. Changes must result through USG assistance and meet targets set at the beginning of the activity. Institutions under this indicator may include: • Local, regional, or national government ministries; • Regulators; • Civil society organizations which conduct activities in support of government policy-making & implementation A single institution may only be counted once in a single reporting year, regardless of the amount of improvement achieved. An institution may be counted again in subsequent years if further improvements are made. Improvements will be measured using an activity-specific institutional assessment index. The index will measure outcome based changes, where the following categories can be considered: • Human resources; • Monitoring systems • Financial management (budget execution, ability to pass an annual audit); • Project planning and management of implementation • Enforcement of policies (watershed protection, allocation systems) • Equity (tariff setting, poor inclusive policy, gender mainstreaming policy) • Accountability to stakeholders Activity MEL plans must include information about the institutional assessment index being used, including the indicators and measurement methods. This should also be documented in the Indicator Analysis section of the PPR. **Note:** Service providers (for example utilities or water point committees) cannot be counted towards this indicator.
Primary SPS Linkage	HL.8.3
Linkage to Long-Term Outcome or Impact	Improved governance for the water and sanitation sector is critical to achieving USAID's goal of increasing availability and sustainable management of safe water and sanitation for the underserved and most vulnerable. Progress on this indicator will demonstrate progress towards USAID's development results and increased self-reliance in target countries.
Indicator Type	Outcome
Reporting Type	Number
Use of Indicator	This indicator is used for reporting performance of activities across multiple OUs that support the achievement of Development Result 1 (Strengthen Sector Governance and Financing) of the USAID Water and Development Plan. These data will be used to assess progress towards achieving this development result and will be reported in USAID's annual Water Sector Report to Congress and other key stakeholders.

Indicator HL.8.3-3	Number of water and sanitation sector institutions strengthened to manage water resources or improve water supply and sanitation services as a result of USG assistance
Reporting Frequency	Annual, depending on the specifications in the contract or grant
Data Source	This indicator will be measured using an activity-specific institutional assessment index which is designed and validated at the outset of the activity. A baseline assessment must be done at each institution before the intervention and follow-on annual assessments must be done to measure the change in institutional strength. This index can be based on standard models such as USAID's G2G index, the WASH Building Blocks or a national governance index.
Bureau Owner(s)	Agency: USAID Bureau and Office: RFS/CW POC: waterteam@usaid.gov
Disaggregate(s)	Institution Scale: national, regional, local (e.g. county, district)

Indicator HL.8.4-1	Value of new funding mobilized to the water and sanitation sectors as a result of USG assistance
Definition	This indicator will measure the total value (USD) of new funding mobilized to expand or improve water or sanitation services or implement water resource management activities. Funding must be allocated to the relevant ministry in government or disbursed by other organizations in order to count as mobilized. Funding under this indicator may include: • Domestic public resources (budget allocations, taxes) • Domestic public financing (bond issuance) • User payments (tariffs) • Private/commercial financing (such as via a commercial bank or microfinance institution) • Private financing through public-private partnerships (PPPs) or Global Development Alliances (GDAs) • Development partner or donor funds leveraged *Note that this may not include USG funding This funding must be applied towards the water and sanitation sector including: • capital investment projects for the new construction, replacement, rehabilitation or improvement of WASH infrastructure • operation and maintenance of existing WASH infrastructure • new WASH product development and marketing • expansion capital for small businesses providing water and sanitation products or services • government social behavior change campaigns • water resource management activities Funding counted towards this indicator must be new funding, that would not be available to the sector without USG assistance. USG assistance leading to mobilization of funding may include: • development of financial proposals, pipelines and financial products • structuring and implementation of PPPs or GDAs • creation of development credit guarantees • capacity improvements that enhance credit worthiness of service providers or small businesses Mobilized finance reported under this indicator should be disaggregated as domestic or international. Domestic finance is investment which originated within the country in which it is implemented (e.g., national government funds to support implementation of a project within that country) and international finance is cross-border finance (e.g., a private company based in one country contributing funds for a project in a different country).
Primary SPS Linkage	HL.8.4
Linkage to Long-Term Outcome or Impact	Increased financing for the water and sanitation sector is critical to achieving USAID's goal of increasing availability and sustainable management of safe water and sanitation for the underserved and most vulnerable. There is a significant funding gap between existing funding and needs to reach universal access. In order to achieve sustainability, it is important to mobilize other funding, including private finance and domestic public expenditure. Progress on this indicator will demonstrate progress towards USAID's development results and increased self-reliance in target countries
Indicator Type	Outcome

Indicator HL.8.4-1	Value of new funding mobilized to the water and sanitation sectors as a result of USG assistance
Reporting Type	Number (Value in USD of all funds mobilized)
Use of Indicator	This indicator is used for reporting performance of activities across multiple OUs that support the achievement of Development Result 1 (Strengthen Sector Governance and Financing) of the USAID Water and Development Plan. These data will be used to assess progress towards achieving this development result and will be reported in USAID's annual Water Sector Report to Congress and other key stakeholders.
Reporting Frequency	Annual
Data Source	Data will be collected by USAID program managers and from implementing partners. At minimum, data sources must demonstrate that new funding was mobilized and that USG activities resulted in this mobilization. Potential data sources for measurement of this indicator include: • project documentation to demonstrate outcomes of USG-funded activities • documentation of loans made by commercial banks or microfinance institutions • documentation of funds leveraged through GDAs or PPPs • national or sub-national budget information showing an increase in allocations and disbursements for water Activities reporting on this indicator must monitor appropriate intermediate outcomes to demonstrate the linkage between USG activities and finance.
Bureau Owner(s)	Agency: USAID Bureau and Office: RFS/CW POC: waterteam@usaid.gov
Disaggregate(s)	Funding Source: Domestic Funding Source: International Funding Type: Public Funding Type: Donor Funding Type: Private Sector: Water Sector: Sanitation Sector: Water Resources Management

Indicator HL.8.5-1	Number of people benefiting from the adoption and implementation of measures to improve water resources management as a result of USG assistance
Definition	"Benefiting" is achieved through increased equitable water resource allocation, watershed protection and restoration, and improved surface and ground water quality and availability or through reduced water-related risk. Illustrative "measures" to improve water resources management may include: • Construction of green infrastructure, buffer zones, or reforestation • Establishment of payment for water-related ecosystem services • Resource management plans implemented and enforced • Data collection to support water resource management decision making with resultant changes in programs "Adopted and implemented" means that measures must have been taken up and result in a concrete benefit, and not be limited to trainings or development of policies and plans. Measures must be implemented through USG assistance.
Primary SPS Linkage	HL.8.5
Linkage to Long-Term Outcome or Impact	Improved water resource management is critical to achieving USAID's goal of increasing availability and sustainable management of safe water and sanitation for the underserved and most vulnerable. Progress on this indicator will demonstrate progress towards USAID's development results and increased self-reliance in target countries.
Indicator Type	Outcome
Reporting Type	Number
Use of Indicator	This indicator is used for reporting performance of activities across multiple OUs that support the achievement of Development Result 4 (Improve Management of Water Resources) of the USAID Water and Development Plan. These data will be used to assess progress towards achieving this development result and will be reported in USAID's annual Water Sector Report to Congress and other key stakeholders.
Reporting Frequency	Annual

Indicator HL.8.5-1	**Number of people benefiting from the adoption and implementation of measures to improve water resources management as a result of USG assistance**
Data Source	In addition, data sources must demonstrate the benefit of these measures. Acceptable methods for this include: • Representative sampling survey pre and post intervention to assess benefits; or • Number of people in a given area who have adopted and implemented a plan or process for improving water resource management, with the assumption that all people in the area benefit from having such an activity. Number of people may be a direct count or may be determined by multiplying number of households with benefits by the average number of people per household. Data sources must demonstrate that measures were implemented as a result of USG assistance. Data sources for this can include testing water quality, verifying implementation of policies and plans or verifying implementation of restoration/protection measures.
Bureau Owner(s)	Agency: USAID Bureau and Office: RFS/CW POC: waterteam@usaid.gov
Disaggregate(s)	Sex: Female, Male Type of Measure: Water Allocation/Watershed Protection/Risk Reduction

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