



Sustainable Sanitation and Hygiene for All (SSH4A)

PERFORMANCE MONITORING FRAMEWORK

Part 2. Outcome indicators (February 2019)



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Authors

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Cover photo: Evidence-based monitoring by Kasama DWASH members collecting data for SSH4A RP's household survey in Zambia (© SNV).

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SSH4A performance monitoring framework
Part 2. Outcome indicators

OI 1 REPORTING SHEET

PROGRESS IN THE CAPACITY OF LOCAL GOVERNMENTS OR LINE AGENCIES TO STEER SANITATION DEMAND CREATION PROCESSES WITH QUALITY IN THEIR AREA

Name of the responsible agency:

District or county:

Date:

Location of the meeting:

Outcome indicator 1	0	1	2	3	4
Has plan for implementing demand creation activities covering the entire district (even if in phases).					
Ensures that there are human and financial resources to implement demand creation activities in line with its plans (in-house or other).					
Promotes quality standards and regularly assesses the performance of organisations engaged in demand creation.					
Has a monitoring system that measures progress on demand creation targets and results at village and sub-district level.					
Ensures that follow-up happens at the most appropriate times of the year.					
Ensures that information on progress is shared, analysed, and discussed with relevant sub-district and district level stakeholders.					
Ensures that monitoring includes data that assesses inclusion of all groups within the villages, including people with disabilities.					
Uses data from monitoring and experiences to adjust or improve implementation of sanitation demand creation, where relevant.					
Uses a differentiated approach for hard-to-reach villages and for those lagging behind.					
Mobilises local government and other local leadership around sanitation.					

0=no/ never; 1=rarely; 2=occasionally; 3=mostly; 4=always

Reasons for giving the overall score (where relevant with reference to documents):

What has been the most significant progress made over the past 2 years?

Stakeholder recommendations:

OI 2 INDIVIDUAL SELF-SCORING SHEET FOR FACILITATORS

PROGRESS IN CAPACITY IN THE AREA TO IMPLEMENT SANITATION DEMAND CREATION WITH QUALITY

District or county:

Date:

Location of the meeting:

Outcome indicator 2	0	1	2	3	4
Facilitates, does not lecture.					
Ensures that workshop timing and invitations are done adequately so as to ensure inclusive participation of different genders, ethnic groups, people with disabilities, and wealth groups.					
Monitors attendance and makes additional effort to reach groups who do not attend (if needed).					
Demonstrates a respectful attitude towards participants, and adapts to local customs.					
Gives specific attention and/ or uses methods to enable the active participation of different genders, ethnic groups, people with disabilities, and wealth groups.					
Starts post-triggering activities within three weeks of the triggering.					
Includes informed technology choice activities, and ensures that there is understanding of sanitary quality of toilets during post-triggering.					
Includes hygiene and handwashing in post-triggering.					
Gives attention to special needs during triggering and/ or post-triggering (e.g., barriers for people with disabilities, elderly, poor, etc.).					
Clarifies agreements, roles and responsibilities of the community as well as of outside organisations (does not create false expectations).					

0=Never; 1=rarely; 2=occasionally; 3=mostly; 4=always

Reasons for giving this score:

What was the most important thing you learned over the past 2 years?

What would you feel should be improved further?

OI 3 REPORTING SHEET

PROGRESS IN PRIVATE SECTOR ENGAGING IN SANITATION HARDWARE AND SERVICES

District, county, or other:

Date:

Participants:

What type of hardware or services do you provide?

Who are your customers?

Outcome indicator 3	
0 No private sector involvement in sanitation	No private sector actors involved in sanitation hardware or services in the area.
1 Private sector involvement only at district HQ	Private sector involved in sanitation hardware or services in the area.
2 Private sector marketing sanitation	Private sector involved in sanitation hardware or services in the area, and actively marketing sanitation hardware or services.
3 Marketing and outreach to communities	Private sector involved in sanitation hardware or services in the area, is actively marketing sanitation hardware or services, and has outreach to communities.
4 Marketing, outreach, and reaching the poor	Private sector involved in sanitation hardware or services in the area, is actively marketing sanitation hardware or services, has outreach to communities, and its products or services are reaching the poorest wealth quintile.

Reasons for giving this score:

What has been the most significant progress in sales made over the past 2 years?

How to improve outreach and sales with poor households in 2016/2017?

Other recommendations or comments:

OI 4 and OI 11 DISCUSSION REPORTING SHEETS

OI 4: AVAILABILITY OF AFFORDABLE SANITATION OPTIONS FOR THE POOREST WEALTH QUINTILES

OI 11: PROGRESS ON THE INFLUENCE OF POOR HOUSEHOLDS IN RURAL SANITATION AND HYGIENE PROGRAMMES

Location of the discussion:

Time and date of the discussion:

Number of participants:

Selected key assets¹⁹ identified for comparison:

SUMMARY OF THE DISCUSSION *(SUGGESTED QUESTIONS)*

1. In the group how many people have a latrine and who does not yet have a latrine?

2. For those who have a latrine, how did you decide to build one?

3. Where did you get the information about how to build a latrine?

4. What type of latrine is it, and how did you find the resources to build it?

5. How much did it cost?
 - For labour

 - For the materials (what type of materials)

 - For the superstructure

¹⁹ Key assets are assets from the wealth analysis/modules that 60% of people and people across wealth quintiles have. In principle, the cost of key assets is compared against the cheapest option of building a toilet. However, if felt appropriate, certain low-cost toilet types can be excluded for being inappropriate, unsafe or unhygiene.

6. Are you happy/ satisfied with your latrine?

7. In this area are there many people who have [key asset]? How do they pay for those?

8. What would be good ideas to make it easier for households to buy a latrine?

9. Are there other barriers and needs mentioned related to sanitation and hygiene?

10. Do you feel that these issues are taken into account by local government?

11. Are you aware of possibilities to participate and voice your needs to local government?

12. Do you usually participate (attend and/or speak) in these meetings? Why/ Why not?

13. Are your suggestions taken into account? Why, why not?

14. Do you feel that there is more attention for your needs in sanitation than two years ago?

15. What would be your recommendations to make sure that your needs are heard?

OI 4 CONSOLIDATED FINDINGS SHEET²⁰

Latrine costs

Latrine type	Construction materials used				Cost				Comments
	Pit lining	Slab/ pipe(s), pan	Walls	Roof	Materials		Labour		
					Pit (lining)	Slab	Pit (digging)	Slab	

What is the total costs of the underground structure? (Including slab) (refer to question 5)

How do people pay for this? (refer to question 4)

Is the latrine more or less expensive than some of the key assets? (refer to question 7)

	Cost
Key asset 1	
Key asset 2	
Key asset 3	
Cost of latrine (underground)	

(continued on next page)

(continued, OI4 Consolidated findings sheet)

²⁰ This sheet will be used after the focus group is finalised. Make sure that you collect the relevant information in the FGD.

0 Beyond reach	Value* of the 1- three key assets is beyond the cost of latrine substructure
1 Is unaffordable	Value of the 1- three key assets < the cost of latrine substructure
2 Is barely affordable	Value of the 1- three key assets \leq the cost of latrine substructure
3 Is affordable	Value of the 1- two key assets \geq the cost of latrine substructure
4 Is easily affordable	Value of the main key asset > the cost of latrine substructure

**The type, value and the quantity of the key asset to use will be determined by the country based on the current market price.*

Notes

- The price of key assets, where possible, will be extracted from the consumer price index or a similar reliable source.
- Key asset(s) – most commonly owned HH good – to be determined from the HH survey. We shall use the assets from the lowest wealth quintile group which can be movable or non-movable assets and livestock e.g. beds, animals, bicycles.
- A key factor in reviewing the value of the asset would be to determine how the key asset is acquired. This will be part of the discussion under SI 8 as it determines the financing of the asset and therefore the payment options available for the HHs.

Stakeholder recommendations to improve affordability
use responses to questions 2, 3, 6 and 8

OI 11 CONSOLIDATED FINDINGS SHEET²¹

District or county:

Date:

Location of the meeting:

Outcome indicator 11	
0	No participation of households from the poorest wealth quintiles in meetings and events.
1	Households from the poorest wealth quintiles attend meetings (but do not speak).
2	Households from the poorest wealth quintiles attend meetings and speak (but do not feel they influence decisions).
3	Households from the poorest wealth quintiles attend meetings, speak, and feel that they influence decisions.
4	Households from the poorest wealth quintiles attend meetings, speak, and feel that they influence decisions, as well, the decisions made reflect and respect their needs and perspectives.

Reasons for giving this score
refer to questions 11, 12 and 13

What has been the most significant progress made over the past 2 years?
refer to questions 9, 10, 14

What recommendations will you like to make to enhance your participation in rural sanitation and hygiene in the coming year?
refer to question 15

²¹ Though this outcome indicator belongs to component 4, we are including it here because the measurement is conducted linked to outcome indicator 4.

OI 5 REPORTING SHEET

PROGRESS OF RESPONSIBLE LINE AGENCIES TO INSTITUTIONALISE BEHAVIOUR CHANGE COMMUNICATION FOR RURAL SANITATION AND HYGIENE

Name of the responsible agency:

District, county or other:

Date:

Location of the meeting:

Outcome indicator 5	0	1	2	3	4
Has a unit or staff with the mandate to design and/or implement BCC for rural sanitation and hygiene.					
Has clearly defined internal roles and responsibilities to design and/or implement BCC for rural sanitation and hygiene.					
Has sufficient and qualified human resources for the required tasks.					
Has adequate financial resources to design and/or implement BCC.					
Develops a BCC strategy or action plan that clearly articulates priority behaviours and target groups					
Ensures that other agencies working in sanitation agree on the priority behaviours and target groups.					
Generates information about behaviour change priorities and outcomes for monitoring and review.					
Updates its BCC strategy or action plan with regularity, or at least every three years.					
Works with other stakeholders in sanitation to explain and create buy-in for BCC work.					
Ensures that BCC work has the support of superiors, and is integrated into broader WASH planning, such as a local sanitation plan.					

0=no/ never; 1=incipient; 2= basic; 3=mostly; 4=always/ advanced

Reasons for giving the overall score (where relevant with reference to documents):

What have been the most significant improvements made in institutionalising hygiene promotion over the past two years?

Which challenges have been encountered?

Recommendations for improvements:

OI 6 REPORTING SHEET

PROGRESS IN THE CAPACITY OF STAFF TO IMPLEMENT IMPROVED PRACTICE IN BEHAVIOUR CHANGE COMMUNICATION FOR RURAL SANITATION AND HYGIENE

Name of the responsibility agency:

District, county or other:

Date:

Location of the meeting:

Outcome indicator 6	0	1	2	3	4
Identifies priority behaviours and target audiences based on evidence.					
Develops behavioural interventions based on formative research or other evidence of motivators.					
Ensures communication objectives are clearly articulated.					
Ensures messages and behavioural interventions are tested with the target audience.					
Ensures use of language and imaging is appropriate for the capacities and culture of the target audience.					
Ensures that the design of BCC is inclusive, as well as language and imaging is respectful and does not reinforce stereotypes.					
Manages and oversees the quality of implementation/ roll-out according to design and planning.					
Ensures training and follow-up to facilitators or other implementers is provided to an adequate standard.					
Has a process for monitoring and gathering feedback on outcomes.					
Adapts or improves implementation based on monitoring information, on the changing context, and/ or other feedback.					

0=no/ never; 1=incipient; 2= basic; 3=mostly; 4=always/ advanced

Reasons for giving this score:

What specific behaviours have been addressed in hygiene promotion over the past two years?

What have been the most significant improvements made in hygiene promotion over the past two years?

Which challenges have been encountered?

Recommendations for improvements:

OI 7 REPORTING SHEET

PROGRESS IN LOCAL SECTOR ALIGNMENT AROUND RURAL SANITATION AND HYGIENE

District or county:

Participating stakeholders:

Date:

Location of the meeting:

Outcome indicator 7	0	1	2	3	4
A multi-stakeholder dialogue has started on rural sanitation and hygiene.					
All relevant local government sector stakeholders are involved in the dialogue.					
All relevant donor (or funding) agencies are involved in the dialogue.					
Relevant civil society groups, rights holder groups (including DPOs), and private sector stakeholders are involved in the dialogue.					
Information and data (evidence base) are shared in the group.					
Sector priorities for rural sanitation and hygiene are set jointly by stakeholders.					
Sector targets for rural sanitation and hygiene are set jointly by stakeholders.					
Plans for rural sanitation and hygiene are made jointly.					
Approaches for rural sanitation and hygiene are aligned.					
Standards and norms related to rural sanitation and hygiene are aligned.					

0=no/ never; 1=incipient; 2= basic; 3=mostly; 4=always/ advanced

Reasons for giving the overall score:

What has been the most significant progress made over the past two years?

Recommendations for improvement:

OI 8 REPORTING SHEET

PROGRESS IN CAPACITY OF LOCAL LINE AGENCIES TO PRO-ACTIVELY MAINSTREAM GENDER AND SOCIAL INCLUSION IN RURAL SANITATION AND HYGIENE

Name of the responsible agency:

District, county or other:

Date:

Location of the meeting:

Outcome indicator 8	0	1	2	3	4
Uses disaggregated data to monitor and inform approaches for different vulnerable groups.					
Has a strategy or plan in which the different needs for different groups (e.g., women, people with disabilities, minority groups, etc.) are identified.					
Has specific activities, budget, and resources for these.					
Works with relevant specialist organisations and social services when needed (e.g., DPOs, social service providers, etc.).					
Incorporates gender and social inclusion considerations in training of programme implementers.					
Reviews tools and approaches for attention to gender and social inclusion, and positive and inclusive messaging.					
Reaches out and creates space for direct dialogue with different potentially disadvantaged groups.					
Considers the specific needs of staff members, e.g., female staff, people with disabilities.					
Promotes equal opportunities for all staff members.					
Reviews approaches and progress for both positive and negative outcomes for different groups.					

0=no/ never; 1=incipient; 2= basic; 3=mostly; 4=always/ advanced

Reasons for giving the overall score:

What has been the most significant progress made over the past two years?

Recommendations for improvement:

OI 9 REPORTING SHEET

PROGRESS IN THE CAPACITY OF LOCAL GOVERNMENT TO PROVIDE SUSTAINABLE SOCIAL SUPPORT MECHANISMS IN RURAL SANITATION AND HYGIENE

Name of the responsible agency:

District, county or other:

Date:

Location of the meeting:

Outcome indicator 9	0	1	2	3	4
Has an overview of the availability and uptake of different support mechanisms in the area.					
Ensures alignment and coherence of different forms of support in their jurisdiction.					
Identifies a target population based on transparent, and verifiable characteristics.					
Defines a combination of support mechanisms and target population that can be sustained at scale, within existing resource constraints.					
Funds support mechanisms through regular budget.					
Uses monitoring information to evaluate uptake and effectiveness, and subsequently improve.					
Identifies and monitors risk areas for misuse, and subsequently improves.					
Uses support mechanisms, which do not distort prices or market incentives.					
Implements support mechanisms at the lowest possible level (subsidiarity principle), linking responsibilities to accountability for results.					
Ensures transparent and clear communication to the target group and wider population about support mechanisms.					

0=no/ never; 1=incipient; 2= basic; 3=mostly; 4=always/ advanced

Reasons for giving the overall score:

What has been the most significant progress made over the past two years?

Recommendations for improvement:

OI 10 REPORTING SHEET

PROGRESS ON THE INFLUENCE OF WOMEN IN RURAL SANITATION AND HYGIENE PROGRAMMES

District or county:

Date:

Location of the meeting:

What kind meetings / events do women generally participate in?

Are there any specific WASH events / meetings that the women in this group have participated in the past 2 years?

Outcome indicator 10	
0	No participation of women in meetings and events.
1	Women attend meetings (but do not speak).
2	Women attend meetings and speak (but do not feel they influence decisions).
3	Women attend meetings, speak and feel that they influence decisions.
4	Women attend meetings, speak and feel that they influence decisions, as well, the decisions made reflect and respect their needs and perspectives.

Reasons for giving the overall score:

What progress has been made in the participation of women in sanitation over the past 2 years?

What kind of issues have women raised in the meetings? Are there any specific WASH issues?

Have these issues been heard and/or resolved?

Which examples or evidence was given that women have influenced decisions?

Stakeholder recommendations for improving the participation of women and assuring their needs are addressed:

OI 12 REPORTING SHEET

PROGRESS ON THE INFLUENCE OF PEOPLE WITH DISABILITIES IN RURAL SANITATION AND HYGIENE PROGRAMMES

District or county:

Date:

Location of the meeting:

What outreach methods are used to ensure people with disability hear about meetings or events in your community?

Are there any specific WASH events / meetings that the people in this group have participated in the past 2 years? What are people's experience in these?

Outcome indicator 12	
0	No participation of people with disabilities in meetings and events.
1	People with disabilities attend meetings (but do not speak).
2	People with disabilities attend meetings and speak (but do not feel they influence decisions).
3	People with disabilities attend meetings, speak, and feel that they influence decisions.
4	People with disabilities attend meetings, speak, and feel that they influence decisions, as well, the decisions made reflect and respect their needs and perspectives.

Reasons for giving this score:

What progress has been made in the participation of people with disability in sanitation over the past two years?

What kind of issues have people with disability raised in the meetings? Are there any specific WASH issues?

Have these issues been heard and/or resolved?

Which examples or evidence was given that people with disability have influenced decisions?

People with disabilities recommendations for improving the participation of people with disability and assuring their needs are addressed:

DPO/ Stakeholder recommendations for improving the participation of people with disability and assuring their needs are addressed:

Your recommendations for improving the participation of people with disability and assuring their needs are addressed:

