

PROGRAMME DIVISION 2012**MoRES Toolkit:
Indicator Selection Guidance – WASH****Level 3 Monitoring Indicators for WASH/Sanitation****A. Definition of Programme Area/Sub-Sector:****a. Scope of the programme area/explanation**

WASH contributes to the realization of children's rights to survival and development through global and national promotion of sector investment and support to programmes that increase equitable and sustainable access to, and use of, safe water and basic sanitation services, and promote improved hygiene. UNICEF's global WASH strategy (2006-2015) reiterates the MDG target to halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.

Eliminating open defecation is an important pillar of our equity agenda as it largely affects the poorest and most vulnerable groups of people. The impacts for children would be significant in terms of morbidity and mortality reductions, and improved educational achievements. Elimination of open defecation would also ensure that basic human rights are met including intangible, but nevertheless very important benefits such as privacy and dignity, especially for women and girls.

b. Relevant OT

OT 112 (b): In all programme countries scale up access to sanitation in a sustainable and equitable manner. MTSP indicators: proportion of the population using an improved sanitation facility (disaggregated by residence and wealth quintile); proportion of population that practices open defecation (disaggregated by residence and wealth quintile); number of countries having a national policy or legislation on elimination of open defecation.

B. Countries that have done a bottleneck analysis to date:

Bangladesh, DRC, Ghana, Mozambique, Nepal, Zambia, Zimbabwe (bottleneck analysis has not necessarily focused on sanitation)

C. Key overall lessons learned:

- The MoRES determinants framework has been found useful to develop a structured analysis of problems and weaknesses in the service delivery pathway

- Outcomes of bottleneck analysis has been used as the basis for developing funding proposals
- Flexibility to develop country-specific indicators and build on existing monitoring systems and adapt MoRES determinants is fundamentally important

D. Determinant

Country example(s): Zimbabwe

a. Country context

Zimbabwe's WASH sector is characterised by significant persistent disparities in access by urban and rural populations. Since the late 1990s access to WASH services is known to have declined and the cholera outbreak in 2008 was a clear warning sign of how serious the situation has become. Currently, it is estimated that 98% of those without an improved drinking water source live in rural areas and 42% of the rural population practices open defecation. Furthermore, the quality of both urban and rural services has deteriorated with measurably poorer water quality, intermittent water supplies, and longer walking distances due to failure to sustain service levels. Sanitation coverage has stagnated since 1990, with only a slow reduction in open defecation.

b. Major bottleneck(s) identified and background

The UNICEF WASH programme in Zimbabwe undertook a bottleneck analysis of rural sanitation service delivery. Five significant bottlenecks were identified and these are reviewed below.

Determinant: Legislation / Policy

Major bottleneck(s) identified and background:

Standardization of sanitation technology still remains a major bottle-neck as this restricts communities to a limited menu of technologies

Programme strategies: These are not specified in the bottleneck analysis itself though are reflected in the tracer indicators detailed below. From the Country Status Overview report, produced by the World Bank Water and Sanitation Program with support from UNICEF, priority actions identified (and reflected in the bottleneck analysis findings) were:

- Create a specific budget line for Rural Sanitation and Hygiene (RSH) in national and local budgets
- Start a national RSH behaviour change program to eliminate open defecation

- Develop a menu of latrine options for affordable entry to improved services; and clarify policies on pit emptying and latrine replacement
- Develop local private sector capacity for latrine construction and management

Indicator: Sanitation and Hygiene Strategy in place, which addresses technology bottlenecks

Definition: Officially endorsed strategy that opens up rural sanitation to diverse technologies

Assessment Scale: Sanitation and Hygiene Strategy endorsed by main National Action Committee by mid-year

What the indicator measures: A shift in restrictive policy

Means of Verification/Data Source: Operational guidelines exist. Frequency/disaggregation: annually/national

Strengths and limitations: Indicator does not seek to measure uptake or effectiveness of strategy guideline

Determinant: Budget / Expenditures

Major bottleneck(s) identified and background:

National budget allocated to sanitation in general and to ODF initiatives in particular remains very low. Only a very few NGOs are piloting ODF approaches.

Programme strategies: see determinant # 1

Indicator: % of national budget allocated to sanitation & hygiene

Definition:

Assessment Scale: 0.5% of national budget allocated towards sanitation and hygiene

What the indicator measures: budget allocation

Means of Verification/Data Source: (a) DWWSC/VWSSC reports; (b) National Action Committee/National Coordination Unit income & expenditure reports. Frequency/disaggregation: Annually/30 districts

Strengths and limitations: a quantitative target but the indicator lacks specificity i.e. to rural areas; does not take into consideration actual expenditure

Determinant: Availability of essential commodities/materials, inputs

Major bottleneck(s) identified and background:

Availability of construction materials and skills at community level is a challenge in some areas. In most areas bricks are locally produced but in some districts, brick moulding is a challenge due to loose soils. River sand & pit sand not available in some areas while cement is rarely available in most remote rural areas.

Programme strategies: see determinant # 1

Indicator: % of communities with at least 1 entrepreneur stocking WASH commodities

Definition:

Assessment Scale: Each community has at least 1 entrepreneur stocking WASH commodities

What the indicator measures: local availability of key commodities

Means of Verification/Data Source: (a) DWSSC reports; (b) Project reports; (c) National Action Committee/National Coordination Unit reports. Frequency/disaggregation: bi-annually/30 districts

Strengths and limitations: indicator does not measure quality or suitability of commodities; relies on third party reporting

Determinant: Access to adequately staffed services, facilities and information

Major bottleneck(s) identified and background:

Environmental Health Technicians (EHTs) are currently thin on the ground, with the government having frozen any new posts. In addition, there are very few health personnel, including EHTs, trained on CATS or other ODF approaches.

Programme strategies: see determinant # 1

Indicator: Proportion of wards with access to at least 1 EHT/ward

Definition:

Assessment Scale: 80% of the wards have at least 1 EHT

What the indicator measures: community access to skilled human resources

Means of Verification/Data Source: Ministry of Health and Child Welfare reports.
Frequency/disaggregation: bi-annually/30 districts

Strengths and limitations: indicator is not designed to measure the effectiveness of the EHT which will depend not only on the individual's skills and motivation but equally on the resources e.g. logistics made available to fulfil the role; relies on third party reporting

Determinant: Financial Access

Major bottleneck(s) identified and background:

The 'culture' of asking for subsidies (donor syndrome) still militates against self-reliance (even where one can afford to provide themselves with a toilet).

Programme strategies: see determinant # 1

Indicator: % of communities with at least one HH with a self-initiated uBVIP latrine

Definition:

Assessment Scale: 80% of communities with at least one HH with a self-initiated uBVIP latrine

What the indicator measures: an overall proportion

Means of Verification/Data Source: (a) NGO reports; (b) VWSSC reports. Frequency/disaggregation: bi-annually/30 districts

Strengths and limitations: indicator does not identify whether poorest households can afford uBVIP latrine; relies on third party reporting