

**UNICEF/DFID Accelerated Water and Sanitation for All
(ASWA II)**

Baseline Survey Guidance

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1. Background

In 2015, the UK Government committed to help at least 60 million people gain access to clean water and sanitation by 2020. To achieve the water supply and sanitation target, DFID supported Accelerated Sanitation and Water for All (ASWA I) project from 2014 to 2018.

ASWA II programme makes an important contribution to this ambitious target is based on lessons learnt from the preceding ASWA I programme. The US\$ 53,583,351 including a conditional performance incentive of up to £6,000,000 ASWA II programme from 15 September 2017 to 31 December 2022, seeks to establish sustainable water, sanitation and hygiene (WASH) services for 3.75 million poor and vulnerable people in rural areas in ten countries: Niger, Nepal, Bangladesh, Pakistan, Niger, Haiti, South Sudan, Eritrea, Cambodia and Myanmar.

The project to be implemented in 10 countries intends to achieve the following results:

- **3.75 million** people gain sustainable access to basic sanitation;
- **500,000** people gain access to sustainable, basic and safe water supplies;
- **500** schools and **250** health care facilities have appropriate, effectively managed WASH facilities, with hygiene also being promoted;
- Participating countries have strengthened **national monitoring systems** and reinforced capacity to improve the equity and sustainability of rural WASH services;
- Participating countries complete three third-party **sustainability checks** over the course of the project, with appropriate follow-up actions agreed with and undertaken by community groups and/or government counterparts;
- **Value for Money** assessed annually by participating UNICEF country offices to drive project performance and improve delivery efficiency.

2. Purpose and requirements of the inception phase

The ASWA II programme, which seeks to target communities where deprivations and inequities are greatest, comprises of the following three main phases:

- **The inception phase** seeks to focus on situation analysis of the programme areas by: finalising country-specific logframes / results frameworks, appointing and training / orienting implementation partners / or government counterparts; establishing monitoring and reporting systems; conducting baseline studies; and generally ensuring a common understanding among programme stakeholders at all levels of the programme logframe and how results will be pursued and tracked. Improved communication between UNICEF CO, RO and HQ levels will be essential in these tasks.
- **Implementation phase** involves carry out the actual ASWA II programme with focus on gender and disability, undertaking continuous monitoring in order to ensure the programme in on track as per the log frame, in terms of meeting the agreed objectives and use of resources as planned.
- **Evaluation phase** involves rigorous monitoring of WASH outcomes and impact to validate results and to assess progress towards reducing childhood deprivations. This involve conducting end line impact studies, sustainability checks and value for money studies as per the programme proposal.

3. Key objectives of the baseline survey

A baseline study involves data collection and analysis in order to identify basic conditions before or at the beginning of implementation of the ASWA II programme as per the logframe. As baseline information shows the pre-implementation conditions of the target programme communities, it represents the starting point for all indicators of the programme at every level of the logframe.

The Baseline survey will enable accurate tracking of changes, provides reference points necessary for setting realistic goals, help foster owner and mutual accountability as well as:

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- Gain a better understanding of the initial situation for the beneficiary, precisely identify their needs and thus adapt and plan the necessary interventions.
- Inform programme monitoring and evaluation indicators at baseline, to be compared with end line, and make evaluative judgment on program achievement/effectiveness at output and outcome level (and possibly impact).

The overall objective is to establish a coherent **baseline** to determine the existing situation at the beginning of the programme at output, outcome and impact level and measure progress. Thus, it aims to establish a benchmark against which the project progress and achievement of the programme can be assessed and measured

Specific objectives of the baseline survey are:

- Measure baseline of outcome and impact indicators values and disaggregated as per results framework of the project
- Conduct Rapid assessment of Knowledge Attitude Practices (KAPs) (at community, household, schools) on drinking water management, sanitation and hygiene prevailing in the target villages
- Conduct qualitative *assessment to complement survey* data on the quality of women’s participation in decision making and the time saved by improved access to WASH.
- Measure at district level through *qualifying national surveys* diarrhoeal disease and stunting levels
- Develop district wide *WASH inventory* and/or a Multiple Overlapping Derivational Analysis (MODA) - if this has been focused on the project district(s) - to identify specific intervention sites, prioritising poor and vulnerable communities.
- Verify and validate estimated cost as specified in Value for Money (vfm) plan of the results framework of the project.

The above objectives will pay attention to the situation of woman, children and other vulnerable groups including disabled and elderly, and their specific conditions and needs.

4. Scope of baseline survey and inception phase work

The study aims to establish a coherent, quality baseline data and process for impact, outcome and output indicators as set presented in the logframe (See logframe for indicators). Other baseline data and information that have to be collected as part of the inception phase are:

- Programming process quality and targeting, as set out in global and country proposals
- 12 core VFM indicators related to effectiveness, efficiency and sustainability (see VFM guidance note).
- Assess the extent that disabled people, women and girls’ needs are addressed by WASH facilities.

The table below present key expected inception phase results for all country offices by 15 May 2018.

Expected inception phase results for all countries
Stakeholders orientation workshop held
District selected with government counterparts based on agreed criteria
baseline survey and initial round of sustainability checks designed and initiated
District mapping to identify intervention sites undertaken
District implementation plan established
Environmental impact approval as appropriate secured
implementation partnerships with NGOs and private sector contracts established
Initiate procurement of hardware (e.g. with long lead times)
WASH Bottleneck analysis or similar to identify capacity building priorities conducted
Sustainability compacts with host governments based prepared and agreed
Relevant guidance materials and standards for implementation developed
National/subnational M&E frameworks with updated logframes finalised
Country level implementation plan prepared
Inception Report (1 st Annual Progress Report) prepared
staff recruitment and consultancies if applicable finalise
Field mission to selected districts undertaken

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Key themes that should be undertaken as part of the expected results of the baseline survey and inception phase are:

District Profile / inventory of water and sanitation related data in household, schools and health facilities in the programme targeted communities. The asset inventory consists of a survey to inventorise all the water points with regard to service type and functionality, reasons for non-functionality and the service levels it is delivering: accessibility, quantity of water, continuity and reliability, cost and affordability, and water quality. This will be kept simple. The objective is to inform prioritisation of programme activities, which will be the baseline for sustainability Checks

Mobile to web monitoring systems mapping: Taking stock of the current WASH monitoring systems, capacity and procedures in the selected areas and identify areas and issues for support. The mapping should include describing the mobile to web monitoring systems in place in the selected areas and the lead institutions; basic details about the status of mobile to web monitoring systems, and the opportunities, challenges and priorities for each system with regards to strengthen.

- **The facility audits** will involve visiting a sample of the new and rehabilitated water and sanitation facilities reported by the projects. The audit will assess the existence, quality and functionality of the facility. Facility quality and functionality will be determined using a simple standardized checklist of key criteria based on national standards for that particular technology. This will include, for example, water yield (using simple bucket tests), apron quality and location in relation to sources of contamination for water points; and construction quality, depth, and child-friendliness for latrines. The facility audit's purpose is thus twofold: (1) to determine whether or not the routine monitoring system is correctly recording new facilities and (2) to determine quality, functionality and thus sustainability of the facilities.

Household surveys: will be conducted to inform the outputs and outcomes indicators pertaining to the governance of WASH facilities. As much as possible, this data was compared through triangulation with many other sources available. It will assess *use* of water and sanitation facilities through a standard questionnaire for households supplemented by a simple standardized observation checklist. The checklists and questionnaires will be based, in part, on the information gathering tools already in use in the community-based monitoring system. The questionnaire will focus on determining whether or not household members are using improved facilities provided through the project. The result of the collated questionnaires will be an estimate of total coverage in the project areas, and will be the primary indicator to determine if the project is on track in the annual increase in coverage rate envisaged. The questionnaires of household members will further attempt to determine who is using the facilities (e.g., are only adults, or men, using latrines?) and whether facilities conform to national norms (e.g., how long does it take to fetch water?). The observation checklist will help to determine some aspects of the hygiene promotion component of the project and will include criteria such as the existence of soap in the home, drinking water storage practices, etc.

5: Baseline Survey methodology

The consultant is expected to conduct **randomised cluster survey (RCS)** in the project communities to have a clear profile of the programme areas, reliable data on water and sanitation education and health aspects. This involves collecting data on WASH situation in the communities SDG informed situation analysis at District and community level, assess socio-economic profile of sampled households as the results framework and monitoring and evaluation protocol of the ASWA II programme.

Sample universe

The RCS will use as its universe planned intervention communities across all targeted districts. Intervention communities will be selected following the district inventory, using criteria that include limited access to WASH facilities. The RCS survey should make use to the extent possible of existing water and sanitation data and

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information system to generate baseline for outputs/outcomes/impact of the project. See Annex I or survey questions

Sample size design and determination

The sample size should be designed to generate 90% or 95% confidence that results are not due to random error. Representative sample size of clusters and households should be determined in the project communities using statistical formula¹.

$$n_h = \left(\frac{z^2}{e^2} \right) \left(\frac{r(1-r)}{f} \right) \left(\frac{k}{p} \right) \left(\frac{1}{n} \right), \text{ where}$$

- n_h is the sample size in terms of number of households to be selected;
- z is the statistic that defines the level of confidence desired; i.e. 1.96 for the 95-percent level of confidence or 1.645, for the 90-percent level.
- r is an estimate of a key indicator to be measured by the survey;
- f is the sample design effect, assumed to be 2.0 (default value) unless there is supporting empirical data from previous or related surveys that suggest a different value.
- k is multiplier to account for the anticipated rate of non-response; *which* should be chosen to reflect the country's own experience with non
- p is the proportion of the total population accounted for by the target population and upon which the parameter. This is will be taken from the most recent census, although a reasonable rule of thumb is to use 0.03 for each year of age that the target population represents
- n is the average household size (number of persons per household);
- e is the margin of error to be attained, and it is recommended to set the level of precision at 10 percent of r ; thus $e = 0.10r$

Sample Sizes

In each country, a two-stage random sampling procedure will be adopted for the survey, with clusters in districts/t communities selected as Primary Sampling Units and then households in project districts/communities selected as the secondary sampling units. The same approach will be used for the selection of clusters and household during midline and end line survey. The following will be considered in the design of sample size:

- selected sample will be spread over geographic sub-areas and population sub-groups p
- Samples will be clustered into household to keep costs to a manageable level giving due consideration for reliability
- Countries office will use or construct *sample frame* that is complete, correct and current as possible, and adopt techniques that minimize unintentional bias.
- Countries office will self-evaluate the samples to identify and address sampling *errors* to improve reliability of the survey.

Sampling errors

Sample survey are affected by two types of errors resulting from problems during data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors:

Sampling errors are the representative errors due to sampling of a small number of eligible units from the target population instead of including every eligible unit in the survey. Sampling errors, which can be statistically evaluated after the survey, are related to the sample size and the variability among the sampling units. Non-sampling errors are related to the capacity of the implementing organization, and difficulty to evaluate the magnitude of non-sampling errors once a survey is complete. The challenge in deciding on the sample size for a survey is to balance the demands of analysis and precision with the capacity of the implementing organization.

¹United Nations (2005), Designing Household Survey Samples: Practical Guidelines
<http://unstats.un.org/unsd/demographic/sources/surveys/Handbook23June05.pdf>

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Sampling frame

This is the complete list of all sample units that covers the targeted population of the programme area. The sample frame will help with the probability of selection of sampling unit. The first stage of the selections the primary unit, and next stage the secondary unit. The primary sampling units (planned intervention villages will be informed by the inventories carried out by targeted communities in each, and the following considered in the design of sample size:

- Selected samples should be spread over geographic sub-areas and population sub-groups
- Samples will be clustered into household to keep costs to a manageable level giving due consideration for reliability
- use or construct *sample frame* that is complete, correct and current as possible, and adopt techniques that minimize unintentional bias

The best sample frame is the list of enumeration areas from a recently completed census. An enumeration area is usually a geographic area which groups number of households together for convenient counting purpose.

An evaluation of the quality and the accessibility of the frame should be considered during the development of the survey design, and a detailed study of the sampling frame is necessary before drawing the sample. In case there no census for the selected areas or the census is more than 10 years, the baseline survey can use list of villages or communities in the area with all necessary identification information such as population size (e.g. number of households).

Sample Stratification

The main objective is to reduce sampling error, which depends on the population variance. So it is important to have low variance or high homogeneity in sample size for flexible sample design for the programme. Sample stratification should only be introduced at the first stage of sampling at the household level. Sample stratification is where survey population is divided into subgroups that are homogenous as possible using a certain criteria. It is important not to re-order the households in the areas before selection to increase the effect of stratification. Stratification can be done single level and multiple level.

With single level stratification, the population is divided into strata according to a criteria (usually by region), and then further divided into secondary strata (urban – rural). Survey Domain is a population subgroup for which different estimates are expected, while survey stratum is a homogenous sub group such as administrative unit or district. It is important to note that strata are not the same as domains even though they can be the same.

Given data availability, explicit stratification should be done on the basis of socio-economic zones or more directly gender and disability issues in the areas, and then ordered according to location, thus providing further implicit geographic stratification

Pilot tests

Pilot tests need to be undertaken for some portion of the sample size of the target of communities. This will help identify any problems associated with the survey design and measures to address the problems proposed. It is recommended not to choose more than 10% of the same size for pilot

Data collection

The common data entry form created using Excel will be used by all countries and available on share point. Each data collection contractor is responsible to clean and analyze their own data before sending it the Results Manager for verification, cleansing, processing and analysis. This will consistency in the quality of the data and enabled comparative analyses of data.

It is recommended that for quality survey, data collection and analysis are carried out concurrently in order to verify the

Duration

The duration of the baseline study will vary depending upon the size and scope of the country programme, the geographical location of the selected communities, number of household and villages and other factors. It is

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expected individual or institution engaged to conduct the baseline should complement the assignment between eight to ten weeks.

Quality Assurance of process

Data quality is always a major concern, so efforts are made to maximize the quality of the data collected and non-sampling errors. Country office are required to put in place quality management standards and plans at every level. It is also important to engage relevant expertise and seek expert guidance on the survey design. Key stakeholders and the government should be consulted and if deemed necessary organise workshop on the baseline survey for effective contribution and engagement.

Since the baseline data and information is the benchmark for each of the performance and results indicators, it is important to ensure alignment, validity and quality thoroughly reviewed. This is necessary because, data quality of a survey directly affects the reliability of the baseline. It is important to include in the report information quality evaluation in the methodology and sample design section.

6: Suggestion baseline survey questions²

Household access to water and sanitation

Water – access and use

1. What is the main source of drinking water for members of your household?
 - a. Piped water into dwelling
 - b. Piped water to yard/plot
 - c. Public tap/stand pipe
 - d. Tubewell/borehole
 - e. Protected dug well
 - f. Unprotected dug well
 - g. Protected Spring
 - h. Unprotected Spring
 - i. Rainwater collection
 - j. Bottled Water
 - k. Cart with small tank/drum
 - l. Tanker – truck
 - m. Surface water (River, dam, lake, channels)
 - n. Other (Specify)

1A. What is the main source of water used by your household for other purposes, such as cooking and handwashing

- a. Piped water into dwelling
 - b. Piped water to yard/plot
 - c. Public tap/stand pipe
 - d. Tubewell/borehole
 - e. Protected dug well
 - f. Unprotected dug well
 - g. Protected Spring
 - h. Unprotected Spring
 - i. Rainwater collection
 - j. Bottled Water
 - k. Cart with small tank/drum
 - l. Tanker – truck
 - m. Surface water (River, dam, lake, channels)
 - n. Other (Specify)
2. How long does it take to go there, get water, and come back?
 - a. Number of minutes
 - b. Water on premises
 - c. DK
3. Who usually goes to this source to fetch the water for your household?

Probe: is this person under 15 years? What sex

² See JMP 2008 core questions for household survey, JMP 2008 core questions for WASH in Schools and WASH in Health Care Facility

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- a. Adult woman
 - b. Adult man
 - c. Female child (under 15 years)
 - d. Male child (under 15 years)
 - e. Don't Know (DK)
4. Do you treat your water in any way to make it safe to drink?
- a. Yes,
 - b. No
 - c. Don't Know
5. What do you usually do to the water to make it safer to drink?
- a. Boil
 - b. Add bleach/chlorine
 - c. Strain it through a cloth
 - d. Use a water filter (ceramic, sand, composite etc.)
 - e. Solar disinfection
 - f. Let it stand and settle
 - g. Other (specify)
 - h. Do not know

Water – Wealth quintile

Water - Disability – mandatory questions

1. Do you have difficulty seeing, even if wearing glasses
 - a. No- no difficulty
 - b. Yes – some difficulty
 - c. Yes – a lot of difficulty
 - d. Cannot do at all
2. Do you have difficulty hearing, even if using a hearing aid?
 - a. No- no difficulty
 - b. Yes – some difficulty
 - c. Yes – a lot of difficulty
 - d. Cannot do at all
3. Do you have difficulty walking or climbing steps?
 - a. No- no difficulty
 - b. Yes – some difficulty
 - c. Yes – a lot of difficulty
 - d. Cannot do at all
4. Do you have difficulty remembering or concentrating?
 - a. No- no difficulty
 - b. Yes – some difficulty
 - c. Yes – a lot of difficulty
 - d. Cannot do at all
5. Do you have difficulty (with self-care such as) washing all over or dressing?
 - a. No- no difficulty
 - b. Yes – some difficulty
 - c. Yes – a lot of difficulty
 - d. Cannot do at all
6. Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?

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- a. No- no difficulty
- b. Yes – some difficulty
- c. Yes – a lot of difficulty
- d. Cannot do at all

Sanitation

1. What kind of toilet facility do members of your household usually use?
If “flush” or “pour flush” probe where does it flush to?
 - a. Flush/pour flush to:
 - a. Piped sewer system
 - b. Septic tank
 - c. Pit latrine
 - d. Elsewhere
 - e. Unknown place/not sure/don't know
 - b. Ventilated improved pit latrine (VIP)
 - c. Pit Latrine with slab
 - d. Pit Latrine without slab/open pit
 - e. Composting Toilet
 - f. Bucket
 - g. Hanging Toilet/hanging latrine
 - h. No facility or bush or field
 - i. Other (specify)
2. Do you share this facility with other households?
 - a. Yes
 - b. No
3. How many household use this toilet facility?
 - a. How many other households share this toilet?
 - b. Can any member of the public use this toilet?
 - c. Don't Know
4. The last time the youngest child in your household passed stools, what was done to dispose of the stool?
 - a. Child use toilet/latrine
 - b. Put/rinsed into to toilet pit latrine
 - c. Put/rinse into drain or ditch
 - d. Thrown into garbage
 - e. Buried
 - f. Left in open
 - g. Other (specify)
 - h. Don't know

WASH in Schools

1. What is the main source of drinking water provided by the school?
 - a. Pipe water
 - b. Protected well/spring
 - c. Rainwater
 - d. Unprotected well/spring
 - e. Packaged bottled water
 - f. Tanker-truck or cart

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- g. Surface water (lake, river, stream)
 - h. No water source
2. Is drinking water from the main source currently available at the school?
 - a. Yes
 - b. No
 3. What type of student toilet/latrines are at the school?
 - a. Flush/pour flush toilets
 - b. Pit latrines with slab
 - c. Composting toilets
 - d. Pit latrines without slab
 - e. Hanging latrines
 - f. Bucket latrines
 - g. No Toilet or latrine
 4. How many student toilets/latrines are currently usable (accessible, functional, and private)? Number of holes/seats
 5. Are the toilets/latrines separated for girls and boys
 - a. Yes,
 - b. No
 6. Are there handwashing facilities at the school?
 - a. Yes
 - b. No
 7. Are both soap and water currently available at the handwashing facilities?
 - a. Yes, water and soap
 - b. Water only
 - c. Soap Only
 - d. Neither water nor Soap
 8. In the previous two weeks, was drinking water from the main source available at the school through each school day? Availability
 - a. Yes
 - b. No
 9. Is drinking water from the main source typically available throughout the school year? Availability
 - a. Yes
 - b. No
 10. Is drinking water accessible to those with limited mobility or vision? Accessibility
 - a. Yes
 - b. No
 11. Is is drinking water accessible to the smallest children at the school? Accessibility
 - a. Yes
 - b. No
 12. How many drinking water points (e.g. taps) are at the school? Accessibility
Number
 13. Does the school do anything to the water from the main source to make it safe to drink? Quality
 - a. Yes
 - b. No
 14. If yes, what treatment method is used? Quality
 - a. Filtration
 - b. Boiling
 - c. Chlorination

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- d. SODIS
 - e. Ultraviolet disinfection
 - f. Other
15. Is the school main water source compliant with national standard for drinking water? Quality
- a. E Coli
 - b. Arsenic
 - c. Lead
 - d. Other
 - e. Contaminant unknown
16. Is water and soap available in the girl's toilet cubicles for MHM? Acceptability
- a. Yes, water and soap
 - b. Water, but not soap
 - c. No water
17. Are there covered bins for disposal of menstrual hygiene materials in the girl's toilets? Acceptability
- a. Yes
 - b. No
18. Are there disposal mechanisms for menstrual hygiene waste at the school? Acceptability
- a. Yes
 - b. No
19. How many times per week are the student toilets cleaned? Acceptability
- a. At least once per day
 - b. 2-4 days a week
 - c. Once per week
 - d. Less than once per week
19. In general, how clean are the student toilets? Acceptability
- a. Clean
 - b. Somewhat clean
 - c. Not clean
20. Is there at least one usable toilet that is accessible to the smallest children at the school? Accessibility
- a. Yes
 - b. No
21. Is there at least one usable toilet that is accessible to those with limited mobility or vision? Accessibility
- a. Yes,
 - b. No
22. Where are the student toilets located? Accessibility
- a. Within the school building
 - b. Outside building, but on premises
 - c. Off premises
23. When are students permitted to use the school toilet/latrines? Availability
- a. At all times during the school day
 - b. During specific times during the school day
 - c. There are no toilets available for use at the school
24. Are culturally appropriate anal cleansing materials currently available to all students? Quality
- a. Yes
 - b. No
25. Is there functional lighting in the student toilets on the day of the survey/questionnaire. Quality
- a. All toilets
 - b. Some toilets

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- c. None
- 26. Are Latrines or septic tanks emptied (or latrines safely covered) when they fill up? Quality
 - a. Yes
 - b. No
- 27. Are there handwashing facilities accessible to those with limited mobility and vision? Accessibility
 - a. Yes
 - b. No
- 28. Are there handwashing facilities accessible to the smallest children at the school? Accessibility
 - a. Yes
 - b. No
- 29. Where are handwashing facilities with water and soap located at the school? Availability
 - a. Toilets
 - b. Food preparation area
 - c. Food consumption area
 - d. Classroom
 - e. School yard
 - f. Other
- 30. How many handwashing facilities with water and soap are located at the school?
Number

WASH in Health Care Facilities

- 1. What is main water supply for the facility
 - a. Piped water into dwelling
 - b. Piped water to yard/plot
 - c. Public tap/stand pipe
 - d. Tube well/borehole
 - e. Protected dug well
 - f. Unprotected dug well
 - g. Protected Spring
 - h. Unprotected Spring
 - i. Rainwater collection
 - j. Bottled Water
 - k. Cart with small tank/drum
 - l. Tanker – truck
 - m. Surface water (River, dam, lake, channels)
 - n. Other (Specify)
- 2. Where is the main water supply for the facility located?
 - a. On premises
 - b. Within 500m
 - c. Further than 500m
 - d. No water source available
- 3. Is water available from the main supply at the time of the survey?
 - a. Yes, observed
 - b. Yes, reported but not observed
 - c. No
- 4. Is there at least one usable improved toilet available for outpatient at the facility?
 - a. Yes, at least one usable improved toilet
 - b. No improved toilet are present but not usable
 - c. No, unimproved or no toilet at the facility

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5. Is there at least one usable improved toilet designated for women and girls, which provided facilities to manage menstrual hygiene needs?
 - a. Yes
 - b. No, female only toilets do not have menstrual hygiene facilities
 - c. No, there are no female only toilets
6. Is there at least one usable improved toilet designated for staff?
 - a. Yes
 - b. No
7. Is there at least one usable improved that meets the needs of people with reduced mobility and vision?
 - a. Yes
 - b. No
8. Are there functional hand hygiene stations available at the selected points of care on the day of the survey?
 - a. Yes
 - b. No, hand hygiene stations are available but not functional or lacking materials
 - c. No, no hand hygiene stations are available
9. Are handwashing facilities with soap and water available at toilets on the day of the survey?
 - a. Yes
 - b. No, no handwashing facilities are available but lacking soap and/or water
 - c. No, no handwashing facilities are available

Health Care Waste Management

10. Is waste safely segregated into at least three labelled bins in the consultation area?
 - a. Yes
 - b. Bins are present but don't meet all requirements
 - c. No
11. How does this facility usually treat/dispose of sharp waste?
 - a. Autoclaved
 - b. Incinerated (two chamber, 850-10000c incinerator)
 - c. Incinerated (brick)
 - d. Open burning
 - e. Open dumping without treatment
 - f. Chemical disinfection (e.g. hypochlorite)
 - g. Not treated, but buried in lined, protected pit
 - h. Not treated and added to general waste
 - i. Not treated, but collected for medical waste disposal
 - j. Other
12. How does this facility usually treat/dispose of infection waste?
 - a. Autoclaved
 - b. Incinerated (two chamber, 850-10000c incinerator)
 - c. Incinerated (brick)
 - d. Open burning
 - e. Open dumping without treatment
 - f. Chemical disinfection (e.g. hypochlorite)
 - g. Not treated, but buried in lined, protected pit
 - h. Not treated and added to general waste
 - i. Not treated, but collected for medical waste disposal
 - j. Other

7: Process related Gender and Disability questions

General Questions - Disability

- Has data been collected/or planned to be collected on the needs and priorities of people with disabilities during situation analyses and programme planning?
- If data is not available on: sex, age, disability, WASH needs of children with disabilities and barriers to accessing services, identify this as an information gap and put in place actions to address it.
- Are disability related objectives and indicators defined in the WASH planning stage?
- Have children and adults with disabilities been consulted and involved in the planning process (e.g. has an Organisation of Persons with Disabilities (DPO)³ been engaged in the process)?
- When consulting with persons with disabilities has the accessibility of meeting venues and any related information been considered and addressed?
- Has budget been allocated to cover the participation of people with disability in situation analysis and planning?⁴ Is the budget for WASH programme reflective of disability specific requirement and universal design?

General Questions - Gender

- How existing are WASH services and facilities – including in schools and health centres – designed to meet women’s and girls’ needs, such as adequate sanitation/provision for MHM?
- Do women/girls and men/boys feel safe using WASH facilities?
- What is the level of participation and leadership of women, adolescent girls and other at-risk groups in the design, construction and monitoring of WASH facilities, and how does it compare to men’s level of participation?
- What are the roles of men, women, girls and boys in managing WASH needs/facilities (repair, maintenance and cleaning, water collection) in the home, school and other locations? Do these reduce opportunities for attending school, income generation, rest, childcare, etc.? Are there safety risks associated with these tasks?
- Are systems in place for training and retaining female staff in WASH departments and institutions?
- What are specific menstrual hygiene practices in the communities/areas you work in? What facilities and/or products exist to allow women and girls to address their menstrual hygiene and management needs with health and dignity? What are critical elements of a hygiene kit?
- Do features of existing WASH facilities help prevent gender-based violence e.g. sex-segregated toilets, adequate lighting and privacy, accessibility features for persons with disabilities?
- Does existing WASH community outreach material and activities exacerbate negative gender stereotypes? Does it includes basic information about GBV risk reduction and include where to report GBV risk and how to access care?
- Are there potential public or private financing stakeholders that prioritize social impact that would be drawn to investing in WASH to support women’s leadership/entrepreneurship? What is the gender dimension of new products, services and business models for WASH?

³ An Organisation of Persons with Disabilities (DPO) is an association of people with disabilities and/or their representatives. An organisation is considered a DPO if a majority of its board and members are persons with disabilities.

⁴ For example, persons with disabilities may need allowances for transport for themselves and a career/assistant. They may also require support for communication, such as a sign language interpreter or materials produced in accessible formats like Braille.