

# Indicators for monitoring Hygiene Promotion in emergencies

## Introduction

During emergencies it is important to monitor the impact of Hygiene Promotion including the change in community hygiene practices which can contribute to the reduction of WASH related diseases. Information provided by monitoring can usefully be fed back into future evaluation and planning of Hygiene Promotion projects so the objectives can be adjusted where necessary. It is important that data collection is not just seen as an exercise, but that the results of data analysis can be used to identify the project's strengths and weaknesses and ultimately influence decision-making.

During the initial stages of Hygiene Promotion programme planning, objectives are set and accompanying indicators of achievement defined. A logical framework can be used as an active tool to guide monitoring. Monitoring can include measuring **impact** and assessing whether the project purpose has been achieved and significant change has occurred. This includes reviewing the project's appropriateness, outcomes, and outputs (facilities provided or systems set in place) and activities (toilets or water points constructed)<sup>1</sup>. It is also important to monitor participation of communities and representation of people taking part e.g. women, men, the poorest, and disabled people. Monitoring can be used to measure progress against the baseline data gathered during the initial stages of an emergency, as well as faults in project design and unrealistic objectives.<sup>2</sup>

**Process** monitoring can include how the project is being developed and for identifying and solving problems.<sup>3</sup>

There is a balance to be achieved in the process of collecting data for monitoring; too much data may be difficult to analyse given the time constraints in an emergency.

## Indicators

Indicators are identified in order to be able to monitor and evaluate. Indicators are how you measure whether you have achieved your objective and how this has been done. Indicators can be qualitative or quantitative and are identified when the project plan is initially written. They are either 'impact indicators' or 'process indicators'. Process indicators are found in the Logical Framework at (activity & result level), whereas impact indicators are found at (purpose or specific objective level).<sup>4</sup> It is also important to measure participation of people and gather health clinic data where possible.

Hygiene Promotion can be difficult to measure and this process is helped if indicators are simple, few in number, and suitable for use at community level where possible.

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<sup>1</sup> Oxfam (2001). Guidelines for Public Health Promotion in Emergencies.

<sup>2</sup> Ferron, S., Morgan, J., O'Reilly, M. Hygiene Promotion. A Practical Manual for Relief & Development

<sup>3</sup> Oxfam (2007) Revised Guidelines for Public Health Promotion in Emergencies.

<sup>4</sup> Oxfam (2007) Revised Guidelines for Public Health Promotion in Emergencies.

**Direct and proxy (indirect) indicators**

Direct indicators can be easily measured e.g. numbers of toilets.

While the ultimate aim of Hygiene Promotion projects is to reduce the mortality and morbidity from WASH related diseases, it is widely recognised that it can be difficult to establish a direct relationship as the incidence of disease is affected by many factors. This is partly due to the difficulty of obtaining accurate data, especially in an emergency situation. For this reason indirect or 'proxy' indicators are considered an acceptable alternative to monitor project impact e.g. handwashing with soap has been proven to have a significant impact on the reduction of diarrhoeal diseases.

**Indicators to use in an emergency**

A short list of essential indicators is included here which should always be included in any situation.

A list of more general priority indicators which can be used in emergencies is included in the table below, with indicators for excreta disposal, water supply, hygiene practices, and the environment. The table provides a comprehensive list of indicators that may all require monitoring at some point during most WASH programmes. However, the particular indicators chosen for monitoring in any given situation, and the frequency with which those indicators are measured, should reflect specific priorities identified during assessment and planning, and the practicalities of collecting and managing the data required to measure them.

It is important, where possible, to adhere to national monitoring guidelines.

There should be coordination on indicators across the WASH cluster, so that Hygiene Promotion is included and prominent in the key WASH cluster indicators.

**Essential indicators for monitoring in emergencies**

The five essential indicators which should always be monitored as a priority include:

- X% of the population uses safe water for drinking
- environment is free from all faecal matter
- X% of the population wash their hands with soap or ash at least after contact with faecal matter and before handling food
- Women are enabled to deal with menstrual hygiene issues in privacy and with dignity
- All sectors of the community, including vulnerable groups, are enabled to practise the target hygiene behaviours

(X% = depends on the situation)

**Example proxy indicators for monitoring the effectiveness of WASH Hygiene Promotion and water and sanitation interventions in emergencies**

Hygiene behaviour	Indicators
<b>Water supply</b>	<ul style="list-style-type: none"> <li>amount of water used per person per day</li> <li>adequate water handling practices to minimise contamination</li> </ul>
<b>Safe excreta disposal</b>	<ul style="list-style-type: none"> <li>children's and babies' faeces are disposed of safely</li> <li>toilets are used by the majority of people</li> </ul>
<b>Hygiene practices</b>	<ul style="list-style-type: none"> <li>soap or ash for handwashing is available in all households</li> <li>handwashing facilities are available and in use</li> </ul>
<b>Women's privacy and dignity around menstrual hygiene</b>	<ul style="list-style-type: none"> <li>appropriate sanitary materials and underwear for all women and girls are available</li> </ul>
<b>Community participation and representation</b>	<ul style="list-style-type: none"> <li>shared toilets are maintained and monitored by community management committees* (*depending on the context)</li> <li>all portions of the community, including vulnerable groups, are consulted and represented at all levels of the project</li> <li>implementation of project by public health volunteers, of whom 50% are women.</li> </ul>

The following are suggestions of ways to monitor some of the essential indicators:

Indicator	Means of monitoring
Water supply	Water testing at source Inspection of water containers at water points Household visits to look at water storage containers
Safe excreta disposal	Exploratory walks to look for signs of open defecation
Hygiene practices	Quantity of soap distributed each month Inspection of handwashing at communal latrines Observation of handwashing by children
Menstrual hygiene	Availability and quantity distributed
Community participation	Latrine inspection by community and hygiene promoters

*Adapted from:*

\* International Rescue Committee (2005). *Environmental Health Field Guide*

\* Walden, V., Nixon Achieng, O., Shirlaw, L., Malile, M. (2007). *Minimum standards for public health promotion monitoring during the first three months of a rapid-onset emergency. A guide for field staff.*

**Note:**

- The Sphere minimum standards for disaster response include indicators for water and sanitation (see *WASH Cluster Hygiene Promotion Bibliography*) [www.sphereproject.org](http://www.sphereproject.org) see Chapter 2 (available in English, French and Spanish)

Indicators common to all WASH cluster activities should also be considered.

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### Appendix 1: Priority indicators for monitoring in emergencies and Relevant Sphere Indicators

Hygiene behaviour	Indicators	Relevant Sphere Indicators
<b>Safe excreta disposal</b>	<ul style="list-style-type: none"> <li>• disposal of children's and babies' faeces in toilets (or burial)</li> <li>• access to toilets</li> <li>• use of toilets</li> <li>• toilets are culturally acceptable and safe</li> <li>• toilets are designed after consultation with women and children</li> <li>• maintenance of toilets</li> <li>• cleaning of toilets and free from flies</li> <li>• lack of faecal matter in vicinity of camp living quarters</li> <li>• disposal of anal cleansing materials</li> <li>• provision of toilets in public places e.g. markets, feeding centres</li> <li>• handwashing with soap after any excreta related activities and before all food-related activities</li> </ul>	<p>=plan the ratio of women's cubicles to men's (of approximately 3:1)</p> <p>=use of toilets is arranged by household(s) and/or segregated by sex</p> <p>=Toilets are designed, built, and located with the following features: -used by all sections of the population</p> <ul style="list-style-type: none"> <li>-sited to minimise threats to users, especially women</li> <li>-sufficiently easy to keep clean to provide a degree of privacy</li> </ul> <p>= Users (especially women) have been consulted and approve of the siting and design of the toilet</p> <p>=Separate toilets for women and men are available in public places (markets, distribution centres, health centres, etc.)</p> <p>=Shared or public toilets are cleaned and maintained in such a way that they are used by all intended users</p> <p>=Toilets are no more than 50 metres from dwellings</p> <p>=Toilets are used in the most hygienic way and children's faeces are disposed of immediately and hygienically</p> <p>= People wash their hands after defecation and before eating and food preparation</p> <p>= People are provided with tools and materials for constructing, maintaining, and cleaning their own toilets if appropriate</p>
<b>Water supply</b>	<ul style="list-style-type: none"> <li>• amount of water used per person per day</li> <li>• chlorination of all communal stored water</li> <li>• water sources are protected from faecal contamination</li> <li>• point-of-use water treatment availability (at source and home)</li> <li>• storage of water in clean, covered containers</li> <li>• adequate water handling practices to minimise domestic contamination of water</li> </ul>	<ul style="list-style-type: none"> <li>• Average water use for drinking, cooking, and personal hygiene in any household is at least 15 litres per person per day</li> <li>• Each household has at least two clean water collecting containers of 10-20 litres, plus enough clean water storage containers to ensure there is always water in the household</li> <li>• Water collection and storage containers have narrow necks and/or covers, or other safe means of storage, drawing, and handling, and are demonstrably used</li> </ul>
<b>Hygiene practices</b>	<ul style="list-style-type: none"> <li>• presence of soap for handwashing in all households</li> <li>• construction of communal</li> </ul>	<ul style="list-style-type: none"> <li>• Where communal bathing facilities are necessary, there are sufficient bathing cubicles available, with separate cubicles for males and</li> </ul>

	<p>washing areas and/or female washing areas in consultation with men, women, and children</p> <ul style="list-style-type: none"> <li>• availability of handwashing facilities outside all communal and family toilets, which are maintained regularly</li> <li>• access to appropriate sanitary materials and underwear for all women and girls</li> <li>• decrease in self-reported diarrhoea cases over a two-week recall period</li> </ul>	<p>females, and they are used appropriately and equitably</p> <ul style="list-style-type: none"> <li>• There is at least 250g of soap available for personal hygiene per person per month.</li> <li>• Each person has access to 200g of laundry soap per month</li> <li>• Women and girls have sanitary materials for menstruation</li> <li>• Infants and children up to two years old have 12 washable nappies or diapers where these are typically used.</li> </ul>
<b>Environment and solid waste management</b>	<ul style="list-style-type: none"> <li>• vector and rodent control</li> <li>• disposal of household and communal garbage</li> <li>• removal of stagnant water around houses or water points</li> <li>• management of domestic animals and protection of water sources</li> <li>• availability and use of insecticide treated nets</li> <li>• location and maintenance of slaughtering facilities</li> </ul>	<p>= Household waste is put in containers daily for regular collection, burnt or buried in a specified refuse pit.</p> <p>= All populations at risk from vector-borne disease understand the modes of transmission and possible methods of prevention</p> <p>= People with treated mosquito nets use them effectively</p> <p>= Food is protected at all times from contamination by vectors such as flies, insects and rodents</p> <p>= Vector breeding and resting sites are modified where practicable, including the proper disposal of human and animal excreta, proper disposal of refuse to control flies and rodents, and drainage of standing water to control mosquitoes.</p>
<b>Community participation and representation</b>	<ul style="list-style-type: none"> <li>• identification and targeting of most vulnerable groups/individuals</li> <li>• monitoring and maintenance of shared toilets by community management committees</li> <li>• consultation and representation of female participants at all levels of project</li> <li>• implementation of project by public health volunteers, of whom 50% are women</li> </ul>	<p>= Women and men of all ages from the disaster-affected and wider local populations, including vulnerable groups, receive information about the assistance programme, and are given the opportunity to comment to the assistance agency during all stages of the project cycle</p> <p>= Written assistance programme objectives and plans should reflect the needs, concerns and values of disaster-affected people, particularly those belonging to vulnerable groups, and contribute to their protection.</p> <p>= Programming is designed to maximise the use of local skills and capacities.</p>

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