

STANDARD SECTOR INDICATOR CODE: HE-053	Household Members Using the Hand Washing Station: Number of household members using the hand washing station.	
HEALTH SECTOR	Sector Schematic Alignment <ul style="list-style-type: none"> • Project Area: Environmental Health • Project Activity Area/Training Package: WASH: Water, Sanitation, and Hygiene 	
Type: Intermediate-term Outcome	Unit of Measure: Individuals	Disaggregation: Sex: Male, Female Age: 0-9 years, 10-17 years, 18-24 years, 25+ years

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

- Each individual family member must report using the hand washing station to wash their hands before preparing a meal, after defecation and before eating for one week (7 consecutive days) prior to the assessment. The mother or caretaker may respond for children less than 10 years of age.
- At least one family member must have attended a training session on hand washing that was conducted by a PCV or their partner.

Definitions:

Hand washing station: is a station with soap and a water storage vessel with a spigot that has been placed in a designated site that is easily accessible to family members for hand washing. These are most commonly referred to as *'tippy taps'*. In order to be effective the vessel must be manually filled with clean water and frequently refilled with clean water.

Household members: are defined as a group of persons (or one person) who usually live and eat together.

Use: is defined as consistently using the hand washing station to wash hands before preparing a meal, after defecation and before eating.

Rationale: Washing of hands can reduce bacterial contamination and food borne illnesses. Studies have shown that proper hand-washing techniques can reduce the incidence of diarrheal disease by 42-47 percent.

Measurement Notes:

1. **Sample Tools and/or Possible Methods (for Peace Corps staff use):** Volunteers should use data collection tools to measure progress against project indicators. A data collection tool to measure this indicator could be based on one of the following methods—a survey—though there may be other data collection methods that are appropriate. Please check PCLive for data collection tools. Once a tool has been developed, post staff should have a few Volunteers and their partners pilot it, and then distribute and train Volunteers on its use.
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:** Activity-level baseline data should be collected by Volunteers/partners before or at the start of their activities with an individual or group of individuals. It provides a basis for planning and/or assessing subsequent progress or impact with these same people. This indicator builds off of three indicators that measure the skill and knowledge needed to correctly wash your hands: **HE-049: *Trained People to Build Hand Washing and Station and to Correctly Wash Their Hands***; **HE-050: *Able to Identify 3 or more Times When Handwashing is Critical***; and **HE-051: *Demonstrated How to Build a Tippy Tap***. To measure how many of the household members the Volunteer/partner is working with are actually using the handwashing station, Volunteers should use a survey to take a baseline measurement regarding the outcome(s) defined in this data sheet. Volunteers should collect baseline information early in their work with community members, and may use their judgment to determine timing because the information will be more accurate if the Volunteer has built some trust with these individuals first. The same tool used to collect baseline information will be used to take the follow-on measurement (see the bullet on “frequency of measurement”). The follow-on measurement should be taken after the Volunteer has conducted his/her activities (in this case, training on handwashing and building handwashing stations).

Because Volunteers are expected to implement relevant and focused activities that will promote specific changes within a target population (see the “unit of measure” above), taking a baseline measurement helps Volunteers to develop a more realistic snapshot of where individuals within the target population are in their process of change instead of assuming that they are starting at “0.” It also sets up Volunteers to be able to see in concrete terms what influence their work is having on the individuals they work with during their service. Please note that data collection is a sensitive process and so Volunteers will not want to take a baseline measurement until they have been able to do some relationship and trust-building with the person/people the Volunteer is working with, and developed an understanding of cultural norms and gender dynamics.

- 4. Frequency of Measurement:** After taking the baseline measurement (described above), Volunteers should take at least one follow-on measurement with the same individual(s) to assess whether household members adopted improved handwashing behavior. This measurement is typically taken after completing one or more activities focused on achieving the outcome in this indicator and once they have determined that the timing is appropriate to expect that the outcome has been achieved. Please note that successful documentation of a behavior change or new practice may not be immediately apparent following the completion of activities and may need to be planned for at a later time. Once Volunteers have measured that at least one individual has achieved the indicator, they should report on it in their next VRF.

Volunteers may determine to take more than one baseline and one follow-on measurement with the same individual (or group of individuals) for the following valid reasons:

- Volunteers may want to measure whether or not any additional individuals initially reached with activities have now achieved the outcome in the indicator, particularly for any activities that are on-going in nature (no clear end date);
- Volunteers may want to enhance their own learning and the implementation of their activities by using the data collected as an effective monitoring tool and feedback mechanism for the need to improve or increase their activities;
- A Peace Corps project in a particular country may choose to increase the frequency of measurement of the indicator and Volunteers assigned to that project will be required to follow in-country guidance.

In all cases, any additional data collection above the minimum expectation should be based on the time, resources, accessibility to the target population, and the value to be gained versus the burden of collecting the data. Following any additional measurements taken, Volunteers should report on any new individuals achieving the outcome in their next VRF.

- 5. Definition of Change:** The minimum change to report against this indicator involves three steps. First, the Volunteer will train at least one member of a household in having and using a handwashing station. Second, the individual will support the other household members to use the handwashing station and keep it properly equipped. Third, each household member will report consistently washing their hands before preparing a meal, after defecation, and before eating for one week prior to the assessment. In the case of this indicator, if members of the household of the individual the Volunteer/partner worked with were already using the handwashing station consistently during the three critical times before working with the Volunteer/partner, then the Volunteer would not be able to count the household members for this indicator. However, if as a result of working with the Volunteer/partner, the household members adopted the practice of consistently using the handwashing station to wash their hands during the three critical times that would count because the Volunteer's work influenced adoption of this practice.
- 6. General Reporting in the VRF:** The "number achieved" (or numerator) that Volunteers will report against for this indicator in their VRFs is the number of household members who used the hand washing station to wash their hands before preparing a meal, after defecation and before eating for one week (7 consecutive days) prior to the assessment. The "total number" (or denominator) that Volunteers will report on for this indicator in their VRFs is the total number of people who live in the households of the individuals who participated in the activities designed to meet this indicator.
- 7. Reporting on Disaggregated Data in the VRF:** This indicator is disaggregated by "Sex" and "Age". When reporting in the VRF, a Volunteer should disaggregate the individuals who achieved the outcome by 1) male and female and 2) 0-9 years, 10-17 years, 18-24 years, and 25+ years.

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