

STANDARD SECTOR INDICATOR CODE: HE-061	Showed Improvement in Knowledge of Latrine Maintenance: Number of people who can identify 2 or more standards for maintaining latrines.	
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: Short-term Outcome	Unit of Measure: People	Disaggregation: Sex: Male, Female Age: 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 a training session on latrines and how to maintain them.
- 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.
- The individual must be able to identify at least two of the six minimum standards for latrine maintenance (see below)
- 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).

Standards for Latrine Maintenance: 1) The hole or pit should not be blocked up. 2) Holes in the structures walls should be patched regularly to maintain privacy. 3) The squatting or standing surface should be kept dry and clean to prevent pathogen/disease transmission and limit odors. 4) Paper, dust and debris should be removed from the floors. 5) Dead flies, spiders and other bugs trapped in screens should be removed to ensure good air flow through screens. 6) The latrine should not be used for storage.

Pit: If the pit has been dug to an appropriate size for the number of users, then it may never become full. The liquid will drain into the soil and the solid waste will slowly decompose so the volume remains stable.

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%, respectively¹. 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 (for Peace Corps staff use):** Volunteers should use data collection tools to measure progress against project indicators. A good data collection tool to measure this indicator would be a pre/post-test. The pre-test should be administered prior to initiating training on latrine maintenance, with the post-test administered following the completion of training. Comparing the results of the post-test with those of

the pre-test will indicate whether an increase/improvement in knowledge occurred. 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:** This indicator builds off of indicator **HE-060: *Trained on Latrine Maintenance***, as it measures an increase in knowledge following a handwashing training. Therefore, baseline data collected in the form of a pre-test for HE-060 would apply to this indicator as well.

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 their knowledge of latrine maintenance has improved. 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. 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 is an individual was able to identify at least two of the six minimum standards for latrine maintenance. In the case of this indicator, if the person the Volunteer/partner works with has already identified at least two of the six minimum standards for latrine maintenance before beginning to work with the Volunteer/partner, then the Volunteer would not be able to count him/her for this activity because the Volunteer's work did not actually lead to the desired change. However, if as a result of working with the Volunteer/partner, the individual improved their knowledge of latrine maintenance, then that would count because the Volunteer's work influenced adding value to an existing product.
- 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 individuals who correctly identified at least two of the six minimum standards for latrine maintenance, after working with the Volunteer/partner. The "total number" (or denominator) that Volunteers will report on for this indicator in their VRFs is the total number of 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 based on male and female and by the age groups listed above.

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: WASH access