

# Indicators for monitoring Hygiene Promotion in Emergencies

## Introduction

During emergencies it is important to monitor the impact of hygiene promotion including the change in community hygiene practices which can contribute to the reduction of WASH related diseases. Information provided by monitoring can usefully feedback into future evaluation and planning of hygiene promotion projects so the objectives can be adjusted where necessary. It is important that data collection is not just seen as an exercise, but that the results of data analysis can be used to identify the projects strengths and weaknesses and ultimately influence decision-making.

During the initial stages of hygiene promotion programme planning, objectives are set and accompanying indicators of achievement defined. A logical framework can be used as an active tool to guide monitoring. Monitoring can include measuring **impact** and assessing whether the project purpose has been achieved and significant change has occurred. This includes reviewing the projects appropriateness, outcomes and outputs (facilities provided or systems set in place) and activities (toilets or water points constructed)<sup>1</sup>. It is also important to monitor participation of communities and whether all those affected are adequately represented e.g. women, men, the poorest and disabled people. Monitoring can be used to measure progress against the baseline data gathered during the initial stages of an emergency, as well as faults in project design and unrealistic objectives.<sup>2</sup>

**Process** monitoring can include how the project is being developed and for identifying and solving problems.<sup>3</sup>

There is a balance to be achieved in the process of collecting data for monitoring, too much data may be difficult to analyse given the time constraints in an emergency.

## Indicators

Indicators are identified in order to be able to monitor and evaluate. Indicators are how you measure whether you have achieved your objective and how this has been done. Indicators can be qualitative or quantitative and are identified when the project plan is initially written. They are either impact indicators or process indicators. Process indicators are found in the Logical Framework at (activity & result level), compared to impact indicators which are found at (purpose or specific objective level).<sup>4</sup> It is also important to measure participation of people and gather health clinic data where possible.

Hygiene promotion can be difficult to measure and this process is helped if indicators are simple, few in number and suitable for use at community level where possible.

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<sup>1</sup> Oxfam (2001). Guidelines for Public Health Promotion in Emergencies.

<sup>2</sup> Ferron, S., Morgan, J., O'Reilly, M. Hygiene Promotion. A Practical Manual for Relief & Development

<sup>3</sup> Oxfam (2007) Revised Guidelines for Public Health Promotion in Emergencies.

<sup>4</sup> Oxfam (2007) Revised Guidelines for Public Health Promotion in Emergencies.

**Direct and Proxy (indirect or substitute) Indicators**

Direct indicators can be easily measured e.g. numbers of toilets.

Whilst the ultimate aim of hygiene promotion projects is to reduce the mortality and morbidity of WASH related diseases, it is widely recognised that it can be difficult to establish a direct relationship as the incidence of disease is affected by many factors. This is partly due to the difficulty of obtaining accurate data, especially in an emergency situation. For this reason indirect or 'proxy' indicators are considered an acceptable alternative to monitor project impact e.g. hand washing with soap has been proven to have a significant impact on the reduction of diarrhoeal diseases.

**Indicators to use in an emergency**

A short list of essential indicators is included here which should always be included in any situation.

A list of more general priority indicators which can be used in emergencies is included in the table below with indicators for excreta disposal, water supply, hygiene practices and the environment.

The table provides a comprehensive list of indicators that may all require monitoring at some point during most WASH programmes. However, the particular indicators chosen for monitoring in any given situation, and the frequency with which those indicators are measured, should reflect specific priorities identified during assessment and planning and the practicalities of collecting and managing the data required to measure them.

It is important, where possible to adhere to national monitoring guidelines.

There should be coordination on indicators used across the WASH cluster, so that hygiene promotion is included and prominent in the main key WASH cluster indicators.

**Essential indicators for monitoring Hygiene Promotion in emergencies**

The five essential indicators which should always be monitored as a priority include:

- X% of the population uses safe water for drinking
- environment free from all faecal matter
- X% of the population wash their hands with soap or ash at least after contact with faecal matter and before handling food
- Women are enabled to deal with menstrual hygiene issues in privacy and with dignity
- All sectors of the community, including vulnerable groups, are enabled to practise the target hygiene behaviours

(X% = depends on the situation)

### Example Proxy Indicators for Monitoring the Effectiveness of Hygiene Promotion Interventions in Emergencies

| Hygiene Behaviour   | Indicators   |
|---|--|
| <b>Safe drinking water</b>                                  | <ul style="list-style-type: none"> <li>adequate water handling practices to minimize contamination practised by x% of the population</li> </ul>  |
| <b>Safe excreta disposal</b>                                | <ul style="list-style-type: none"> <li>x% of children's and babies' faeces are safely disposed of</li> <li>toilets are used by the majority of men, women and children</li> </ul>  |
| <b>Hygiene Practices</b>                                    | <ul style="list-style-type: none"> <li>soap or ash for hand washing is available in all households</li> <li>hand washing facilities are available at 100 % of communal latrines or in the majority of homes and in use</li> </ul>  |
| <b>Women's privacy and dignity around menstrual hygiene</b> | <ul style="list-style-type: none"> <li>appropriate sanitary materials and underwear for all women and girls are available</li> </ul>   |
| <b>Community participation &amp; representation</b>         | <ul style="list-style-type: none"> <li>all sections of the community, including vulnerable groups, are consulted and represented at all stages of the project</li> <li>the majority of community members are satisfied<sup>5</sup> with the provision of facilities</li> <li>users take responsibility for the management and maintenance of water supply and sanitation facilities</li> </ul> |

The following are suggestions of ways to monitor some of the essential indicators:

| Indicator                      | Means of monitoring   |
|--------------------------------|---|
| <b>Safe Drinking Water</b>     | Water testing at source and household level<br>Inspection of water containers at water points<br>Household visits to look at water storage containers for signs of possible contamination e.g. not covered, open necked, hands come in contact with water etc.  |
| <b>Safe excreta disposal</b>   | Exploratory walks to look for signs of open defecation<br>Observation of maintenance and use of toilets/potties provided<br>Reports from members of affected community expressing use and satisfaction with toilets provided                                    |
| <b>Hygiene practices</b>       | Observation of soap at household level<br>Observation of hand washing at communal latrines<br>Self reported increase in hand washing by affected community  |
| <b>Menstrual hygiene</b>       | Reports of satisfaction with provision of menstrual materials from women  |
| <b>Community participation</b> | Observation and discussion with community committees<br>Observation and reports of response to vulnerable groups e.g. latrine provision for disabled people<br>Reports from men, women and children of satisfaction with facilities and improvements in hygiene |

**Adapted from:**

\* International Rescue Committee (2005). Environmental Health Field Guide

\* Walden, V., Nixon Achieng, O., Shirlaw, L., Malile, M. (2007). Minimum standards for public health promotion monitoring during the first three months of a rapid-onset emergency. A guide for field staff.

**Note:**

- The Sphere minimum standards for disaster response include indicators for water and sanitation (see WASH Cluster Hygiene Promotion Bibliography) [www.sphereproject.org](http://www.sphereproject.org) see Chapter 2 (available in English, French and Spanish)
- Indicators common to all WASH cluster activities should also be considered.

<sup>5</sup> Satisfaction will need to be defined in terms of access, safety, privacy, systems for cleaning etc.

## **Annex 1: Indicators for monitoring Hygiene Promotion in emergencies and relevant sphere indicators**

The table below details the suggested priority WASH indicators alongside the relevant Sphere Indicators. The WASH indicators focus on providing a proxy (substitute) indicator for impact whereas the Sphere indicators also include many process indicators detailing what may be required in order to achieve that impact.

| <b>Hygiene Behaviour</b>     | <b>Indicators</b>   | <b>Relevant Sphere Indicators</b>  |
|------------------------------|---|--|
| <b>Safe drinking water</b>   | adequate water handling practices to minimize contamination practised by x% of the population                                 | Each household has at least two clean water collecting containers of 10-20 litres, plus enough clean water storage containers to ensure there is always water in the household<br>Water collection and storage containers have narrow necks and/or covers, or other safe means of storage, drawing and handling, and are demonstrably used   |
| <b>Safe excreta disposal</b> | x% of children's and babies' faeces are safely disposed of<br><br>toilets are used by the majority of men, women and children | Use of toilets is arranged by household(s) and/or segregated by sex<br>Toilets are designed, built and located with the following features: <ul style="list-style-type: none"> <li>- used by all sections of the population</li> <li>- sited to minimise threats to users, especially women</li> <li>- sufficiently easy to keep clean</li> </ul> to provide a degree of privacy<br>Users (especially women) have been consulted and approve of the siting and design of the toilet<br>Separate toilets for women and men are available in public places (markets, distribution centres, health centres, etc.)<br>Shared or public toilets are cleaned and maintained in such a way that they are used by all intended users<br>Toilets are used in the most hygienic way and children's faeces are disposed of immediately and hygienically<br>Infants and children up to two years old have 12 washable nappies or diapers where these are typically used.<br>People are provided with tools and materials for constructing, maintaining and cleaning their own toilets if appropriate |

|  |   |  |
|--|---|--|
| <p><b>Hygiene Practices</b></p>                                    | <p>Soap or ash for hand washing is available in all households</p> <p>Hand washing facilities are available at 100 % of communal latrines or in the majority of homes and in use</p>  | <p>People wash their hands after defecation and before eating and food preparation</p> <p>There is at least 250g of soap available for personal hygiene per person per month.</p> <p>Each person has access to 200g of laundry soap per month</p> <p>Average water use for drinking, cooking and personal hygiene in any household is at least 15 litres per person per day (water quantity)</p>   |
| <p><b>Women's privacy and dignity around menstrual hygiene</b></p> | <p>Appropriate sanitary materials and underwear for all women and girls are available</p>   | <p>Women and girls have sanitary materials for menstruation</p>  |
| <p><b>Community participation &amp; Representation</b></p>         | <p>All sections of the community, including vulnerable groups, are consulted and represented at all stages of the project</p> <p>The majority of community members are satisfied<sup>6</sup> with the provision of facilities</p> <p>Users take responsibility for the management and maintenance of water supply and sanitation facilities</p> | <p>Women and men of all ages from the disaster-affected and wider local populations, including vulnerable groups, receive information about the assistance programme, and are given the opportunity to comment to the assistance agency during all stages of the project cycle</p> <p>Written assistance programme objectives and plans should reflect the needs, concerns and values of disaster-affected people, particularly those belonging to vulnerable groups, and contribute to their protection.</p> <p>Programming is designed to maximise the use of local skills and capacities.</p> |

<sup>6</sup> Satisfaction will need to be defined in terms of access, safety, privacy, systems for cleaning etc.