

## Inception Report

### Evaluation of the implementation of WASH Sector Strategy, Community Led Total Sanitation (CLTS) in Liberia (2020-2023)



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UNICEF Liberia

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### Acronyms

CLTS	Community Led Total Sanitation
CSC	County Steering Committees
DSC	District Steering Committees
DALY	Disability Adjusted Life Years
FGD	Focused Group Discussion
GDP	Gross Domestic Product
HRBA	Human Rights-Based Approach
IR	Inception Report
JMP	Joint Monitoring Programme
KII	Key Informant Interview
NWRSB	National Water Resources and Sanitation Board
NPHIL	National Public Health Institute of Liberia
NTCU	National Technical Coordinating Unit
ODF	Open Defecation Free
OD	Open Defecation
PRA	Participatory Rural Appraisal
RTI	Respiratory Tract Infection
SDG	Sustainable Development Goal
SSI	Semi Structured Interview
SPSS	Statistical Package for Social Sciences
ToC	Theory of Change
UNICEF	United Nations Children's Fund
UNEG	United Nation's Evaluation Group
WASH	Water Sanitation and Hygiene

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## 1. CONTEXT OF THE EVALUATION

Improving sanitation by total elimination of open defecation (OD) practices achieved through collective behaviour change followed by enhanced access to improved sanitation services including easy access to safe toilets, proper hand-washing facilities and safe disposal of solid and liquid waste on a sustainable basis can prevent transmission of faecal contamination. More than ninety percent of enteric and gastro-intestinal track disease such as diarrhoea, cholera, typhoid, helminthiasis and host of zoonotic diseases are caused through viral, protozoal, bacterial and helminthic origin. Malnutrition, undernutrition stunting and other cognitive changes not only cause delayed growth and development but may cause permanent damage to brain especially of children.

The UN has set a target, which says “*by 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations*” (SDG Target 6.2). In response to the global call to meet SDG most nations with poor sanitation profile have initiated special drive to improving their national sanitation status and reaching the minimum standard within the range set in SDG. In view of the devastating impact of open defecation and sanitation on the lives of women and children, UNICEF have mounted its efforts manyfold in this direction in many countries, including Liberia.

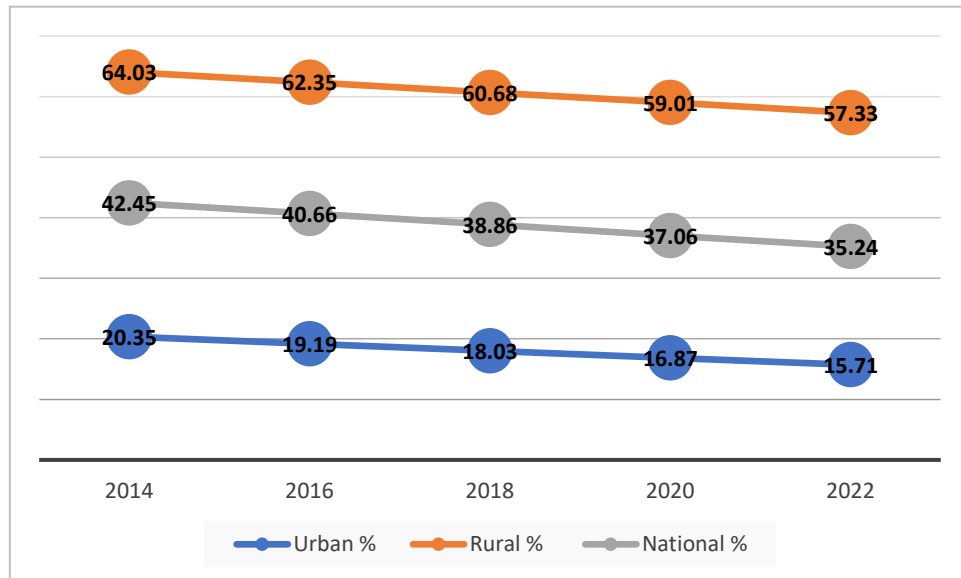
The National Technical Guidelines for CLTS in Liberia specify that for a community to achieve Open Defecation Free (ODF) status, at least 50% of homes must have constructed latrines, and there should be no visible signs of open defecation. Adhering to these guidelines is crucial for fostering a healthier and more hygienic living environment for all community members. The Government of Liberia established the Water and Sanitation Policy (2009) to promote sector reform for the rapid expansion and sustainable delivery of water and sanitation services. The policy sets the vision and guiding principles for institutional, economic, and legal reforms towards improving water governance at the national, local, and community levels and increase access to safe water supply and adequate sanitation to all.

The Government of Liberia has adopted a strategic approach to eliminate open defecation by 2025, aligning with the Sustainable Development Goals (SDGs). In 2015, guidelines for implementing Community-Led Total Sanitation (CLTS) were developed. To launch the Open Defecation Free Liberia 2025 Road Map, the government, along with partners such as UNICEF and NPHIL, organized two stakeholder workshops. Liberia has seen downward trend in the prevalence of open defecation practices in the last decade. However, the JMP<sup>1</sup> report highlights significant challenges in Liberia's access to sanitation. Illustrated in Figure 1, Liberia has demonstrated a gradual decline in the prevalence of open defecation since 2014, albeit rural areas still exhibit the highest percentage of the population resorting to this practice.

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<sup>1</sup> Joint Monitoring Programme. 2022. ‘Liberia Country Profile’ <https://washdata.org/data/school#!/dashboard/new>.

Figure 1 Open defecation trends (2014-2022)



### 1.1. National ODF 2025 Roadmap

The Sustainable Development Goals (SDG) 6.2 indicators set the benchmark for safe sanitation services: access to improved facilities not shared with other households, with proper disposal of excreta. The prevalence of open defecation not only can have social negative social impacts, but also economic, as Liberia is most likely to experience significant financial losses due to inadequate sanitation and hygiene practices<sup>2</sup>. To overcome the challenge the Government of Liberia has taken a strategic approach to eliminate the practice of open defecation<sup>3</sup>. In 2015, the Government of Liberia developed guidelines for implementing Community-Led Total Sanitation (CLTS) programme identified as a community-led approach to sanitation and hygiene promotion in both the Water and Sanitation Policy (2009) and the WASH Compact, which was developed in 2011 to accelerate the delivery of water, sanitation, and hygiene services in Liberia. CLTS was launched in 2009 to improve sanitation in rural communities across Liberia. Since its inception, the programme has been implemented nationwide, successfully triggering over 3,200 communities and declaring 2,356 of them open defecation free (ODF). This initiative has led to the construction and use of over 38,700 household toilets, benefiting more than half a million people. Despite these achievements, at the current rate, it will take over 36 years to reach the remaining 12,800 communities. To expedite this process, the Government of Liberia has developed a national Open Defecation Free (ODF) road map.

The objective of the ODF Road Map is to eradicate the practice of open defecation in Liberia and achieve nationwide ODF status by 2025. To accomplish this, the roadmap outlines several specific targets: ending open defecation for 1.4 million people in rural areas through Community-Led Total

<sup>2</sup>Water and Sanitation Program. (2012). \*Economic impacts of poor sanitation in Africa\*. Retrieved from <https://www.zaragoza.es/contenidos/medioambiente/onu/825-eng-v7.pdf>

<sup>3</sup> Stated in the ToR the National Technical Guidelines for CLTS in Liberia state that in order for a community to be considered ODF at least 50%<sup>3</sup> of homes must have a latrine constructed and there should be no visible signs of open defecation in the area.

Sanitation (CLTS) and sanitation marketing approaches, and for 440,000 people in urban areas through safe faeces disposal technologies.

The roadmap emphasizes the importance of collaboration and the active participation of communities and the private sector to sustain ODF status and advance along the sanitation ladder. It is guided by principles of equity, scale, sustainability, and safely managed services.

Supporting policy and strategy documents include the National Integrated Water Resources Management Policy, Water Supply and Sanitation Policy, National Environmental and Occupational Health Policy, Liberia WASH Compact, and Water, Sanitation and Hygiene Sector Strategic Plan. These documents collectively reinforce the roadmap's goals.

The ODF Road Map demonstrates the government's commitment to providing equitable, safe, affordable, and sustainable water supply and sanitation services for all Liberians. It aims not only to eliminate open defecation nationwide but also to enforce minimum standard WASH packages, ensuring a healthier and more dignified living environment for all.

## 2. EVALUATION OBJECT

**Table 1: Overview of the Evaluation Object**

<b>Project/programme title</b>	Implementation of WASH Sector Strategy, Community Led Total Sanitation (CLTS) in Liberia (2020-2023)
<b>Country</b>	Liberia
<b>Sources of funding / donors</b>	UNICEF
<b>Total Budget</b>	USD
<b>Duration</b>	January /2020 – Present
<b>Overall objective</b>	By 2024 , significantly more communities in urban slums and rural areas reduced practicing open defecation and adapt adequate hygiene practices and institutions ( schools and health centres ) have access to safely managed and climate resilient WASH services
<b>Components (axis, effects, Results, etc.)</b>	<ul style="list-style-type: none"> <li>• Strengthening policy environment,</li> <li>• Introduction of multi sectoral approaches for community-based services,</li> <li>• Promotion of Community-based approaches for ending open defecation,</li> <li>• Market- based sanitation</li> <li>• Evidence generation and use,</li> <li>• Public - private partnership and engagement and</li> <li>• Climate resilience binding of WASH Services</li> </ul>



To achieve the WASH Programme outcomes, UNICEF employs several approaches and strategies, including providing support to the Government in developing a national roadmap to guide all actors in implementing initiatives aimed at ending open defecation. This involves institutionalizing and monitoring policy implementation, supporting the updating of existing WASH policies as part of evidence-based policy dialogue, and establishing a strong foundation for ending open defecation in communities while scaling up equitable access to WASH services for children and their families. UNICEF's collaboration with national partners includes strengthening sanitation policies to serve as the basis for the national roadmap and creating a scalable action plan for national, county, district, and community levels.

Overall programme strategies of UNICEF-Liberia for reducing the prevalence of open defecation are embedded in the Country Programme of Cooperation with the Government of Liberia for 2020–2024,<sup>4</sup> with the following outcome and output statements:

Outputs	Outcomes
<ul style="list-style-type: none"> <li>• Gaps in laws, policies, strategies and guidelines related to ending open defecation in communities and to water, sanitation and hygiene (WASH) in institutions are identified, closed and progressively under implementation and monitoring, in line with international norms and standards.</li> <li>• Gender-sensitive WASH services and facilities are available and functioning in institutions, including in humanitarian situations.</li> <li>• Parents, families, caregivers, and communities have appropriate knowledge of and adopt good hygiene practices, and participate in the planning, construction, and management of gender-sensitive WASH facilities in communities and institutions, including in humanitarian situations.</li> </ul>	<ul style="list-style-type: none"> <li>• Significantly more communities in urban slums and rural areas reduced the prevalence of open defecation</li> <li>• More households and population adopted adequate hygiene practices,</li> <li>• More institutions have access to at least basic water supply and sanitation and adopted adequate hygiene practices.</li> </ul>

The theory of change (ToC) of the WASH Programme is demonstrated in Figure 2 below.

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<sup>4</sup> Country programme document, Liberia, (2019), Economic and Social Council / E/ICEF/2019/P/L.9

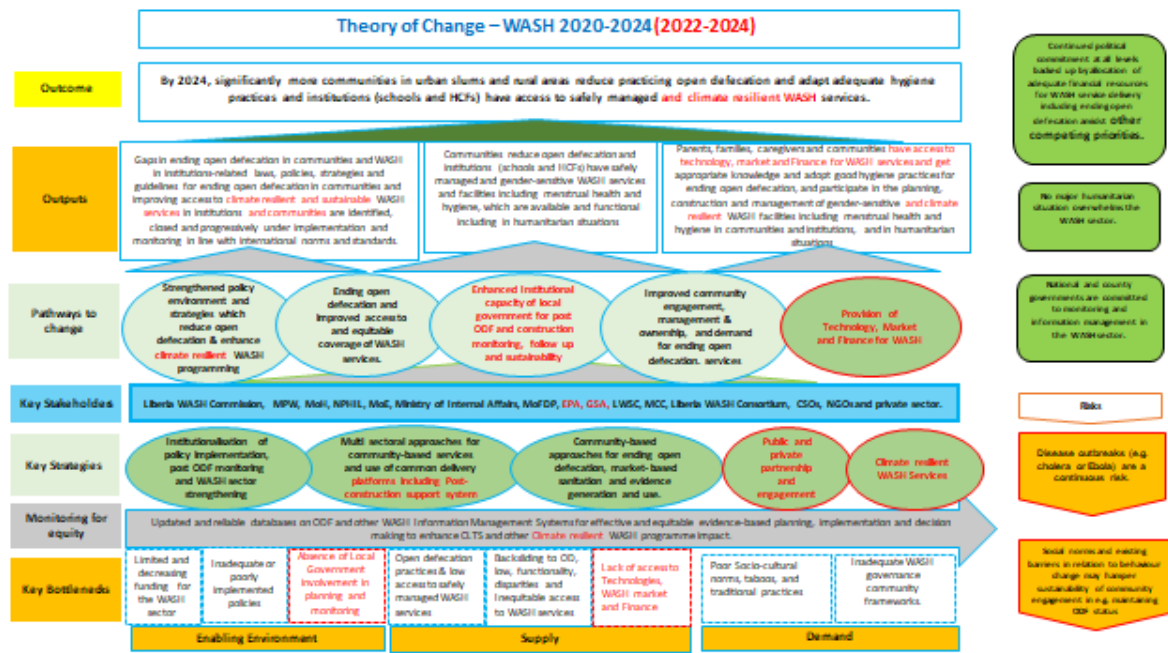


Figure 2: Theory of Change

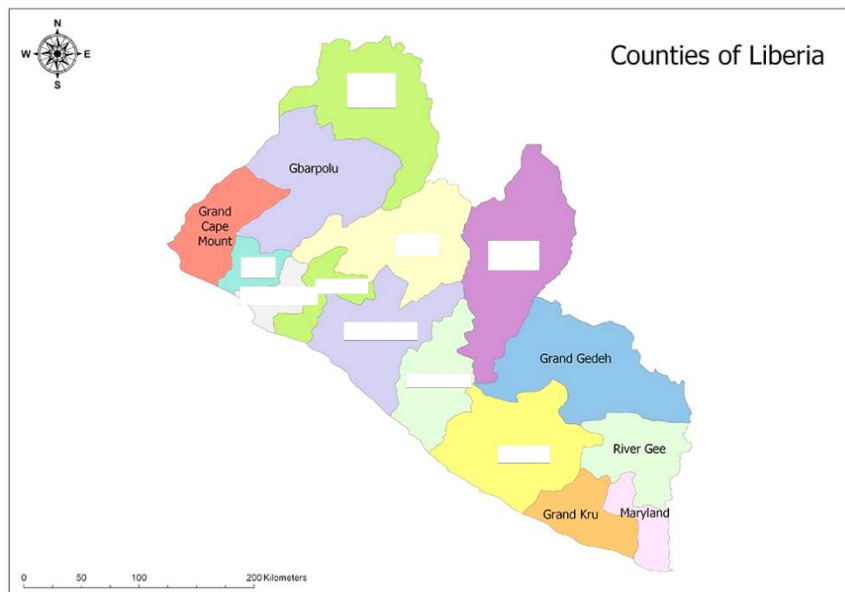
Efforts were made to implement a more robust, country-led monitoring system and enhance data-driven decision-making. UNICEF continued to support the Sanitation and Water for All partnership and the AfricaSan movement, prioritizing government progress on the Ngor commitments for sanitation and hygiene to ensure accountability for results on the ground. The Health, Education, and Nutrition strategies were revised to incorporate WASH elements, promoting integrated programming.

UNICEF’s WASH programme has been implemented in six (6) counties: Gbarpolu, Grand Cape Mount, Grand Gedeh, River Gee, Maryland and Grand Kru.

Advocacy for innovative financing mechanisms was undertaken to leverage resources from the Government, donors, and the private sector, supporting the scale-up of sustainable ODF status in communities and WASH services in institutions. UNICEF worked closely with

new and existing partners, including finance institutions, government ministries, and the private sector, based on recommendations from the alternative WASH funding schedule conducted in 2017.

Capacity development of sector institutions was prioritized to improve planning, management, implementation, and monitoring of WASH initiatives, with a focus on reducing open defecation in



communities and enhancing WASH services in institutions, particularly in cholera preparedness. UNICEF supported a capacity needs assessment, especially at subnational levels, to aid the development and implementation of capacity-building plans.

The programme created a country cholera factsheet and elimination plan to identify key cholera hotspots and programmatic priorities in Liberia, using a resilience and development approach in coordination with UNICEF's regional office (WCARO). Drawing on fieldwork experiences, UNICEF advocated for the recruitment of qualified technicians, particularly at subnational and local levels, and supported the development and implementation of training packages in collaboration with training institutions.

UNICEF supports the national partners focuses on the followings:

- **Personnel Training.** CLTS approach necessitates trained individuals to facilitate community triggering and monitoring activities, along with skilled manpower for developing latrine technology options.

Natural Leader Networks (NLNs):

- Establish one NLN in each health district.
- Each NLN should consist of 10 trained individuals.
- NLNs will play a critical role in mobilizing communities and sustaining sanitation efforts.

Technical Training:

- Train technical personnel and master masons in platform construction to ensure the quality and durability of sanitation infrastructure.
- Incorporate sanitation marketing into the training process to promote the adoption and maintenance of improved sanitation practices within communities.

Institutional Support:

- Develop robust institutional infrastructure for training on WASH.

- **Training and Development of IEC/BCC Materials.** This includes guides, modules, and manuals for both the sanitation technology option group and the CLTS group. Harmonizing existing manuals and other training instruments is crucial to ensure that everyone is aligned with the same goals.
- **Knowledge Management.** Timely documentation and dissemination of these innovations, lessons, and experiences to the right audiences. It is expected that a variety of innovative ideas, lessons, and experiences will emerge from the implementation of the ODF roadmap.
- **National ODF 2025 Campaign Communication Strategy.** With the current status of CLTS implementation, only a little over 3,000 out of more than 16,000 communities have been triggered, accounting for only 20 percent of the communities. The remaining communities need to be triggered and brought up to ODF status by 2025.

- **Sanitation Marketing and Affordable Supply of Sanitation Products.** Increasing consumer awareness and access to sanitation solutions and technology options is critical for enabling households to build or upgrade their basic latrines to improved or safely managed latrines. Through targeted messaging and education, communities can be empowered to take action and improve their sanitation infrastructure. Ultimately, this will enhance the health and well-being of individuals and communities, while also contributing to a cleaner and more sustainable environment.

### 3. PURPOSE OF THE EVALUATION

The evaluation will have two purposes: **accountability** and **learning**. This evaluation will provide both, the donor (vertical accountability) and rights holders (horizontal accountability) with solid evidence on the extent to which the CLTS attained its envisaged objectives.

The evaluation report will be an invaluable resource for all stakeholders involved in the CLTS programme, providing them with a detailed understanding of its performance on implementation of roadmap to ODF status by 2025 and highlighting areas for improvement. Ultimately, the evaluation will contribute to the strengthening of the CLTS approach, ensuring that it continues to make a positive impact on the communities it serves.

In terms of learning, this evaluation seeks to provide a comprehensive understanding of how the programme has been implemented and identify areas where improvements can be made in the future. It aims to uncover opportunities for corrective actions that may require further exploration in order to enhance the well-being of children sustainably.

The ultimate goal is to generate recommendations that will help UNICEF and other in-country partners adapt the WASH Programme Strategy to the specific needs and priorities of each country, ultimately paving the way for achieving ODF.

The key users and uses of the evaluation are presented in flowing Table 3.

**Table 2: Users and uses of the evaluation**

Evaluation Users	Evaluation Uses
<b>UNICEF</b>	To enhance the effectiveness of the WASH programme and align it with Country's development agenda, UNICEF will define a better coordination strategy with the government, development partners and other stakeholders. This will involve identifying concrete modalities of strategic collaboration towards the attainment of the national ODF objectives and goals. By taking a more strategic approach, UNICEF can ensure that the WASH programme's contributions to the country's development agenda are fully understood and that its impact is maximized.
<b>UN and other developmental partners</b>	Moving forward, the UNICEF WASH Section will be collaborating with all other partners involved in the implementation of the UN Sustainable Development Cooperation Framework (UNSDCF) to introduce strategic

	and implementation changes to their WASH strategy. This updated approach will involve defining a better coordination strategy with the government, development partners, and other stakeholders to ensure that the WASH program's contributions to the country's development agenda are fully understood and its impact is maximized. Concrete modalities of strategic collaboration will be identified to help attain the national ODF objectives and goals. By taking this more strategic approach, the effectiveness of the WASH program will be enhanced and aligned with the country's development agenda.
<b>Government of Liberia<sup>5</sup></b>	The evaluation findings will play a crucial role in shaping the government's collaboration with UNICEF in accordance with the relevant goals outlined in the National Development Plan. By carefully analyzing the data and recommendations provided by the evaluation, the government will be able to better define the terms of collaboration and identify specific areas where UNICEF's expertise can be leveraged to achieve the desired outcomes. This collaborative effort will be critical in ensuring that the government's development initiatives are aligned with global best practices and that the needs of the most vulnerable populations are being adequately addressed. By working together in this way, the government and UNICEF can create a more equitable and prosperous future for all.
<b>NGOs/CBOs<sup>6</sup></b>	Engage in sanitation advocacy campaigns, demand creation and mainstream (into their day-to-day practices) the good practices identified during the evaluation and address the weaknesses emerged in the course of the analysis.

#### 4. OBJECTIVES OF THE EVALUATION

This evaluation will provide a more detailed understanding of the progress being made and will contribute to learning and knowledge-sharing with the Government, partners, and regional UNICEF country offices. In particular, the evaluation will focus on four key outcomes of CLTS: hygiene and sanitation practices, quality of hygiene and sanitation conditions, social attitudes such as the feeling of privacy and security among women, and the capacity for collective action. By gaining a better understanding of these outcomes, UNICEF and partners will inform and contribute to the accelerated achievement of open-defecation-free communities in Liberia.

The specific objectives of the evaluation are:

1. To determine the relevance, effectiveness, efficiency, coherence and sustainability of the CLTS programme within the national WASH strategies, especially in terms of reaching the vulnerable women and children to access and use quality sanitation services.

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<sup>5</sup> Liberia WASH Commission, MPW, MoH, NPHIL, MoE, Ministry of Internal Affairs, MoFDP, LWSC, MCC

<sup>6</sup> Liberia WASH Consortium, CSOs and NGOs and private sector.

2. To identify lessons learned about what worked and did not work about the CLTS programme, including unexpected outcomes (positive and negative).
3. Identify good practices (and worth replicating) in sustainably eradicating ODF and ensuring environment friendly sanitation practices.
4. To formulate key recommendations on how to improve both the implementation processes (operational recommendations) and strengthen the corresponding strategies (strategic recommendations).

## 5. SCOPE OF THE EVALUATION

### 5.1. Thematic Scope

The evaluation will closely examine the implementation of the CLTS programme and focus on activities that have been implemented in strengthening policy and strategic frameworks to reduce open defecation and improve hygiene practices , promoting an end to open defecation and improving access to and equitable coverage of sanitation facilities and services, and enhancing post ODF monitoring, human capital capacity, and systems to improve community engagement, management, and ownership, as well as demand for ending open defecation services. The evaluation will delve into the details of each of these areas, assessing the extent to which the programme has been successful in achieving its goals, identifying areas of strength and weakness, and making recommendations for improvement where necessary.

The evaluation will cover the following key implementation strategies:

- At the **national level** - institutionalisation of policy implementation, post ODF monitoring and WASH sector strengthening.
- At the **national level** - multi sectoral approaches for community-based services and use of common delivery platforms
- At the **community level** - community-based approaches for ending open defecation, market-based sanitation and evidence generation and use.

The evaluation will be based on equity, gender and human rights approaches and primarily cover the programme's *relevance, efficiency, effectiveness, coherence, impact and sustainability*.

### 5.2. Geographical Scope

The evaluation would have nationwide geographical scope. The desk review would be conducted covering all the activities implemented as part of CLTS nationwide. However, the data collection would concentrate on a smaller sample of intervention sites, specifically: Gbarpolu, Grand Cape Mount, Grand Gedeh, River Gee, Maryland and Grand Kru county.

### 5.3. Chronological Scope

The evaluation will make sure to capture the essence of the activities implemented between 2020 and present/ during the period of this evaluation.

## 6. EVALUATION QUESTIONS

<p><b>6.3. EFFECTIVENESS</b></p>	<p>Merging evaluation questions 6.1.3.3. and 6.1.3.4 in the ToR. Both questions can be covered in one section of the evaluation report:</p> <p>6.1.3.3. What are the factors (internal and external to UNICEF) that contributed the most to the attainment of the envisaged programme objectives?</p> <p>6.1.3.4. What are the factors (internal and external to UNICEF) that hindered the most the attainment of the envisaged programme objectives?</p> <p>Amended question: What internal and external factors contributed to or hindered the most the attainment of the envisaged programme objectives?</p>
<p><b>6.7. GENDER, HUMAN RIGHTS, EQUITY AND ENVIRONMENT</b></p>	<p>Including the following questions:</p> <p>6.1.1.1. To what extent did the programme identify and tackle the barriers that prevent girls’ and women’s access to the services that it made available in the targeted communities?</p> <p>6.1.1.2. To what extent are the needs and priorities of children with disabilities incorporated into the programme design and implementation?</p> <p>As sub-questions for:</p> <p>6.1.1.3. To what extent are Gender, Human rights and Equity principles duly integrated in the design and delivery of the programme?</p>

The evaluation matrix is included as Annex 9.1.

## **7. [METHODOLOGY](#)**

### **7.1 Evaluation approach**

To ensure a thorough and comprehensive evaluation process, the evaluation team will employ a participatory and inclusive approach. Explorative, action-reflective, and learning-oriented in its design and application; the evaluation methodology will embody following approaches:

- **Design based on an objectively defined framework:** To ensure objectivity, adherence to the evaluation criteria and questions, the evaluation design will be anchored with the evaluation framework presented in section 6. The framework has been used as the guiding basis to determine appropriate data and information sources, instruments and methods.

- **Result-oriented approach:** To meet the needs of result-based management and accountability, the evaluation team has set up the methodology on the intervention logic and Theory of Change ( presented in section 2 ) . This participatory and collaborative process will bring out the “Results Chain” of the activities implemented, with context,

explanations and hypotheses added, taking into account historical perspectives to better understand the successes and challenges, and to provide realistic and effective recommendations for future programmes.

- **Participatory approach:** The evaluation team will maintain close contact with key internal and external stakeholders throughout the evaluation process. Apart from the official meetings and feedback rounds on contractual deliverables, regular and informal exchanges will take place e.g., to discuss specific issues, to get opinions, etc. Moreover, the main actors and source of information should be the rights holders, who will be fully included in the process through parting part in evidence generation. The team will use the most reliable and appropriate sources of information as well as participatory tools , respecting the rights of individuals to provide information in confidence, and being sensitive to the beliefs and customs of local, social and cultural environments.

- **Mix method:** The evaluation will be based on both quantitative and qualitative data collection and analysis.

**The convergent parallel design methodology** alternatively known as the convergent design, would involve the simultaneous implementation of quantitative and qualitative strands within the same phase of the research process. This approach will ensure assignment equal priority to both methods

### Participatory tools

In this participatory approach care will be taken to ensure that the evaluation process is not an extraction and analysis by outsiders where the programme staff and stakeholders are just a passive respondent. They rather be considered as active actors in the evaluation process. The spirit is to learn as to how to do better. Apart from beneficiary survey and individual Interviews (KIIs), most other field data gathering activities will be group-based democratic thus participatory, inclusive, and transparent in nature.

- ✓ **Participatory Rural Appraisal (PRA):** Part of the FGDs customized PRA tools such as mapping, scoring, impact tree, benefit access , time line capacity matrix will be explored to produce visual evidence on the opinions and ideas of primary stakeholders.
- ✓ **Outcome stories:** Stories and visuals provide rich qualitative data and information. Besides focused group discussions and interviews, the evaluation method will have capturing of outcome stories. The method will encourage and facilitate respondents to tell stories of outcome; which will be recorded and distilled in drawing lessons.
- ✓ **Photographs:** Part of direct observation the evaluators will shoot and document relevant photos (with due permission) of visible outcomes created by the programme. Visual outcome of PRA exercises and photos will be analyzed and utilized as supplementary qualitative data to support evidence and findings.
- ✓ **Triangulation:** The evaluation methodology will include accessing multiple data sources. In the analysis, drawing lessons and recommendations triangulations will be used to verify opinions and ideas provided by different categories of stakeholders as well as extracted from documents both in quantitative and qualitative parameters.

and maintain their independence during analysis. Subsequently, it would integrate the findings from both strands during the overall interpretation of the research objectives and results.

Regarding the Convention on the Rights of the Child, the evaluation team will integrate effective methods for engaging children and adolescents throughout the evaluation process, ensuring that the approach will be gender responsive. The evaluation teams will be encouraged to apply child-friendly approach in data gathering.

## **7.2. Data collection methods and tools**

Besides the review of relevant documents, the primary quantitative data collection methods would be the household survey, Focus Group Discussion (FGD), Key Informant Interviews and Direct Observations with intended samples of the right holders and duty bearers as per the FGD and KII checklist matrix (Annex 2). Further, some appropriate Participatory Rural Appraisal (PRA) tools will be explored as part of the FGDs details of which has been furnished in Annex 3. We will ensure that the representation of respondents will be gender balanced (50% males and 50% females) in all data collection methods.

### **Qualitative data collection**

The evaluation will employ the grounded theory method and saturation theory (Saldaña, 2011), utilizing a purposive sampling strategy. The suitable primary data collection methods will be observations of sanitation facilities, social and behavioural practices in target communities, interviews with UNICEF, government, and other national, county and district level duty bearers, and focus group discussions and PRA exercises with caregivers, adolescents, community members and natural leaders.

**a. Sanitation facilities observation:** A checklist will be created and utilized to assess sanitation facilities in all 420 households surveyed quantitatively, encompassing social and behavioural practices within targeted communities. This observation will entail evaluating physical conditions, sanitation facilities usage, cleanliness, and hygiene behaviours.

**b. Key Informant Interviews (KII):** Interactive consultations will be conducted with key stakeholders including UNICEF, development agencies, government officials, and other relevant national partners.

**c. Focus Group Discussions (FGDs):** The evaluation will encompass six project-focused counties, with two districts per county. These discussions will involve fathers and mothers of children aged 0-2 years and adolescent students at school. A total of 36 FGDs will be conducted, with 8-10 people each, involving approximately 360 participants. The evaluation team will consider the WASH plan development status for selecting the fathers and mothers of children aged 0-2 years as completed, in-process, on-going, and remaining clusters considered as households of both ODF and triggered but yet to be ODF communities.

The evaluation team has prepared a FGD and KII findings consolidation reporting format which would be installed in a shared drive that will enable each of the evaluation team members to input notes of FGDs and KII instantly.

### **Quantitative data collection**

The evaluation will employ the following data collection tools: O&M checklists, checklists for assessing sanitation facilities, household surveys to gather demographic data and key household practices, and Knowledge, Attitude, and Practices (KAP) surveys at the community level. A survey questionnaire has already been drafted and furnished as annex 4 which will be pre-tested and finalized as part of the enumerators training. The KAP survey method will be applied to generate and collect sex and age-desegregated quantitative data on the awareness, behaviour and perception of ODF.

**Programme documents and secondary data:**

This process will involve examining various documents, including community action plans, community monitoring maps, meeting minutes from informal groups and WASH coordination committees, and records of program-related activities and outcomes within the sample district departments. It will also include data from the Demographic Health Surveys (2020), the Joint Monitoring Programme, and the National Population and Housing Census (2022).

### **7.3. Sampling strategies**

#### **For the districts and municipalities**

In determining district selection criteria for UNICEF-Liberia, districts and municipalities will be chosen purposively to ensure maximum diversity across the following dimensions:

- Socio-economic and cultural contexts
- Geo-physical and infrastructural characteristics
- Concentration of WASH and other development personnel, and community accessibility
- Commitment and capacity of relevant government departments involved.

#### **Sampling for Quantitative Data Collection**

The evaluation will employ a Multi-Stage Sampling method, incorporating both probability and non-probability sampling techniques at different stages. While non-probability sampling methods will be primarily utilized for sampling communities and selecting respondents, probability sampling methods will be employed for quantitative study purposes. Initially, 12 municipalities will be targeted across the 6 counties as per the proposal, constituting purposive sampling. For the quantitative aspect, simple random sampling will be used to select communities. The selection of respondents followed either a systematic or simple random sampling approach. Communities will be clustered based on blocks or access roads, and the total number of respondents will be distributed among municipalities. Within each municipality, respondents will be selected by spinning a bottle or pen. In cases where households will be dispersed, the snowball technique will be employed.

#### **Sample size**

The following sample size will be covered by household and KAP surveys, and observations. The sample size is to cover households of both ODF and triggered but yet-to-be ODF communities. Scientific steps will be followed to ensure the programme's thematic and geographic scopes including the technical appropriateness of the survey sample size and sampling procedure. By using the EPITOOLS software, (URL: <https://epitools.ausvet.com.au/oneproportion>). The following formula will be used to determine the sample size for the KAP survey.

Sample size is calculated using the formula:  $n = (Z^2 \times P \times (1 - P)) / e^2$

Where: Z = value from standard normal distribution corresponding to desired confidence level (Z=1.96 for 95% CI); P is expected to be the true proportion i.e. 50% and e is the desired precision (half desired CI width). The population size (for finite populations): The data collection will concentrate on a smaller sample of intervention sites, specifically: Gbarpolu, Grand Cape Mount, Grand Gedeh, River Gee, Maryland and Grand Kru County (Source: ToR, UNICEF). The approximate number of households in these 6 counties was 1,93,025 (Source: 2022 Liberia Population and Housing Census)

P=0.50, 1-p = 0.50

$n = (1.96)^2 \times 0.50 \times 0.50 / (0.05)^2$

n= 384 and (10% non-response rate)

The final sample size is 420 (50/50 representation of male and female population and equal representation among other socio-economic dimensions). Table 4 demonstrates further details of the sample size calculations.

**Table 3: County population and household**

County	Population	Proportion	No of municipalities	PPS	Triggered and ODF communities	Sample	Triggered but yet-to-be ODF communities	Sample
Gbarpolu	95,995	11.61	2	50	4	30	2	20
Grand Cape Mount	178,867	23.41	2	98	4	66	2	32
Grand Gedeh	216,692	22.63	2	92	4	62	2	30
River Gee	124,653	12.39	2	52	4	32	2	20
Maryland	172,587	19.29	2	82	4	54	2	28
Grand Kru	109,342	10.68	2	46	4	30	2	16
Total	8,98,136	100	12	420	24	274	12	146

Source: 2022 Liberia Population and Housing Census

### Sampling for the qualitative data collection

#### Focus Group Discussions

For the FGD the sample size will be determined proportionately among triggered and ODF communities and those yet to be ODF while ensuring equal representation across socio-economic demographics.

**Table 4: Number of FGD participants**

SN	No. of FGD	No. of FGD	Total Participants
1	Number of triggered and ODF communities (fathers and mothers of children aged 0-2 years)	12*10	120
2	Number of triggered but yet-to-be ODF communities (fathers and mothers of children aged 0-2 years)	12*10	120
3	Adolescent students at schools	12*10	120
	Total	36	360

### Key Informant Interviews

Key informant interviews will be conducted with UNICEF, government, and development partners, including implementing partners:

Organisation	Number of KIIs
UNICEF	6
USAID	1
WHO	1
CDC	1
NCTU	5
DCCs	2
WASH Commission	2
NPHIL/MOH	2
MPW	2
PDU	2
Liberia Water and Sewer Corporation	2
Ministry of Gender	2
Ministry of Education	2
Children Parliament	2
Private sector	2
Total	34

### 7.4. Data analysis and quality assurance

The quantitative data will be exported into the Statistical Package for Social Sciences (SPSS) for tabulation analysis. Descriptive statistics including the frequencies, percentages, and proportions will be used in the quantitative analysis. Cross tabulations will be used to measure the variation of information among different groups.

Qualitative data will be synthesized through conducting a consolidation workshop then synthesized findings will be exported into NVIVO software. Thematic categories and content under each category

will be crafted for synchronizing data and information. Qualitative data will be analysed using thematic and content analysis with the help of analysis sheets. Both the code saturation and meaning saturation will be considered.

### **Field process and data quality control**

All data quality control measures will be adhered to, including review of the study tools, field practice-oriented- hands-on training to the local enumerators, regular supervision in survey data collection, etc. The administered tools will be checked regularly for correctness, completeness, and consistency. To ensure data quality, the consultant team will prepare a complete guide of data tools to be used by the evaluation team members and survey enumerators. Each of the data tools /instruments will be prepared by which each tool could be used for data-gathering activities as a stand-alone exercise. Tools to be used by the local survey enumerators will be prepared in the English language with codification for automated entry purposes. Composed of an equal number of male and female enumerators with previous experience will be selected, the selected enumerators in English and communicate with the local people respecting the local culture and with the basic skills of working on the computer (email communication, use of a smartphone and internet).

The enumerators will be provided hands-on training on data collection (in compliance with the Ethical standard of research). They will be involved in hands-on training and including sample testing of the application of the questionnaire, review, and finalization of the format. During the training, the enumerators will also be briefed on the objectives of the evaluation, and the importance of selecting respondents at various levels in conformity with accuracy, and completeness. The rights of privacy of individuals. Additionally, the following important aspects will be considered:

- Voluntary participation and flexibility of individuals to - and the rights of privacy of individuals to participate partially or completely in the process.
- Maintaining confidentiality of data provided by individuals.
- Reactions of participants by the researchers.
- Behaviour and attitude of the enumerator.
- As the proposed data gathering methods would mostly involve multi-stakeholders group-based approach the scoring and explanation of the value will emerge from the process. This approach will not only eliminate biases but also ensure continued validation, transparency, data authenticity, and reliability.

For providing intensive supervision and follow-up to the survey enumerators the key evaluation team and the survey enumerators will work on the same site during the entire field of evaluation. At the end of each day, a reflection meeting of teams will be organized; in which the key evaluation team members will review the filled-in survey questionnaires.

The survey data will be collected using tab based electronic questionnaires and computer aided software KoBo collect. Use of KoBo will enable GPRS of sending spot and will allow the team to do continuous real time monitoring of data. Logics which will be carefully set in the electronic questionnaire will largely prevent enumerators to do mistakes. Once a questionnaire is filled-in, then and there it would be forwarded to KoBo depository which will have access control mechanism and unauthorized access will be denied. Similarly reports of FGDs, KIIs as well as notes of observations will

be prepared in electronic version which will be deposited in a designated and password protected web based depository. Appropriate care (E-cloud mechanism) will be made to reduce the risk of data damage, loss or theft, fire, flood and other disastrous events. Data files will be properly archived and saved in a secure place including a back-up system.

Stories, utterances and quotations/metaphors and case studies provide rich qualitative data and information. Besides focused group discussions and interviews, the evaluation method will encourage and facilitate respondents to share their stories from real life, which will be recorded and distilled in documenting the lessons learned. Relevant Photos of visible outcomes created by the program will provide empirical evidence. Further, the use of Participatory Rural Appraisal (PRA) tools will provide visual content.

### **Piloting of the quantitative tools**

All the quantitative tools (HH survey KAP questionnaire, Checklist) will be piloted near the working municipalities to find the validity and reliability of the tools. Similarly, researchers and field supervisors will also be familiar with the tools. Piloting of the tools (municipality) will be finalized based on the discussion with the project team.

### **Data Processing, Analysis, and Interpretation**

The members of the data processing team received sessions on the practical experience of the use of the codes and database. To prevent errors and to control quality, each data encoder will complete a pre-determined number of questionnaires per day. The daily output will be monitored, and necessary corrections will be made where errors are found.

Three databases will be developed for both the KAP Survey and the FGD, and KII. The first utilized Excel, used for encoding data sets. The data generated will be then transferred to the SPSS software for analysis. From SPSS, the data will be exported to Excel/R for graphing, tabulation and to facilitate interpretation. From Excel, the data and information will be exported to Word format.

### **Process of triangulation**

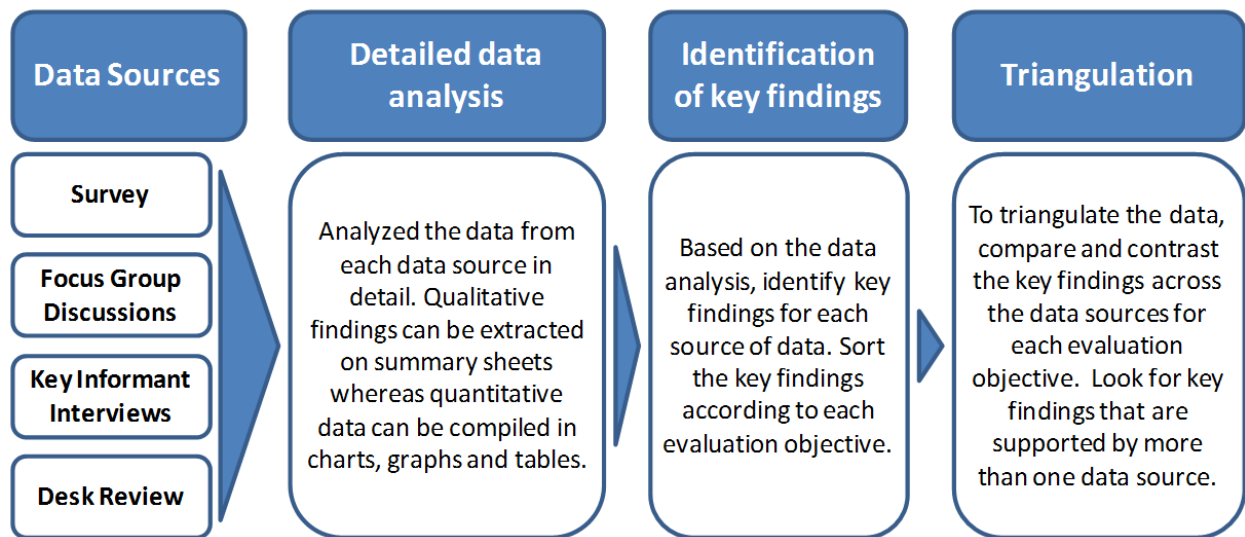
Among various types of triangulation methods, we planned to do the data triangulation of qualitative and quantitative findings. Qualitative and quantitative findings and review results of secondary data and programme documents will be compared to determine areas of agreement as well as areas of divergence.

**First step:** The summary of the quantitative data and data output in the form of charts, graphs, and/or tables. Data sources from a desk review will also be included.

**Second:** Once the data has been analysed, key findings will be extracted. Findings need to be grouped and sorted according to the evaluation objectives/framework.

**Finally:** when all the key findings have been sorted, the triangulation process will be done. Looking across each data source, key findings that are similar can be more easily identified. Key findings can then be grouped into those that are substantiated by other data sources and those that sit on their own.

To make the sorting and triangulation process more productive; team members will identify what belongs where and some level of healthy debate will be done among team members. The detailed process is.



**Figure 2: Process of Triangulation of data and methods for analysing data**

**Triangulation:** To form associations between categorical variables cross-references and co-relations will be described in the analysis. Opinions and ideas gathered from various categories of respondents and documents would be triangulated for analysis, drawing lessons and recommendations. The evaluation methodology will include accessing multiple data sources diversifying data sources and applying mixed methods and tools by a multi-disciplinary team wherever needed. In the analysis and findings, triangulations will be used to verify opinions and ideas provided by different categories of stakeholders both in quantitative and qualitative parameters. Wherever necessary, the narrative and text would be supplemented by relevant information tables, case studies, quotations, graphs, and photographs. The analysis would be constructed by synthesizing commonalities and differences in opinions and ideas provided by various categories of stakeholders. Thematic analysis of documents will be compared with notes of stakeholder consultation, eventually leading to defining similarities, differences, and general patterns toward the conclusion.

Variances between planned and actual results will be explained. The factors driving and blocking the achievement of intended results will also be revealed. The findings will be comprehensive and balanced; it will highlight the strengths, weaknesses, and outcomes of the intervention. The lessons and recommendations will be substantiated by the evidence and logically connected to the findings of the evaluation. To prepare a standard report the content of the report will be structured coherently with a logical flow. Data and information will be presented, analysed, and interpreted systematically with a clear line of evidence supporting the lessons, good practices and recommendations.

## 7.5. Ethical Considerations and Evaluation principles

To protect the dignity, rights, and welfare of participants and respondents, the evaluation team will fully comply with the research ethics and principles. All members of the evaluation team and enumerators will be invited to a presentation workshop to be organized before the onset of the evaluation. During that orientation workshop, the objectives, purpose and most importantly the spirit of the evaluation exercise will be explained to them. Using experiential learning methods (role play, case study, FGD, video clipping, and slides) the approach of the evaluation will be explained, and knowledge and skill of participatory evaluation will be imparted/refreshed that would be enjoyed by all. Moreover, the evaluation team and enumerators will be made aware of the use of proper language, non-verbal communication, body language, eye contact, attitude and behaviour.

The participant's consent in sharing their ideas and views will be taken while collecting data and information from them. The time and place of consultation will be decided in full agreement with the participants. For sensitive information CONFIDENTIALITY can be ensured by not to use names and picture of any respondent. Care will be taken by which evaluation participants will not be subjected to harm in any ways whatsoever.

The expert evaluation team is absolutely in a position to maintain INDEPENDENCE because they have not been involved in Project activities, nor have they been responsible in the past for the design, execution or supervision of the programme thus there is no conflict of interest.

With regards to IMPARTIALITY the overall methodology of the evaluation has been designed as such that it is not the member of the evaluation team whose opinion is counted but the opinion of multiple stakeholders and duty bearers. The evaluation team will just blend those opinions, analyse, triangulate and draw findings. The evaluation process will unbiased at all stages, and took into account all views received from various categories of respondents; This approach of evaluation will provide a comprehensive and balanced presentation of the strengths and weaknesses of the programme.

In compliance with the principle of TRANSPARENCY each team member will introduce her/his professional identity concerning the evaluation. Additionally, the approach would ensure the 'INFORMED CONSENT' of the respondents by explaining the background, objective, purpose of data gathering, use of data, how the data will be shared with whom needed time to be given by the respondents voluntarily, provisions of documenting their responses, and their right to participate and withdrawal from the engagement. The evaluation report will provide transparent information on its data sources, methods and approaches applied.

All members of the evaluation team having experience of doing research and evaluation involving children. As per the evaluation framework the evaluation includes adolescent girls and boys as one the categories of respondents. The women team members will take lead role in conducting FGDs with adolescents girls. Of course informed consent will be solicited from their guardians. The data tool would be discussion oriented by which the children would have no requirement of extra ability as respondents but they can share their ideas and opinions without any stress. The time and place of meetings and discussion will be chosen as such which is easy for children to access and at the outset of the discussion children responsive environment will be created. Nonetheless part of the informed consent children and their guardian will be informed about complaint procedure

The evaluation will adhere to the norms and standards of UNICEF ensuring the incorporation fo guidelines in the following documents:

- UNICEF Procedure for Ethical Standards in Research, Evaluation, and Data Collection and Analysis (2015)
- UNEG Guidance for Integrating Human Rights and Gender Equality in Evaluations (2024)
- UNICEF Guidance on Gender Integration in Evaluations (2019)
- UNEG Ethical Guidelines (2020)
- ERIC Compendium Ethical Research Involving Children (2013)

## 7.6 Limitations and constraints of the evaluation

The evaluation team assumes evaluations exposure with following limitations and constraints:

Assumed limitations and constrained	Likelihood	Potential Impact	Mitigation strategy
Data is not available in time and/or does not provide adequate information.	Low	High	Clarify availability and information constraints with stakeholders and seek the support from the evaluation reference group at UNICEF to facilitate access to the documentation at the earliest opportunity. Seek other sources and informants to triangulate information
Gender- and age and special vulnerable group disaggregated data has not been collected, or information gaps exist.	High	Moderate	The evaluation team will gather inputs for a gender assessment from stakeholder discussions and qualitative data, where quantified sex- differentiated data is not sufficient.
Emergency situations	Low	High	Seek support from UNICEF: possible reschedule the start/ongoing evaluation activities and remote continuation of activities if necessary.
Women respondents are not comfortable to discuss with foreign evaluators in English	Moderate	Low	Female team members accompanied by women field staff of the project. Use PRA tool to have active engagement and sharing by women
Inadequate reach to the government staff/representatives	High	Moderate	Seek support from UNICEF to communicate, contact and schedule interview with this category of respondents
Domination of male over women may prohibit spontaneous sharing	High	High	Conduction of separate FGDs with men and women

of opinions and ideas by the marginalized women.			
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The study samples are not at risk for issues such as: violence, torture, abuse, kidnapping; sexual exploitation, harassment, violence or abuse; prostitution or pornography, female genital mutilation, reproductive or sexual issues; sexual orientation; child, early or forced marriage; suicide. Further, no study subject is involved in slavery, including the sale and trafficking of children; forced labour, servitude, forced recruitment to armed groups; war or armed conflict; illegal activities, production or trafficking of drugs; economic exploitation; work that could damage health or safety; removal of organs for exploitation. The evaluation team member will remain aware and act strategically that there could be a possibility of suppressing the real data and providing false information by the interviewees for their own hidden interest. Such suppression of real information might create a problem in getting the true picture. Examples of depicting a better off family as poor to the external enumerators was a common phenomenon in many development interventions in the past.

With regards to gender, ethnicity, or other demographic characteristics or grouping of subjects, the nature of sanitation programme does not involve any direct conflict of interest between study subject groups and interviewers. Thus, no increase in risk is foreseen.

Although the evaluation team anticipates no risk of subject disclosure, but in all IC documents a section of contact has been provided with all contact details including email of the lead consultant. For reporting abuse of minors The CONTACT section of IC document will advise the subject to inform any kind of abuse to the lead consultant over phone or email which is not mandatory but optional.

## 8. FIELDWORK PALN

Work Plan Gantt Chart

