WebEx Conference Series on Monitoring and Evaluation of HWTS

Topic: <u>So, It's Your First Time with the WHO & UNICEF HWTS Monitoring and Evaluation Toolkit?</u>

Date and Time: *Wednesday, August 6th, 2014* at *9:00-10:00 EST/New York Time*

Presenters/Guest Panel: *Ryan Rowe, The Water Institute at UNC and Daniele Lantagne, Tufts University*

Hosted by: *Triple Quest, Grzybowski, Megan, megan.grzybowski@triplequest.com*

1. *Who developed the toolkit?*

   - The toolkit was authored initially by Ranjiv Khush (Aquaya) and then substantially revised and finalized by Daniele Lantagne (Tufts University) and Maggie Montgomery (World Health Organization). Other contributes case study examples, and many others were involved in the development and review of the document. Refer to the Acknowledgements section on preliminary page X.

2. *Has someone ever used the Tool-kit for Solar Disinfection program and the attendees' experiences? How do you quantify the number of people practicing SODIS?*
   - <u>Response from Guest Expert with an example</u>:
     i. Select a community where you are interested to quantify the use of SODIS.
     ii. Use the resources materials in Annex B of the Tool-kit to develop a sampling frame that would be representative of the whole population of that community.
     iii. One could use some basic information to estimate use of SODIS in that community:
        - Determine the total population (and # of households) of the community you are interested in.
        - Select a random sample of households
        - Survey the households to determine the rate of SODIS use.
     iv. Example: If your community has 10,000 people and the average household size is 5, you would have 2,000 households. If you randomly sample 150 households and arrive at a baseline of 10% household use of SODIS, you could extrapolate the data and make a simple determination that 200 households out of 2,000 are using SODIS (10% of the entire community.
     v. This approach is obviously based on simplistic assumptions and therefore has limitations, but it offers a starting point for critically thinking about how to collect better and more informative data

3. *How can you tell people/how do you measure if people are using SODIS? Reporting, observation, etc? What Indicator would be used from the Tool-kit to help measure the usage?*
   - <u>Response from Guest Expert</u>: For SODIS, there would be three ways to measure actual use: Self-reported use (Indicator 1 and 3) is the easiest but is also unreliable because people tell you what you want to hear.
     i. *Observed use (Indicator 2 and 4)* is better but you need access to people's homes.
        - Example of measuring observed use Indicator 4: May I observe you giving a cup of your current drinking-water for children from this household? (Observe where the

water is taken from and if it was handled safely.) Annex C Question 12 offers an example.

- Other Examples: Are there bottles on the roof? Are there bottles stored in the house that have been treated with SODIS? How many bottles are there?

ii. *Effective Use (Indicator 19)* is best because it looks at whether water quality has improved as a result of HWTS. However it requires water quality testing and is more complex and can become costly over time. You can find a good explanation of effective use on page 25.

iii. You can also measure knowledge. *Indicator 11 measures "Knowledge of at least one proven HWTS method".* For example, "Can you tell me the ways to make water safer to drink?"? This is a good question because it measures knowledge of multiple water treatment methods and is less likely to lead someone to a specific answer.

- There are 20 recommended indicators but not all need to be surveyed. Use the decision tree on page 28 to choose the indicators that make sense for your program's needs.

4. *What is the reason that no questions on Health Impact are included in the Tool-kit?*
   - Response from Guest Expert: Tool-kit began with the aim of measuring health impact specifically, but based on the review process it was decided that health impact is too complicated to measure during the typical Monitoring and Evaluation efforts of HWTS implementing organizations.
     i. Health impact often requires a very academic, scientific perspective and is less applicable for most organizations. For example, it needs to be a randomized controlled trial, with follow-up over time, and adjustments for possible confounding factors.
     ii. Although health indicators are very important they are outside of the scope of this Tool-kit. This Tool-kit has more focus on Outputs and Outcomes. Organizations seeking to measure health impact should consider partnering with an academic institution.
   - Response from Guest Expert : Tool-kit is focused on 3 C's; correct, consistent, continued use. If you can achieve the three C's in a vulnerable group then you will achieve health impact.
     i. Example: Improve access to safe drinking water with a specific population (people living HIV, children under 5, pregnant women). Identify their source of drinking water – if it is unimproved or improved off-plot then you can safely assume it is contaminated, and then focus in on achieving correct, consistent, and continued use of HWTS.
     ii. Once you have 3 C's in place, *then* you can consider measuring health impact.
     iii. You cannot reduce disease unless a household is practicing correct use of an HWTS option.

5. *What is your response to the Tool-kit being too academic?*
   - Response from Guest Expert: Section 5 is a very practical tool for application in the field
   - Response from Guest Expert: Portions of it are indeed academic, but there are many practical tools, such as a list of indicators, a decision, a sample survey, a sample sanitary risk assessment form, and considerations for conducting water quality testing. The annexes also offer resources for understanding how to improve the scientific rigor of your M&E methods.

If there are ways to make the Tool-kit easier to use, this forum is the right place to voice those concerns.

6. *What are the important characteristics of a person doing the surveying? What do the best Enumerators look-like?*

- <u>Response from Guest Expert with an example:</u> Best ones are people from the local culture, know the language/people, aren't too different from population (rural vs city), make the community feel comfortable, polite interaction with households. *By region, not local town to eliminate as much hesitation/embarrassment

    i. Modify survey for culture- Translate, pre-test, get feedback from Enumerators on questions (appropriateness and length)

    ii. Training Enumerators: Example 2 day training on a 4-page survey

        a. What, why, WATSAN situation, technology being used
        b. Go through survey, question by question, and the intent
        c. Pair Enumerators up and have them give each other the survey
        d. Go to one house together, have one enumerator ask the person responsible for water collection in the household a series of questions and have all of the Enumerators write their answers down individually and then later cross-check to see how many of them recorded the same or different answers.
        e. Then have pairs of the Enumerators go to the households and practice a similar exercise.
        f. Finally, employ a 1-on-1 exercise between Enumerators and household head and check survey data to see if results are sensible.
        g. Households participating in such a series of survey tests would be volunteering.
        h. Seek feedback from Enumerators on this process
        i. Then test the survey with real households (i.e. not volunteers).