

<p>STANDARD SECTOR INDICATOR CODE: HE- 063</p>	<p>People Using Functional Latrines: Number of people using functional latrines (installed, clean, and show signs of use) 3 months after construction or rehabilitation.</p>	
<p>HEALTH SECTOR</p>	<p>Sector Schematic Alignment Health Sector</p> <ul style="list-style-type: none"> • Project Area: Environmental Health • Project Activity Area/Training Package: WASH: Water, Sanitation, and Hygiene <p>Agriculture Sector</p> <ul style="list-style-type: none"> • Project Area: Resilience and Stability • Project Activity Area/Training Package: WASH: Water, Sanitation, and Hygiene 	
<p>Type: Intermediate-term Outcome</p>	<p>Unit of Measure: People</p>	<p>Disaggregation: Sex: Male, Female Age: 0-9 years, 10-17 years, 18-24 years, 25+ years</p>
<p>To be counted for this indicator, all of the following criteria must be met:</p> <ul style="list-style-type: none"> • At least one individual in the household must have attended training on how to build a 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 • The individual must live in a household that constructed or rehabilitated a latrine AND • The latrine must be functional – installed, clean and shows signs of use • A follow-up visit must be conducted to assess the latrine at least 3-months after construction or rehabilitation <p>Definitions:</p> <p>Latrine - a safe private place to be used for defecation</p> <p>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.</p> <p>Rehabilitated – is defined as to bring to a condition of useful and functional activity.</p> <p>Hygienic: 1) Confinement of feces (no excrement on the floor), 2) Some kind of blocking of flies and other insect vectors thereby breaking the cycle of disease transmission, and 3) Ventilated and odor is not offensive</p> <p>Shows signs of use – latrine entrance is not blocked, latrine is not being used for storage, there is some evidence that the latrine is being used (e.g. presence of paper or water to clean oneself, no accumulation of dust).</p> <p>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 ¹. 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.</p> <p>In many countries latrines are used for storage of grains instead of defecation and urination. It is important to correctly use and maintain the latrine in order to reduce sanitation related diseases.</p>		

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. 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 four indicators that measure the knowledge and skills needed to correctly construct or maintain latrines: **HE-059: Trained to Build Latrines; HE-060: Trained on Latrine Maintenance, and HE-061: Showed Improvement in knowledge of Latrine Maintenance.** To measure how many individuals are using a functional latrine, Volunteers should use the suggested data collection tool 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, conducted training on latrine construction and maintenance).

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) a minimum of 3 months following the construction or rehabilitation of a latrine to assess whether their use of a functional latrine has improved. This measurement is typically taken after completing one or more activities focused on achieving the outcome in this indicator - which in this case would be a training on latrine construction and maintenance and following the actual construction or rehabilitation of a latrine - 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 is an individual is using a functional latrine three months after that latrine was constructed or rehabilitated. In the case of this indicator, if the person the Volunteer/partner works with has already been using a functional latrine 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 decided to construct or rehabilitate their latrine and is using it three months after construction or rehabilitation, that would count because the Volunteer's work influenced the adoption of this behavior.
- 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 individual(s) who, after working with the Volunteer/partner, are using functional latrines (installed, clean and shows signs of use) three months after construction or rehabilitation. 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 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