

Multi-Country Evaluation of the UNICEF development program interventions in the domains of WATER, HYGIENE and SANITATION in Sierra Leone and SANITATION in Ivory Coast

Inception Report of the Summative Evaluation of the Accelerating Sanitation and Water for All (ASWA) program in Sierra Leone.

2012/13-2019



UNICEF Ivory Coast Contract n° 43288363 dated 15th December 2019

March 2020



Table of Contents

- Abbreviations and Acronyms4
- Executive Summary6
 - Key facts on the ASWA DGIS program in Sierra Leone.....8
- 1 Introduction - The “Accelerating Sanitation and Water for All” Programme in Sierra Leone.....10
 - 1.1 Country Context.....10
 - 1.2 ASWA Programme Context11
 - 1.3 Theory of Change13
- 2 Evaluation Context: ASWA (Sierra Leone).....16
 - 2.1 Purpose of the Evaluation17
 - 2.2 Evaluation Objectives.....18
 - 2.3 Scope of the Evaluation: ASWA (Sierra Leone).....18
 - 2.4 Evaluation Criteria.....19
 - 2.5 Evaluation Questions19
- 3 Methodology24
 - 3.1 Deliverables25
 - 3.1.1 Our Understanding, comments and suggestions on the TOR26
 - 3.1.2 Comment and Suggestions on the Scope of the Evaluation.....27
 - 3.1.3 The Evaluation Approach27
 - 3.1.4 Phases of Our Methodology28
 - 3.2 The phases of the Evaluation31
 - 3.2.1 Phase 1: Program inception31
 - 3.2.2 Phase 2: Secondary Document Review, Design and Pre-Tested Questionnaire and Sampling31
 - 3.2.3 Phase 3: Recruitment and Training of Field Staff and Field work Data Collection.....36
 - 3.2.4 Phase 4: Data processing and analysis phase.....37
 - 3.2.5 Phase 5: Findings and ‘sense-making’ workshop39
 - 3.3 Methods of Data Analysis39
 - 3.4 Limitations of the Evaluation41
 - 3.5 Ethical Considerations.....41
- 4 Workplan.....44
 - 4.1 Progress in the Implementation of the Assignment.....44
- 5 The Evaluation Matrix46
- Annexes.....47
 - Annex 1: The Evaluation Matrix.....48
 - Annex 2: Missing ASWA Baseline Information.....65
 - Annex 3: Baseline Indicators/ List of questions67
 - Annex 4: List of main documents reviewed75

List of Tables

Table 1: Key facts ASWA DGIS Sierra Leone 8
Table 2: Overview of evaluation Users and Uses 17
Table 3: Evaluation Criteria 19
Table 4: Methodological Stages/Phases, activities and Deliverables 29
Table 5: Proposed Sample and Fieldstaff teams for the ASWA Impact Evaluation 32
Table 6: Comparative Analysis of the Program indicator 39
Table 7: Evaluation Criteria Rating Matrix..... 40
Table 8: ASWA Sierra Leone Programme Effectiveness 41
Table 9: Key deadlines 44

List of Figures

Figure 1: Time series of the real GDP growth 10
Figure 2:Map of sites targeted by the ASWA programme (by district) 11
Figure 3:ASWA Theory of Change (Sierra Leone) 13
Figure 4:Methodological Flowchart..... 30

Abbreviations and Acronyms

ASWA	Accelerating Sanitation and Water for All (WASH Programme Sierra Leone supported by UNICEF)
CAPI	Computer Aided Personal Interviews
C4D	Communication for Development
CFS	Child Friendly Schooling (UNICEF)
CI	Côte d'Ivoire
CLTS	Community Led Total Sanitation
CSD	Child Survival & Development
DGIS	Directorate General for International Cooperation of the Netherlands
DHMT	District Health Management Team
DID	Difference in Difference
DHS	Demographic and Health Survey
EA	Enumeration Area
ERG	Evaluation Reference Group
EVD	Ebola Virus Disease
FGD	Focus Group Discussion
GDP	Global Domestic Product
GEROS	Global Evaluation Reports Oversight System
GoSL	Government of Sierra Leone
IP	Implementing Partners
JMP	Joint Monitoring Programme (WHO/ UNICEF international monitoring of access to WASH?)
KII	Key Informant Interviews
KRC 8	Key Result number 8 for Children (ending open defecation to allow children to grow up in a safe and clean environment)
M&E	Monitoring and Evaluation
MDG	Millennium Development Goals
MICS	Multi-Cluster Indicator Survey
NGO	Non-Governmental Organisation
NWSP	Sierra Leone National Water and Sanitation Policy (2010)
O&M	Operation and Maintenance
OD	Open Defecation
ODF	Open Defecation Free
PAPS	Participation, Attitude, Practice and Sustainability
PHAM	Hydraulic and Sanitation Program for the Millennium (CI)
PHC	Population and Housing Census (2015)
PHU	Public Health Unit
PME	Planning Monitoring & Evaluation
PPPHWS	Public Private Partnership Hand Washing with Soap
PRSP	Poverty Reduction Strategy Paper
PSEA	Prevention of Sexual Exploitation and Abuse
RISE	Réseau Ivoirien de Suivi et d'Evaluation
RSR	Real Simple Reporting (AKVO Platform)
SDG	Sustainable Development Goals
SHC	School Health Club
SL	Sierra Leone
SLEMEA	Sierra Leone Monitoring and Evaluation Association
SMC	School Management Committee
SODIS	Solar Disinfection
SPSS	Statistical Package for the Social Sciences
ToC	Theory of Change

ToR
UNEG
WASH
WBA

Terms of References
United Nations Evaluation Group
Water Sanitation and Hygiene
WASH Base-Line

Executive Summary

This report presents the methodology and work plan for the implementation of the Multi-Country Assessment of UNICEF's Water, Hygiene and Sanitation Programme interventions in Sierra Leone (and 8 other ASWA-DGIS-WCAR)¹. The plan for the evaluation of the Sanitation Programme in Côte d'Ivoire are described in a separate report².

The “Accelerating Sanitation and Water for All” (ASWA) Programme in Sierra Leone is implemented by UNICEF with support from the Directorate General for International Cooperation of the Netherlands (DGIS). The expected results of the DGIS/UNICEF Water, Sanitation and Hygiene (WASH) programme in Sierra Leone focus on sanitation, hygiene promotion and water supply interventions for communities and primary schools in Bonthe and Koinadugu districts. The main result of this programme is that the target population in the two targeted districts benefit from improved and sustainable access to water and sanitation and practices key sanitation and hygiene behaviours. This is expected to end open defecation and improve access to safe water supply in communities and schools, which is thus in line with UNICEF Key Result for Children (KRC 8) that aims to end open defecation to allow children to grow up in a safe and sanitised environment. The ASWA programme is implemented in the districts of Bonthe and Koinadugu (Konadugu and Falaba) and the Evaluation will focus on the whole WASH package delivered by implementing partners in the targeted communities in the two districts.

The evaluation was designed to cover the period between 2013 (year when the UNICEF Sierra Leone Country Office started supporting the Government of Sierra Leone (GoSL) in the implementation of the Program) to December 2019 (end date of the Program). The project was expected to contribute directly towards the achievement of UNICEF key result to end open defecation to improve children living environment both at home and in schools and thereby minimise water borne disease. It was also designed to help the GoSL to achieve the MDGs (2015) that targets water and sanitation. ASWA was later (in 2016) restructured to contribute to the SDGs 4 and 6 by enhancing access to safe water, safe learning environment through promotion of improved hygiene and sanitation practices.

The overall objective of the evaluation is to enhance accountability and organisational learning. The specific objective of this evaluation is to assess the relevance, efficiency, effectiveness and sustainability of the ASWA Programme as well as the extent to which it contributed to equitable results for children, women and vulnerable populations. Based on this analysis, the evaluation is meant to distil lessons learnt and to draw concrete recommendations that will guide present and future interventions.

This final version of the Inception report has integrated the various contributions received from the Evaluation Reference Group (ERG) during the Inception meeting held in Freetown on Friday 21 February 2020, and from the Regional and National UNICEF offices. The inception report is organised as follows:

¹ The “Accelerating Sanitation and Water for All” (ASWA) Programme in Sierra Leone. The Directorate General for International Cooperation of the Netherlands (DGIS). WCARO: West and Central Africa Region.

² Rapport de Démarrage de l'évaluation du Volet Assainissement du Programme d'Hydraulique et d'Assainissement du Millénaire (PHAM) en Côte d'Ivoire, PEMconsult, Janvier 2020

- An Introduction to the ASWA Programme is provided in Chapter 1 describing the Country and ASWA Programme Contexts and the Theory of Change;
- This is followed by a description of the Evaluation Context in Chapter 2 which highlights the purpose and scope of the evaluation together with the evaluation criteria and the evaluation questions;
- The Methodology we propose to use for the evaluation is described in Chapter 3. This includes our Understanding, comments and suggestions on the TOR; Comment and Suggestions on the Scope of the Evaluation; and the Evaluation Approach. The Evaluation is proposed to be carried out in six phases: Phase 1 (3 weeks) – Program inception; Phase 2 (4 weeks) – Secondary Document Review, Design and Pre-Tested Questionnaire and Sampling; Phase 3 (5 weeks) – Recruitment and Training of Field Staff and Field work Data Collection; Phase 4 (8 Weeks) – Analysis/ Synthesis of findings; Phase 5: Findings and ‘sense-making’ workshop (3 weeks) and finally Phase 6 - submission of Assignment completion Report. Chapter 3 also describes the Methods of Data Analysis and the Limitations of the Evaluation. During the inception phase both the “before and after” and “Random Control Trial” quantitative evaluation methods have been presented to the Evaluation Reference Group (ERG) and the Regional and Sierra Leone UNICEF offices for deliberation, as both methods present some advantages and inconveniences. A consensus has finally been reached on the use of the “before and after” method even though this approach limits the evaluation’s ability to assign the impact to intervention beyond all reasonable doubts, as it was generally accepted that it would be highly unlikely to be able to identify control groups without any WASH interventions.
- The Work Plan for the Evaluation is presented in Chapter 4 together with an update on the implementation progress of the assignment.
- Chapter 5 presents the Evaluation Matrix that forms the basis for our questionnaire design and methods of data collection. It presents, for each criterion, the questions to be answered both primary and secondary questions, indicators, the data collection methods, source of information and analysis approach that will be used to answer them. This matrix will be subject to final validation with the UNICEF program team before the operational phase of data collection.
- The Annexes include the revised Evaluation Matrix; details on the missing ASWA Baseline information; a checklist of the questions for the evaluation and the baseline information for Community/ Households; School water; School sanitation and Safe Water Points as well as sustainability aspects. Finally, a list of the main documents reviewed so far is also included.

The revised schedule for the assignment is presented below:

Phases	Activities	Deliveries	Deadlines
Phase 0	Mobilization	Contract	
Phase 1	Start-up phase, client meeting and documentary review Start-up report in final version on February 24, 2020	Draft inception report	January 31, 2020 (Draft inception report) ERG Comments on February 21st, 2020 February 24, 2020 (Final inception report)
Phase 2	Sampling, design and pre-testing of questionnaires	Final questionnaires and checklist of questions	March 24, 2020

Phases	Activities	Deliveries	Deadlines
Phase 3	Contracting and training of field enumerators, field work and data collection	Completion of data collection and cleaning	30 April 2020
Phase 4	Analysis of the data, synthesis of the draft program report	Draft program report	E-copy of the Draft Report shared to partners via email May 20, 2020 Comments received from ERG and other parties on May 4, 2020 Consolidation of amendments and comments, and integration in the report on June 11, 2020
Phase 4.1	Validation Workshop	Country report Review	Revised Draft final Report 30th June 2020
Phase 5	Analysis of the country report, sense making Workshop and final presentation of the report	Final draft Report	July 20, 2020
Phase 6	Submission of final mission completion report	Final evaluation reports, including key recommendations to inform policy, strategies and decision making	July 31, 2020

Key facts on the ASWA DGIS program in Sierra Leone

Key facts of the ASWA DGIS program in Sierra Leone are synthesized in the Table 1 below.

Table 1: Key facts ASWA DGIS Sierra Leone

Title of the project	Accelerated Sanitation and Water for All
Country	Sierra Leone
Donors	DGIS
Total Budget	US\$ 11,940,719.00
Duration of the funding	5 Years
Global Objective of the project	To achieve improved child health, survival rates and well-being and contribute to a reduction of diarrhoea incidence among children under age of five by accelerating the achievement of MDG 7
Main components of the projects (axis, results ...)	<p>ASWA key focus areas are:</p> <ul style="list-style-type: none"> • Accelerating sanitation and water coverage to meet MDG targets; • Strengthening national sector development; • Institutional strengthening and capacity building; and • Ensuring the sustainability of systems and behaviours. •

Beneficiaries (type and number)	<ul style="list-style-type: none"> • 355,883 people in 700 communities in the two target districts have sustainable access to basic sanitation at their home • 355,883 people in 700 communities in the two target districts are reached with hand washing promotion campaign, with increased accessibility to soap • 48,000 people served by 90 water points in the two target districts have sustainable access to improved water • 34,000 students in 170 primary schools in the two target districts have access to functional, child friendly WASH facilities
Implementing partners	<p>Implementing NGOs, Rural Sanitation Directorate, Directorate of public and environmental health, partners from decentralised technical bodies, the territorial administration, the water, hygiene and sanitation sector group, UNICEF, etc.).</p>

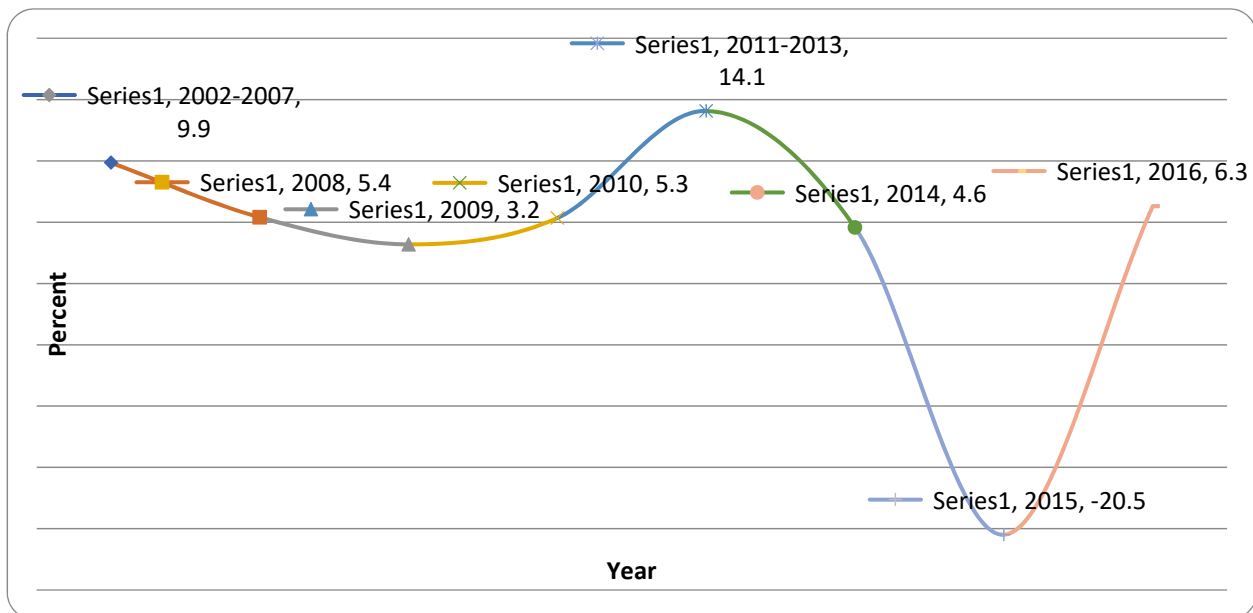
1 Introduction - The “Accelerating Sanitation and Water for All” Programme in Sierra Leone

1.1 Country Context

Sierra Leone is a small country located in West Africa with a population of about 7.1 million people (National Population and Housing Census 2015) It has a very low population density of 106 persons per Km². Its economy is among the smallest in the world with annual Global Domestic Product (GDP) in 2018 is estimated at about 4 billion Dollars and a national debt of 2.57 billion. The country has made significant progress from the fragile socioeconomic status precipitated by the 10 years rebel war that ended in 2002.

It’s real GDP growth has been on a positive rollercoaster of a typical fragile state before the unforeseeable shocks in 2014/15 (Figure 1). Figure 1 presents the time series of the real GDP growth between 2002/2007 and 2016.

Figure 1: Time series of the real GDP growth



Source Statistics Sierra Leone (2016)

Between 2002 and 2007, it averages at 9.9%, which was as a result of the return to national stability and economic activities and support for resettlement, rehabilitation and reconstruction activities with donor funding for the rehabilitation of the social infrastructure such as schools, clinics, roads and support for agricultural activities. The GDP levels-off between 2008 and 2010 averaging at about 4.2% nearing the GDP averages in sub-saharan Africa at the time was 4.5%.

The economy saw a bump between 2011 and 2013 with a GDP growth averaging 14.1% due to largescale mining. Sierra Leone was then considered as one of the fastest growing economies in the World. In 2014 and 2015, the ill-prepared country experience a twin shock of the Ebola and global slump in iron ore which was the single primary commodity that spined the growth between 2011 and 2013. The Sierra Leone economy saw a nose-dive in 2015 from a fall to 4.6% growth in 2014 to crashing fall of -20.5% in 2015,figure 1). This represent one of the biggest single dive in the world that was blamed to the Ebola epidemic and the sharp fall in iron ore.

The widespread Ebola epidemic was blamed largely to weak WASH services and the public knowledge, attitudes and practices in WASH. In addition high poverty rate has exacerbated these challenges. In 2005, 70% of the population could not afford basic necessities such as food, safe water and sanitation, shelter, good health, and basic education (PRSP I, 2005). In 2017, the incidence of multidimensional poverty (the proportion of people identified as multidimensionally poor) was 64.8 percent. This means that almost two-thirds of the population in Sierra Leone is identified as multidimensionally poor. The 2018 Sierra Leone Integrated Household Survey (SLIHS 2018) reveals that income poverty is still high, especially in rural areas. The overall poverty headcount ratio of the country is 57 percent, while the population in extreme poverty is 10.8%. Freetown accounts for the lowest poverty rate (18.5%), while other urban areas are estimated at 41.2%. In the rural areas, poverty levels are 72.4%.

Access to basic social services remain poor with less than 1% linked to the national grid and less than 35% having access to improved sanitation services (PHC 2015). About 48% of the rural population has access to improved water source compared to 76% in urban areas. Access to education facilities and health centers has improved but quality remains low, with vast disparity between urban and rural areas. The ASWA program in Koinadugu and Bonthe Districts operated in mainly rural areas.

1.2 ASWA Programme Context

Figure 2: Map of sites targeted by the ASWA programme (by district)

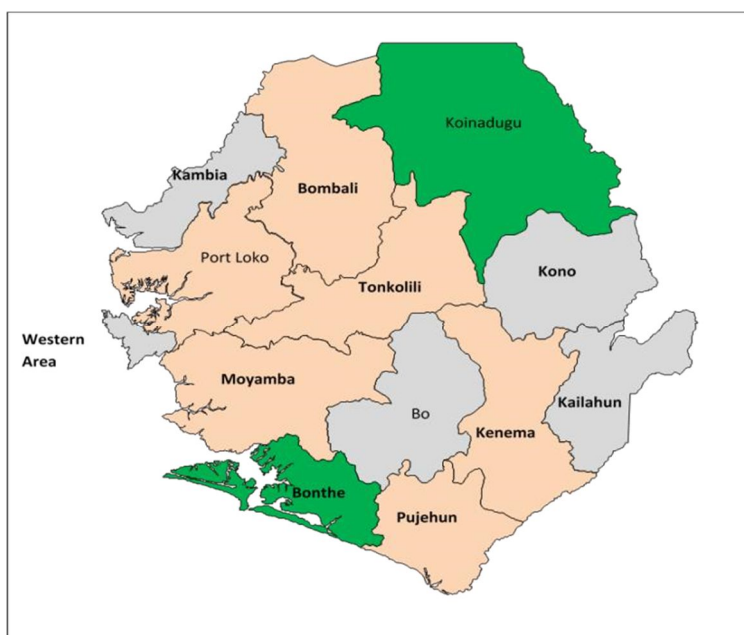


Figure : Map of sites targeted by ASWA (by District)

In 2010, data from the WHO/UNICEF Joint Monitoring Programme (JMP) indicated that Sierra Leone's progress towards achieving key 2015 Millennium Development Goal (MDG) Water and Sanitation targets was slow and that the country was at risk of not meeting the targets. The Sierra Leone National Water and Sanitation Policy (NWSP, 2010) had set national targets for sanitation (66%) and water supply access (74%) applicable to both rural and urban areas. The JMP data indicated there was a wide disparity between urban and rural access to improved

sources of drinking water. In rural areas, access to safe water needed to increase by 28% (from 35% to 63%), whilst the access in urban areas was already above the set target. Progress on sanitation was very low and off-track. According to the JMP data, to meet the 2015 target, sanitation coverage needed to increase from 23% to 61% in urban areas and from 6% to 53% in rural areas. As per the 2017 (latest) JMP source Rural Sanitation has only crept 8%. This is very low despite some progress in the implementation of the Community Led Total Sanitation (CLTS). Access to basic household sanitation has only marginally move to 27% and it has barely increased over the last 15 years. Substantial increase in sanitation activities will be needed for Sierra Leone

to move towards achieving the SDG targets of access to sanitation for all. The condition of WASH in Schools also needs to improve to achieve the SDGs, viz.: about 56% of the schools have access to basic water (2016) and about 40% have access to basic sanitation; 17% have handwashing facilities and less than 10% have access to menstrual hygiene management.

An estimated 46,000 deaths, 60% being children <5 are recorded every year due to illness relating to access to safe clean water, poor sanitation and hygiene practices in Sierra Leone . In the two districts, the situation is worsened by the high levels of illiteracy, repugnant traditional influences, and rural poverty and reflective in the low levels of investments in sanitation infrastructures at household levels, in public facilities, and the community in general. Open defecation (OD) is still widely practiced, and resultant effect is the occurrence of both vector and water borne related disease i.e. dysentery, diarrhea, and malaria commonly recorded in Public Health Unit (PHU) attendance data.

The DGIS programme is critical in addressing above gaps. Its outputs will directly contribute to the achievements of both country and global WASH key result areas of water, sanitation, hygiene, WASH in the institutions and WASH in emergencies. The program shall also fulfil the vision of realization of the human rights to water and sanitation. The proposed project interventions are aligned to Sierra Leone country office and government 2018/2019 signed rolling work plan. The thrust of the programme is to contribute to the reduction of services inequality between the urban and rural areas; for example, national access to improved water sources is 85% and 48% for urban and rural respectively and WASH gender related issues.

Besides addressing the WASH gap, this programme will also focus on addressing WASH gender issues related to women, boys and girls within the rural communities. The programme will therefore prioritize and work towards reducing the negative consequences attributed to lack and/ or inadequate provision of gender sensitive WASH services. Undoubtedly, lack of safe water supply makes women and girls walk long distances to collect water which in turn takes physical toll on them, especially pregnant women. A lack of access to suitable sanitation facilities results in women going for long periods without relieving themselves, damaging their health, and exposing them to the risk of assault as they search for privacy. Lack of WASH in schools causes girls to miss school days; makes students more vulnerable to harassment; and hinders children from gaining the knowledge, attitudes and skills they need for good personal hygiene and health. In addition, lack of adequate water in health care facilities, particularly for hand washing has been associated with high risk mortality among new-borns where mothers or birth attendants do not WASH their hand properly. The programme therefore prioritized the identification of gender information gaps as well as to ensure data is disaggregated. Women, men, girls and boys were also fully involved in the design, implementation and maintenance of WASH infrastructure and services.

The sustainability of the programme activities is anchored on the Sierra Leone sustainability compact which is an effort by the government to improve the functionality and use of WASH services in the country, including the strengthening of private sector and fostering Public-Private partnership and part of UNICEF efforts to improve sustainability in all its programme. UNICEF is also supporting the government in scaling up decentralized, participatory monitoring which brings together the devolved government leaders, technical teams, women and children in

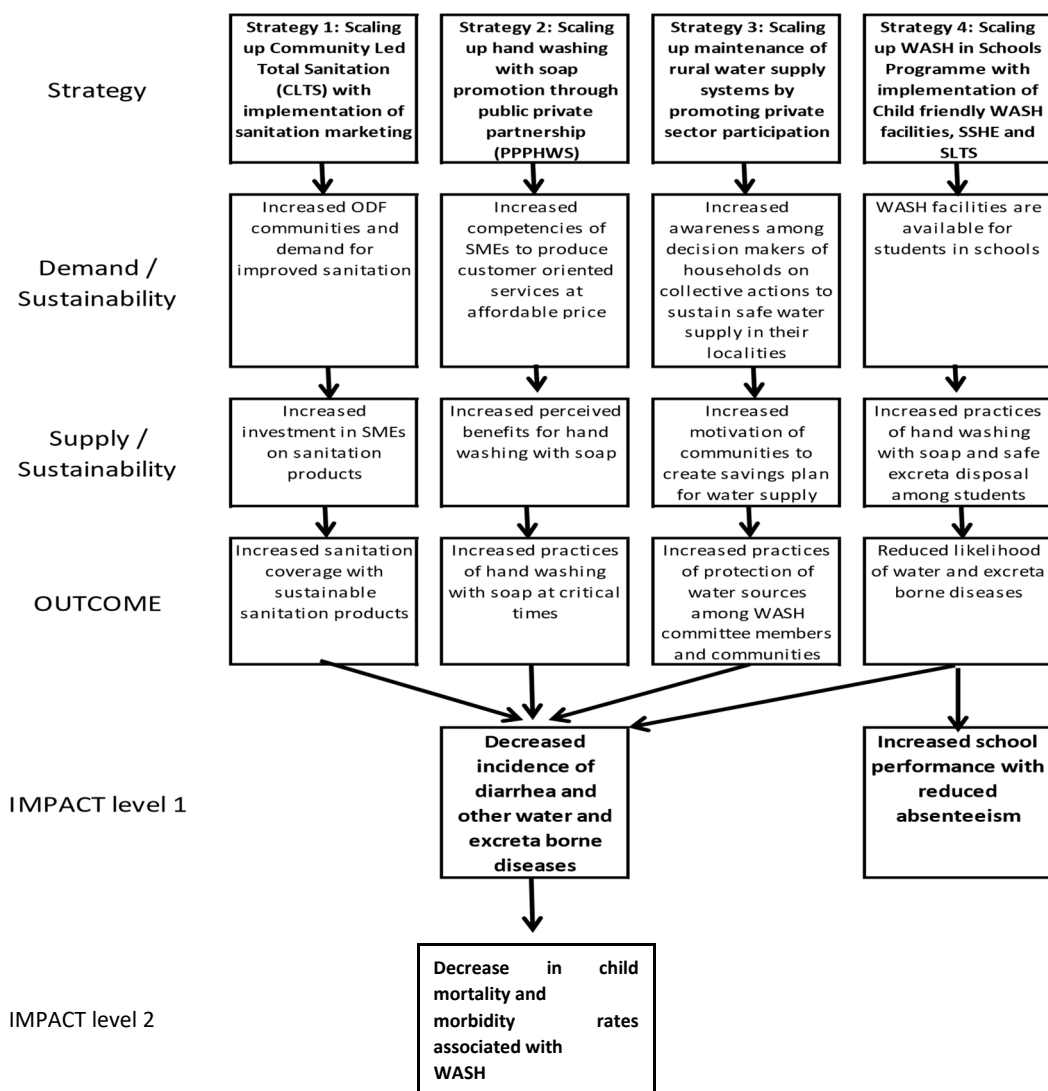
appraising the implementation processes as well as verification of the completed work before hand over to the government.

The project will contribute directly towards the achievement of SDGs 4 and 6 by enhancing access to safe water, safe learning environment through promotion of improved hygiene and sanitation practices. When achieved, it will contribute towards UNICEF KRC 8 to end open defecation that will ensure children have access to quality water and sanitation facilities in schools, separated and differentiated toilet for girls and boys, as a strategy for retention of girls in school and to improve learning outcomes as stipulated in the KRC 8 of UNICEF. The project also contributed to the government’s post Ebola recovery strategy under health, water and education pillars.

1.3 Theory of Change

UNICEF Sierra Leone as part of the ASWA strategic planning developed a Theory of Change to guide the implementation and the result thereof. The outcome mapping for the ASWA programme in *Figure 3* below illustrates the most likely steps on the pathway to community change and consequently desired health benefits having an impact on the lives of children.

Figure 3:ASWA Theory of Change (Sierra Leone)



Expected outcomes :

- 355,883 people in 700 communities in the two target districts have sustainable access to basic sanitation at their home
- 355,883 people in 700 communities in the two target districts are reached with hand washing promotion campaign, with increased accessibility to soap
- 48,000 people served by 90 water points in the two target districts have sustainable access to improved water
- 34,000 students in 170 primary schools in the two target districts have access to functional, child friendly WASH facilities as per the Ministry of Education Science and Technology (MEST) Minimum Standards
- 34,000 pupils in the above 170 primary schools improve their knowledge and behaviours in sanitation and hygiene both in their schools and at home

Expected outputs :

- 700 new Open Defecation Free communities
- 90 water points in the two target districts
- 170 primary schools in the two target districts with functional, child friendly WASH facilities as per the MEST Minimum Standards
- etc.

The estimated budget is US\$ 11,940,719.00 million, and will be financed as follows:

- Government of the Netherlands US\$ 9,429,323 million
- UNICEF contribution US\$ 1,419,926 million
- Government of SL US\$ 428,250

Local communities US\$ 663,220

The Program will be implemented in two administrative areas of Sierra Leone. They are: Koinadugu and Bonthe districts

Assumptions about change resulting in a desired outcome are derived from assessments of prior interventions on similar strategic approaches in Sierra Leone. These evidence-based assumptions include:

Scaling up Community Lead Total Sanitation (CLTS) and sanitation marketing (evidence based on CLTS evaluation and Sanitation marketing study):

1. That community are motivated to commit funds towards sanitation and move up the sanitation ladder;
2. That the local councils' authority on sanitation, the District Health Management Team (DHMT) commit to the process of implementing sanitation options and creating enabling environment to market sanitation products;
3. That the national government leads the process in revising and implementing the public health ordinance.

Scaling up hand washing with soap through public private partnership (evidence based on Knowledge, Attitude and Practice (KAP) studies and baseline survey of Public Private Partnership Hand Washing with Soap (PPHWS):

1. That national government commits to improving business environment on soap industries (i.e. tax reduction);
2. That small-scale enterprises access capital at affordable rate and markets are accessible;
3. That stakeholders in hygiene and sanitation coordinate closely under the guidance of the Ministry of Health and Sanitation (MOHS) and supported by the maintenance of rural water supply systems with increased participation of the private sector (evidence from hand pumps spares supply chain study);

4. That stakeholders will identify appropriate maintenance technology that is socially acceptable and affordable;
5. That Communities will be assisted by Local Councils to establish mechanisms to meet the costs of Operation and Maintenance (O&M) with the willingness and ability of the community to operate, maintain and manage the chosen option;
6. That the Government will provide sufficient support to institutions that train pump mechanics, operators and managers of community systems.

SSHE (Schools Sanitation and Hygiene Education) and water supply (evidence from PPPHWS study and the Child Friendly Schooling program (CFS)):

1. That School Management Committees' (SMC) and School Health Clubs' (SHC) ability to maintain sanitation and water facilities is sustained.
2. That stake holders will identify appropriate maintenance technology that is socially acceptable and affordable.
3. That catchment community have access to water and sanitation facilities to ensure the sequence of behaviour change of pupils both in school and at home.
4. That soap is available in schools.

2 Evaluation Context: ASWA (Sierra Leone)

In 2012/13, UNICEF Sierra Leone in partnership with the Government of Sierra Leone (GoSL) commenced support for the implementation of the programme titled: “Accelerating Sanitation and Water for All (ASWA) in Sierra Leone” in a bid to support the country to achieve the WASH-related targets of the MDGs and the then active Government Poverty Reduction Strategy Paper II (PRSP II). The goal of the programme is to achieve improved child health, survival rates and well-being and contribute to a reduction of diarrhoea incidence among children under age of five by accelerating the achievement of MDG 7³. The programme purpose is to accelerate water and sanitation coverage through four major areas of focus, namely:

- ✦ Accelerating sanitation and water coverage to meet MDG targets;
- ✦ Strengthening national sector development;
- ✦ Institutional strengthening and capacity building; and
- ✦ Ensuring the sustainability of systems and behaviours.

The programme outputs² are to achieve:

- ✦ Improved coverage in sustainable rural sanitation and water supply, including both domestic and institutional (schools);
- ✦ Improved drinking water quality;
- ✦ Improved hand washing and sanitation practices;
- ✦ Improved hygiene practices amongst students and teachers in rural schools;
- ✦ Enhanced WASH sector service delivery capacities

Specific interventions at the community level include support towards Community Led Total Sanitation (CLTS), hand washing with water and soap, access to improved water source and household water treatment, and WASH in Schools. It used the CLTS approach which was aligned to UNICEF Sierra Leone’s community engagement strategy for delivering community-based services. As mentioned above the ASWA program in Sierra Leone, as part of the DGIS WASH program is being implemented in the districts of Bonthe and Koinadugu (later split into Koinadugu and Falaba).

As of April 2019, 150 water points had been rehabilitated, 411,674 households reached with water treatment services using approved techniques (chlorine, filter, boiling, etc.), 900 communities supported to become open defecation free (ODF), 428 latrines and 214 water points constructed/rehabilitated in 214 schools. The programme supports the construction/rehabilitation of individual hand dug wells to improve access to safe water. However, in the course of the programme implementation, the method to achieve this objective was slightly modified to include the drilling of deeper and motorized boreholes with reticulation systems and capabilities as well as gravity flow schemes to serve surrounding schools, and communities from shared source. The programme ensures the sustainability requirements of WASH facilities and behaviour change are addressed as outlined in the sustainability compact. It is currently being

³ MDG7: Ensure environmental sustainability (specific target: to halve the proportion of the universal population without sustainable access to clean and safe drinking water and basic sanitation by 2015) ² The specific outputs with indicator values are outlined in annex two.

implemented by UNICEF, in collaboration with the GoSL, through non-governmental organizations (NGOs), local WASH partners and the private sector in the Bonthe, Koinadugu⁴ and Falaba districts.

The project is scheduled to close in December 2019. UNICEF has engaged the services of an external evaluation team to carry out the evaluation of the programme. The evaluation will focus on interventions supported by UNICEF and implemented by its implementing partners in the three districts (Koinadugu, Falaba and Bonthe). The evaluation team will be provided with a real time mapping of all interventions carried out by the UNICEF implementing partners and the program direct beneficiaries. The team will also be provided with all relevant contractual and programme documentation including copies of agreements, certificates of completions, training reports, field monitoring visit reports, quarterly program reports and real-time analysis data from the digital monitoring platform.

2.1 Purpose of the Evaluation

This summative evaluation has two main goals that are accountability and organizational learning in the field of sanitation and hygiene for PHAM and water, sanitation and hygiene for ASWA.

- In terms of **accountability**, the evaluation will allow for reporting on the results achieved by the two programmes vis-à-vis not only the two donors (European Union for PHAM and DGIS for ASWA) but also the populations that are supposed to benefit from their implementation.
- In terms of **organizational learning**, the purpose of this evaluation is to document good practices and lessons learned from the implementation of the two programmes to inform decision-making on scaling up the different approaches adopted during implementation and to formulate new strategies (or improve existing strategies).

The evaluation is designed to meet the information needs of its intended users as indicated in the Table 2 **Error! Reference source not found.** below.

Table 2: Overview of evaluation Users and Uses

Users	Uses Sierra Leone
- Water, Hygiene and Sanitation Programmes of UNICEF Country Offices in Sierra Leone	- Document lessons from and best practices that can inform future WASH program & replication
- Child Survival & Development (CSD); - Communication For Development (C4D) Programmes and Planning; - Monitoring & evaluation (PME) Section of UNICEF	- To incorporate best practice and draw on lessons learned to improve future interventions in sanitation & hygiene related behaviour change
- National level sanitation authorities	- Use lessons learnt from the innovative approaches employed in the two districts to inform development of national OD roadmap; - Use best practice lessons to accelerate CLTS implementation country wide towards national SDG targets;

⁴ Please see map in Annex III

Users	Uses Sierra Leone
	- Use the finding to adjust national CLTS strategy if necessary
- Territorial authorities	- Adjust district lead monitoring approaches to enhance quality program delivery and development of district lead sustainability plans
- Donors and other Development Partners (DGIS for ASWA)	- Influence the future DGIS design and scale-up of WASH Programmes; - Inform DGIS future allocation of financial resources in the WASH domain in the near future
- Partner NGOs and other Civil Society Organisations	- Strengthen capacity where it is lacking – especially on inculcation of community based sustainability of installed WASH facilities

2.2 Evaluation Objectives

This evaluation aims to achieve the following specific objectives:

- ✦ Document the achievements and challenges of the WASH component Sierra Leone (ASWA DGIS) but also among the remaining 8 countries targeted by the DGIS-funded regional programme (these will be the object of a desk review);
- ✦ Identify lessons learned at strategic and operational level;
- ✦ Document good practices in eliminating open defecation;
- ✦ Formulate recommendations for the consolidation of the gains of the CLTS approach as well as in respect to scaling up the best practice;
- ✦ Contribute to the strengthening of national evaluation capacities.
- ✦ Assess the extent of coverage of the programme interventions in relation to WASH programme related needs both in terms of geographic coverage, and numbers of children and women supported as against numbers of children and women in need;
- ✦ Assess the quality of the services provided, in relation to relevant national and international standards, giving special attention to humanitarian and gender quality benchmarks;
- ✦ Assess the effectiveness of programme partnerships and coordination, particularly between UNICEF and its implementing partners and all partners working in WASH programming at local, district and national levels;
- ✦ Assess the relevance and effectiveness of the various strategies and approaches employed by UNICEF partners during each stage of the programme life-cycle;
- ✦ Assess the social appropriateness and acceptability of the programme design and approaches and explain related beneficiary and stakeholder perceptions in this regard and in terms of the overall programme;
- ✦ Assess the extent of programme compliance to the UNICEF policy and guidelines on the prevention of sexual exploitation and abuse (PSEA).

2.3 Scope of the Evaluation: ASWA (Sierra Leone)

Thematic scope The evaluation will focus on the whole WASH package delivered by implementing partners in the targeted communities in the three districts.

Geographical scope: In Sierra Leone, the DGIS WASH program is being implemented in the districts of Bonthe and Koinadugu (later split into Koinadugu and Falaba). As of April 2019, 150 water points had been rehabilitated, 411,674 households reached with water treatment services using approved techniques (chlorine, filter, boiling, SODIS), 900 communities supported to become open defecation free (ODF), 428 latrines and 214 water points constructed/rehabilitated in 214 schools. The evaluation will focus on interventions supported by UNICEF and implemented by its partners in these three districts. **Chronological scope:** The evaluation will cover the period between 2013 (year when the UNICEF Sierra Leone Country Office started supporting the GoSL in the implementation of the Programme) to December 2019 (end date of the Programme).

2.4 Evaluation Criteria

The evaluation of the sanitation component of the PHAM project in Ivory Coast will be guided by 4 OECD criteria and the cross-cutting issues of Gender, Equity and Human Rights and that of the Sierra Leone Program will be guided by 6 (5 OECD-DAC + 1 additional).

Table 3: Evaluation Criteria

PHAM Côte d'Ivoire	ASWA (Sierra Leone)
1. Relevance	1. Relevance
2. Effectiveness	2. Effectiveness
3. Efficiency	3. Efficiency
4. Sustainability	4. Sustainability
<i>Cross-cutting issues of Gender, Equity and Human Rights</i>	5. Gender, Equity and Human Rights
	6. Impact

While the evaluation in Sierra Leone will be guided, among others, by the impact and gender, equity and human rights criteria, the evaluation in Côte d'Ivoire will not include the impact criterion due to the lack of data on the long-term effects of the programme. In addition, the evaluation in Côte d'Ivoire will not include the gender, equity and human rights as a criterion per se but it will consider this to be a cross-cutting dimension of the data collection and analysis underlying all the other criteria.

2.5 Evaluation Questions

In order to achieve the goals of the evaluation, the evaluation team should address the following questions (grouped by criteria). Some of the questions will be common to both evaluations (this will be clearly indicated by the boxes at the top of each criterion).

I. Relevance

To what extent the interventions design are appropriate and aligned with the existing strategies, guidelines, national plan of action etc.? To what degree the interventions meet the needs of the communities and users particularly women, children, vulnerable and deprived populations in the poor remote areas? To what extent the WASH programme design and implementation are aligned with UNICEF's renewed focus on equity?

- 1.1. To what degree were the different needs of men and women and the specific needs of children (girls and boys, persons with disabilities, elderly people, marginalised households) identified during the design of the two programmes? What were these needs?

- 1.2. To what extent did the ASWA Programme respond to these identified needs prior to the start of activities in the field?
- 1.3. To what extent was the capacity of the communities to operate and maintain during the implementation of the WASH package (ASWA) taken into account in the design of the project?
- 1.4. To what extent were the programme intervention strategies appropriate to promote a collective awareness to improve WASH knowledge, attitudes and practices (ASWA)?
- 1.5. Was the program design adequate to bring about the intended results – outputs, outcomes and impact?
- 1.6. Was the programme theory of change and processes adequate to measure its outputs, outcomes, and impact? Were expected results clearly stated and measurable through identifiable indicators?
- 1.7. To what extent was the distribution of roles and responsibilities among key implementation stakeholders appropriate for the achievement of expected results?
- 1.8. To what extent were the programme interventions age and gender appropriate?
- 1.9. To what degree were the programme interventions culturally and socially appropriate?
- 1.10. Were the programme management arrangements and institutional framework adequate to bring about the desired change?
- 1.11. How appropriate and aligned are the programme interventions to the needs as expressed in relevant UNICEF Sierra Leone Country Programme Documents, KRC 8 on ending Open Defecation and access to basic water supply in schools and the Government national and subnational plans, International policy and standards?
- 1.12. Were the programme purpose and overall objectives consistent with and supportive of the UNICEF Sierra Leone Country Programme Documents (2010 – 2014; 2015 - 2019); National WASH Sector Strategic Plan (2010); Government Poverty Reduction Strategy Papers (2008-2012; 2013-2017); Sanitation and Water for All commitments; National Decentralisation Policy (2004); District Development Plans; DGIS policy priorities?
- 1.13. To what extent were beneficiaries involved in the development and implementation of the programme?
- 1.14. To what extent did the programme reach all the targeted geographical areas and population groups?

II. Effectiveness

- 2.1. To what extent have the expected results of safe and ending open defecation in communities and schools of ASWA programme been achieved?
- 2.2. How do key sanitation indicators change in the targeted districts compare with the baseline?
- 2.3. What are the intended and unintended results in terms of improving the WASH status (ASWA) among the targeted women, children and communities?
- 2.4. What internal factors to UNICEF (including the programme monitoring and evaluation mechanisms, the level of key actors' participation and ownership, the quality of service delivery and demand for services with consideration of equity and gender) contributed to

or hindered the successful attainment of the expected results? Which factors were the most important?

2.5. What external factors to UNICEF (e.g. political, emergency or socio-cultural barriers) contributed to or hindered the successful attainment of the expected results? Which factors were the most important?

2.6. How do changes in key WASH and health-related indicators in the targeted districts compare with those in the control districts, over the programme timeframe?

2.7. How has the programme contributed to improvement in the skills and knowledge of beneficiaries and platforms?

2.8. How extensive, effective, and efficient was the transfer of knowledge and skills?

2.9. How effective was partner collaboration with local, district and community structures and how did this contribute to the results achieved?

2.10. What affected the approach adopted by UNICEF and its implementing partners and how did UNICEF and its partners address these barriers?

III. Efficiency

3.1 To what extent have human, financial and material resources been: i) adequate (in quantity); ii) sufficient (in quality) and iii) distributed / deployed in a timely manner for the implementation of the programme? To what extents beneficiaries contribute to the program implementation; What mechanism used for the procurement on goods and services? What is the unit cost of delivery of good and services and how cost-effective is it?

3.2 What is the programme cost per beneficiary?

3.3 To what extent did programme interventions overlap with or duplicate similar interventions funded by other agencies (Contamination)?

3.4 How strong was partnership with the private sector and what were the efficiency gains?

3.5 How appropriate were the technologies used and to what extent did they result in efficiency gains?

IV. Sustainability

4.1 To what extent did the programme identify and build on existing national and local, civil society and government capacities, structures and mechanisms?

4.1.1 To what extent the ASWA WASH interventions have contributed to ensuring sustainable access to improved source of safe water, improved sanitation and hygiene promotion in schools, health institutions and communities?

4.1.2 To what extent the programme or some parts of the programme are ready to be scaled-up?

4.2 To what extent were the programme achievements sustained and for the most recent ones how will they be sustained when external support ends?

4.3 How can stakeholders (primary and secondary) ensure programme achievements are sustained?

4.4 What new capacities or mechanisms were established or restored at national, district or community levels?

4.5 To what extent are these capacities and skills being actively used and what are the indications of sustainability?

- 4.6 What are the main strengths and challenges in respect to the sustainability of the programme achievements at the community and institutional levels?
- 4.7 What new governance instruments were established or updated (e.g. sector policies, strategy, plans, standards and guidelines) and to what extent are they being used and producing results?
- 4.8 To what extent have UNICEF and its implementing partners ensured government, district and community ownership of the programme?
- 4.9 To what extent have the capacities of national and local government (district and town councils), relevant line ministries, agencies, departments, structures (e.g. sector working groups) been built and positioned to effectively implement similar programmes. To what extent have systems been strengthened?
- 4.10 To what extent do partners, especially government have the financial capacity and resources to sustain the programme benefits?

V. Gender, Equity and Human Rights

- 5.1 To what extent did the design of the two programmes address gender, equity and human rights issues including the particular situation of vulnerable households (elderly persons, persons living with disabilities, very poor household)?
- 5.2 To what extent were vulnerable/marginalized women, children, people living with disabilities, elderly people, child and female headed households as well as vulnerable/marginalized communities reached by the programmes and their specific barriers of access to the provided services addressed?
- 5.3 To what extent did the programme interventions respond to issues of gender, age and socio-economic differentials between and within population groups in the target areas?
- 5.4 How has various equity gaps, changed over the programme lifespan? What is the contribution of the programme to these changes? To what extent have disparities in urban and rural access to improved sources of drinking water and access to sanitation been impacted?
- 5.5 To what extent did the programme interventions target specific vulnerable and underserved areas of the country for significant acceleration of water and sanitation coverage and improved hygiene and sanitation practices?
- 5.6 How strong was the integration of gender, child protection and education with WASH programming and what were the successful integration strategies used?
- 5.7 To what extent have instruments and platforms (e.g. institutional, legal, regulatory frameworks and policy etc.) supported by the programme helped address the specific needs of the disadvantaged groups?
- 5.8 To what extent did the programme contribute to protecting children, boys and girls of different ages?
- 5.9 How and to what extent did UNICEF and partners' interventions contribute to addressing gender issues and the prevention of sexual exploitation and abuse?

VI. Impact

- 6.1. To what extent has the incidence of diarrhoea among children been attributed to the ASWA's WASH Interventions?

- 6.2. ~~To what extent have the programme contributed to changes in the diarrhoea morbidity among children under age of five in the target communities?~~
- 6.3. What is the programme contribution to the decentralisation of WASH functions at local government level?
- 6.4. To what extent and in what ways have programme interventions contributed to changes in direct and targeted government funding allocations for water, sanitation and hygiene?
- 6.5. To what extent have the programme contributed to improvements in WASH management and maintenance systems at community, district and national levels.

3 Methodology

The evaluation will cover the period between 2013 (year when the UNICEF Sierra Leone Country Office started supporting the GoSL in the implementation of the Programme) to December 2019 (end date of the Programme). The evaluation will take into consideration the current total population and population groups of interest to UNICEF in the three districts. The 2015 National Census population projections indicate that in 2019, Koinadugu (before it was split) will have an estimated total population of 456,140 (226,832 female and 229,308 male); and number of children under age five of 52,214 (25,964 female and 26,250 male). Other estimates based on the census put children under age one at 18,246, pregnant women at 18,702 and women of child bearing age at 101,263. The National Census population projections put the 2019 total population of Bonthe at 219,218 (110,164 female and 109,054 male); and number of children under age five at 30,344 (15,243 female and 15,101 male). Other estimates based on the Census put children under age one at 8,329, pregnant women at 8,537 and women of child bearing age of 46,224.

Although the evaluation will attempt to gauge the impact of the program on the entire target population, it will place emphasis on the impact of the program on children (girls and boys) under age five, adolescent girls and boys, and women. Given this, it will assure the optimal participation of children under age five, adolescent girls and boys and women by ensuring that their opinions on their priorities needs, and on the program design, results and challenges are fully captured. The evaluation will also ensure the participation of other stakeholders including male household heads, out-of-school children, local community leaders, members of WASH management committees, teachers, school management committee members, community health workers, health facility staffs, and religious leaders.

The evaluation will be conducted using a participatory and inclusive approach to provide relevant answers to key evaluation questions. It will be conducted according to [UNEG Norms and Standards for Evaluation](#). It will integrate human rights, gender and equity in accordance with the [relevant UNEG guidelines](#) and will be conducted in accordance with the UNEG [Code of Conduct](#) and [Ethical Guidelines](#) for Evaluation.

The evaluation will be based on mixed methods of data collection and analysis. Relevant data should be collected from programme beneficiaries and key implementation stakeholders and partners (implementing NGOs, Rural Sanitation Directorate, Directorate of public and environmental health, partners from decentralised technical bodies, the territorial administration, the water, hygiene and sanitation sector group, UNICEF, etc.).

The Secondary data collection/desk review will include a review of programme reports; surveys and monitoring reports; reports of similar evaluations, research and studies; and databases. The Desk Review should include other 8 countries that form part of DGIS funded ASWA Programme (Benin, CAR, Côte d'Ivoire, Ghana, Guinea, Liberia, Mali and Mauritania). The documentation in question, which will be made available by the Regional Office, would consist of 18 reports: the evaluation team would need to consult two reports for each one of the 8 countries. The two documents, which will make the object of a comparison, would be the original program proposal developed by each country in 2013 and the consolidated report published in 2018 which cover the last five years of implementation. For Sierra Leone, the most recent Sustainability Check will also be made available to the evaluation team.

Primary data collection will involve qualitative and quantitative data collected through household surveys, key informant interviews, focus group discussions, community meetings, and observation. . The evaluation team is expected to engage relevant stakeholders including staffs of the Ministry of Water Resources, District and Local Councils, and the Ministry of Health and Sanitation.

The triangulation of data from the different sources will be performed to guide the elaboration of evaluation findings.

The evaluation team will present in the following chapters a detailed evaluation methodology that uses mixed methods and rests on the collection of quantitative and qualitative data designed to provide quality data that adequately respond to the evaluation purpose and objectives. Where relevant, the sampling technique should involve representative sampling adequate to detect changes using appropriate descriptive statistics. The Evaluation Reference Group (ERG) consisting of UNICEF, Statistics Sierra Leone (the country's Central Statistics Office), Ministry of Planning and Economic Development, Ministry of Water Resources and Ministry of Health and Sanitation officials will review and approve the sampling strategy and if necessary propose modifications or changes.

The evaluation team will obtain ethical clearance from the Sierra Leone Ministry of Health and Sanitation and respect the ethics of research while working with diverse population groups. The team will respect the right of institutions and individuals to provide information in confidence and ensure that sensitive data are not traced to their source

3.1 Deliverables

Building on the Terms of Reference, the desk review and preliminary interviews, the evaluation team has produced the present **inception report** incorporating the contributions received from the ERG during the Inception meeting held in Freetown on Friday 21 February 2020, and the National and Regional UNICEF offices.

The evaluation team is furthermore expected to produce the evaluation report not exceeding **150 pages** (without Annexes) and including an **executive summary** of maximum 5 pages. All paragraphs shall be numbered, and every conclusion and recommendation will need to make explicit reference to the paragraph number which they are based on. The evaluation team will make sure to follow the UNICEF [Evaluation Reports Standards](#), as well as the [checklist](#) used for the independent assessment of the quality of UNICEF evaluation reports (meta-evaluation) through the Global Evaluation Reports Oversight System (GEROS).

The main conclusions and recommendations of the evaluation will be disseminated in the form of "**policy brief**" of no more than 5 pages.

The evaluation report **validation workshop** will serve as an opportunity for the development of the action plan for the implementation of the main recommendations of the evaluation or "management response".

In addition, a **session to share lessons learned** from the management and conduct of the evaluation with the "Emerging Evaluators" and members of the Sierra Leone Monitoring and Evaluation Association (SLEMEA) in Sierra Leone) will be organized to contribute to strengthening national evaluation capacities.

3.1.1 Our Understanding, comments and suggestions on the TOR

This section reiterates our understanding, comments and suggestions in our technical proposal and validations based on our engagement with UNICEF’s country offices in Sierra Leone and Cote D’Ivoire. Our understanding of the ToR is that the evaluation principally will be based on a summative evaluation of the “Accelerating Sanitation and Water for All (ASWA)” Program in Sierra Leone. In addition, the literature review will assess the ASWA programs in the other eight WCAR countries based on program completion reports or evaluations of these respective countries’ WASH programs. We further understand that the purpose of this evaluation is to promote accountability and organisational learning within and between the countries’ programs, which is broadly speaking deals with development aid governance.

In our understanding, development programs’ evaluation, and summative evaluation, in particular are to respond to two key fundamental questions, viz. why — and to what extent — intended and unintended results were achieved or not and what can we learn from it to advance program administration and governance? To answer these fundamental questions, we intend to use a mix-method approach with systematic and rigorous process, unstructured and structured enquires and analysis that should provide credible, useful evidence-based information that will enable a timely incorporation of its findings, recommendations and lessons into the decision making processes of UNICEF and its stakeholders. The evaluation will thus analyse the level of achievement – including both expected and unexpected results by examining the results chain, processes, contextual factors and causality using appropriate criteria such as relevance, effectiveness, efficiency, accountability, transparency, impact and sustainability.

In our understanding, the ToR emphasises that the evaluation should adopt the norms and standards of UNEG (2016) evaluations, which include normative indicators such as objectivity, usefulness, credibility, ethics, independence, right based and gender sensitive approaches, etc. We understand, that the community-led total sanitation (CLTS) strategy/approach is inclusive and community-driven, which put the beneficiaries/people at the driving seat and at the centre of these interventions that should be conducted through a systematic facilitation process. Based on our understand, the thrust of this strategy is to bring about behavioural change towards households’ adoption of appropriate sanitation technologies, hygiene and sanitation practices through the capacity building of local actors (bricklayers and youth associations) and the strengthening of community dynamics to ensure the involvement of different stakeholders in the implementation, monitoring and sustainability of the program’s achievements.

In our understanding, the target communities are facilitated to gradually achieve and own the sanitation outcomes through (i) identification and pre-triggering, (ii) triggering and (iii) post-trigger monitoring including sustenance of an ODF-free status and learning as to why communities revert to ODF status. Unlike Cote d’Ivoire where the traditional log-frame was formulated, in the Sierra Leone program, we understand from the TOR that this program adopts the contemporary Theory of Change (ToC), In our view, the evaluation process should be able to review these conceptual frameworks in relation to the institutional and management structures of the program implementation and outcomes. It is our view that this process assessment will throw light to the programs administrative and governance systems that might provide evidences of the programs’ effectiveness, efficiency, transparency and accountability – besides the gender, equity and human rights perspective.

3.1.2 Comment and Suggestions on the Scope of the Evaluation

The ToR for this evaluation is detailed, clear and specific in its scope, rigor, depth, utility and deliverables of the assignment. It also attempts to a very significant extent to propose the criteria and details questions they want the evaluators to answer and the approach and methodology to be used for the assignment. The ToR thus meets the norms and standards for a deep and rigorous evaluation that should be able to generate evidence-based information to inform decision-making and desired actions.

Our comments and suggestions will thus focus on the approach and sampling technique, which was part of our technical proposal and will be discussed in the next section. As mentioned earlier, the approach proposed for the evaluation is a summative evaluation approach, which traditionally is based on an end-line type evaluation to learn from what works well or not during the complete course of the intervention. However, before the end-line of any program there are chain of activities that leads to where the program is at the end. These formative processes are crucial in a summative evaluation. A key question in this formative process or stages is: how are these stages assessed? In conventional program management, this process or result chain are checked and balanced through routine monitoring and /or evaluation of the program.

In effect, formative evaluation enables evaluators to learn from the program routine monitoring and feedback and from the program administration. Thus, our approach will combine a detailed review of the formative evaluation scheme of this program to draw lesson that will inform both the summative evaluation preparation and the management and governance system of these programs. Another key part for the summative evaluation would be the availability of baseline information or data before any meaningful interventions. It will also be important to learn from baseline approach and design i.e.: is the baseline survey based on the basic *before and after* or on a *randomised control trials* (RCT) to determine the counterfactual effect that can be assigned to the program? As discussed in the phase 4 of our proposed methodology, it is impossible to adopt a controlled treatment quasi-experimental approach due to contamination to the control and/or the treatment.

We learnt during the inception engagement that a WASH baseline was conducted in 2016 that covers all districts in Sierra Leone including Koinadugu and Bonthe – the ASWA programme Districts. The ASWA program drew from the WASH baseline (2016) for the program baseline study. This national baseline can therefore be used as a basis for a *before and after* analysis of the evaluation. In our methodology discussed in the next section we proposed to draw from this baseline sampling and targeting technique for the ASWA evaluation survey to be able to determine the program impact.

3.1.3 The Evaluation Approach

The evaluation approach will be based on *treatment-controlled trials* drawing from the WASH baseline survey and Waterpoint mapping (2016) on the one hand and other the end line survey drawing from indicators measured in the baseline (72 indicators⁵) and additional 19 indicators left-out in the baseline survey. These 19 indicators are presented in Annex B. The additional indicators deal with households (HH) water quality (from the MICS 2017) and per capita use (Routine Monitoring data from AKVO), safe transportation and storage of water and sanitised

⁵ ASWA baseline report drawn from the WASH baseline Survey and Waterpoint mapping (2016)

uses, Schools' WASH, Safe Water coverage and board areas and incidence of Diarrhoea among other fives in households, etc.

The rational of using a control trial is that:

- i. It is possible to identify similar communities, chiefdoms and two districts outside the intervention areas (Bonthe and Koinadugu) from the national WASH baseline Survey that could be used as de facto control areas; and
- ii. The adoption of control trials approaches will enable us to assign the impact to the program assuming all are equal.

However, the approach to this national WASH Baseline Survey was based on a quantitative approach using structured questionnaires. Qualitative techniques such as the focus group discussions (FGD) and unstructured key informant interview, we proposed to adopt to enable us to provide more view of the situation as well as to get evidence-based data on some qualitative indicators of the evaluation criteria.

Our proposed evaluation approach will thus be based on a mix method of techniques. This inclusive mix of methods aim at engaging all stakeholders (Primary and Secondary), which include community-level stakeholders (households and primary school pupils/teachers in communities), implementing partners (NGOs and contractors), executing agencies (UNICEF and Government) and key informants (Local Councils, head teachers, opinion leaders in the community, (nurses, mamy queens), etc.) to learn from them what has worked well or not, and the benefits or not thereof.

The evaluation will also combine *formative and summative* evaluation. The former will be based on a literature review of monitoring and evaluation reports to support routine decision-making of program management including implementing partners and the executing agencies. The summative evaluation as mentioned above will draw from interdisciplinary techniques (quantitative and qualitative techniques). The quantitative approach will be based on structured questionnaires similar to the baseline survey. For the qualitative enquiry we intend to use semi-structured questionnaires for both the key informant interviews (KII) and focus group discussions at district- and at community level. In summary, our approach will use a participatory formative and summative approach and will be drawing from quantitative and qualitative approaches for evidence-based data collection.

3.1.4 Phases of Our Methodology

Our methodology is based on a systematic technique using a methodological flowchart (*Figure 4*). The figure presents the step by step stages/ phases of our combined methodology, with all the cross-cutting activities common for the evaluations of both the Sierra Leone and the Cote d'Ivoire programs. The two countries evaluations are designed to be managed in parallel with one central control/leadership and two separate team leads to enhance effectiveness and efficiency in the rolling-out of the evaluation (see flowcahart below). The flowchart allows unitary management of the two country teams for the evaluation. It distinguishes the expected deliverable in each of the stages of the methodology for each team of these countries program. The common stages of the methodology based on the phases proposed in the ToR are reiterated below:

1. Phase 0: Mobilisation
2. Phase 1: Client engagement, inception work, and desk review
3. Phase 2: Sampling, questionnaire designs, pre-test of questionnaires;

4. Phase 3: Recruitment and training of enumerators, pilot and fieldwork;
5. Phase 4: Data analysis, synthesis of the findings and reports;
6. Phase 5: Review of the country draft reports and carrying out a 'Sense Making' Workshop;
7. Phase 6: Preparation of Final Evaluation Reports

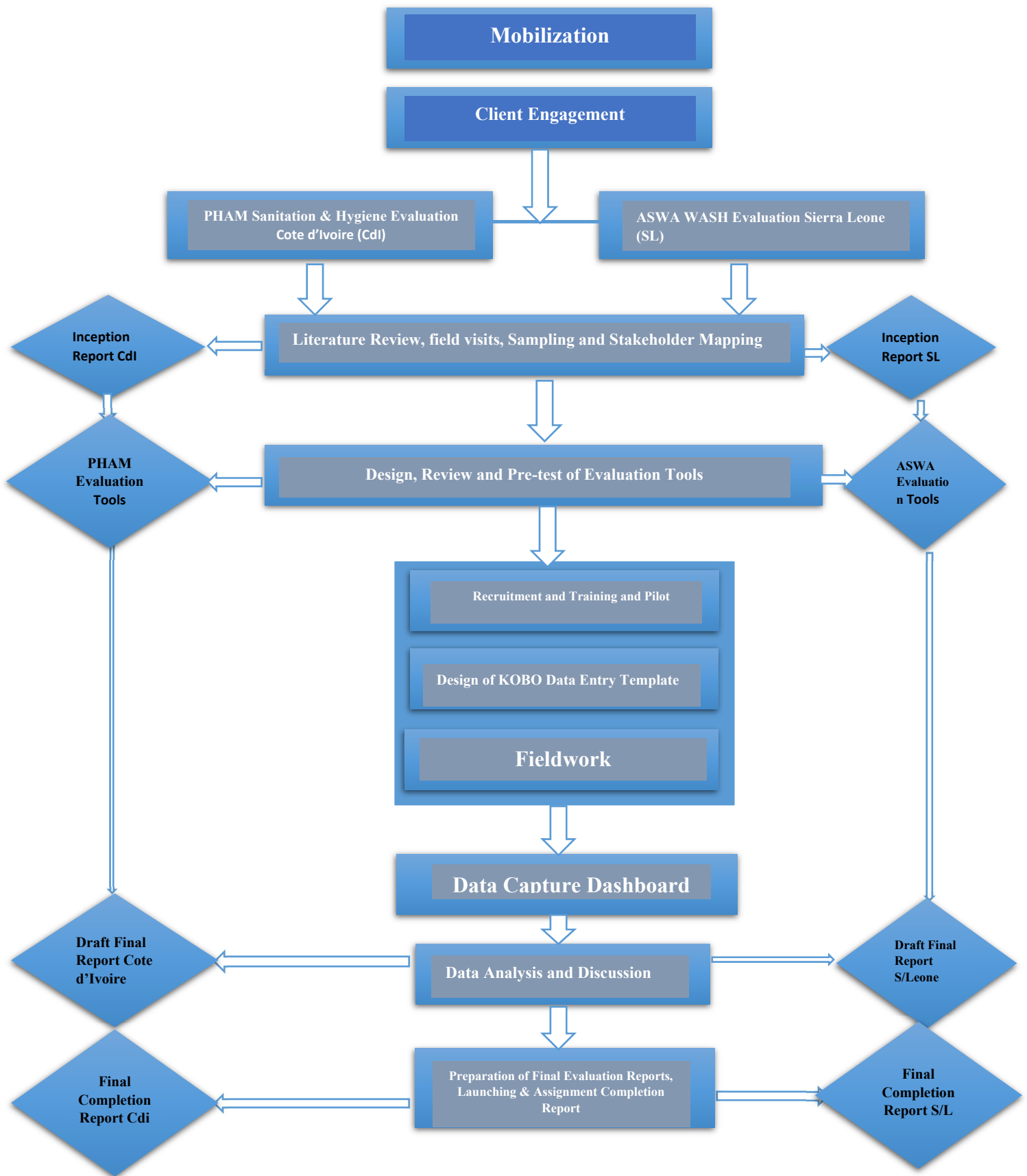
Table 4 presents the proposed stages or phases and expected deliverables of these evaluation activities. These stages, and activities are reflected in the flowchart (Figure 4) for each of the country evaluations.

Table 4: Methodological Stages/Phases, activities and Deliverables

Phases	Activities	Deliverable
Phase 0	Mobilisation	Contract
Phase 1	Mission's Inception, Client engagement and Document/Literature Review	Inception Report, End of February 2020
Phase 2	Sampling, Questionnaires designs, pretesting of questionnaires	Final Questionnaires and Checklist of questions Early March 2020
Phase 3	Recruitment and Training of Enumerators, Fieldwork and Data capture	Populated Survey Database, End of April 2020
Phase 4	Data Analysis, Narrative and synthesis of the findings	Draft Report, Late May 2020
Phase 5	Review of country Narrative Reports and carrying out a validation at country level and Sense Making Workshop at WCAR level.	Final Draft Report, Mid June 2020
Phase 6	Submission of Mission Completion Report	Final Evaluation Reports including Key recommendations to inform Policies and decision-makers Mid July 2020

The methodological flowchart is presented including a detailed narrative of the activities of the methodology in the next sub-section.

Figure 4:Methodological Flowchart



3.2 The phases of the Evaluation

These phases of our methodology discussed here is for the ASWA Sierra Leone evaluation. In what follows we discuss the various stage of the methodology

3.2.1 Phase 1: Program inception

At the onset of this evaluation, the core Evaluation Team members from each country visited the UNICEF country offices and participated in a kick-off meeting. A series of individual meetings with relevant staff and board members have also been held to maximise the opportunity of being at UNICEFs offices to clarify expectations and agree on the themes on which the evaluation should focus. Moreover, available data and documents were identified and obtained, as well as fieldtrips were decided and agreed.

The kick-off meeting and its associated consultations agreed on:

Evaluation approach and methodology, including proposed rating matrix and data analysis methods;

Documents and data sources were provided;

Respondents to be interviewed were agreed, as well as a mechanism for engaging with respondents;

Confirmation of the theories of change and their reconstruction for the evaluation;

Validation and agreement on the focus of evaluation questions;

Agreement on time frames and deliverables; and

Anticipated structure of the final report.

After the kick off meeting, the Evaluation Team might consider on the basis of a reconstructed theory of change to formulate a revised or rather additional set of evaluation questions, and indicators to be answering the evaluation questions.

This draft program inception report was produced as an outcome of the inception visit. This final version has integrated the various contributions received from the ERG during the inception meeting held in Freetown on Friday 21 February 2020, and the the National and Regional UNICEF offices.

3.2.2 Phase 2: Secondary Document Review, Design and Pre-Tested Questionnaire and Sampling

The Evaluation Team will conduct a document review, data analysis and portfolio analysis. This will begin with an analysis of the central UNICEF/ country offices database and documents as secondary sources. The background documents on the implementation of sanitation and hygiene programs for Water, Sanitation and Hygiene for ASWA in general and in particular documents related to the objectives of the evaluation mission. The reports on routine monitoring and evaluation will form a key part of this document review. It will thus be a wide consultation of documents related to water, hygiene, sanitation for the well-being of the child, women and youths in its design, implementation, results, management, coordination and monitoring and evaluation, viz.:

- Descriptive document of the programs;
- List of communities, districts and the program beneficiaries regions/ communities;
- Periodic monitoring activity reports for the different phases of program implementation;
- Completion report of the phases of the program on accountability and organizational learning in the field of sanitation;

- Monitoring reports, supervision and evaluation of the 3 phases of program implementation;
- Report of the steering committee meetings;
- Conventions established in the framework of the programs;
- UNICEF country strategy document and other partners involved in the sanitation and hygiene sector;
- Bureau of statistics reports such as National Census, Demographic (DHS) and Health Surveys, Multi-Clusters Indicators Surveys (MICS), etc.
- National reports on sanitation and hygiene in the community environment, district or region;
- Press articles and publications, etc.

We expect to obtain most of this information from UNICEF program management team and Implementing Partners (IPs), national institutions in charge of sanitation and hygiene and other implementing partners. Document analysis grids will be used to synthesize the information obtained for the analysis. The review will also highlight methodological and good practice documents related to performance measurement frameworks and improvement on the existing strategies.

3.2.2.1 Sampling, Questionnaires designs and pre-test of questionnaires

Sampling The ASWA, Sierra Leone, WASH program was implemented in Koinadugu/Falaba and Bonthe Districts. The population of the 2 districts were; Koinadugu, 456,140, and Bonthe, 219,218, which means that the sample frame constituting the total population of 675,358 in the 2 districts should have been estimated using sampling techniques proposed in our methodology (see PEM consult Technical proposal). However, ASWA benefited from a WASH baseline Survey and waterpoint mapping conducted in 2016. This WASH baseline survey data formed the basis of the ASWA baseline report including data from the DGIS and MICS (2017).

The sample for the WASH baseline survey for Koinadugu and Bonthe targeted 600 households and 30 clusters or enumeration areas (EAs) drawn from the 2015 Population and Housing Census (PHC 2015), see the table below. For symmetric purposes, the same sample size in the WASH baseline Survey (2016) will be used i.e. 600 households and 30 clusters/ EAs in both Koinadugu and Bonthe. The quasi-experimental approach has de-emphasised due largely to contamination of the control groups and or the treatment. This is because consensus around adopting a quasi-experimental approach was not decisively reached during the engagement of the ERG at UNICEF Sierra Leone, on Friday, 21st February, 2020. Overall there is a very strong doubt on how to eliminate subjects contamination in both the control and or the treatment. Failing to eliminate contamination will throw big doubt on the quasi-experimental impact evaluation. We still open the door for further room for discussion with regional ERG contribution and suggestions in this concerns about this gold-standard of impact evaluation. Table 5 below has removed the control sample.

Table 5: Proposed Sample and Fieldstaff teams for the ASWA Impact Evaluation

Treatment Districts	Population	Sample Size	Enumeration Areas	Enumeration Teams
Koinadugu	456,140	600	30	1 team*
Bonthe	219,218	600	30	1 team
Total	475,358	1,200	60	2 teams

*A Team Comprises of 5 persons including 1 Supervisor & 4 Enumerator .

As illustrated in the Table above, the ASWA survey will engage 2 teams of 5 field staff in the ASWA District. The 10 persons strong fieldstaff will comprise two teams of 5 persons i.e. one supervisor and two structured and two semi-structured (FDGs) interviewers. The KII will be conducted by supervisor. The team composition will ensure gender balance with equal number of young graduate youths of both female and males to be engaged and trained for the fieldwork.

3.2.2.2 Questionnaires design

As mentioned the ASWA evaluation will involve the use of structured and semi-structured questionnaires/checklist for focus groups discussions (FGD) and for key Informant Interviews (KII) to capture information required to meet the objectives of this summative evaluation. As the programs implemented involved a number of agencies and stakeholders including the Ministries, local government authorities and community people, the FGD questionnaire will capture all these interest groups. In this regard two sets of questionnaires will be developed and finalized together with stakeholders for the ASWA, Sierra Leone evaluation, i.e. Community/households' and Schools structured questionnaires and checklist questionnaire for the focus group discussions at community-level. This checklist will also be used for Key informant in the communities and district level. As mentioned above, the structured interviews will adopt the baseline sample (600 HHs and 30 EAs) per district, to be based on a before and after comparison. The FDGs will be conducted in only the 60 EAs.

The Structured questionnaire: The ASWA program reportedly conducted a "WASH baseline survey (WBS) and a water point mapping in 2016". The questionnaire developed was a structured one targeting households and schools. According to the baseline report (2016) the potential indicators to be analysed and reported on in the ASWA program were prepared in 2014. A total of 129 indicators were identified on this list of which 91 indicators were deemed relevant for the ASWA program baseline survey in Sierra Leone. The indicators captured in the baseline were 72 indicators (See Annex A) that were captured in the WBS (2016). The proposed end line survey for the summative evaluation will target the 91 indicators, and will include the 72 captured in the WBS (2016) and 19 indicators not captured.

The WBS questionnaire attached in Annex A is structured based on the following themes:

- Community/households and schools water supply and use
- Community/ household and school sanitation (ODF and attitudes around ODF)
- Community/households' Hygiene (hand WASHing with Soap practices)
- Safe water point functionality – survey sites and broad area
- Safe water (basic and safely managed) coverage in the 2 districts based on the waterpoint

- Sanitation programming effectiveness

- Sanitation programming efficiency
- Educational and health outcomes
- Sustainability of Water Supply:
 - i. Maintenance and repair systems
 - ii. Community management
 - iii. Governance issues
- Sanitation Improvements Sustainability
 - i. Community Management

This structured questionnaire will be designed around the above described thematic areas to be compared with the baseline survey to determine the impact of the ASWA program. In addition to the above, the questionnaire designs will include relevant questions that respond to the evaluation criteria (Relevance, effectiveness, efficiency, gender and equity, sustainability and impact discussed above) and respondents' scores on satisfaction/happiness with the intervention and the services it provides that will be rated on the Likert scale 1 – 5 (1 very unsatisfied, 2- Unsatisfied 3-somehow satisfied, 4 - satisfied and 5 very satisfied). In addition, Participation, Attitude, Practice and Sustainability (PAPS) will also be collected using semi-structured questionnaires as discussed below: This PAPS checklist will be used to complement the questionnaire checklist of the Evaluation criteria.

The checklist questionnaire: This questionnaire is a checklist of questions and issues to be discussed with community leaders and interest groups in a focus group discuss (FGD) setting. Four FGDs will be targeted that will include i) chief and elders, ii) Youth group, iii) school pupil, and iv) the physically challenge and Women's groups. For the diverse groups such as youths and school pupils with both females and males will be isolated to discuss sensitive female or men issues, as they arise in the checklist or will be asked for their consent whether the sensitive questions can be asked freely. In addition, we shall identify and conduct KII for Women leader, Girls' leader in a school and Disable,

The questions will cover similar evaluation themes (Relevance, effectiveness, efficiency, equity and gender, sustainability and impact) as well as key questions related on PAPS (participation, attitudes, practices and sustainability) which are key to the evaluation exercise. The PAPS checklist presented below is not a replacement of the primary evaluation questions checklist but merely a secondary checklist to reinforced the evaluation enquiry. The PAPS questions checklist is added as a complement to the questions checklist in the evaluation criteria, for areas not sufficiently covered in the evaluation criteria checklist, especially in the areas of participation and sustainanbility. The PAPS checklist is preseted below:

Participation (of the local communities and stakeholders), were they:

- Aware of the program?
- Aware of the type of work being done and location?
- Aware of or part of the priorities' assessment and selection?
- Aware of the type of technology being used in the community?
- Part of the selection of program managers/implementing partners?
- Trained on program design and implementation?
- Aware of government approval?
- Aware of the interest of special groups such as the disabled, youths and women considered?
- Aware of government involvement or approval of the program?

Attitudes (are the local people...?):

- Contribute to the program inputs
- Working for the program
- Happy with the program
- Happy with the implementation of the program

- Beliefs support the program
- Telling others about program
- The program objectives were met
- Think the fund was adequate
- Think the program implement strategy was appropriate
- Satisfied with the outcome

Practices (uses of the facilities):

- Before the program what were you using for ---
- What are you using now...
- Do you think program facilities are of a better quality compared to what you used to have
- Can you use the program facilities freely?
- What do you think may stop you from using the facilities?
- Are you required to pay to use the facilities?
- Has the condition of your life improved as a result of using these facilities?
- Are children healthier now?
- Do children attend and stay in school more than before?

Sustainability (Lessons learned)

- Is the program closed now?
- What about the program facilities, are they still of good quality?
- Is there any arrangement for sustaining these facilities?
- Who is funding the sustainability plan?
- Are there people in this community who can use the technology or manage (operate and maintain) the program output?
- Are there other ongoing programs in this community providing the same or similar services/ facilities?
- Lessons learned around Design and Management, Role conflict resolution mechanisms, and Funding/budget constraint, Operation and Maintenance (O&M), Monitoring and Evaluation (M&E).

3.2.2.3 PRE-TEST OF QUESTIONNAIRES

The structured and semi-structured questionnaires will be developed and input will be sought from the client and other partners to produce a comprehensive draft of these questionnaires for final review, approval by the client and a pre-testing. The pre-test will be carried out to test the appropriateness of the questions and to some extent the implementation plan as well to identify possible challenges. All aspects of the survey such as the computer aided personal interview (CAPI facility) the transportation and field arrangements will be tested to determine their suitability for the exercise. The pre-test will help to review our questionnaires as well as our implementation plan to maybe increase the response rate and minimize errors in the main exercise.

Our proposed approach for the data collection of the evaluation tools will employ computer-aided personal interviews (CAPI) using open source data collection platforms such as Kobo-toolbox (kobo-collect)⁶. The Kobocollect dashboard will be used to create and share the surveys tools to the enumerators and to remotely monitor data that comes in from the field.

⁶ Kobo Toolbox is a suite of tools for field data collection for use in challenging environments. This open source data collection platform is simple, robust and powerful tools for data collection that is used in the most demanding context of program data collection. It is one of most used data collection and monitoring platforms to capture data for programs in developing countries.

The data will virtually be examined to ensure data quality checks and for cleaning the data. The Kobocollect software also provides instant reporting templates and an analysis platform. Our proposition for using Kobocollect is that, it has strong safeguard against data loss over a very long period with no third-party interference of the program data.

The proposed use of Kobocollect is essential for household data collection by installing the kobo app on phones or tablets of the enumerators and exporting the surveys (questionnaires) to their phones for the fieldwork. The evaluation might want to interview Key informants such as Program Management Units, NGOs, implementing partners, line ministries etc. Kobocollect's linking of the evaluation tools for such key informants can be sent to them irrespective of which part of the world they might be at the time the enumerators or others might want to interview them and not having to wait for their return for filling in the questionnaire.

The only visible drawback of Kobocollect is using it for focus group discussions data capturing due to the fact that enumerators will have to type using their hands which would slow down the data entry and possibly also leaving out vital information. There is also the possibility of using the Dutch AKVO platform and tools, AKVO Flow and RSR, which is currently being used by the UNICEF country office in Sierra Leone, provided permission is granted to the evaluation team.

3.2.3 Phase 3: Recruitment and Training of Field Staff and Field work Data Collection

This phase will focus on consultations with implementing partners, end-beneficiaries and other key stakeholders/informants, site observatory visits and fielding of the survey (structured and semi-structured interviews). This phase has two stages that are discussed below:

i. Recruitment and Training of field staff

As discussed in phase 3.2.2.1 the sample sizes will be drawn based on the sample and target EAs in the WASH baseline Survey (2016). This will comprise of **1,200** respondents in 60 EAs in two districts (two treatment districts) in Sierra Leone. A team of data collectors will be recruited for Sierra Leone. These field staff teams will comprise of 5 (4 enumerators and a supervisor) in each team to cover the 30 EAs. One set of two enumerators will conduct the enumeration of 600 households and the other 2 enumerators will conduct 120 FGDs per cluster. It was agreed that 4 Focus Groups will be formed per EA as follows: i) Chief and elders; ii) Youth Groups (young females and males); iii) Women and Physically challenged people and iv) pupils (girls and boys). Special attention will be paid to women leaders, disabled leaders and girls leaders in schools during the KII to have their voices fully covered. It is also planned that, for heterogenous groups where women are involved, sensitive women questions will be put on the parking lot for a separate engagement with women only.

It is planned that the supervisors will conduct the KII at district and EAs levels. A total of 10 enumerators and 3 supervisors will be recruited and trained. The final list of enumerators and supervisors will be 10 (2 supervisors and 8 enumerators). This fieldstaff numbers assumes that we will be conducting treatment-controlled surveys. . In any respect, we assume the Field staff will do 20 households (HH), 5 KII and 4 FDG per day. This will translate to one EA per day and 30 days of data collection.

A 7-days training of data collectors will be done in Sierra Leone. This is designed to cover interpretation of the questionnaires (both the structured and semi-structured), the use of Tablet for the structured questionnaires and manual data capture using FGDs, and 2 pre-tests days. The training will introduce the survey and its methodology and will specifically focus on the data collection approaches and interview techniques (such as how to administrate structured questionnaires, Key informant interviews and focused group discussions) that will be used for the evaluation. The training will also thoroughly go through mobile data collection skills using kobo collect. The sessions will be participatory and interactive and will involve role plays, quizzes as well as tests to screen for the best. The first two days focus on structured questionnaires and one day pre-test. The second stage of the training will be devoted to the semi-structured interviews and it will also take two days and one day for pre-test.

A one-day pilot surveys will be conducted with the enumerators to assess the skills earned by the data collectors as well as to validate the questionnaires.

ii. Fieldwork and Data Capture

Team supervisors will be responsible for the daily monitoring of the fieldwork. The supervisors are expected to observe interviewers' skills and performance and do re-interviews especially the first week of the data collection as well as for regular spot checks. During the fieldwork period, each team will be visited multiple times by the district coordinators to monitor their progress as well as to perform quality control checks. We expect the fieldwork to take two weeks.

The structured interviews' data will be uploaded for the survey to the Kobocollect dashboard. Throughout the fieldwork, remote monitoring of the uploaded data will be done and field check tables, will be produced weekly for analysis and action with field teams. It is possible to view a map of the location of all the interviewed, view individual responses and download the data for further analysis.

Teams conducting focus group discussions will have an interviewer and notes' taker from the responses from the groups' discussions in a notepad. The responses should be specific to each question and capture the views of all members in the group.

3.2.4 Phase 4: Data processing and analysis phase

The analysis of the data from the evaluation survey that are captured in the dashboard for the structured questionnaires and recorded in the template for FGDs will focus on both the quantitative and qualitative aspects of the this summative evaluation. Regarding the qualitative analysis, it will be a content analysis of the information and data collected. This will cover descriptive data from individual and group interviews according to the following method:

- extraction for each theme of key information as expressed by stakeholders in terms of vivid explanations;
- the prioritization of this information according to their frequency of occurrence in each type of interview and in the whole;
- comparison between sources of information in order to identify divergences and convergences; by FDGs and KII, and

- the illustration of key lessons and messages that reflect as much as possible the perception expressed by the structures and persons met, the partners and potential beneficiaries of the implementation of the program actions.

A two stage qualitative analysis will be done. First is to assess frequency of responses and the likert scores relative to the criteria, for quantitative analysis. The second stage is qualitative to assess views expressed by FDGs and KII using a matrix that will illustrate messages or suggestion and lessons, and meanings in the life o the respondents.

In terms of quantitative analysis, SPSS/Stata and Excel software will be used to centralize, process and analyse data to calculate relevant indicators to the mission objectives and program log-frame and theory of change for Sierra Leone. The data will have been previously entered and cleaned before the analysis. The triangulation of the data will be highlighted during the analysis to ensure the quality of the information and to complete the various information obtained between them. This will verify if the information given by the different sources is consistent. In addition, the baseline and end-line data will be compared and depending on the adequacy of the both data, a difference in difference analysis to measure the counterfactual changes from the treatment and control that can be assigned to the ASWA interventions.

3.2.4.1 Phase 4.1: Analysis /Synthesis of findings

The information and findings emanating from the activities undertaken in Phases 2 and 3 will be analysed during this phase (Phase 4.1). The 91 relevant indicators including the 72 captured in the WASH baseline surveyed will be analysed. The first stage of the analysis will compare both baseline benchmark results to the end-line and with the control and the treatment. The second stage will analysis the evaluation criteria as discussed in benchmarking and rating system section each results of the survey will be checked for statistical significance. The third stage will measure the impact using a before and after estimator that will be used to determine the impact that can be assigned to ASWA program.

This will include the triangulation of findings from sources at different levels and of different types. These findings will be synthesised into clear, evidence-based conclusions. From this, the Evaluation Team will formulate strategic recommendations and lessons. The Evaluation Team will submit an interim report that encapsulates the initial findings and synthesis.

The missions in the two countries will prepare evaluation reports drawn from both the secondary and primary data analysis and key findings as mentioned above. The initial Draft Evaluation Reports will comprise the following sections:

- I. Aide-memoire or executive summary of the conclusions of the evaluation,
- II. Introduction and presentation of the Program,
- III. Reminder of the objectives and methodology of the evaluation
- IV. Main achievements of the Program
- V. Evaluation results (for each aspect to be assessed), lessons learned and challenges,
- VI. sustainability of the program's technical and material achievements by the community,
- VII. recommendations (in order of priority), perspectives,
- VIII. Conclusion, and

- IX. Annexes: case study (if possible), list of people met, bibliography and documents consulted, etc.

3.2.5 Phase 5: Findings and ‘sense-making’ workshop

The interim report will be used to guide the presentation and discussion of the evaluation findings at a proposed two-day finding and ‘sense-making’ workshop. This will provide the opportunity for the UNICEF’s country offices and a selection of its partners to validate and respond to the initial evaluation findings.

Prior to the Workshop, an electronic copy of the Interim/draft report will be shared to responsible persons for the evaluation review and relevant stakeholder for review, comments and make suggestions. Based on these reviews a final Draft Evaluation report will be prepared and a powerpoint presentation also prepared for the Sense Making Workshop of the key Findings of the Evaluation will be presented on a power point as we did in the inception workshop for the ERG. Further comments elicited from the workshop will culminate to the final Evaluation Report.

3.3 Methods of Data Analysis

The method system proposed will be based on three stage analyses

- i. Comparative Analysis of the baseline and end-line survey data based on the 72 indicators captured in the baseline
- ii. Analysis of the Evaluation Criteria and result matrixes, and
- iii. Impact Evaluation of the Program

Table 6 illustrates the Base and End lines data analyses framework. This matrix will provide comparative analysis of the base and end lines surveys’ results based on the 72 indicators identified in the WASH baseline Survey (Annex A). The second stage of the analysis will assess the evaluation criteria based on the respective respondents.

Table 6: Comparative Analysis of the Program indicator

Sector	Category	Indicator	Baseline Results		End-line Results	
			Treatment	Control	Treatment	Control
Community/Households Respondents						
School/Pupil-Teachers Perspectives						
Key Informant						

Table 7: Evaluation Criteria Rating Matrix

Evaluation Criteria	Indicators	Likert Score (1 – very unsatisfactory and 5 – very satisfactory)			Average Score
		Households	Pupil-teachers	Key Informant	
1. Relevance					
2. Effectiveness					
3. Efficiency					
4. Gender Sensitivity					
5. Sustainability					
6. Impact					

In addition to analysis the evaluation criteria, the ASWA program effectiveness will be assessed from the achievement of its key programme results based on the program document and theory of change (see table 6 below). The expected ASWA programme outcome and output indicators are reiterated here as follows:

Expected outcomes :

- 355,883 people in 700 communities in the two target districts have sustainable access to basic sanitation at their home
- 355,883 people in 700 communities in the two target districts are reached with hand washing promotion campaign, with increased accessibility to soap
- 48,000 people served by 90 water points in the two target districts have sustainable access to improved water
- 34,000 students in 170 primary schools in the two target districts have access to functional, child friendly WASH facilities as per the Ministry of Education Science and Technology (MEST) Minimum Standards
- 34,000 pupils in the above 170 primary schools improve their knowledge and behaviours in sanitation and hygiene both in their schools and at home

Expected outputs :

- 700 new Open Defecation Free communities
- 90 water points in the two target districts
- 170 primary schools in the two target districts with functional, child friendly WASH facilities as per the MEST Minimum Standards

A special attention will be paid on UNICEF KRC 8 to assess the extent of the ASWa program achievement of this result especially with respect to open defecation and its resultant effect on children sanitised environment both at home and in schools, and its benefit of reducing water borne diseases and learning outcomes for children.

The table below will be used to capture the expected result and the result actually achieve and the status relative to the expected and actual achievement.

Table 8: ASWA Sierra Leone Programme Effectiveness

Expected results	Results achieved	Status of the result
R 1		Reached
R 2		Partially reached
R 3		Not reached

The data to assess the above will be based on the formative M&E data sources and the sample surveys including structured and semi-structured interviews and field observations.

As discussed in Phase 4.1 the impact evaluation will be based on a before and after by both assessing differences in the baseline benchmarks outcomes to the summative evaluation survey outcomes. It is also possible for some statistically significant indication to assess the impact using an econometric model. Fundamentally this impact estimator using basic before and after estimator the outcome impact is necessary but not sufficient to be assigned to the program. It is thus a mere academic exercise that do not validate the actual impact of the program as discussed in section 3.4.

3.4 Limitations of the Evaluation

A key limitation of the evaluation is the timing of the baseline survey of the ASWA program in Sierra Leone. Our understanding is that the baseline was conducted in 2016 to formulate a national WASH benchmarks after the Ebola epidemic in 2015 to be used for a nation-wide benchmark for the SDGs and for the fight against water borne diseases and their attendant problems. This WASH baseline Survey (2016) was adopted for the ASWA baseline. The main limitation to the baseline survey is that it was conducted after a significant period (2013 – 2016) of the program implementation has elapsed and some meaningful interventions might well have been undertaken in the beneficiaries’ communities. This fundamentally undermined the basis of the WASH baseline survey (2016) adoption in ASWA program. One will also argue that the program suffered unforeseeable consequences in the Ebola outbreak (2013 – 2015) that revised some gains and also forced the program to stop implementation to devote effort to fight the Ebola Epidemic. In effect the 2016 WASH baseline should provide valuable data for a longitudinal analysis of the ASWA impact to be based on a before and after. Fundamentally, the before and after, estimators mainly needs two points in the time of the implementation for this estimate to be valid.

The ASWA program adopted the baseline benchmarks that measured the 72 ASWA indicators as they were at that point in time in 2016 for longitudinal data/indicators to be compared in 2020 to determine the program impact. A key fundamental challenge of the before and after estimator is that it will be impossible to assign the impact to the program beyond reasonable doubt.

3.5 Ethical Considerations

This section will highlight some of the ethical issues the evaluation team will adhere to during the course of this evaluation. Some of the ethics that the evaluation team will be strictly adhered are based on standards proposed by UNEG (2017), DFID (2015), USAID (2014), World Bank, etc. These among others are:

1. The evaluations in the two countries shall adhere to independent and objective principles of an evaluation.
2. Evaluation team shall adhere to high quality of service and good evaluation practices based on standards prescribed in United Nation Evaluation Group (UNEG),

3. Evaluation team shall be responsible for identifying the need for and securing any necessary ethics' approval for the study in the respective countries.
4. The evaluation team and representatives in fieldwork shall avoid harm to participants in studies including women and children.
5. Participation in evaluation should be voluntary based on informed consent, and the evaluators and representatives should ensure confidentiality of information, privacy and anonymity of study participants.
6. The evaluation team shall respect ethical consideration of women, girls and boys subjects of the evaluations
7. The evaluation team should operate in accordance with international human rights conventions and covenants to which the United Kingdom is a signatory, regardless of local country standards.
8. The evaluation team shall respect all sensitive cultural norms.
9. Research and evaluation should usually be independent of those implementing an intervention or programme under study.
10. The evaluation team shall have particular emphasis on ensuring participation from women and socially excluded groups.

Below are the norms and standards to be considered:

Norms and Standards for Evaluation (2016)

<http://www.unevaluation.org/document/detail/1914>

Global Evaluation Reports Oversight System (GEROS)

https://www.unicef.org/evaldatabase/index_GEROS.html

UNICEF UNEG Quality Checklist for ToR and inception reports

https://www.unicef.org/evaluation/files/UNICEF_UNEG_TOR_Checklist_updated_June_2017.pdf

Integrating Human Rights and Gender Equality in Evaluations

<http://www.uneval.org/document/download/1294>

<http://www.uneval.org/document/detail/1452>

UNICEF Report Standards Checklist for evaluation reports

https://www.unicef.org/evaluation/files/UNICEF_adapated_reporting_standards_updated_June_2017.pdf

UNEG Code of Conduct for evaluation in the UN system

<http://www.unevaluation.org/document/detail/100>

UNEG Ethical guidelines

<http://www.unevaluation.org/document/detail/102>

UNICEF procedures for ethical research involving children

[https://www.unicef.org/supply/files/ATTACHMENT_IV-](https://www.unicef.org/supply/files/ATTACHMENT_IV-UNICEF_Procedure_for_Ethical_Standards.PDF)

[UNICEF_Procedure_for_Ethical_Standards.PDF](https://www.unicef.org/supply/files/ATTACHMENT_IV-UNICEF_Procedure_for_Ethical_Standards.PDF)

https://childethics.com/wp-content/uploads/2015/04/ERIC-compendium-FR_LR.pdf

Gender and Human Right Sensitivity

The evaluation shall take into cognizance and incorporate the UN and UNICEF commitment to right-based, gender equality and equity approaches and analysis of findings. The findings and report of the evaluation shall accordingly reflect gender and child sensitive data and to a very large extent disaggregate data by gender, age and disability and for the socially excluded groups.

4 Workplan

The proposed workplan and deadlines for the key deliverables are listed in the table below. These timeline will be reviewed with UNICEF Sierra Leone and the Final workplan will be submitted. Note also that in phase 2 the final questionnaire will be based on the baseline survey and the Evaluation Criteria. This will be sent to UNICEF for review before the pre-testing of the final draft questionnaires and be modified accordingly. Any significant changes of the questionnaires will be communicated to UNICEF for their concurrence.

Table 9: Key deadlines

Phases	Activities	Deliveries	Deadlines
Phase 0	Mobilization	Contract	
Phase 1	Start-up phase, client meeting and documentary review Start-up report in final version on February 24, 2020	Draft inception report	January 31, 2020 (Draft inception report) ERG Comments on February 21st, 2020 February 24, 2020 (Final inception report)
Phase 2	Sampling, design and pre-testing of questionnaires	Final questionnaires and checklist of questions	March 24, 2020
Phase 3	Contracting and training of field enumerators, field work and data collection	Completion of data collection and cleaning	30 April 2020
Phase 4	Analysis of the data, synthesis of the draft program report	Draft program report	E-copy of the Draft Report shared to partners via email May 20, 2020 Comments received from ERG and other parties on May 4, 2020 Consolidation of amendments and comments, and integration in the report on June 11, 2020
Phase 4.1	Validation Workshop	Country report Review	Revised Draft final Report 30th June 2020
Phase 5	Analysis of the country report, sense making Workshop and final presentation of the report	Final draft Report	July 20, 2020
Phase 6	Submission of final mission completion report	Final evaluation reports, including key recommendations to inform policy, strategies and decision making	July 31, 2020

4.1 Progress in the Implementation of the Assignment

The progress attained to date in the implementation of the assignment covers the following phases or stages:

1. Phase 1: Assignment/program inception, and
2. Phase 2: Secondary Document Review, Design and Pre-Test Questionnaire and Sampling

Progress in the Inception

A very significant progress has been achieved during the inception phase. The thrust of these activities in the inception is to actualise our methodology base on realities and information of the ASWA program made available to us, especially the baseline survey report produced for the ASWA program drawing from the WASH baseline Survey data (2016). As discussed in section 3.2.1 the core Evaluation Team members from each country visited the UNICEF country offices and participated in a kick-off meeting. In Sierra Leone, the head of WASH and M&E Lead at UNICEF, Sierra Leone were met for this kick-off meeting. Key Ministries, Department Agencies (MDA) stakeholders including the Director and Deputy Director of Water Resources and Environmental Sanitation, respective at the Ministries of Water Resources and Health and Sanitation were preliminarily engaged and informed of the assignment.

At respective UNICEF offices we used the engagement to initially learn about the program and solicited relevant information to aid the documentary review. It was agreed at the UNICEF Cote d'Ivoire that a shared goggle drive will be used to share relevant information of the study. The evaluation team has also identified and source information from national studies in Sierra Leone such as DHS and MICS. In addition, the team also review questions raised for the evaluation in the evaluation criteria proposed by UNICEF and additional questions and proposed methodologies were introduced to respond to these key questions in the specific criterium i.e.: Relevance, Effectiveness, efficiency, sustainability, human right, equity and Impact.

In the review of literature, both the program and academic source literature were review for the inception stage to inform the preparation of the detailed methodology and analytic techniques, the limitations and ethics guiding the evaluation. In the ASWA program we proposed in our methodology to adopt a quasi-experimental approach based on control-treatment trial and Difference-in-Difference analytic techniques. A key deliverable of this inception is this draft inception report, which includes our detail methodology and draft workplan to accomplish this assignment.

5 *The Evaluation Matrix*

The questionnaire design and methods of data collection will be based in part to the evaluation matrix presented in Annex 1. It presents, for each criterion, the questions to be answered both primary and secondary questions, indicators, the data collection methods, source of information and analysis approach that will be used to answer them. This matrix will be subject to final validation with the UNICEF program team before the operational phase of data collection. There is still a debate between the core team as to what extent are we drawing from the evaluation criteria for the quantitative data collection. We strongly believe the evaluation criteria should be limited to the semi-structured FGDs and KII and the impact evaluation be determined by the structured questionnaires used in the WASH baseline. The later is strong for the fundamental underpinning of an impact evaluation and we recommend the adoption of these standards.

Evaluation Criteria	Key evaluation question	Secondary question, if relevant	Indicators	Method to collect information	Information Sources	Data analysis approach
Relevance	To what extent were the different needs of men and women and the specific needs of children (girls and boys, persons with disabilities, elderly people, marginalized households) identified during the design of the two programs? What were these needs?		To let various community groups be actively engaged in the programme right from the beginning and to carry out WASH baseline and end-line studies	KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings
	To what extent did the ASWA Program respond to these identified needs prior to the start of activities in the field?		TO let communities be actively involved right from start	KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings
	To what extent was the capacity of communities to support implementation of the WASH package (ASWA) taken into account in the design of the program?		Through engagement and active involvement of communities in the entire process the communities are strengthened and have gained a sense of authority and empowerment that can help them to build confidence in their own capabilities including behaviour change, e.g.	KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings

Evaluation Criteria	Key evaluation question	Secondary question, if relevant	Indicators	Method to collect information	Information Sources	Data analysis approach
			to OD			
	To what extent were the program intervention strategies appropriate to improve WASH practices (ASWA)?		TO use the CLTS strategy for the programme and other strategies that put emphasis on active community involvement and commitment in the entire process	KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings
	Was the program design adequate to bring about the intended results – outputs, outcomes and impact?		To establish habitual behaviour change from continued practice of good sanitation and hygiene Through engagement and active involvement of communities in the entire process the communities to strengthen and gain a sense of authority and empowerment that can help them to build confidence in their own capabilities including behaviour change, e.g. to OD	KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings
	Was the program logical framework and processes adequate to measure its outputs, outcomes, and impact? Were expected results clearly stated and measurable through		To use LFA and ToC to monitor whether e.g. assessments and risks	KII; FGDs; Interviews; Questionnaire, review of	Appropriate documents, statistic materials, M&E reports,	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews;

Evaluation Criteria	Key evaluation question	Secondary question, if relevant	Indicators	Method to collect information	Information Sources	Data analysis approach
	identifiable indicators?		are still valid	appropriate documents	interviews, etc.	Focus Group Discussions, and community meetings
	To what extent was the distribution of roles and responsibilities among key implementation stakeholders appropriate for the achievement of expected results?		To let various community groups be engaged in the programme through community elections and to have their other members and remaining communities represented	KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings
	To what extent were the program interventions age and gender appropriate?			KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings
	To what degree were the program interventions culturally and socially appropriate?		To improve health, nutrition, learning processes, and well-being of pupils at public primary schools To organize WASH behaviour training for school institutions To develop behaviour change communication	KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings

Evaluation Criteria	Key evaluation question	Secondary question, if relevant	Indicators	Method to collect information	Information Sources	Data analysis approach
			<p>tools</p> <p>To identify, strengthen and integrate local and mobile monitoring, evaluation and learning</p>			
	<p>Were the program management arrangements and institutional framework adequate to bring about the desired change?</p>		<p>To initiate private sector engagement to provide sustainable services.</p> <p>To develop district wide strategy WASH financing and provide guidance, e.g. cheaper rates for water to schools.</p> <p>To involve role models</p> <p>To advocate on increasing grant to schools</p>	<p>KII; FGDs; Interviews; Questionnaire, review of appropriate documents</p>	<p>Appropriate documents, statistic materials, M&E reports, interviews, etc.</p>	<p>Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings</p>
	<p>How appropriate and aligned are the program interventions to the needs as expressed in relevant UNICEF Sierra Leone Country Program Documents, Government national and sub-national plans, International policy and standards?</p>			<p>KII; FGDs; Interviews; Questionnaire, review of appropriate documents</p>	<p>Appropriate documents, statistic materials, M&E reports, interviews, etc.</p>	<p>Appropriate documents, statistic materials, M&E reports, interviews, etc.</p>
	<p>To what extent were beneficiaries involved in the development of the program?</p>			<p>KII; FGDs; Interviews; Questionnaire, review of appropriate</p>	<p>Appropriate documents, statistic materials, M&E reports, interviews, etc.</p>	<p>Appropriate documents, statistic materials, M&E reports, interviews, etc.</p>

Evaluation Criteria	Key evaluation question	Secondary question, if relevant	Indicators	Method to collect information	Information Sources	Data analysis approach
				documents		
	To what extent did the program reach all the targeted geographical areas and population groups?			KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Appropriate documents, statistic materials, M&E reports, interviews, etc.
Effectiveness	To what extent have the expected results of the program been achieved?			KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Appropriate documents, statistic materials, M&E reports, interviews, etc.
	How do key sanitation indicators change in the targeted districts compare with the baseline?			KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings
	What are the intended and unintended results in terms of improving the health and WASH status among the targeted women, children and communities?			KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings

Evaluation Criteria	Key evaluation question	Secondary question, if relevant	Indicators	Method to collect information	Information Sources	Data analysis approach
	What internal factors to UNICEF (including the program monitoring and evaluation mechanisms, the level of key actors' participation and ownership, the quality of service delivery and demand for services with consideration of equity and gender) contributed to or hindered the successful attainment of the expected results? Which factors were the most important?			KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings
	What external factors to UNICEF (e.g. political, emergency or socio-cultural barriers) contributed to or hindered the successful attainment of the expected results? Which factors were the most important?			KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings
	How do changes in key WASH and health-related indicators in the targeted districts compare with those in the control districts, over the program timeframe?		To establish an efficient M&E system	KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings
	How has the program contributed to improvement in the skills and knowledge of beneficiaries and platforms?			KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings

Evaluation Criteria	Key evaluation question	Secondary question, if relevant	Indicators	Method to collect information	Information Sources	Data analysis approach
	How extensive, effective, and efficient was the transfer of knowledge and skills?			KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings
	How effective was partner collaboration with local, district and community structures and how did this contribute to the results achieved?			KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings
	What affected the approach adopted by UNICEF and its implementing partners and how did UNICEF and its partners address these barriers?			KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings
Efficiency	To what extent have human, financial and material resources been adequate (in quantity), sufficient (in quality) and distributed / deployed in a timely manner for the implementation of the program?		To more effectively target and use of WASH capacity and financial resources to secure sustainable WASH outcome	KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings

Evaluation Criteria	Key evaluation question	Secondary question, if relevant	Indicators	Method to collect information	Information Sources	Data analysis approach
	What is the program cost per beneficiary?			KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings
	To what extent did program interventions overlap with or duplicate similar interventions funded by other agencies?			KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings
	To what extent did program interventions overlap with or duplicate similar interventions funded by other agencies?			KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings
	To what extent were the program achievements sustained and for the most recent ones how will they be sustained when external support ends?		To have communities be trained in the importance of maintenance and operation of WASH facilities and in behaviour change	KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings
	How can stakeholders ensure program			KII; FGDs;	Appropriate	Field visit (observation)

Evaluation Criteria	Key evaluation question	Secondary question, if relevant	Indicators	Method to collect information	Information Sources	Data analysis approach
	achievements are sustained?			Interviews; Questionnaire, review of appropriate documents	documents, statistic materials, M&E reports, interviews, etc.	15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings
	What new capacities or mechanisms were established or restored at national, district or community levels?		<p><i>To develop and disseminate evidence on tariffs and cost recovery</i></p> <p><i>To document high tariffs and disconnections due to non-committees and sub-payment of water</i></p> <p><i>To carry out civil society advocacy</i></p>	KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings
	To what extent are these capacities and skills being actively used and what are the indications of sustainability?	To establish a common M&E system and reporting system		KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings
	What are the main strengths and challenges in respect to the sustainability of the program achievements at the community and institutional levels?			KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings

Evaluation Criteria	Key evaluation question	Secondary question, if relevant	Indicators	Method to collect information	Information Sources	Data analysis approach
	What new governance instruments were established or updated (e.g. sector policies, strategy, plans, standards and guidelines) and to what extent are they being used and producing results?			KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings
	To what extent have UNICEF and its implementing partners ensured government, district and community ownership of the program?			KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings
	To what extent have the capacities of national and local government (district and town councils), relevant line ministries, agencies, departments, structures (e.g. sector working groups) been built and positioned to effectively implement similar programs. To what extent have systems been strengthened?			KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings
	To what extent do partners, especially government have the financial capacity and resources to sustain the program benefits?		Cost recovery planning is in place and operational	KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings

Evaluation Criteria	Key evaluation question	Secondary question, if relevant	Indicators	Method to collect information	Information Sources	Data analysis approach
Gender, Equity and Human Rights	To what extent did the design of the program address gender, equity and human rights issues including the particular situation of vulnerable households (elderly persons, persons living with disabilities, very poor household)?			KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings
	To what extent were vulnerable/marginalized women, children, people living with disabilities, elderly people, child and female headed households as well as vulnerable/marginalized communities reached by the program and their specific barriers of access to the provided services addressed?			KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings
	To what extent did the program interventions respond to issues of gender, age and socio-economic differentials between and within population groups in the target areas?		To empower girls/women through the program by being provided knowledge and tools to express their voices	KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings
	How have various equity gaps, changed over the program lifespan? What is the contribution of the program to these changes? To what extent have disparities in urban and rural access to improved sources of drinking water and access to sanitation been impacted?		To let not least girls contribute to reduce mobility, and mortality associated with diarrheal disease, malnutrition and other WASH related diseases To make pupils aware of sexual reproductive	KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings

Evaluation Criteria	Key evaluation question	Secondary question, if relevant	Indicators	Method to collect information	Information Sources	Data analysis approach
			<p>health through the established health clubs</p> <p>Through education in nutrition to get healthier pupils than before</p> <p>To let girls/women be empowered through the program by being provided knowledge and tools to express their voices</p>			
	<p>To what extent did the program interventions target specific vulnerable and underserved areas of the country for significant acceleration of water and sanitation coverage and improved hygiene and sanitation practices?</p>		<p>To establish habitual behaviour change through continued practice of good sanitation and hygiene</p> <p>Through engagement and active involvement of communities in the entire process to strengthen communities and let them gain a sense of authority and empowerment that can help them to build confidence in their own capabilities including behaviour change, e.g. to OD</p>	<p>KII; FGDs; Interviews; Questionnaire, review of appropriate documents</p>	<p>Appropriate documents, statistic materials, M&E reports, interviews, etc.</p>	<p>Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings</p>

Evaluation Criteria	Key evaluation question	Secondary question, if relevant	Indicators	Method to collect information	Information Sources	Data analysis approach
	How strong was the integration of gender, child protection and education with WASH programming and were the successful integration strategies used?			KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings
	To what extent have instruments and platforms (e.g. institutional, legal, regulatory frameworks and policy etc.) supported by the program helped address the specific needs of the disadvantaged groups?		To introduce and establish appropriate guidelines, laws, advocacy, institutional, legal and regulatory frameworks, and innovative business initiatives to sustain and maintain WASH facilities and services	KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings
	To what extent did the program contribute to protecting children, boys and girls of different ages?		To introduce sustainable, safe water supplies, basic sanitation and improved hygiene practices - effectively managed WASH facilities including hygiene promotion To establish habitual behaviour change through continued practice	KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings

Evaluation Criteria	Key evaluation question	Secondary question, if relevant	Indicators	Method to collect information	Information Sources	Data analysis approach
	How and to what extent did UNICEF and partners' interventions contribute to addressing gender issues and the prevention of sexual exploitation and abuse?		<p>Not least girls contribute to reduce mobility, and mortality associated with diarrheal disease, malnutrition and other WASH related diseases</p> <p>To make pupils aware of sexual reproductive health through the established health clubs</p> <p>To get more healthy pupils through education in nutrition</p>	KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings
Impact	Is there any lasting change that could be identified in the lives and wellbeing of women, children, families, communities and government targeted by the Program?		<p>sustainable, safe water supplies, basic sanitation and improved hygiene practices - effectively managed WASH facilities including hygiene promotion</p> <p>To change behaviour change has been established from continued practice of good sanitation and hygiene</p> <p>Through engagement</p>	KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings

Evaluation Criteria	Key evaluation question	Secondary question, if relevant	Indicators	Method to collect information	Information Sources	Data analysis approach
			and active involvement of communities in the entire process to strengthen communities and e gain a sense of authority and empowerment that can help them to build confidence in their own capabilities including behaviour change, e.g. to OD.			
	To what extent have the program contributed to changes in mortality attributable to WASH among children under-age of five in the target communities?		Through improved access to WASH facilities and health, nutrition, learning processes, and well-being of pupils and people in general to decrease mortality rate for children under five considerable.	KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings
	To what extent have the program contributed to changes in the diarrhoea morbidity among children under-age of five in the target communities?		Through improved access to WASH facilities and health, nutrition, learning processes, and well-being of pupils and people in general to decrease mortality rate for children under five considerable	KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings

Evaluation Criteria	Key evaluation question	Secondary question, if relevant	Indicators	Method to collect information	Information Sources	Data analysis approach
	To what extent have the program contributed to changes in absenteeism rates in target schools?		<p>To improve health, nutrition, learning processes, and well-being of pupils at schools</p> <p>To establish handwashing and menstrual hygiene practices</p> <p>To let girls contribute to reduce morbidity, and mortality associated with diarrheal disease, malnutrition and other WASH related diseases</p> <p>To ensure healthy pupils through education in nutrition pupils</p> <p>To empower girls through the program by being provided knowledge and tools to express their voices</p>	KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings
	What is the program contribution to the decentralization of WASH functions at local government level?		Through engagement and active involvement of communities in the entire process to ensure they become strengthened and gain a sense of authority and	KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and

Evaluation Criteria	Key evaluation question	Secondary question, if relevant	Indicators	Method to collect information	Information Sources	Data analysis approach
			empowerment that can help them to build confidence in their own capabilities			community meetings
	To what extent and in what ways have program interventions contributed to changes in direct and targeted government funding allocations for water, sanitation and hygiene?		To train people n expressing their views, not least girls/women and vulnerable groups	KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings
	To what extent have the program contributed to improvements in WASH management and maintenance systems at community, district and national levels.		<p>To establish habitual behaviour change from continued practice of good sanitation and hygiene</p> <p>Through engagement and active involvement of communities in the entire process to strengthen communities and e gain a sense of authority and empowerment that can help them to build confidence in their own capabilities including behaviour change, e.g. to OD.</p>	KII; FGDs; Interviews; Questionnaire, review of appropriate documents	Appropriate documents, statistic materials, M&E reports, interviews, etc.	Field visit (observation) 15 Household surveys in each community; Key Informant Interviews; Focus Group Discussions, and community meetings

Annex 2: Missing ASWA Baseline Information

Missing ASWA Baseline Information			
Sector	Category	Indicator	Data Collection Method
Community / Household			
Community/ household water supply and use	Amount of safe water drawn/day/capita	Quantity of water collected per day per HH	Comprehensive data collection- AKVO: baseline for continuous / routine WASH monitoring- April 2018
Community/ household hygiene	Water transport and storage practices; cleaning	[11. How water is brought to household (vessels used)]	Comprehensive data collection- AKVO: baseline for continuous / routine WASH monitoring- April 2018
		[13. How water is transferred from the storage vessel to the drinking vessel]	
	[14. Water vessel (transport and storage) cleaning practices]		
	Water quality at point of use	New indicator [water quality]	MICS6_2017- Water Quality Testing questionnaire. WQ26. Household water test (100ml):
Schools			
School Water Supply and Use	Location, distance, and condition of water sources	[34. Condition of safe water source on school property, if any]	Facility survey/ monitoring visit
	Safe water use by school and community members	[35. Evidence of use of safe water for drinking during school hours]	Facility survey/ monitoring visit
		[36. Uses of safe water by school for other than drinking]	Facility survey /monitoring visit
School Sanitation	Types of sanitation facilities present	[39. school access to improved sanitation facilities]	Facility survey/ Monitoring visit
		[40. access to improved sanitation facilities] Disabled	Facility survey/ Monitoring visit
	Conditions and use of sanitation facilities	[44. School sanitation facility cleanliness]	Facility survey/ Monitoring visit

Missing ASWA Baseline Information			
Sector	Category	Indicator	Data Collection Method
	Connection to School Led Total Sanitation programming	[41. School implementation of School Sanitation and Hygiene Education (SSHE) Training / mobilization]	Facility survey/ Monitoring visit
School Hygiene	Presence and use of adequate hand washing facility, with supplies	[47. school with adequate hand-washing facility]	Facility survey/ Monitoring visit
		[48. existence of soap or ash at hand-washing spot]	Facility survey/ Monitoring visit
	School/environmental cleanliness	[49. school cleanliness, including yard]	Facility survey/ Monitoring visit
	Menstrual hygiene management space, training and supplies	[51. Provision of sanitary pads to students]	Facility survey/ Monitoring visit
		[52. Existence of private space for menstrual hygiene management]	Facility survey/ Monitoring visit
Safe Water Points			
Safe water coverage broad area*	Safe water coverage	[60. Coverage ratio of safe water]	Map to be prepared by: Mohamed Bah Program Officer M&E MWR
Educational and health outcomes – sites and broad areas	Diarrhoea incidence (household data)	[98. Diarrhoea episodes in previous 15 days]*	MICS2017- Questionnaire for children under 5. Question CA1. In the last two weeks, has (name) had diarrhoea?

*broad area refers to data representing conditions at the chiefdom, district, or multi-district level that is more likely to be collected from management information systems than from a household survey

Annex 3: Baseline Indicators/ List of questions

Baseline Information			
Sector	Category	Indicator	Question
Community / Household			
Community/ household water supply and use	Primary and secondary water source	[6. Primary water source for household]	WASH -Question 14. What is the main source of drinking water for members of your household?
	Primary and secondary water source	[7. Secondary water source for household]	WASH-Question 16. What is the main source of water used by your household for other purposes such as cooking and hand washing?
	Safe water use away from the household (e.g. on the farm)	[10. Use of safe water away from household]	WASH-Question 38. Do you use water for any productive or commercial purposes? WASH-Question 39. If yes, which of the following are you engaged in? -Irrigation of garden/farm, car/bike/vehicle washing, -animal/poultry rearing, -sale of water to the public.
	Time spent in water collection	[16. Time to go to water source; collect water; return]	WASH-Question 17. How many minutes does it take to go the water source, get water and come back?
	Amount of safe water drawn/day/capita	[Indicator to be developed]	No information available in WASH Baseline Survey
	Water quality at source	[1. Safe water]	WASH-Question 14. What is the main source of drinking water for members of your household?
<p>Comments/observations:</p> <p>Definition of safe water</p> <p>The new global SDG indicator ‘percentage of population using safely managed drinking water services’ is defined as an improved drinking water source, which is: located on premises, available when needed, and compliant with faecal and priority chemical standards.</p> <p>Household surveys and censuses provide information on the types of drinking water sources used and whether sources are located on premises. ‘Improved’ sources are those that are potentially capable of delivering safe water by nature of their design and construction. These include piped water, boreholes or tubewells, protected dug wells, protected springs, and rainwater. Unimproved sources include unprotected dug wells and unprotected springs. The JMP recognizes that bottled water and tanker truck water can potentially deliver safe water, but has previously treated them as unimproved due to lack of data on accessibility, availability and quality. From now on, the JMP will treat them as improved and classify them as ‘limited’, ‘basic’ or ‘safely managed’, based on the criteria outlined above.</p>			
Community/ household sanitation	Exposure to sanitation programs, especially Community Led Total Sanitation	[2. Community Led Total Sanitation –CLTS]	WASH-Question 71. Have you or any member of your household received training in relation to open defecation?
	Sanitation facilities built and used, including Open Defecation if no facilities Open defecation (OD)-defecating in the open and leaving stuff exposed. ODF means open defecation free that is when no faeces are openly exposed the air. A direct pit latrine with no lid is a form of open defecation (fixed point	[20. Type of HH sanitation facility]	WASH-Question 45. What kind of toilet facility do members of your household usually use?

Baseline Information			
Sector	Category	Indicator	Question
	with open defecation), but with a fly-proof lid (with or without the use of ash to cover the faeces after defecation) qualifies as ODF. Defecating into a trench and covering the faeces can be part of the transition from OD to ODF.		
	Cleanliness and repair of facilities	[24. HH sanitation facility cleanliness]	WASH-Question 57. Observations about toilet
	Disposal of child faeces	[25. HH practice for disposal of infant/toddler feces]	WASH-Question 48. How do you dispose of small children's excreta?
Community/ household hygiene	Water transport and storage practices; cleaning	[11. How water is brought to household (vessels used)] [13. How water is transferred from the storage vessel to the drinking vessel] [14. Water vessel (transport and storage) cleaning practices]	No information available in WASH Baseline Survey nor MICS2017
	Water treatment practices	[15. Filtration practices]	WASH-Question 22. What do you usually do to make the water safer to drink?
	Handwashing with soap— facilities and supplies	[26. HH with adequate hand-washing facility]	Question 77. Can I please see the hand washing device members of your household most often use to wash their hands?
	Handwashing with soap— facilities and supplies	[27. Existence of use of soap or ash at hand-washing spot]	Question 81. Do you have any soap or detergent (or other locally used cleansing agent) in your household for washing hands?
	Hand washing practices	[28. Evidence of use of soap or ash at hand-washing spot]	Question 80. Record if soap or detergent is present at the specific place for hand washing.
	Hand washing practices	[29. Self-reported hand-washing practices]	Question 85. When you used soap today or yesterday, what did you use it for? Question 86. When do you think you should wash your hand with soap and water?
	Participation in de-worming campaign	[32. Participating in de-worming campaigns]	No information available in WASH Baseline Survey nor MICS2017
	Water quality at point of use	<i>New indicator</i> [water quality]	MICS6_2017- Water Quality Testing questionnaire. WQ26. Household water test (100ml):
Comments/observations: The water quality can be inferred by the source of the water using the JMP drinking water ladder definitions.			

Baseline Information			
Sector	Category	Indicator	Question
School			
Sector	Category	Indicator	Question
School water supply and use	Location, distance, and condition of water sources	[34. Condition of safe water source on school property, if any]	<u>School questionnaire:</u> Question 18. What is the main source of drinking water for the school? Question 20. How far is the nearest water point from the school?
	Safe water use by school and community members	[35. Evidence of use of safe water for drinking during school hours]	<u>School questionnaire:</u> Question 21. Is the water point accessible to all pupils during the school hours
[36. Uses of safe water by school for other than drinking]		<u>School questionnaire:</u> Question 19. What is the main source of water for the school other uses?	
Comments/observations: The water quality can be inferred by the source of the water using the JMP drinking water ladder definitions. Please refer to Annex ??			
(refer to WASH Baseline Survey School questionnaire)			
Sector	Category	Indicator	Question
School sanitation	Types of sanitation facilities present	[39. school access to improved sanitation facilities]	Question 22. What type of latrine does the school have?
		[40. access to improved sanitation facilities] Disabled	Question 30. Are there any facilities for disabled pupils?
	Conditions and use of sanitation facilities	[44. School sanitation facility cleanliness]	Question 38. Subjectively, how would you find using the toilet?
	Connection to School Led Total Sanitation programming	[41. School implementation of School Sanitation and Hygiene Education (SSHE) Training/ mobilization]	No information available in WASH Baseline Survey
School hygiene	Presence and use of adequate hand washing facility, with supplies	[47. school with adequate hand-washing facility]	Question 43. Is there a place for handwashing in the toilet facility or within 10 paces (steps)?
		[48. existence of soap or ash at hand-washing spot]	Question 45. Is soap or detergent present at the specific place for handwashing?
	School/environmental cleanliness	[49. school cleanliness, including yard]	Question 37. Can you visibly see what the situation is in the pit?

Baseline Information			
Sector	Category	Indicator	Question
	Menstrual hygiene management space, training and supplies	[51. Provision of sanitary pads to students]	No information available in WASH Baseline Survey
		[52. Existence of private space for menstrual hygiene management]	Question 39. Are sanitary facilities available for menstruating females that allow for washing, changing and for the disposal of menstrual waste?
	Incorporation of sanitation and hygiene in the curriculum	[41. School implementation of SSHE? Training/mobilization]	Question 53. Are there any health clubs in existence in the school?
Safe Water Points			
Sector	Category	Indicator	Question
Safe water coverage-broad area Broad area refers to data representing conditions at the chiefdom, district, or multi-district level that is more likely to be collected from management information systems than from a household survey	Safe water points versus population	[58. Number of safe water source points over the intervention area]	Question 6. Type of water point
		Safe water source points: <ul style="list-style-type: none"> • Piped water into dwelling • Protected dug well • Protected spring • Public tap/standpipe • Sand/Sub-surface dam • Tube well or borehole • Protected spring • Rainwater (harvesting) 	
		[59. Population within 30 minutes round trip travel time of safe water sources]	No information available in WASH Baseline Survey
		Safe water coverage	[60. Coverage ratio of safe water]
	Technology employed – relevance to demand	[indicator to be developed]	Question 35. What improvements would you like to make? (household survey)
Safe water point functionality –	Functionality at the present moment (sites visited)	[61. # and % of functional water]	Question 12. Water point functionality

Baseline Information			
Sector	Category	Indicator	Question
survey sites and broad area		points on day of visit]	
	Breakdown and repair history (survey sites and broad area)	[63. # of breakdowns of water point within warranty period]	Question 13. When did the water point break down? <i>Questionnaire does not mention warranty period</i>
		[65. Average length of time until breakdown was fixed, post warranty period]	Question 14. Last time the water point broke down, how long did it take to repair? <i>Questionnaire does not mention warranty period</i>
Sanitation programming effectiveness – survey sites and broad area	Open defecation (OD) visibility, in sampled communities	[107. Evidence of OD in sampled communities, by ODF certification status]	Question 34. Has the community been declared ODF? Question 35. Do you think the community is still ODF?
Sanitation programming effectiveness – survey sites and broad area Sanitation programming efficiency – broad area	Number of communities triggered	[100. # and % of communities triggered/re-triggered] [101. # and % of communities eventually certified]	No information available in WASH Baseline Survey
	Length of time to be certified	[102. Length of time from triggering to certification]	No information available in WASH Baseline Survey
	Conversion rate: % that achieved ODF certification	[103. Conversion rate: triggered/certified]	No information available in WASH Baseline Survey
	Reasons for failure to be certified	[104. Reasons for communities to fail to be certified]	No information available in WASH Baseline Survey
Educational and health outcomes – sites and broad areas	Diarrhea incidence (household data)	[98. Diarrhea episodes in previous 15 days]	MICS2017-Questionnaire for children under 5. Question CA1. In the last two weeks, has <i>(name)</i> had diarrhea?

The Table below presents the sustainability information that is sought for the ASWA baseline survey. There are 4 main headings:

- 1) Sector: community/household, school
- 2) Baseline information category
- 3) Potential indicator in brackets. The potential indicators are derived from “*Potential Indicators and Methods Inventory: Sierra Leone Rural WASH Programs*”
- 4) Question –is the corresponding question from the questionnaire section of the WASH Baseline Survey and Water Point Mapping 2016 report. The question highlighted in blue comes from the Sierra Leone MICS 2017 questionnaire

Sustainability Information

Water Supply Sustainability

Sector	Category	Indicator	Question
Water supply sustainability: community management	Community/facility water committee membership and functionality	[68. Community water committee existence/membership]	<i>Water point mapping baseline</i> Question 29. Is there a WASH management committee?
	Community/facility water committee membership and functionality	[69. Community water committee functionality]	<i>Water point mapping baseline</i> Question 30. Is the WASH management committee functioning?
	Knowledge of Operation and Maintenance (O&M) responsibilities	[71. Knowledge of their O&M responsibilities]	<i>Water point mapping baseline</i> Question 28. Who is maintaining the water point (routine repairs)?
	Knowledge of Operation and Maintenance (O&M) resources	[72. Knowledge of location of repair persons/ units]	<i>Water point mapping baseline</i> Question 31. Is there a trained mechanic available at this point?
Water supply sustainability: maintenance and repair systems	Degree to which safe water points have been receiving optimum routine maintenance	[74. Degree to which optimum maintenance has been performed on the safe water source]	No information available in WASH Baseline Survey
	Type (e.g. private/NGO/public), skills and accessibility of O&M service providers.	[75. # of providers of repair services across intervention area]	<i>Water point mapping baseline</i> Question 31. Is there a trained mechanic available at this point?
	Type and accessibility of spare parts vendors	[80. Average distance of spare parts sources to communities]	<i>Water point mapping baseline</i> Question 33. How many minutes does it take to reach the nearest spare part supplier?
Water supply sustainability: economic issues	Presence and role of Village Level Savings and Loan Associations (VSLA) in O&M	[83. Existence of a Village Savings and Loan Association (VSLA)]	No information available in WASH Baseline Survey
		[84. Role of the VSLA in water point operations and maintenance]	No information available in WASH Baseline Survey
	User fees/Subsidies/ Willingness to pay	[82. Willingness-to-pay by communities]	Question 31. Do you pay for the water services you receive? Question 32. If yes, how much do you pay per month? Question 33. How much would you be willing to pay

			per month for water services? Question 34. Would you be willing to contribute financially to improvements to your water source?
Water supply sustainability: governance	Planning and M&E tools employed	<i>[Annual WASH Indicators monitored and Joint sector reviews organized] [WASH-BAT, MoRES organized and fed in WASH Planning or Evaluation Framework monitoring] [National Planning for Results Initiative (NPRI) conducted]</i>	No information available in WASH Baseline Survey
	Policy and operational coordination of organizations working in the sector	<i>[Sector coordination mechanism put in place] [Knowledge management implemented (documentation and sharing of experiences, best practices, etc)]</i>	No information available in WASH Baseline Survey

Comments and observations:

The indicators were taken from the Post-Ebola Re-launch Review-February 2016 Logical Indicators Framework.

Sanitation Improvements Sustainability

Sector	Category	Indicator	Question
Sanitation Improvements Sustainability: Community Management	Community rules to maintain ODF status/enforcement	[111. Existence of community rules to maintain ODF] [112. Evidence of enforcement of community rules]	No information available in WASH Baseline Survey
	Special support to the very poor, disabled, other needy	[113. Special support by community to those who cannot afford or are unable to dig latrines]	No information available in WASH Baseline Survey
	School level sanitation and health clubs	[50. Presence of school hygiene club]	Question 53. Are there any health clubs in existence in the school?
Sanitation Improvements Sustainability: systemic and economic issues	Type and frequency of reinforcement activities (follow-up visits; mass media)	[114. Type and frequency of reinforcement activities-visits to and actions in the community] [115. Type and frequency of reinforcement activities-mass media/social marketing]	No information available in WASH Baseline Survey

	Options (designs, costs, supplies) for moving up the sanitation ladder	[116. Supplies available for households that want to construct higher quality sanitation facilities] [117. Average cost of moving up 1 or 2 steps on the sanitation ladder]	No information available in WASH Baseline Survey
	Micro-finance availability/other financial support for moving up the ladder	[118. Micro-finance availability, by income level] [119. GoSL action to increase supply availability] [120. Subsidy availability/sources/conformity with GoSL policy]	No information available in WASH Baseline Survey

Annex 4: List of main documents reviewed

- Australian Council for International Development (2013). Principles for Ethical Research and Evaluation in Development:
https://acfid.asn.au/sites/site.acfid/files/resource_document/Principles-for-Ethical-Research-and-Evaluation-in-Development-2013.pdf [Accessed 29 January 2020].
- Department for Foreign Affairs and Trade, Australian Government (2014). Conduct and Ethics Manual. Management, Conduct and Corporate Strategy Section, Conduct and Ethics Unit. Available from <http://dfat.gov.au/about-us/publications/corporate/conduct-ethics-manual/Pages/conduct-and-ethics-manual.aspx> [Accessed 29 January 2020].
- Final Geros, 2016.
- DGIS-funded Accelerating Sanitation, Hygiene and Water for All in West and Central Africa, Annual Progress Report 2018 - Country Report (submission date 15 April 2019)
- DGIS-funded Accelerating Sanitation, Hygiene and Water for All in West and Central Africa Annual Progress Report 2018 - Country Report (submission date 15 April 2019)
- DGIS-funded Accelerating Sanitation, Hygiene and Water for All in West and Central Africa, ANNUAL REPORT 2016
- Accelerating Sanitation and Water for All in 9 countries: West and Central Africa Program, Government of the Netherlands & UNICEF Partnership, Submitted: 30 June 2018, Grant No. SC130002
- Mid-Term Program Review: 2013-2015 Accelerating Sanitation and Water for All: West and Central Africa Program Government of the Netherlands & UNICEF Partnership , Finalised 31 October 2015
- Minutes of Meeting on ASWA Baseline Report, WCARO PM&E and WASH, 27 April 2018
- Progress database, DGIS, 2019
- UNDP (2015). Revised UNDP Evaluation Policy.
- UNICEF-Adapted UNEG Evaluation Reports Standards, June 2017
- UNEG Code of Conduct for Evaluation in the UN System, 2008
- UNEG Ethical Guidelines for Evaluation, 2008
- Third Annual Progress Report: 2015
- Accelerating Sanitation and Water for All in 9 countries: West and Central Africa Region Program Government of the Netherlands & UNICEF Partnership, Submitted: 30 June 2016
- Integrating Human Rights and Gender Equality in Evaluation --Towards UNEG Guidance, 2011/12.
- WFP (2015). Evaluation Policy (2016–2021).

World Bank Group (2013). Living our values: Code of Conduct. Available from http://siteresources.worldbank.org/INTETHICS/Resources/ethics_code_2013-Mar13-CRA.pdf.