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MONITORING, EVALUATION, AND ADAPTIVE MANAGEMENT FOR AREA-WIDE SANITATION AND HYGIENE: WORKSHOP REPORT

the sanitation learning hub

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Tetra Tech Contacts: Morris Israel, Chief of Party
morris.israel@tetratech.com

Carolien Van der Voorden, Deputy Chief of Party
c.vandervoorden@tetratech.com

Lucia Henry, Project Manager
lucia.henry@tetratech.com

Tetra Tech, Inc.
1320 N. Courthouse Road, Suite 600, Arlington VA 22201
Tel: (703) 387-2100, Fax: (703) 414-5593
www.globalwaters.org/washpals-2

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ACRONYMS AND ABBREVIATIONS

AWS	Area-wide Sanitation
BaSIS	Basic Sanitation Information System
CLTS	Community-led Total Sanitation
GESI	Gender Equality and Social Inclusion
IDS	Institute of Development Studies
JMP	Joint Monitoring Programme
M&E	Monitoring and Evaluation
MBS	Market-based Sanitation
MHH	Menstrual Health and Hygiene
MIS	Management Information System
MOH	Ministry of Health
NSMIS	National Sanitation Management information System (Tanzania)
OD	Open Defecation
ODF	Open Defecation Free
Q	Quarter
RTMIS	Real-time Management Information System (Kenya)
RuSH	Rural Sanitation and Hygiene
SDG	Sustainable Development Goal
SLH	Sanitation Learning Hub
SMS	Safely Managed Sanitation
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WASH	Water, Sanitation, and Hygiene
WASHPaLS	Water, Sanitation, and Hygiene Partnership and Learning for Sustainability
WHO	World Health Organization
WSSCC	Water Supply and Sanitation Collaborative Council

EXECUTIVE SUMMARY

In September 2022, the United States Agency for International Development (USAID) Water, Sanitation, and Hygiene Partnerships and Learning for Sustainability (WASHPaLS) #2 Activity, the Sanitation Learning Hub (SLH) at the Institute of Development Studies (IDS), the United Nations Children's Fund (UNICEF), and WaterAid convened a three-day workshop in Nairobi, Kenya, to identify processes, tools, principles, and minimum systems that enable local governments to effectively undertake monitoring and evaluation (M&E) and support adaptive management to achieve and sustain area-wide sanitation (AWS) results. The workshop brought together national and local government representatives and UNICEF and WaterAid staff from Ghana, Kenya, Madagascar, Nigeria, and Tanzania, with experience or interest in applying area-wide sanitation and hygiene monitoring processes and tools.

SHARED EXPERIENCES AND CHALLENGES

The experiences shared amongst participants pointed to several common findings and challenges:

Currently, sanitation and hygiene interventions and monitoring focus predominantly on the achievement of open defecation free (ODF) areas, with varying sanitation service level targets but often focused on basic sanitation. There is limited monitoring following the designation of ODF areas and of actions that progress towards safely managed sanitation (SMS), where they exist. There also is limited monitoring of hygiene behaviors and WASH infrastructure beyond what is included in ODF protocols. The lack of monitoring for SMS links to the fact that SMS targets do not exist or are not well understood, and to a lack of cross-sectoral collaboration and coordination on implementing and monitoring SMS, hampering data collection, sharing, and use. There also is **limited monitoring to inform and track Gender Equality and Social Inclusion (GESI)**, with limited disaggregated data collection, or such data not being used to inform GESI-specific planning or track sanitation and hygiene outcomes for identified vulnerable or excluded populations or households. And while local government forums and mechanisms to discuss data may exist, **adaptive management is not well understood, is haphazard, and lacks systems, processes, and a cultural and institutional environment to accommodate agile decision making or course correction.**

Workshop participants identified that data is used or needs to be used for multiple purposes, including to inform advocacy efforts, planning, and resource allocation; to track inputs, resources, rates of progress, and outcomes; and to identify GESI concerns. Yet, across the five country contexts participants agreed that data is not systematically collected and used for the above purposes. Often, **data collection is strongly driven by the need for project monitoring and reporting upwards (e.g., for national-level coverage statistics), rather than to inform local level decision-making.** This also means there is limited local level monitoring of process indicators such as those related to human and financial resource allocation, capacity development, and market-based processes.

Data collection often is paper-based, dependent on volunteers, and project-driven. As a result, collection is intermittent rather than routine, and quality issues persist. Data is mostly collected for project-related baselines, mid-term, and endlines, and for certification/verification of ODF communities, enabling assessment of project achievement, rather than routine monitoring throughout (and post-) implementation. Participants also flagged a need for capacity strengthening and a move from paper-based to digitalized data collection systems, to connect more seamlessly with national-level digitalized data storage and management systems, and to avoid transcription errors and other quality/reliability issues.

Mirrored in an overall lack of prioritization for sanitation and hygiene, workshop participants noted a **persistent lack of prioritization and resource-allocation for sanitation and hygiene monitoring by national and sub-national governments and substantial dependence on project, program, or external partner funding and technical support to develop, roll-out, and implement monitoring systems.** As a result, in many cases monitoring systems and practices falter soon after initial development or after external support ends.

KEY INDICATORS AND PROCESSES

Standardized sector indicators for sanitation and hygiene service levels have been defined in line with Sustainable Development Goal (SDG) target 6.2, and outcome-focused and comprehensive (rural) sanitation and hygiene M&E frameworks exist. However, given the noted constraints on sub-national sanitation and hygiene monitoring, the workshop discussion on relevant M&E indicators focused particularly on identifying those indicators most relevant to add to current data collection practices in the local government contexts of the participating countries, to inform progress towards area-wide, safely managed sanitation and basic hygiene. The discussion focused on SMS and GESI and on household and community-level indicators, although proposed indicators for service providers and local authorities also were identified.

Workshop participants discussed more elaborate sets of indicators and monitoring systems—such as the recently developed Kenya Rural Sanitation and Hygiene (RuSH) Protocol and Real-Time Monitoring Information System (RTMIS)—which are intended to provide a comprehensive picture of SMS needs and practices. However, given the current limited focus of most participating countries on ODF achievement, basic service levels, and the lack of post-ODF monitoring, participants discussed which indicators could most usefully and feasibly be added to current monitoring systems and practices. The majority of local and national government representatives felt that the most relevant starting point for monitoring rural SMS would be to develop an understanding of which pits will require (and enable) emptying vs. those that are expected to be abandoned/closed off (i.e., 'do you expect to empty/has your pit been emptied in the last X period?'), what options for safe emptying there are (i.e., 'If you have recently emptied your pit, who emptied it?' e.g., household, informal local actor, formal service provider, etc.), and where (and how safely) sludge is disposed of, where pit contents are emptied. This information could help inform first stage planning for SMS services as it would provide insight into the number and location of pits to be emptied in a given period, current emptying and disposal practices, and how to improve them.

With regards to GESI, the discussion focused on the important distinction between periodic but comprehensive data collection (i.e., through periodic surveys) and routine monitoring. Participants agreed that there is a minimum set of key information that should be collected and updated periodically that can help identify potentially vulnerable households to inform planning and targeting of interventions. This includes basic disaggregated information on household head and household members by gender, age group, and people in the household with mobility or disability issues; and a minimum set of poverty/economic status indicators, such as home ownership or other household income level/asset ownership indicators. These indicators do not need to be monitored routinely, as they are not subject to regular change. They can however inform more routine monitoring, for example, of those households identified as vulnerable through the survey, who need more regular monitoring and follow-up to ensure they are able to construct, access, use, and maintain appropriate sanitation and hygiene services.

RECOMMENDATIONS

The workshop sought to identify a set of principles that could shape the minimum conditions for local government-led monitoring for area-wide SMS services and hygiene. In a final validation session, participants agreed to rephrase these into a set of recommendations for national and local authorities, and on monitoring to inform GESI outcomes.

National level

- **Leverage multiple ministries and stakeholders in M&E for SMS.** While achieving ODF status may be led by one ministry, area-wide SMS services will likely require the actions and support of multiple ministries, for example, health, public infrastructure, and education.
- **Harmonize definitions on AWS outcomes and SMS** to ensure consistency across all sub-national areas. An initial first step is to ensure an agreed understanding of the exact targets and what needs to be monitored.
- **Establish a national monitoring framework for SMS and hygiene** that builds on and aligns with existing M&E systems and processes, to ensure data collection at sub-national and regional levels is consistent across the country and across all states/districts/counties.

Local level

- **Develop iterative decision-making processes that are informed by routine monitoring.** There is potential for supporting more routine data collection for timely use of data for decision-making and planning to course correct and to detect potential sustainability problems during implementation activities.
- **Build on and align with existing monitoring systems** to avoid an added burden of M&E. For instance, adding additional questions and indicators related to SMS to current data collection methods and planning more systematic uses of this data.
- **Identify other sources for data** that could be or already is collected by others in allied sectors, such as water, health, and education. This can reduce the burden on local government sanitation staff to collect comprehensive data and put existing data to more comprehensive use.
- **Encourage a culture of ongoing data sharing and review and regular feedback loops.** This can be done through regular meetings and forums and requires all partners working in an area to regularly share their data with local government. This can lead to an open work environment of regular reflection and deliberation to identify actions early on and alleviate the need for significant course corrections.
- **Enable the local government to play an oversight and coordination role.** Data use for decision-making and course correction should be led by the local government for more sustained outcomes and accurate programming, even if other implementing partners or mandated service providers undertake data collection.

GESI

- **Ensure disaggregated data collection and follow-up** is part of the broader M&E data collection process. Collect baseline GESI data to identify marginalized, excluded, or otherwise vulnerable households to inform targeted interventions or follow-up, and ensure disaggregated reporting on outcomes/services during routine monitoring.
  Engage community and village-level representatives within M&E processes and planning as well as in long-term engagement to ensure and monitor post-ODF sustainability and progression towards SMS. Successful examples of ODF attainment at an area-wide scale had heavy engagement from different communities and social groups with significant participation from local leaders.

1.0 INTRODUCTION, OBJECTIVES, AND SCOPE

Monitoring and evaluation (M&E) is essential to understanding the barriers, successes, and progress toward achieving area-wide sanitation and hygiene outcomes. However, M&E can be challenging to undertake given significant and competing demands on limited local government resources and capacities. The United States Agency for International Development (USAID) Water, Sanitation, and Hygiene Partnership and Learning for Sustainability (WASHPaLS) #2 Activity, the Sanitation Learning Hub (SLH) at the Institute of Development Studies (IDS), United Nations Children's Fund (UNICEF) and WaterAid convened a three-day workshop from September 19–21, 2023, in Nairobi, Kenya to identify processes, tools, principles, and minimum systems that enable local governments to effectively undertake M&E and support adaptive management to achieve and sustain area-wide sanitation (AWS) results.

This workshop focused on Sub-Saharan Africa and brought together six representatives from local government, five from national government, and nine from supporting development partners UNICEF and WaterAid with experience or interest in trialing area-wide monitoring processes and tools across five countries (Ghana, Kenya, Madagascar, Nigeria, and Tanzania) (see Annex 1 for the participant list). Participants presented case studies of their experiences, undertook an analysis across country contexts, identified relevant M&E indicators and practices, and jointly prioritized these indicators and practices based on the feasibility in their unique contexts. Learnings from the workshop contribute to the knowledge base on how to undertake, trial, or modify M&E for AWS. As a foundation for discussions during the workshop, participants agreed to the following definitions of AWS and adaptive management:

Definitions:

Area-wide Sanitation refers to a systems-based, outcome-driven framework to achieve equitable, universal access and use of safely managed sanitation and hygiene in a given administrative area, such as a district or county (USAID 2023a).

Adaptive management (for AWS) is the practice of local governments and implementing partners designing and adapting sanitation interventions and services based on available data. This includes implementing course corrections over time, as levels of access or vulnerability change for certain population groups, or as insights from M&E identify where specific interventions are not working, when new learnings arise, or when the needs of the targeted groups change (USAID 2023a).

To support AWS programming, it is important to know *what processes and tools enable local governments to effectively undertake M&E to support adaptive management*. Understanding how M&E processes are operationalized in practice and what minimum systems are required to ensure evidence-based local government decision-making can help support the shift to AWS programming.

The main objectives of the workshop were to:

- Inform a joint understanding of the barriers and challenges faced by local and national governments—as well as good practices, tools, and principles—in the design and implementation of M&E systems and adaptive management practices in the context of area-wide rural sanitation and hygiene programming;
- Facilitate peer-to-peer learning among governments and development partners engaged in strengthening M&E systems and processes for AWS;
- Document experiences to date on M&E for AWS; and
- Identify actions, priorities, and ways forward regarding indicators, M&E systems and processes, and adaptive management in participating countries.

1.1 WORKSHOP METHODOLOGY

The workshop drew largely on participatory approaches and was designed to draw out the experiences and expertise of those in the room. Upon initial country selection, participants were identified from across national government departments supporting sector M&E and from sub-national areas supported by UNICEF and/or WaterAid to undertake AWS and hygiene programming. A broad agenda was agreed to in advance of the workshop; however, the workshop structure was iterative and adaptive, with sessions designed to respond to and build on the previous day's discussions and participant interests. Day 1 focused on the sharing of experiences from across the different local government areas, based on case studies developed by the country teams in advance of the workshop (see Annex 4), working from a set template (Annex 3). The case studies focused on ongoing M&E practices for AWS, successes, challenges, and lessons learned. Day 2 and Day 3 then focused on safely managed sanitation[1] (SMS), gender equality and social inclusion (GESI), and adaptive management. A summary of each day is provided below (see Annex 2 for a full agenda).

Day 1

- Gallery walk with participants presenting their case studies,
- Identification of similarities and differences,
- Identification of what decisions need to be taken to achieve AWS, and
- Presentations and overview of the newly designed national monitoring system for AWS and hygiene in Kenya with reflections from relevant stakeholders, questions, and plenary discussions.

Day 2

- Identification of indicators and data needs for the achievement of SMS,
- Identification of indicators and data needs to support GESI, and
- Discussion of adaptive management and course correction practices across various country contexts within existing programs.

Day 3

- Validation and prioritization of feasible indicators for SMS,
- Validation and prioritization of feasible GESI-related indicators,
- Identification of barriers and enablers for adaptive management within local governments, and
- Development of country-specific action plans.

1.2 COUNTRY CONTEXTS

Workshop participants represented national government and sub-national administrative areas and development partners in five countries: Ghana, Kenya, Madagascar, Nigeria, and Tanzania. Table 1 provides background information on the sub-national areas represented at the workshop, including sanitation status, sanitation approaches, and monitoring challenges of participating local government areas across these countries.

[1] SMS services (SMSS) are defined as use of at least a basic sanitation facility and a handwashing facility with soap and water, which is not shared with other households, and where excreta are treated safely either on-site or off-site. For more detail on definitions and how to monitor SMSS visit Monitoring Safely Managed On-Site Sanitation | JMP (washdata.org).

TABLE 1: OVERVIEW OF PARTICIPATING LOCAL GOVERNMENT AREAS

COUNTRY	AREA-WIDE POPULATION	URBAN/RURAL SPLIT	SANITATION STATUS IN THE AREA	SANITATION APPROACHES	M&E CHALLENGES
Ghana – Bongo District	120,000	94% rural (Ghana Statistical Service 2014)	63 of 168 communities declared open defecation free (ODF)	Community-led total sanitation (CLTS) and targeted behavior change	Lack of budget for M&E specifically, lack of transportation (budget and vehicles) to go to the field
Kenya – Kilifi county	1.5 million	Around 73% rural (Kenya National Bureau of Statistics 2019)	40% declared ODF	CLTS and market-based sanitation (MBS) in urban areas	Inadequate skills for data collection, language barriers, lack of data management strategies
Madagascar – Vohitrindry Commune	15,000	Fully rural commune[2]	38% with basic sanitation	CLTS and handwashing campaigns	Inconsistency in data quality because of paper data collection and non-timely updates on the management information system (MIS)
Nigeria – Jigawa State	6 million	70% rural (Ogunjobi et al. 2023)	Declared ODF	CLTS and MBS with support from partners	Staff transitions and the need to constantly build capacity
Tanzania – Iringa Region	1.1 million	Around 70% rural (National Bureau of Statistics, Tanzania 2022)	100% with basic sanitation and self-declared ODF, 65.5% of villages certified	CLTS, MBS, and targeted behavior change campaigns	Reliance on paper-based data collection, lack of harmonization of national indicators, inadequate funding

In addition to the presentation of a case study on Kilifi County as per Table 1, the organization of the workshop in Kenya provided an opportunity for participants to learn more about the ongoing development of a new and improved monitoring system for sanitation and hygiene in Kenya. The Government of Kenya with leadership from the Ministry of Health (MOH), supported by USAID, UNICEF, and others, are currently preparing the rollout of the Rural Sanitation and Hygiene (RuSH) Protocol (MOH, Republic of Kenya 2023) and the development of an upgraded national Real-time Management Information System (RTMIS) to support the protocol. Participants discussed experiences and lessons learned on the development, design, and use to date of the existing RTMIS, and planned revisions. These experiences are summarized in Box 1.

[2] Case study estimate. See Annex 4.

Box 1: Sharing of Good Practice: Kenya's Rural Sanitation and Hygiene Real-time Monitoring

The RuSH Protocol (officially launched on 7 December 2023) uses a phased approach to achieving the country's SMS targets. The Protocol establishes progressive outcome targets along three grades of sanitation attainment from ODF to the achievement of SMS services. The Protocol is accompanied by an implementation strategy that establishes roles and responsibilities across government and partners. It also is accompanied by a robust monitoring framework that outlines what should be monitored, where, by whom, and how for each sanitation service level.

In addition to supporting the RuSH Protocol, the upgraded RTMIS will replace the current CLTS real-time monitoring information system. This system is being upgraded to enable the collection of data at the household level in both rural and urban areas and expand the types of data collected beyond ODF achievement at a community level to permit monitoring of service levels for all the sanitation, hygiene, and environmental health outcomes included in the RuSH Protocol. The RTMIS aims to capture the real-time status of sanitation and hygiene to progress toward Kenya's vision of universal use of basic sanitation services by 2030. It will monitor collective outcomes beyond ODF results and support the RuSH Protocol's key principles and processes, regulated by implementation guidelines and a national monitoring framework. In early 2024, the upgraded RTMIS and its mobile application (for data collection using mobile devices) will be piloted in three counties prior to a national rollout. The revised RTMIS will monitor household and community sanitation and hygiene indicators, including menstrual hygiene; animal waste management; food hygiene and infant and child waste disposal; urban sanitation (off-site services); water, sanitation, and hygiene (WASH) in schools; WASH in healthcare facilities; and governance and systems.

During the workshop, participants with experience using the existing CLTS RTMIS and involved in the development of the RuSH Protocol and upgraded RTMIS shared the benefits, challenges, and general reflections on the RuSH Protocol and the existing and upgraded RTMIS.

Benefits of the existing CLTS RTMIS:

- **Advocacy**: As the system has helped track county journeys from open defecation to ODF, it has helped support advocacy efforts—for example, with governors, county staff, county teams, and partners. This has brought in more support, including financial and human resources.
- **Data storage**: The real-time monitoring system has helped with the storage of data and effectively tracks and compares progress in and between counties.
- **Mapping**: A map feature allows for the identification of problem areas and shows areas of progress and effective interventions, informing future planning efforts.

Ongoing challenges with the CLTS RTMIS:

- **Knowledge and capacity:** At the local level, both the artisans constructing or upgrading facilities and the extension workers/volunteers collecting data need to be taught what constitutes durable facilities, and to understand the technical terminology in the questionnaires and indicators.
- **MBS Reporting**: In counties undertaking MBS, reporting has been highlighted as a challenge due to the lack of a clear MBS strategy and monitoring system. However, capturing MBS data, for example, linked to the presence of sanitation entrepreneurs or numbers of toilets/handwashing facilities sold, would help understand the market demand to be able to communicate with the private sector.
- **Mandates:** There are overlaps on ministerial mandates, for example on wastewater management and pollution control between the MOH and Ministry of Water, Sanitation and Irrigation (MoWSI), although the two ministries have been cooperating well on the development of the RTMIS. This affects the planning of actions based on data gathered and the understanding of who is accountable.

Expected benefits of the new RuSH Protocol and upgraded RTMIS:

- **Broad outcome focus**: The RuSH Protocol focuses on monitoring service levels aligned with the World Health Organization (WHO) and UNICEF Joint Monitoring Programme (JMP). However, it goes beyond current JMP processes, such as by using observation data to ascertain quality of the facilities

and safe containment, and monitoring wider environmental health indicators that are not included in the JMP monitoring framework.

- **Easy progress tracking**: The RTMIS will largely be used for planning and implementation management, with routine monitoring updates providing information on progress and sustainability of outcomes. The system will flag areas in need for resources to be allocated or activities/interventions to be adapted. If areas are doing well, the system will enable the comparison of costs of improving the sanitation situation. It will also allow users to check for slippage, avoid duplication of resources, and enable clear direction of resources to target investments.
- **Post-ODF monitoring**: The RTMIS will formalize and strengthen monitoring in counties already declared ODF, allowing the tracking of outcomes beyond ODF, such as the use of improved latrines and safely managed sanitation services.
- **Comprehensiveness:** The RTMIS aims to report household data from across the 80,000 villages in Kenya, as well as schools and healthcare facilities in these villages. While the RuSH Protocol was focused on rural areas, the MoH has decided that the RTMIS also will be used to collect data on sanitation and hygiene outcomes and services in urban communities and will attempt to integrate other WASH monitoring systems and engage other departments (e.g., the WASH monitoring systems managed by the Ministry of Education and the Water Services Regulatory Board WASREB), streamlining sanitation and hygiene data in one platform where it can be easily accessed by a wide range of stakeholders.

Presenters expected that data from the new RTMIS will facilitate planning and future investments in sanitation and hygiene.

1.2.1 COMMON EXPERIENCES, GAPS, AND CHALLENGES

Over the three days, discussion of case studies and ongoing M&E processes in different country contexts highlighted commonality in experiences, as well as several ongoing challenges and gaps linked to monitoring for universal, equitable, and inclusive sanitation and hygiene service delivery across an area-wide context. These are grouped and discussed below.

Data is not systematically collected and used for the distinct purposes identified and does not systematically inform sub-national day-to-day decision making.

Discussions revolved around the question "what decisions do you need to make and what data do you need to inform these decisions?" The discussions highlighted that data is or needs to be used for several purposes and decisions. These include:

- Data for advocacy efforts to increase resource allocations from local and national governments;
- Data to understand inputs (or the enabling environment), e.g., available human and financial resources; or roles and responsibilities across partners operating in the area;
- Data for planning, e.g., to target resource allocation within a sub-national area, or to contextualize approaches such as CLTS and MBS;
- Data to track progress toward achievement of area-wide outcomes for SMS; and
- Data on GESI to understand who is left out, not being reached, and not being served.

It was, however, agreed that across the five country contexts, data is not systematically collected and used for the above purposes. In multiple cases, data collection is still strongly driven by the need for project monitoring and reporting to donors at the intervention level or higher-tier government units. For example, the case study for Vohitrindry Commune in Madagascar notes that data is collected to monitor progress at the local level (by the Technical WASH Service), feeding into sectoral reviews at the regional level (Regional Directorate of WASH), and planning and decision-making at the national

level (Ministry of WASH), without necessarily being used to support decision-making at the commune level. Across the countries, while some data feeds into government planning processes, there is less emphasis on monitoring to inform day-to-day or regular decision-making.

Sanitation and hygiene interventions and monitoring focus strongly on achievement of ODF, and monitoring following declaration of ODF status and toward SMS is limited.

To attain area-wide outcomes, all country contexts were using some form of CLTS, albeit combined with other approaches like MBS or other forms of social and behavior change. While areas have different target outcomes (e.g., ODF, basic sanitation, or SMS [e.g., Kitui County and Kilifi County, Kenya, and Iringa Region, Tanzania, have set (partial) SMS targets]), most M&E systems were designed based on traditional CLTS programming, and therefore aligned to the achievement of ODF (with national ODF protocol-informed levels of sanitation service, often but not always basic sanitation).

Experience of moving toward monitoring for SMS targets and (beyond) basic hygiene was limited. However, some progress was noted in integrating this into existing and new systems. Examples include:

- The new ODF protocol in Nigeria has guidelines for verification after ODF declaration.
- The new RTMIS system in Kenya includes data collection post-ODF and toward SMS (Box 1).
- Both of these systems have indicators on whether pits have been previously emptied, but neither is operational yet.
- Tanzania and Nigeria have certain indicators that capture hygiene linked to handwashing and menstrual health; but these are limited to checking the presence of a facility.

SMS targets do not exist or are not well understood, and cross-sectoral coordination on SMS monitoring is limited.

With monitoring for SMS and sustainability not being routinely undertaken, a large data gap was noted at the household level around safe containment, leakage in infrastructure, slippage/sustained use of facilities, and hygiene, particularly handwashing data. This has major implications for the ability to monitor (progression towards) safely managed levels of service, as well as sustainability.

Participants also identified a lack of harmonized use of indicators and definitions across national and sub-national governments and general low levels of knowledge and understanding on what constitutes SMS services in different contexts, including by those collecting the data. This was felt to be further aggravated by a lack of joint-ministry or cross-sectoral action towards SMS. This is needed as SMS cuts across different ministries—education, health, urban or rural planning/development, social welfare, and others—and data collected for and by several ministries can be relevant to sanitation. In addition, there also are discrepancies with differing M&E processes across different sectors that are relevant to sanitation and specific SMS indicators.

Several participants from Tanzania, Nigeria, and Madagascar shared that commitments and targets nationally and regionally stopped at ODF. While Ghana's monitoring system includes different outcome levels where "sustainably sanitized" is the equivalent goal to SMS, no districts have yet attained this status and so in practice, SMS monitoring is still very limited.

Health sector data is important but not routinely used.

There was a common desire amongst participants and some practices to include M&E data on morbidity rates, disease burden, and disease hotspots to inform area-wide programming and ensure accurate targeting, leaving no one behind. However, health outcome data (particularly clinical and disease

surveillance data) are often incomplete or suffer quality constraints, rendering the data not directly usable or useful to inform WASH programming. Access to this data can also be constrained.

Process monitoring is limited.

Participants recognized the importance of process-oriented data such as on required financial and human resources (HR) to inform area-wide programming and resource allocation. However, (sector-specific) HR data is mostly unavailable (also confirmed by the sanitation and hygiene sector workforce capacity needs assessment undertaken by WASHPaLS #2 [see USAID 2023b]) and financial tracking is often development partner-led and not routine. Participants indicated that while some program input data is being collected, such as on community visits undertaken, trainings completed, staff numbers, and budgets, there is scope to better monitor inputs and processes to improve transparency on financial commitments, budgets, and allocations, and to better understand how certain activities inform outcomes.

Data collection is often project-driven and intermittent rather than routine.

A large portion of sanitation and hygiene activities at the local level are project-related and much monitoring is project funded. Monitoring systems and processes are geared toward project reporting and data is collected for project-related baselines/midlines/endlines and/or for certification/verification of ODF communities, enabling assessment of project achievement, rather than routine monitoring throughout implementation. National surveys like those linked to Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS) or, in Nigeria, WASHNORMS help provide usable data but also are intermittent. Investment in routine monitoring systems, staff, and operations by (sub)national governments was indicated to be limited in all cases. For example, Bongo District in Ghana identified the lack of budget and means of transport for M&E as a key challenge to routine monitoring.

Data collection is often paper-based and dependent on volunteers, and quality issues persist.

Discussions pointed to several commonalities in current data systems and management across the five country contexts:

- M&E processes across all countries were human resource heavy, with data collection still often paper-based. In Tanzania, for example, data collection at household and sub-village level and at village and facility level is paper-based, after which the data gets imported into the web-based system at the Council level.
- Community-level data collection efforts are often led by community-based volunteers rather than by well-trained and well-compensated staff, with varying levels of capacity strengthening, support, or incentivization.
- Several participants flagged the need for continuous and interactive capacity strengthening on data collection and the technologies used to move from paper-based to digitalized systems.
- Participants also noted issues with accuracy, timeliness, and frequency of data collection. This has implications for how data is used by local governments to inform decision-making and course correction. There also are limited processes to manage data quality—limited checks and balances on the M&E and data and processes.

There is limited monitoring for GESI, with planning and tracking of inclusive outcomes hampered by a lack of disaggregated data collection.

Amongst participants, there was limited experience monitoring for GESI. Some examples identified include:

- Both Ghana and Kenya track vulnerable households: Ghana through the Basic Sanitation Information System (BaSIS) monitoring system where household information on gender, disability, and age categories is collected by field officers; and Kenya through ongoing CLTS review meetings. But the BaSIS data is not systematically used to inform sanitation and hygiene program planning.
- The new RTMIS system in Kenya plans to capture disaggregated household data on gender and age, and includes provisions to identify 'at-risk' households in each community, and mark these in the RTMIS so that outcomes in these households can be disaggregated.
- While some data is collected in Nigeria and Tanzania on gender, equity, and inclusion (whether toilets are gender-separated and disability-friendly in institutions, some menstrual health and hygiene [MHH] data, household gender information), this is not necessarily used in decision-making or to inform resource allocation as the data resides with ministries and departments of social welfare and is disconnected from sanitation.
- In Madagascar, disaggregated data is collected through the population census, but this information is not freely available to or used by line ministries.
- The Tanzania Iringa Region case study pointed out that while some equity and inclusion related data was collected for UNICEF-supported programs, no gender-disaggregated, disability, or other equity-related data is collected by the National Sanitation Management information System (NSMIS).

Several dynamics around gender, disability, poverty, age, geographic conditions, and social marginalization coalesce and impact how people access and use sanitation and hygiene services. However, gaps in data were identified, with needs emerging around understanding the specific knowledge, attitudes, and practices of people, along with disaggregated data across age, household size, gender, disability, geographic location, insecurity, and more. Data gaps also exist on the intersectional impact of these equity concerns and how they impact the sanitation and hygiene use of different people.

All local government areas were able to identify (some) groups or communities that are hard to reach and often have lower service levels. But processes were not in place to identify or develop more nuanced, adapted, and targeted approaches to reach these people. Other challenges such as increased politicization of certain data also emerged, with data being altered to receive more resources in certain areas and reluctance to use data from other sectors such as welfare.

Participants also expressed challenges around sanitation and MHH being sensitive topics and MHH monitoring relatively new, with the need to have robust training for those collecting this data, particularly during their interactions with people with disabilities or facing different kinds of social marginalization.

Forums for discussion of data and decision-making exist, but adaptive management is haphazard, not well understood, and lacks systems, processes, and the cultural and institutional environment to accommodate agile decision making or course correction.

All participants agreed that interventions and services should be context-specific and adaptive, changing when needed. However, several challenges were identified relating to the adoption of an adaptive management approach. The terminology of "adaptive management" itself is often not yet clearly understood and difficult to engage with. Therefore, the group agreed to speak of "use of data for informed decision-making and course correction." Yet, data use and decision-making were deemed problematic since the people collecting and most familiar with the data are not often in decision-making

positions, and government systems lack the agility to enable adaptation. It also was agreed that much depends on the nature of the decision and the level at which it needs to be taken or course corrected.

Nonetheless, several forums and reports were highlighted as an effective method to enable this, and a number of other practices and processes recounted:

- Routine reports and updates and (project-driven) baseline and midterm data and reports were used as evidence to course correct at different points.
- Participants identified various forums that exist at different levels for discussing stock-taking and course correction.
  - At the national level, these include national WASH sector meetings such as annual sector review meetings in Kenya and Madagascar and WASH coordination meetings at different levels in Nigeria.
  - At the sub-national/local level, these include quarterly district implementation coordination committees in Ghana, project-based co-planning meetings in several countries, and several forms of community engagement and community forums. For example, course correction was sought through community engagement and village-level feedback when latrines collapsed from rains in Nigeria. Similarly, in Ghana, CLTS interventions include townhall meetings and public assemblies so people are able to raise sanitation-related concerns with local leaders and elected officials.
- Participants reflected that these discussions may include sanitation issues and decisions may be made, but that this depends on the most urgent challenge being faced (often across multiple sectors/issues being discussed) and which local, national, and regional staff attend the meetings.
- However, these forums are not necessarily using the latest M&E data (or any data at all). For example, in certain cases in Madagascar, it can take up to a year for collected household or community-level data to be used in meetings to update five-year commune plans, which happen only on an annual basis.
- While many of these forums are multi-sectoral and not necessarily geared toward AWS or SMS, participants identified that they could be potentially used for this purpose.

Box 2: Good Examples of Data Use

Some good examples of data use by sub-national governments emerged. For example, in Jigawa State, Nigeria, community-level data collected by village WASH committee (WASHCOM) staff, natural leaders or Village Health Promoters, is examined in weekly review meetings attended by the Local Government Area (LGA) sanitation and M&E officers and select other LGA staff, to identify indicators or areas with slow progress. In Kenya, county WASH hubs also regularly assess progress and challenges encountered. In stakeholder engagement or review forums in Kenya, bringing together a range of stakeholders from village level leadership to Community Health Promoters, Community Health Extension workers, ward, sub-county and county managers, data is also used to inform adaptations on interventions.

Participants agreed that there was utility in adaptive management and that it could be of great use in certain circumstances. Adaptive management can:

- Improve holistic planning and M&E processes,
- Provide an opportunity to different stakeholders to engage meaningfully if governments are not able to immediately adapt,
- Build community buy in/engagement with consistent support to adapt when needed,

- Establish a culture of designing for flexibility and honest rethinking where needed, and
- Build the evidence base for advocacy and accurate targeting of district priorities and funds.

Overall, it was agreed that adaptive management requires unique individual skills and attitudes (knowing how to and feeling supported/empowered to suggest or make certain changes), as well as institutional ones—with interaction between them. Challenges were identified across the range of skills, capacities and frameworks, and while all participants had examples of themselves or their local counterparts making adjustments and amendments within the areas/activities they could control, such course corrections were generally not systemic or embedded in institutional cycles or mechanisms, and as a result also not well documented.

Within a project setting, practical challenges emerged such as the costs of regular course correction, which may not be budgeted for, and the inflexibility of specific donor or project requirements and timeframes, which do not allow for reflection and adaption.

At the sub-national or local level, sanitation and hygiene outcomes and targets can also be unclear—depending on how well they are formulated, captured in plans, and being tracked—making it difficult to assess progress and changes needed. Data challenges include the lack of data and clarity around the causality for sanitation-related challenges—which are often complex and multi-causal—and issues with data validity. Political challenges include reluctance to risk bad publicity during a project, which identifies problems and needs to change or adapt.

1.2.2 PROPOSED QUESTIONS AND INDICATORS

Standard sector indicators for sanitation and hygiene service levels have been defined in line with Sustainable Development Goal (SDG) target 6.2 by the JMP (WHO and UNICEF, 2018). Beyond this, some sector monitoring frameworks exist, including the Monitoring and Evaluation for Rural Sanitation and Hygiene Framework and Guidelines published by the SLH, informed by extensive desk review of different program and national monitoring frameworks (Robinson 2021a; Robinson 2021b); and the aforementioned Kenya RuSH Protocol (MOH, Republic of Kenya 2023). These frameworks are outcome-focused and comprehensive, including a focus on household (and institutional) sanitation and hygiene service levels, GESI, sustainability, process monitoring, and systems strengthening.

All workshop participants acknowledged that it is important that national government partners strive toward the development, rollout, and routine use by sub-national governments and partners of a comprehensive national monitoring system for a broad range of sanitation and hygiene outcomes, services, and processes that can inform achievement of area-wide sanitation. However, given the strong persisting focus on ODF-monitoring and existing gaps around monitoring (and programming) for post-ODF sustainability and SMS services, the workshop included discussion on the most common indicators used currently and related challenges and experiences, as well as possible priority indicators and their relevance in different country or sub-national contexts. These include indicators for both SMS and GESI.

Through groupwork, participants were asked to outline what they felt to be the most relevant questions to ask or indicators to measure for SMS for households, service providers, and local authorities in rural contexts (see Box 3). This list illustrates the types of information participants prioritized for SMS monitoring, but does not constitute a sector validated set of indicators. As there is currently limited global experience or understanding of monitoring service providers and local authorities, the group focused on prioritizing household and community-level questions and indicators. Discussions did, however, highlight the need to triangulate data from service providers with data from households and local authorities (responsible for treatment and disposal sites).

Box 2: Proposed Questions/Indicators for Safely Managed Sanitation

Questions/indicators at household and community levels:

- Is there leakage/discharge from sanitation facilities?
- Is ground or surface water at risk of contamination from on-site sanitation?
- Are facilities shared?
- Are facilities durable to climate shocks?
- Do pits require and enable (regular) emptying?
- Has the latrine/facility been emptied in the last year?
- What is the cost of emptying?
- Who emptied/empty the sanitation facilities?
- Do plans exist for desludging/communal burying?
- Where is the sludge disposed/where were the contents of the toilet emptied to (location)?
- Is animal waste present in and around households?
- Are animal management activities carried out?
- Are sanitary inspections undertaken?

Questions/indicators identified for (rural) FSM service providers:

- Where are the contents (sludge or effluent) disposed of? How often is it done?
- Are there any leakages/discharges during transport?
- Is any safety equipment used?
- Are emptiers certified (including safety, how they are certified)?
- What is the volume of sludge collected, treated, and safely disposed of?
- Where are the disease hotspots in the area?

Questions/indicators identified for local authorities:

- What is the volume of sludge received at treatment sites/plants?
- Are bylaws present and enforced?
- Is desludging scheduled?
- Are regular monitoring activities undertaken to establish quality of drinking water?
- Do sanitary inspections occur for containment and how sludge is disposed of?
- What data is collected on mobility and migration?

Given the current limited focus of most participating countries on ODF achievement/basic service levels and the lack of post-ODF monitoring, participants discussed which indicators (or questions) could most usefully and feasibly be added to current monitoring systems and practices, taking into account ease of integration into existing programming approaches, area context, and potential budget constraints. The majority of local and national government representatives felt that the most relevant starting point for monitoring rural SMS would be to build an understanding of:

1) which pits will require (and enable) emptying vs. those that are expected to be abandoned/closed off (i.e., 'do you expect to empty/has your pit been emptied in the last X period?'),
2) what options for (safe) emptying are being used (i.e., 'If you have recently emptied your pit, who emptied it?' e.g., household, informal local actor, formal service provider, etc.), and
3) where (and how safely) sludge is disposed of/where pit contents are emptied.

This information could help inform first stage planning for SMS services as it would provide insight into the number and location of pits to be emptied in a given period, current emptying and disposal practices, and how to improve them.

With regards to GESI, a similar exercise was conducted to identify those questions/indicators that could provide relevant information to identify potentially vulnerable households or individuals who may require support to access and use safely managed sanitation and hygiene services. Such vulnerability could stem from poverty, marginalization or discrimination, geographical challenges, or any other factors making up the so-called clusters of disadvantage (Water Supply and Sanitation Collaborative Council [WSSCC] 2019). While not necessarily representing a full set, these identified questions/indicators are listed in Box 4.

Box 3: Proposed questions and indicators to inform GESI

Basic disaggregated information on household head and household members:

- Gender,
- Age group, and
- People in the household with reduced mobility or disability issues.

Poverty/economic status indicators, such as:

- Ownership of the house,
- Occupation of the head,
- Household income level/asset ownership, and
- Stability/seasonality of income.

Sanitation status indicators:

- Household latrines are shared.
- (Safe) child feces disposal practices.
- Intra-household access (variations in service level within a household).
- Relapse/slippage—continued access and use of latrine.

Hygiene status indicators:

- Availability of MHH products/safe and hygienic space for management and safe disposal, and
- Accessibility to (water and soap for) handwashing facilities.

Geographic indicators:

- Geographical accessibility (peri-urban, rural mixed, rural-on-road, rural remote/distance from road),
- Vulnerability to climate change/extreme weather events (exposure to hazardous risks), and
- Soil type.

Context-specific vulnerability indicators:

- Conflict affected, migrants, displaced people;
- Ethnic minorities; and
- Pastoralist/nomadic groups.

The economic and poverty status indicators served as examples, as different countries have different ways of calculating poverty. It was noted, however, that poverty/income assessments such as those supported by the Equity Tool can be time and resource intensive, given the need for individual household data on a range of indicators.

The GESI discussion focused on the important distinction between intermittent but comprehensive data collection (i.e., through periodic surveys, intermittent data collection or household listing as part of RTMIS systems, or baseline/endline surveys in case of project-presence), and routine monitoring. Participants agreed that there is a minimum set of key indicators that should be collected and updated

periodically that can help identify potentially vulnerable households, to inform planning and targeting of interventions to these households, and to inform routine monitoring and follow-up to assess (and support) their progress.

The indicators in Box 4 cover a broad set of themes that may be complex to add to existing monitoring systems and may not all be equally relevant to context. As per the SMS indicator discussion, participants were therefore asked to identify and agree upon those indicators/data that could most usefully and feasibly be included in existing data collection practices and systems, and that would provide most actionable information. Participants agreed that this includes basic disaggregated information on household head and household members by gender, age group, and people in the household with mobility or disability issues; and a minimum set of poverty/economic status indicators, such as ownership of the house, or other household income level/asset ownership indicators. These indicators were selected because they are known proxies for a range of potential clusters and factors of disadvantage, for example, gender and age can point to potential marginalization or reduced social capital, while reduced mobility and disability are a known barrier to physical access of sanitation services, and economic status indicators can help inform a household's likely need for financial support to access sanitation services.

These indicators do not need to be monitored routinely, as they are not subject to regular change. They can, however, inform more routine monitoring, for example, of those households identified as vulnerable through periodic surveys, who therefore require more regular monitoring and follow-up to ensure they are able to construct, access, use, and maintain appropriate sanitation and hygiene services (see Box 5).

It should be noted that the majority of questions and indicators listed in Boxes 3 and 4, as well as the practices described in Box 5, are currently not being applied in any of the five case study areas discussed in the workshop, including where they form part of new, but not yet fully operational national monitoring frameworks like those in Kenya and Nigeria. At the same time, participants agreed that this data needs to be included in monitoring systems, and some were already in the process of incorporating some of the indicators. Participants from both Tanzania and Nigeria shared that existing indicators can be strengthened with the above hygiene indicators. Madagascar shared their need to include geographic indicators due to their high vulnerability to cyclones and storm surges, and their consequent impact on household infrastructure and sanitation service levels. Participants also agreed that it would be most useful to immediately trial certain processes around data collection, planning, identification, and follow-up, to understand existing gaps and how these can be addressed.

Box 4: Processes and Practices to Support M&E for GESI in an AWS context

Baseline:

- Incorporate at minimum the basic disaggregated household member indicators, but ideally all indicators in Box 4 in (local) government/project *periodic/baseline monitoring* exercises (or use existing data for poverty/economic status if available), and
- Collect *data from all households* within an administrative area (e.g., through data collection performed by health extension workers or as part of project baseline/midline surveys where routine local government monitoring practices are not yet established).

Planning:

- Undertake a sanitation and hygiene vulnerability risk assessment[3] based on collected data and identify vulnerable populations;
- Analyze the collected data to inform program strategy, resource allocation, and engagement/follow up planning; and
- Periodically analyze (updated) data to inform course corrections.

Implementation:

- Use follow-up forms to note changes to above indicators during routine programming or monitoring visits;
- Use the data to identify households likely to be vulnerable and/or unable to obtain/construct a toilet and mark this information on household registers/monitoring forms;
- Track the status of these households during routine monitoring visits;
- Routinely track sustained use/risk of relapse/slippage of these households; and
- Seek specialist support with designing M&E interventions, e.g., from rightsholder groups representing the identified marginalized/vulnerable populations.

M&E workforce and capacity development:

- GESI monitoring (and programming) needs training/capacity development and may be better undertaken by certain groups/individuals:
  - Use innovative ways to include different populations in regular monitoring, e.g., train people from within nomadic communities to become sanitation monitors/assist district-level officers;
  - Build skills and understanding on how to be sensitive to vulnerability and how to discuss issues/ask questions about potential vulnerabilities and sensitive topics (e.g., menstrual hygiene, incontinence, people with disabilities).

[3] See for example the *Equality and Non-Discrimination Handbook for CLTS Facilitators* (WSSCC 2019) for suggestions on how to classify potentially disadvantaged households by their likely ability to construct, use, and maintain sanitation and hygiene facilities.

2.0 RECOMMENDATIONS

The workshop sought to identify a set of principles that could be considered a starting point or minimum conditions for local government-led monitoring for area-wide SMS services and hygiene. In a final validation session, participants agreed instead to rephrase these into a set of recommendations for national and local authorities, and on monitoring to inform GESI outcomes. With regards to indicators, some focus questions/indicators were identified that could be prioritized when moving from a predominantly ODF-focused to an SMS-focused monitoring system (as per section 1.2.2). But participants agreed that these need to be viewed within the broader set of indicators recommended by resources such as the SLH M&E for Rural Sanitation Framework and Guidelines (Robinson 2021a; Robinson 2021b) and the JMP Guidance for Monitoring Safely Managed On-Site Sanitation (SMOSS) (JMP n.d.). More in general, participants agreed on a need to further develop guidance and resources to support systematic and comprehensive programming and monitoring of area-wide safely managed sanitation and hygiene, particularly for local government counterparts.

National level recommendations

- **Leverage multiple ministries and stakeholders in M&E for SMS.** While achieving ODF status may be contained under one ministry, area-wide SMS services will likely cut across the mandate of more than one ministry, for example, health, water supply, public infrastructure, local governance/interior, finance, and education.
- **Harmonize definitions on AWS outcomes and SMS** to ensure consistency across all sub-national areas. Currently, different stakeholders understand AWS and SMS differently, and an initial first step is to ensure an agreed understanding of what is being aimed for and monitored.
- **Establish a national monitoring framework for SMS and hygiene** that builds on and aligns with existing M&E systems and processes to ensure data collection at sub-national and regional levels is consistent across the country and across all states.

Local level recommendations

- **Develop iterative decision-making processes that are informed by routine monitoring.** While this emerged as a major gap during discussions, the WASH sector's experience of addressing this gap remains limited. However, there is potential for supporting more routine data collection for timely use of data for decision-making and planning, which is required to course correct and to detect potential sustainability problems during implementation activities.
- **Build on and align with existing monitoring systems** to avoid an added burden of M&E. This increases the chances of changes being made and data being used and can alleviate the additional workload for those collecting, analyzing, using, and presenting data. For instance, adding additional questions and indicators related to SMS to current data collection methods and planning more systematic uses of this data, rather than developing separate data collection tools or processes.
- **Identify other sources of data** that could be or already is collected by others in allied sectors. This could include sectors like water, health, and education, for example regarding availability of water for managing menstrual health and hand hygiene, ongoing diarrheal disease prevalence or morbidity rates, including cholera hotspots, presence of hygiene and sanitation facilities in institutions such as public health units and schools, social welfare data, and more. This can lead to a reduced burden on local government sanitation staff to collect comprehensive data and put existing data to more comprehensive use.
- **Encourage a culture of ongoing data sharing and review and regular feedback loops.** This can be done through regular meetings and forums and can lead to an open work

environment of regular reflection and deliberation to identify actions early on and alleviate the need for significant course corrections. This requires that all partners working within a geographic area regularly share their sanitation and hygiene data (aligned with agreed upon key indicators) with the (local) government, including where possible across sectors, and may involve empowering those collecting data to take action where possible, and within reason.

- **Enable the local government to play an oversight and coordination role.** The local government is not necessarily responsible for all monitoring and data collection where other implementing partners or mandated service providers are active; however, using data for decision-making and course correction should be led by the local government for more sustained outcomes and accurate programming.

GESI recommendations

- **Ensure that disaggregated data collection and follow-up** is a part of the broader M&E data collection process. Collect baseline GESI data to identify marginalized, excluded or otherwise vulnerable households to inform targeted interventions or follow-up, and ensure disaggregated reporting on outcomes/services during routine monitoring.
- **Engage community and village-level representatives** within M&E processes and planning, as well as in long-term engagement to ensure and monitor post-ODF sustainability and (progression towards) safely managed sanitation. Successful examples of ODF attainment at an area-wide scale, such as Jigawa in Nigeria and Kitui County in Kenya, had heavy engagement from different communities and social groups with significant participation from local leaders.

3.0 COUNTRY ACTION PLANS

The workshop concluded with country teams planning potential actions to take forward both in the short term (six months) and longer term (one year) (see Table 2). These are actions chosen based on the learning and discussion during the workshop, feasibility to undertake, and the country context, and were seen to be actions the participants themselves were well-positioned to undertake, acknowledging the mix of government and UNICEF/WaterAid staff present. It was agreed that WASHPaLS #2 would organize a follow-up call in Quarter (Q) 1 of 2024 to discuss country progress and any barriers or challenges faced and provide peer-to-peer commentary and support.

TABLE 2: COUNTRY TEAM ACTION PLANS

0–6 MONTHS	6–12 MONTHS
Nigeria	
• Report back learnings on workshop (harmonized definitions and indicators for routine monitoring) to be included during discussion with the national government. • After an agreement has been reached, these will be included in existing checklists.	• Receive approval from the last minister to develop a Local Government Area plan and an agreement from the WASH sector. Plan further action through commitment from sanitation and hygiene subsectors.
Kenya	
• At the national level, operationalize the RuSH Protocol and RTMIS. Subsequent activities will be informed by the data generated. • Harmonize definitions to compile a coherent campaign on AWS. • Engage urban sanitation technical working groups and rural sanitation technical working groups involved in sanitation implementation. • Undertake sensitization of sanitation and water service providers to improve understanding of AWS, technical working groups, and the local government. • Assess an enabling environment for AWS and assess gaps and determine a way forward.	• Dissemination of AWS concepts at the county level. • Dissemination and operationalizing RuSH Protocol. • Strengthening of WASH hubs and capacity building.
Tanzania	
• Map WASH stakeholders for SMS at the national level. • Undertake capacity building for key stakeholders for SMS sanitation indicators and equity and inclusion at the national level. • Organize capacity building on SMS and M&E, including inclusion of WASH sector partners at the local level led by the Iringa local government. • Develop sustainability plans for ODF districts and regions.	• Review and harmonize National Sanitation Management Information System indicators to include JMP indicators for SMS and equity and inclusion. • Begin implementation of AWS principles and start scaling up. • Develop sustainability plans for ODF villages, districts, and regions.

TABLE 2: COUNTRY TEAM ACTION PLANS	
0–6 MONTHS	**6–12 MONTHS**
Ghana	
• In the ongoing national sanitation policy review, organize a meeting to debrief colleagues from the health ministry with discussions on AWS at the national level. • Organize a debrief and learning for AWS at the sub-national level. Undertake an assessment of annual plans to check how to incorporate AWS indicators. Done by the district committee. • At the district level, identify what can be added to the sanitation policy locally.	• All plans are completed with implementation. • Begin data collection for the MIS in 2024.
Madagascar	
• Convene a meeting with the national sanitation work force to discuss integration of SMS indicators into existing systems, and also include in discussions with the World Bank. • Add geographic vulnerability in a list of indicators for inclusion in the next survey. • At the local level, reactivate the sanitation access pass for the latrines. • Add new engagement and inclusion (E&I) communication and type of household latrines. Start considering potential indicators at the local level.	• Next year, follow up on the earlier upgrade of the MIS, including costing, emptying status, and other new indicators.

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ANNEX 1: WORKSHOP PARTICIPANT LIST

TABLE 3: WORKSHOP PARTICIPANT LIST

NAME	COUNTRY	ORGANIZATION
Patience Ampomah	Ghana	National Development Planning Commission Senior Planning Analyst (Monitoring and Evaluation [M&E])
Mumuni Abdulai	Ghana	District Environmental Health Officer, Bongo District
Matilda Akua Afriyie	Ghana	WaterAid Ghana
Paul Ratovoson	Madagascar	Rural Commune of Vohitrindry/Water, Sanitation, and Hygiene (WASH) Technical Service Agent
Jeanza Georal Rabeharivony	Madagascar	Ministry of WASH/Information System Director
Tiana Zo	Madagascar	WaterAid Madagascar
Damilola Akomolafe	Nigeria	Federal Ministry of Water Resources
Dunia Godwin Abu	Nigeria	Clean Nigeria Campaign
Obinna Uche	Nigeria	Nigeria
Selemani Abdi Yondo	Tanzania	President's Office, Region Administration and Local Government
Khadija Mussa Haroun	Tanzania	Local government (Regional Administration)
James Conrad Massaquoi	Tanzania	UNICEF Tanzania
Doyle Leonard Birika	Kenya	Principal Public Health Officer
Faith Mutinda	Kenya	Kitui County Director of Health
Kabaka James	Kenya	Homa Bay County, County Public Health Officer
Priscillah Ouche	Kenya	Kilifi County Malindi Water M&E Officer
Martha Gatimu	Kenya	WASH Officer (Sector Monitoring) United Nations Children's Fund (UNICEF) Kenya Country Office
Hodaka Kosugi	Kenya	WASH Specialist Sanitation and Hygiene UNICEF
Amanda Robertson	Kenya	United States Agency for International Development (USAID)
Beverly Mademba	Kenya	USAID
Maya Igarashi Wood	Global	WaterAid Senior WASH Manager Sanitation
Zinash Kefale	Global/East Africa region	WaterAid East Africa Regional Planning, Monitoring, Evaluation and Reporting (PMER) Focal Point
Carolien van der Voorden	Global	Deputy Chief of Party, Water, Sanitation, and Hygiene Partnership and Learning for Sustainability (WASHPaLS) #2
Andrew Robinson	Global	WASH Specialist, WASHPaLS #2
Steven Walker	Global	Manager, IDinsight
Michael Gnilo	Global	UNICEF Headquarters
Jamie Myers	Global	Institute of Development Services (IDS)
Ruhil Iyer	Global	IDS

ANNEX 2: WORKSHOP AGENDA

Day 1 Objectives:

- Understand current M&E processes from different country contexts;
- Analyze processes and identify gaps, challenges, opportunities, and successes; and
- Understand/unpack the decision-making processes needed for area-wide sanitation (AWS).

DAY 1: SEPTEMBER 19, 2023				
TENTATIVE TIME	**SESSION**	**OBJECTIVES**	**NOTES**	**METHODS**
9:00–9:45	Welcome	Introductions and icebreakers Gather and clarify participant expectations and roles and responsibilities of all partners Elicit participants' ideas on their understanding of AWS	N/A	Participatory ice breakers Short personal reflection around expectations Write understanding of AWS on post-its
9:45–10:30	Workshop overview	Introduce: • Key themes/terms • Workshop aims and objectives	Details of WASHPaLS #2, AWS, M&E, adaptive management, and safely managed sanitation (SMS) services provided to ensure key concepts and ideas are shared and understood Present workshop objectives and schedule	Presentations Plenary discussion
10:30–10:45	**Coffee break**			
10:45–12:45	Case study presentations	Present the different experiences in the room Provide a basis for future discussions Start to identify similarities and differences	Present current contexts and M&E processes across the different participating countries	Gallery walk Case study posters are put up across the room Each team is given 20 minutes (10 minutes to present and 10 minutes for questions)
12:45–1:30	**Lunch**			
1:30–3:00	Identifying decision-making and data needs	To identify: • What decisions local governments need to make for AWS programming, • What data is currently available, and	Groups will tackle the objective questions in turn—firstly establishing what decisions need to be made and then identifying what information they need to inform that decision.	IDS presents the room's understanding of AWS and introduces the session. Mixed groups working together—suggest four groups in total. Each team is joined by a facilitator.

DAY 1: SEPTEMBER 19, 2023				
TENTATIVE TIME	**SESSION**	**OBJECTIVES**	**NOTES**	**METHODS**
		• What the current gaps are.		Teams work through the questions. Each question is addressed separately on flipchart paper.
3:00–3:45	Feedback to plenary	Summary of findings presented back to plenary.	Each group is given seven minutes to present back. An additional three minutes is available for questions/comments.	Plenary discussion/gallery walk. Each group presents back the key findings from the exercise.
3:45–4:00	**Coffee break**			
4:00–6:00	Overview of National Kenyan M&E system	Provide an opportunity to country hosts Kenya to present the newly established M&E/Management Information System (MIS) system Explore how national and local governments connect for AWS M&E	Country hosts will be asked to reflect on: • The history of open defecation free (ODF) monitoring, and • The local government view of the new system. How does it build on what has happened previously?	Plenary. Presentation followed by Q/A and discussion.

Day 2 Objectives:

- Identify aspirational M&E processes,
- Identify aspirational adaptative management systems,
- Discuss the processes involved in setting up these systems, and
- Undertake a feasibility check and prioritize key aspects.

DAY 2: SEPTEMBER 20, 2023				
TIME	**SESSION**	**OBJECTIVES**	**NOTES**	**METHODS**
9:00–9:30	Summary of Day 1	Present initial analysis from across case studies Present initial analysis across the group work Participants reflect on their key learnings	Presentation developed from case study documents, with points added from Day 1 discussions Participants asked to comment on summary Participants asked their key reflections	Plenary
9:30–11	M&E processes—SMS	Consider an M&E framework—what are the potential indicators needed for sustainability and SMS?	Questions for discussion: • How can we fill gaps identified in Day 1?	Mixed groups working together, different from Day 1—suggest four groups in total.

DAY 2: SEPTEMBER 20, 2023				
TIME	**SESSION**	**OBJECTIVES**	**NOTES**	**METHODS**
		Ask questions based on the gaps to get to: • Indicators, • Frequency, and • Resources.	• What data do we need to inform sustainability? • What is already being done? • What are potential new indicators?	Discussion is documented on flipchart paper by a participant or facilitator.
11:00–11:15	**Coffee break**			
11:15–12:00	M&E processes—SMS	Continued	Continued group work	Continued group work
12:00–1:30	Present back	Summary of findings presented back lto plenary	Each group is given seven minutes to present back. An additional three minutes is available for questions/comments.	Plenary discussion
1:30–2:15	**Lunch**			
2:15–3:00	M&E processes—gender equality and social inclusion (GESI)	Consider an M&E framework—what are the potential indicators needed for GESI? Identify the feasibility of different practices and tools.	Questions for discussion: • How to monitor? • How to ensure inclusion? • Who to monitor? • How to target? • When to analyze and inform?	Mixed group work. Discussion is documented on a flipchart.
3:00–3:15	**Coffee break**			
3:15–4:00	Continued	As above	As above	As above
4–4:45	M&E for GESI—feedback	Summary of findings presented back to plenary	Each group is given seven minutes to present back. An additional three minutes is available for questions/comments.	Plenary discussion/gallery walk. Each group presents back the key findings from the exercise.
4:45–5:30	Adaptive Management	Identify: • What does this mean for different country contexts? • When is it done?	Questions for exercise: • What are the barriers? • What is its potential utility?	Discussion in plenary

Day 3 Objectives

- Undertake a validation exercise to identify minimum standards, and
- Identify challenges that may continue to persist.

DAY 3: SEPTEMBER 21, 2023				
TIME	**SESSION**	**OBJECTIVES**	**NOTES**	**METHODS**
9:00–11:30	Principles, indicators, and minimum standards—safely managed, GESI, and adaptive management	Present and validate principles and indicators from Days 1 and 2. Groups sort between minimum standards, nice-to-haves, and aspirations.	Facilitators collate principles, indicators, and standards from Days 1 and 2.	Facilitators present back in presentation/poster style. Groups work together to sort between: • Minimum standards, • Nice-to-haves, and • Aspirations. Gather notes on discussions during group work.
11:30–1:00	Operationalizing minimum standards for AWS M&E	Country teams: • Reflect on minimum standards, • Identify barriers and opportunities in their contexts, and • Develop action plans based on lessons learned.	Country teams sit together to consider their contexts and to identify the challenges, barriers, and opportunities to/for applying the principles and minimum standards outlined in earlier sessions.	Discuss in country team groups Document action plans on flipcharts
1:00–2:00	**Lunch**			
2:00–2:45	Operationalizing minimum standards for AWS M&E Action Planning	Outline three to five actions that can strengthen AWS M&E within their organizations/local governments	Country teams continue with action planning around minimum standards in their contexts	Discuss in country team groups Document action plans on flipcharts Outline actions, timeline, and resources required
2:45–3:45	Present action plans	Presentation of action plan for peer feedback	Country teams present action plans for peer feedback	Feedback to plenary with each team briefly presenting for seven minutes with another five minutes of feedback
3:45–4:00	**Coffee break**			
4:00–5:00	Wrap up and next steps	Facilitators present and outline Phase 2 Present workshop outputs and timelines Discuss potential future collaboration and ways to stay connected	Facilitators outline outputs to be produced to capture workshop findings on principles, minimum standards, tools, and practices. Participants agree on preferred steps/way forward to continue joint learning on the themes discussed in the workshop.	WASHPaLS 2 team present in plenary Feedback and discussion with participants

ANNEX 3: TEMPLATE FOR CASE STUDIES

The case study should be a printed poster/printed slides and structured using the following sections:

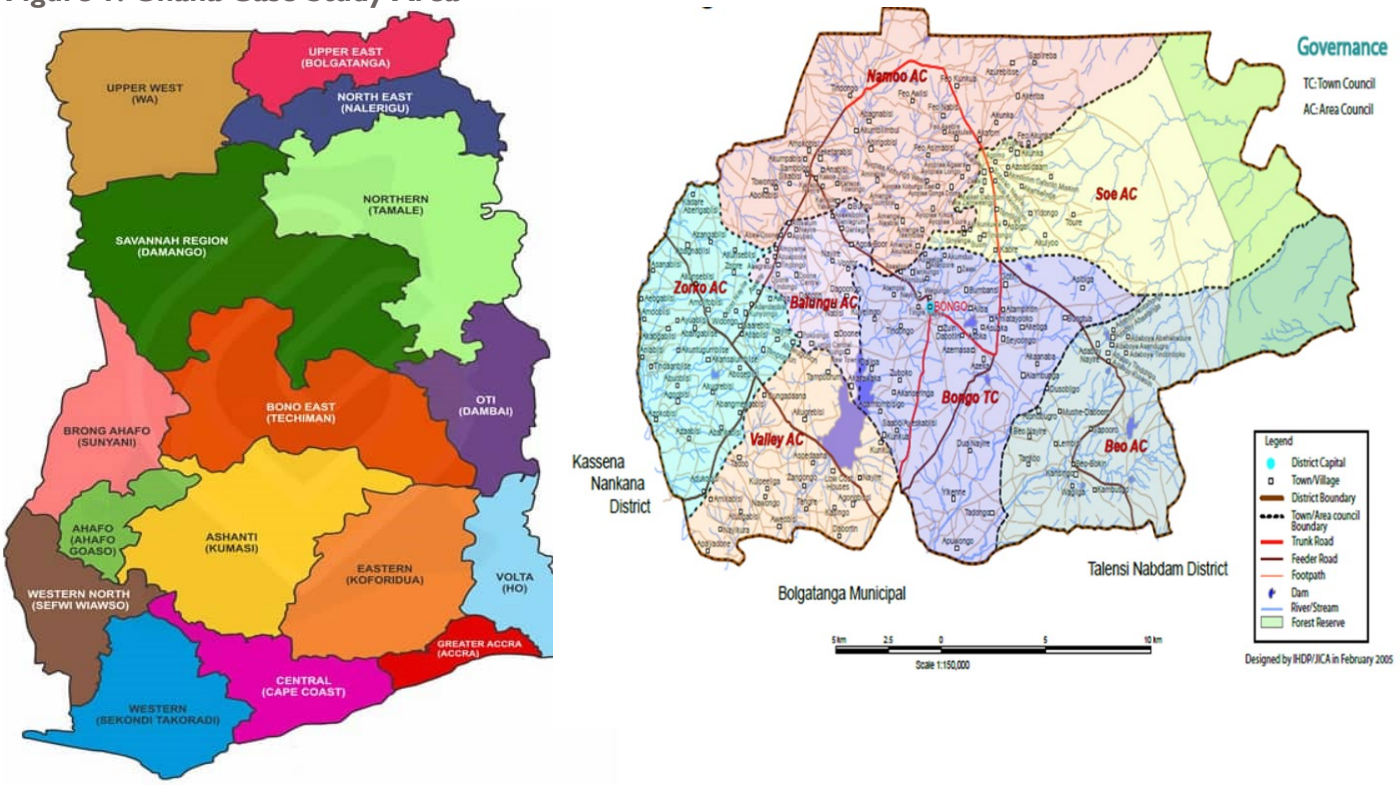
1. ***Title:*** Provide one sentence summarizing the main message of the case study.
2. ***Background/context:*** Provide background on the area and the context. What is the population of the area? How many villages? How many are ODF? What is the current sanitation coverage? What are the sanitation and hygiene challenges in this area? Are there any hard-to-reach groups or challenging contexts?
3. ***Overview/objectives:*** Provide a brief overview of the sanitation and hygiene interventions. What are the main aims, outcomes, and targets for the area (e.g., ODF, 100 percent improved sanitation or 100 percent SMS services)?
4. ***Institutional arrangements:*** Who is responsible for sanitation and hygiene (in this area), and who do they report to? What capacity is available for the main sanitation and hygiene activities (promotion, interventions, monitoring) at different levels? What is the current annual (local government) budget for sanitation and hygiene? Are there any (central government or development partner) sanitation projects being implemented in your administrative area?
5. ***Data collection:*** Describe the monitoring process for sanitation and hygiene. Include details on:
    a. **Indicators:** What indicators are currently being monitored?
    b. **Stakeholders:** How and by whom is data collected, processed, and presented? At what levels is data collected (e.g., household, village, institution, sub-district, or other administrative unit)?
    c. **Resources:** What are the financial and human resources and capacities required for monitoring?
    d. **Time:** What is the frequency of routine data collection? When are outputs, activities, and performance measured?
    e. **Equity:** How are vulnerable and marginalized groups identified and engaged during data collection and what equity and inclusion indicators (or disaggregated data) are collected? Are there any additional processes to assess equity and inclusion?
6. ***Data analysis and utility:*** Describe how the collected data is used:
    a. Who are the end users of the data?
    b. Who undertakes data analysis, at what levels, and what kind of information does this result in?
    c. At what point is data analyzed?
    d. What is the most common use of the data? How is data used for adaptation or improvement of interventions and services? What are the roles and capacities of the different actors involved in this process?
7. ***Successes:*** Which aspects of the monitoring system are working well?
8. ***Challenges:*** What parts of the monitoring system do not work so well? What are the remaining challenges?
9. ***Lessons learned and recommendations:*** What have you learned about M&E systems? Based on your learning, what would you recommend to other local governments?
10. ***References:*** Which sources of evidence have you drawn on to compile this case study?

ANNEX 4: COUNTRY CASE STUDIES

ANNEX 4.1 M&E FOR AREA-WIDE SANITATION IN THE BONGO DISTRICT OF GHANA

CONTEXT

Figure 1. Ghana Case Study Area



Multiple interventions have attempted to address sanitation challenges in Bongo District, Ghana. From 2012 to 2023, six interventions have worked to increase area-wide sanitation:

Figure 2. Sanitation Interventions in Bongo District, Ghana, 2012-2023

ORGANIZATION	PROJECT	TYPE OF INTERVENTION – SANITATION	TYPE OF INTERVENTION - HYGIENE	TIME PERIOD	COVERAGE
WaterAid Ghana	WASH4PH & Sustainable Community WASH (Endogenous development and CLTS approaches	Targeted 21 communities	21 communities with hand washing with soap facilities (HWWSF)	2016-2021 (6 years)	13-ODF communities 8-school latrines WC latrines for 4 CHPS

ORGANIZATION	PROJECT	TYPE OF INTERVENTION – SANITATION	TYPE OF INTERVENTION - HYGIENE	TIME PERIOD	COVERAGE
UNICEF	CLTS	District-wide sanitation	District-wide HWWSF	2014-2018 (5 years)	39 communities ODF
Spring	CLTS	10 communities	10 communities	2014-2016	10 communities ODF
CWSA	AFSRWASH IDA supported project	CLTS in 13 communities 6 school with institutional latrines	13 communities	2019-2020 (2 years)	13 communities ODF with 6 school latrines
WaterAid	3SWASH	15 Communities for CLTS	HWWSF	2023	Ongoing
Global Communities	Enhancing WASH	15 Communities for CLTS	Behavior change communications HWWS	2023-2027	Ongoing

However, sanitation coverage remains at only 38 percent and open defecation at 62 percent. Schools and health facilities lack sufficient sanitation and hygiene facilities, with 35 out of 151 schools lacking toilets and 16 lacking handwashing facilities. Sixteen out of 40 health facilities in the district lack toilets for clients, and five out of 11 major market lack sanitation facilities.

When it comes to monitoring and evaluation (M&E) of these activities, the district faces several challenges:

- The budget released for sanitation is mostly for solid waste management.
- Inadequate funds for M&E activities in the district.
- Inadequate means of transport for field staff and district inter-agency coordinating committee (DICCS) team for M&E activities.
- The district has only one pick-up truck vehicle for all programs in the district, which is woefully inadequate.

BONGO DISTRICT M&E FOR SANITATION

Figure 3. Monitoring of Sanitation in Bongo District

PROJECTS	MONITORING TEAM	TYPE OF MONITORING	INDICATORS
Non-Physical (no infrastructure)	Environmental Health & Sanitation field staff Social welfare/community development field staff School health education coordinator (SHEP) Ghana health service field staff District Environmental health officer DICCS District coordinating director District chief executive Development partners	Routine monitoring and endline monitoring	Household latrines Hand washing with soap facilities Latrines at schools and Health Care Facilities (HCF) Hand washing at school and HCFs Open defecation free communities Refuse disposal Disability friendly sanitation and hygiene facilities
	Regional inter-Agencies coordinating committee on Sanitation (RICCS)	Endline	ODF status
Physical (infrastructure)	District planning officer District works engineer District planning and coordinating unit (DPCU) Development partners District coordinating director District chief executive Regional team	Routine and endline	Progress of work Bill of Quantities (BOQ) used for work Safety of workers Drawings of projects

Figure 4. Sanitation Data Analysis in Bongo District

AGENCIES	DATA ANALYSIS	ACCESS TO DATA	DATA USE
District level	DPCU	DPCU M&E officers Development partners (DP) DICCS	DPCU for planning WASH
Regional level	Environmental Health and Sanitation Directorate (EHSD) RICCS	EHSD RICCS	RICCS for prioritization of WASH in the region, e.g., this was used to help Bongo district receive an IDA project on water over other districts
National level	MSWR DP	MSWR DP	For policies on WASH and DP for WASH interventions

M&E LESSONS LEARNED

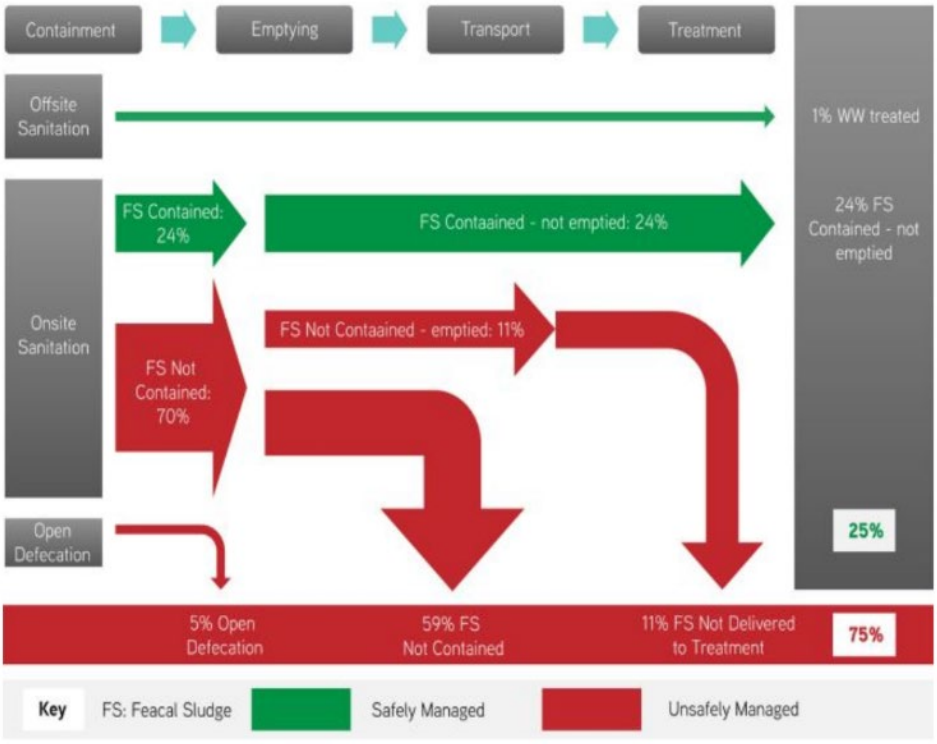
- M&E system helps to track interventions and service levels.
- Regular monitoring leads to positive changes in sanitation and hygiene behaviors, e.g., Asaloko community case.
- Inadequate funds to conduct effective routine monitoring affects improvements in sanitation and hygiene practices.

ANNEX 4.2 M&E FOR AREA-WIDE SANITATION IN KILIFI COUNTY, KENYA

CONTEXT

Currently, there is only one national sanitation monitoring system in Kenya and it focuses on progress towards achievement of open defecation free (ODF) status; the process of developing a comprehensive national monitoring system that will measure sanitation levels beyond ODF status is ongoing. This case study focuses on monitoring community-led total sanitation (CLTS) and safely managed sanitation (SMS) in Kilifi County, population 1,453,787. Malindi sub-county (host to the largest town in Kilifi County) is 25 percent safely managed and 75 percent unsafely managed (see Figure 5).

Figure 5. Sanitation Management Flow Chart

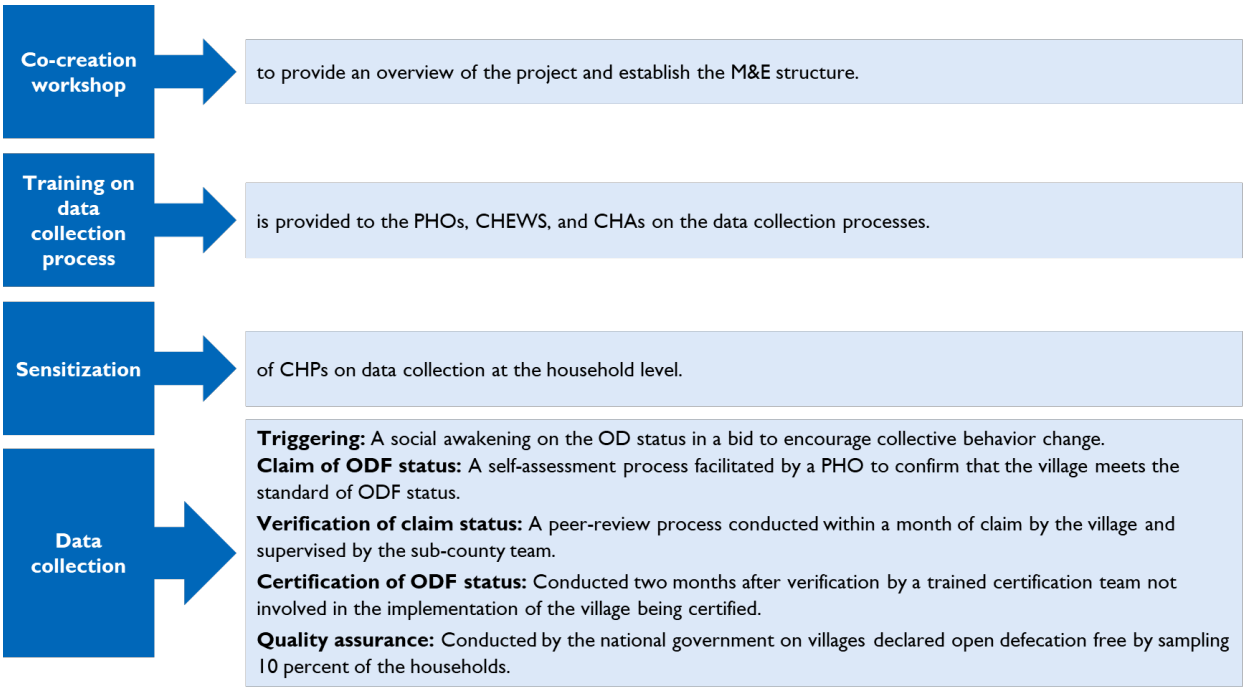


The county faces a number of sanitation challenges in both rural and urban areas. In rural areas, transport is difficult because of the vast land area, making it hard to reach people. Persistent myths and beliefs slow progress from triggering to ODF claims because of lack of behavioral change, and

sandy/loose soils often lead to collapse of latrines. Even in urban areas, 75 percent of fecal sludge is unsafely managed because of latrines that are not built to standards, illegal and informal pit emptying, no existing treatment plants, high levels of poverty that prevent construction and emptying of latrines, and limited space for construction of facilities. The county also contains populations with unique needs, such as transient populations undertaking agricultural and livestock activities along River Sabaki and people with disabilities and special needs populations.

KILIFI COUNTY M&E FOR SANITATION

Figure 6. Community-Led Total Sanitation Process



PHO: Public Health Officer; CHEW: Community Health Extension Worker; CHA: Community Health Assistant; CHP: Community Health Promoter.

Safely Managed Sanitation Process

- In the absence of a national monitoring system for SMS as well as standard indicators to be monitored, the Malindi Water and Sanitation Company (MAWASCO), together with the county government, is supported by a committee that brings together expertise in its implementation of the County-Wide Inclusive Sanitation (CWIS) plan in managing the process of developing sanitation infrastructure, stimulating the market, and strengthening institutional systems.
- Data are collected by MAWASCO staff using questionnaires, which is fed into the KoBo tool. Data analysis is carried out by the M&E officer, who generates reports and submits them to the management. Lessons learned are also documented by the M&E officer to influence strategic planning by the management.

Figure 7. Sanitation M&E Data Use in Kilifi County

DATA ARE USED TO SUPPORT:	END USERS OF DATA:	INFORMATION RESULTS IN:	DATA ARE USED FOR ADAPTATION/ IMPROVEMENT:
Key decision-making regarding areas that need more investment to yield results Assessing **performance** and identifying areas that are marked with slow progress and addressing the causes of slow progress Drawing **lessons learned** and shaping future approaches, e.g., barriers to behavioral change, like cultural beliefs, are identified with the aim of demystifying any misconceptions regarding use of latrines Identification and allocation of **resources.** The WASH Hub maps partners in a bid to avoid duplication of interventions	Water Service Providers (WSP) – To map areas that need service provision Water Services Regulatory Board (WASREB) – To set the standards of service provision in line with the human right to water and sanitation Ministry of Health (MOH) & Ministry of Water, Sanitation, and Irrigation (MoWSI) – To carry on the national agenda for provision of water and sanitation for all in its pursuit of the SDG 6 agenda Donors/funders/development partners/private sector – To analyze results upon which their investments will be based	Assessing the progress in implementation of sanitation and hygiene in urban and rural areas Progress reports that assist in developing costed plans aimed at achieving ODF status and beyond Sector Reports such as WASREB Utility Impact Assessment Report for WSPs, Annual Performance Reports for Health National data that feeds into Global reporting like JMP and GLAAS	As a baseline and to track progress of improvement interventions and services. At the start of CLTS activities, baseline data are collected when villages are triggered. The claim, verification, and certification stages will be reviewed against these data. Used to document lessons and thus inform future improvements. Monthly progress meetings highlight challenges encountered with proposed solutions. In stakeholder engagement forum and review forums, data are used for adaptation and to inform improvements of interventions.

LESSONS LEARNED

- There is no perfect M&E system. Its development entails continuous learning, with each new level paving room for improvement.
- M&E is a continuous process throughout all stages of the sanitation service levels.
- Stakeholder engagement is crucial in ensuring buy-in by the last-mile users of sanitation services.
- Checks and controls at all levels of data collection are crucial in ensuring its credibility.
- Timeliness in availability of data makes it reliable for effective decision-making.

ANNEX 4.3 M&E FOR AREA-WIDE SANITATION IN MADAGASCAR

CONTEXT

The Vataovavy Fitovivany Region of Madagascar faces low household ability to afford latrines and sanitation services. There is a high concentration of vulnerable single mothers and divorced women in the commune's center, who face land ownership issues. In addition, four out of eight fokontany are flood-prone (situation along the banks of the Matitanana River), lowering latrine reconstruction priority.

In Vohitrindry commune, sanitation and hygiene interventions focus on CLTS (aiming for communal ODF status); sanitation access pass (local incentive card issued by the communal authorities); sensitization on latrine use and handwashing made by the STEAH (technical service in charge of WASH at communal level); and the sanitation market (mainly focused on latrines product) promoted by local masons.

Figure 8. Madagascar Sanitation M&E Case Study

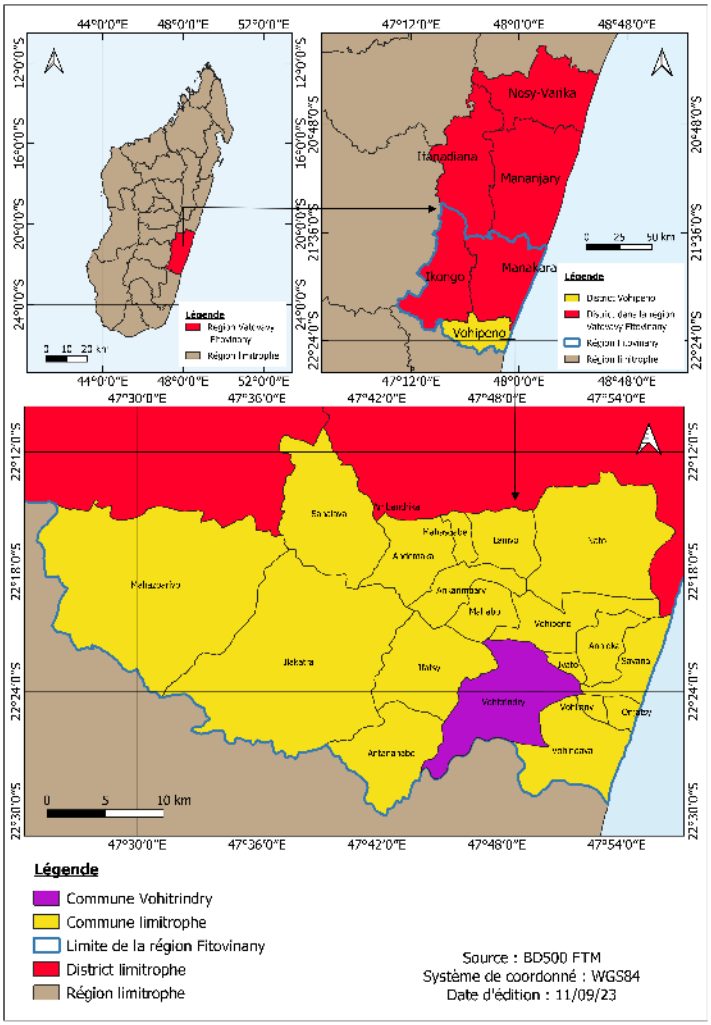


Figure 9. Sanitation Data for Vohitrindry Commune (Data source: SE&AM (http://seam.meah.gov.mg/)

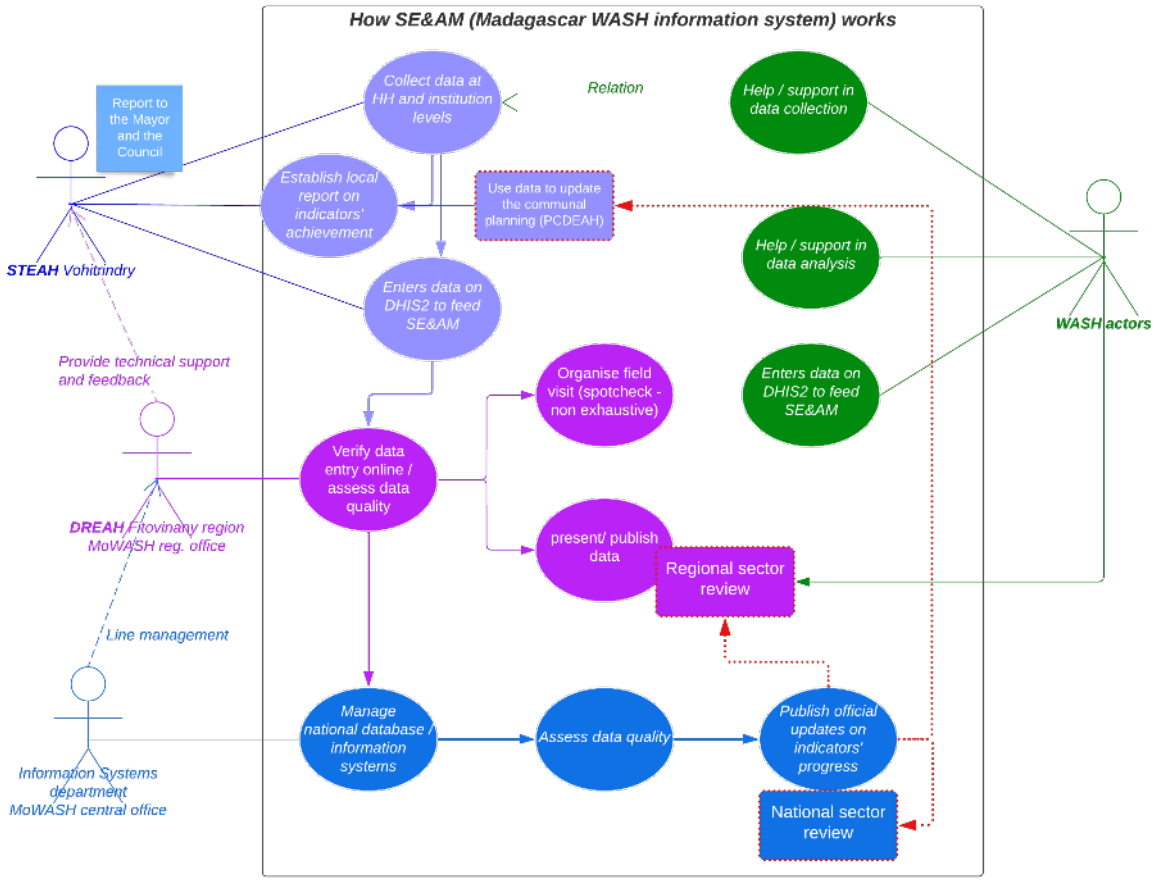
VOHITRINDRY COMMUNE M&E FOR SANITATION

Figure 10. Sanitation Monitoring and Data Use in Madagascar

MONITORING INDICATORS – COMMUNE LEVEL	MONITORING INDICATORS – NATIONAL LEVEL	MAIN USES OF DATA	KEY STAKE-HOLDERS INVOLVED IN DATA ANALYSIS	DECISION MAKERS BASED ON THE DATA	ACCESS TO THE DATA
Number of ODF fokontanys / ODF status of fokontanys Number of latrines per fokontany (breakdown:	The SE&AM (Madagascar Water and Sanitation Monitoring) system tracks the number of people with access to sanitation according to 5	Monitoring progress Sectoral reviews Planning and decision-making	STEAH DREAH (regional directorate of the MEAH (Ministry of WASH) MEAH (particularly its	Communal authorities (including the council and the local consultation structure) – PCDEAH (Communal WASH	Communal level (filter data/paper record locally available) Regional level (for DREAH and actors

MONITORING INDICATORS – COMMUNE LEVEL	MONITORING INDICATORS – NATIONAL LEVEL	MAIN USES OF DATA	KEY STAKE-HOLDERS INVOLVED IN DATA ANALYSIS	DECISION MAKERS BASED ON THE DATA	ACCESS TO THE DATA
shared/non-shared) Number of people with limited and basic access to sanitation.	levels of service and the definitions by the Joint Monitoring Programme (JMP): ODF, Unimproved, Limited, Basic, and Safely Managed. Number of ODF communes		Information Systems Directorate [DSI])	Development Plan) update MEAH for its strategic planning/ resource allocation Development partners (including technical and funding partners) interested in the area	interested in the region) National level (detailed data available at the DSI and dashboard/ summary on the website)

Figure 11. Madagascar WASH Information System Structure



LESSON LEARNED

Madagascar achieved operational status of the online information system (SE&AM) in 2013 and has demonstrated resilience and longevity. However, it has struggled to keep pace with technological

advancements (some overcome since its last upgrade in 2022); faces lack of documentation, which has hindered maintenance; and depends on outsourcing for new modules, limiting scalability. Therefore, lessons learned from this case study include:

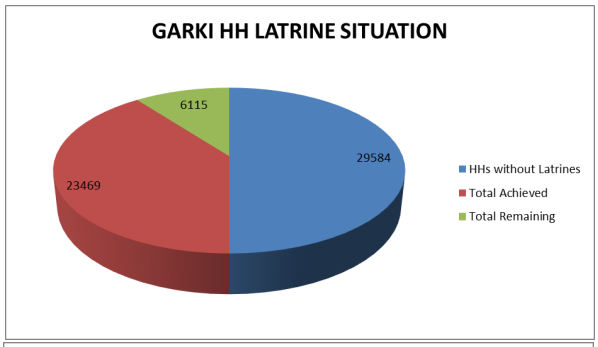
- Emphasize adaptability to technological trends.
- Prioritize comprehensive documentation.
- Enhance user-friendliness and data accessibility.

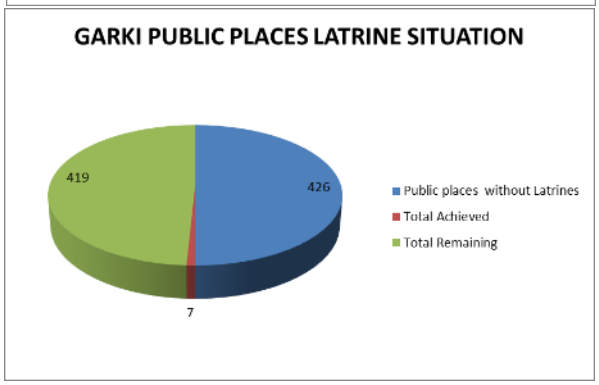
ANNEX 4.4 M&E FOR AREA-WIDE SANITATION IN JIGAWA STATE, NIGERIA

CONTEXT

In Jigawa State, Nigeria, 61 percent of people have access to basic water; 94 percent have access to improved water; and 52 percent have access to basic sanitation. Twenty-eight percent of people still practice open defecation, despite the State having been declared ODF in September 2022. Schools and health care facilities (HCFs) have access to integrated WASH services at 2 percent and 3 percent, respectively (all data from WASHNorms 2021 in the national WASH Information Management System [WASHIMS]).

Figure 12. Latrine Access and Usage in Garki, Local Government Area of Jigawa State, Nigeria





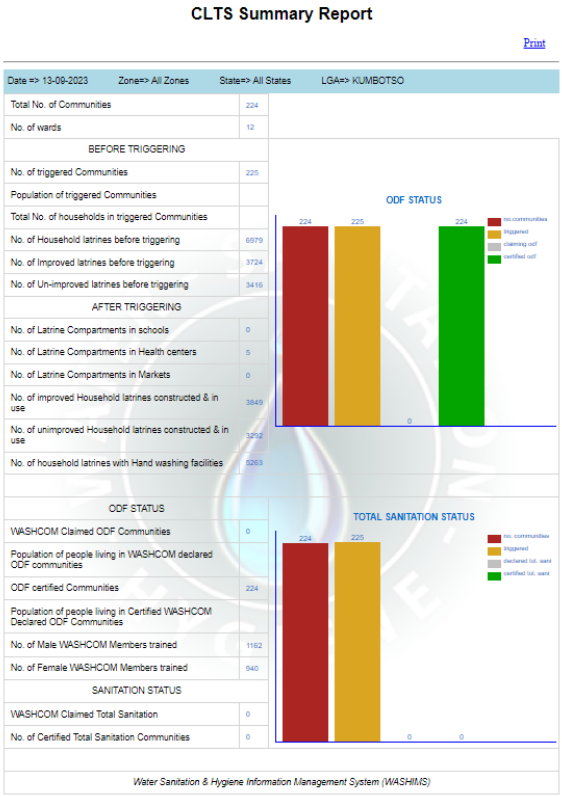
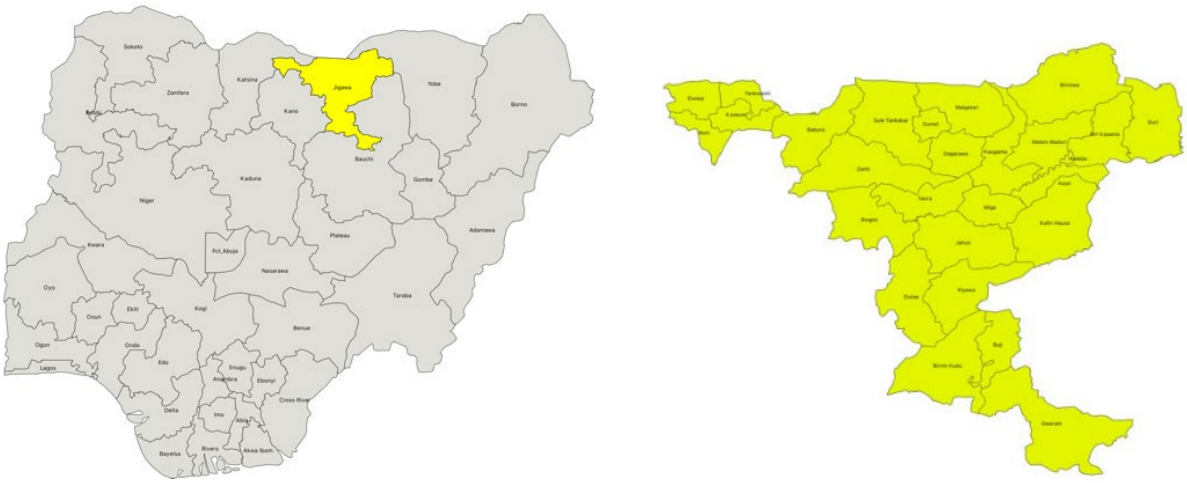


Figure 13. Map of Case Study Area, Jigawa State, Nigeria



JIGAWA STATE M&E FOR SANITATION

Figure 14. Sanitation M&E Stakeholders and Tools

LEVEL	STAKEHOLDERS	TOOLS
State level	Deputy Director for Sanitation Deputy Director for Monitoring and Evaluation (M&E) M&E Officer	Community Data Sheet WASHIMS
Local Government Area (LGA) level	Sanitation Officer M&E Officer Assistant Sanitation Officer Assistant M&E Officer	Gap Analysis Tool LGA ODF Weekly Progress Report Tool Community Data Sheet WASHIMS
Community level	WASH committees (WASHCOM) Natural Leaders Volunteer Hygiene Promoters	Household List WASHCOM Minutes

Data collection from communities is done by the LGA WASH Department staff who are assigned to communities, and weekly review meetings are held to discuss the progress of the LGAs. The meetings are facilitated by UNICEF and are attended by each LGA WASH staff.

Figure 15. M&E Responsibilities by Level

COMMUNITIES	LGAS	STATE
Monitor construction and use of household latrines	Conduct monitoring visits to communities	Organize weekly review meetings
Update Household Latrine Lists	Report progress in the LGA ODF Weekly Progress Tool, CDS, and WASHIMS	Collate reports from LGAs (LGA ODF Weekly Progress Tools, Community Development Service [CDS], and WASHIMS)
Monitor construction of latrines in institutions and public places	Attend Weekly Review Meeting Identify areas/indicators with slow progress	Analysis of reports to identify gaps and challenges

Data Analysis

- Data entry is done at LGA level by M&E officers in the LGA WASH Departments.
- Data analysis is carried out at the state level by the M&E officer, with support from UNICEF.
- The National Task Group on Sanitation (NTGS) use the data from LGAs to identify LGAs that are ready for validation. Before NTGS begins the process of ODF validation for an LGA, it first checks the status of all indicators for ODF for the LGA.
- The Honorable Commissioner for Water Resources used to present progress trends from the data analysis during the weekly State Executive Council Meeting, to enable the Council to make decisions on allocation of funds.
- Data are available for anyone within the sector, for visualization and referencing.

Figure 16. Budget for Sanitation and Hygiene

Current Annual Budget for Sanitation and Hygiene (2023)	NGN	USD
State Budget	137m	177,691
LGA Budget	756m	980,545

ANNEX 4.5 M&E FOR AREA-WIDE SANITATION IN IRINGA REGION, TANZANIA

CONTEXT

Iringa region has universal access to sanitation, with 100 percent of households having access to basic sanitation. A total of 217,372 (93 percent) of households have access to improved toilets, and 193,187 (82.8 percent) of households are accessing basic handwashing services. In recent years, there has been increased collaboration and partnerships, including continued engagement with the private sector. There is sustained political will for sanitation, and leadership and management. Access to improved sanitation has accelerated, and there has been improvement in the National Sanitation Management Information Systems (NSMIS). Stakeholders include the government, regional administration and Local Government Areas (LGAs), Civil Society Organization (CSO) partners and the private sector, UNICEF, and other development partners (World Bank, FCDO).

Figure 17. Sanitation Service Levels in Tanzania

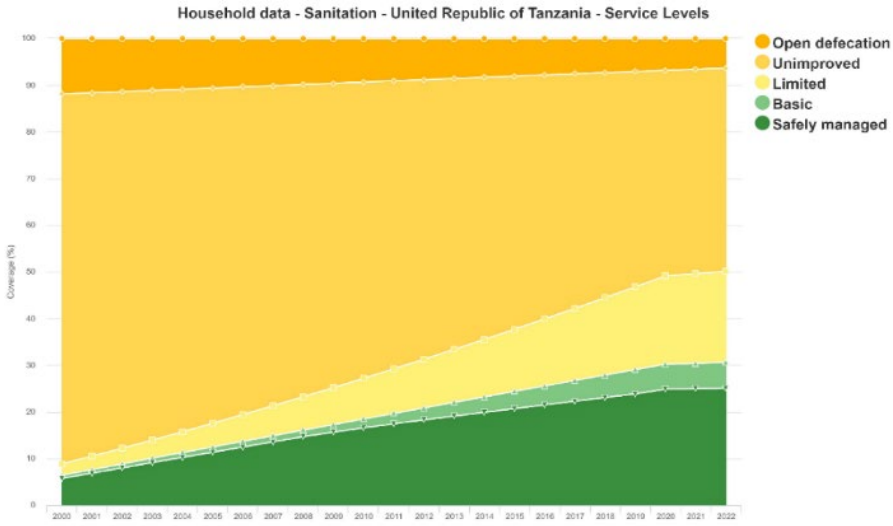
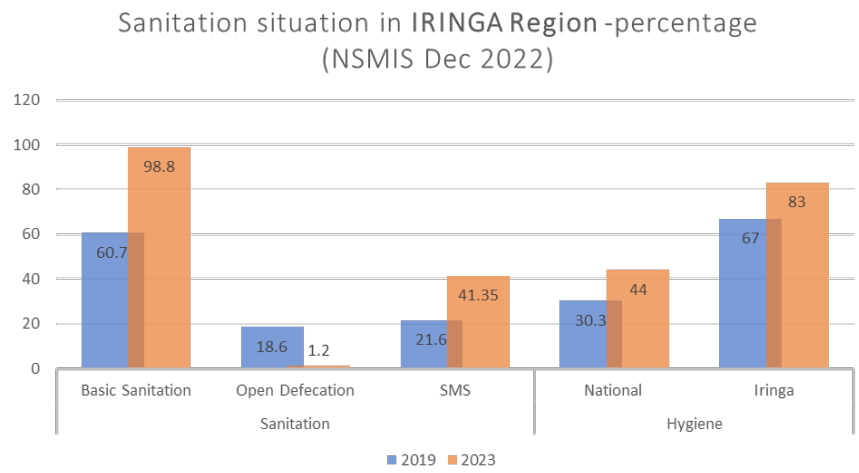


Figure 18. Sanitation Levels in Iringa Region



TANZANIA NATIONAL SANITATION CAMPAIGN

The objective of Tanzania's National Sanitation Campaign is to improve access to improved water, sanitation, and hygiene services and eliminate open defecation and achieve universal hand hygiene by 2025. Launched in 2012, it covers all 30 regions of mainland Tanzania, plus Zanzibar. It focuses on an area-wide approach to WASH in schools, health care facilities, and public spaces, including CLTS, market-based sanitation, and behavior change communication. It is government-led, with strong community engagement and partnerships with the private sector, Non-Governmental Organizations (NGOs), and donor partners (UNICEF, World Bank, FCDO, and WaterAid), and includes comprehensive and extensive monitoring systems.

Figure 6. WASH Implementation Model in Iringa

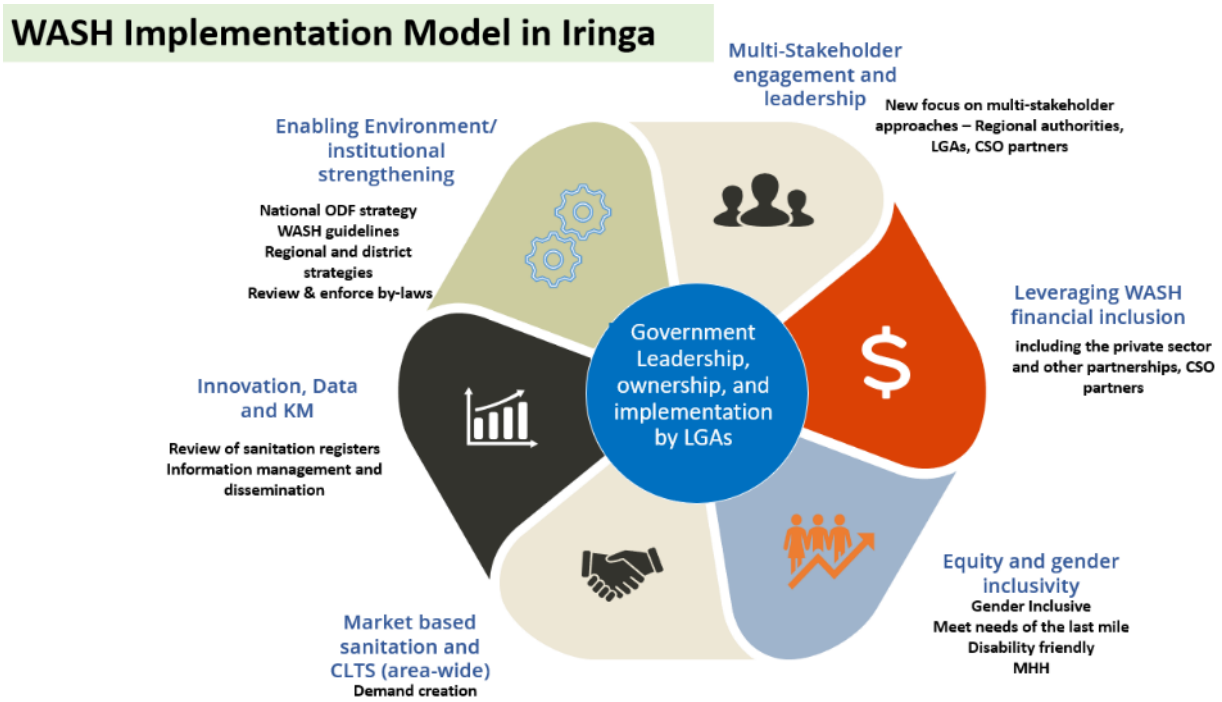
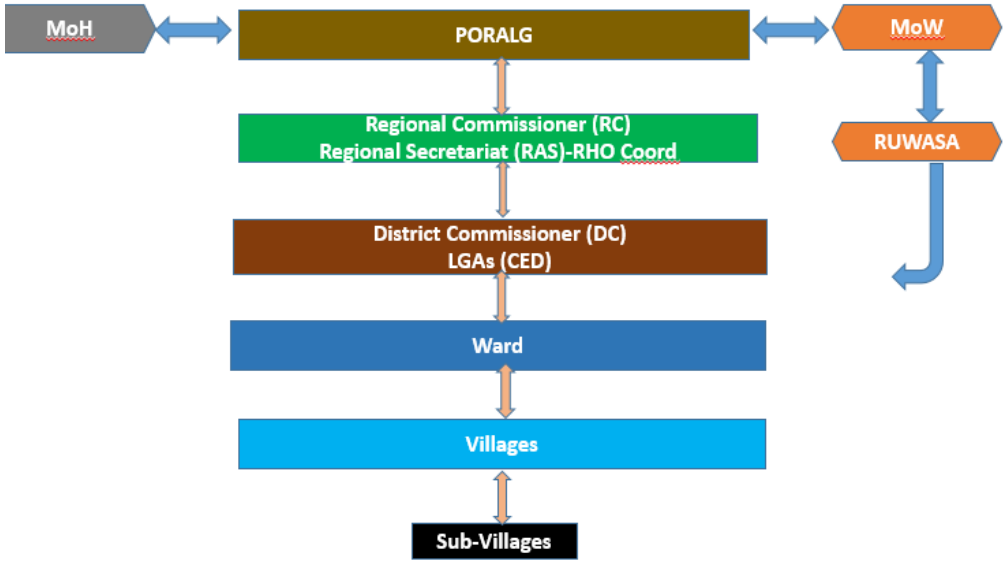


Figure 20. Institutional Arrangements

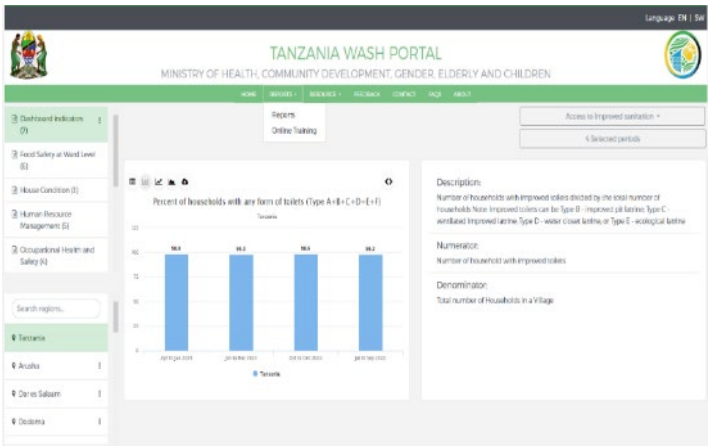


MoH: Ministry of Health; PORALG: President's Office Regional Administration and Local Government; RHO: Regional Health Office; CED: Community Economic Development; MoW: Ministry of Water and Irrigation; RUWASA: Rural Water Supply and Sanitation Agency

Expected Outcomes

- Accelerate universal access to improved sanitation and handwashing practices within an area-wide approach.
- Progressive reduction of inequalities in access for women and girls, those with special needs, including people with disabilities, elderly people, children, and babies, as well as people living in challenging conditions.
- Increase the proportion of households with access to basic sanitation in the Iringa region from 55 percent to 100 percent by 2025 and to safely managed sanitation from 41.35 percent to 60 percent by 2025 in Iringa.

Figure 21. Screenshot of Tanzania WASH Portal



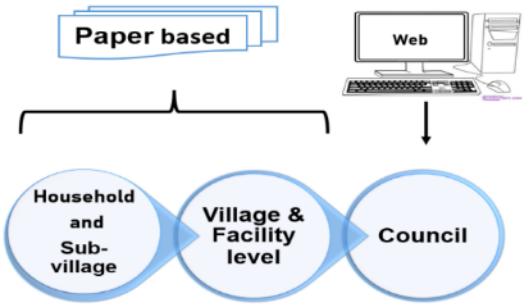
Key Challenges

- High level of poverty – affordability of sanitation and hygiene products
- Low (or lack of) budget/innovative financing mechanisms to take sanitation and hand hygiene to scale
- Willingness of financial institutions to invest in hygiene and sanitation marketing
- Low level of local government ownership to push the hand hygiene agenda
- Climate change and water scarcity affecting progress in some regions
- Supply chain for disruptions or stockouts for sanitation and hygiene products
- Weak information management systems
- Limited financial resources for a complete national outreach of the sanitation campaign

SANITATION M&E IN TANZANIA

INDICATORS	Household access to sanitation (basic/improved) Percentage of households with functional handwashing and soap Open Defecation (OD) status/percentage of households without toilets Percentage of households treating drinking water Other indicators for WASH facilities, services in institutions (schools and HCFs), and safely managed sanitation NSMIS data have yet to capture disaggregated data
STAKEHOLDERS	Government (MoH, PoRALG) and NGOs – household-level data collection School and HCF data collected by health officers UNICEF, World Bank, and other sector partners – contribute to systems strengthening – institutional capacity-building
RESOURCES	Data collection requires trained personnel (understanding of the indicators, definitions, and populating the data collection registers, data analysis and interpretation) Capacity-building training in WASH data collection and information/knowledge management Technical, financial/logistic support required for household data collection Supervision and follow-ups require fuel, allowances, and transport means
TIME/FREQUENCY	Monthly household data are collected (using sanitation registers) Quarterly data analysis and uploaded onto the NSMIS database
EQUITY	No gender-disaggregated data or disability and other equity data collected by the NSMIS Data, however, collected for UNICEF-supported programs
DATA ANALYSIS AND USE	Paper-based data collection using sanitation registers Digital data collection used in some districts Data analyzed and uploaded on the NSMIS portal by the Environmental Health Officers at MOH Access granted to WASH partners/stakeholders through the NSMIS portal (NGOs, academia, private sector, donor partners) Data used to inform program planning, decision-making, and WASH resource allocation

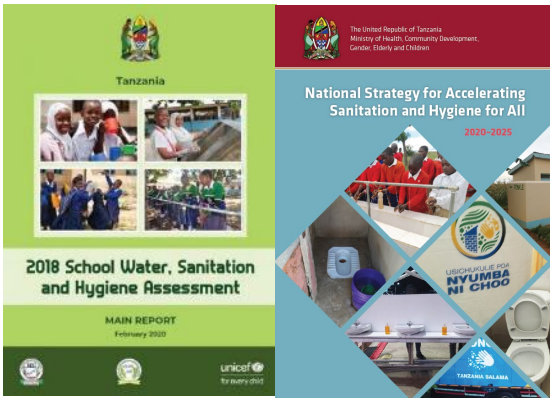
Figure 22. Data Collection Monitoring



SUCCESSES, CHALLENGES, AND LESSONS LEARNED

Successes

- Established monitoring protocols – NSMIS that enables easy tracking of progress on sanitation and hygiene.
- Set up of a centralized monitoring and knowledge sharing platform for the dissemination WASH information.
- Presence of a dedicated team of personnel to guide digital tracking and sharing of WASH information.
- Harmonization of WASH indicators across all districts.
- Strengthened participatory monitoring of WASH interventions involving intervention communities.



Challenges

- Over-reliance on paper-based data collection tools.
- Harmonization of national indicators.
- Inconsistencies and misunderstanding of WASH indicator definitions.
- Inadequate funding and logistics for routine WASH monitoring and data collection.
- Some inconsistencies in WASH information.
- No gender-disaggregated or disability data.

Lessons Learned

- Proper coordination is a key driver for change in program implementation and monitoring.
- Effective monitoring and data management has changed the dynamics on WASH information management.
- Effective and efficient WASH information management requires learning backed by collaboration and innovation.
- Use of digital monitoring tools has created efficiency and validity of data.
- Engagement of regional and local leaders has a highly positive impact on overall WASH improvement.

Key Drivers for Progress

- Government/LGA commitment, ownership, and leadership
- Service delivery shift to direct implementation by LGAs
- Signed regional and district-level sustainability compacts
- CLTS and market-based sanitation – demand creation and sustaining supply chain
- Private sector engagement – financial institutions for sanitation loans, sanitation entrepreneurs
- Community engagement through CLTS committees – formulating and enforcing community bylaws
- Leaving No One Behind (LNOB) – taking the intervention to the last mile
- Area-wide approach – at least one district in the UNICEF target region

U.S. Agency for International Development
1300 Pennsylvania Avenue, NW
Washington, DC 20523
Tel: (202) 712-0000
Fax: (202) 216-3524
www.usaid.gov