STANDARD SECTOR INDICATOR CODE: HE-045	**Conducted Baseline Water and Sanitation Survey:** Number of community diagnostics conducted that assess baseline water and sanitation access and behaviors.	
HEALTH SECTOR	**Sector Schematic Alignment** • **Project Area:** Environmental Health • **Project Activity Area/Training Package:** WASH: Water, Sanitation, and Hygiene	
Type: Output	**Unit of Measure**: Individuals	**Disaggregation:** None

To be counted for this indicator the following criteria must be met:

- The PCV and community members must have conducted a community diagnostic to assess baseline access to water and sanitation services and to evaluate knowledge, skills and behaviors related to hygiene, water and sanitation in the community.

Definitions:

Community diagnostic: defined as a baseline survey to gather information, evaluate and assess access to water and sanitation services, as well as knowledge, skills and behaviors related to hygiene, water and sanitation in the community.

Rationale: A community diagnostic is generally needed to identify and quantify the water, sanitation and hygiene problems in a community as a whole, as well as identify the quality and availability of water and sanitation systems and services. Results of the community diagnostic will help inform the strategic implementation of water, sanitation and hygiene related interventions.

Measurement Notes:

1. **Sample Tools and/or Possible Methods:** Volunteers should use data collection tools to measure progress against project indicators. For this Standard Sector Indicator, a community diagnostic tool will need to be developed that captures the following:
    - **Quantitative information** collected should describe the situation and measure factors (knowledge, attitudes, demographics, practices, skills) that the objectives and indicators address. **For water, sanitation and hygiene, data should be collected on** a number of different issues including:
        - coverage levels for access to safe drinking water and sanitation in households and in schools,
        - prevalence of diarrhea in children under 5 years of age.
        - sanitation, defecation, and solid waste management practices as well as knowledge on impacts of solid wastes on family health
        - information on drinking and cooking water resources used by the household and in schools including
            - available water sources (boreholes, or hand pumps, wells, surface water or rainwater) and their quality throughout the year,
            - who is responsible for water collection and how many times a day and how many hours does it take,
            - what water containers used for the collection,
            - the transport & the storage of the drinking /cooking water (do the vessels have lids, are they washed/cleaned?)
            - Is water purified and how is it purified?
            - What food safety measures are used? (is water boiled, are hands washed before eating and/or preparing food and is food cleaned before cooking?)
        - Information should be obtained on water and sanitation system management practices including data

on organization, governance, and funding.
    - Knowledge, attitudes and practices (KAP) surveys should be used to assess individual and community level health and hygiene knowledge, practices and skills as well as beliefs about diseases related to water and hygiene practices.
  - Information on the number of schools with a WASH curriculum and number of teachers trained each year to carry –out WASH activities should be obtained.

Before beginning it is important to identify existing and available information sources, including surveys and service data that may be used for monitoring the project

- **Qualitative approaches** provide contextual information on the "why" and "how." Qualitative information complements quantitative data. Qualitative methods should be used to map schools and households by type of water and sanitation facility and observe household and school hygiene practices i.e., (hand washing practices as well as regularity of behavior, when hands are washed, and how frequently the hands are washed and where hands are washed). In-depth interviews will allow the evaluator to learn about daily routines of mothers and caretakers and hygiene practices.

2. **General Data Collection for Volunteer Activities:** All Volunteer activities should be conducted with the intention of achieving outcomes – knowledge change (short-term), skills demonstration (intermediate-term), and behavioral changes (intermediate to long term) as defined by the progression of indicators within the objectives of a project framework. The progression of measurement for all Volunteer activities should begin with baseline data being conducted prior to the implementation of an activity (or set of activities), followed by documenting any outputs of the activities and then later at the appropriate time, measurements of specific outcomes (see the bullet on frequency of measurement).

3. **Activity-Level Baseline Data Collection:** Because this is an output indicator that does not measure any change, there is no need to take a baseline measurement before reporting the results of this indicator. However, Volunteers should take baseline measurements for any outcome indicators that are related to this output indicator. Refer to the project framework to review related outcome indicators.

4. **Frequency of measurement:** An output indicator only needs to be measured once—in this case, every time the Volunteer conducts a community diagnostic in a community, he/she will want to keep track of the number conducted and report on it in the next VRF.

5. **Definition of change**: Outputs do not measure any changes. However, if desired, a minimum expectation can be set for meeting the output, which can be particularly useful in the area of training. For instance, a Peace Corps project may decide that for any training participant to be counted as having been sufficiently trained in a certain area, he/she needs to attend at least "X% of the training" or "X number of days of the training." If a specific requirement is not set forth here in the indicator data sheet, it is up to project staff to determine what minimum criteria they want to set (if at all).

6. **Reporting**: In the case of output indicators, Volunteers only have one box to fill in on their VRF: "total # (number)."

Data Quality Assessments (DQA): DQA are needed for each indicator selected to align with the project objectives. DQAs review the validity, integrity, precision, reliability, and timeliness of each indicator. For more information, consult the Peace Corps MRE Toolkit.

Alignment with Summary Indicator: No link