Indicators for WASH and Nutrition

Guidance for the joint monitoring and evaluation of WASH and nutrition integrated programs

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Background | WASH and nutrition integrated programming

- We know that WASH is important for positive nutrition outcomes, but there is a lack of evidence to demonstrate the benefit of integrated programming.
- Supporting WASH and nutrition integration requires strengthening joint monitoring an evaluation practices.
- Scoping exercise identified that **it was unclear which indicators WASH and nutrition experts considered to be the most appropriate for the joint monitoring and evaluation of WASH and nutrition programs.**
- Establishing a framework of recommended indicators can support practitioners, policy-makers and donors alike.

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Process | Developing frameworks of recommended indicators

1. Desk-based review of the literature, synthesise potential indicators for inclusion

2. Expert consultation through an abridged Delphi-process

Survey 1: Indicators' wording, feasibility and reliability

Survey 2: Indicators' importance and usefulness for different purposes

3. Analysis: indicators selected by usefulness for purposes and then ranked by appropriateness

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Indicators for WASH and nutrition

- The indicators cover:

- Water indicators;
- Sanitation indicators;
- Hygiene indicators;
- Health and nutrition status indicators.

- Indicators span output, outcome and impact.
- Indicators to measure the way integration is operationalised, the enabling environment and processes towards sector strengthening, while important, were beyond the scope of the research.
- The indicators can be used for:
  - Informing decision making for program planning and targeting;
  - Tracking program progress through routine monitoring;
  - Supporting the measurement of program outcomes and impacts.

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Indicators for WASH and nutrition

Program planning, design and targeting

Recommended Indicators
% of households with a hand washing station with water and soap, in or near sanitation facilities and where food is prepared and consumed
% of households with at least basic sanitation facility
% of households with access to at least basic water source for drinking
Prevalence of stunting in children <24 months
Incidence of diarrhoea in children under 5
Prevalence of anaemia in children under 5 and prevalence of anaemia in women of reproductive age

Routine monitoring: to track progress

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% of households with at least basic sanitation facility
% of households with access to at least basic water source for drinking
% of households safely disposing of children's faeces
% of households consistently treating and storing their drinking water with appropriate household water treatment and safe storage technologies
Incidence of diarrhoea in children under 5
% of households where primary caregiver can cite 3 or more critical times for hand washing with soap
Number of communities achieving open defecation-free status

To evaluate program outcomes and impacts

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% of households with access to at least basic water source for drinking
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% of households safely disposing of children's faeces
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Incidence of diarrhoea in children under 5
Prevalence of wasting in children under 5
Incidence of helminth infections in children under five
Prevalence of anaemia in children under 5 and prevalence of anaemia in women of reproductive age
% of households where every household member (including children) are hand-washing with soap and water at 3 or more critical times

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Limitations, blind spots and caveats

The following indicators were included in the expert consultations but were not included in the recommended indicators:

1. % of households with access to sufficient quantity of water to meet all the water needs of the household.
2. Proportion of communities with an adequate water supply for agriculture, food production and other income generating activities.
3. Incidence of acute respiratory infections in children under five.
4. % of households whose drinking water is free from faecal contamination.
5. % of households practicing good food hygiene behaviours relating to infant and child's food.
6. % of households that care for child (<5 years) in a clean protected area where they are not in contact with faeces, dirt or animals.

Case Study | Hamutuk program Timor-Leste

Photo credit: Hamutuk program website

THANK YOU FOR LISTENING

For further information a research report will be published in April 2018

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