**Baby WASH guidance**

Module 3: monitoring and evaluation

# **Introduction to Module 3**

The objective of Module 3 is to support Concern country offices to monitor and evaluate baby WASH interventions. It will take you through the important steps of selecting indicators, setting targets, monitoring your progress against those targets, evaluating the programme and documenting learning.

This follows on from Module 1 (assessment) and Module 2 (programme design) of this guide.

Just a reminder, baby WASH encompasses a wide variety of interventions (Figure 1 in the Introduction). The Concern guide focuses, specifically, on three areas of baby WASH programming that are most likely to be implemented within Concern country programmes and are most likely to be missing from existing WASH or Nutrition programmes. (see the Introduction to this guide for more on why these were selected)

The focal areas for this Baby WASH guide are:

* Safe disposal of baby faeces
* Clean household environment and play spaces (free from human and animal faeces)
* Clean birth

Module 3 is divided into the following sections:

1. Selecting indicators & setting targets
2. Baseline assessment
3. Monitoring
4. Endline assessment
5. Documenting learning

## **What is monitoring and evaluation?**

Monitoring is the collection and analysis of information about an intervention while it is ongoing to assess progress and check that things are on track. Evaluation is the periodic assessment of the intervention to find out the intended results were achieved.

Monitoring and evaluation helps implementers to see the difference the intervention is making, to improve learning, inform decisions about the intervention, and ensure accountability to all stakeholders, from beneficiaries to donors. Documenting your learning is also important so that you can share your learning with others and contribute to the evidence base.

# **Selecting indicators**

## **What are indicators and why do we need them?**

Indicators provide a simple way to measure achievement by reflecting changes connected to an intervention. They help to provide evidence of change. Indicators can be quantitative (reported as numbers) or qualitative (reported as words).

## **What indicators should we select?**

You will need to select indicators for each of your objectives that were set in Module 2 of this guide, explained in Table 1. It will not usually be necessary to set indicators for the impact level (such as child mortality, prevalence of wasting and stunting), as these will likely be collected as part of the wider Concern programme in the area and often from secondary sources. You will, however, need to select indicators to measure progress against the *outcomes, outputs and activities* of your baby WASH intervention*.*

**Table 1: Objectives and indicators**

|  |  |
| --- | --- |
| **Objective** | **Indicator should describe:** |
| **Impact:** What the baby WASH intervention aims to contribute to (broader or longer-term objective) e.g. reduction in child mortality, or prevalence of wasting. | ***Desired impact*** (measured within wider Concern programme) |
| **Outcomes:** What the baby WASH intervention aims to achieve by the end of the project period e.g. a change in knowledge or behaviour. | ***Desired outcomes*** (Concern standard indicators) |
| **Outputs:** Tangible products, goods and services that are the result of your activities. | ***Intended outputs*** |
| **Activities:** a specific set of actions needed to achieve your outputs. | ***Intended activities*** |

## **Can we use Concern standard indicators?**

There are Concern standard indicators relevant to practices and knowledge around different aspects of baby WASH, listed in Box 1 below. Use these wherever possible – most likely as ***outcome*** indicators.

Other Concern standard indicators for WASH, nutrition or health may also be relevant for your programme – find the full list [here](https://concern2com.sharepoint.com/sites/PQ_Guide/Pages/PCMS%20Phase%201%20-%20Concern%20Standard%20Indicators.aspx). Annex 1 shows how these could be applied to a baby WASH intervention using three examples (indicators in green). Do remember these are just examples – your baby WASH intervention will be unique in response to the unique needs and desires of your target communities and should be guided by your initial baby WASH assessment.

**Box 1: Concern standard indicators related to baby WASH**

***Indicators around safe disposal of child faeces:***

Outcome indicator on [safe disposal of children’s faeces:](https://concern2com.sharepoint.com/sites/PQ_Guide/Pages/Indicator%20Definition%20-%20WASH%20-%20Safe%20Disposal%20of%20Children%E2%80%99s%20Faeces.aspx) % of young children (0-23 months) whose faeces are always disposed of safely (defined as immediate removal of faeces and disposal in a latrine (and wash hands afterwards). [available here on the PQ Guide](https://concern2com.sharepoint.com/sites/PQ_Guide/Pages/Indicator%20Definition%20-%20WASH%20-%20Safe%20Disposal%20of%20Children%E2%80%99s%20Faeces.aspx)

Output indicators (available by June 2021 on the PQ guide):

* Knowledge of the dangers of ingesting baby faeces: % of caregivers of infants 0-23 months who have adequate knowledge of the dangers of infant and young children ingesting their faeces.
* Knowledge of the safe disposal of baby faeces: % of caregivers of infants 0-23 months who have adequate knowledge of the how to safely dispose of baby and young child faeces.

***Indicators around clean spaces for infants and/ or separation of animals from play spaces:***

Outcome indicator: % of households where infants 0-23 months usually play in a clean environment within the household (no animals, animal faeces, human faeces or trash) (available by June 2021 the PQ guide)

Output indicators (available by June on the PQ guide):

* Knowledge of the importance of clean play spaces: % of caregivers of infants age 0-23 months who have adequate knowledge of the importance of creating clean play spaces for them within the household.
* Knowledge of how to provide clean play spaces: % of caregivers of infants 0-23 months who have adequate knowledge of how to create clean play spaces for their infants within the household.
* Knowledge of the dangers of ingesting animal faeces: % of caregivers of infants 0-23 months who have adequate knowledge of the dangers of them ingesting animal faeces.
* Separation of animals and infants: % of households with infants age 0-23 months where animals are normally separated from areas where infants age 0-23 months are set down and play within the household.

***Indicators around clean birth*** (available soon on the PQ guide)

Outcome indicator: % of birth attendants who followed x [to be determined] of the WHO ‘6 cleans’ during the last birth that they attended (in health facility or home-based).

Output indicator:

* Knowledge of clean birth practices: % of birth attendants who understand the importance of a clean birth and the actions that need to be undertaken by birth attendants to ensure that birth is clean.

## **When and how do we create new indicators?**

Outcome indicators should be available soon on the PQ guide – there shouldn’t be a need to create new ones, but HQ advisers would like to continue to discuss this and review towards end 2021. You may need to develop additional indicators for your outputs and activities that are tailored to your specific baby WASH intervention. Output indicators will help you to check that your activities are reaching the right people and achieving what you intended. Find out more about this [here](https://concern2com.sharepoint.com/sites/PQ_Guide/Documents/1.%20General%20PM&E%20Technical%20Guidance/2.%20Monitoring%20and%20RBM/Monitoring%20Outpus.pdf). Activity indicators help you to regularly check that you and your team are taking the actions that you planned to take. More information about this can be found [here.](https://concern2com.sharepoint.com/sites/PQ_Guide/Documents/Forms/AllItems.aspx?id=%2Fsites%2FPQ%5FGuide%2FDocuments%2F1%2E%20General%20PM%26E%20Technical%20Guidance%2F2%2E%20Monitoring%20and%20RBM%2FMonitoring%20Activities%2Epdf&parent=%2Fsites%2FPQ%5FGuide%2FDocuments%2F1%2E%20General%20PM%26E%20Technical%20Guidance%2F2%2E%20Monitoring%20and%20RBM)

When designing indicators make sure that they are *specific, usable and measurable*. Try not to measure multiple elements within one indicator. You should include a mix of quantitative and qualitative indicators. Read more about the differences between quantitative and qualitative indicators [here](https://concern2com.sharepoint.com/sites/PQ_Guide/Pages/General%20Guidance%20-%20Quantitative%20vs.%20Qualitative.aspx).

Examples of output and activity indicators for three example interventions are provided in Annex 1. Do remember that these are just examples – please engage with the HQ WASH/ Nutrition and M&E advisers if you have questions/ ideas.

## **How will we measure our indicators?**

For each indicator you will need to decide a ‘means of verification’ – in other words, how you will measure the change that the indicator describes. When deciding on means of verification make sure that you use existing methods where possible. For example, are household surveys already scheduled to take place in the wider programme area? If so, consider including your indicators within these surveys. Also specify how often this method will be carried out, e.g. annually, quarterly, or monthly. If you are relying on project records, make sure that systems are created internally so that the right records are kept and the right data is regularly collected.

# **Baseline assessment**

## **What is a baseline assessment?**

Before implementation begins, you will need to carry out a baseline assessment to provide a picture of the target populations’ situation in relation to the selected indicators. This is the first set of data that you collect to tell you about the current situation so that later, when information is collected again, you can see how things have changed.

## **What information do we need to collect at baseline?**

You will not be able to collect information about your activities as these have not started yet. Collect information against your *outcome and output indicators only*. More information about baseline surveys can be found [here.](https://concern2com.sharepoint.com/sites/PQ_Guide/Pages/PCMS%20Phase%202%20-%20Baselines.aspx)

## **When do we carry out a baseline assessment?**

Ideally a baseline survey will take place before implementation begins. Although in reality this may be soon after implementation begins. Take note of the seasons and decide which time of year it is most appropriate to carry out the baseline assessment. For example, if the intervention concerns how livestock are managed, ensure that the assessment is carried out at a time of year when livestock are most likely to be within the vicinity of the community.

## **How many people should we assess?**

When collecting quantitative information, e.g. within a household survey, you need to make sure that you ask enough people. This is called sampling. Please see the more guidance on this in the Concern PQ guide [here](https://concern2com.sharepoint.com/sites/PQ_Guide/Pages/General%20Guidance%20-%20Sampling.aspx).

You do not need to calculate a sample size when using qualitative methods (e.g. focus group discussions and key informant interviews). Instead use exhaustive sampling – i.e. keep asking people until you start to hear the same things repeated many times (no more new answers). You can then stop investigating.

# **Monitoring progress**

## **How often should we monitor our progress?**

It is important to check against all indicators (outcome, output, activities) continuously throughout the project. Some outcome indicators may only be measured at baseline and endline, but ideally you should measure them annually if change is expected within one year. In programmes that are greater than one year, an annual survey could serve as a midline, providing the opportunity to adjust activities. Baseline and endline surveys should be carried out at the same time of year as baby WASH activities and outputs may be strongly affected by seasonal changes. Annual assessments should take place within wider monitoring activities as far as possible. Meanwhile, you should be monitoring your output and activity information and indicators on at least a monthly basis.

## **How do we analyse monitoring information?**

Once you have collected information against each indicator, compare this information to that collected at baseline, any previous years. For output and activity indicators, you should be reviewing them against previous months. What change can you see? What does this tell you? Analyse and discuss qualitative results and look for themes. What does this information tell you? Look out for unintended results that are not what you were expecting. If there are things that you don’t understand, don’t be afraid to go back to the community again for more information.

## **How do we use monitoring information?**

Concern recommends quarterly programme reviews of some kind. Baby WASH activities should be reviewed as part of the broader programme they are part of. Once you have collated the available information together, meet as a whole team (not just M&E but those who are implementing the baby WASH activities – Concern and partners) to discuss and interpret the findings and make decisions about potential corrective actions to be undertaken. Also present them to stakeholders (including beneficiaries in the community) to see how they interpret the findings. Ask yourselves:

What is working well and not so well, and why?

What changes do we need to make to our intervention and ways of working?

What have we learnt about how to achieve change?

These learnings can be fed back into the design of the intervention. This will help to improve the intervention so that it can achieve higher impact.

## **Who do we share monitoring information with?**

Quarterly review findings are generally internal. The results of any annual assessments and key monitoring data should ideally be written up in a short report to share at least annually with stakeholders, including the communities you are reaching (potentially in more visual than report form) so they can see what change has happened and understand any changes that will be made to the intervention going forward.

# **Endline assessment**

## **When do we carry out an endline assessment?**

At the end of the programme you will need to create an endine assessment. This is the final set of data that you collect about your indicators to provide specific information about the situation at the end of the intervention. When this is compared to baseline information it will give a clear picture of how things have changed. The same methodology should be applied as during the baseline assessment, and it should be carried out at the same time of year.

## **How do we analyse endline information?**

Once you have collected and analysed the information against each indicator, bring together the same group of internal and external stakeholders as for the quarterly reviews. Compare this information to that collected at baseline. What change can you see? Also analyse and discuss qualitative results and look for themes. What does this information tell you? Reflect back on the initial objectives of the intervention and discuss together how far these were achieved. Discuss your findings with stakeholders, including community members, to see if they agree with your interpretation.

## **How do we write an endline report?**

The results of the endline assessment should be collated into a final report. An example structure of an endline report is provided in Box 2.

**Box 2: Example structure of an endline report**

***Summary*:** short summary of the report

***Background:*** outline the programme and target group

***Data collection methodology:*** describe how you collected the information and explain any change from baseline methods used. Include information on the sample size that you used, how respondents were chosen and any changes in sampling methods used since baseline.

***Results/findings:*** show values for each quantitative indicator compared to baseline and any previous years. Also lay out themes emerging from the qualitative data at endline.

***Discussion:*** Interpret the findings – what does the data tell you? What change has happened? Why?

***Annexes:*** include tools that you used e.g. questionnaires or interview guides.

## **Who do we share our endline report with?**

Share your endline report with all relevant Concern staff M&E team and project team implementing the activities, HQ advisers and stakeholders, including target communities and donors. Ensure that the findings are discussed with stakeholders and that they have a chance to discuss what the findings mean for them.

# **Documenting our learning**

Documenting your learning is important to share your learning with others and contribute to the evidence base. This is particularly important with a relatively new area of programming such as baby WASH. Others will be keen to learn from your experiences around what worked, what didn’t work and what you would do differently in future. Annex 2 lays out a structure of a learning paper. This can then be shared with stakeholders and other organisations interested in baby WASH programming.

## **Annex 1: Example indicators**

Indicators in green are standard Concern indicators. Click on the links to the find out how to collect against these from Concern’s PQ guide.

**Example 1: Example indicators for interventions focused on safe disposal of baby faeces**

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Indicators** | **Where to find it** | **How indicators will be measured** |
| **Outcome** | | | |
| Safe disposal of the faeces of children under two years. | [**Safe disposal of children’s faeces:**](https://concern2com.sharepoint.com/sites/PQ_Guide/Pages/Indicator%20Definition%20-%20WASH%20-%20Safe%20Disposal%20of%20Children%E2%80%99s%20Faeces.aspx) % of young children (0-23 months) whose faeces are always disposed of safely (defined as immediate removal of faeces and disposal in a latrine (and wash hands afterwards). | On Concern PQ Guide  [here](https://concern2com.sharepoint.com/sites/PQ_Guide/Pages/Indicator%20Definition%20-%20WASH%20-%20Safe%20Disposal%20of%20Children%E2%80%99s%20Faeces.aspx) | General household surveys (annual) |
| **Outputs** | | | |
| Community members are aware of the need to safely dispose of baby faeces and are equipped with knowledge to do this. | **Knowledge of the dangers of ingesting baby faeces**: % of caregivers of infants 0-23 months who have adequate knowledge of the dangers of infant and young children ingesting their faeces.  **Knowledge of the safe disposal of baby faeces**: % of caregivers of infants 0-23 months who have adequate knowledge of the how to safely dispose of baby and young child faeces. | Soon on Concern PQ Guide | General household surveys (annual) |
| Community members have access to preferred equipment needed to safely dispose of baby faeces. | % of households with infants 0-23 months using washable nappies/ loin cloths or potties for safe disposal of infant faeces (must have evidence of use).  Attitudes and perceptions of caregivers around buying and using nappies/ loin cloths and potties. | To be developed with countries and possibly put on PQ guide/ into DDG if working well. | General household surveys (annual)  Focus Groups and key informant interviews (annual)  Assessment of local markets (annual) |
| **Activities (see module 2)** | | | |
| Development of SBCC messages and materials with community members around safe disposal of baby faeces. | Number of beneficiaries reached with specific SBCC messages focused on safe disposal of child faeces through different channels. |  | Project records (annual). |
| Promotion of SBCC messages through multiple channels in collaboration with community members (mother support groups, mens groups radio, integration within existing health promotion campaign). |  |
| Market analysis of supply chain for different equipment needed for the context |  |  |
| Sensitisation of local vendors on the value of stocking equipment for safe disposal of child faeces (washable nappies and potties). | Number of local sellers reached for sensitisation. |  |
| Sensitisation of local vendors around opportunities for business (washable nappies and potties). | Number of individuals in credit groups reached for sensitisation. |  |
| Training sessions for caregivers in use of nappies and potties.  Ideally training of trainer sessions to ensure the skills training is cascading downwards. | Number of caregivers reached with training.  Number of trainers trained |  |

**Example 2: Example indicators for interventions focused on clean play spaces within the household**

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Indicators** | **Where you can find it** | **How indicators will be measured** |
|  | **Outcome** | | |
| Children under two years play in clean spaces within the household compound (no animals, animal faeces, human faeces or trash). | **Clean play spaces for infants:** % of households where infants 0-23 months usually play in a clean environment within the household (no animals, animal faeces, human faeces or trash) | Soon on Concern PQ Guide | General household surveys (annual) |
| **Outputs** | | | |
| Community members are aware of the need to ensure play spaces for infants within the household are clean, including the need to separate animals, and are equipped with knowledge to achieve this. | **Knowledge of the importance of clean play spaces:** % of caregivers of infants age 0-23 months who have adequate knowledge of the importance of creating clean play spaces for them within the household.  **Knowledge of the dangers of ingesting animal faeces:** % of caregivers of infants 0-23 months who have adequate knowledge of the dangers of them ingesting animal faeces.  **Knowledge of how to provide clean play spaces:** % of caregivers of infants 0-23 months who have adequate knowledge of how to create clean play spaces for their infants within the household.  Attitudes and perceptions of caregivers around clean play spaces and separation of animals from household. | Soon on Concern PQ Guide | General household surveys (annual)  Focus Groups and key informant interviews (annual) |
| Animals are separated from areas where infants play in household compounds. | **Separation of animals and infants:** % of households with infants age 0-23 months where animals are normally separated from areas where infants age 0-23 months are set down and play within the household. | Soon on Concern PQ Guide | General household surveys (annual) |
|  | **Activities** | | |
| *Development of SBCC messages and materials around clean household environment with community members.* | Number of beneficiaries reached with specific SBCC messages on keeping the HH environment / play spaces clean through different channels.  Attitudes, perceptions and actions of caregivers around creation of clean play spaces for infants (including separation of animals) |  | Project records (annual)  Focus groups and key informant interviews (annual) |
| *Promotion of SBCC messages through multiple channels in collaboration with community members (mother support groups, mens groups, radio, integration within existing health promotion campaign)*  *.* |  |
| *Community-level responses to livestock management that enable livestock to be kept communally when not grazing* | Attitudes, perceptions of and actions taken by community leaders and livestock managers around separation of animals from play spaces. |  | Focus groups and key informant interviews (annual) |
| *Provision of materials and training to build chicken houses and coops to keep chickens out of household play spaces.* | Number of beneficiaries reached with materials. |  | Project records (annual) |

**Example 3: Example indicators for interventions focused on clean birth**

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Indicators** | **Where can I find them** | **How indicators will be measured** |
|  | **Outcome** | | |
| Birth attendants who attend women’s births (in facility and community) facilitate a clean birth. | **Clean birth practices:** % of birth attendants who followed x of the WHO ‘6 cleans’ during the last birth that they attended (in health facility or home-based). | Still being finalised on the PQ Guide | Quantitative interviews using a structured questionnaire in a representative sample of birth attendants.  Supported by  focus group discussions with birth attendants (annual) |
|  | **Outputs** | | |
| Improved WASH facilities in the delivery and postnatal rooms of health facilities where women give birth. | % of health facilities with improved water, sanitation and hygiene infrastructure. | WASH FIT assessment tool  Concern Health Facility Assessment tool [here](https://concern2com.sharepoint.com/sites/PQ_Guide/Pages/Health%20-%20Health%20Facility%20Assessment.aspx) but it  assesses general WASH infrastructure for the health facility - not specific to the delivery/ postnatal rooms. |  |
| Improved knowledge of how the WHO 6 cleans among birth attendants (in health facilities and community) | **Knowledge of clean birth practices:** % of birth attendants who understand the importance of a clean birth and the actions that need to be undertaken by birth attendants to ensure that birth is clean. | Still being finalised on the PQ Guide | Interviews/ focus group discussions with birth attendants (annual) |
|  | **Activities** | | |
| *Identify WASH infrastructure needs within health facilities and work to fill gaps.* | *Use the WASH FIT tool to carry out a full assessment* |  |  |
| *Carry out training with birth attendants at health facilities and in the community on clean birth practices.* | Number of birth attendants reached with training. |  | Project records (annual). |
| *Sensitise community members on the importance of clean birth.* | Number of community members in the health facility catchment area reached with messagines on preparing for a clean birth/ post natal hygiene.. |  | Project records (annual). |
| *Distribute clean birth kits to pregnant women for use during delivery.* | Number of clean birth kits disseminated. |  |  |

**Annex 2: Structure of a learning paper**

*Taken from the Concern PQ guide.*

1. Box with ‘key takeaways’

2. Introduction – background and contextual information describing:

* The situation in the country/ region – the ‘problem’
* The programme/ project
* Consider the following: Implementing your programme or specific aspects of your programme, managing your programme or aspects of your programme like monitoring and evaluation or quality management, dealing with a specific challenge impacting your target group or implementation.
* The learning experience – the way the information was gathered that we are learning from

3. Reflecting on and analysing the experience

* Consider these questions: What was done? Who was involved? What were the different processes? How was it experienced? What were the outcomes?

4. Reflecting on the implications of the experience:

* Consider these questions: What worked well, and why? What didn’t work so well, and why? Why did it happen in a certain way? How could it have happened differently?
* What are the implications of this:
  + For the project/ programme
  + For your organisation
  + For other organisations who may be tackling the same issue/s
  + For policy if applicable

5. Describe plans for the future as a result of this experience and advice/ recommendations for other organisations for the future.

* Consider these questions: Now what? What will you do differently? What will change? How will you approach this in the future? How would you advise other organisations to approach this?