

<b>STANDARD SECTOR INDICATOR CODE:</b> HE-059	<b>Trained to Build Latrines:</b> Number of people trained by Volunteers to organize communities to build latrines.	
<b>HEALTH SECTOR</b>	<b>Sector Schematic Alignment</b> <ul style="list-style-type: none"> <li>• <b>Project Area:</b> Environmental Health</li> <li>• <b>Project Activity Area/Training Package:</b> WASH: Water, Sanitation, and Hygiene</li> </ul>	
<b>Type:</b> Output	<b>Unit of Measure:</b> People	<b>Disaggregation:</b> <b>Sex:</b> Male, Female <b>Age:</b> 0-9 years, 10-17 years, 18-24 years, 25+ years

**To be counted for this indicator, all of the following criteria must be met:**

- The individual must have attended training on how to build an improved latrine.
- The training must have been provided by the PCV or their partner in an individual or small group setting. Research shows ideal group size is 25 individuals or less, although in some instances group size can be significantly larger. PC/Post staff determines what comprises a small group setting.
- Attendance at educational session/s must be documented by the Volunteer or their partner

**Definitions:**

**Latrine:** a safe private place to be used for defecation that hygienically separates human excreta from human contact.

**Functional latrine** – is defined as latrines that are operational, in other words, there is a door for privacy, the hole or pit is not blocked up, there are no major holes in the structure, the structure is physically safe.

**Improved latrine** must ensure separation of human excreta from human contact, They consists of three parts:

- **Above ground** - consists of roof, frame and walls.
- **On the ground** – A slab covers the pit, and lid to cover the hole. It can be made of any material
- **Underground** - A pit or underground hole of any shape, but a round pit is the strongest. Maximum depth depends on the soil conditions and groundwater levels in the rainy season. In unstable soils, the pit may have to be fully or partly lined with woven bamboo, bricks, concrete rings

**Examples of Improved sanitation facilities include:**

- Flush toilet uses a cistern or holding tank for flushing water, and a water seal (which is a U-shaped pipe below the seat or squatting pan) that prevents the passage of flies and odors. A pour flush toilet uses a water seal, but unlike a flush toilet, a pour flush toilet uses water poured by hand for flushing (no cistern is used).
- Piped sewer system is a system of sewer pipes, also called sewerage, that is designed to collect human excreta (feces and urine) and wastewater and remove them from the household environment. Sewerage systems consist of facilities for collection, pumping, treating and disposing of human excreta and wastewater.
- Septic tank is an excreta collection device consisting of a water-tight settling tank, which is normally located underground, away from the house or toilet. The treated effluent of a septic tank usually seeps into the ground through a leaching pit. It can also be discharged into a sewerage system.
- Flush/pour flush to pit latrine refers to a system that flushes excreta to a hole in the ground or leaching pit (protected, covered).
- Ventilated improved pit latrine (VIP) is a dry pit latrine ventilated by a pipe that extends above the latrine roof. The open end of the vent pipe is covered with gauze mesh or fly-proof netting and the inside of the superstructure is kept dark.
- Pit latrine with slab is a dry pit latrine that uses a hole in the ground to collect the excreta and a squatting slab or

platform that is firmly supported on all sides, easy to clean and raised above the surrounding ground level to prevent surface water from entering the pit. The platform has a squatting hole, or is fitted with a seat.

- Composting toilet is a dry toilet into which carbon-rich material (vegetable wastes, straw, grass, sawdust, ash) are added to the excreta and special conditions maintained to produce inoffensive compost. A composting latrine may or may not have a urine separation device.

**Unimproved sanitation facilities** do not ensure hygienic separation of human excreta from human contact.

**Examples of unimproved sanitation facilities include:**

- Flush/pour flush refers to excreta being deposited in or nearby the household environment (not into a pit, septic tank, or sewer). Excreta may be flushed to the street, yard/plot, open sewer, a ditch, a drainage way or other location.
- Pit latrine without slab uses a hole in the ground for excreta collection and does not have a squatting slab, platform or seat. An open pit is a rudimentary hole.
- Bucket refers to the use of a bucket or other container for the retention of feces (and sometimes urine and anal cleaning material), which are periodically removed for treatment, disposal, or use as fertilizer.
- Hanging toilet or hanging latrine is a toilet built over the sea, a river, or other body of water, into which excreta drops directly.
- No facilities include defecation in the bush, field or ditch; excreta deposited on the ground and covered with a layer of earth (cat method); excreta wrapped and thrown into garbage; and defecation into surface water (drainage channel, beach, river, stream or sea).

**Guidance and minimum standards for human excreta disposal (based on Sphere Standards<sup>1</sup>):**

- **Public Toilets** – In public places, toilets are provided with established systems for proper and regular cleaning and maintenance. Disaggregated population data are used to plan the number of women's cubicles to men's using an approximate ration of 3:1. Where possible, urinals should be provided. If building public toilets/latrines in schools, the minimum number to build is 1 toilet to 30 girls and 1 toilet to 60 boys. For information on the minimum numbers of toilets at public places and institutions, please check the Sphere Handbook (<http://www.spherehandbook.org/en/appendix-3/>).
- **Family/Household Toilets** – Family/household toilets are the ideal. One toilet for a maximum of 20 people should be the target.
- **Shared Facilities** – Households should be consulted on the siting and design, and the responsible cleaning and maintenance of shared toilets. Generally, clean latrines are more likely to be frequently used. Efforts should be made to provide people living with chronic illnesses such as HIV and AIDS with easy access to a toilet as they frequently suffer from chronic diarrhea and reduced mobility.
- **Safe Facilities** – Inappropriate siting of toilets may make women and girls more vulnerable to attack, especially during the night. Ensure that women and girls feel and are safe when using the toilets provided. Where possible, communal toilets should be provided with lighting, or households provided with torches. The input of the community should be sought with regard to ways of enhancing the safety of users
- **Use of local building materials and tools** – The use of locally available material for construction of latrines is highly recommended. It enhances the participation of the target population to use and maintain the facilities.
- **Handwashing** - Users should have the means to wash their hands with soap or an alternative (such as ash) after using toilets, after cleaning the bottom of a child who has been defecating, and before eating and preparing food. There should be a constant source of water near the toilet for this purpose.
- **Menstruation** - Women and girls of menstruating age, including schoolgirls, should have access to suitable

<sup>1</sup> The Sphere Handbook, Excreta disposal standard 2: Appropriate and adequate toilet facilities (<http://www.spherehandbook.org/en/excreta-disposal-standard-2-appropriate-and-adequate-toilet-facilities/>)

materials for the absorption and disposal of menstrual blood. Women and girls should be consulted on what is culturally appropriate. Latrines should include provision for appropriate disposal of menstrual material or private washing facilities

**Rationale:** According to the World Health Organization and UNICEF, in 2010, only 63% of the world's population used improved sanitation facilities, with Sub-Saharan Africa and Southern Asia having only 30% and 41%, respectively<sup>1</sup>. An estimated 2.5 billion people are still without improved sanitation. About 15% of the world's population lives without any form of sanitation and practice open defecation. Latrines provide a barrier to diseases carried in fecal matter thereby reducing sanitation related diseases, especially diarrhea, incidence of worms and other parasites and improving sanitation, hygiene and the water supply. Use of latrines improves safety, especially for women who do not need to go out in the fields alone to defecate. Lack of adequate sanitation facilities at schools prevents girls from attending. Latrines produce compost and biogas that can be used to fertilize fields or for energy.

**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 tracking sheet that collects the names, age, sex, and profession of participants who were trained in latrine construction will capture the needed data.
- 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 holds a training event (or series of events) on latrine construction, he/she will want to keep track of the number of unique individuals who participated in the event(s) 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).”

**7. Reporting on Disaggregated Data in the VRT:** This indicator is disaggregated by “Sex” and “Age”. When reporting in the VRF, a Volunteer should disaggregate the total number of individuals by 1) male and female, and 2) 0-9 years, 10-17 years, 18-24 years, 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