

MONITORING INDICATORS: POST TRIGGERING AND POST-ODF

Main Messages

- 1. As a first step, nationally relevant definitions for ODF and for Improved /Unimproved sanitation need to be agreed by all stakeholders** - The definitions should include indicators for the desired kind/s of sanitation behaviour change to be adopted by households and whole communities.
- 2. As a next step beyond ODF achievement, country-specific agreed definitions are also needed for behaviour change milestones towards Total Sanitation** – This prioritises and directs attention and resources to changing specific behaviours one after another rather than diluting the focus with many change messages all at once. The laddering should also define verifiable behaviour change targets/milestones along the way.
- 3. Monitoring tools and reporting need to be harmonised with each country.** This is essential for effective national monitoring.
- 4. The process needs to be transparent at all levels** – Ensuring transparency of indicators and measurement methods is vital to making monitoring a tool for accelerating change. Transparent indicators can be designed to be empowering and capacity building for communities. Budget transparency is a means to effective program performance and measurement.
- 5. Those using the sanitation marketing approach needs to be more aware** of the what and how of monitoring progress in design and application of the approach.
- 6. There is need for clearly and verifiably structured follow-up processes** with quality standards and activities to check for during successive follow up visits/events.
- 7. Indicators and the areas they are chosen to cover are important for post-ODF monitoring.**

Introduction: Issues and challenges in institutionalising and taking CLTS to scale

Many governments have now recognised CLTS in their sanitation policies and strategy documents as an approach to scale up sanitation coverage. Yet very few government policies refer to CLTS monitoring and there is typically no guidance for national government on post-ODF monitoring.

At the regional level within countries, there are often different definitions for ‘ODF’ and ‘improved sanitation’ alongside the JMP definitions. There is a need to harmonise monitoring and indicators around national goals and targets.

M&E systems for CLTS at scale must be in line with national policies and country capacity and budget, which will require attention to making post ODF monitoring cost efficient.

Sanitation marketing is a new and unfamiliar area. There is little awareness among stakeholders about what and how to monitor progress in sanitation marketing.

Experiences

1. Country-specific agreed definitions for ODF and for improved /unimproved sanitation

The need for country-specific agreed definitions

When CLTS triggering quickly spreads in many countries, and communities begin to declare themselves ODF, a variety of definitions of ODF status and different ways of verifying ODF emerge in different projects. Moreover, population surveys and projects do not necessarily differentiate between improved and unimproved facilities while counting coverage. All this makes data about sanitation access and ODF communities difficult to aggregate, leaving national authorities responsible for MDG target monitoring at a loss.

The first step therefore is to start by harmonising definitions of indicators and key concepts before developing any kind of monitoring indicators and systems for post-triggering and post-ODF phases of CLTS implementation in communities. Each country needs to adopt definitions according to its own development context, goals and targets, including country MDG targets, and then have those definitions applied across all projects and programs for rural sanitation, regardless of funding sources. The definitions will need to evolve from stakeholder consultations, be discussed thoroughly and agreed by all stakeholders, made official by the national government, and incorporated into operational guidelines for rural sanitation programs.

Defining ODF

With the introduction of CLTS through various channels in different countries, Open Defecation Free (ODF) communities have been defined in a wide variety of ways by different NGOs, donors and government structures. This has resulted in problems of aggregating data about CLTS outcomes at any level. A nationally agreed definition of ODF communities is necessary, so that verification and certification systems can be based on it and the data from monitoring/verifying ODF outcomes can be aggregated, compared and behaviour across all projects and provinces/districts of the country. Moreover, unless ODF status is clearly and measurably defined in terms of collective behaviour change, monitoring progress to ODF degenerates into simply counting toilets constructed – which may have little or no connection with elimination of open defecation.

Recommendation: The ODF definition adopted should include indicators for the desired kind/s of sanitation behaviour change by households and whole communities. The following definitions illustrate the point:

The TSSM project in East Java institutionalised the following definition of an ODF community, which is now being used for implementation of Indonesia's Community-based Total Sanitation Strategy (2008). A community is ODF when:

- All community households defecate into improved sanitation facilities, and dispose of infant faeces into them
- community has formulated and enforces sanctions against open defecation
- community is tracking growth of ownership of improved sanitation by 100% households
- no human excreta is visible in the environment
- community has written plan/strategy to achieve Total Sanitation

Defining improved and unimproved sanitation

Definitions of *Improved* and *Unimproved sanitation* are available from the WHO-UNICEF Joint Monitoring Program (JMP), and are meant to guide MDG target monitoring by all countries. Pre-MDG sector monitoring systems in many countries are not aligned with the JMP definitions, making MDG target monitoring and reporting difficult. Within this there is also the issue of inclusion of shared latrines among improved sanitation that has emerged in some countries such as Bangladesh, Ghana and Indonesia. JMP does not recognise shared latrines among improved facilities even though lack of available land in crowded communities or pooling of funds from several households has often led to perfectly satisfactory improved facilities being constructed, used and maintained jointly by several households in these countries. The technical terminology of the JMP definitions has also proven difficult to translate clearly and unambiguously in some national languages for dissemination widely within countries. There is also a lack of indicators for monitoring progress and impact of interventions on vulnerable groups.

Another area of on-going discussion concerns the quality and material for the ground surface and bowl that qualify to be classified as improved. According to the JMP (2012: 33) 'An improved sanitation facility is one that hygienically separates human excreta from human contact'. This includes a pit latrine with slab but a pit latrine without a slab is considered unimproved. The slab is widely interpreted to mean a cement sanplat. However there have been many local innovations and practices with hygienically washable surfaces that do not involve cement or sanplats, and a number of countries such as Mali have included these as improved.

For example, the TSSM project in Indonesia defined *Improved sanitation facilities* (Hygienic latrines or *Jamban sehat*) as those which:

- Prevent contact between human beings and human excreta
- Prevent access to the excreta by insect vectors and domestic or wild animals
- Do not pollute water bodies
- Prevent foul smell

Sanitation facilities not fulfilling these criteria are counted as *unimproved sanitation* (*Jamban tidak sehat*).

More generally, there have been examples of attempts at Indicator harmonisation: WaterAid, WHO and UNICEF co-organised three technical workshops in Dar es Salaam in January 2011. These brought together technical specialists and senior level representatives of national institutions involved in sector monitoring in Kenya, Rwanda, Tanzania and Uganda, to share experiences and solutions for strengthening sector monitoring as part of their joint monitoring programme. The purpose was to facilitate better coordination between stakeholders involved in water and sanitation sector monitoring at national and international levels through:

- Increased understanding of different methodologies used in data collection, processing and definition
- Understanding the data and sources
- Harmonising monitoring approaches at the national level and global levels
- Encouraging greater collaboration between different national level agencies involved in the water and sanitation sector monitoring¹

It is thought that the JMP's revised post-2015 indicators will pick up on some of these issues.

¹ <http://tanzania.wateraid.org/news/item/65-east-africa-data-reconciliation-workshop-in-dar-es-salaam>

Recommendation: To promote common understanding at all levels, nationally relevant definitions can be formulated in ways that communicate the rationale behind JMP definitions in colloquial terms and interpret them for local technologies and conditions, seeking better understanding by all concerned, from community members and local government personnel to national policy-makers.

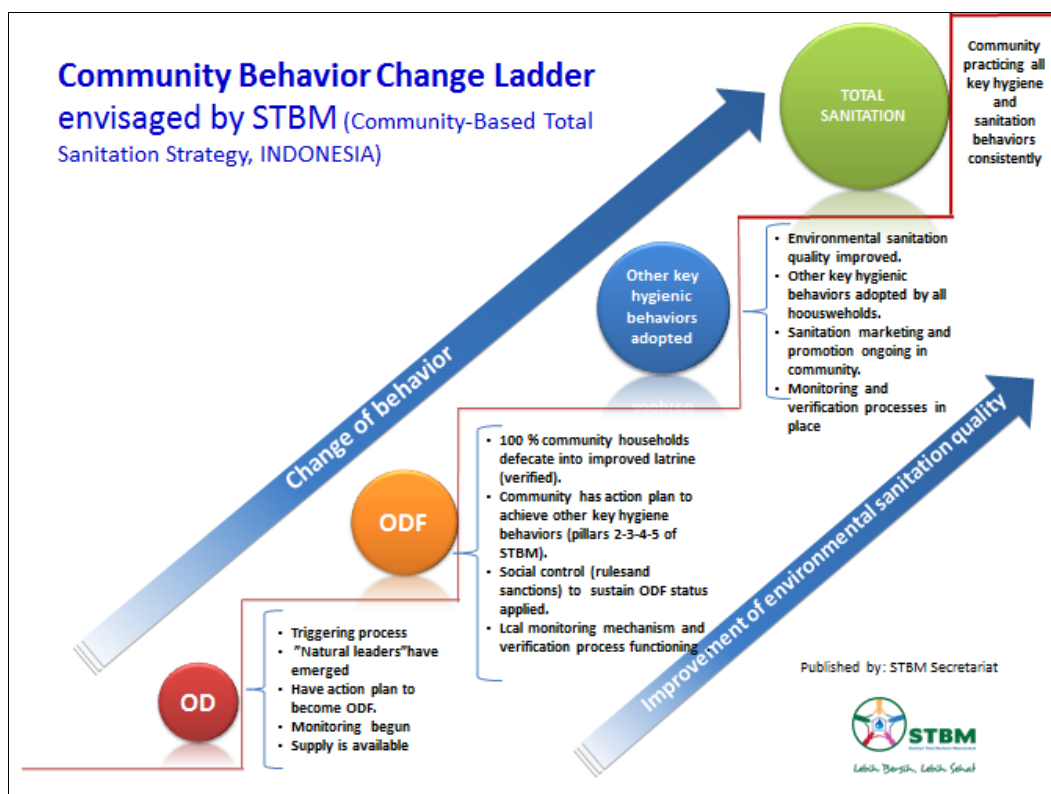
2. Country-specific agreed definitions for behaviour change milestones towards *Total Sanitation*

ODF achievement is a milestone indicated typically when all households stop defecating in the open. The process of hygiene behaviour change does not stop with ODF achievement and many countries have begun to define further steps along the path to the goal of *Total Sanitation*. Total Sanitation has been defined by many countries as the practice by all households of a set of key hygiene behaviours that typically include elimination of open defecation, safe disposal of infant excreta, hand washing with soap (or locally available materials/products e.g. ash or sisal plant that can be used to make soap), food and drinking water hygiene, safe disposal of domestic solid and liquid waste etc. Many countries have also reached a common conclusion that communities do not realistically achieve Total Sanitation all at once, and that hygiene behaviour improvements can only be promoted incrementally, in a stepwise fashion like climbing a ladder.

Recommendation: Prioritise and direct attention and resources to changing specific behaviours one after another rather than diluting the focus with many change messages all at once. The laddering also defines verifiable behaviour change targets along the way.

The following are examples of behaviour change ladders envisioned by countries in their rural sanitation strategies:

Indonesia's ladder can be shown diagrammatically:



Nigeria also uses a ladder-like definition of ODF and later stages of hygiene practices change (for description see the Briefing Note on *Verification, Certification and Re-verification*).

Ethiopia has a two-phase approach to verification of safe sanitation and hygiene practice: 1) Primary certification; recognises ODF status and 2) Secondary certification; recognises safe sanitation and hygiene practices that include ODF with minimum latrine standards, hand washing with soap or soap substitutes at critical times, and household safe water handling.

3. Harmonisation of monitoring indicators and reporting tools

Malawi has a framework to harmonise monitoring indicators and reporting tools. Within the sector there is a working group on M&E to which all implementers submit their indicators which are then consolidated and fed into government structure. Malawi is piloting tools for reporting in sanitation by integrating it into an existing Environmental Health Quarterly reporting mechanism. A set of indicators were identified through consultative process involving all key sector players from the public sector and NGOs. The reporting forms are at various levels namely – community, health centres and District Level.

Responsibility	Type of Form	Frequency
HSA (community level)	Community	Monthly
AEHO (Summary of community)	Health Centres	Monthly
DEHO (Summary of Health Centre)	District	Monthly
Principal Environmental Health Officer	National	Bi-annually

The outcome and modified forms will be used to support reporting as CLTS is scaled up nationally. Health Surveillance Assistants (HSAs) in Malawi (and similar cadres in other countries) have a critical role to play in monitoring. A system for post-ODF monitoring that is linked to HSAs seems to be effective provided the HSAs have a manageable number of villages to monitor and their work is performance based. In Zambia, traditional authorities have been roped in to CLTS monitoring.

4. Transparency of monitoring at all levels

Conventional sector monitoring systems place the entire responsibility for monitoring on government functionaries who may or may not involve community members in the process. The latter tend to have little knowledge of what is monitored and reported about them, unless participatory monitoring systems are institutionalised. Monitoring systems can yield most useful results when all concerned know and understand what is being monitored, how indicators are measured and aggregated, and checks and balances exist to ensure accuracy of data.

Transparency at the community level. Community-led initiatives like CLTS need to have community-monitoring and reporting of progress and outcomes (e.g. access to sanitation, sanitation and hygiene practices, collective behaviour change), as communities are the first-level users of such data, while local governments or national governments are secondary and tertiary users. Instruments and methods need to be devised to report this data from communities to government systems, and for actions in response from government systems to communities.

Practices for making progress transparently visible in communities have proved effective. Marks on houses and social maps have proved effective. In Angola, houses with no latrine are identified with a red rope tied to the house. In Indonesia, differently coloured stickers mark households with improved facilities, unimproved facilities, and no latrines. Social maps are displayed for transparent monitoring at the community level. In East Java, the same colour codes as with the stickers are used to mark houses on social maps displayed in the village office, with regular updating by village sanitation committees. In Ghana, house numbers are listed publicly on a poster and they are identified if they have a latrine. In Ethiopia, yellow, green, white and red flags indicate the stage reached by a community (see briefing on Verification, Certification and Re-certification).

Transparency of monitoring and reporting progress facilitates comparison, analysis, competition and learning. There is a huge potential for districts and provinces within a country to learn rapidly from each other. In Indonesia, the TSSM project initiated stakeholder platforms for learning exchange and knowledge sharing using monitoring data displays from various districts. This helped create awareness among district government personnel about their own performance in comparison to others. The resulting sense of competition and desire to correct one's weaknesses that was generated among stakeholders spawned a wide range of horizontal learning activities for months beyond the learning events. Post-TSSM, the platforms are now funded and maintained by the provincial and district governments.

Ghana has instituted an ODF league (which includes a graphic with runners on a race track – the runners represent communities or districts).

In Ethiopia, a village posts either yellow, green, white or red flags in prominent areas to indicate the extent to which it has achieved an environment free of open defecation.

- Yellow flag: at least 50 per cent of households have completed latrine construction of any type (latrines designed by community members) which are in use.
- Green flag (first phase certification of ODF) - next level up from yellow (which takes a six month process under normal circumstances). 100 per cent of households have constructed latrines of any design, which are in use. Latrines have been constructed for the use of travellers and in public gathering areas and are in use
- White flag: The community is ready for the second phase certification.

WSP's *What Does It Take to Scale Up Rural Sanitation?* (Perez with others 2012) is a source for significant experience in facilitating horizontal learning within as well as across countries in Asia and Africa.

Transparency of budget monitoring for sanitation is essential for program performance measurement. Local government budgets need to have separate budget lines for rural sanitation and hygiene improvement interventions, clearly differentiated in terms of budgets for software and hardware support (in case the country still provides construction subsidies to households, or uses the budget to build institutional facilities). Linking CLTS programme performance with budget allocations for sanitation (e.g. benchmarking Sector Performance Assessments, results based financing, output based approaches) seems to be effective.

Having clarity of budget allocations has made it possible to monitor cost-effectiveness and efficiency of budget utilisation against program outcomes at community level in program performance benchmarking and monitoring systems in India and Indonesia. These assessments are linked to competition and awards/incentives for district governments.

In Ghana, Multi-Donor Budget Support (MDBS) is a joint support mechanism of donors and the Government of Ghana (GoG). It is based on the contribution of financial resources by the donors directly to the Government's treasury to complement Ghana's domestically generated revenues. Including targets for CLTS in a DESSAP (District Environmental Sanitation Strategy Action Plan) is one of the criteria for being eligible for a contribution from the MDBS. Additional Resource allocation is based on the results of the FOAT (Functional Organisational Assessment Tool), which also assesses 75 per cent implementation of activities in the DESSAP annually.

In Kenya, there is a mechanism where districts generate revenue from their daily activities and submit the total collection quarterly with a proposal on how they intend to use the funds. This is then approved by the accounting officer in the central government since they have a clear roadmap on CLTS implementation. The funds are then processed to support the proposed activities. Additional support through grants and loans from development partners is also provided.

Recommendations:

- **Design monitoring to be an empowering, motivating and capacity building process for stakeholders**, including community members, Natural Leaders, government functionaries and program managers.
- **Ensure that indicators and measurement methods are transparent so that monitoring is a tool for accelerating change.**
- **Make sanitation and hygiene budget monitoring transparent as a means to effective program performance and measurement**

5. Monitoring sanitation marketing

Sanitation marketing is new and unfamiliar territory for government agencies and they are often unaware of what and how to monitor. At present, sanitation marketing interventions are being funded and managed by external aid agencies in most countries, while government agencies remain largely uninvolved. There are also widely varying perceptions regarding sanitation marketing among sector stakeholders, which distort their ability to monitor the appropriateness and effectiveness of sanitation marketing interventions. Widely held misperceptions about sanitation marketing include:

- *“sanitation marketing means training masons in building and selling latrines”*
- *“if CLTS creates increased demand for sanitation, markets will automatically develop to fulfil demand”*
- *“once demand has been created by CLTS triggering, then we can start sanitation marketing “*
- *“sanitation marketing and CLTS do not go together”*

For the long-term sustainability of ODF and Total Sanitation outcomes in communities, it is important to raise awareness of government agencies of what sanitation marketing is and is not, so that they facilitate the growth of pro-poor local markets and do not inhibit them by providing free or subsidised hardware to potential consumers.

There are examples of sanitation demonstration centres with the latrine options and facilities for hand washing. Masons are based at the centres and trained and equipped with tools to construct latrines, promotion of hand washing facilities is also done. Location is a key challenge. Villagers need to see the products but also be able to buy the products. One option might be a mobile shop on the

back of a trailer so that the products can be driven around, displayed to communities and but also available for sale (experience in Madhya Pradesh, India). Other options are the production of manuals for villagers to see the different options they could buy.

Where financing is a major obstacle to sustaining improved sanitation and hygiene practices, it is relevant to monitor the availability of financing in the post-ODF period. Some countries have experience in using microcredit to provide the resources required for sanitation e.g. Nepal Village Savings and Loans schemes; possible use of loans from Poverty Reduction project funds by poor communities to access markets, supplies and skills for upgrading facilities.

Recommendations/ideas:

Drawing upon the TSSM experience in Asia and Africa (2007-2010) monitoring Indicators for sanitation marketing at different levels could be as follows:

National level:

- Does the national sector policy or strategy include a component such as improving the availability of affordable sanitation goods and services in local markets for all classes of consumers?
- Are budgets allocated for national/regional market research (formative research with consumers, supply chain assessment with providers), marketing strategy development/capacity building of private sector providers to implement marketing strategy developed/ Behaviour Change Communication (BCC) campaigns?
- Are management skills made available to utilise these allocations?

Local government level:

- Local government awareness of marketing strategy developed for their district/province (Product options, Price and payment options, Place - who will deliver to consumers and where? Promotion - who will inform consumers about options and how?)
- In post-triggering follow-up providers are equipped with communication aids and training for Informed Choice facilitation in communities
- #s of trained sanitation service providers available in district/sub-district
- # of sanitation improvement options available to poorer segments of consumers in district
- Existence of local government mechanisms to facilitate interface between triggered communities and trained service providers
- Existence of quality assurance measures for locally available sanitation products and services e.g. branding, quality certification marks, accreditation of providers.

Community level

- Community households' awareness of product and payment options available
- Extent of variations in types and costs of sanitation facilities built in a community
- BCC messages seen/heard/remembered

Local service providers' level

- Numbers of orders received and fulfilled
- Backlogs and bottlenecks encountered
- Availability of financing to grow sanitation enterprise

6. Providing verifiable structure to follow up processes

A structured follow-up process can improve reliability and effectiveness of monitoring in the post-triggering phase. In the absence of a clearly defined process follow up becomes limited to counting latrine construction. Verifiable follow-up activities and checkpoints increase the likelihood of other important aspects of progress also being covered. During the post-triggering period, it is good to specify all that needs to happen between the community and the follow up providers, at follow-up visit 1, 2, 3 and so on, until ODF verification takes place. Follow-up needs to check whether behaviour change is progressing as planned and what obstacles and bottlenecks are being encountered. Information, advice and liaison support has to be tailored to the findings of the follow-up. In Malawi for example, a commonly found challenge with communities is collapsing latrines; follow-ups and support can be tailored to address this issue, and perhaps enter with sanitation marketing even before a community is declared ODF *if* their main challenge is constant latrine collapse instead of latrine demand.

See examples in the annex including: *Process Quality Indicators Checklist*, developed from participatory action research in 80 East Java communities that participated in the TSSM project. A flow chart might be useful for post-ODF monitoring: if the challenge is a technical one then certain indicators may be appropriate or if the triggering did not go well other indicators may be more appropriate.

7. Suggested areas for indicators for post-ODF sanitation monitoring (i.e. ODF, ODF+, ODF++)

- Cleanliness of the latrine
- Existence and condition of handwashing facilities
- Refuse site management
- Safe disposal of waste water from bathrooms and kitchens
- Management of shrubs and bushes around the community (OD risk)
- Compliance with Community Action Plans
- Updated Community Defecation Map/extended to maps tracking other hygiene practices
- Availability of community-enforced by-laws and sanctions e.g. against open defecation
- Food hygiene and safety practices appropriate to local lifestyle
- Household water safety
- Proper disposal of animal waste/ confinement of animals
- Water source protection
- Availability of sanitation and hygiene products and services desired by consumers
- Availability of financing for consumers and suppliers

In Ethiopia, for marking stages of progress, a village posts either yellow, green, white or red flags in prominent areas to indicate the extent to which it has achieved an environment free of open defecation.

- Yellow flag: at least 50 per cent of households have completed latrine construction of any type (latrines designed by community members) which are in use.
- Green flag (First Phase Certification ODF): next level up from yellow (which takes six months under normal circumstances). 100 per cent of households have constructed latrines of any design, which are in use. Latrines have been constructed for the use of travellers and in public gathering areas and are in use.
- White flag: The community is ready for second phase certification. This is usually expected to take about a year. Such a community will have demonstrated the following:

- 100 per cent of latrines are in use
- Handwashing facilities are on working order and have water and soap or a soap substitute
- Household safe water handling
- Existing water source/s are well protected from potential contamination by livestock and others, with good drainage

Observations/ reflections

In most countries to date, once ODF status has been reached and verified, follow up tends to cease. However, experience and research indicate that ODF status is not necessarily permanent, once achieved. Reflection on the results of the follow up should be used to make adjustment to CLTS programmes and policy.

At the community level, transparency of monitoring and transparency of verification is required. Communities should know why they are or aren't verified as ODF. Communities may have developed its implementing a strategy or procedure that ensures the sustainability of their ODF status. This includes local regulations to discourage Open Defecation, promote the construction and use of latrines, especially household latrines. Communities can monitor their compliance with the action plan. The exchange of experience and information between villages can also serve as a monitoring function i.e. a check on what communities are doing and what needs to improve. Guidelines for community-based monitoring and evaluation are useful in maintaining quality of the process. The monitoring should include sanitary facilities in schools, health centres and other institutions within communities but is not always budgeted for.

Nevertheless, third party monitoring systems - independent monitoring - has a critical role to play. The issue of sanctions has not been fully thought out in many countries. Some countries or communities have a by-law banning OD with a system of prosecutions/fines for violators and a threat that the ODF status may be withdrawn, whereas in other countries communities that may have slipped back to OD face no consequences. Zambia has experience of the use of enforcement of the public health act to ensure sustainability of CLTS in urban settings.

In the post ODF period a cost-efficient alternative can be participatory research with communities to better understand why some villages sustain their ODF behaviour while others do not, or why some become ODF rapidly while some take many months and some never achieve ODF status. Action research conducted in Indonesia (Mukherjee et al, 2012) is an example of low-cost, stakeholder participatory research that is a rapid assessment post ODF, which also afforded institutional learning for program implementers and managers in local governments.

On-going challenges

A range of broad challenges were reported, including:

- **Sanitation marketing:** The low level of knowledge of the different latrine options within communities suggests that that sanitation marketing is still a relatively underutilised approach: there is a need to build capacity for implementing this approach with government and partners together with giving more attention to indicators for monitoring the effectiveness of sanitation marketing.
- **Resource constraints:** In the context of overall resource constraints there can be a trade-off between allocating budget to M&E and sanitation implementation activities. At the front level,

government workers often need resources for sanitation delivery e.g. motorbikes to reach communities in order to provide adequate follow up. However, policy-makers need to see that investing in good M&E is the best insurance for protecting quality, cost-effectiveness and sustainability of program interventions.

- **Volunteer motivation:** At the community level, volunteers are often using their own equipment to do the job. It was suggested that Traditional Leaders need training and resources to perform effectively.
- **Politicians:** political leadership on sanitation is required but ministerial discussions typically don't focus on sanitation. Targeted advocacy efforts are needed and need to be budgeted for, to raise the political profile of rural sanitation issues and CLTS as an approach for rapid population behaviour change, supplemented with other approaches that help make those changes sustainable. An inter-ministerial meeting was a suggestion to ensure that CLTS receives high level endorsement and attention.
- **Post ODF packages:** implementing agencies and government do not typically have a post ODF package of support developed. This is required for monitoring and corrective actions – the package would include strengthened monitoring and evaluation tools and policies and processes to counter reverting back to open defecation.

Sources

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WSP Sanitation Marketing Toolkit: <http://www.wsp.org/wsp/toolkit/toolkit-home>

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Annex 1: Definitions of ODF

Countries often have different definitions for a community to be certified ODF, the following are some examples:

	Definition
Ghana	<ul style="list-style-type: none"> • No visible signs of human excreta within the community (this means there should be a total absence of faecal matter that is visible to the eye and can be accessed by houseflies. This includes faeces in toilet facilities, chamber pots, surrounding bushes/shrubs, refuse dumps etc. • All community members including children dispose of their faecal matter in an acceptable manner that does not perpetuate faeco-oral disease transmission. • Acceptable manner in this context means faeces: <ul style="list-style-type: none"> ○ Should be covered ○ Not accessible to flies ○ Should not be stored in a polythene bag ○ Put in a latrine ○ Buried deep enough to prevent animals from exposing it
India	No open defecation at all time, all households, schools and pre-schools use a functional toilet
Malawi	No open defecation, 100% toilet coverage (sharing acceptable); ODF ++ no OD, 100% toilet coverage (sharing acceptable), 100% drop hole covers, 100% hand washing facilities, all institutions ODF++
Nepal	ODF – No OD, 100% toilet coverage, one household one toilet, toilet in all institutions (schools, government offices, community centres), toilets in public places
Eritrea	100% of the community stopped defecating in the open and the latrines have handwashing facilities (as a proxy indicator for handwashing)
Uganda	No OD, 100% latrine coverage, HWF 100%
Ethiopia	100% reduction in open defecation
Indonesia	<p>We can call ODF community if:</p> <ul style="list-style-type: none"> • All households defecate only in improved latrines (and school) • No human excrement is seen in their surroundings • The community imposes sanctions, regulations or other efforts to prevent OD • Community establishes a monitoring mechanism to achieve 100% HHs to own improved latrines • There are clean and written efforts or strategies to achieve total sanitation
Angola	100% ODF
Zambia	Complete stoppage of OD practices with One Family, One latrine
Nigeria	Refers to when no faeces are openly exposed to the environment. Involves use of any form of latrine that prevents exposure of faeces to the environment. Also involves handwashing practice and provision of institution latrines
Kenya	Households should have a toilet that is seen to be in use; toilets used have hole covers and there should be no active OD sties – no shit in the open
Bangladesh	<p>Basic sanitation</p> <p>Flushed and pour-flushed toilets/latrines piped sewer system or septic tank</p> <p>Pit latrines with slab and water seal or lid or flap</p> <p>Pit latrines with slab but no water seal, lid or flap</p> <p>Ventilated improved pit latrines</p> <p>Composing latrines</p>

Annex 2: CLTS PROCESS QUALITY INDICATORS CHECKLIST FOR POST TRIGGERING FOLLOW UP

Developed from TSSM action research in Indonesia, 2010*

Step	Process quality evaluation indicators <i>(Answers obtained to questions below can be scored to get overall quality assessment. <u>The more of the conditions met at each Step, the better is process quality, and therefore the greater the likelihood of success</u>)</i> <i>*From full report "Factors Associated with Achieving and Sustaining ODF Communities: Learning from East Java" on www.wsp.org</i>	Scores obtained & implications for supervision/ training of CLTS facilitators
PRE-TRIGGERING		
1	<p>Decision to trigger or not trigger: How many of the following conditions were met?</p> <ol style="list-style-type: none"> 1. Village Chief had asked for triggering? 2. Village Chief had agreed to mobilise all community sub-groups for participation? 3. On the agreed day at least 30 or more men/women/children of all economic classes were present at start of triggering? 4. They were ready to participate in the process knowing that no latrines/aid was being provided? <p><i>If all conditions are met, triggering is likely to be successful. If conditions 3 and 4 are not met, it may be better to postpone triggering and work with community leadership to create more favourable conditions first.</i></p>	
TRIGGERING		
2	<p>CLTS tools used*: How many of the following conditions were met?</p> <ol style="list-style-type: none"> 1. Defecation practices mapped on the ground (<i>NOT on paper</i>) with active participation of women, men and children present? 2. Transect walk did cover currently used OD sites in community, to generate disgust and shame? 3. Simulation of faecal pollution of water, preferably at waterfronts? (<i>essential in communities washing, bathing and defecating in water bodies</i>) 4. Contamination routes traced, for dry and wet seasons? (<i>especially relevant in non-river-defecating communities</i>) 5. Faeces volume calculation done to expose implications of OD by a few or many for all? 6. Discussion about how to confine faeces using simple diagrams and NOT by promoting latrine types? <p><i>* Refer Kar and Chambers (2008), <u>Handbook on CLTS. PLAN- IDS</u></i></p>	
3	<p>Triggering effectiveness: How many of the following happened at the end of triggering?</p> <ol style="list-style-type: none"> 1. Did one or more natural leaders emerge? 2. Did they start discussions about stopping OD in their community by a specific date? 3. Did action planning to become ODF begin? 4. Did identification of sanitation committee members begin? 5. Did they ask for information on sanitation options/service providers? <ul style="list-style-type: none"> • <i>If these things did not happen, triggering has failed.</i> • <i>Try to find out what is obstructing build up of momentum to ignition.</i> • <i>Use the information to plan re-triggering at a later date, using strategies to address specific obstacles identified.</i> 	

	POST-TRIGGERING	
4	<p><u>Follow-up Visit 1 Week after Triggering.</u> How many of the following are happening?</p> <ol style="list-style-type: none"> 1. Is any Informed Choice Catalogue/handout available in the community? 2. Have the Open Defecator households seen it? <ul style="list-style-type: none"> o <i>If not, show them a copy of the ICC and leave it with the Sanitation Committee, asking them to spread the information OR</i> o <i>Inform them about trained sanitation providers who can offer sanitation improvement options.</i> 3. Has contact been established between community households and trained masons or sanitation entrepreneurs? <ul style="list-style-type: none"> o <i>If not, facilitate contact</i> 4. Are community leads/Sanitation Committee members aware of sources of financing that can be tapped, for consumers or sanitation providers? 5. Has the Community started sanitation access monitoring? <ul style="list-style-type: none"> o <i>Check evidence of monitoring method/map/records kept.</i> o <i>If not kept, help them start with Welfare Classification of households and improved/unimproved classification of facilities,</i> o <i>show good examples of social map/tables from other communities)</i> 6. Has the community started behaviour monitoring (checking & preventing OD)? <ul style="list-style-type: none"> o <i>Find out what methods used and whether any OD-ers have been caught/prevented yet</i> 	
5	<p><u>Follow up visit 1 month after triggering - and periodically thereafter till ODF:</u> How many of the following are happening?</p> <ol style="list-style-type: none"> 1. The monitoring methods/tools introduced are in use? Being updated regularly? 2. Consumer-supplier-service provider links are working? 3. Methods to detect and prevent Open Defecation are being used? 4. Financing obstacles are being addressed? <ul style="list-style-type: none"> • <i>If not happening, provide information/ideas/examples from other communities to help resolve bottlenecks</i> 	
6	<p><u>Random check visit - After ODF verified and achieved</u></p> <ol style="list-style-type: none"> 1. Observe household surrounds and community environment (riverbanks, drains and streams, fishponds, irrigation canals, crop fields, ravines) for evidence of OD 2. Check latrine ownership records to confirm 100% ownership of improved sanitation. 3. Observe a random 10% sample of permanent and semi-permanent household facilities – how well are they used and maintained and if they are still safe/improved. 4. Ask how OD is detected and dealt with, if found. 5. Ask who was detected last and what action was taken in response (if no one was ever caught, suspect lack of behaviour monitoring). 6. Discuss with village and hamlet chiefs how they can prevent community slipping back into OD and losing ODF status. <p><i>Note and report new learning gained back to Community Health Centre/ sub-district/other facilitators.</i></p>	

Annex 3: The Malawi Integrated WASH Monitoring and Reporting Tool

Malawi Integrated WASH monitoring and reporting tools [Compatibility Mode] - Microsoft Excel

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C10

Household Water and Sanitation Information

Health Centre		Health Centre Code		Date of Data Collection	
Name of HSA		TA Name		GVH Name	Village name
		TA code		GVH code	Village code

HH number	H/Hold name	Population	Number of Households With Basic Latrines (Permeable Floor, No Drop Hole Cover)	Number of Households With Basic Latrines (Permeable Floor, with Drop Hole Cover)	Number of Households With Basic Latrines (Impermeable Floor, No Drop Hole Cover)	Number of Households With Improved Latrines (Impermeable Floor, with Drop Hole Cover)	Number of Households With Composting Latrines (EcoSan)	Number of Households With Water Closets	Number of Hand Washing Facilities	Number of Functional Boreholes With Clean Surroundings	Number of Functional Boreholes Without Clean Surroundings	Number of Non-Functional Boreholes	Number of Functional Taps With Clean Surroundings	Number of Functional Taps Without Clean Surroundings	Number of Non-Functional Taps	Number of Functional Protected Shallow Wells With Clean Surroundings	Number of Functional Protected Shallow Wells Without Clean Surroundings	Number of Non-Functional Protected Shallow Wells	Number of Functional Protected Springs With Clean Surroundings	Number of Functional Protected Springs Without Clean Surroundings	Number of Non-Functional Protected Springs
1																					
2																					

Village Data | Facility Data | Health Center Data | School Data | HR Data | HSA Form | HSA Supervisor form | PEA Form | CLTS Form | HSA vg form