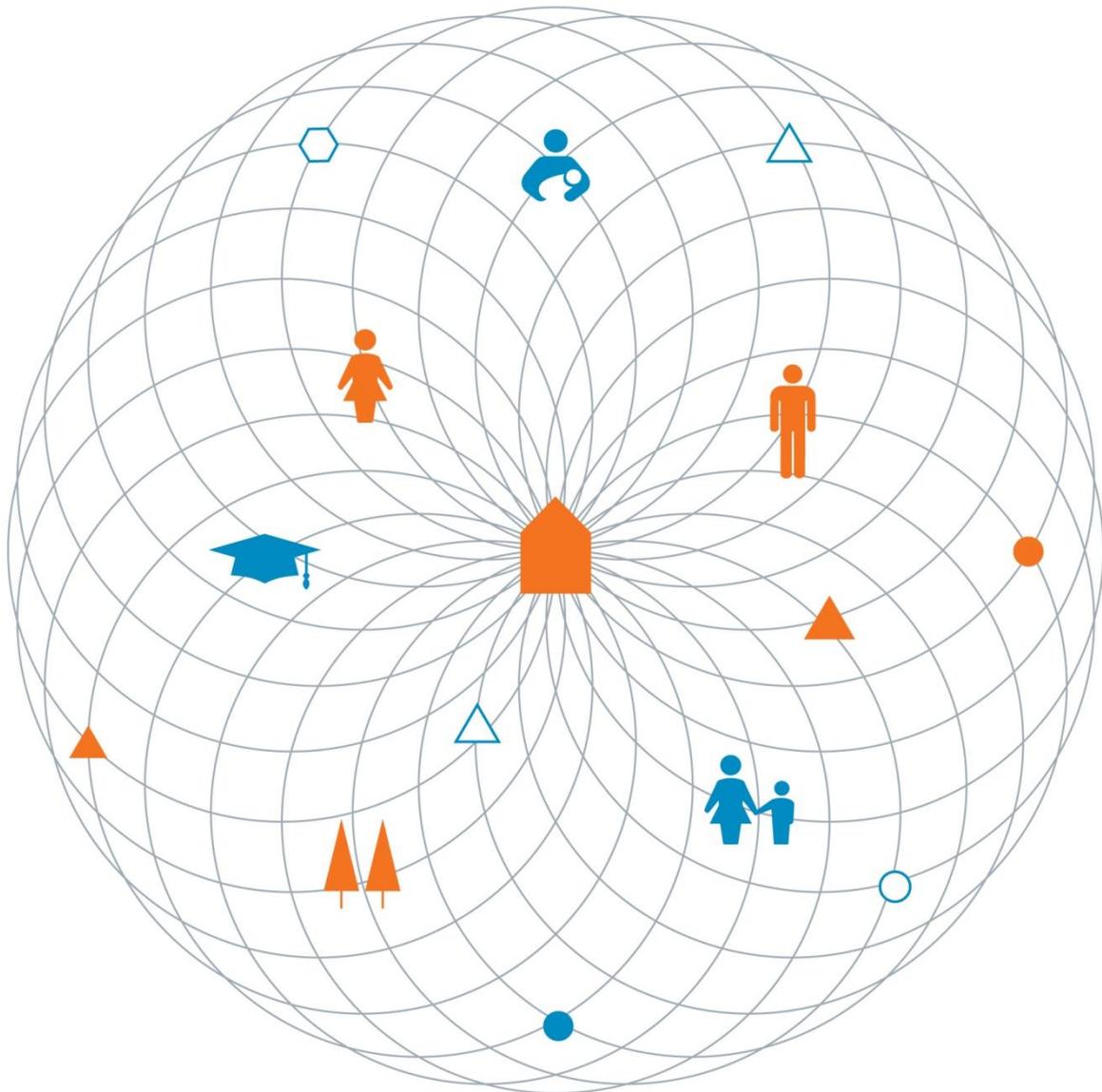


OWNP Baseline Report (Draft)

17 January 2017

One WaSH National Programme



OWNP Baseline Report (Draft)

OneWash National Programme

DFID

Technical and Managerial Support for Strengthening the Monitoring and Evaluation (M&E) system of the One WaSH National Programme (OWNP) of Ethiopia, and for Conducting an Impact Evaluation

Task 2: Impact Evaluation

PO 6888

17 January 2017

Coffey International Development Ltd

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- Quality management
- HSSE and risk management
- Financial management and Value for Money (VfM)
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- Performance Management and Monitoring and Evaluation (M&E)

Project Director: Richard Hooper



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Executive Summary

Background to the OOWNP

The One WaSH National Programme (OWNP) is a sector-wide approach to WaSH (Water Sanitation and Hygiene) which aims to improve the health and well-being of communities in rural and urban areas by increasing equitable and sustainable access to water supply and sanitation, and adoption of good hygiene practices.

The Programme has four components:

1. **Rural WaSH:** Focuses on rural and pastoral WaSH and intends to construct new water points / supply schemes, dug-wells and rehabilitation existing schemes and a self-supply enhancement programme to encourage construction of household and community dug wells. It also aims at increasing access to improved latrines and hygiene services.
2. **Urban WaSH:** Focuses on urban WaSH to augment and expand the urban water supply schemes, sanitation practices, and management of wastewater and public toilets in all urban areas;
3. **Institutional WaSH:** Focuses on institutional WaSH for improving water supply and sanitation facilities and hygiene practices at all health institutions and schools; and,
4. **Programme Management and Capacity Building Programme:** Focuses on programme management and capacity building of institutions and implementing partners at all levels through training, post-construction management support, equipment, tools and support to monitoring and reporting.

Background to the Baseline Report

In March 2015 the Coffey consortium were commissioned by DFID and NWCO (National WaSH Co-ordination Office) to provide Technical and Managerial Support for strengthening the M&E system of the OOWNP, and conduct an impact evaluation. A functional WaSH M&E system will make it possible to measure and report progress towards the OOWNP results and will contribute in particular to monitoring and evaluation of progress against specific WaSH related commitments set out in DFID-Ethiopia's Operational Plan.

The assignment is divided into three tasks:

Task 1: Strengthening the WaSH M&E System

Task 2: Impact Evaluation

Task 3: Dissemination and use of M&E report

The primary objective of the **impact evaluation** is to measure the effectiveness and sustainability of Consolidated WaSH Account (CWA) funded activities within the OOWNP. Our approach is theory driven to allow us to test the underlying assumptions implicit in the programme and articulated in the Theory of Change. As well as measuring the effect of the programme we will be able to determine the difference, where the programme has not had the intended effects, between theory failure (where assumptions in the programme design have not held true) and implementation failure.

Purpose of the Baseline Report

This Baseline Report describes the context in which the programme is currently being implemented and serves the following purposes:

- It presents key information that will be used **at endline to measure changes** that the programme has brought about (**accountability**) and to test assumptions within the Theory of Change (**learning**);
- It provides **information for immediate** use among OOWNP partners and DFID Ethiopia as it provides insight from the perspective of key informants on the implementation to date and the challenges faced and it deepens the knowledge of the population, and institutions, the Programme is targeting.

Methodology

We have drawn on primary qualitative and quantitative data as well as some secondary data to contextualise our results. The data collection methodologies are designed to be complementary by providing different types of data from different sources and perspectives. The evaluation methodology will also draw on data collected by the Task 1 MIS at endline (the MIS is not yet operational). The primary data is specific to the WaSH evaluation but has limitations in terms of representativeness whereas the Task 1 MIS data is oriented towards the government performance framework but has a larger scope. Our primary research sources include:

- **Household Survey:** 3,000 interviews including 1,500 in urban areas and 1,500 in rural areas with both urban and rural samples comprising 1,000 interviews in intervention areas and 500 in control areas.
- **Key Informant Interviews:** 46 semi-structured interviews with key informants from federal to local (kebele) levels including both government and non-governmental stakeholders.
- **Institutional Assessments:** 44 assessments (22 at schools and 22 at health centres) including a short-semi-structured interview followed by enumerator observations of the institutions' WaSH facilities.

Key findings

Access to clean drinking water

In the urban intervention areas two-thirds of households (68%) have access to piped water during the dry season¹ including 41% whose water is piped into their yard or dwelling and 23% who collect it from a public tap or stand pipe. In the rural intervention areas only 43% of households access piped water during the dry season with the most collecting water from a public tap / stand pipe (40%). The secondary source in rural intervention areas are springs (used by 27%) with most of this subgroup using unprotected springs. A further 7% use surface water as their main source.

Using the DFID definition of an 'improved' water supply 78% of households in urban intervention and 74% of those in rural intervention areas access an improved source as their main source of drinking water.

A number of assumptions in the theory of change depend upon realising time savings for particular beneficiary groups. The data clearly shows that the burden of collecting water, particularly in rural areas, usually lies with female household members: as spouses of the head of household; as other adult members of the family of as children. The average time to collect water and return home in urban intervention areas is 38 minutes compared to 1 hour and 6 minutes in rural intervention areas. In these rural areas 41% of households spend over an hour collecting water and returning home.

Access to sanitation facilities

Around three in four households in the intervention areas use a form of pit latrine (76% in urban and 72% in rural intervention areas) with more households in rural area using an open-pit latrine (an unimproved facility). Using the DFID definition of an improved toilet facility 55% of households in urban intervention areas have access to an improved toilet facility compared to 35% in the rural intervention areas. Across the rural intervention sample areas one in four households in rural areas (23%) have no form of toilet to use and practice open defecation. This compares to a smaller but not insignificant proportion (8.5%) in the urban intervention areas.

Households in urban areas are more likely to share a facility than those in rural areas (44% of households in urban intervention areas and 30% in rural intervention areas). The mean number of households sharing a facility is 2.6 in urban intervention areas and 1.9 in rural intervention areas.

¹ As only a small proportion of the sampled households use different sources of drinking water depending upon the season we have only focussed upon the dry season in this report.

Hygiene practices and behavioural change

Water was available for handwashing in just over a third of households in rural and urban areas (37% of urban and 37% of rural intervention areas) although only a small proportion had soap or an alternative cleansing agent (21 in urban and 15% in rural intervention areas).

Our survey suggests that the vast majority of some hygiene practices respondents are aware of the importance of washing their hands when handling food, either before cooking or before eating and most understand the importance of storing water in a covered container. Echoing this, most key informants did not perceive serious problems with communities' attitude and willingness to change and that the primary issue was one of availability of both water and sanitation facilities.

Institutional WaSH

Our enumerators found that most schools assessed accessed an improved water supply and in more than half of the schools the supply was defined as 'adequate'. All schools had toilet blocks and most toilets were an improved facility. However, only around one in three toilets were deemed clean and very few had functional handwashing stations and many perceived the water supply as being inadequate. Few informants cited an improvement in their water supply under OWNPN CWA. Only around half of schools informants recognised the OWNPN CWA by name, referring instead to general GoE; WaSH, or Water Bureau intervention. This is perhaps unsurprising at kebele level where heads of schools may be part of multiple government programmes, but may, in some respects, reflect a lack of progress in schools.

Greater awareness of OWNPN CWA was evident amongst health informants; many spoke of latrine construction and hygiene awareness interventions under the programme, though few cited improvements in water supply. Observations reflected that, as with schools, most health centres accessed an improved water supply and in half of the health centres the water supply was defined as adequate. Considerably more health centres than schools had handwashing stations, both at the toilet block and on the facilities' premises, though around half of stations were without water or cleaning agent. All of the health informants spoke of capacity building under OWNPN CWA, and many highlighted importance of the Health Extension Workers (HEWs) in embedding learning in the community.

1 Context, Purpose and Scope of the Evaluation

1.1 Introduction

In March 2015 the Coffey consortium were commissioned by DFID and NWCO (National WaSH Co-ordination Office) to provide Technical and Managerial Support for strengthening the M&E system of the OOWNP, and conduct an impact evaluation. Following our Inception Phase, we produced an Inception Report which outlines the evaluation strategy for the implementation phase. After receiving approval from DFID Ethiopia we then proceeded to the Baseline Phase. This report presents the activities that have been undertaken during the Baseline Phase between June and November 2016.

1.1.1 What does the OOWNP aim to achieve?

The One WaSH National Programme (OWNP) is a sector-wide approach to WaSH (Water Sanitation and Hygiene) which aims to improve the health and well-being of communities in rural and urban areas by increasing equitable and sustainable access to water supply and sanitation, and adoption of good hygiene practices. The objectives of the programme are to achieve the WaSH sector goals set out in the Growth Transformation Plan (GTP). These goals include achievement of the following by 2020:

- 98% of Ethiopians in rural areas and 100% in urban areas to have access to basic water supply
- 100% to have access to basic sanitation
- 77% of the population to practice safe water handling and hygiene
- 80% of communities achieve open defecation free (ODF)

1.1.2 What are the OOWNP implementation timelines?

The Programme was divided into two phases over the full seven-year duration to allow review and adjustment at the end of 2015 when the GTP I, UAP and Millennium Development Goals periods ended. It was foreseen that there could be changes in GoE policies, strategies and plans at that time, so the end of Phase 1 was timed to allow for these changes to be accommodated in Phase 2 of the Programme, which was originally planned for 2016–2020. (It should be noted that the schedule has since changed. Full implementation of the Programme, which was planned for 2013, did not start until late 2014. This followed the endorsement of the Programme Operational Manual (POM) in September 2014 and the opening of the Consolidated WASH Account at MoFED to receive funds from donors.)

1.1.3 What are the objectives of the OOWNP Evaluation?

The main purpose of this assignment is to strengthen accountability of the WaSH sector in Ethiopia by making the WaSH M&E system fully operational at all levels (i.e., federal, regional and woreda). A functional WaSH M&E system will make it possible to measure and report progress towards the OOWNP CWA results and will contribute in particular to monitoring and evaluation of progress against specific WaSH related commitments set out in DFID-Ethiopia's Operational Plan.

The assignment is divided into three tasks:

Task 1: Strengthening the WaSH M&E System

Task 2: Impact Evaluation

Task 3: Dissemination and use of M&E report

We (Coffey) are implementing Task 2 with our research partners, ORB International, who will be responsible for the primary data collection.

Task 2: Evaluating the impact of OOWNP CWA

The primary objective of the **impact evaluation** is to measure the effectiveness and sustainability of CWA funded activities within the OOWNP. Our approach is theory driven to allow us to test the underlying assumptions implicit in the programme and articulated in the Theory of Change. As well as measuring the effect of the programme we will

be able to determine the difference, where the programme has not had the intended effects, between theory failure (where assumptions in the programme design have not held true) and implementation failure. To avoid confusion between this component and the overall task we will refer to the overall Task 2 as ‘the evaluation’ and this component as the ‘impact evaluation’.

1.1.4 Scope of the Impact Evaluation

The OOWNP Task 2 evaluation design focuses on CWA funded activities across the programme’s four components (Rural WaSH, Urban WaSH, Institutional WaSH and Programme Management & Capacity Building, as detailed in section 1.2). Funds from the CWA, which is a pooled fund from four donors (DFID, the African Development Bank, UNICEF and the World Bank Group) finance all four programme components. These funds are further matched/ contributed to by GoE at regional, zonal and woreda level. The CWA budget is designed to achieve the objectives set out in an overarching CWA results framework (which maps to the DFID logframe for OOWNP CWA).

The DFID programme logframe and GoE Performance Frameworks both view all the components of the OOWNP CWA as contributing to the same outcomes. As such, the evaluation seeks to align its approach in order to generate consistent data among components. Where contextual differences dictate differences in methodology or approach, whether between urban and rural or particularly with Component 3: Institutional WaSH and Component 4: Programme Management and Capacity Building, this is noted in the text. The scope of the evaluation excludes those WaSH projects and programmes that are funded by (a) donors who are not CWA members, (b) non-government organisations, (c) “self-supply” modes of financing and (d) private sector, although a small number of evaluation questions place the CWA in the context of the WaSH sector as a whole.

1.1.5 Departures from original TOR and evaluation strategy

We have summarised the two departures from the original Terms of reference and the rationale for the changes in the table below:

Table 1: Departures from evaluation ToR

Activity	ToR	Departure from ToR	Reason for Change
Scope of the impact and process evaluations	Primary objective of the impact evaluation is to determine the efficiency, effectiveness and sustainability of the OOWNP.	The primary objective of the impact evaluation will be to measure the effectiveness, and sustainability of the CWA funded activities within the OOWNP.	Agreed with stakeholders. All stakeholders of the Task 2 evaluation are contributing funding through the CWA component. Because OOWNP reporting structures are not fully harmonized, data generated by other organisations will not be as aggregable or evaluable as CWA data.
Baseline, midterm and final evaluation rounds	The Provider will carry out an independent Impact Evaluation including establishment of a reliable and valid baseline, mid-term and end-term data.	The evaluators will conduct a household survey to establish a baseline and endline. There will be no midline evaluation.	OOWNP CWA interventions will not have to make significant change in outcome and impact variables within the short time frame so it was decided that a midline evaluation would not be required.

In our original evaluation strategy we had proposed to undertake a process evaluation at the midline stage. The objective of the process evaluation was to assess how well particular elements of the Programme are being managed and implemented and to provide timely feedback that could be used for course correction. As we will no longer be undertaking a midline evaluation the evaluation sub-questions that were to be answered at this stage have been removed from the Evaluation Framework.

1.1.6 Impact Evaluation timelines

Baseline fieldwork was conducted during September and October 2016. We will conduct our endline fieldwork in September and October 2018. The overall timing of the endline evaluation is driven by the need to allow sufficient time for change to be realised and by our contract period (noting that the OOWNP will continue beyond the life time of our contract). Within the overall framework we will attempt to conduct our endline at the same time of year as our baseline in order to minimise seasonal influence on the availability and quality of water supply.

1.2 Background to OOWNP

1.2.1 Context to the development of the OOWNP

Despite substantial progress, only about half of the population of Ethiopia have access to an improved source of drinking water, and access to improved sanitation¹ remains low with about half of the population practising open defecation. In 2010, Ethiopia accounted for about 46 million people without access to an improved water supply and had the highest number of people of any African country, 36 million practising open defecation².

This lack of access to basic WaSH services has a huge impact on people's well-being and quality of life. The majority of people without access to WaSH live in rural areas. Lack of a reliable water supply means that people spend a large proportion of their income getting enough water to drink, walk for long distances to get clean water (mainly women and girls), or have to drink dirty water which impacts negatively on their health. It disproportionately affects women as they are typically the ones who are responsible for collecting water; some women and girls walk for several hours to collect one container of water.

Diarrhoea and other water borne infectious diseases are one of the leading causes of childhood illness and death in Ethiopia, causing around 38,500 deaths of children under five every year (WHO, 2010). The lack of adequate sanitation facilities also compromises women's dignity and safety.

To tackle this problem, the Government of Ethiopia has been focussed on creating a favourable enabling environment for implementing its WaSH strategy, attracting finance to expand WaSH interventions and aligning and coordinating the many actors in the WaSH sector. To this end, the GoE has stated commitment to establish a OOWNP with aligned harmonised and integrated mechanisms in partnership with all external financiers, NGOs and private sector.

1.2.2 The One WaSH National Programme (OOWNP)

The OOWNP is the world's largest sector-wide approach to WaSH which aims to improve the health and well-being of communities in rural and urban areas by increasing equitable and sustainable access to water supply and sanitation and adoption of good hygiene practices. The Programme brings together four government ministries (Water Resources, Health, Education and Finance & Economic Development) to modernise the way water and sanitation are delivered to people in Ethiopia. The Programme will make significant contributions to Millennium Development Goals (MDGs and SDGs) and the Growth and Transformation Plans (GTPI and GTPII). The Programme is attracting a number of donors, including DFID, who are planning to invest £106 million from 2013/14 to 2017/18. The aim of DFID's contribution is to give at least 1.7 million people improved access to drinking water and 1.7 million people access to improved sanitation and hygiene.

The OOWNP brings together the four WaSH ministries (Water Resources, Health, Education and Finance & Economic Development) a pooled donor fund in the form of a Consolidated WaSH Account (CWA), other donors, NGOs, community and private sector initiatives across the country. It seeks to integrate, for the first time, WaSH programme activities and monitoring.

The OOWNP advocates for one plan, one budget, one reporting system and one Consolidated WaSH Account (CWA). To-date, various development partners have committed to participate in OOWNP and pooled their resources into a CWA to finance part of the OOWNP. These include African Bank for Development (AfDB), DFID, UNICEF and the World Bank (WB) and most recently the Finland Bank. Other partners who are expected to join the CWA for financing OOWNP in due course are, in the meantime, expected to increasingly align their targets, plans and activities with the program principles and approaches.

¹facilities that ensure hygienic separation of human excreta from human contact

²UNICEF / WHO Progress on Drinking Water and Sanitation, 2012 Update. Joint Monitoring Programme (JMP) for Water Supply and Sanitation

It is acknowledged that the WaSH Sector in Ethiopia wants to build the technical expertise and capacity needed to provide regular, timely and accurate M&E data and analysis. This is necessary to meet the reporting and accountability requirements of donors, including DFID, that are supporting the One WaSH National Programme (OWNP), but also to drive better evidence-based planning and decision making at all levels. The issue is critical to both the accountability and performance of the sector.

1.2.3 The interventions

The OOWNP CWA combines a comprehensive range of water, sanitation and hygiene interventions that include capital investments to extend first-time access to water and sanitation as well as investments focused on developing the enabling environment, building capacity, ensuring the sustainability of service delivery and behavioural change.

The Programme has four components:

1. **Rural WaSH:** Focuses on rural and pastoral WaSH. It intends to construct 55,000 new water points / supply schemes, over 42,000 dug-wells, rehabilitation of over 20,000 existing schemes and a self-supply enhancement programme to encourage construction of household and community dug wells. It also aims at improving access to improved latrines and hygiene services.
2. **Urban WaSH:** Focuses on urban WaSH to augment and expand the urban water supply schemes, sanitation practices, and management of wastewater and public toilets in all urban areas;
3. **Institutional WaSH:** focuses on institutional WaSH for improving water supply and sanitation facilities and hygiene practices at all health institutions and schools; and,
4. **Programme Management and Capacity Building Programme** - focuses on programme management and capacity building of institutions and implementing partners at all levels through training, post-construction management support, equipment, tools and support to monitoring and reporting.

1.2.4 Anticipated outcomes and impact

Through the four components it is expected that the **impact** of DFID's support will be the improved household health and socio-economic status of 2.8 million people (currently without access to water and/or hygiene and sanitation services). Impact will be measured through:

- Reduction in under 5 mortality rate per 1,000 live births
- Reduction in prevalence of diarrhoeal disease in under 5s

The **outcome** will be an increase in the number of people in rural and small/medium towns using improved sources of water, using sanitation facilities (both in their homes and in their nearest health and education facilities) and improved hygiene practices. It is expected that through DFID's support:

- 1.7 million people are provided with access to clean water
- 1.7 million people with sustainable access to an improved sanitation facility
- 1.7 million people with access to improved hygiene through DFID support to hygiene promotion
- 2.8 million unique beneficiaries (provided with at least one, or all, of the outcomes above)³
- Increased productive absorptive capacity in WaSH sector

The intended impact and outcomes will be achieved through the delivery of the following **outputs**:

- **Output 1** – Increase in functional water points in rural areas and small / medium towns
- **Output 2** – Increased knowledge and availability of hygiene and affordable improved sanitation facilities at household level

³ Ideally people should access all three services to maximise resulting beneficial impact – the results sets are overlapping since attribution of hygiene and sanitation services in water supply catchments will not be equivalent (for example some have hygiene and sanitation services prior to water supply construction; also attribution of the reach of hygiene and sanitation services is wider than within the water supply system catchment populations alone).

- **Output 3** – Gender-sensitive improvements in Institutional WaSH
- **Output 4** – Strengthened capacity of government and private sector for delivering and sustaining WaSH results
- **Output 5** – Effective preparatory arrangements and stakeholder engagement established for intended OOWNP support

1.2.5 Theory of Change for CWA funded OOWNP

The following summarises the Theory of Change narrative provided in the DFID Business Case for supporting the OOWNP.

The OOWNP brings together support for water supply, sanitation and hygiene as well as improved integration with health and nutrition programming. The programme has a strong focus on household and community facilities in rural areas and small and medium sized towns (to address the areas of greatest need and corresponding value for money in meeting MDGs/SDGs). The programme also aims to ensure that schools and health facilities have latrines and water supplies within the communities are addressed. There will also be a strand to address challenges in terms of the private sectors and the government’s capacity to respond to demand, and deliver and scale-up services.

Assumption A: In a context of high government turnover capacity strengthening outputs are successfully converted to increased sustainable delivery in the WaSH sector

- Local government and communities have the potential capacity to manage inputs and scale up delivery of outputs on water supply, sanitation and hygiene
- Private sector has the potential to further develop capacity to construct and rehabilitate water points
- Communities are provided with sufficient support to enable them to operate and maintain improved water supply

Assumption B: Better knowledge and understanding of sanitation and hygiene practices leads to sustainable positive behaviour change

- Households change their behaviour as a result of sanitation and hygiene campaigns.
- Households are motivated and can afford to construct / upgrade their sanitation facilities.
- Behaviour change is sustained and upgraded over time.

Assumption C: Successful WaSH outcomes are converted into improved household health and socio-economic status

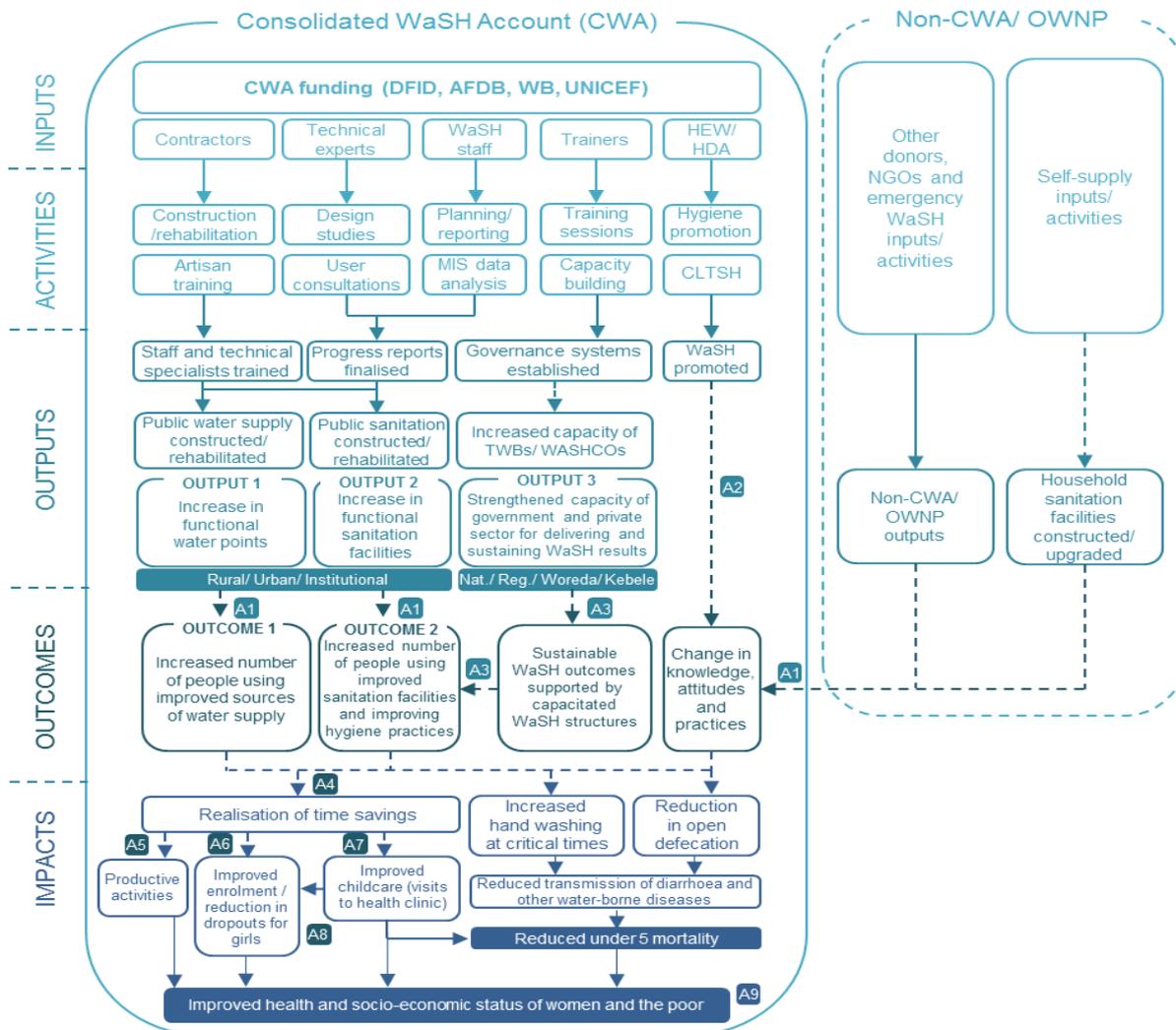
- The service level provided for WaSH is appropriate to deliver key health and nutritional impacts
- Time savings are put to productive or otherwise beneficial use, such as increased attendance at school
- Programme can contribute to the emerging but currently limited evidence on WaSH, gender and nutrition

During the Inception Phase, we coordinated with DFID and consulted with the OOWNP CWA partners to develop and refine the OOWNP CWA Theory of Change. The details of the discussions and how we revised the theory have been documented in detail our Inception Report. In summary, the revisions to the original OneWaSH Theory of Change were as follows:

- **Focus on CWA funding** – It was agreed that our evaluation should focus on CWA funding so we have differentiated the CWA funding and the non-CWA OOWNP contributions to the WaSH sector in Ethiopia.
- **Alignment with DFID logframe:**
 - Clarifications to the Theory of Change involved adding a *stronger emphasis on behaviour change at outcome to impact level*, namely reduction in open defecation and increase in hand-washing during critical times.
 - Output-level results in the Theory of Change have been aligned with the indicators DFID will track as part of the programme monitoring and evaluation.

- **Further impacts of increased time savings** – There is particular client interest in exploring whether there is a relationship between increased time savings and improved childcare. Currently, there is little evidence to support this assumption so the commentary on the logic the theory has been changed to reflect this.
- **Refinement of output-to-outcome linkages** – An important outcome of the consultations was that the evaluation will *focus on testing output-to-outcome linkages* within the Theory of Change. Whilst we still collect and analyse data related to assess the outcome-to-impact level assumptions the focus is at the outcome-to-impact level.

1.3 CWA funded OOWNP Theory of Change



CAPTION

- Strong evidence supporting linkages
- - - Weak/ no evidence supporting linkages
- A1 Assumptions

LIST OF ASSUMPTIONS

- A1 Access to water and sanitation facilities leads to greater use and facilitates improved hygiene practices
- A2 Hygiene promotion activities initiate the adoption of good hygiene practices
- A3 Supported WaSH structures ensure the sustainability of service delivery
- A4 Increased use of water supply and sanitation facilities results in the realisation of time savings
- A5 Time saved is allocated towards productive activities (household chores, economic activities, etc.)
- A6 Time saved for girls is allocated towards educational purposes (enrolment, attendance, homework, etc.)
- A7 Time saved is used to improve childcare and enables more frequent visits to health clinic
- A8 Improved child health leads to improved enrolment, attendance and reduced dropout
- A9 OOWNP benefits are reaching target groups including women and poor people

1.3.1 Target groups and geographical coverage

The OOWNP and OOWNP CWA aims to extend coverage to all rural, urban, and institutional populations in all regions of Ethiopia. The Programme seeks to reduce regional and social disparities in access to safe drinking water and improved sanitation. To address disparities regional WaSH teams were instructed to select treatment woredas based on:

- Levels of service coverage reported from the 2011 National WaSH Inventory (NWI)
- Geographic balance
- Proportion of underserved population
- Factors based on ongoing assistance, readiness, and compliance⁴

1.3.2 Issues of equity addressed by OOWNP

The Programme is intended to promote and support social inclusion to enhance equity and reduce disparities in access to WASH services. Social inclusion is intended to include gender equity and mainstreaming, resettlement areas and areas with high concentrations of ethnic minorities and pastoralists and institutional WASH facilities that do not restrict access to handicapped and disabled persons.

The Programme's support to EWTI will include promoting and supporting the reintroduction of the gender training modules prepared by MoWIE. The Gender Mainstreaming Implementation Guideline for the Water and Energy Sector (October 2012) was introduced at a national workshop for WaSH Coordinators and WaSH PMU staff to be held early in Phase I. Other gender-related aspects of the Programme include planned support to women and youth-led supply chains, construction of latrines at schools for girl students and the use of gender disaggregated indicators to monitor Program results.

1.4 OOWNP Baseline

1.4.1 Why establish a Baseline for OOWNP?

The Baseline Report describes the context in which the programme is currently being implemented and serves the following purposes:

- It presents key information that will be used **at endline to measure changes** that the programme has brought about (**accountability**) and to test assumptions within the Theory of Change (**learning**);
- It provides **information for immediate** use among OOWNP partners and DFID Ethiopia as it provides insight from the perspective of key informants on the implementation to date and the challenges faced and it deepens the knowledge of the population, and institutions, the Programme is targeting.

1.4.2 Evaluation questions

Our Evaluation Questions have been designed to meet the principle objective of the Impact Evaluation, to assess the efficiency, effectiveness and sustainability of the Programme as well as to assess the internal assumptions implicit in the Theory of Change. It is essential that these internal assumptions hold true in order for the Programme to achieve its intended outcomes and impact. The **key assumptions** include the following:

- Access to water and sanitation facilities leads to greater use and facilitates improved hygiene practices
- Hygiene promotion activities initiate the adoption of good hygiene practices
- Supported WaSH structures ensure the sustainability of service delivery
- Increased use of water supply and sanitation facilities results in time savings
- Time saved is allocated towards productive activities (household chores, economic activities, etc.)
- Time saved for girls is allocated towards educational purposes

⁴ OOWNP POM

- Time saved is used to improve childcare and enables more frequent visits to health clinic
- Improved child health leads to improved enrolment, attendance and reduced dropout
- OWNPN CWA benefits are reaching target groups including women and poor people

Table 2 details our proposed evaluation questions based on the outputs of the Theory of Change review. In Annex 2 we present the Evaluations Questions and sub-questions and the purpose of each (whether the question is required to meet the needs of the log frame / accountability, to test a specific assumption within the Theory of Change or whether it is a cross cutting issue). In Annex 3 we present the full evaluation framework including the full list of questions and sub-questions, the indicators we will use, the timing for this and the sources of data we will use.

Table 2. The Evaluation Questions and OECD DAC Criteria

OECD DAC Criteria	Evaluation Question
Relevance*	To what extent is the OWNPN CWA implementation framework/design appropriate for attaining the OWNPN goals as per the OWNPN's theory of change and that of the Universal Access Plan and Growth Transformation Plan?
	To what extent does the OWNPN CWA complement other on-going government and development partner programmes that directly or indirectly contribute to WaSH objectives?
Effectiveness	Has the OWNPN CWA achieved its target outcomes?
	How much of the overall change in WaSH status can be attributed to DFID Ethiopia?
	Has the OWNPN CWA achieved its target outcomes?
	To what extent was the OWNPN CWA successful in promoting behaviour change?
	To what extent did the OWNPN CWA promote accountability and transparency?
	Which programme components are contributing most to overall outcomes?
Impact	What impact has the project had?
	How much of the overall change in WaSH status can be attributed to the OWNPN CWA?
Sustainability	Have WaSH training and capacity building activities increased institutional and technical sustainability?
	How sustainable are the outputs and outcomes achieved under OneWaSH CWA?
Equity	To what extent has the OWNPN CWA achieved its target outcomes? (disaggregated by gender and income level)
	To what extent has the OWNPN CWA established mechanisms for increasing the affordability of WaSH services for the poorest and most vulnerable?
	Have different equity groups benefitted differently from the OWNPN CWA?
	How were the needs of disadvantaged community members factored into the design and planning of public water points and sanitation facilities?
	What lessons can be learned about delivering equitable and inclusive community-based WaSH provision?

	What good practice on provisioning and sustaining WaSH services to underserved and vulnerable groups has been identified, and what evidence is there that these models can be brought to scale?
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1.4.3 How is the Baseline Report structured?

Following this introductory section, the Baseline Report is structured as follows:

Section 2 Presents the design of the baseline evaluation methodology.

Section 3 Outlines the sample profiles from the household survey sample, key informant interviews and institutional assessments

Section 4 Presents our analysis of the Baseline Results structured around the Evaluation Questions:

- Effectiveness
- Impact
- Relevance
- Value for Money
- Sustainability
- Early Lessons Learned

Section 5 Conclusions and Recommendations

The Annexes provide the original Terms of Reference (Annex 1); a detailed Fieldwork Report (Annex 2); the Evaluation Framework (Annex 3); the research tools (Annexes 4 – 7); the items used to calculate the DHS Wealth Index (Annex 8); and Annex 9 the DFID OWP Log Frame.

1.4.4 Target audience, key stakeholders and dissemination of findings

The immediate recipients of this assignment will be DFID Ethiopia. The primary target audience for the WaSH monitoring findings/reports will be policy makers at the WASH sector Ministries Ministry of Finance and Economic Development (MOFED), Ministry of Water, Irrigation and Energy (MOWIE), Ministry of Health (MOH) and Ministry of Education (MOE) and their experts and professionals, regional bureaus, the pooled fund (CWA) contributing partners and other OWP partners. The primary target audience for the evaluation findings/reports will be international WaSH funders in addition to the target audience of the monitoring findings/reports.

2 OWNP Baseline Methodology

2.1 Overview of data sources

We have drawn on primary qualitative and quantitative data as well as secondary data sources for contextualising and verifying our findings. The data collection methodologies are designed to be complementary by providing different types of data from different sources and perspectives. The evaluation methodology will also draw on data collected by the Task 1 MIS at endline (the MIS is not yet operational). The primary data is specific to the WaSH evaluation but has limitations in terms of representativeness whereas the Task 1 MIS data is oriented towards the government performance framework but has a larger scope. An overview our evaluation and data collection methodologies is presented in Table 3 below.

Table 3: Overview of Evaluation and Data Collection Methodologies

Component	Purpose	Type	Instrument(s)	Level	Frequency
Document review	To measure changes in processes and review secondary data	Qualitative and secondary data sources	Document review templates	National and local documentation	Baseline and Endline
Household survey	To track the outcome and high-level impact indicators	Quantitative	Survey questionnaire	Households	Baseline and Endline
Stakeholder interviews	To gather complementary information	Qualitative	Interview topic guide	WaSH stakeholders at national, regional, <i>woreda</i> , and <i>kebele</i> level	Baseline and Endline (impact evaluation)
Institutional assessments	To gather complementary data on Institutional WaSH	Qualitative and administrative	Interview topic guide and assessment schedule	Local level institutions (schools and clinics)	Baseline and Endline
Thematic Research	To understand how and why changes take place or what barriers may be preventing change from happening	Qualitative	Participatory mapping, decision-making mapping, focus groups	Households	Endline
VfM assessment	To provide relevant and timely feedback for improving programme delivery	Mixed methods	Desk-based review, semi-structured questionnaire,	OWNP CWA partners	Endline

2.2 Household survey

2.2.1 Approach

The primary objective of the household survey is to assess the status of the key outcome and impact level indicators of the programme, particularly for rural(Component 1) and urban(Component 2) areas. Baseline measurements will be used as a reference to calculate change in these indicators for the treatment and comparison groups. Differences in the changes across the two groups will be tested statistically at endline, when the same households will be interviewed again in both the treatment and comparison areas. This counterfactual

approach will enable the measurement of changes in indicators between the baseline and endline evaluation and the attribution of these changes to CWA funding.

We will schedule our baseline and endline research to happen at the same time of the year to avoid seasonality bias. However, delays may occur and as a result we may have to undertake the endline survey in a different season. We have controlled for this, to a certain extent, by asking separate questions about practices during both the rainy and the dry seasons and by triangulating data with other sources.

2.2.2 Instrument design

During the development process we consulted on the content of the instruments with the NWCO, CWA donors (DFID, AfBD and World Bank) and CoWaSH.

The household survey covers all relevant outcome and impact indicators as reported in the Evaluation Framework. It includes sections on water, sanitation and hygiene and includes questions on access and use of facilities as well as questions to measure knowledge, attitudes and practices around WaSH behaviours. Where possible, surveyors also use observational techniques to verify certain indicators, such as the type of on-site toilet and asking to be shown soap or ash used for washing, following methodologies used in the DHS and WMS. The instrument also includes a section on children's enrolment and attendance at school and the household's use of health facilities. We also include a full demographic module in the survey to enable us to disaggregate the data at the household level or at a household member level (e.g. by gender and age categories).

2.2.3 Sample design

We used a multistage-clustered sampling approach to draw the household survey sample to provide a statistically representative sample of the CWA urban and rural areas. The sample frame was based on the list of CWA areas provided by the NWCO. In the first stage we selected *Woredas* and towns from within the regions (these formed our Primary Sampling Units). In the second stage we formed clusters of two kebeles within the same *woreda*/town and randomly selected these from the lists of urban/rural areas (these clusters formed our Secondary Sampling Units). We drew two samples separately: one for urban areas (towns) and one for rural areas (*woredas*). The total size of each sample will be 1,512 households, corresponding to 126 sampling points (kebeles), with 12 interviews conducted per sampling point.

Ethiopian regions vary widely in size and population and this is reflected in the distribution of CWA areas across the country: The number of CWA *woredas* ranges by region from 3 (Harari) to 140 (Oromiya) and the number of CWA towns ranges by region from 2 (Benishangul-Gumuz) to 42 (Amhara). If we had selected *woredas* proportionately to their distribution across the 10 regions some of the smaller regions would have been excluded from the survey. To address this issue we sampled CWA urban and rural areas proportionately to their distribution across the regions and allocated a minimum of two intervention PSUs and one control group PSU to each region (effectively boosting the sample from the smaller regions).

2.2.4 Weighting the data

Due to the non-proportional allocation of the sample across the regions and to ensure all regions were included, we effectively 'boosted' samples from smaller regions (which had fewer CWA *woredas* or towns). To account for this boosting, at the urban and rural programme levels we have weighted the data relative to the urban and rural populations living within CWA towns and *woredas* respectively to make it representative at the regional level. By doing this the data from larger regions have weighted-up to reflect their relative under-representation in the survey and vice versa for the smaller regions. Because we weighted-down the data from the smaller regions and only marginally weighted-up the data from larger regions no respondents received high weighting factors that could disproportionately skew survey data. In other words we do not have a situation in which small sub-groups have a significantly disproportionate impact of the overall results (that can happen, for example, when hard-to-reach groups receive high weighting factors).

2.2.5 Enumerator training

All enumerators and supervisors attended a two-day training session in Addis Ababa on the 6th & 7th September 2016. Both quantitative and qualitative teams were present and trained simultaneously in separate rooms. The quantitative training session covered the questionnaire, household selection methodology and correct usage of the tablet computers used for data collection. The fieldwork team could provide their own comments and feedback on the questionnaire in order to ensure it was optimised for local conditions. The qualitative training session covered the KII guides, sampling requirements and an overview and background of the WASH project.

The sessions were led by our local research provider, WAAS International and research partner ORB International. A member of our Evaluation team was also present to provide a background to the research and to respond to any technical questions related to the instruments.

2.2.6 Pilot testing

On the 8th September, a pilot fieldwork session took place to test the script in a field environment and allow the team to observe the interviewers carrying out interviews in real conditions. A total of 55 pilot interviews were carried out. At the end of the day, we conducted a debriefing session with the team to re-cap the training and cover any issues or questions that arose from the pilot.

2.2.7 Fieldwork: Household and respondent selection and substitutions

We have provided details of the sampling process in the Fieldwork Report (Annex 2). In summary, the process included the following stages:

- Stage 1:** Obtain local permission and develop list of landmarks to serve as starting points within the kebele
- Stage 2:** Select a starting point from list created
- Stage 3:** Working from Starting Point select dwelling using randomised selection procedure
- Stage 4:** Identify the respondent (the person who who does most of the cooking, cleaning, minding children, and attending to sick people)

If selected respondents were not able or willing to be interviewed, interviewers moved to the next house for recruitment. If the selected individual was not in the house, efforts were made to contact them by phone or to locate them nearby. If when reached, they said they were willing to accept an appointment, then another time was arranged for them to be collected for the appointment interview. If the selected respondent was at home but refused to cooperate, the interview was regarded as an ineffective call, recorded as such, and the interviewer proceeded to the next household in the skip pattern.

Each ineffective call was recorded on the questionnaire and classified according to specific reasons allowing for the calculation of non-response rates.

2.2.8 Quality Assurance

Quality control was a high priority during the completion of this study and numerous quality control measures were implemented. These included the following:

- Team supervisors were required to accompany a minimum of 10% of the interviews conducted by each interviewer, checking that the correct instructions and procedures were being followed and the interviewing was of a high standard.
- Team supervisors were also required to back-check approximately 20% of all interviews conducted by each interviewer. Back checking includes contacting the respondent directly in-person to ensure that the interview was done, and checking the length of interview, as well as a selection of fact-based questions.
- To ensure that no one interviewer had the ability to bias the results of the survey by producing false results, no individual interviewer was allowed to conduct more than 5% of the total number of interviews.
- Additionally, our team carried out real-time data checking and verification procedures such as GPS monitoring, audio monitoring and other data checks to ensure interviews were taking place as planned and sample was being completed correctly.

2.2.9 Fieldwork challenges

There were a number of issues affecting fieldwork during the course of the project which either slowed the progress of fieldwork, or necessitated the replacement of certain sample points. The key issues were:

- **Roads:** The quality of roads in many areas, especially rural areas, meant that teams encountered difficulties travelling to certain sampling points. On rainy days, some roads were often inaccessible and others were only accessible on foot. This slowed travel between sampling points and the time required to complete fieldwork was longer than expected.
- **Permissions:** We obtained permissions at regional level prior to beginning fieldwork, but in order to ensure interviewer safety, teams also obtain permissions at zonal and *woreda* level. This is particularly important

during periods of civil unrest/insecurity to ensure interviewers were not detained by local police. In some zones, obtaining this permission was difficult, for example due to office closures during religious festivals or due to politically sensitive projects ongoing in the area (e.g. the Grand Renaissance Dam).

- **Political Instability:** Ethiopia experienced a period of instability and civil unrest during the fieldwork period. There were protests lasting throughout fieldwork in Gondar City, and in Amhara there was unrest just prior to fieldwork. Additionally, unrest at the 'Ireecha' festival in Bishoftu, Oromya led to huge numbers of deaths and a state of emergency to be declared by the Ethiopian government. This impacted on the permissions processes and certain areas were rendered inaccessible for fieldwork.

There were instances where teams were required to substitute originally selected sampling points with comparable replacements. Reasons for the need to substitute were primarily related to the political and security climate. All replacements were agreed with NWCO prior to conducting the fieldwork in these areas. The full list of substitutions and the reasons for these changes have been provided in the Fieldwork Report (Annex 2)

2.2.10 Sample achieved

The overall response rate was 87% (in 87% of selected households an interview with the relevant person was completed). The main reasons for not completing an interview at the selected dwelling was that there was not an eligible person i.e. under 18, sick, unable to speak any interview language or the household was empty (10.3%). Only 1% of all attempts to conduct an interview resulted in a refusal. We have provided an overview of the sample achieved in Table 4 below.

Table 4: Household Survey Sample Achieved

Region	Sample Required	Achieved Sample
Afar	144	144
Amhara	708	708
Benishangul – Gumuz	144	144
Dire – Dawa	72	72
Gambella	144	146
Harari	72	72
Oromiya	720	723
SNNP	432	432
Somali	288	288
Tigray	288	288
Total	3012	3017

2.3 Key Informant Interviews

2.3.1 Design

It is important for our analysis to understand the perspectives of different types of stakeholders, particularly at the different levels of government ministries through which programme policy and funding is transferred. To maximise comparability of the perspectives at the different levels of government we developed a single topic guide for the KIIs which followed the same structure and covered the same subject areas. We also developed a guide tailored for non-government stakeholders using the same structure. Questions were consistent across the stakeholders with some tailoring to reflect whether the informant represented GoE or a non-governmental organisation and the level of governance and ministry represented by the informant. The guides followed a semi-structured format to ensure the key areas were covered whilst allowing the interviewer the flexibility to probe and explore emerging issues. The guides were designed to meet the needs of the evaluation framework and covered: barriers; costs and VfM; contribution of other activities to OneWaSH results; sustainability; climate change; and engagement with equity groups. The tools were designed to take between 45 minutes to an hour to complete. Copies of the KII guide for GoE and non-Governmental informants have been presented in Annexes 5 and 6.

2.3.2 Sampling

We conducted a total of 46 interviews sampled across both GoE and non-Government stakeholders. We sampled GoE informants at four levels of government: Federal, Regional; *Woreda* and Kebele as well as across the four Wash Ministries: Ministry of Water, Infrastructure and Energy (MoWIE), Ministry of Health (MoH), Ministry of Education (MoE) and Ministry of Finance and Economic Cooperation (MoFEC). At each level of governance we interviewed stakeholders representing both the governance, oversight and management of OWP as well as those involved in coordination and implementation. We also interviewed 12 Non-Government Stakeholders including representatives from COWASH, UNICEF and World Bank.

At regional level we purposively sampled two regions within which to conduct our KIIs to include an example of a large region (Amhara) and an example of an emerging region (Benishanguk-Gumuz). *Woredas* were selected systematically (1/n) by the fieldwork team, with an even distribution across urban and rural areas, to ensure broad coverage across the sample areas.

All sampling was made in consultation with NWCO.

In Table 5 we have presented an overview of our KII sample. A more detailed record of the sample achieved has been presented in our fieldwork report in Annex 2.

Table 5: Overview of Key Informant Interview Sample

Level of Governance	Interviews	Govt. Respondents*	Non Govt. Respondents	Institutions
Federal	14	7	7	10
Regional	32	28	4	13
<i>Woreda</i>	8	7	1**	8
<i>Kebele</i>	14	14		14
Total	46	56	12	23

* Some interviews were with more than one informant (total number of respondents > number of interviews)
 ** Although one *woreda* level informant was knowledgeable about the area, issues and the programme the informant was employed by an NGO

The institutions samples at Federal and Regional levels are presented in the table below:

Table 6: Key Informant Sample - Federal and Regional Institutions

	Federal	Regional
Government	MoE MoH MoFEC MoWIE	Bureau of Water (both regions) Bureau of Health (both regions) Bureau of Education (both regions) BoFED (both regions)
Non-Government	World Bank MWA CoWaSH Worldvision UNICEF YGRY Ltd (private sector)	WaSHCO Office PMU (both regions) Unicef (both regions) BEREQ Construction (Amhara only)

At the local level the distribution of interviews with *woreda* and *kebele* level water officials was as follows:

Table 7: Overview of Informant Sample Profile

Region	Woreda	Kebele
Afar	0	1
Amhara	2	0
Benishangul – Gumuz	0	0
Dire – Dawa	1	0
Gambella	1	0
Harari	0	0
Oromiya	5	1
SNNPR	3	2
Somali	0	2
Tigray	0	1
Total	12	8

2.3.3 Data collection

A member of the Coffey in-house evaluation team personally conducted all the federal and regional level interviews accompanied by Coffey's Technical Services Manager to be on hand to help explain any technical issues. Nearly all federal and region level informants had a good working knowledge of English so a translation was not usually required. Two of the regional interviews were conducted in Amharic with simultaneous translation. At *woreda* and *kebele* levels, where informants are generally less conversant in English, locally-based qualitative researchers carried out the interviews using guides translated into the required local languages (Amharic, Oromo and Tigrinya).

The interviews involved a mix of one-on-one interviews or, for practical purposes, when we were able to speak to two or three stakeholders from the same department or organisation we conducted small group interviews to capture a wider range of knowledge and opinions.

All interviews with the exception of one federal level interview was conducted face-to-face, for logistical purposes we conducted the remaining one by phone. With the consent of the informants, the interviews were recorded and those conducted by our research partners in local languages were translated into English and transcribed.

2.4 Institutional Assessments

2.4.1 Design

The institutional assessment instruments included a combination of semi-structured questions and structured questions to provide quantitative data. The same guide was used for both schools and health facilities with question filtering where appropriate. The assessment tool begins with a series of semi-structured questions to collect qualitative information to help us understand: current WaSH practices and how these are changing; barriers to improving practices; awareness of OWP; changes in WaSH planning and the extent to which disadvantaged groups are currently considered. The quantitative section involved a series of questions and interviewer observations about water sources (including availability, quality and storage), sanitation facilities and administrative records (e.g. school enrolment and patient numbers).

2.4.2 Sampling

The sampling was linked to the Key Informant interviews (see Table 5), within a selected location we interviewed a government WaSH representative as well as a senior representative from a school and a health facility. Upon arrival in the kebele the enumerators asked their respondents for information of the local schools and health facilities and sampled one of each per selected kebele. The majority of interviews were with directors or heads of the institutions and in a few cases where it was not possible to interview the head or director we interviewed their deputy.

2.4.3 Data collection

Instruments were translated into the local languages required and carried out by locally based enumerators. With the informed consent of the stakeholder the interviews were recorded and translated and transcribed into English.

2.5 Secondary sources

It is important to note here that OWP is targeting the underserved areas of Ethiopia. Targeting these specific areas within each of the regions makes comparison with secondary sources challenging as these sources tend to provide region-wide rural and urban data. Where possible we will use secondary data sources to sense-check our results and contextualise our interpretation of the findings (e.g. by looking at changes in outcomes in the context of wider regional and national trends).

2.5.1 Demographic Health Survey

The Demographic Health Surveys (DHS) are nationally representative household surveys that provide data for a wide range of indicators in the areas of population, health and nutrition. The survey is carried out with guidance from the Ministry of Health (MoH) and conducted by the Central Statistics Agency (CSA). The survey is carried out approximately every five years. The last full DHS Survey conducted in 2011 and included a sample of 16,702 households. The data from the 2011 survey is in the public domain. Since 2011 an Ethiopian Mini DHS (EMDHS) has been conducted in 2014 that uses a shorter questionnaire and focuses on the key indicators. The EMDHS has a smaller sample but remains nationally representative. The raw data is not yet in the public domain but has been reported on. As a more up-to-date source of secondary data we will draw upon this to provide a sense check upon our data and to triangulate findings where appropriate.

2.5.2 Welfare Monitoring Survey

The 2011 Welfare Monitoring Survey (WMS) is the latest WMS conducted in Ethiopia following similar surveys of 1996, 1998, 2000 and 2004. The surveys are designed to assess the level, extent and distribution of non-income dimension poverty, in providing basic data for designing, monitoring and evaluation of socioeconomic policies and programmes. The 2011 WMS covered all rural and urban areas of the country except the non-sedentary three

zones of Afar and six zones of Somali Regions. All conventional households from different agro-ecology in case of rural and as well from smaller towns to large urban centres in case of urban were fairly represented by the survey.⁵ The survey was designed to provide estimates at regional, rural and urban levels as well as estimates for major urban centres. As the latest round of data was collected five years before our evaluation the information is not particularly useful for triangulating findings from our research. However, we can use the survey data from previous rounds and identify trends that help place our results into context e.g. to identify the direction indicators have been historically moving in prior to our data collection.

2.5.3 Other sources etc.

At the time of writing planning is underway to update the National WaSH Inventory (with the support for Task 1). We will look to draw upon the revised inventory as a source of secondary information for our endline report.

2.6 Triangulation

Where possible we will triangulate our results with other sources of data. However, for reasons outlined above (Section 2.5) there are limitations in the use of secondary data. There is more scope for us to triangulate results between our different data sources and this will be particularly important for this baseline. For example when looking at barriers to improve hygiene practices it is essential to compare a range of perspectives on what the barriers are. An intended rural beneficiary may have a very different perspective on the problems that need addressing compared to a health facility manager and a Regional MoH representative.

2.7 Ethics and confidentiality

Our research approach and methodology adheres to The European Society for Opinion and Market Research (ESOMAR) Code of conducting Marketing and Social Research of which WAAS International, the local data collection agency are members. ESOMAR is a worldwide association for market, social and opinion researchers. Founded in 1948, ESOMAR began as a regional association within Europe. The association currently includes over 5,000 members from over 130 countries.

The key fundamentals of the code have been presented below⁶.

- Researchers shall conform to all relevant national and international laws.
- Researchers shall behave ethically and shall not do anything which might damage the reputation of social / market research.
- Researchers shall take special care when carrying out research among children and young people.
- Respondents' cooperation is voluntary and must be based on adequate, and not misleading, information about the general purpose and nature of the project when their agreement to participate is being obtained and all such statements shall be honoured.
- The rights of respondents as private individuals shall be respected by researchers and they shall not be harmed or adversely affected as the direct result of cooperating in a research project.
- Researchers shall never allow personal data they collect in a social / market research project to be used for any purpose other than social / market research.
- Researchers shall ensure that projects and activities are designed, carried out, reported and documented accurately, transparently and objectively.
- Researchers shall conform to the accepted principles of fair competition.

We have ensured that our approach to the research process and data collection is fully compliant with the guiding concepts and principles set out in DFID's Evaluation Policy⁷:

⁵ Central Statistics Authority Ethiopia Welfare Monitoring Survey 2011 Summary Report (2012)

⁶ The full Code of Conduct can be found at the following address: <http://www.esomar.org/uploads/public/knowledge-and-standards/codes-and-guidelines/>

⁷ DFID (2013) 'International Development Evaluation Policy', Department for International Development, May 2013

1. We obtained all necessary institutional, local or national **research permission** before commencing any fieldwork.
2. The evaluation team assured the **confidentiality of information, privacy and anonymity of research participants** by:
 - All data being stored securely on our local partner’s database;
 - Mobile devices are wiped clean of collected data upon submission;
 - All identifiers (address, telephone and names) stored separately and linked by a key. They will be archived and released for use only for data linkage that has been approved by the respondent and relevant ethical bodies, and for re-contact where permission has been given;
 - All identifiers removed from all internal analytical products; and
 - All identifiers and potentially disclosive information (such as unusual combinations of occupation and location) removed from external products in a manner proportional to the risk of identification and sensitivity of context and context.
3. The evaluation team **took account of differences** in culture, local behaviour and norms, religious beliefs and practices, ethnicity and other social differences such as class by:
 - Proactively engaging and communicating with stakeholders throughout the evaluation design process to ensure that the findings and process as a whole are presented in ways that are accessible, useful and relevant to the evaluation’s target audiences.

2.8 Challenges and limitations of the baseline methodology

2.8.1 Limitations

We can use the **household survey** to gather representative data on demographics, knowledge, attitudes, practices, and impact from households covered by the OWP CWA programme. However, the survey has several limitations:

- The sample size only allows the evaluation to draw representative conclusions about certain demographic groups – including rural vs. urban, male vs female headed households however for equity groups with a low incidence rate in the population e.g. disabled head of households or some of the smaller regions we cannot do this with sufficient statistical reliability.
- Although we have mirrored the language used in other nationally representative WaSH surveys much of the household survey relies on self-reporting, which may be subject to recall bias and social desirability bias. When reporting usage of water or sanitation, respondents may orient themselves towards the ‘right’ answer or else use the survey to voice positive or negative attitudes towards the government in general.

The key limitations of the **Key Informant Interviews** relate to constraints of time and sample.

- Within the time constraints of an interview (scheduled to last no longer than one hour) we were limited as to the range of topics we could cover and the depth within each we could go. Additionally some informants spoke at length on issues of most pressing concern to them leaving less time for other subjects.
- At sub-federal level we were constrained by the size of the sample we could include. For example we could only look in-depth at two regions. To help ensure we captured as wide a range of issues as possible, we purposively selected one larger region and one smaller emerging region. Whilst we captured different perspectives within the regional offices these are not representative of all ten regions. Similarly, although we were able to include a wider range of *woredas* and *kebeles* they are not representative of all those included within the intervention areas.
- The Key Informant Interviews are also subject to respondent bias. For example, respondents may have an incentive to make the programme look good or else blame other levels of government for their own shortcomings.

The **Institutional Assessments** were subject to the same constraints as the Key Informant Interviews, with a total size of 22 schools and 22 health facilities our sample is not representative of all schools and health facilities in the

CWA areas. Informants may also feel the need to make their institution look good or may prepare for the assessments and this could also impact upon observations.

2.8.2 Addressing the challenges

Best practice interviewing techniques are crucial to minimising the occurrence of such biases and in our evaluation research these included adhering to ESOMAR standards and DFID's guiding concepts and principles as described above, and in particular:

- assurance of anonymity and recording;
- probing responses in a non-judgemental way; and
- Careful the design of the instruments including the question ordering e.g. including questions that might be seen as more personal later on in the survey so the enumerator has a chance to develop a rapport with the informants.

We also triangulate findings to identify differing subjective responses and are mindful of potential incentives to provide a particular answer when analysing the data, particularly our qualitative data with stakeholders who have more invested into the success of the programme.

3 Demographic Profile of Sampled Households

In this section we provide an overview of the household characteristics of both the intervention and control groups for urban and rural samples, the weighting process as well as present the Wealth Index that we will use to compare the impact of the programme across different income groups.

3.1 Sample characteristics

In the following table we have collated the total sample to present how it is distributed. In our analysis we consider the urban and rural components separately and will only aggregate the results when reporting outcomes of the programme at the endline stage.

Table 8: Household Survey Sample by Region (Unweighted)

	All		Rural		Urban	
	Intervention	Control	Intervention	Control	Intervention	Control
Tigray	204	84	96	48	108	36
Amhara	491	217	192	96	299	121
Oromia	491	232	240	121	251	111
Somali	192	96	96	48	96	48
B-Gumuz	94	50	46	26	48	24
SNNP	289	143	144	72	145	71
Gambella	98	48	48	24	50	24
Dire-Dawa	48	24	48	24	0	0
Harari	48	24	48	24	0	0
Afar	97	47	48	24	49	23
Total	2052	965	1006	507	1046	458

3.1.1 Weighting the data

As explained in Section 2.2 the sample was boosted among smaller regions to ensure their representation in the survey. To make the data representative at the urban and rural programme level we have weighted the data to reflect the urban and rural populations living in CWA areas in each of the regions.

Table 9: Intervention Weighted Sample by Region*

	Rural (%)		Urban (%)	
	Unweighted	Weighted	Unweighted	Weighted
Tigray	9.5	7.8	9.6	6.6
Amhara	19.0	27.7	27.9	21.1
Oromia	23.9	38.3	24.1	18.3
Somali	9.5	3.7	9.6	31.6
B-Gumuz	4.8	0.5	4.8	0.9
SNNP	14.3	19.3	14.4	16.1
Gambella	4.8	0.3	4.9	2.3
Dire-Dawa	4.8	0.4	0.0	0.0
Harari	4.8	0.4	0.0	0.0
Afar	4.8	1.6	4.8	3.1
Total	100	100	100	100

* The same weights were applied to both intervention and control samples so the proportional distribution of the both samples by region is the same

3.1.2 Comparing the intervention and control group samples

In order to be able to measure the differences between the baseline and the endline stage of our evaluation (using a difference in differences approach), it is important for us to understand the extent to which the samples are similar so that we are able to minimise the extent to which other factors could account for the changes observed. In Table 10 below we present demographic statistics. The table reflects that the key characteristics (i.e. average household size, average age of head of household and the age composition of the households including the calculated dependency ratio) of the samples are very similar. Although there are some variations in the education level of the head of household these are not thought to have a significant impact on the impact of the programme across the samples.

Table 10: Comparison of treatment and control group samples

Household characteristics	Unit	Urban		Rural	
		Intervention	Control	Intervention	Control
Sample Size	Households	1046	458	1006	507
Average household size	people	4.9	4.7	4.8	5.0
Average age of head of household	years	41	41	42	41
Average number of 0-18 year old children	people	2.2	2.3	2.4	2.6
Average number of active-aged (18-64) people	people	2.5	2.4	2.3	2.3
Average dependency ratio*	N/A	1.1	1.1	1.2	1.3
Percentage of households with no active-aged people (>65s)	%	1.1	0.7	0.9	0.3
Percentage of female-headed households	%	28	26	23	22
Education level of head of household					
None / No formal education	%	26	28	45	44
Primary grades (1-8)	%	33	40	37	37
Secondary grades (9-12)	%	23	18	11	14
Technical / Vocational	%	4.2	3.0	2.6	2.3
Higher / Degree	%	15	11	4.8	2.6

*We have defined dependency ratio as the number of 0-18 year old children and 65+ year old adults in the household divided by the total number of active people. The average excludes households with no active-aged people (infinite ratio)

Table 11: Demographic Health Survey 2014

	Baseline			DHS 2014		
	Urban	Rural	Total	Urban	Rural	Total
Male headed household	73%	78%	75%	64%	81%	77%
Female headed household	27%	22%	25%	36%	19%	23%
Mean household size	4.8	4.9	4.8	3.6	5.0	4.7

Note: One wash Urban=small towns

3.1.3 The DHS Wealth Index

It is important for us to assess the extent to which the CWA funded OWP is improving outcomes for different equity groups. We do so by analysing the impact of the interventions by gender (and female headed households), age and income. However, while gender and age are relatively easy to establish, measuring income in developing countries can be challenging, particularly where:

- a large proportion of the population work in informal employment,
- households have multiple and continually changing sources of income,
- home production is widespread and
- there is widespread reluctance to disclose information on income to survey enumerators.⁸

To mitigate against these difficulties, as an alternative to measuring income we are using the DHS Wealth Index as a proxy measure for income. The DHS Wealth Index is a composite measure of a household's cumulative living standard. The index is based upon ownership of selected assets including a mobile phone, radio, materials used to construct the house and fuel used for cooking. Using the same list of items the index uses a separate set of factor scores for urban and rural households and places all households on a continuous scale of relative wealth.⁹For a full list of household assets used to in the index score please refer to Annex 8.

We have presented the distribution of wealth quintiles calculated for the whole sample across the urban and rural areas in Table 3.5 below (1 is the highest quintile). Although there is a slightly higher concentration of the least wealthy groups in the control areas the overall distribution across the sample areas is broadly even.

We have then separated the households into quintiles of the urban and rural samples to compare the influence of wealth on our survey results.

⁸http://siteresources.worldbank.org/INTPAH/Resources/Publications/Quantitative-Techniques/health_eq_tn04.pdf

⁹<http://www.dhsprogram.com/topics/wealth-index/>

Table 12: Wealth Index Quintiles*

Treatment and Area				
Wealth Index Quintile	Urban Intervention (%)	Urban Control (%)	Rural Intervention (%)	Rural Control (%)
1	21.0	17.7	19.3	21.4
2	21.0	17.4	21.3	17.6
3	20.8	18.5	21.8	16.3
4	19.9	20.4	19.7	20.7
5	17.4	26.0	18.0	24.1

*Given how close values are to each other, percentages are expressed to one decimal place

In Figures 1 and 2 below we have mapped the urban or rural sampling points and indicated whether they are in intervention (within OWP CWA woredas) or control group locations.

Figure 1: Urban sample distribution

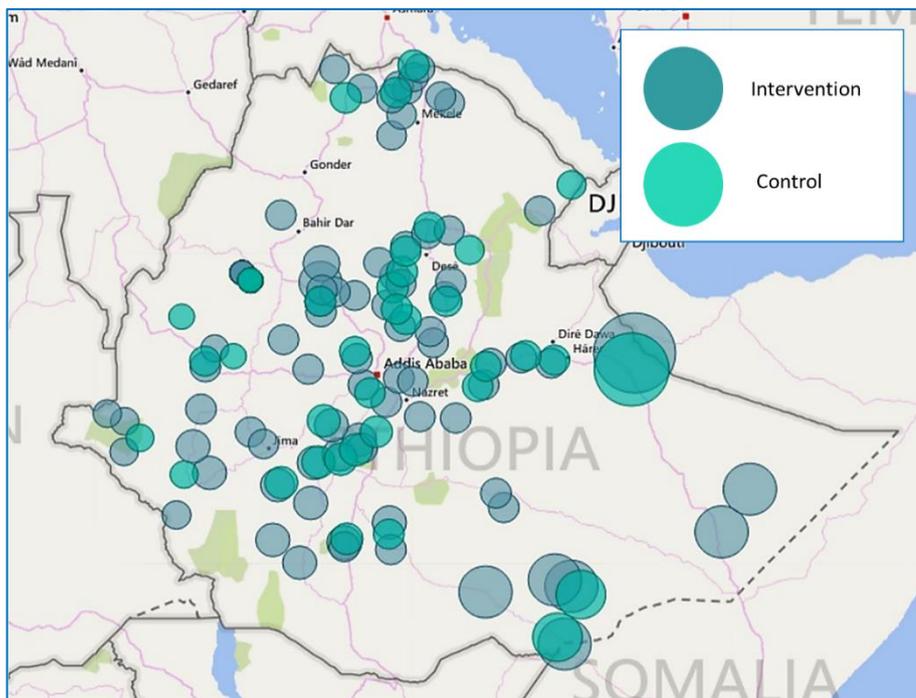
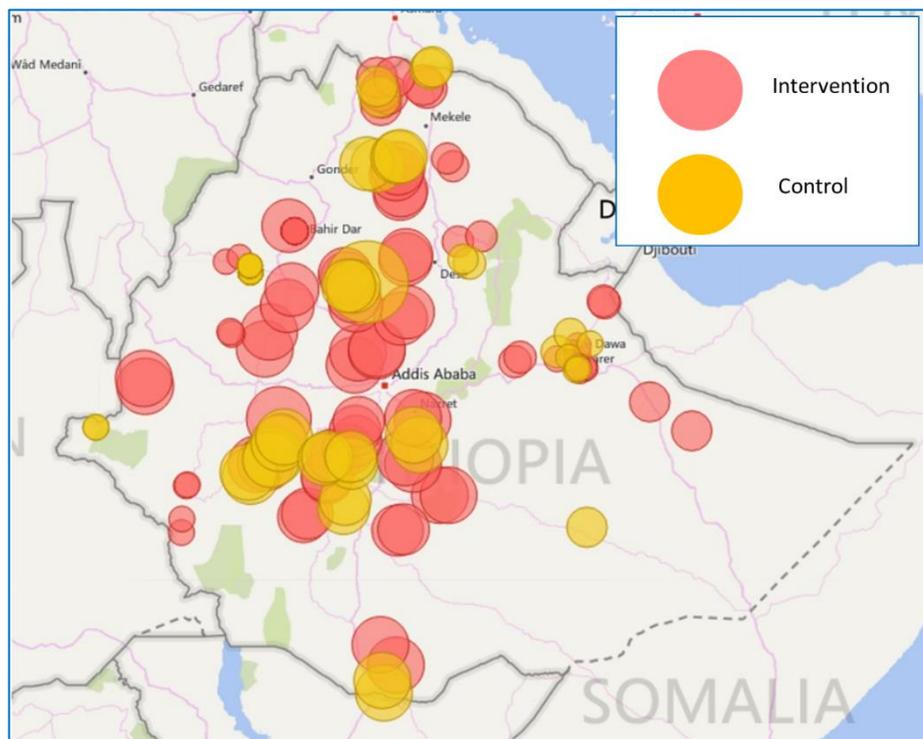


Figure 2: Rural sample distribution



4 Baseline Results

4.1 Effectiveness

We begin this section by presenting the baseline results for the programme outcome indicators at the household level (including percentages of households with access to improved sanitation and clean water sources) before looking at household level behavioural change. After presenting the baseline measures for the households we look at access to water and sanitation within health facilities and schools from the perspectives of senior management within the institutions. We then examine the current situation and trends as well as barriers to behavioural change from key informants within the sector at federal to local levels. Finally, we present the impact level indicators including rates of water-borne disease and the potential impact time savings resulting from improved access to clean water could have upon time spent on productive activities and school attendance.

4.2 Household OWP Outcome Indicators

4.2.1 Access to clean drinking water

Before we present our results on accessing drinking water it is worth noting that in the survey we asked respondent households about their sources of drinking water during both dry and rainy seasons. However, only a small proportion of the sample (13%) use different sources depending upon the season. Because this represents a relatively small proportion of the population we have only focussed upon the dry season in this report.

In the urban intervention areas over two-thirds of households (68%) have access to piped water during the dry season. Amongst those in urban areas, 41% are able to access water piped into their yard and 3.7% piped into the dwelling and therefore do not need to travel to collect water. A further 23% access water from a public tap or stand pipe.

In the rural intervention areas only 43% of households access piped water during the dry season with the vast majority of these (40% of all rural intervention households) collecting water from a public tap / stand pipe. The main secondary source in rural intervention areas are springs (used by 27%) with most of this subgroup using unprotected springs (15% of the rural intervention sample). A further 6.9% use water collected from surface water (rivers, lakes, ponds, dams or streams). We have presented the full breakdown of sources of drinking water during the dry season in Table 13 below.

Table 13: Main Source of Drinking Water (Dry Season)

	Urban		Rural	
	Intervention (%)	Control (%)	Intervention (%)	Control (%)
All Piped	68	67	43	38
- Piped into dwelling	3.7	0.4	0.1	0.0
- Piped into yard	41	36	3.4	3.6
- Public Tap / Stand Pipe	23	31	40	35
Borehole	2.4	0.2	10	12
All dug well	9.8	4.5	10	5.3
- Protected well	3.9	1.6	7.6	4.6
- Unprotected well	5.9	3.0	2.5	0.7
All spring	6.1	7.9	27	18

- Protected Spring	3.4	3.4	12	11
- Unprotected Spring	2.7	4.5	15	6.4
Rainwater	0.7	6.6	0.5	0.0
Tanker Truck	3.3	4.8	0.2	0.0
Cart with small tank	1.3	0.7	0.0	0.3
River / Lake / Pond / Stream / Dam	4.8	2.0	6.9	20
Bottled water	1.3	1.5	0.0	0.2
Other	2.6	4.9	2.2	6.9

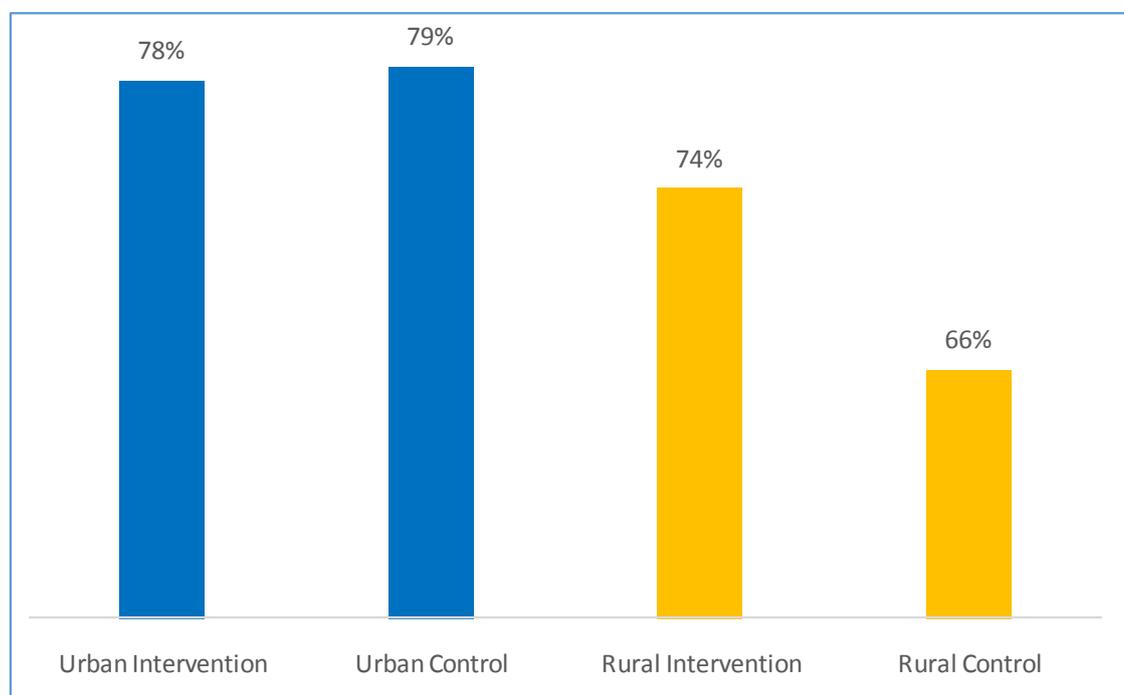
4.2.2 Accessing an improved water supply

The DFID log frame Outcome Indicator, which this survey data will be used to report against, refers to an increase in the number of people in urban and rural areas using an 'improved' water supply. We have used the following definition to calculate the percentages using an improved supply:

Improved facilities include piped water into dwelling; piped water to yard/plot; public tap or standpipe; tubewell or borehole; protected dug well; protected spring; and rainwater.¹⁰

Using this definition we find the percentages of households that use an improved water supply during the dry season are as follows:

Figure 3: Access to an Improved Water Source by Area (Dry Season)



In Figures 4 and 5 we have mapped access to improved water sources. The colour scale represents the average proportion of households with access for each sample point. The maps present the results for both intervention and

¹⁰https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/540035/clean-drinking-water16.pdf

control areas. At our endline we will map disaggregated differences in the changes in levels of access between intervention and control areas.

Figure 4: Access to an improved water source: Urban Areas (Dry Season)

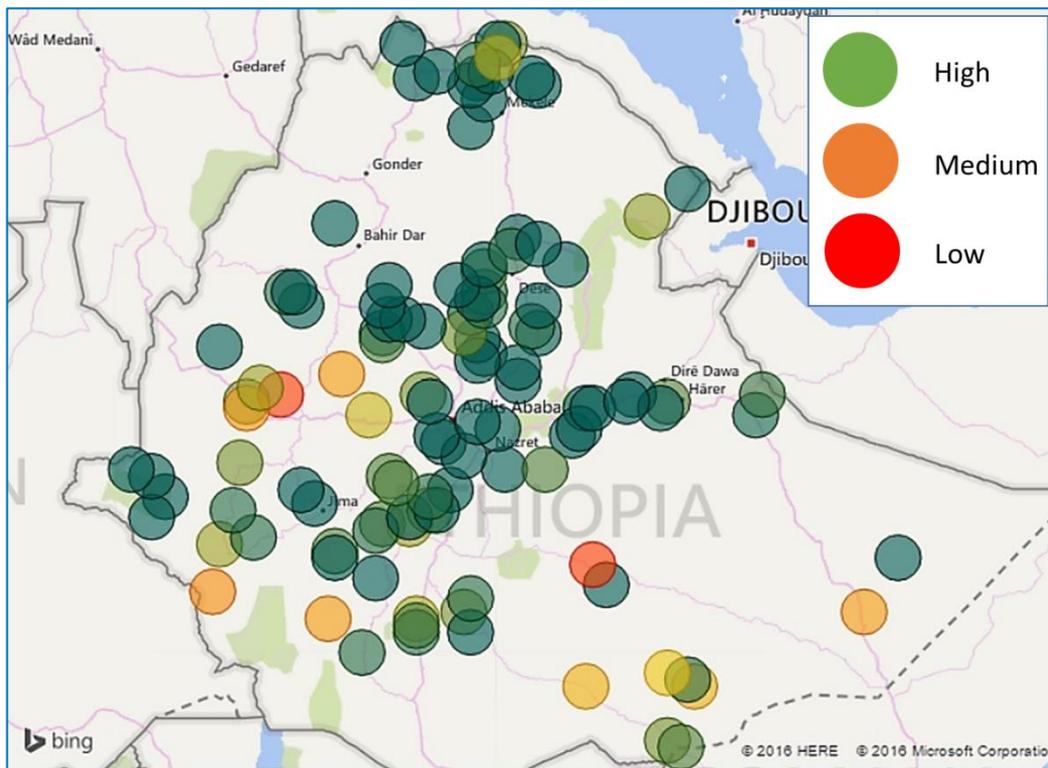
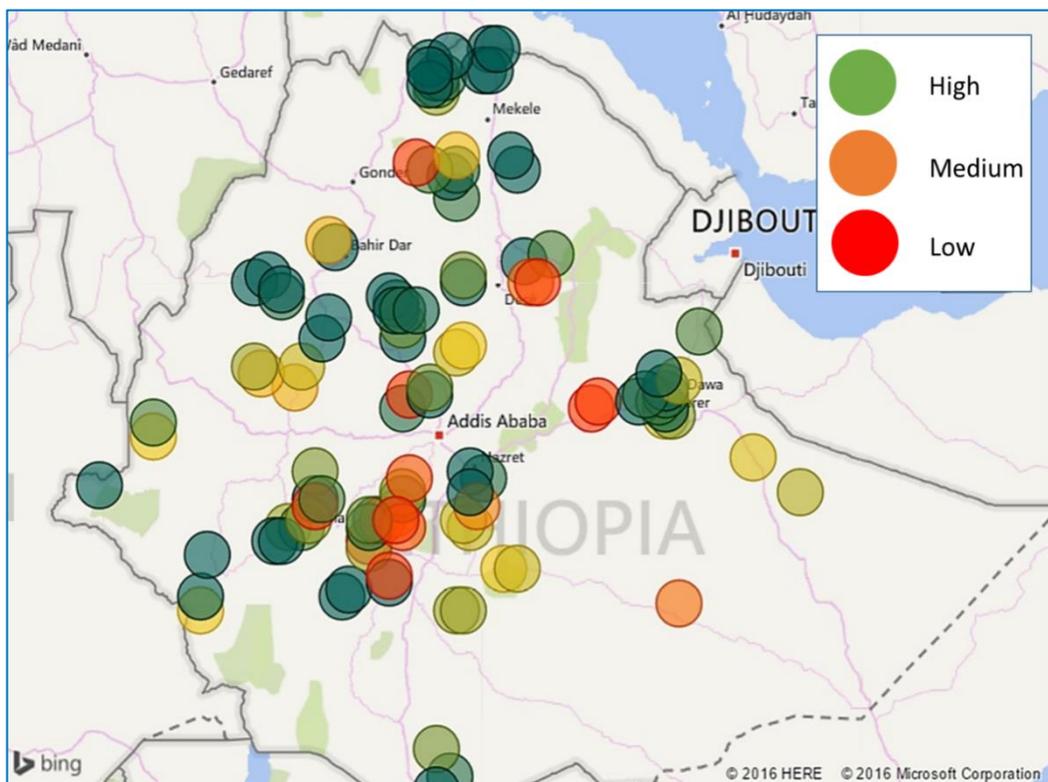
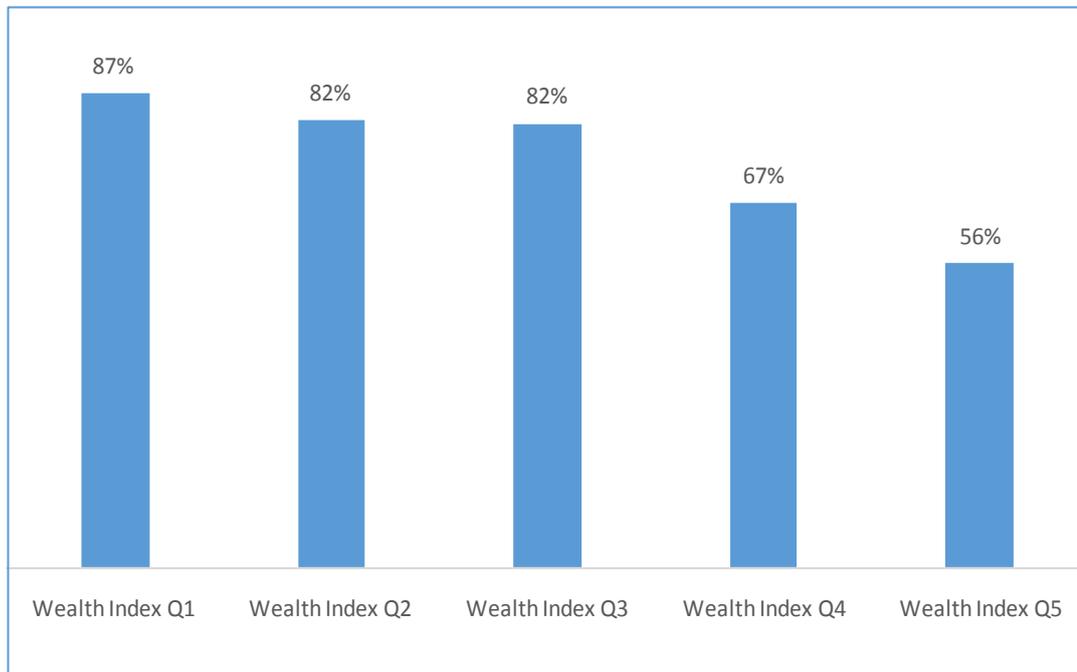


Figure 5: Access to an improved water source: Rural Areas (Dry Season)



There is no significant difference between male and female headed households with 78% of male and 79% of female headed households with access to an improved water source. There is a correlation with wealth ranging from 87% in the highest quintile to 56% in the lowest quintile. It's notable that the correlation is not as strong as that observed for access to an improved toilet facility (See Figure 11). This suggests that wealth is not always sufficient to enable a household to access an improved water supply and other barriers play a larger role.

Figure 6: Access to an Improved Water Source by Wealth Index (Dry Season)



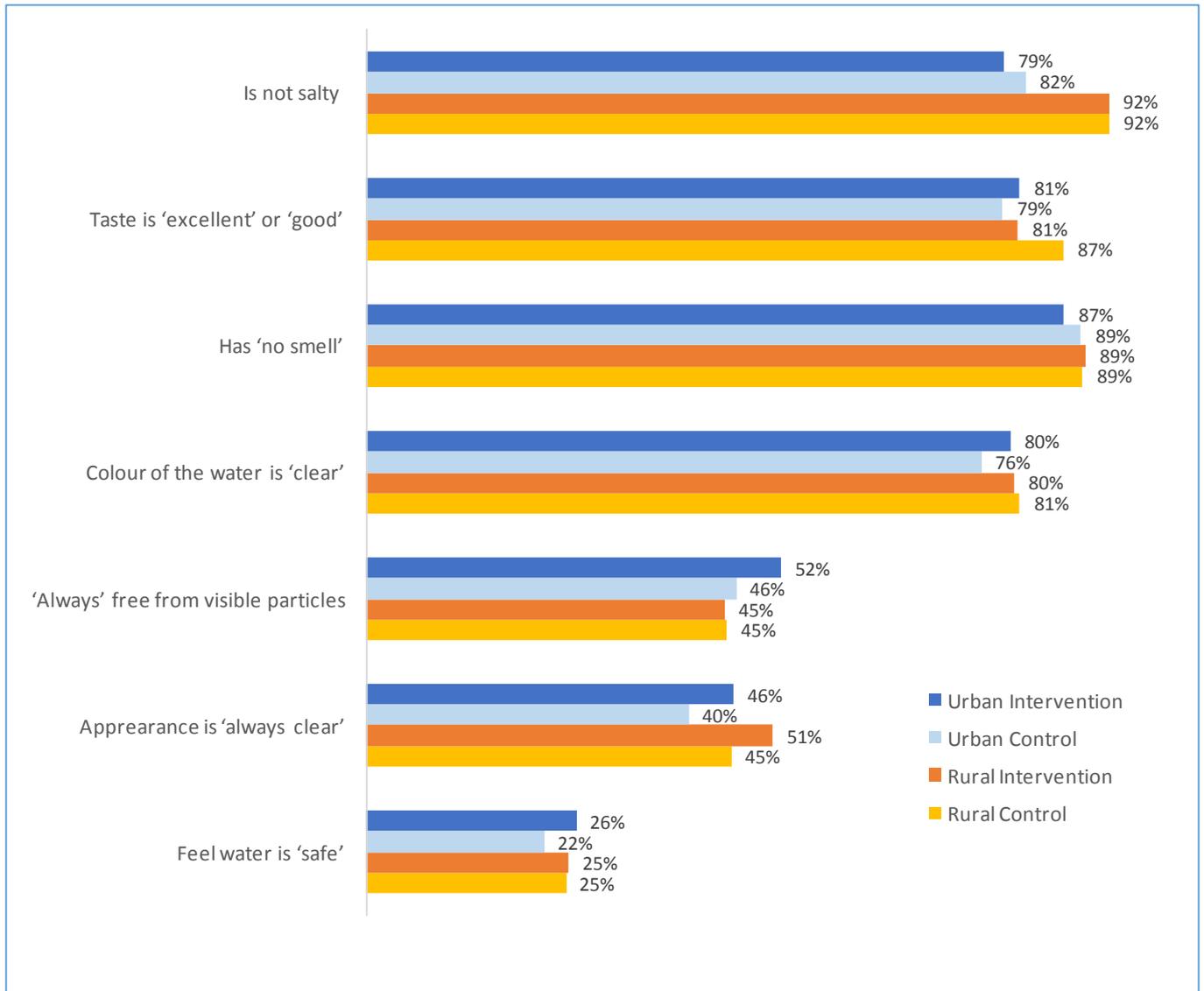
4.2.3 Perceptions of Quality of Drinking Water

To assess perceptions of water quality we asked respondents to rate their drinking water using a range of criteria.

The results reveal that perceptions of the quality of the water are much higher for the aspects concerning the colour, taste and smell than for the critical properties of safety and presence of particles in the water.

As noted earlier there is a higher use of unimproved sources in rural than urban areas. Despite this there is only minor variation in the results achieved in urban and rural areas. Only one in four respondents in urban and rural intervention areas (26% and 25% respectively) say their water is 'very safe'. Approximately half of respondents say that their water is 'always' free from particles (52% in urban and 45% in rural intervention areas).

Figure 7: Perceptions of Water Quality (Dry Season)



Perceptions of the safety of water are, as expected, higher among those accessing an improved water source. However, a significant minority of those using an improved source also have concerns over the safety of their water. Among those using an improved source 17% said their water was unsafe (either unsafe or very unsafe).

4.2.4 Water Availability (Dry Season)

Upon the last visit to their household’s main water point (excluding surface water and bottled water sources) approaching nine in ten respondents, in both urban and rural areas, reported that their water points was functional (including 89% in urban intervention areas and 90% in rural intervention areas). It is worth mentioning that this is not a measure of overall functionality of all sources with these areas since it is likely that households would not consider water points that have not been functioning for an extended period of time as their main source.

To calculate a measure of availability we also asked about access during a typical day as well as about the availability over a month (in days per month) and over the year (months per year). The results reveal that whilst levels of functionality were broadly equal the availability of water is considerably higher in rural areas (an average of 13 hours per day in rural intervention areas compared to 9.1 hours in urban intervention areas). The results also suggest that the water tends to be available on more days in rural areas and for more months of the year (with an average availability of 26 days per month and 11 months of the year in rural intervention areas compared to 20 days per month and 10 months per year in urban areas).

Table 14: Water Availability (Dry Season)

MAIN WATER POINT	Urban		Rural	
	Intervention	Control	Intervention	Control
Functional last visit	89%	91%	90%	93%
Available 24 hours a day	17%	13%	36%	39%
Mean hours available per day	9.1	9.6	13	14
Available every day of the month	31%	35%	71%	62%
Mean days available per month	20	21	26	26
Available every month of the year	61%	71%	75%	80%
Mean months available per year	10	11	11	11
Overall Availability*	26%	30%	50%	51%

* Calculates (mean hours per day * mean days per month * mean months per year / maximum (8640) availability hours per year)

4.2.5 Collecting water

A number of assumptions in the theory of change depend upon realising time savings for particular beneficiary groups.

The data clearly shows that the burden of collecting water, particularly in rural areas usually lies with women: as spouses of the head of household; as other adult members of the family or as children (under 15)

The main responsibility for collecting water most often lies with the spouse of the head of the household. In rural intervention areas almost half of the water (47%) is collected in the by the spouse. In urban intervention areas the proportion is lower but this is due to fewer households needing to collect water, the spouse is the most frequently cited household member who carries out the task. In rural areas it is also often another adult women (17%) who collect the water. Amongst children (under 15) girls are much more likely than boys to be responsible for collecting water with 8.5% of girls in rural intervention areas collecting the water compared to 4.9% of boys.

Table 15: Responsibility for collecting drinking water

	Urban		Rural	
	Intervention (%)	Control (%)	Intervention (%)	Control (%)
Head of Household	8.0	6.7	12	13
Spouse of Head	19	24	47	44
Other Adult Woman	7.2	11	17	17
Other Adult Man	9.1	6.9	5.3	8.0
Female Under 15	2.5	3.8	8.5	9.7
Male Under 15	0.4	2.5	4.9	3.8
Other	7.9	6.9	1.9	1.0
Do not collect water*	46	38	3.5	3.8

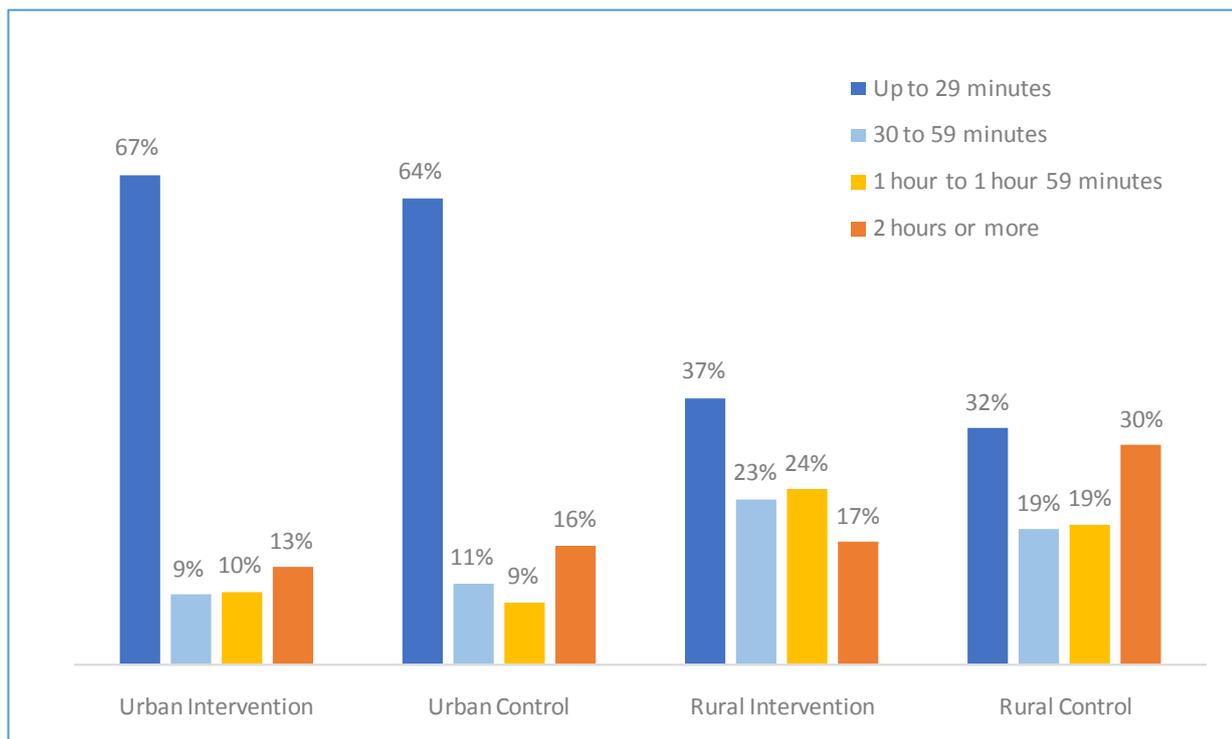
*In these households no one is required to collect water (because it is either piped or the household uses bottled water)

4.2.6 Time spent collecting water

The average time to collect water and return home in urban intervention areas is 38 minutes compared to 1 hour 5 minutes in rural intervention areas. In urban intervention areas most households (67%) are able to collect drinking water and return home in less than 30 minutes. Nevertheless, a significant proportion (23%) spend an hour or more collecting drinking water. In rural intervention areas only 37% are able to collect water and return within 30 minutes and for 41% of households the task takes over an hour for each time).

The GTP 2 targets are based upon distance to the water delivery point and litres per capita per day. This information was not collected in the household survey, as it would have relied on accurate knowledge of the distance from respondents' households to the water points as well as the availability of water in litres. Measurement of progress against this indicator against the GTP 2 targets will draw upon the National WaSH Inventory data.

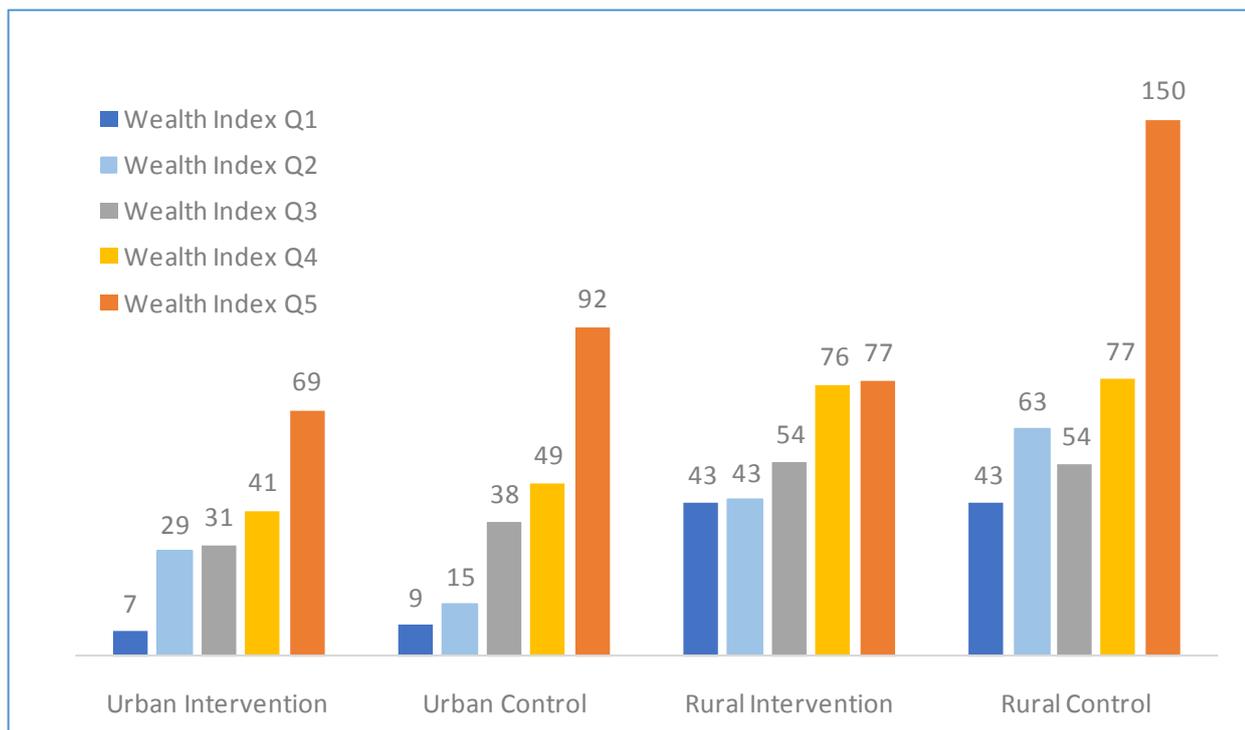
Figure 8: Time to collect drinking water and return in dry season (%)



NB If a household does not collect water (piped to yard, dwelling) time = 0 minutes

Poorer households spend considerably more time collecting water. Households in the highest wealth quintile in urban intervention areas spend an average of 7 minutes collecting water compared to 69 minutes in the lowest quintile. In rural intervention areas those in the highest wealth quintile spend an average of 43 minutes collecting water compared to 77 minutes for the poorest. We will assess how these times have changed at our endline to help assess the extent to which the OOWNP CWA is benefiting households from different income groups.

Figure 9: Mean average time in minutes to collect drinking water and return by wealth index quintiles



4.2.7 Access to sanitation facilities

Around three in four households in the intervention areas use a form of pit latrine (76% in urban and 72% in rural intervention areas). There are significant differences in the type of latrine used between with those in urban areas with 38% in urban areas using a pit latrine with a slab (classified as an improved facility) compared to 41% in rural areas using an open pit latrine (an unimproved facility). Only a small minority have access to a flush / pour toilet (14% in urban areas and just 3.1% in rural intervention areas).

Across the CWA funded OOWNP sample areas one in four households in rural areas (23%) have no form of toilet to use and practice open defecation. This compares to a smaller but not insignificant proportion (8.5%) in the urban intervention areas.

Table 16: Type of toilet usually used by household

	Urban		Rural	
	Intervention (%)	Control (%)	Intervention (%)	Control (%)
Flush or pour toilet	14	14	3.1	8.3
All Pit Latrine	76	68	72	69
- Ventilated Improved Pit (VIP)	2.7	1.4	1.3	3.2
- Pit latrine with slab	38	32	30	24
- Pit latrine without slab (open pit)	35	34	41	41
Composting Toilet	0.4	0.6	0.6	0.3
Bucket Toilet	0.0	0.0	0.0	0.0
Hanging Toilet / Latrine	0.4	0.0	0.0	0.0
No Facility / Bush / Field	8.5	16	23	22
Other	0.5	2.4	0.5	0.7

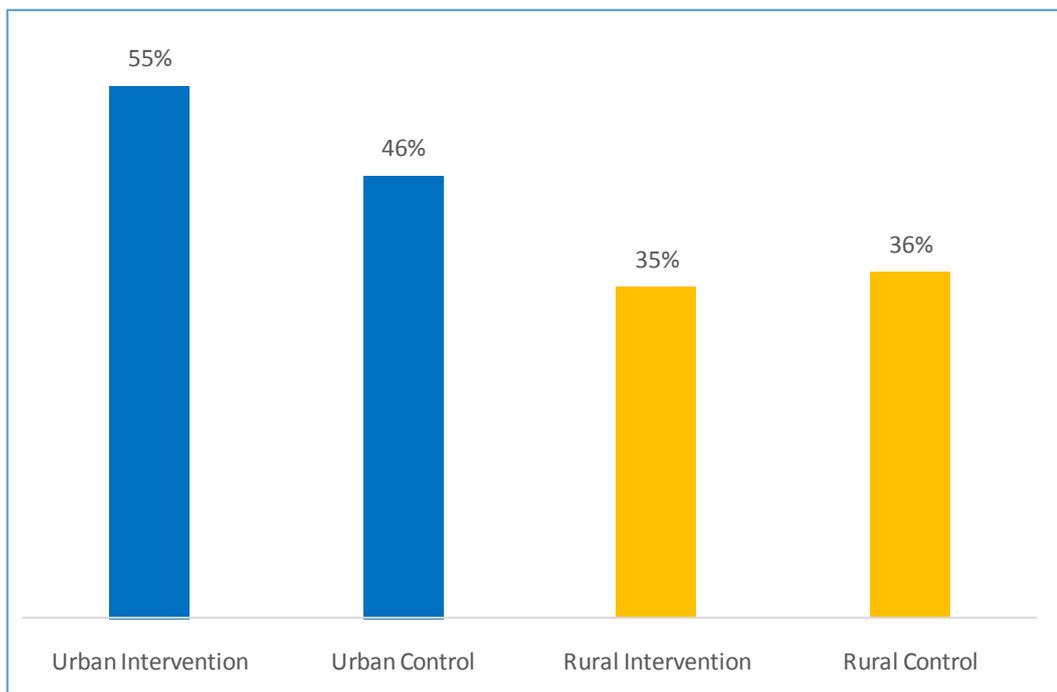
The DFID outcome indicator refers to an increase in the number of people using an improved sanitation facility. To calculate the percentage of households using an improved sanitation facility we used the following definition:

Improved facilities include flush/pour flush toilets or latrines connected to a sewer, -septic tank, or -pit, ventilated improved pit latrines, pit latrines with a slab or platform of any material which covers the pit entirely, except for the drop hole and composting toilets/latrines.¹¹

Using this definition, we find that 55% of households in urban intervention areas have access to an improved toilet facility compared to 35% in the rural intervention areas.

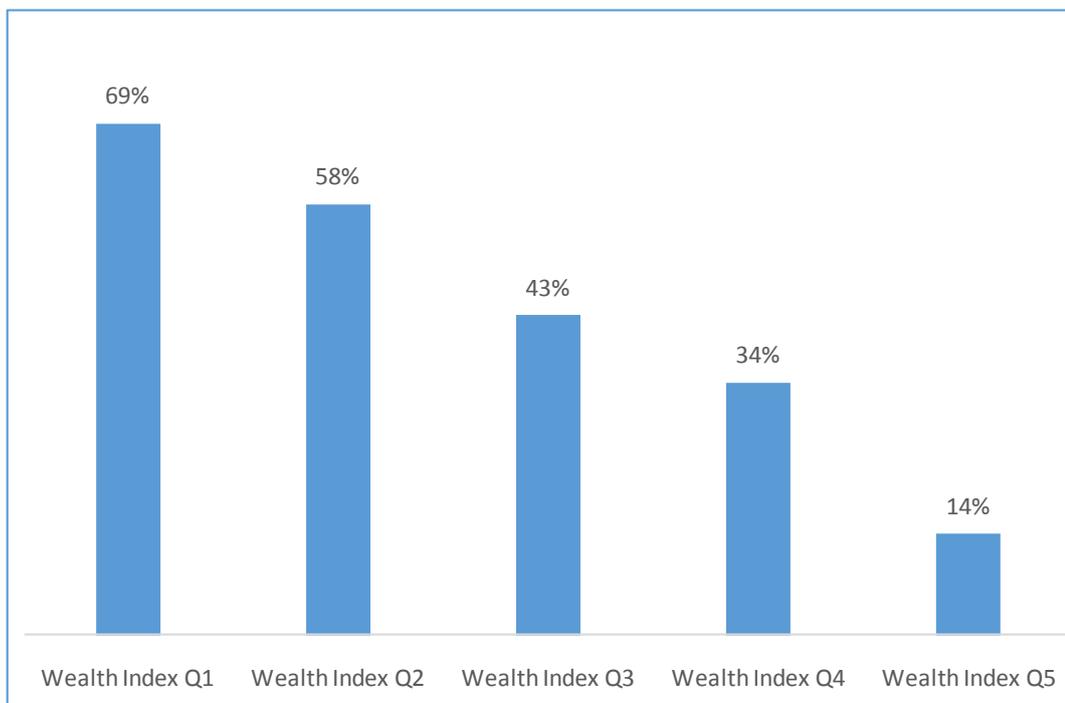
¹¹https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/361455/WatSan-sanitation17.pdf

Figure 10: Access to Improved Toilet Facilities by Area Type



There is also a strong correlation between wealth and access to an improved sanitation facility. Amongst the highest wealth quartile 69% of households have access to an improved sanitation facility. This decreases all five quartiles to just 14% of households in the lowest wealth quartile.

Figure 11: Access to Improved Facilities by Wealth Index



In Figures 12 and 13 we have mapped access to improved access to improved water sources. The colour scale represents the average proportion of households with access for each sample point. The maps present the results for both intervention and control areas. At our endline we will map disaggregated differences in the changes in levels of access between intervention and control areas.

Figure 12: Access to an improved toilet facility: Urban areas (Dry Season)

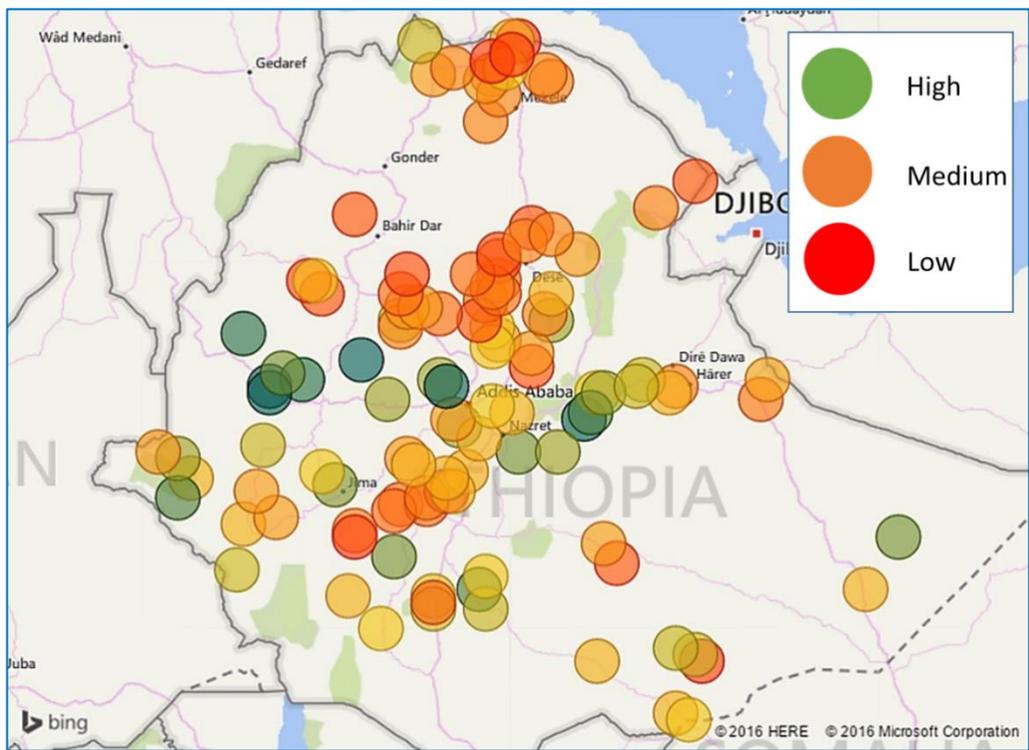
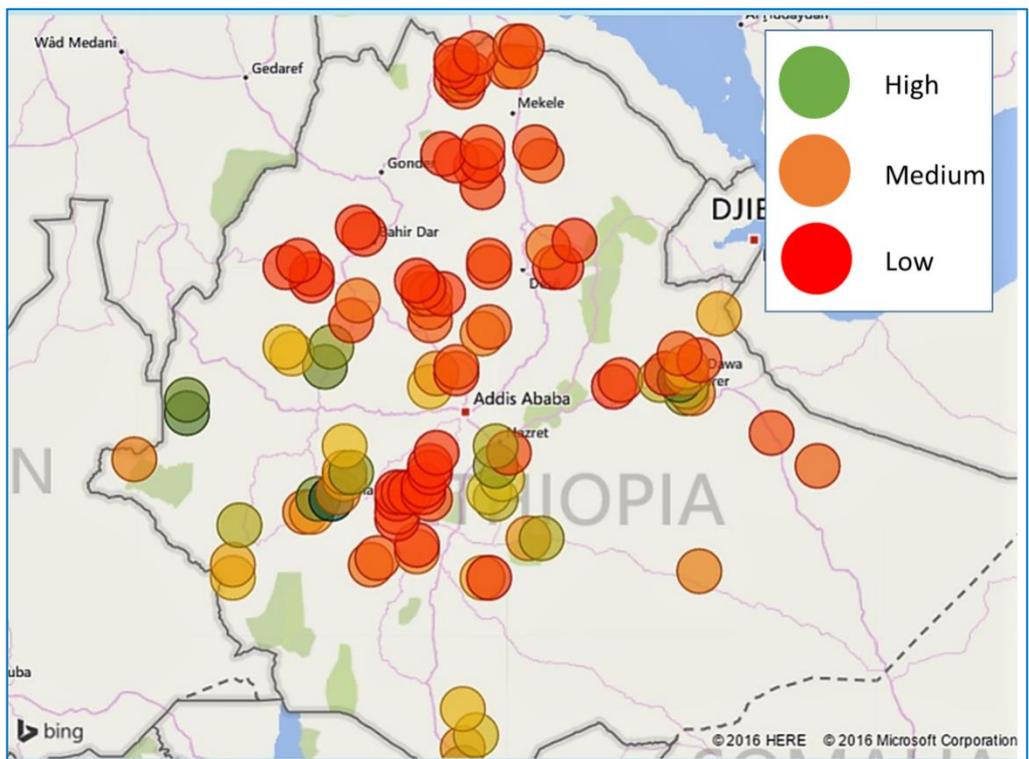


Figure 13: Access to an improved toilet facility: Rural areas (Dry Season)

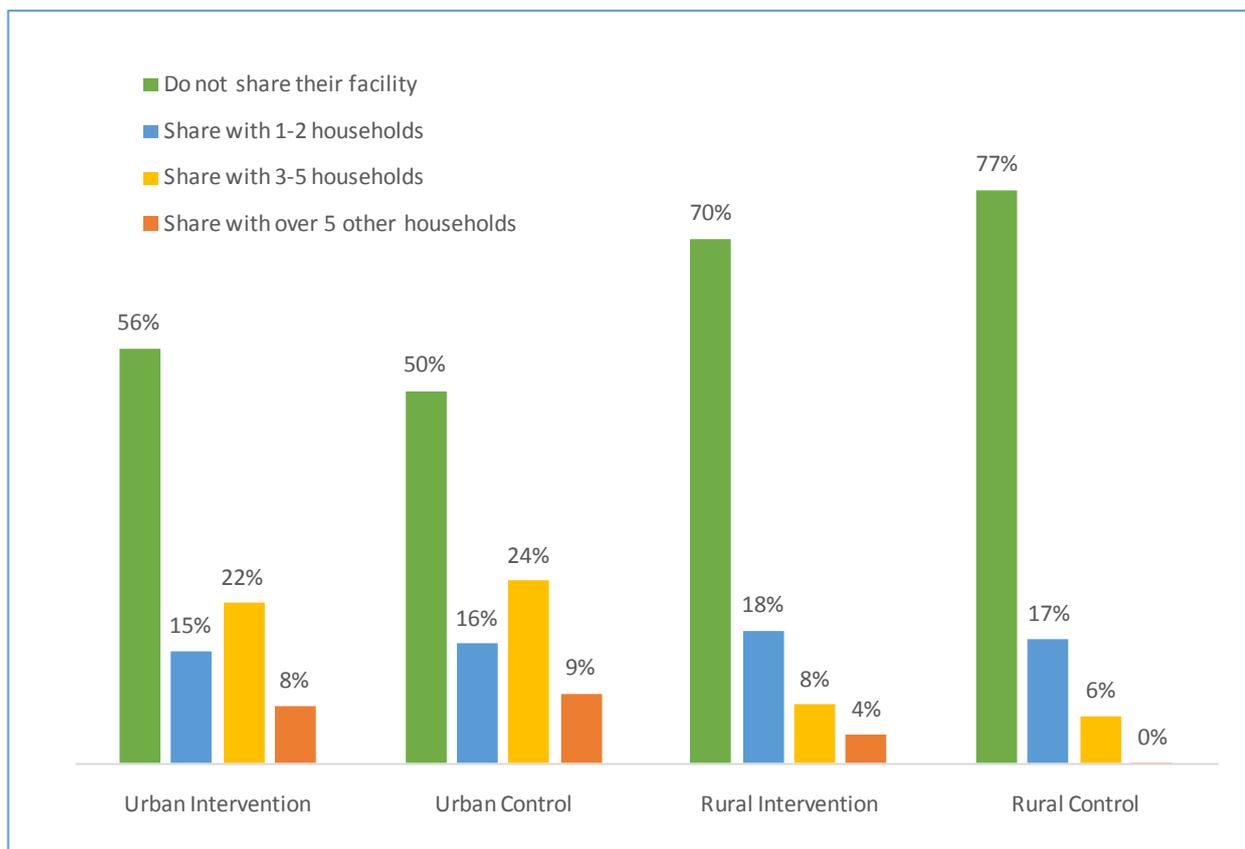


4.2.8 Households sharing toilet facilities

Overall most households with access to a facility (improved or unimproved) do not share the facility with another household (56% of households in urban intervention areas and 70% in rural intervention areas).

Households in urban area more likely to share a facility than those in rural areas. The mean number of households sharing a facility is 2.6 in urban intervention areas and 1.9 in rural intervention areas.

Figure 14: Number of households sharing toilet facilities



4.2.9 Handwashing facilities

Almost all of households (99.5%) gave permission for the enumerator to observe where household members most frequently wash their hands to assess the availability of water and soap (or cleansing agent). The results of the observations were broadly similar between the urban and rural areas. Water was available in just over a third of households in both rural and urban areas (37% of both urban and rural intervention areas). Very few households had soap or an alternative. In approximately four out of five households no soap or alternative to soap was observed (79% of urban and 84% of rural intervention areas).

Table 17: Hand washing facilities

	Urban		Rural	
	Intervention (%)	Control (%)	Intervention (%)	Control (%)
Water available	37	36	37	35
Soap or detergent present	21	15	15	20
Ash / Mud / Sand present	0.3	0.0	1.8	0.1
No soap or cleansing agent observed	79	85	84	80

Enumerators also requested permission to observe the respondents' hands to assess their cleanliness. Reported cleanliness was significantly higher in urban intervention areas with 69% having clean hands, 26% with visible dirt, but unclean in appearance and just 4.3% with visible dirt. In rural intervention areas only two in five (41%) had clean hands, a similar proportion (43%) had no visible dirt but unclean appearance and 15% had visible dirt.

Table 18: Hand cleanliness

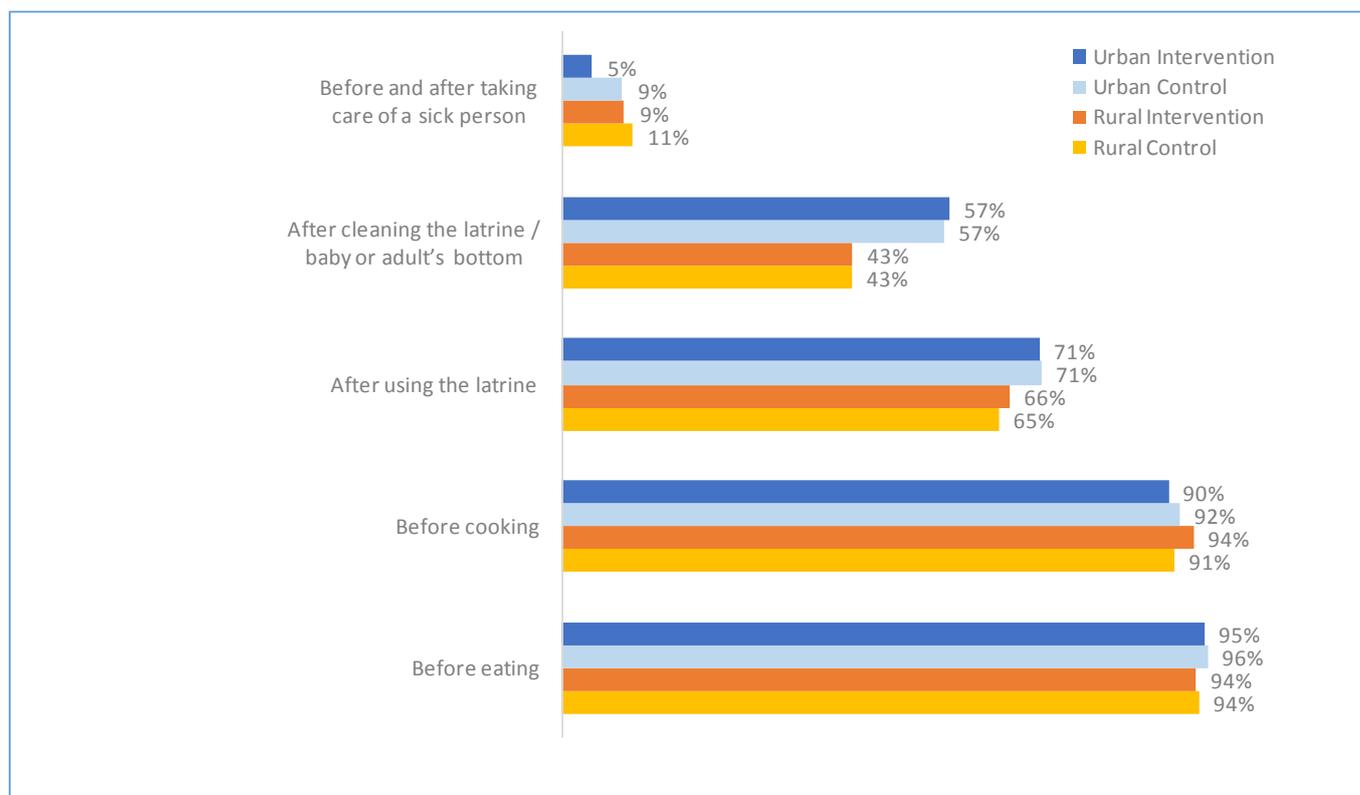
	Urban		Rural	
	Intervention (%)	Control (%)	Intervention (%)	Control (%)
Clean	69	71	41	41
No visible dirt, but unclean appearance	26	24	43	40
Visible dirt	4.3	5.0	15	19
Refused to show hands	0.1	0.4	0.3	0.3

4.3 Household hygiene practices

4.3.1 Hand washing at critical times

The household survey results suggest that the vast majority of the respondents are aware of the importance of washing their hands when handling food, either before cooking or before eating. There is less awareness of the importance of handwashing after using the latrine (71% in urban intervention areas and 66% in rural intervention areas). Levels of awareness are considerably lower for the importance of handwashing after cleaning a latrine or a baby or adults bottom and very low for before and after taking care of a sick person. Top of mind awareness of the importance of handwashing at these times may be lower amongst those who do not carry out these tasks on a regular basis.

Figure 15: % of respondents who mentioned washing their hands during past week (Unprompted Responses)



4.3.2 Water storage and treatment

The survey suggests that most households store their water in a hygienic way but few treat it to make it safe.

The vast majority of households interviewed store their drinking water (95% within the urban and 94% in the rural intervention areas). The majority of the households also store their water in a covered container (90% in the urban and 87% in the rural intervention areas).

In both urban and rural areas most households accessed stored water by either pouring or through a tap; this is more prevalent in rural intervention areas (61%) than urban intervention areas (54%). In the urban intervention areas households are more likely to access their water by dipping (36% compared to 26% in rural intervention areas). Relatively few households store their water without a cover (4.8% in urban and 6.6% in rural intervention areas).

Table 19: Water storage and treatment

	Urban		Rural	
	Intervention (%)	Control (%)	Intervention	Control
Covered, accessed by pouring / tap	54	60	61	53
Covered, accessed by dipping	36	33	26	34
Uncovered accessed by pouring / tap	2.4	1.5	2.7	4.5
Uncovered accessed by dipping	2.5	0.2	3.9	7.0
Do not store water in a container	4.9	5.0	6.3	1.6

Only a small proportion of households usually treat their water to make it safe (just 24% in urban and 20% in rural intervention areas). The most common method is by adding bleach (19% in urban and 14% in rural intervention areas) followed by boiling (3.7% in urban and 4.1% in rural intervention areas). Only a small number strain their water through a cloth or use an alternative method.

Table 20: Household Water Treatment

	Urban		Rural	
	Intervention (%+)	Control (%)	Intervention (%)	Control (%)
All households that treat water	24	19	20	25
- Boil	3.7	4.4	4.1	2.6
- Add bleach	19	12	14	20
- Strain through a cloth	0.5	1.7	0.8	0.9
- Other	1.1	0.8	1.2	1.5
Do not do anything	76	81	80	75

4.4 Institutional OOWNP Outcome Indicators:

In this section, we detail feedback from the institutional assessments. We begin by looking at the reported main sources of drinking water and then assess the provision of sanitary facilities and handwashing facilities. Our assessment is based upon both our interviews and first-hand observations.

4.4.1 Main Source of drinking water

As in the household survey only a small proportion of schools and health centres (including health posts) use a different source of drinking water depending upon the season. Of the 44 institutions assessed only seven cited different sources (4 health centres and 3 schools). As a result we only focus on access during the dry season.

All health centres and schools had access to a supply of water in the dry season. The most common source of water was via a pipe to the yard (11 health centres; 10 schools). Thereafter, more health centres than schools sourced water via pipes to the building (5 v 1), and more schools sourced water via boreholes (2), protected wells/springs (2) and rain/surface water (3). One health centre and one school obtained water from an unprotected spring.

In seven health centres, males fetched water, in three it was fetched by female staff, and in six a mix of staff. It took an average 24 minutes. Schools reported that a range of pupils and staff collected water, taking an average 30 minutes. Fifteen of the health centres assessed perceived their drinking water to be safe or very safe, with 11 treating the water to make it safe and 14 storing water in a container. Fewer schools than health centres (10 v 15) perceived their drinking water to be safe. Despite this only four schools treated the water to make it safe and seven schools stored it in a container.

Table 21: Main water point – safety and storing drinking water (Dry Season)

	Health	School
Feel safe or very safe drinking water	15	10
Store water in a container	14	7
Do something to make water safe	11	4
Base (all providing a response)	21	21

Water quality at the main water point was rated by informants at health centres and schools as ‘always’ or ‘mostly clear’ (17 vs 18, respectively); ‘always’ or ‘mostly free’ from visible particles (14 v16) and ‘odour free’ (20 v 16).

Fewer health centres than school water points were functional when the key informant/member of staff had visited in the last month (13 v 16, respectively).

Using the standard definition of ‘adequacy’ of access to clean drinking water, 11 health centres and 14 schools had an **adequate**¹² water supply in the dry season. However, when asked when they would rate the overall availability of water only four schools perceive the availability of their water to be adequate compared with nine health centres. This suggests that the indicator does not reflect what users would understand an ‘adequate’ supply to be.

Table 22: Dry season main water point functionality

	Health	School
This water point was functional when you/another visited in the last month	13	16
Perceived adequacy (adequate/more than adequate)	9	4
Assessed Adequacy (protected, functional, 5-7 days)	11	14
Base(all informants)	21	21

4.4.2 Sanitation Facilities

Of the 22 health centres two did not have any sanitation facilities on the premises. Over three quarters of health centres (17 of 22) had a mixed toilet block, seven had a male only toilet block and six a female only toilet block.

All schools assessed had sanitation facilities. Nearly three quarters of schools had male only and female only blocks of toilets (16 each) and nine had a mixed block. Seven schools (a third of those assessed) only had a mixed toilet block facility and no separate male and female toilets. Fifteen schools (two-thirds of those assessed) had separate toilets for staff and teachers.

¹²Adequate Water Indicator includes those schools which have a protected water source, have a functional water source, which supplies water for 5-7 days to meet demand.

Table 23: Sanitation facilities

Health centre/post Sanitation	Mixed block	Male block	Female block	Any toilet block
Health centres with Toilet blocks	17	7	7	20
<i>Base – total</i>	22	22	22	22
Schools Sanitation				
Schools with Toilet blocks	9	16	16	22
Separate toilet for staff and teachers				14
<i>Base – total</i>	22	22	22	22

All on premise facilities were observed by an enumerator. Twenty-seven toilets in health centres were observed as part of the assessment. All but one of the toilets were an improved facility including eight flush or pour toilets, eight ventilated improved pit latrines and ten pit latrines with a slab. Only 11 of the 27 toilet blocks had handwashing stations. Only half of the toilets were reported as being clean (15) while seven were observed as being dirty and five contaminated.

Table 24: Sanitation Facility Observations – Health Centres

	Mixed block	Male block	Female block	Total
Flush or pour flush toilet	4	2	2	8
Ventilated improved pit latrine	6	1	1	8
Pit latrine with slab	7	2	1	10
Open pit	-	-	1	1
Clean	11	2	2	15
Dirty	3	2	2	7
Contaminated	3	1	1	5
Handwashing station	5	3	3	11
Base (toilet blocks observed)	17	5	5	27

Thirty-eight school toilets were observed as part of the assessment. Thirty of the toilets were an improved facility including four pour flush toilets, eight ventilated improved pit latrines, 17 pit latrines with a slab and one composting toilet. Eight of the toilets were unimproved facilities (open pit latrines). Gender segregated toilet blocks were most likely to have a pit latrine with a slab (8), while mixed block toilets were most likely to have an open pit (4). Only 10 of the 38 toilets were clean (19 were dirty and 9 contaminated) and few had handwashing facilities (5).

Table 25: Sanitation Facility Observations – Schools

	Mixed block	Male block	Female block	Total
Flush or pour flush toilet	-	2	2	4
Ventilated improved pit latrine	3	3	2	8
Pit latrine with slab	1	8	8	17
Open pit	4	1	3	8
Composting toilet	-	1	-	1
Clean	3	4	3	10
Dirty	2	8	9	19
Contaminated	3	3	3	9
Handwashing station	1	2	2	5
Base (toilet blocks observed)	8	15	15	38

4.4.3 Hand Washing Facilities

Across the 22 health centres, a total of 86 sanitation stations were observed. Only a fifth (17 of 86) of stations had both water and cleansing agent. A third (29) had water but no cleansing agent and just under half of all stations had no water or cleansing agent.

In the 20 schools observed, a total 36 sanitation stations were assessed. Only four stations had both water and cleansing agent, 11 had water but no cleansing agent and more than half (21) of stations were without water or cleansing agent. This suggests that most children are not able to wash their hands, even using water only, after going to the toilet.

Nearly half (9) of all schools had School WaSH clubs and all of these met on a monthly basis.

Table 26: Taps and Standpipes (observations across all institutions)

	Health Centres	School
Total stations	86	36
Stations with both water and cleansing agent observed	17	4
Stations with water only observed	29	11
Stations with cleansing agent only observed	1	0

Stations without water or cleansing agent observed	39	21
Base(observation)	22	20

4.5 Promoting behavioural change

Many key informants cited good progress in capacity building and hygiene awareness during Phase 1 of the OOWNP CWA (2013 to 2015). This capacity building was positively perceived to be a greater priority within the overall program compared with previous Government WaSH programmes.

Key informants in the water bureau, at all levels, recounted training cascaded from Region to Woreda WaSH Teams (WWTs), WaSHCO, health extension workers (HEWs) and communities.

Health informants at woreda and kebele level similarly recounted OOWNP staff and patient training in hygiene and sanitation. This training maintained good staff knowledge and improved community awareness.

Most schools cited improved hygiene and sanitation awareness through education and training but there was less association of this improvement with OOWNP CWA than was evident amongst water bureau and health informants. Some schools linked this improvement to general government WaSH, RWaSH or NGO activity.

Where hygiene awareness was coupled with water point construction and provision of sanitation facilities informants recounted significant progress in community behaviour change:

"If you went around the woreda some three years ago, you would observe that people openly defecate. But many people have toilets now, although not up to standard, and OD has been declining now. It is not enough yet but it's encouraging." (woreda informant)

"Before OOWNP we [had no] information about hygiene and sanitation... but when OOWNP is implemented we get awareness creation training on hygiene and sanitation and dug 9 public toilets in the kebele site together with government. The toilet facilities are closer to the community" (woreda informant)

However, while many woreda and kebele informants described improvements in hygiene awareness, fewer recounted instances where this had been coupled with the construction of water points and additional sanitation facilities. The lack of access to clean water and sanitation facilities rather than awareness of hygiene practice was perceived as preventing behaviour change:

"Currently the community does not have an awareness problem, they have adequate knowledge. What they need is assistance from us to increase the facilities." (rural woreda informant)

"We have never been challenged by culture of the society but one kebele is unable to practice what we are teaching them because water is not accessible in the area at all." (rural woreda informant)

"The society doesn't have attitudinal or awareness issues. It is rather a problem of supplying enough facilities. For instance, when toilets are built in schools, they don't have flushing options after use. And also students don't use the toilets properly and the schools do not control this." (woreda informant)

"Maintaining cleanliness of toilet is very hard because of the lack of water." (school informant)

Slow budget availability and progress in constructing water points and sanitation facilities will frustrate communities and nullify efforts to influence behaviour change where awareness has been raised for hygiene and sanitation that is not available.

The lack of progress was notable where larger or more complicated schemes were planned and were at the point of implementation:

"The area is rich with underground water [but] we were never able to utilize it due to a lack in finance.... we've now a deep well...the design work demanded six months...[and the well] is not operating yet. When it starts to work our problems will be solved." (woreda informant)

The lack of progress was also particularly mentioned in schools, where many informants spoke of a shortage of water and only a few of improvements in water supply under OOWNP CWA. This lack of progress was perceived by some to undermine CLTSH as what was taught at home was difficult to put into practice at school.

It is well documented that behaviour change takes time and many key informants raised problems of maintaining behaviour change. Frequent exposure to awareness and training and working at household level were perceived as important in promoting and entrenching behaviour change, as was witnessing the benefit of hygiene practice:

“Yes [culture change] used to be a problem but now it is decreasing... because they are witnessing the difference on their own. Now 75% of the population is practicing what we are teaching” (rural woreda informant 15)

The work of HEWs, and less frequently mentioned, of HDAs and ‘1 in 5 teams’, were also highlighted by both woreda and health informants as an important part in building community knowledge and catalysing behaviour change:

“Health Extension officers are critical in improving the community. In terms of health, they have the understanding that what kinds of unhealthy practices lead to diseases. And they know how to prevent them. WASH gives them good trainings.” (woreda informant)

“The HEWs teach [the community]; but due to illiteracy, you need to repeatedly teach them... it takes a lot of work.” (woreda informant)

Some health informants further cited that all health workers were role models for the community.

Thus, most key informants did not perceive serious problems with communities’ attitude and willingness to change as such. The key informants pointed out that the primary issue was one of availability of both water and sanitation facilities. This and other barriers they raised are explored below.

4.5.1 Barriers to behaviour change

There were very few instances where key informants felt the water supply needs of the community were being met. While good progress has been made in establishing or rehabilitating water points in some communities, at woreda and kebele level, a shortage of water was the most frequently cited barrier to changing practice and promoting behaviour change. This was particularly noted in schools, where lack of water supply and modern sanitation facilities was perceived to frustrate the uptake of better hygiene and sanitation practice, and also restrict girls’ school attendance during their menstrual period. At its most basic level, *“sanitation requires water” (federal informant)*

A number of barriers in accessing water points / improving existing water supply were identified:

- **OWNP CWA programming issues:** A number of programme related barriers were raised which hampered and slowed the planned expansion of water supply under OWNP CWA, these are detailed later in this section.
- **Funding to meet community needs:** stakeholders at all levels, but most notably woreda, kebele and schools, highlighted that not enough funding was available to meet the needs of the communities.
- **Environmental barriers:** From an environmental perspective: topography (mountainous areas, inaccessible roads), high and low temperatures, low rainfall and lack of underground water, and declining spring/water levels were indicated as barriers to accessing water points¹³.
- **Poor construction of water points:** Lack of oversight and follow up of new water point construction in remote rural areas and difficulty commissioning and managing sanitation work at institutional level.
- **Management of water points:** sustainable water supply was mentioned to be dependent on strong WaSHCO and TWU management of water points. This included maintenance of the water point itself, collecting fees, maintaining financial accounts, and public awareness of appropriate handling of water points.
- **Absence of water in existing schools and health centres:** in the past, schools and health centres were constructed without giving attention to accessibility of water, and this has now created an obstacle to water supply provision in places where water is not readily available.

¹³This meant that in some areas, the cost of constructing water points was far higher than other areas, explored in section 4.4

- **Poor infrastructure:** poor roads rendered some water sources inaccessible for development into a water point and also made some communities difficult to reach.
- **Lack of technical skills:** not enough investment in technology at ministerial level, difficulty accessing required technical expertise at woreda level; and also difficulties training locals to required standards to construct sustainable water points
- **Shortage of electricity:** unreliable electricity supply to run generators and pumps

A number of barriers in promoting hygiene and sanitation behaviour change were identified:

- **Lack of (improved) sanitation facilities:** Some informants cited a lack of sanitation facilities and improved latrines at household level as barriers. Schools in particular cited too few toilets, and a lack of soap and water:

“In school there are only 4 holes in the men’s toilet and all 800 students can’t use toilet within 15 minutes break.” (school informant)

- **Government subsidy:** the lack of improved sanitation facilities was seen to be the result of a lack of government subsidy for sanitation intervention. Informants mentioned the need for Government to support micro-enterprises to deliver improved latrines; and to re-evaluate policy of not subsidising household sanitation.

- **Lack of public latrines:** particularly in woredas where OOWNP had seen less progress:

“There is a lack of toilets in the city so people come to the health centre. It gets dirty and eventually gets out of order.” (health informant)

- **Cultural barriers:** though less frequently mentioned, some informants cited that even after awareness raising, some people were still resistant to change and toilets that had been dug were left unused.

“The public latrines are available every 100 or 200 meters away. Every household has toilets. However I doubt [they] wash hands at critical times. The people are aware of the situation and the rule but most are not practicing.” (woreda informant)

There is what is referred to as ‘safuu’ people are shy, there is weakness seen in practice of handwashing (school informant)

- Behaviour and attitude change takes time and communities need constant reminders, particularly where literacy levels are low or communities are pastoralists:

“The community in this kebele is pastoralist ...they are moving from one place to other for searching grazing land for their cattle’s...[so] it is difficult to provide training or change the attitude of the community sustainably.” (Health informant)

- **Relevance:** lack of relevant marketing materials/outdated approach to behaviour change
- **Budget to deliver capacity building:** The Bureau of Health lacked budget to train health extension workers and development armies who were seen as key for catalysing change
- **Top down approach and lack of follow up:** Some informants cited an inability of government to offer the same level of training, time investment and follow-up as NGOs. In particular, Co-Wash, which, through intensive community level interaction, has one of the greatest success rates in achieving sustainable behaviour change. This intensive way of working comes at a cost that some informants did not believe Government was willing to invest in, preferring to invest in the ‘hardware’ of water point construction
- **Accessibility:** as raised above, lack of access to water made adoption of good hygiene practice particularly challenging. This was most frequently highlighted in schools. Among community segments, farmers were similarly identified as a group whose behaviour had been particularly hard to change.

4.6 Impact

A key assumption of the OWP theory of change is that by saving the amount of time, particularly women and girls, spend on collecting water beneficiaries will be able to spend more on productive activities, improved enrolment and attendance at school and improved childcare, through increased visits to health clinics (See Section 1 for Theory of Change diagram). The OWP theory of change also assumes that through improved hygiene practices there will be a reduction in diarrhoea and other water-borne diseases and an overall reduction in the rates of under-five mortality. In this section we present the baseline measures upon which we will assess the impact of the programme at our endline stage evaluation and test these assumptions.

4.6.1 Time savings

We asked respondents how much time they, and randomly selected children in their household, spent on a range of activities:

- working for someone not in their house;
- household chores (such as shopping, collecting firewood, cleaning or fetching water); and
- other family work (such as working on the farm, in a business or selling goods on the street).

Respondents in rural areas report more hours of productive activity than those in urban areas, most notably spending more hours undertaking other family work and household chores.

Across the sample more time is spent on household chores than any other activity and both male and female respondents in rural areas spend more time on household chores (potentially reflecting the additional time spent each day collecting water). While there is some variation between time spent on these activities between male and female respondents the most notable variation is in the time spent on household chores by male and female children. In urban and rural intervention areas girls spend an average of 17 hours a week on household chores compared to 11 hours by boys in urban and 9.7 hours by boys in rural intervention areas. However, in both urban and more notably rural areas, boys spend more hours on other family work than girls.

Table 27: Productive Time – Average time spent on tasks (Hours)

	Urban		Rural	
	Intervention (%)	Control (%)	Intervention (%)	Control (%)
Work for someone not in household (paid or unpaid) in the past week				
Male Respondent *	8.1	1.7	0.8	3.1
Female Respondent	2.8	2.1	1.7	2.2
Male (5-18) *	0.8	1.2	2.3	1.5
Female (5-18)	0.4	1.0	0.9	0.9
Household Chores				
Male Respondent	21	29	31	27
Female Respondent	32	32	36	36
Male (5-18)	9.7	7.9	11	10
Female (5-18)	17	14	17	16
Other family work				
Male Respondent	4.2	2.7	23	14

Female Respondent	10	8.9	9.6	9.5
Male (5-18)	3.1	4.4	7.7	6.1
Female (5-18)	1.2	1.3	3.6	2.8
Sum of all productive activities				
Male Respondent	34	34	55	48
Female Respondent	46	43	47	48
Male (5-18)	14	13	21	17
Female (5-18)	18	16	22	20
*Note: small sample size (total Male respondents = 43: UI = 8, UC = 6, RI = 19, RC = 10)				

4.6.2 School attendance

Secondary data suggests a recent slowdown in the improvement in school enrolment and attendance rates.

The Welfare Monitoring Surveys (1996-2011) show that primary school net enrolment rates¹⁴ in Ethiopia had been steadily increasing from 1996 to 2011 (from 21% on 1996 to 62%). The fastest increase had been in attendance for girls which, in 2011 was marginally higher than for boys. Net enrolment rates for secondary aged children however remained low (11%) with just 11% net enrolment rate in 2011 (10.9% for boys and 11.0% for girls).

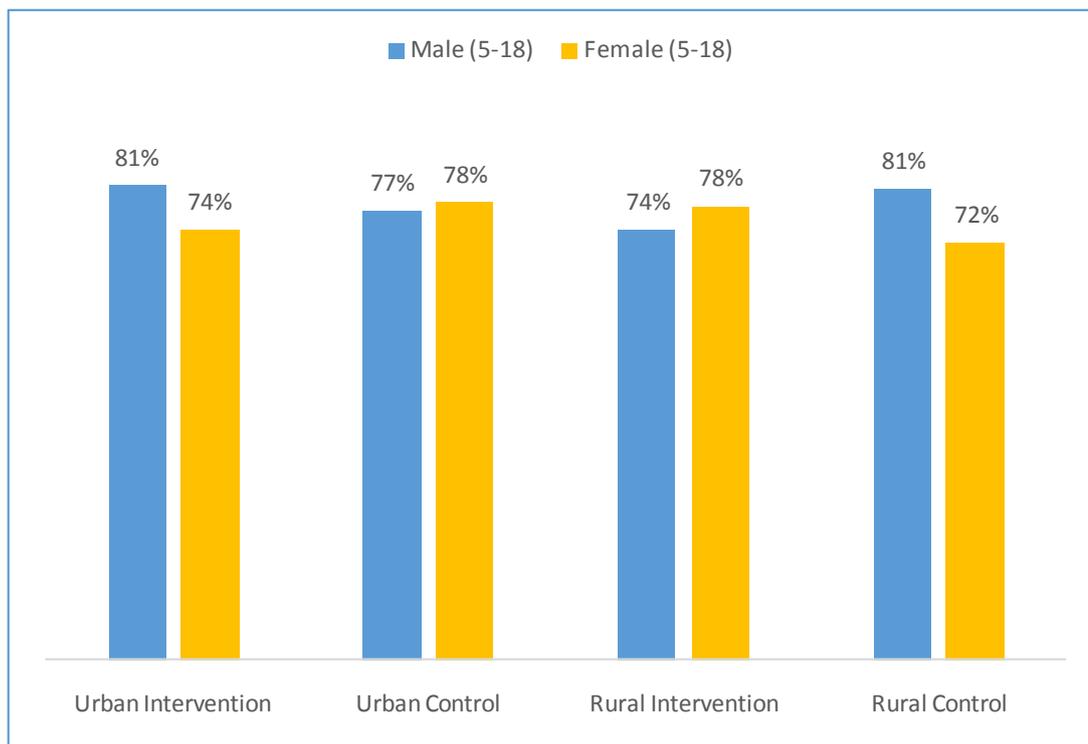
The DHS Surveys (2011-2014), which measure the net attendance ratio,¹⁵ report a slowdown in the improvement in attendance rates: between 2011 and 2014 attendance only increased marginally from 64.5% for primary schools to 65.2% and from 13.4% for secondary in 2011 to 15.2% in 2014.

Across the whole sample there is little difference between enrolment rates in our urban and rural areas. Current school enrolment rates in the urban intervention areas for all school children aged (5-18) are marginally higher among boys (81% for boys and 74% for girls). In the rural intervention sample areas the enrolment rate is marginally higher for girls (78% for girls and 74% for boys).

¹⁴ Net primary enrolment rate in primary education is the number of pupils of official primary school age (according to ISCED97) who are enrolled in primary education as a percentage of the total children of the official school age population.

¹⁵The number of children enrolled in a level (primary or secondary), regardless of age, divided by the population of the age group that officially corresponds to the same level.

Figure 16: Rates of School attendance (based on all households with an eligible child)



Of those with children currently attending school around one in twelve had been absent for more than one week in the last month that the school was open. This includes 7.0% of boys and 4.6% of girls in urban intervention and 8.6% boys and 9.0% of girls in rural intervention areas.

The parents of those attending school but absent for at least a week during this time period were asked to explain the reasons for this absence. It is worth noting that the sample for these questions was fairly low, however, they suggest different patterns of reasons between urban and rural areas. The data suggest, for example, that sickness accounts for a considerably higher proportion of absences in urban areas while those in rural areas are more likely to have been needed for working (not domestic chores). Although based on a relatively small sample the differences in reasons for absence between boys and girls are broadly similar.

Although the baseline data suggests that there is some scope to improve the attendance of children, particularly in rural areas, by reducing the time burden of domestic chores, the results suggest that this will be very limited.

Table 28 Reasons for absence from school (Main Reason)

	Urban		Rural	
<i>(ranked on urban and then rural intervention areas)</i>	Intervention (%)	Control (%)	Intervention (%)	Control (%)
Reasons for Absence (Male)				
Sickness	47	46	20	16
No interest / no value to education	19	21	15	22
Journey to school is unsafe	17	6.2	19	5.1
Child is needed for working	5.6	2.8	19	16
Cost	3.0	0.0	3.0	1.6
Child is needed for domestic chores	1.6	0.0	13	9
School is too far away	0.0	8.5	0.0	11
Other (specify)	6.8	15	6.3	15
<i>Base:</i>	<i>45</i>	<i>18</i>	<i>41</i>	<i>27</i>
Reasons for Absence (Female)				
Sickness	41	44	23	19
Journey to school is unsafe	21	12	24	7.7
Child is needed for domestic chores	16	31	11	25
No interest / no value to education	5.4	0.0	3.5	0.0
Child is needed for working	2.9	0.0	17	32
Cost	0.0	0.0	3.0	0.0
School is too far away	0.0	0.0	0.0	0.0
Other (specify)	14	13	15	16
<i>Base:</i>	<i>32</i>	<i>21</i>	<i>42</i>	<i>15</i>

4.6.3 Water-borne diseases

Approximately one in four of the heads of households had experienced a health problem in the two months prior to being interviewed (24% in urban and 25% in rural intervention areas). The data suggests that among those who had health problems a considerable number of productive days were lost. Those experiencing health problems lost an average of 10 days in urban intervention areas and 14 days in the rural intervention areas.

Around one in three children under 5 had experienced health problems in the two months prior to the survey (36% in urban and 31% in rural areas). The most common symptoms were of fever and diarrhoea (11% urban intervention and 12% rural intervention) or fever only (12% urban intervention and 11% rural intervention).

Table 29: Incidence of health problems over past two months

	Urban		Rural	
	Intervention	Control	Intervention	Control
Head of Household				
Faced health problem in past two months	24	22	25	25
Had symptoms of diarrhoea	0.9	0.1	1.1	0.5
Had symptoms of fever	8.2	6.7	7.2	7.0
Had symptoms of both fever and diarrhoea	2.0	3.4	3.7	4.2
Mean days absent from usual activity	10	10	14	11
Child under 5 *				
Faced health problem in past two months	36	35	31	37
Had symptoms of diarrhoea	6.1	1.6	2.2	4.0
Had symptoms of fever	12	14	11	10
Had symptoms of both fever and diarrhoea	11	8.0	12	13
*Based on all those with children under 5 in the household				

The OWP theory of change assumes that reducing the time spent collecting water will increase the take up of the medical services available (as carers will have more time available to take children to a health facility). Of those with a child under five in their household approximately half had received medical assistance or consulted with health institutions in the past two months. This includes 53% in urban and 47% in rural intervention areas.

Of those who had not used a medical service the vast majority said that they had not done so because their child had not been ill (91% in urban and 81% in rural intervention areas). This leaves only a small number who had a child who was ill but did not use a medical service (just 25 households in urban and 17 in rural intervention areas). This sub-sample would not be enough to assess this assumption of the theory of change. Indicatively however, based upon these small numbers, while issues such as the service being too expensive or a lack of drugs or medical equipment being cited as barriers time was not mentioned as a main reason.

Table 30: Use of medical services for Under 5s

	Urban		Rural	
	Intervention (%)	Control (%)	Intervention (%)	Control (%)
Had received medical assistance / consultation in past two months	53	42	47	44
Had not received medical assistance / consultation in past two months	47	58	53	54
Don't know	0.2	0.0	0.0	1.5

We also collected data on under five mortality rates within the sample areas. However due to incidence in the survey sample the base size of those households experiencing the death of an infant within the past five years is too low for us to be able to make meaningful comparisons between intervention and control group areas. For this reason we will focus upon changes in the incidence of the symptom of waterborne illnesses at during our endline evaluation.

4.7 Relevance

Our evaluation addresses two aspects of relevance: the extent to which the design of the programme is appropriate for attaining the OOWNP CWA goals (as per the theory of change) and the extent to which the OOWNP CWA complements government and development partner programme that contribute to WaSH outcomes. During our key informant interviews we discussed the complementarity of OOWNP and have presented a summary of the main findings in this section. We will focus on the appropriateness of the design for attaining OOWNP CWA goals at the endline during which we will be in a position, if required, to distinguish between theory failure and implementation failure.

4.7.1 Complementarity

Other Government of Ethiopia activities

The first thing to note from our key informant interviews is that there was a general lack of awareness of other GoE programmes. Outside of MOFEC, BOFED and a few strategic stakeholders, most key informants were not able to spontaneously name other GoE programmes which impacted the WaSH sector.

At federal and regional level, many informants mentioned GTP and SDG policies and resultant interventions as contributing to WaSH (see 'Contribution of changes in the delivery context' at the end of this section).

At *woreda* and *kebele* level, many informants were unable to cite specific programmes or policies that impacted on WaSH. Indeed, many schools had only vague knowledge of what OOWNP CWA was or how it differed from other GoE WaSH interventions. Woreda Water Bureau informants generally displayed a higher level of awareness of the OOWNP CWA. Some also cited that GoE WaSH interventions had started in their area as long as 10 years ago providing a platform for OOWNP CWA to build on.

Other Non-Governmental Activities

At federal level, informants recounted the difficulties they faced in mapping and understanding what NGO interventions were contributing to WaSH, commenting that:

"As part of government we don't have any information about these non-CWA programmes" (federal informant)

"We don't have information on investment in WaSH sector because they (MOWIE) still don't have established systems to track activities across the country." (federal informant)

This lack of information at federal level is well recognised. One informant estimated that NGO activity amounted for 40% of WaSH activity.

Some alignment of NGO programming at federal level was noted. In particular, the Water & Sanitation Forum which brought together and coordinated national planning across 16 NGOs. The forum was seen by NGOs as a significant improvement in helping them work in partnership at a national level to support the Government. While the forum reports activities to OWNP, it does not report in a way that is consistent with CWA. Some informants expressed doubt that the NGOs would be able to report to the CWA template, one explaining:

"The challenge in recording contribution of NGO's is the huge reluctance on behalf of NGO's to report - some of which is because its multi-disciplinary" (federal informant)

All informants at regional, woreda and kebele level were able to name the NGOs/CSOs active in their area:

Emergency WaSH activities

OWNP is intended to include all activities and all implementers in the WaSH sector - both CWA and all actors outside of CWA. However, the sector still lacks a system to track activities across the country at a national level. This data is reportedly available at regional level and NWCO intend to consolidate this information in the coming year.

One stakeholder raised concerns about the capacity of the NWCO office to deliver this information to enable a more strategic alignment of activity:

"POM clearly gives this responsibility [of alignment] to NWCO. I think capacity of this NWCO office is of concern. This is something that the Government should push. There should be an incentive for everyone to be aligned." (federal informant)

Lack of awareness of other GoE programmes at woreda and kebele level perhaps reflects lack of alignment of CWA OWNP activity with other Government programmes. At kebele level, the task of aligning WaSH activity was tasked to Woreda Administration. Woreda administration coordinated activity to ensure non-OWNP CWA and CWA activities were not duplicated in any kebele. This included emergency WaSH activities.

This level of planning was seen to work well for Emergency WaSH and enabling CWA and NGO's to work together to deliver rapid relief:

"There are some good examples where CWA and NGO's have worked together to progress Emergency WaSH in Phase I." (federal informant)

Evidence of self-supply

Only three of the 22 key informants at woreda level mentioned the expected contribution of self-supply in their area. The remaining woreda and kebele key informants were unable to comment, which may mean that self-supply is not currently being accurately recorded for the programme.

MWA are currently piloting a self-supply project across seven woredas. The 5 year programme will cost \$15-20M, and is 50% funded by the Hilton Foundation.

Contribution of changes to the delivery context to programme impact

At a policy level, the move from GTP I to GTP II and MDG to SDG will have the most marked impact on future works of the OWNP.

GTP II has reduced the target distance of clean water access points for households in both rural and urban areas and placed more emphasis on WaSH in urban areas. In many instances, where OWNP water point schemes were still in the planning phase, the change in distance introduced by GTP II had been taken into account, and plans were revised where necessary to meet the requirements. Where work had already been completed under OWNP Phase 1, meeting GTP I requirements, key informants indicated that they were likely to be left until the as yet still planned works had been delivered. Concerns regarding the higher cost of meeting the new requirements were raised.

Key informants made less mention of changes in their planned works due to the introduction of SDG.

As UAP had come to an end in 2015 it was not mentioned at all as having a bearing on the OWNP delivery context.

The outcome of the review of OWNP Phase I was anticipated to involved changes for OWNP Phase II, and some stakeholders are seeking more focus on climate resilience and the inclusion of Emergency WaSH.

"We want to better in incorporation of humanitarian aspect - 16 NGOs working in the humanitarian cluster - none of that is being captured in OWNP - and a lot of work done in drought is development work - so can't ignore those contributions" (federal informant)

4.8 Value for Money

Our value for money (VfM) assessment will examine the interplay between costs, cost drivers and the performance of the OWNP at different levels of its impact logic. The VfM assessment, while building upon findings from the process evaluation, will be carried out at the endline stage of the evaluation. At this baseline stage we look at some of the key factors that will partially determine the overall VfM for the programme including cost recovery, the key cost drivers and how the programme is delivering on time and budget.

4.8.1 Cost recovery and barriers

Town Water Utilities (TWUs) were generally reported to be better established and more successful at recovering costs than WaSH Committees (WaSHCOs) that are established in rural communities to manage specific WaSH facilities). In urban areas, consumers were used to, and more accepting of, paying for water. As the water bureaus are responsible for determining the cost of water and are also involved in determining maintenance costs, it remained for the TWUs to manage their schemes. Smaller maintenance costs (e.g. <10,000 Birr) are covered by the community and larger costs are passed on to zonal or regional authorities for financial aid. TWUs were also salaried as opposed to WaSHCOs which were volunteers.

Anecdotally, while rural water points are simpler and far easier to maintain and manage, the responsibility of WaSHCOs is both more informal and extensive than TWUs. WaSHCOs are required to establish a fair cost for water that will enable them to maintain the water point and establish who in the community would be required to pay.

Not all WaSHCOs had introduced charges for water, particularly in regions where untreated water was readily available and the common perception was that the community would continue to use unclean water that was free over cleaner water at cost. Where WaSHCOs were charging for water, there was anecdotal evidence that they were able to cover basic maintenance costs for water points, or in some instances an agreed proportion of costs, and the Woreda Administration/Water Bureau covered costlier maintenance.

At woreda and kebele level, key informants recounted that the requirement for rural communities to contribute to the construction of the water points – either in cash or more typically in labour – created greater engagement in the maintenance and proper care of the water point from the outset.

With regards to sanitation facilities, one WaSHCO key informant recounted that they had trained 10 youth to maintain sanitation facilities and that they were recovering these costs. At the same time, in another regional, concerns were raised about the management structures in place to maintain public sanitation facilities:

"I strongly do not recommend public latrines under current design and management... it's a huge investment if not managed properly... {Currently} the latrine management part is not working" (regional informant)

Woreda and kebele key informants discussed the following barriers associated with WaSHCO/TWU cost recovery:

Rejection/restriction of Water Tariffs:

- Some TWUs and WaSHCOs struggled to introduce charges. Where unclean water was available in local rivers, it was more difficult to motivate people to pay for clean water as they could not see the benefit of it. *"People here are not used to paying for water... they don't understand water has a cost...and politicise the issue" (woreda Informant)*
- Water charge is too low to cover the cost of maintenance/not enough people in community are being charged - In some instances, paying for water was voluntary and too little money was being raised to cover maintenance costs.
- There were insufficient funds to cover materials for maintenance. This meant that water points were left dysfunctional and led to a situation where communities became unwilling to continue paying for water.

- A lack of consistent water supply due to faulty water points or failing electricity meant communities were less willing to pay for water.

High maintenance costs

- Cost of spare parts/materials are high in remote locations

Lack of WaSHCO training

- At its most basic level, some WaSHCOs has not yet been properly established to manage the water points
- Some WaSHCOs lacked management training to prioritise maintenance works and lacked the financial training to manage savings account

Lack of WaSHCO ownership and accountability

- Poor management of water points where WaSHCOs / Communities are not adequately trained or do not take ownership of maintaining their water points.
- WaSHCOs are operating on a voluntary basis and their accountability is less clear than TWUs

4.8.2 Key cost drivers behind the programme

The largest programme cost identified by all key informants was that of construction. Where drilling was required, this was also a large cost. It is well known that drilling costs are much higher in Ethiopia than other countries. In more remote or topographically challenged areas, moving large drilling equipment and accessing other construction related materials and equipment become a key cost factor too.

As construction was the key cost, considerations around how construction works were commissioned and managed were key to ensuring value for money and sustainability. As part of CWA, ministries are required to adhere World Bank procurement standards though it was noted by some key informants that these standards did not always yield the optimum result. One example of this was the requirement to procure on lowest cost which was not always the seen as providing the best quality work.

Another example is within the Institutional WaSH component where the burden of commissioning and managing a large number of small projects was seen to undermine VfM procurement. . This compared with larger Water Bureau works that could be commissioned at zonal and even regional level and, offer fewer, more sizeable contracts to attract higher quality construction companies with more established project management processes. World Bank procurement standards prohibit the use of clustered procurement which would enable Institutional WaSH to establish more sizeable works.

Geography and topography were also highlighted as impacting on costs of construction. The cost of establishing new water points varies substantially across and within the regions. For example, in Somali Region, the difficulty of establishing new water points means that costs are significantly higher than more accessible regions in the highlands where water is more readily available. As the OWP budget was based on per capita, some key informants felt it did not provide sufficient funds to the most disadvantaged regions.

4.8.3 Delivery on time and on budget

OWNP CWA budget utilisation is far below targeted levels and the reasons for this underutilisation have been well documented in the JISM and other programme reviews. In our research, informants cited the following reasons:

- The **front-loaded budget** was too ambitious and has made underutilisation/slow take-off of programme more pronounced.
- A lot of **processes** had to take place before implementation – particularly for costlier water schemes which require comprehensive feasibility studies and design plans.
- Health and School WaSH have **less budget** than the Water Bureau, which is to some extent in line with expectations but it means that there is less resource at every level to progress and deliver Institutional WASH.
- The principle of a **single disbursement** of funds once all regions are in a position to receive the next tranche has meant that regions and woredas that make better progress have to wait for the next tranche of funding to be released (in one example a region waited for four months).
- Delays in budget disbursement has further compounded programme delays and left suppliers unpaid.

- The Water Bureau is best placed to manage the **construction of School and Health water points** as they have the necessary skills, including project management and engineering expertise, to oversee the works. However, the only drawback in this approach is the perceived delay in works as the Water Bureau has to manage the construction of all water points at the same time.
- **No objection threshold** in emerging regions is perceived to be too low, requiring frequent approval from MOFEC which adds delays to project timings
- **Lack of transport** at regional and woreda level – vehicles promised at the start of OOWNP have yet to be provided

4.8.4 Equity and Value for Money

OWNP is designed to target the most underserved communities: remote communities, with poor WaSH coverage and hard to reach. Beyond identifying and targeting underserved communities at kebele level, the programme does not specifically cater for or target disadvantaged groups within the communities.

At community level, some informants believed all groups were able to access services:

"I'm not aware of such problems (of one group benefiting more than another group). We Ethiopians have a custom of helping each other and respecting elderly and disabled people so I don't think there is a challenge." (woreda informant)

"In Ethiopia we have seen people been excluded from this type of service" (federal informant)

And highlighted that hygiene and sanitation training was provided to all members of the community

"OWNP give us training to WaSHCO and we also train the community in return. Almost, I can say all the groups benefitting equally whether they are children, women, poor or widowed and disabled ones. There is no any discrimination in this regard. We gave training for every community groups equally." (woreda informant)

A few key informants highlighted that, particularly given budget constraints, there was a priority to focus on the needs of the whole community first, before trying to meet the needs of any particular group;

"There is access to knowledge to everyone, but not access to water for everyone irrespective of status... [BUT] there is not still a need to solve gap of accessibility of the general public. -'This is not the stage to talk about satisfaction of any [particular group]" (health informant)

Progress thus far in OOWNP suggests this reflects that few woredas were able to design water points to be accessible to all. With regard to construction of school health and public sanitation facilities, the standardized (UNICEF) manual was used, whose design takes the needs of the disabled into consideration:

"In the case of the disabled, the water points are not built in a nearby area and are not convenient to carry water easily, but, the toilets are built in the centre of the village. Any disabled or elderly people can use it easily." (woreda informant)

Newly constructed sanitation facilities in schools, health centres and public latrines were more accessible. However, a lot of existing toilets in Schools and Health centres were not built to be accessible by all.

In many woredas it was left to TWUs and WaSHCOs to ensure the poorest were not charged for water and water was collected for elderly and disabled (i.e. groups that could not access water points easily).

"At a policy level the Government is very clear, but for rural areas, users have to pay; in urban areas the Government is testing cost recovery; when deciding user fee - it is up the committee, and they use different modalities...in kind and cash... also follow exemptions for elderly/disabled" (federal informant)

4.9 Sustainability

At this stage it is too early in the process to evaluate the sustainability of the OOWNP CWA, which we will carry out at our endline evaluation. However, in this section we present early findings on some of the factors that will influence the sustainability of the outcomes OOWNP CWA has been designed to achieve. These factors include capacity building, funding gaps and environmental factors.

4.9.1 Sustainability and capacity building

OWNP CWA was highlighted as better than the previous Government WaSH programme in its programme management capacity building. At a strategic level, this was seen to be facilitated by the earmarked budget for training. Most Government key informants at regional, zonal and *woreda* level had received some form of training to facilitate OWP implementation.

In most regions, *woredas* and *kebeles*, programme management training sessions provided an opportunity to bring together water, education and health bureaus or WaSHCO, teachers, school administrators and health officers to share experiences and build strategies for cascading community training.

Training was frequently cited as cascaded down to the community. However, a few instances were cited where lack of adequate budget prevented this from occurring (e.g. School WaSH); or where community training was left to HEWs, HDAs and 1 in 5 teams.

Typically, community training in water point maintenance and cleaning of water was the remit of the WaSHCO, where household training in hygiene and sanitation was that of the health officers and 1 in 5 teams. None of the informants mentioned TWUs as providers of training.

Around three quarters of the *woredas* and *kebeles* key informants gave a positive account of the improvement in their own and their community's capacity with regards to water point rehabilitation, hygiene and sanitation awareness and knowledge.

Three *kebeles* had accessed services of construction and management units, and youths in the community had been trained in maintaining the water point:

"We select twelve youths from our kebele and sent them to [the] Woreda to get training on maintenance of water points, fixing of pipe lines etc." (woreda informant)

In one *kebele*, the informant recounted that they now consult the zonal engineers whenever they design new water points.

"My supervisor at the zonal level supported us a lot. Engineers of the zone and One WaSH's zonal focal persons frequently help us too." (woreda informant)

This informant also spoke of having shared their experience with another region and zone.

Several key informants spontaneously mentioned that they felt that training should have been provided to the whole community, suggesting a reluctance to take on the role of trainer. Limitations in paying per diem was also raised as a hindrance to participation.

Technical experts highlighted insufficient technical training and support, particularly in the area of electro-mechanical engineering, where an absence of standards or manuals on modern technologies left communities implementing these technologies without readily available tools to maintain them. In the absence of federal guidance, the regional bureau consultants/experts drew up their own guidance, adding an additional burden to the adoption of any new technologies.

At *woreda* and *kebele* levels, school informants cited many different approaches of training and education, including:

- Teaching pupils about hygiene and sanitation as part of their school curriculum – including incorporating into biology classes
 - Training the leader/teacher coordinating the School Wash Club or groups of select pupils who were then responsible for cascading training to other pupils
 - Using teachers as role models, and female teachers as role models for girls on menstrual hygiene
- "Students learn from their teachers, [we have no water supply at our school so] teacher take jugs to classrooms to wash their hands at the end of the day" (School informant)*
- Handwashing day led by OXFAM
 - Weekly checks of students clothes and cleanliness
 - Sanitary pad distribution

At this stage, it is not clear what steps have been taken to ensure this knowledge has been retained.

Despite the perceived improvements at woreda and kebele level, at federal level a few informants (from both NGOs and Government) expressed concern over the limitations of investment in capacity building at community level:

"Community building requires ongoing monitoring and investment. Co-Wash are one end of spectrum and Government are other end. Other donors/NGOs fall in-between. The Government at most spend one day to organise water committee - spend about 0.1% where co-wash spend c40%. One WASH has very little focus on capacity building of the community. Gov prefers investment over capacity building". (federal informant)

At regional level, concerns were also raised over the limitation of budget made available in Education and Health Bureaus to train Woreda, HEWs, HDAs, and community leaders.

4.9.2 Funding gaps and extent to which the GoE is able to cover projected costs without donor support

Many informants were of the view that there was insufficient funding to meet the water supply needs in Ethiopia:

"Limited budget has always been a big barrier in improving water supply" (federal informant)

And many raised concerns that additional Donors had not joined the CWA and that GoE appeared to be lagging behind in this regard.

Some informants highlighted the a requirement for ongoing funding to sustain [RWASH] OWP interventions, citing instances where high water point maintenance costs had already rendered them dysfunctional and local communities did not have funds to maintain them.

"There is not enough money to do both maintenance and development by the current budget. Especially this year the budget allocated for the bureau is very low. So we are facing problems in doing maintenance." (woreda informant)

While one informant raised concerns that the intended match funding of the GoE was not being met, further widening the funding gap: .

"It was assumed that every woreda would generate 1M birr for [the WASH] sector but records shows that.. to date close to two-thirds of woredas have not allocated a single Birr and were dependent on the Federal Government" (federal informant)

This existing gap was perceived to be further compounded by the introduction of GTP 2, which required a greater investment than the OWP CWA had budgeted for.



Annex 1– Terms of Reference

Terms of Reference

Technical and Managerial support for strengthening the Monitoring and Evaluation (M&E) system of the One WaSH National Programme (OWNP) of Ethiopia, and for conducting an Impact Evaluation

1. Purpose and Objective

1.1. Purpose

The main purpose of this assignment will be to strengthen accountability of the Water, Sanitisation and Hygiene (WaSH) sector in Ethiopia by making the WaSH Monitoring & Evaluation (M&E) system fully operational at all levels (i.e., federal, regional and Woreda). A functional WaSH M&E system will make it possible to measure and report progress towards the One WaSH National Programme (OWNP) results. This assignment forms part of the Department of International Development Ethiopia's (DFIDE) wider Evaluation Strategy and will contribute in particular to monitoring and evaluation of progress against specific WaSH related commitments set out in DFIDE's Operational Plan.

1.2. Objectives

The primary objectives of this assignment are:

- Provide technical and managerial support to the National WaSH Coordination Office to strengthen and fully operationalize the WaSH M&E system including updating of the national inventory data to ensure that reliable, timely and strategic information are generated at all levels of administration (i.e., federal, regional and Woreda) to facilitate evidence based decisions;
- Assist the National WaSH Coordination Office and the National WASH Inventory Coordination office to quality assure the data generated through the WaSH M&E system including the National WaSH Inventory (NWI), and device an approach for periodic assessment of the data generated by the WaSH M&E system;
- Assist the National WaSH Coordination Office to review the OOWNP indicators and establish baseline values;

- Assist the National WaSH Coordination Office to collect strategic programmatic (financial, technical and socio economic) data to measure and monitor fairness in access and utilization, Value for Money and cost drivers throughout the OWN P's life time;
- Assist the National WaSH Coordination Office to prepare and share quarterly progress (financial, technical and socio-economic) and annual reports and quality assure in the consolidation of annual plans to have a sound basis for the monitoring. Also, assist DFID to carry out annual reviews (ARs) and programme completion reviews (PCR);
- Develop a WaSH Impact Evaluation Framework, carry out a 'evaluability assessment' and suggest a robust evaluation design;
- Carry out an independent impact evaluation, in consultation with the Government of Ethiopia (GOE) partners, donors and other key stakeholders, as per the WaSH Impact Evaluation Framework; and,
- Assist the National WaSH Coordination Office to develop a strategy to scientifically document and disseminate best practices and lessons learnt by the programme for the benefit of the WaSH sector in Ethiopia through the different platforms (*Joint Technical Reviews, annual Multi Stakeholder Forums...*) as well as for enhancing the global knowledge. (If need be, the Provider could suggest and carry out Operational Research to validate best practices/lessons learnt.)

2. Recipient

The immediate recipients of this assignment will be DFID Ethiopia. The primary target audience for the WaSH monitoring findings/reports will be policy makers at the WASH sector Ministries Ministry of Finance and Economic Development (MOFED), Ministry of Water, Irrigation and Energy (MOWIE), Ministry of Health (MOH) and Ministry of Education (MOE) and their experts and professionals, regional bureaus, the pooled fund (CWA) contributing partners and other OWN P partners. The primary target audience for the evaluation findings/reports will be international WaSH funders in addition to the target audience of the monitoring findings/reports.

3. Scope of Work

The scope of this assignment could be broadly divided into three tasks;

- Task-1: Strengthening the WASH M&E System
- Task-2: Impact Evaluation
- Task-3: Dissemination and use of M&E report

3.1. Task-1: Strengthening the WASH M&E System

3.1.1. Refinement and Operationalization of the WaSH M&E system:

- The Provider, in consultation with the WaSH Coordination Office, the National WASH Inventory Coordination Office and others, will review and refine the One WaSH M&E Framework and indicators. In addition to financial and technical aspects, the One WaSH M&E Framework and indicators should be able to track and assess the performance of the programme in addressing the fiduciary, environmental, resettlement and social risks (including the needs of girls, women and the disabled and other marginalized groups) as outlined in the OWNP Environmental and Social Management Plan, the OWNP Fiduciary Mitigation Plan and the OWNP Programme Operational Manual (POM attached).
- The Provider, in consultation with the WaSH Coordination Office and the National WaSH Inventory Coordination Office, will prepare a four year plan to fully operationalize the One WaSH M&E system, including full operationalization of the WaSH MIS. The plan, at a minimum, should have:
 - i. Sound capacity building and sustainability sub-plan that can be delivered across various reporting levels in a timely manner, and could be sustained beyond the life of this assignment;
 - ii. Procurement plan for the goods and services required for the full operationalization of the One WaSH M&E system. This includes but may not be limited to the procurement of mobiles phones and solar chargers for updating the inventory data and provision of training for the rollout of the MIS system in the woredas (districts).
 - iii. Strategy to create synergy and complementarity amongst the MIS systems of the MoH, MoE and MoWIE. In addition, the plan should clearly define the roles and responsibilities of different WaSH M&E actors in the four Ministries (MoFED, MoWIE, MoH and MoE) and their lower (regional and Woreda) organs;
- The Provider will provide technical and managerial support to the WASH Coordination Office and the National WASH Inventory Coordination Office to implement the One WaSH M&E/four year plan at all levels. In particular, the Provider will support:
 - i. The rolling out of the WaSH Management Information System (MIS) to all Woredas. This includes updating the MIS system of the respective Woredas, providing training on data capturing using mobile phones and conducting data analysis.
 - ii. Updating of the existing (2011) National WaSH Inventory;

- iii. Development and implementation of a strategy for timely renewal of the National WaSH Inventory; and,
- The Provider will liaise with other partners (i.e., AfDB, the Water Supply Programme Africa of the World Bank , the World Bank and UNICEF) who are supporting the One WaSH M&E system to increase the quality, usability and sustainability of the One WaSH M&E system, and to avoid duplication.

3.1.2. Enhancement of the quality of data generated by the WaSH M&E system:

- The Provider will provide technical and managerial support to verify/quality assure the data generated through the One WaSH M&E system. This will include triangulating the reported data with other sources such as reports from Regional Health Bureaus (RHB), MOWIE, MOH, MOE, Demographic Health Surveys, UNICEF/WHO Joint Monitoring Reports and others. Make recommendations and assist in implementing measures to improve data quality.

3.1.3. Compilation, analysis, reviews and reporting:

- The Provider will assist the WaSH Coordination Office and the National WaSH Inventory Coordination Office with timely compilation, analysis and periodic (quarterly, half yearly and annual) reporting of high quality strategic programmatic (technical and financial) WaSH data. The WaSH quarterly, half yearly and annual progress reports should be disaggregated by gender (women and girls), age (young and elderly), disadvantaged groups (disabled, pastoralists, urban slum dwellers and rural poor) and location (rural, urban, Woredas and regions as recommended in the enhanced social assessment report. These reports should also contain a value-for-money analysis to help identify the main cost drivers of the programme; and,
- The Provider, in collaboration with the government and development partners, will carry out annual reviews (ARs) and end of project/project completion reviews (PCR) as per the scope/guidelines developed by the government and WaSH partners.

3.2. Task-2: Impact Evaluation

3.2.1. Primary objective of the impact evaluation is to determine the efficiency, effectiveness and sustainability of the OWNP. The evaluation at a minimum should be able to measure:

- i. The intended as well as unintended outcomes and impacts of the OWNP by region and population groups;
 - ii. Measure the relative contributions of major OWNP interventions/components to the overall change in the WaSH status in Ethiopia between 2014/15 and 2017/18;
 - iii. Results/WaSH related outcomes and impacts attributed to DFIDE's support
 - iv. Cost-effectiveness of the OWNP and DFID's support to the OWNP. To achieve these objectives, the Provider is expected to carry out the following tasks.
- The Provider will assist the WaSH Coordination Office to develop an Impact Evaluation Framework including development/refinement of the One WaSH theory-of-change.
 - The Provider, in consultation with the WaSH Coordination Office, will undertake an 'evaluability assessment' of the OWNP. The 'evaluability assessment' should at a minimum be able to answer whether it would be possible to:
 - i. Measure the intended as well as unintended outcomes and impacts of the OWNP.
 - ii. Measure the relative contributions of major programme interventions/components to the overall change in the WaSH status;
 - iii. Assess the cost drivers and the value for money of the OWNP (overall and by component), and test the validity of the assumptions about costs and benefits at the initiation of the programme.
 - iv. Calculate how much of the overall change in the WaSH status between 2014/15 and 2017/18 could be attributed to the OWNP, and of which how much could be attributable to DFIDE's support.
 - v. Measure the impact of the OWNP on equity, empowerment, accountability and transparency, particularly for underserved populations.
 - vi. Assess the sustainability of the OWNP.
 - vii. Differentiate between the theory failure and implementation failure.
 - The Provider on the basis of the 'evaluability assessment' will identify a robust evaluation design to determine the efficiency and effectiveness of the OWNP in delivering its objectives.
 - The Provider will identify the potential risks and challenges for implementing the proposed/suggested evaluation design and prepare and implement a risk mitigation plan.

- The Provider, in consultation with the WaSH Coordination Office, will develop an Impact Evaluation Plan with clear sequential steps and deliverables and clear timeline.
- The Provider will carry out an independent Impact Evaluation including establishment of a reliable and valid baseline, mid-term and end-term data.
- The mid-term evaluation will be used to review the OWNP design, planning, implementation processes to maximize its impact during the remaining period of the programme. The end-line evaluation will inform what has been achieved through OWNP and through DFID support to the programme. It will also be used to guide next phase of the OWNP. In addition, at least two lessons learnt reports/policy briefs will be produced (one after the mid-term review and the other after the end-line evaluation) by the Provider to enhance evidence-based decision making and global knowledge on how to implement multi-sectoral WaSH programme.
- The evaluation will also address government and development partners need for accountability around the OWNP and provide evidence about any successor to this programme.
- The service provider is expected to carry out the proposed impact evaluation in line with the OECD-DAC evaluation criteria, and with DFID's policy on evaluation (annexed). The final evaluation questions will be agreed during the inception phase of this assignment. Illustrative evaluation questions categorized according to the OECD-DAC evaluation criteria are:
 - i. Relevance:
 - To what extent the OWNP implementation framework/design appropriate for attaining the OWNP goals as per the OWNP's theory-of-change and that of the National Development plan the Growth Transformation Plan?
 - How the OWNP complementing other on-going government and development partner programmes that directly and/or indirectly contribute to WaSH objectives?
 - ii. Effectiveness:
 - How robust is the programme design in ensuring the transformation of inputs into outputs, and outputs into outcomes to ensure effectiveness of the programme?
 - What is the progress towards achieving the overall program objective and in reducing the social and regional inequalities?

- To what extent the programme has enhanced accountability of the service provider to communities particularly to underserved communities and groups such as women, girls and disabled people?
- iii. Efficiency:
- Which programme components/interventions are showing the most positive impact How can the programme build on or expand these successes?
 - How is value for money considered in the overall governance of the programme?
 - Does the quantity of and quality of the results justify the quantity and quality of the means used for achieving them? How cost-effective have the means been converted into results? Could the same results be achieved more cost effectively?
- iv. Impact:
- Has there been any change in the coverage and use of WaSH services particularly in underserved areas, communities and socially excluded groups? How does this vary across regions? To what extent can this be attributed to the programme?
 - What impact the project had in terms of:
 - a) Reducing water related diseases and improving health status of people, particularly underserved people.
 - b) Improving the nutritional status of poor and vulnerable including women, girls and disabled.
 - c) Decreasing the time spent to collect water
 - d) Ensuring sustainability of schemes constructed and services provided
 - What is the extent of the relative contribution of major programme interventions to the overall change in the WaSH status in the country?
 - What is the impact of the OWNPs on empowerment, accountability and transparency, particularly for underserved populations?
- v. Sustainability:
- What is likely to happen to the positive effects of the programme after the external assistance ends?

- Was this external technical and managerial technical support able to build the capacity of the National WaSH Coordination office to refine and implement the One WaSH M&E beyond the life of this assignment?
- Are interventions supported through the OWNP, well integrated with local institutions, social and cultural conditions?

On the basis of the 'Evaluability Assessment', the final evaluation questions, framework, design methodology and plan will be agreed in consultation with GOE, DFID, AfDB and others.

3.3. Task-3: Dissemination and use of M&E reports

- The primary target audience for the WaSH monitoring findings/reports will be MOFED, MOWIE, MOH, MOE, regional bureaus, CWA contributing partners and other OWNP partners. And the primary target audience for the evaluation findings/reports will be international WaSH funders in addition to the target audience of the monitoring findings/reports. However, the target audience will be clearly defined by the Provider during the inception phase to maximize evidence-based decision making.
- The service provider will develop dissemination strategies for the monitoring as well as for the evaluation findings/products. These strategies will outline the most effective ways of influencing identified target audience at different level.
- The M&E findings will speak directly to beneficiaries, policy makers, policy influencers, national stakeholders' and the global community. It will provide insights into how to plan and implement integrated WaSH programming in low-resource settings. Therefore, the Provider will assist the National WaSH Coordination Office to develop M&E dissemination and use strategies to:
 - i. Scientifically document and disseminate best practices and lessons learnt for the benefit of the WaSH sector in Ethiopia as well as for enhancing the global knowledge. (If need be, the Provider could suggest and carry out Operational Research to validate best practices/lessons learnt.)
 - ii. Enhance evidenced-based decision making to maximize the impact of the OWNP.

4. Methodology

This assignment will have a six months inception phase. During the inception phase, the Provider will carry out the following activities:

4.1. Review and synthesize the governance structure of the WaSH M&E and prepare a WaSH M&E capacity development plan:

- Review of the existing OWNP M&E system both its internal makeup in the National WaSH coordination office at federal, regional and Woreda level and their linkages to the M&E systems of the implementing agencies MOWIE, MOH, MOE and MOFED from the perspective of managing and implementing effective M&E system;
- Take stock of the work done so far by others on WaSH related M&E to ensure complementarity and avoid duplication of efforts; and,
- Assess the readiness and capacity of the National, Regional and Woreda level WASH coordination offices and the WASH sector to implement the OWNP M&E system at various levels; and assist to prepare capacity development plan and facilitate its implementation.

4.2. Review and assess the periodicity, quantity and quality of data available on WaSH in Ethiopia:

- Review and compile the WaSH related data in Ethiopia from existing data sources including the Ethiopia Demographic Health Survey 2011, the mini DHS 2014, the Ethiopian Service Provision Assessment 2014, data from health, education and WaSH MIS and other data sources; and,
- Review the periodicity, validity and reliability of existing WaSH data in the context of the WaSH M&E framework/OWNP, and suggest data/information gaps that need to be filled to be able to measure performance of the OWNP including performance around fiduciary, environmental, resettlement and social risks management.

4.3. Develop a WaSH M&E system enhancement plan:

- Review and assess the piloted WASH Management Information system and the national WaSH Inventory to identify and advice on additional data requirement and possible areas of improvement;

- Propose the M&E system enhancement plan that captures the intervention packages required to refine and strengthen the system in the programme period. In doing so, ensure appropriate coordination and complementarity with other supports geared towards supporting the enhancement of the M&E system (support from PBS programme , AFDB, World Bank and Water Supply programme Africa); and,
- Conduct consultation workshop to review and finalize the suggested system enhancement plan in coordination with the WASH coordination office and other key stakeholders.

4.4. Review and refine the OWNP theory-of-change and logframe:

- Review evidence around the theory-of-change of the OWNP and suggest revision to the theory-of-change; and,
- Review log-frame/results framework and (if need be) suggest refinement to objectively measure progress. The One WASH National Programme log-frame/results framework should be robust enough to be able to ascertain progress on planning, (technical and financial) management, value-for-money (VfM) and equity;

4.5. Carry out an ‘Evaluability assessment’ of the OWNP to measure the impact, efficiency, effectiveness and sustainability of the OWNP.

- develop a WaSH evaluation framework;
- develop a robust evaluation design with appropriate evaluation methodologies. The design document should have clear logical explanations for the types of methods (quantitative and/or qualitative), analytical frameworks and sources of data (primary and/or secondary) to be used to carry out the WaSH evaluation;
- develop a risk mitigation plan for carrying out the WaSH evaluation; and,
- prepare a plan to implement the proposed WaSH evaluation design and the risk-mitigation plan.

4.6. Develop data dissemination and use strategies

- Carry out a quick stakeholders mapping to prioritize target audience for the monitoring as well as evaluation findings/products to increase evidence based decision making and transparency in the sector; and,

- Support the Coordination office in developing effective data dissemination and use strategies for the: (a) monitoring; and, (b) evaluation products.

4.7. During the post-inception phase, the Provider will:

- Provide technical and managerial support to the national WaSH coordination office to:
 - fully operationalize the OWNP M&E system, as per the M&E enhancement plan prepared in the inception period, by the end of 2015;
 - support timely generation of valid and reliable WaSH data and information at all levels and production of high quality periodic WaSH progress reports (inputs from Provider to continue during the entire duration of the programme with a sliding scale);
 - facilitate and support strengthening the WaSH Coordination Office and its cascaded organs, as per the WaSH M&E capacity development plan done in the inception phase, by the end of 2015;
 - support the WASH Coordination office in conducting the periodic and timely updating the National WASH Inventory done in 2011 as per the revised indicators and establish baseline for the new ones by the end of 2015;
 - carry out an independent mid-term review in 2016/17 and impact evaluation in 2018/19; and,
 - provide technical and managerial support to the national WaSH coordination office to disseminate and improve use of the M&E findings (inputs to continue during the entire duration of the programme).
- The service provider is expected to publish in full the evaluation report as per the DFID's evaluation policy. Also, data sets pertaining to this evaluation will be made available to other researchers for analysis, with due consideration given for the privacy of respondents.

5. Staffing Skills & Expertise

5.1. The service provider is expected to engage a high quality team of experts with skills and expertise in a range of disciplines. The team is expected to be gender balanced. The team should ideally include a mix of full and part time country based experts and call down international experts. Ethiopian team members will be essential for this assignment. Numbers of staff required will be determined/proposed by the Provider. Consortiums of different organisations to provide the full range of expertise and experience needed for this assignment, particularly to carry out an independent impact evaluation, will be acceptable.

5.2. DFID would expect the Provider to demonstrate a high level of experience and expertise in the following areas:

- Able to put together a relevant multi-disciplinary team with expertise in WaSH, health, social development, M&E, capacity building, information management, research and evaluation methodologies, and data dissemination and use (essential);
- Demonstrated experience to manage and work as a team and to work with and through governments and other partner organizations (essential);
- Extensive experience in developing theory-of-change, logical frames, and M&E frameworks for WaSH programmes (essential);
- Demonstrated experience in establishing and operationalizing multi-sectoral M&E System, particularly for WaSH or related sectors (essential);
- Expertise in data collection and statistical calculations of WaSH indicators (essential);
- Expertise in calculating and tracking value for money and cost drivers in WASH or similar programmes (essential);
- Extensive experience of designing and implementing data/results verification and performance audits of programmes implemented by governments (essential) especially in difficult or fragile environments (desirable);
- Adequate experience in designing and providing capacity building supports for M&E and information management preferably for WASH sector (essential);
- Demonstrated experience in developing data dissemination and use plan (essential) including experience in collating best practice and disseminating lessons learnt (desirable);
- Proven experience in designing and conducting Impact Evaluation of programmes preferably for WASH programmes (essential);
- Proven capacity to work effectively with government alongside other agencies, maximising efficiencies and avoiding duplication of effort (essential);
- Excellent written and verbal communication skills (essential);
- Previous knowledge and working experience in Ethiopia and/or other similar settings (desirable).

6. Duty of Care

- 6.1. The Provider is responsible for the safety and well-being of their personnel and Third Parties affected by their activities under this contract, including appropriate security arrangements. They will also be responsible for the provision of suitable security arrangements for their domestic and business property. All duty of care, transport, translation and logistical support, office space, and insurances will be the responsibility of the Provider.
- 6.2. DFID will share available information with the Provider on security status and developments in-country where appropriate.
- 6.3. All Provider personnel will be offered a security briefing by the British Embassy/DFID on arrival. All such Personnel must register with their respective Embassies to ensure that they are included in emergency procedures. A copy of the DFID visitor notes (and a further copy each time these are updated), which the provider may use to brief their personnel on arrival.
- 6.4. The Provider is responsible for ensuring appropriate safety and security briefings for all of their personnel working under this contract and ensuring that their personnel register and receive briefing as outlined above. Travel advice is also available on the FCO website and the evaluation supplier must ensure they (and their Personnel) are up to date with the latest position.
- 6.5. The Provider is responsible for ensuring that appropriate arrangements, processes and procedures are in place for their personnel, taking into account the environment they will be working in and the level of risk involved in delivery of the Contract (such as working in dangerous, fragile and hostile environments etc.).
- 6.6. If bidders are unwilling or unable to accept responsibility for Security and Duty of Care as detailed above, bids will be viewed as non-compliant and excluded from further evaluation.
- 6.7. Acceptance of responsibility must be supported with evidence of capability and DFID reserves the right to clarify any aspect of this evidence. In providing evidence Tenderers should consider the following questions:
 - i. Have you completed an initial assessment of potential risks that demonstrates your knowledge and understanding, and are you satisfied that you understand the risk management implications (not solely relying on information provided by DFID)?

- ii. Have you prepared an outline plan that you consider appropriate to manage these risks at this stage (or will you do so if you are awarded the contract) and are you confident/comfortable that you can implement this effectively?
- iii. Have you ensured or will you ensure that your staff are appropriately trained (including specialist training where required) before they are deployed and will you ensure that on-going training is provided where necessary?
- iv. Have you an appropriate mechanism in place to monitor risk on a live / on-going basis (or will you put one in place if you are awarded the contract)?
- v. Have you ensured or will you ensure that your staff are provided with and have access to suitable equipment and will you ensure that this is reviewed and provided on an on-going basis?
- vi. Have you appropriate systems in place to manage an emergency / incident if one arises?

7. Logistics and Procedures

- 7.1. The technical and managerial assistance team/personnel of the service provider will be placed in the WaSH Coordination office, housed in the Ministry of Water Irrigation and Energy. The service provider will be expected to supply their own logistic requirements including undertaking minor alteration/renovation of the office space, purchasing of office equipment, supplies (if required), and managing their transportation.
- 7.2. The service provider is not only expected to work closely with the national WaSH coordination office to fully operationalize the OWNP M&E system but is also expected to carry out an independent impact evaluation. Therefore bidders of this ToR should comment on how independence in carrying out the impact evaluation will be maintained from the programme implementing entities.

8. Roles and Responsibilities, Governance, Reporting and Contracting

- 8.1. The roles and responsibilities of the Provider are outlined on section 3 and 4 of this ToR.
- 8.2. The Provider will report to the head of WaSH Coordination Office at MOWIE and DFIDE Human Development Team's WaSH adviser and deputy programme manager. While the WaSH Coordination Office will lead on technical and programmatic areas in consultation with DFID and other partners, DFID will lead on contractual issues in consultation with the WaSH Coordination Office and other partners
- 8.3. At key points of this assignment, the WaSH Coordination Office and DFIDE's Human Development Team will call upon the expertise of other federal, regional and Woreda level bodies and DFIDE's results, economic and governance advisors to quality assure the deliverables of the Provider.
- 8.4. The service provider will engage with The National WASH Inventory office and the MoH, MOE and MoFED and regional and Woreda level bodies/partners as appropriate.
- 8.5. The Provider will submit quarterly progress report to the head of WASH coordination office and DFID Ethiopia. The content of the report will be agreed during the inception phase.
- 8.6. The performance of the team will be jointly assessed by the head of WASH coordination office, DFID WaSH adviser, DFID project/programme officer and

representatives from key stakeholders on a quarterly basis. The WaSH coordination office and DFIDE will make the final decision on extra activities to be conducted by either service provider.

- 8.7. The Providers bidding for this contract should describe how they will nurture good working relationships whilst at the same time maintaining independence and impartiality with the One WaSH implementing partners.
- 8.8. Contracting: DFID Ethiopia will issue the contract for the entire duration of the programme after the review of the bid documents. DFID and representatives of the host county counterparts will assess the full bids submitted under this tender. Implementation will proceed after the Provider provides an inception report that is to the satisfaction of DFID and the MOWIE. DFID reserves the right to re-tender for the contract if the inception report does not explicitly and satisfactorily meet the conditions set forth.
- 8.9. Deliverables of the Provider will be reviewed and quality assured by the DFID and MOWIE. DFID and MOWIE will make the final decision on the quality and acceptability of the deliverables.
- 8.10. DFIDE requires an output-based contract, linking payments to milestones, with transparency of anticipated inputs. Financial disbursements will be made according to an agreed schedule on a satisfactory completion of agreed activities within the review work plan and framework.
- 8.11. The Provider will grant DFID and MoWIE/GoE a world-wide, non-exclusive, irrevocable, royalty-free licence to use all materials/products produced under this ToR. This may include without limitation, the reproduction, publication and sub-licence of all materials/products produced under this ToR. The Provider will also make available to DFID and MoWIE/GoE all primary and secondary data/information/raw data collected as a part of this ToR, with due consideration given for the privacy of respondents.

9. Key Performance Indicators (KPI's) for the Provider

9.1. The performance of the Provider will be monitored with the government counterparts through the joint quarterly meetings and annual reviews. To incentivize good performance, payments will be made on meeting specific Key Performance Indicators (KPIs). KPIs will be finalized during the post-tender contract negotiations but may include:

- Quality-related and performance-related targets for service delivery: Quality of reports/deliverables as per DFID's standards and requirements. (Measured by the feedback received from both internal and external quality assurers).
- Compliance to regulations and standards: Number of outputs/deliverables that are error free and in line with DFID's standards and requirements. (Measured by the feedback received from both internal and external quality assurers).
- Financial management and VfM: Sum of deviation of expenditure against agreed budget for this assignment. (This will be measure by the level of accuracy/deviation of monthly/quarterly forecast received from the M&E provider).
- Time: Sum of deviation of planned activities against the agreed work plan. (This will be measured by the proportion of undertaken activities against planned activities for the reporting period).
- Interaction between stakeholders and service providers: The Provider's ability to carry out quality consultation and interactions with the One WaSH stakeholders, and to offer effective advice. (This can be measured through feedback collected from stakeholders on the performance of the M&E provider.)

9.2. The KPIs for the M&E provider will be reviewed after the inception phase and consequently during the lifetime of the contract as needed. All new KPIs will be agreed by the DFID Ethiopia, MOWIE and the M&E provider prior to incorporation into contracts.

9.3. DFID will consult with the MOWIE and relevant federal, regional and Woreda level bodies to assess whether KPIs have been met before payment is made. Invoice payments will only be made on the satisfactory approval of the programme manager and the budget holder using Aries to provide an audit trail of the process. (withholding a % of payment if KPIs are not delivered on time) will be articulated in the contract between DFID and the Provider.

10. Deliverables

10.1. Key deliverables expected from the bidder/Provider will include:

An inception report within four months: The inception report to include:

- i. An enhanced OWNPN M&E framework
- ii. A work plan to fully operationalize the OWNPN M&E MIS system / a capacity building plan with objectively verifiable milestones for the full programme period
- iii. An agreed approach to periodically quality assure the data generated by the OWNPN M&E system
- iv. A refined theory-of-change and log-frame with additional indicators as indicated in the scope of work (i.e., section 3 of this TOR)
- v. An 'evaluability assessment' report, and evaluation design and a plan to carry out an independent impact evaluation (IE) with objectively verifiable milestones (such as baseline, mid-term and end-line reports). The IE plan could include a study design, sampling frame, power calculations, draft tools, proposed analytical pieces and their strengths and limitations
- vi. A data dissemination and use strategy with objectively verifiable milestones
- vii. An exit plan/ a plan to sustain the benefits of this technical and managerial support beyond the life of this project with objectively verifiable milestones.

10.2. Post-inception phase the key deliverables will include, but not limited to:

- Preparation and submission of quarterly financial and programmatic progress reports to the head of the WaSH coordination office and to DFID Ethiopia. These reports should clearly state progress against the milestones and timeline agreed during the inception phase;
- Biannual and Annual financial and programmatic progress reports;
- Final scope of work of the evaluation will be determined on the basis of the evaluative assessment, and accordingly the baseline, mid-term and end-term evaluations will be carried out and reports will be produced with clear recommendations for the future improvement of the programme; and,
- Production and dissemination of the M&E findings and best practices/findings from the evidence reviews.
- Deliverables for the post-inception phase will be finalized during the inception phase.

Table 1 below is a guide of the WaSH M&E programme deliverables.

Table 1: Table of Deliverables

Deliverable	Due By	Format	Recipient
Inception Report	End of April 2015	Report	DFID and National WASH Coordination Office representing GoE (NWCO)
Progress reports	Quarterly and Biannual starting from July and October 2015	Report	DFID and NWCO
Annual Reports	Dec 2015, 17	Report	DFID and NWCO
Mid-term evaluation	Dec 2016	Report	DFID and NWCO
Project Completion Report	Dec 2018	Report	DFID and NWCO
Impact Evaluation	Dec. 2018	Report	DFID and NWCO

11. Timing and Cost

- 11.1. The duration of the contract is expected to be from January 2015 to December 2018 with a six months of inception phase and with gradual decrease in technical and managerial inputs from the around the midpoint of this assignment. (Indicative times for post-inception phase deliverables are mentioned in section 4.7.)
- 11.2. The bidders/Providers are requested to submit separate budgets for the inception and post inception phase. The inception and post-inception phase budgets should have break ups by each major component at least by three tasks mentioned in SOW (i.e., Section-3 of this ToR). The total cost of this assignment should not exceed £4m including taxes and/or any other direct or indirect charges to accomplish all three tasks. Of the £4m, £1m will be allocated to fund critical gaps/goods and services required to fully operationalize the OWNP M&E system update the national WaSH Inventory, which will be handled by the WASH Coordination and National WASH Inventory Coordination Office. The Provider is expected to Pre – Finance the fund in addition to performing the fund manager role for this component. The fund manager will ensure DFID approval prior to disbursement of funds and shall be responsible to ensure the efficient utilization of this fund and submit full accountability for this expenditure as per the DFID rules.
- 11.3. The Supplier shall commit to being fully prepared in the event any decision is made to scale up (increase) or scale down (decrease) the scope of the Programme (i.e. in relation to the Programme’s inputs, outputs, deliverables, outcomes and fund element) during the course of the contract

12. Background and Rationale

12.1. Ethiopia, home to over 90 million people, has not only registered an impressive annual economic growth of around 11% over the past decade but also has effectively leveraged the gains from economic growth to make progress towards the Millennium Development Goals (MDGs), in particular toward poverty reduction, education and health MDGs. However, the progress towards MDG-7 pertaining to WaSH has been mixed. Although proportion of people with access to improved water has increased from 14% in 1990 to 52% in 2011 as per the National WASH Inventory data, there are large differences between regions, and between rural and urban areas. Proportion of people with access to improved sanitation, which has increased from 2% in 1990 to 21% in 2011, is off-track to meet the MDG target. To accelerate progress towards WaSH MDGs, the Government of Ethiopia (GOE) has prioritized WaSH in their national Growth and Transformation Plan (GTP), and has developed a multi-sectoral WaSH Implementation Framework (WIF), a WaSH Monitoring and Evaluation (M&E) Framework and a One WaSH National Programme (OWNP). DFID is planning to invest £106 million over four years on the OWP.

12.2. DFID support to OWP is in line with DFID Ethiopia's Operational plan (Attachment#1) that sets out its vision to: (i) protect the most vulnerable by building the resilience of the very poorest, reducing food insecurity, and, improving livelihoods and security in fragile and/or conflict-affected areas; (ii) consolidate recent gains and help achieve the MDGs by continuing to support, extend and improve proven programmes to expand access to quality basic services; and (iii) make the impact of the UK's support more transformational. Based on DFID's analysis of need in the WaSH sector, the objectives for DFID's support for WaSH (as well as for health and education sector) in Ethiopia are: (a) Increasing access to and quality of services; (b) Increasing and measuring results and impact, and, (c) Increasing equity. The potential pathways (theory-of-change) through which these objectives will be achieved in the WaSH sector is described in the 'DFID Business Case for supporting the One WaSH National Program' (Attachment#2). Other DFID supported on-going and recently concluded programmes which complement the OWP are presented in Table-1.

Table 2: Other DFIDE programmes that complement DFID’s support to the OWNP

No	Programme	What it is supporting
1	Promotion of Basic Services (PBS), around 7% spend on water, 16% spend on Health) (2011-2018)	Recurrent expenditure mainly salaries. Pays for salaries of Woreda/district water staff and Health Extension Workers. It also supports strengthening of public financial management, social accountability and monitoring systems. (£510m)
2	DFID/IDA Water, Sanitation and Hygiene Programme (2007 – 2013)	Implementation of rural WaSH and town water supply schemes with related capacity building. (£66m)
3	Basic services in Somali Region (2013–2016)	Improving access to water, health and education in Somali region (£30m)
4	Productive Safety Net Programme (PSNP) (2010-2015)	The PSNP provides resources to food insecure households via payments to able-bodied members for work on labour intensive public works (including some basic water supplies and major soil and water conservation activities which raise the water table for domestic and agricultural use) and via Direct Support to incapacitated households. (£213m)
5	Health MDG Pooled Fund (2011-2015)	Supports Health Sector Development Programme (excluding salaries). Finances procurement of essential commodities, plus training, equipment and access to, and quality of, health services (£275m)
6	General Education Quality improvement Programme (GEQIP1, 2009-2013)	Targets improvements to overall quality of general education, and includes block grants to schools (£95m)
7	Strategic Climate Institutions Programme (SCIP) (2012-2015)	SCIP aims to help build Ethiopia’s institutional capacity to respond to climate change inviting proposals from government, academia and civil society (£10m).

12.3. The OWNP is a seven year (July 2013 to June 2020) multi-sectoral programme for achieving the WaSH sector goals set out in the GTP (Attachment#3). The GTP aims at providing universal access to safe water and sanitation facilities in Ethiopia. The GTP, among other things, targets for: (a) reducing the proportion of non-functional water points/facilities to 10%; (b) improving the practice of hand-washing at critical times to 77% of the population; and, (c) achieving open defecation free status in 80% of communities. The OWNP programme aims to achieve these targets by ensuring

equity and sustainability. The OWNPN is formulated as per the provision of the WASH Implementation Framework (WIF), which calls for One Plan, One Budget and One Report (Attachment#4). The WIF was officially endorsed and signed by the WaSH Ministries namely, Ministry of Finance and Economic Development (MOFED), Ministry of Water, Irrigation and Energy (MOWIE), Ministry of Health (MOH) and Ministry of Education (MOE) in 2013 to guide the implementation of the programme. The WIF clearly defines major areas of cooperation between the four ministries such as joint planning, resource mobilization, implementation; creation of management and coordination structure and quality assurance, and the OWNPN programme document clearly spells out how the WIF will be operationalized to maximize efficiency and impacts (Attachment-5). The OWNPN (2013-2020) has four main components:

- Component-1 focuses on rural and pastoral WaSH and intends to construct over 55,000 new water points/water supply schemes, over 42,000 dug-wells and rehabilitate over 20, 000 existing water schemes. It also aims at improving access to improved latrines and hygiene services;
- Component-2 focus on urban WaSH to augment and expand the urban water supply schemes, sanitation practices, and management of wastewater and public toilets in all urban areas;
- Component-3 focuses on institutional WaSH for improving water supply and sanitation facilities and hygiene practices at all health institutions and schools; and,
- Component-4 focuses on programme management and capacity building of institutions and implementing partners at all level through training, post-construction management support, equipment, tools and support to monitoring and reporting.

12.4. A well-functioning M&E system is a critical part of good programme management. It is also an essential tool for maximizing impact, attaining value-for-money and ensuring accountability. Timely and reliable M&E provides information to improve programme implementation, organizational learning and knowledge sharing, and to reduce fiduciary risks. There is a clear commitment from the GOE to strengthen the national WaSH M&E systems to ensure generation of valid and reliable information on the WaSH status in Ethiopia, in a timely and transparent way, within the framework of the OWNPN .

12.5. To encourage timely collection, aggregation, storage, sharing and analysis of WaSH data, the MOWIE, in consultation with MOH, MOE, development partners and others, has developed a WaSH M&E framework and manual (Attachment#6). The WaSH M&E framework and manual have been designed to carry out sector-wide, joint monitoring, review and evaluation. The WaSH M&E framework and manual include:

- i. Analytical narratives for 15 key WASH performance indicators.
- ii. A roadmap to develop and implement an integrated web-based Management Information System (WaSH MIS).
- iii. A roadmap to prepare and maintain an up-to-date national WaSH inventory.
- iv. Guidelines for the preparation of sector-wide periodic progress reports.
- v. Commitment and guidelines for conduction of annual WaSH census in all schools and health facilities.

As per the WaSH M&E framework and manual, the following two key activities have been initiated:

- A web-based Management Information System (WaSH MIS) is being currently implemented in 52 Woredas (Districts) and the government is planning to scale it up to 300 more Woredas by 2014 and to all 900 Woredas in Ethiopia by 2015; and,
- The government has also established a National WASH Inventory Coordination office in the MOWIE and has prepared a National WaSH Inventory (NWI) to guide the planning and decision making processes.

In order to support the scale up of these efforts and assist GoE to fully operationalize the WASH M&E MIS system, DFID Ethiopia (DFIDE), through this ToR, is looking for a service provider (the “Provider”) to provide technical and managerial support to the National WaSH Coordination Office (NWCO) to refine and fully operationalize the WaSH M&E system/framework. The refined WaSH M&E system will enable the sector to provide reliable data on a timely basis on: (a) access to clean water, sanitation and hygiene services disaggregated by gender (women and girls), disadvantaged groups (disabled, pastoralists, urban slum dwellers and rural poor) and location (rural, urban, Woredas, and regions); (b) resource allocation and utilization; and, (c) adherence to financial and programmatic implementation guidelines/frameworks, safeguards and risk mitigation measures. These guidelines/frameworks include: the OWNPN Operational Manual (POM) (Attachment#7); the OWNPN Environmental and Social Management Framework (ESMF) (Attachment#8); the OWNPN Resettlement Policy Framework (Attachment#9) and the recommendations of the OWNPN (enhanced) Social Assessment (Attachment#10). The Provider is also expected to undertake a robust evaluation, in collaboration with the MOFED, MOWIE, MOH, MOE and others, to assess the impact of the OWNPN in ensuring equity and sustainability.

12.6. The Provider is expected to work closely with the MOWIE, MOH, MOE and MOFED and their regional and Woreda level organs, as well as with the development partners supporting the OWNPN.

12.7. In addition to DFID, the World Bank, African Development Bank, and UNICEF have committed to support the OWNPN but are at different stages of

preparedness to contribute to the government's Consolidated WaSH Account (CWA). The Government of Finland and the Government of Italy are considering supporting the CWA, but have not yet made firm commitments. In order to coordinate the planning, implementation and reporting of the OWNP the GOE has established a National WaSH Coordination Office as per the Memorandum of Understanding signed between the four Ministries.

12.8. Similar to DFID, the Water Supply Programme Africa of the World Bank, the African Development Bank (AfDB) and UNICEF have earmarked resources to support the WaSH M&E. While support from the AfDB is likely to focus on strengthening the WaSH M&E infrastructure, the DFID and World Bank support are likely to focus on providing technical and managerial support for rolling out the WaSH MIS, updating the National WaSH Inventory on an annual basis, monitoring of the 15 key WaSH indicators, mainstreaming gender in the WaSH planning and delivery processes. Support from other development partners (DPS) are also being designed to complement each other.

12.9. To facilitate complementarity and collaboration, recently the GOE, through the National WASH Coordination Office has requested DFID and AfDB to co-lead on the process of refinement, operationalization of WaSH M&E and also to coordinate DPs engagement in supporting the sector M&E as per the provision of the OWNP Programme Operational Manual (POM) .

12. Appendices

1. DFID Ethiopia Operational Plan
2. DFID Business Case for supporting the One WaSH National Program
3. GOE's Growth and Transformation Plan (GTP)
4. One WaSH Implementation Framework
5. One WaSH National Program Document August 2013
6. One WaSH National M&E Framework and Manual
7. One WaSH National Program Operational Manual (POM)
8. One WaSH National Program Environmental and Social Management Framework (ESMF)
9. One WaSH National Programme Resettlement Policy Framework
10. One WaSH National Programme Ethiopia Social Assessment
11. DFID log-frame for supporting the One WaSH National Programme



Annex 2 – Fieldwork Report

1 Annex 2 Fieldwork Report

1.1 Household Survey

1.1.1 Approach

The primary objective of the household survey is to assess the status of the key outcome and impact level indicators of the programme, particularly for urban (Component 1) and rural (Component 2) areas. Baseline measurements will be used as a reference to calculate change in these indicators for the treatment and comparison groups. Differences in the changes across the two groups will be tested statistically at endline, when the same households will be interviewed again in both the treatment and comparison areas. This counterfactual approach will enable the measurement of changes in indicators between the baseline and endline evaluation and the attribution of these changes to CWA funding.

We will schedule our baseline and endline research to happen at the same time of the year to avoid seasonality bias. However, delays may occur and as a result we may have to undertake the endline survey in a different season. We have controlled for this, to a certain extent, by asking separate questions about practices during both the rainy and the dry seasons and by triangulating data with other sources.

1.1.2 Instrument design

During the development process we consulted on the content of the instruments with the NWCO, CWA donors (DFID, AfBD and World Bank) and CoWaSH.

The household survey covers all relevant outcome and impact indicators as reported in the Evaluation Framework. It includes sections on water, sanitation and hygiene and include questions on access and use of facilities as well as questions to measure knowledge, attitudes and practices around WaSH behaviours. Where possible, surveyors also use observational techniques to verify certain indicators, such as the type of on-site toilet and asking to be shown soap or ash used for washing, following methodologies used in the DHS and WMS. The instrument also includes a section on children's enrolment and attendance at school and the household's use of health facilities. We will also include a full demographic module in the survey to enable us to disaggregate the data at the household level or at a household member level (e.g. by gender and age categories).

1.1.3 Sample design

We used a multistage-clustered sampling approach to draw the household survey sample to provide a statistically representative sample of the CWA urban and rural areas. The sample frame was based on the list of

CWA areas provided by the NWCO. In the first stage we selected *Woredas* and towns from within the regions (these formed our Primary Sampling Units). In the second stage we formed clusters of two *kebeles* within the same *woreda*/town and randomly selected these from the lists of urban/rural areas (these clusters formed our Secondary Sampling Units). We drew two samples separately: one for urban areas (towns) and one for rural areas (*woredas*). The total size of each sample will be 1,512 households, corresponding to 126 sampling points (*kebeles*), with 12 interviews conducted per sampling.

Ethiopian regions vary widely in size and population and this is reflected in the distribution of CWA areas across the country: The number of CWA *woredas* ranges by region from 3 (Harari) to 140 (Oromiya) and the number of CWA towns ranges by region from 2 (Benishangul-Gumuz) to 42 (Amhara). If we had selected *woredas* proportionately to their distribution across the 10 regions some of the smaller regions would have been excluded from the survey. To address this issue we sampled CWA towns and *woredas* proportionately to their distribution across the regions and allocated a minimum of two intervention PSUs and one control group PSU to each region (effectively boosting the sample from the smaller regions).

1.1.4 Weighting the data

Due to the non-proportional allocation of a portion of the sample to the regions (to ensure all regions are included) we effectively 'boosted' samples from smaller regions (with fewer CWA *woredas* or towns) to ensure their inclusion in the survey. At the urban and rural programme levels we have weighted the data relative to the urban and rural populations living within CWA towns and *woredas* respectively. The data from larger regions has weighted-up to reflect their relative under-representation in the survey and vice versa for the smaller regions. Because we

weighted-down the data from the smaller regions and only marginally weighted-up the data from larger regions no respondents will received high weighting factors that can disproportionately skew survey data. In other words we will not have the situation in which small sub-groups have a significantly disproportionate voice that can happen, for example, when hard-to-reach groups receive high weighting factors.

1.1.5 Enumerator training

All enumerators and supervisors attended a two-day training session in Addis Ababa on the 6th & 7th September 2016. Both quantitative and qualitative teams were present and trained simultaneously in separate rooms. The quantitative training session covered the questionnaire, household selection methodology and correct usage of the tablet computers used for data collection. The fieldwork team could provide their own comments and feedback on the questionnaire in order to ensure it was optimised for local conditions. The qualitative training session covered the KII guides, sampling requirements and an overview and background of the WASH project.

The sessions were led by our local research provider, WAAS International and research partner ORNB International. A member of our Evaluation team was also present to provide a background to the research and to respond to any technical questions related to the instruments.

1.1.6 Pilot testing

On the 8th September, a pilot fieldwork session took place to test the script in a field environment and allow the team to observe the interviewers carrying out interviews in real conditions. A total of 55 pilot interviews were carried out. At the end of the day, we conducted a debriefing session with the team to re-cap the training and cover any issues or questions that arose from the pilot.

1.1.7 Fieldwork: Household and respondent selection and substitutions

The selection process included the following stages:

- Stage 1:** Obtain local permission and develop list of landmarks to serve as starting points within the *kebele*
- Stage 2:** Select a starting point from list created
- Stage 3:** Working from Starting Point select dwelling using randomised selection procedure
- Stage 4:** Identify the respondent (the person who who does most of the cooking, cleaning, minding children, and attending to sick people)

If selected respondents were not able or willing to be interviewed, interviewers moved to the next house for recruitment. If the selected individual was not in the house, efforts were made to contact them by phone or to locate them nearby. If when reached, they said they were willing to accept an appointment, then another time was arranged for them to be collected for the appointment interview. If the selected respondent was at home but refused to cooperate, the interview was regarded as an ineffective call, recorded as such, and the interviewer proceeded to the next household in the skip pattern.

Each ineffective call was recorded on the questionnaire and classified according to specific reasons allowing for the calculation of non-response rates.

1.1.8 Respondent Substitution

If selected respondents were not able or willing to be interviewed, interviewers moved to the next house for recruitment. If the selected individual was not in the house, efforts were made to contact them by phone or to locate them nearby. If when reached, they said they were willing to accept an appointment, then another time was arranged for them to be collected for the appointment interview.

If the selected respondent was at home but refused to cooperate, the interview was regarded as an ineffective call, recorded as such, and the interviewer proceeded to the next household in the skip pattern.

Each ineffective call was recorded on the questionnaire and classified according to specific reasons, detailed below, allowing for the calculation of non-response rates. Ineligible respondents were those who did not fulfil the selection criteria. i.e. they were not aged over 18 years of age and were not the person who does most of the cooking, cleaning, minding children and attending to sick people in the household. An ineligible household was a household which did not contain an eligible respondent, or in which it was not possible to determine if an eligible respondent resided there.

1.1.9 Household-level Outcome codes

No interview, but potentially eligible household:

- No interview - Household empty. No one at home. (Callback required)
- No interview - Before respondent selection, a household member (like the head of household) asks interviewer to return later to complete interview (Callback required)
- Only child or caretaker at home (Callback required)

No interview – ineligible household:

- No interview - Uninhabited building, business, offices (callback NOT required)
- No interview - No member of the household speaks the same language as the interviewer (callback NOT required)
- No interview - Vacancy/temporary residence (callback NOT required)
- No interview - Impossible to access house /insecurity (callback NOT required)
- No interview - Improper gender – household does not have necessary respondent gender (callback NOT required)

Refusal:

- Refusal - Before identifying respondent, a household member refuses (callback NOT required)

1.1.10 Respondent-level Outcome codes

No interview – eligible respondent

- No interview - Respondent temporarily unavailable (respondent not at home or is sleeping) (callback required)
- No interview - Selected respondent or another household member asks interviewer to come back another time (callback required)
- No interview – Incomplete interview (interrupted in the middle) (callback NOT required)
- No interview - Selected respondent is absent for a long period of time (callback NOT required)
- No interview - Selected respondent does not feel safe/insecurity (callback NOT required)

No interview – ineligible respondent:

- No interview - Not eligible (less than 18 years, filter error) (callback NOT required)
- No interview - Sick/mentally ill/deaf (callback NOT required)
- No interview - Selected person does not speak any interview language (callback NOT required)
- No interview - Respondent is too old (callback NOT required)

Refusal:

- Refusal - Selected person refused (callback NOT required)
- Refusal - Another household member refuses (callback NOT required)

1.1.11 Quality Assurance

Quality control was a high priority during the completion of this study and numerous quality control measures were implemented. These included the following:

- Team supervisors were required to accompany a minimum of 10% of the interviews conducted by each interviewer, checking that the correct instructions and procedures were being followed and the interviewing was of a high standard.
- Team supervisors were also required to back-check approximately 20% of all interviews conducted by each interviewer. Back checking includes contacting the respondent directly in-person to ensure that the interview was done, and checking the length of interview, as well as a selection of fact-based questions.
- To ensure that no one interviewer had the ability to bias the results of the survey by producing false results, no individual interviewer was allowed to conduct more than 5% of the total number of interviews.
- Additionally, our team carried out real-time data checking and verification procedures such as GPS monitoring, audio monitoring and other data checks to ensure interviews were taking place as planned and sample was being completed correctly.

1.1.12 Fieldwork Dates

The household survey interviews began on 21st September and was completed on 18th November. We have presented the fieldwork dates for each region in the following table.

Table 1: Fieldwork Dates by Region

Region	Fieldwork Dates
Afar	18 th October – 3 rd November
Amhara	21 st September – 11 th November
Benishangul – Gumuz	8 th October – 18 th November
Dire – Dawa	3 rd October – 7 th October
Gambella	30 th September – 17 th October
Harari	10 th October – 15 th October
Oromiya	21 st September – 1 st November
SNNP	22 nd September – 28 th October
Somali	24 th September – 21 st October

1.1.13 Fieldwork Challenges

There were a number of issues affecting fieldwork during the course of the project which either slowed the progress of fieldwork, or necessitated the replacement of certain sample points. The key issues were:

- **Roads:** The quality of roads in many areas, especially rural areas, meant that teams encountered difficulties travelling to certain sampling points. On rainy days, some roads were often inaccessible and others were only accessible on foot. This slowed travel between sampling points and the time required to complete fieldwork was longer than expected.
- **Permissions:** We obtained permissions at regional level prior to beginning fieldwork, but in order to ensure interviewer safety, teams also obtain permissions at zonal and *Woreda* level. This is particularly important during periods of civil unrest/insecurity to ensure interviewers are not detained by local police. In some zones, obtaining this permission was difficult, for example due to office closures during religious festivals or due to politically sensitive projects ongoing in the area (e.g. the Grand Renaissance Dam).

- Political Instability:** Ethiopia experienced a period of instability and civil unrest during the fieldwork period. There were protests lasting throughout fieldwork in Gondar City, Amhara and just prior to fieldwork. Additionally, unrest at the 'Ireecha' festival in Bishoftu, Oromia led to huge numbers of deaths and a state of emergency to be declared by the Ethiopian government. This impacted on the permissions processes and certain areas were rendered inaccessible for fieldwork.

There were instances areas where teams were required to substitute originally selected sampling points with comparable replacements. Reasons for the need to substitute were primarily related to the political and security. All replacements were agreed with NWCO prior to conducting the fieldwork in these areas. The full list of substitutions and the reasons for these changes have been provided in Table 8 at the end of this report.

1.1.14 Response Rates

The overall response rate was 87% (in 87% of selected households an interview with the relevant person was completed). The main reasons for not completing an interview at the selected dwelling was that there was not an eligible person (i.e. under 18, sick, unable to speak any interview language), the household was empty. Only 1% of all attempts to conduct an interview resulted in a refusal. We have provided a response rates of the Household and Respondent Level outcomes in Tables 2 and 3 below.

Table 2: Response Rates: Household Level Outcomes

Household Level Outcomes			
Successful Household Call (i.e. eligible respondent selected)	3041	Percentage of Total Contacts	87%
No interview, but potentially eligible household	59	Percentage of Total Contacts	2%
No interview, ineligible household	362	Percentage of Total Contacts	10%
Refusals	43	Percentage of Total Contacts	1%
Total Contacts	3505		

Table 3: Response Rates: Household Level Outcomes

Household Level Outcomes			
Successful Interview	3017	Percentage of Total Contacts	99%
No interview, eligible respondent	16	Percentage of Total Contacts	1%
No interview, ineligible respondent	7	Percentage of Total Contacts	<1%
Refusals	4	Percentage of Total Contacts	<1%
Total Contacts	3044		

1.1.15 Sample Achieved

The overall sample achieved

Table 4: Household Survey Sample Achieved

Region	Sample Required	Achieved Sample
Afar	144	144
Amhara	708	708

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Benishangul – Gumuz	144	144
Dire – Dawa	72	72
Gambella	144	146
Harari	72	72
Oromiya	720	723
SNNP	432	432
Somali	288	288
Tigray	288	288
Total	3012	3017

1.2 Key Informant Interviews

1.2.1 Design

It is important for our analysis to understand the perspectives of different types of stakeholders, particularly at the different levels of government ministries through which programme policy and funding is transferred. To maximise comparability of the perspectives at the different levels of government we developed a topic guide for the KIIs which followed the same structure and covered the same subject areas. We also developed a guide tailored for non-government stakeholders using the same structure. Questions were consistent across the stakeholders with some tailoring to reflect whether the informant represented GoE or a non-governmental organisation and the level of governance and ministry represented by the informant. The guides followed a semi-structured format to ensure the key areas were covered whilst allowing the interviewer the flexibility to probe and explore emergent issues. The guides were designed to meet the needs of the evaluation framework and covered: barriers; costs and VfM; contribution of other activities OneWaSH results; sustainability; climate change; and engagement with equity groups. The tools were designed to take between 45 minutes to an hour to complete. Copies of the KII guide for GoE and non-Governmental informants have been presented in Annex X.

1.2.2 Sampling

We conducted a total of XX interviews sampled across GoE and non-Government stakeholders. We sampled GoE informants at four levels of government: Federal, Regional; *Woreda* and *Kebele* as well as across the four Wash Ministries: Ministry of Water, Infrastructure and Energy (MoWIE), Ministry of Health (MoH), Ministry of Education (MoE) and Bureau of Finance and Economic Development (MoFED). At each level of governance we interviewed stakeholders representing both the governance, oversight and management of OWNP as well as those involved in coordination and implementation. Among Non-Government Stakeholders we interviewed XXX.

At regional level we purposively sampled two regions within which to conduct our KIIs to include an example of a large region (Amhara) and an example of an emerging region (Benishanguk-Gumuz). *Woredas* were selected systematically (1/n) by the fieldwork team, with an even distribution across urban and rural areas, to ensure broad coverage across the sample areas.

All sampling was made in consultation with NWCO.

In Table 5 we have presented an overview of our KII sample. A more detailed record of the sample achieved has been presented in our fieldwork report in Annex X.

Table 5: Overview of Key Informant Interview Sample

Level of Governance	Interviews	Govt. Respondents ⁺	Non Govt. Respondents	Institutions
Federal	14	7	7	10
Regional	32	28	4	13
<i>Woreda</i>	8	7	1**	8
<i>Kebele</i>	14	14		14
Total	46	56	12	23

* Some interviews were with more than one informant (total number of respondents > number of interviews)
 ** Although one *woreda* level informant was knowledgeable about the area, issues and the programme the informant was employed by an NGO

The institutions samples at Federal and Regional levels are presented in the table below:

Table 6: Key Informant Sample - Federal and Regional Institutions

	Federal	Regional
Government	MoE MoH MoFEC MoWIE	Bureau of Water (both regions) Bureau of Health (both regions) Bureau of Education (both regions) BoFED (both regions)
Non-Government	World Bank MWDA? COWASH WVE? UNICEF YGRY Ltd	WaSCHCO Office PMU (both regions) Unicef (both regions) BEREQ Construction (Amhara only)

At the local level the distribution of interviews with *Woreda* and *Kebele* level water officials was as follows:

Table 7: Overview of Informant Sample Profile

Region	<i>Woreda</i>	<i>Kebele</i>
Afar	0	1
Amhara	2	0
Benishangul – Gumuz	0	0
Dire – Dawa	1	0
Gambella	1	0
Harari	0	0
Oromiya	5	1
SNNPR	3	2
Somali	0	2
Tigray	0	1
Total	12	8

1.2.3 Data collection

A member of the Coffey in-house team personally conducted all the federal and regional level interviews accompanied by xxx to be on hand to help explain any technical issues. All federal and region level informants level informants had a good working knowledge of English so a translation was not required. At *woreda* and *kebele* levels, where informants are generally less conversant in English, locally-based qualitative researchers carried out the interviews using guides translated into the required local languages (Amharic, Oromo and Tigrinya). The interviews involved a mix of one-on-one interviews or, for practical purposes, when we were able to speak to two or

three stakeholders from the same department or organisation we conducted small group interviews to capture a wider range of knowledge and opinions.

All interviews with the exception of one XXX level interview was conducted face-to-face, for logistical purposes we conducted the remaining by phone. With the informed consent of the informants the interviews were recorded and those conducted by our research partners in local languages were translated into English and transcribed.

1.3 Institutional Assessments

1.3.1 Design

The institutional assessment instruments included a combination of semi-structured questions and structured questions to provide quantitative data. The same guide was used for both schools and health facilities with question filtering where appropriate. The assessment tool begins with a series of semi-structured questions to collect qualitative information to help us understand: current WaSH practices and how these are changing; barriers to improving practices; awareness of OOWNP; changes in WaSH planning and the extent to which disadvantaged groups are currently considered. The quantitative section involved a series of questions and interviewer observations about water sources (including availability, quality and storage), sanitation facilities and administrative records (e.g. school enrolment and patient numbers).

1.3.2 Sampling

The sampling was linked to the Key Informant interviews (see Table 5), within a selected location we interviewed a government WaSH representative as well as a senior representative from a school and a health facility. Upon arrival in the *kebele* the enumerators asked their respondents for information of the local schools and health facilities and sampled one of each per selected *kebele*. The majority of interviews were with directors or heads of the institutions and in a few cases where it was not possible to interview the head or director we interviewed their deputy.

1.3.3 Data collection

Instruments were translated into the local languages required and carried out by locally based enumerators. With the informed consent of the stakeholder the interviews were recorded and translated and transcribed into English.

1.4 Challenges and limitations of the baseline methodology

1.4.1 Limitations

We can use the **household survey** to gather representative data on demographics, knowledge, attitudes, practices, and impact from households covered by the OOWNP CWA programme. However, the survey has several limitations:

- The sample size only allows the evaluation to draw representative conclusions about certain demographic groups – including rural vs. urban, male vs female headed households however for equity groups with a low incidence rate in the population e.g. disabled head of households or some of the smaller regions we cannot do this with sufficient statistical reliability.
- Although we have mirrored the language used in other nationally representative WaSH surveys much of the household survey relies on self-reporting, which may be subject to recall bias and social desirability bias. When reporting usage of water or sanitation, respondents may orient themselves towards the ‘right’ answer or else use the survey to voice positive or negative attitudes towards the government in general.

The key limitations of the **Key Informant Interviews** relate to constraints of time and sample.

- Within the time constraints of an interview (scheduled to last no longer than one hour) we were limited as to the range of topics we could cover and the depth within each we could go. Additionally some informants spoke at length on issues of most pressing concern to them leaving less time for other subjects.
- At sub-federal level we were constrained by the size of the sample we could include. For example we could only look in-depth at two regions. To help ensure we captured as wide a range of issues as possible we purposively selected on larger region and one smaller emerging region. Whilst we captured different perspectives within the regional offices these are not representative of all ten

regions. Similarly, although we were able to include a wider range of *Woredas* and *Kebeles* they are not representative of all those included within the intervention areas.

- The Key Informant Interviews are also subject to respondent bias. For example, respondents may have an incentive to make the programme look good or else blame other levels of government for their own shortcomings.

The **Institutional Assessments** were subject to the same constraints as the Key Informant Interviews, with a total size of 22 schools and 22 health facilities our sample is not representative of all schools and health facilities in the CWA areas. Informants also may feel the need to make their institution look good or may prepare for the assessments, this could also impact upon observations.

1.4.2 Addressing the challenges

Best practice interviewing techniques are crucial to minimising the occurrence of such biases including assurance of anonymity and recording and probing responses in a non-judgemental way. We also took care over the design of the instruments including the question ordering e.g. including questions that might be seen as more personal later on in the survey so the enumerator has a chance to develop a rapport with the informants.

We also triangulate findings to identify differing subjective responses and are mindful of potential incentives to provide a particular answer when analysing the data, particularly our qualitative data with stakeholders who have more invested into the success of the programme.

1.4.3 Household Sample Point Substitutions

As referred to in Section XXX able X below represents the fill list of Sample Point substitutions made during the household survey and the reasons for the changes.

Table 8: Sample Substitutions

	Zone	Region	Woreda	Kebele	Reason for Substitution
Original SP	Western Tigray	Tigray	Tsegede	Ruba Lomin	Security – political Instability
	Western Tigray	Tigray	Tsegede	Ende Silase	Security – political Instability
Replacement SP	Central Tigray	Tigray	Mereb Lehe	Adishmbrhu	
	Central Tigray	Tigray	Mereb Lehe	Abenet	
Original SP	Western Tigray	Tigray	Kafta Humera	Kebele 01	Security – political Instability
	Western Tigray	Tigray	Kafta Humera	Kebele 01	Security – political Instability
Replacement SP	Eastern Tigray	Tigray	Gulo Meheda	Kisad Imaib	
	Eastern Tigray	Tigray	Gulo Meheda	Kebele 01	
Original SP	North Gondar	Amhara	Debark	Tirahina	Security – political Instability
	North Gondar	Amhara	Debark	Adebabay Tsiyon	Security – political Instability
Replacement SP	Misraq Gojjam	Rural	Gonchasiso Enese	Debre Yaeqob	
	Misraq Gojjam	Rural	Gonchasiso Enese	Debre Yaeqob	
Original SP	North Gondar	Amhara	Merab Belesa	Ferifer	Security – political Instability
	North Gondar	Amhara	Merab Belesa	Filikilik	Security – political Instability
Replacement SP	East Gojjam	Amhara	Enebise Sar Midir	023 Debire Eliyas	
	East Gojjam	Amhara	Enebise Sar Midir	020 Adis Alem	
Original SP	East Gojjam	Amhara	Gonchasiso Enese	Gezamin Dibit	Security – political Instability
	East Gojjam	Amhara	Gonchasiso Enese	Debre Yaeqob	Security – political Instability

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Replacement SP	East Gojjam	Amhara	Enemay	Dima	
	East Gojjam	Amhara	Enemay	Enideshignitina Akababiw	
Original SP	East Gojjam	Amhara	Enebise Sar Midir	023 Debire Eliyas	Security – political Instability
	East Gojjam	Amhara	Enebise Sar Midir	020 Adis Alem	Security – political Instability
Replacement SP	East Gojjam	Amhara	Enarj Enawuga	Yedit Enemi	
	East Gojjam	Amhara	Enarj Enawuga	Felege Zachana Badema	
Original SP	West Gojjam	Amhara	Wenberma	Sebader Abo & Kelo	Security – political Instability
	West Gojjam	Amhara	Wenberma	Wegedad Yayishal	Security – political Instability
Replacement SP	West Gojjam	Amhara	Bure	Wangadem	
	West Gojjam	Amhara	Bure	Fetam Sontom	
Original SP	West Gojjam	Amhara	South Achefer	Ahuri Qeltafa	Security – political Instability
	West Gojjam	Amhara	South Achefer	Nunu Atibarkua	Security – political Instability
Replacement SP	West Gojjam	Amhara	North Achefer	Esetumite	
	West Gojjam	Amhara	North Achefer	Chinba	
Original SP	South Gondar	Amhara	Libokemkam	Kebele 01	Security – political Instability
Replacement SP	East Gojjam	Amhara	BIBUGN	Digua Tsion-Town	
Original SP	South Gondar	Amhara	Dera	Kebele 01	Security – political Instability
Replacement SP	East Gojjam	Amhara	BIBUGN	Woyin Wuha-Town	
Original SP		Amhara	METEMA	Kebele 02	Security – political Instability
Replacement SP	East Gojjam	Amhara	Bibugn	Woyin Wuha-Town	

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Original SP		Amhara	Gonder Zuriya	Kebele 01	Security – political Instability
		Amhara	Gonder Zuriya	Kebele 01	Security – political Instability
Replacement SP	East Gojjam	Amhara	Bibugn	Digua Tsion-Town	
	East Gojjam	Amhara	Debere Markos	Kebele 04	
Original SP		Amhara	Adi Arkay	Kebele 01	Security – political Instability
Replacement SP	East Gojjam	Amhara	Sinan	Kebele 01	
Original SP	North Gonder	Amhara	Dembia	Gorgora 01	Security – political Instability
	South Gonder	Amhara	Dera	Kebele 01	
Replacement SP	Debere – Markis Town	Amhara	Debere Markos	Kebele 03	
Original SP	North gonder	Amhara	Metema	Keble 01	Security – political Instability
Replacement SP	East Gojjam	Amhara	Debere Markos	Kebele 01	
Original SP	Degehabur	Somali	Degehamedo	No Keble List	Security – political Instability
	Degehabur	Somali	Degehamedo	No Keble List	Security – political Instability
Replacement SP	Degehabur	Somali	Aware	No Keble List	
	Degehabur	Somali	Aware	No Keble List	
Original SP	Fik	Somali	Selehad		Security – political Instability
	Fik	Somali	Selehad		Security – political Instability
	Shinile – Zone	Somali	Afdem	Gubent	
Replacement SP	Shinile – Zone	Somali	Afdem	Kumbe	
	Shinile – Zone	Somali	Afdem	Gubent	
Original SP	Fik	Somali	Fik		Security – political Instability

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	Fik	Somali	Fik		Security – political Instability
Replacement SP	Shinile – Zone	Somali	Shinile	Harewa	
	Shinile – Zone	Somali	Shinile	Tomi	
Original SP	Fik	Somali	Gerbo		Security – political Instability
	Fik	Somali	Gerbo		Security – political Instability
Replacement SP	Shinile – Zone	Somali	Ayisha	Degego	
	Shinile – Zone	Somali	Ayisha	Marbedis	
Original SP	Gode	Somali	Mustahil	No <i>Keble</i> List	Security – political Instability
	Gode	Somali	Mustahil	No <i>Keble</i> List	Security – political Instability
Replacement SP	Degehabur	Somali	Ararso	No <i>Keble</i> List	
	Degehabur	Somali	Ararso	No <i>Keble</i> List	
Original SP		Somali	Ferfer	Ferfer	Security – political Instability
Replacement SP	Jigjiga	Somali	Kebri Beyah	Hartishek	
Original SP		Somali	Ferfer	Burkur	Security – political Instability
Replacement SP	Jigjiga	Somali	AWUBERE	No <i>Keble</i> List	
Original SP	Nuwer	Gambella	Akobo	Buye	Inaccessible by foot or car
	Nuwer	Gambella	Akobo	Tole	Inaccessible by foot or car
Replacement SP	Mejenger	Gambella	Mengesh	Gubeti	
	Mejenger	Gambella	Mengesh	Shone	



Annex 3 – Evaluation Framework

Annex 3: Evaluation Framework

Evaluation questions		Sub-questions		Indicators	Evaluation (timing)	Data sources
RELEVANCE						
1.1	To what extent is the OWNP CWA implementation framework/design appropriate for attaining the OWNP goals as per the OWNP's theory of change and that of the Universal Access Plan and Growth Transformation Plan? (DFID ToRs)	1.1.1	To what extent is the OWNP CWA implementation framework / design appropriate for attaining the OWNP goals as per the OWNP's theory of change?	<ul style="list-style-type: none"> Analysis of evidence gaps in intervention logic Targets at output / outcome / impact level not met 	Baseline & Endline	Doc review, stakeholder interviews
		1.1.2	To what extent is the OWNP CWA implementation framework/design appropriate for attaining the OWNP goals as per the Universal Access Plan and Growth Transformation Plan?	<ul style="list-style-type: none"> Alignment of OWNP CWA goals and indicators with OWNP, GTP, HSDP, WIF, rural/urban water supply UAP 	Baseline & Endline	Doc review, stakeholder interviews
1.2	To what extent does the OWNP CWA complement other on-going government and development partner programmes that directly or indirectly contribute to WaSH objectives? (DFID ToRs)	1.2.1	To what extent does OWNP CWA complement other GoE activity which impacts the Wash sector?	<ul style="list-style-type: none"> Number of other GoE programmes identified as impacting Wash sector Alignment of OWNP goals and indicators with other GoE activity 	Baseline & Endline	Doc review, stakeholder interviews
		1.2.2	To what extent does OWNP CWA complement non-OWNP donor activity in the Wash sector?	<ul style="list-style-type: none"> Number of non-OWNP directly funded donor programmes identified was impacting Wash sector in consolidated annual plan for resource mapping Alignment of non-OWNP goals and indicators with OWNP frameworks 	Baseline & Endline	Doc review, stakeholder interviews
		1.2.3	To what extent does OWNP CWA complement NGO/CSO activity in the Wash sector?	<ul style="list-style-type: none"> Number of non-OWNP NGO/CSO programmes identified was impacting Wash sector in consolidated annual plan for resource mapping Alignment of non-OWNP NGO/CSO activity with OWNP frameworks 	Baseline & Endline	Doc review, stakeholder interviews

ANNEX 3 EVALUATION FRAMEWORK

Evaluation questions		Sub-questions		Indicators	Evaluation (timing)	Data sources
		1.2.4	To what extent does OWNP CWA complement emergency WaSH activity?	<ul style="list-style-type: none"> • Number of emergency WaSH programmes identified was impacting Wash sector • Alignment of emergency WaSH goals and indicators with OWNP frameworks 	Baseline & Endline	Doc review, stakeholder interviews
		1.2.5	How well are other GoE programmes, non-OWNP donor programmes, CSOs/NGOs and emergency WaSH programmes aligned to the WaSH CWA reporting, planning, budgeting, costing, and expenditure structures?	<ul style="list-style-type: none"> • Alignment of non-OWNP NGO/CSO activity with OWNP CWA reporting, planning, budgeting, costing, and expenditure frameworks 	Baseline & Endline	Doc review, stakeholder interviews

EFFECTIVENESS						
2.1	Has the OWNP CWA achieved its target outcomes?	2.1.1	To what extent has the OWNP CWA achieved its target outcomes?	<ul style="list-style-type: none"> • Number of people with sustainable access to improved water supply through DFID support (DFID logframe) • Number of water points built or rehabilitated • Average number of beneficiaries per water point • Measure of sustainability of water points built or rehabilitated • Percentage of people with access to 15 liters per capita per day within 1.5km radius in rural areas or 20 lpcd w/in 0.5km in urban areas • Percentage of people with access to improved human excreta removal / sanitation facilities / handwashing facilities • Percentage of communities certified as ODF free • Proportion of people using a toilet vs. practicing open defecation 	Endline	HH survey, Institutional assessments, MIS data, secondary data

ANNEX 3 EVALUATION FRAMEWORK

Evaluation questions		Sub-questions		Indicators	Evaluation (timing)	Data sources
		2.1.2	Are there any discrepancies between data sources used to measure achievement at outcome level? What is the interpretation of these discrepancies, and which data sources are most valid?	<ul style="list-style-type: none"> • DFID, WHO/JMP, and GoE data sources for access to water supply and improved sanitation • Main source of drinking water for the household (DHS) • Main source of drinking water for the household during the dry and rainy seasons (WMS/ERSS) 	Endline	HH survey, Institutional assessments, MIS data, secondary data
		2.1.3	In the areas where OOWNP CWA has not achieved its outcomes, what evidence is there that this is a result of theory failure or implementation failure?	<ul style="list-style-type: none"> • 		
		2.1.4	Has the OOWNP CWA caused any unintended outcomes?	<ul style="list-style-type: none"> • Unintended outcomes from OOWNP processes and procedures 	Baseline & Endline	Stakeholder interviews, thematic research
2.2	To what extent did the OOWNP CWA promote accountability and transparency to communities? (DFID ToR rev.)	2.2.1	To what extent has OOWNP MIS data been analyzed or used in decision making at various government levels?	<ul style="list-style-type: none"> • Number of staff trained in data collection, database management (WaSH MIS, HMIS and EMIS) and reporting formats • % of standardized WaSH data collection / analyzed using key performance indicators • Woreda plan updated on the bases of monitored data, increased focus given to drought prone areas 	Endline	Doc review, stakeholder interviews, institutional assessments
2.3	To what extent was the OOWNP CWA successful in promoting behaviour change?	2.3.1	To what extent have community knowledge, attitudes, practice and behaviours changed? To what extent has the OOWNP CWA contributed to this change, as opposed to other elements within the UAP?	<ul style="list-style-type: none"> • Sanitation coverage in communities where CLTSH is launched • % ODF kebeles • % of HHs practicing handwashing with soap at critical times • Number and % of HHs practicing safe water treatment and storage • Number and % of HH latrines built / upgraded • % of schools with active WaSH/health clubs 	Baseline & Endline	Doc review, thematic research, HH surveys, institutional assessments, secondary data

ANNEX 3 EVALUATION FRAMEWORK

Evaluation questions		Sub-questions		Indicators	Evaluation (timing)	Data sources
		2.3.2	What barriers to behaviour change have been identified, and how have they been addressed? What barriers are unique to poor and vulnerable populations?	<ul style="list-style-type: none"> Barriers identified to behaviour change Barriers faced by poor and vulnerable populations Ways in which programme design has addressed identified barriers 	Endline	Doc review, stakeholder interviews, thematic research
		2.3.3	To what extent have capacity building measures for gender mainstreaming been effective in embedding this practice in WaSH provision? (SA)	<ul style="list-style-type: none"> TBD 	Endline	Doc review, stakeholder interviews, thematic research
		2.3.4	To what extent have capacity building measures around equity and inclusion issues been effective in mainstreaming these issues?	<ul style="list-style-type: none"> TBD 	Endline	Doc review, stakeholder interviews, thematic research
2.4	Which programme components are contributing most to overall outcomes?	2.4.1	What is the contribution of Component 1 (rural WaSH) to overall programme outcomes?	<ul style="list-style-type: none"> Number of (rural) water supply schemes constructed/rehabilitated, as % of target Number of improved latrines constructed 	Endline	HH survey, MIS data, secondary data
		2.4.2	What is the contribution of Component 2 (urban WaSH) to overall programme outcomes?	<ul style="list-style-type: none"> Number of urban water supply schemes constructed/extended/rehabilitated 	Endline	HH survey, MIS data, secondary data
		2.4.3	What is the contribution of Component 3 (institutional WaSH) to overall programme outcomes?	<ul style="list-style-type: none"> Number of schools having tap-student ratio of 1:50 Number of water supply facilities constructed at health institutions Proportion of schools with water supply to latrines 	Endline	HH survey, institutional assessments, MIS data, secondary data
		2.4.4	What contribution has the programme management and capacity building component had to the results achieved by the programme?	<ul style="list-style-type: none"> TBD 	Endline	Doc review, stakeholder interviews, institutional assessments

ANNEX 3 EVALUATION FRAMEWORK

Evaluation questions		Sub-questions		Indicators	Evaluation (timing)	Data sources
2.5	How much of the overall change in WaSH status can be attributed to DFID Ethiopia?	2.5.1	How much of the overall change in WaSH status can be attributed to the CWA? What proportion of CWA funding and results can be attributed to DFID?	<ul style="list-style-type: none"> • Outcome/impact level results generated by CWA • % DFID funding of the CWA by component 	Endline	Doc review, secondary data
		2.5.2	What overall results (access to clean water and access to improved sanitation) can DFID claim? Are there any discrepancies between these figures and others produced? What are the limitations of the DFID standard methodologies in generating these results?	<ul style="list-style-type: none"> • Number of people with sustainable access to improved water supply through DFID support • Number of additional people with sustainable access to an improved sanitation facility through DFID support 	Baseline & Endline	Doc review, HH survey, institutional assessments, MIS data, secondary data
2.6	Have there been any changes the programme delivery context which may have contributed to outcomes achieved?			None	Endline	Doc review, stakeholder interviews, institutional assessments, thematic research

EFFICIENCY						
3.1	How is value for money considered in the overall governance of the programme?	3.1.1	How successful have WASHCOs and TWUs been in providing/recovering costs by category? What are barriers to full cost recovery and how have they been addressd?	<ul style="list-style-type: none"> • Proportion of WASHCOs covering O&M costs in the kebele • Proportion of water utilities covering O&M and replacement costs by region • % of TWU recovering full costs • % of TWU recovering O&M and replacement cost 	Impact (baseline & endline)	Document review, stakeholder interviews, institutional assessments

ANNEX 3 EVALUATION FRAMEWORK

3.2	Have outputs been delivered on time and on budget?	3.2.1	How much OWNP CWA money has been utilized in selected kebeles and woredas? What are the reasons for over/under utilization?	<ul style="list-style-type: none"> • Proportion of OWNP - CWA budget utilized (utilisation rates) as against agreed annual budget 	Endline	Stakeholder interviews, institutional assessments, secondary data
3.3	Does the procurement, contracting, and consulting process represent value for money for the GoE and donors?	3.3.1	What are the key categories of costs the programme budget has incurred?	<ul style="list-style-type: none"> • Costs e.g. hardware costs and technical assistance / consultancy costs benchmarked against similar other programmes • % reduction in drilling unit cost 	Baseline & Endline	Document review, stakeholder interviews, secondary data
		3.3.2	What are the key cost drivers behind the programme?	<ul style="list-style-type: none"> • Structural cost drivers: e.g. costs associated strategic, choices about the design of the OWNP intervention model • Implementation cost drivers: e.g. costs associated with the methods by which the programme is delivered 	Baseline & Endline	Document review, stakeholder interviews, secondary data
		3.3.3	Has the programme achieved the best price for the type, scale, and quality of inputs required? (DFID ToRs rev.)	<ul style="list-style-type: none"> • Benchmarks for above identified unit costs and cost drivers • Difference between per capita costs for rural / urban water supply at the beginning and at intervals during the programme • % reduction in per capita investment costs in town, cities and rural areas • % reduction in water delivery by tankers 	Baseline & Endline	Document review, stakeholder interviews, institutional assessments, secondary data
		3.3.4	Has the programme achieved VfM with respect to catering to the poorest and most vulnerable populations? (SA)	<ul style="list-style-type: none"> • Cost premium for disabled accessible institutional latrines (target +3%) • Cost of institutional water taps, latrines, and hand basins, particularly in peri-urban and urban areas 	Baseline & Endline	Document review, stakeholder interviews, institutional assessments, secondary data
IMPACT						

ANNEX 3 EVALUATION FRAMEWORK

4.1	What impact has the project had in terms of:	4.1.1	Reducing transmission of diarrhoea and other water-borne diseases?	<ul style="list-style-type: none"> Prevalence of diarrheal disease in U5 Prevalence of other water-borne diseases in u5 by type 	Baseline & Endline	Thematic research, HH survey, secondary data
		4.1.2	Decreasing the time spent to collect water?	<ul style="list-style-type: none"> Difference between time taken to fetch water before the new water point construction and after 	Baseline & Endline	Thematic research, HH survey, secondary data
		4.1.3	Increasing time spent on productive activities?	<ul style="list-style-type: none"> Time spent weekly on domestic activities / household chores Time spent weekly on paid and unpaid economic activities 	Impact (baseline & endline)	Thematic research, HH survey, secondary data
		4.1.4	Improving childcare?	<ul style="list-style-type: none"> Number of visits to the health clinic for child over the last two months 	Baseline & Endline	Thematic research, HH survey, secondary data
		4.1.5	Increasing school enrolment and decreasing dropout?	<ul style="list-style-type: none"> Percentage change in enrollment of female students in school Percentage change in dropouts among female students 	Baseline & Endline	Thematic research, HH survey, institutional assessments, secondary data
		4.1.6	Decreasing the u5 mortality rate?	<ul style="list-style-type: none"> Under-5 mortality rate per 1,000 live births 	Baseline & Endline	Thematic research, HH survey, secondary data
4.2	How much of the overall change in WaSH status can be attributed to the OWNP CWA? (DFID ToRs rev.)	4.2.1	What other non-WaSH sector GoE programmes may have contributed to the overall OneWaSH results?	<ul style="list-style-type: none"> Number of non-WaSH sector GoE programmes with potential WaSH impact operational by area 	Endline	Doc review (UAP, Consolidated annual plan for resource mapping), stakeholder interviews
		4.2.2	What other donor or CSO/NGO sponsored programmes may have contributed to the overall OneWaSH results? What progress has been made in aligning or integrating this programming to the OWNP?	<ul style="list-style-type: none"> Number of donor & CSO/NGO sponsored WaSH programmes operational by area 	Endline	Doc review (Consolidated annual plan for resource mapping, GoE OWNP progress reports), stakeholder interviews
		4.2.3	What evidence is there of self-supply contributing to the overall OneWaSH results?	<ul style="list-style-type: none"> Number of households with improved latrine facility 	Endline	Doc review, stakeholder interviews, thematic research, HH survey

ANNEX 3 EVALUATION FRAMEWORK

				<ul style="list-style-type: none"> • Number of improved HH latrines constructed or upgraded (to VIP) 		
4.3	Have there been any changes the programme delivery context which may have contributed to impacts achieved?			None	Endline	Doc review, stakeholder interviews, institutional assessments, thematic research
SUSTAINABILITY						
5.1	Have WaSH training and capacity building activities increased institutional and technical sustainability? (DFID ToRs rev.)	5.1.1	To what extent have training and capacity building activities brought to Woreda Wash Teams, woreda staff, supervisors, HEWs, HDAs, WaSHCOs, and Town Water Boards made these institutions more sustainable? What steps have been taken to ensure that this knowledge is not lost?	<ul style="list-style-type: none"> • TBD 	Endline	Doc review, stakeholder interviews, secondary data
		5.1.2	To what extent does MIS training to local, regional, zonal, and national officials increase technical sustainability? What steps have been taken to ensure that this knowledge is not lost?	<ul style="list-style-type: none"> • TBD 	Endline	Doc review, stakeholder interviews, secondary data
		5.1.3	To what extent has support to TVETCs/HSCs increased technical sustainability?	<ul style="list-style-type: none"> • TBD 	Endline	Doc review, stakeholder interviews, secondary data
		5.1.4	To what extent have post-construction support units increased physical sustainability?	<ul style="list-style-type: none"> • TBD 	Endline	
5.2	How sustainable are the outputs and outcomes achieved by the OOWNP CWA?	5.2.1	What methodologies are best for measuring sustainability in the WaSH sector? How sustainable are WaSH outputs and outcomes according to these methodologies?	<ul style="list-style-type: none"> • Policy alignment • Capacity building • Financial sustainability • Environmental sustainability 	Baseline & Endline	Doc review, stakeholder interviews
		5.2.2	Are interventions supported through the OOWNP CWA well integrated with local institutions, social and cultural conditions? (DFID ToRs)	<ul style="list-style-type: none"> • Responses and examples of integration or non-integration from field interviews 	Endline	Stakeholder interviews, HH surveys

ANNEX 3 EVALUATION FRAMEWORK

		5.2.3	What is likely to happen to the positive effects of the programme after the external assistance ends? (DFID ToRs)	<ul style="list-style-type: none"> • Number of competent private sectors (contractors, consultants, suppliers, artisans) in the WASH sector • Number of employment opportunities for disabled people in WaSH sector (SA) 	Endline	Stakeholder interviews, secondary data
		5.2.4	To what extent is the OneWaSH Coordination Office able to carry on functioning after technical and financial support from the OWNP ends? (DFID ToRs, rev.)	<ul style="list-style-type: none"> • % consolidated reports prepared at all levels on a regular basis • Policies and procedures institutionalized as a result of OWNP • Financial sustainability of NWCO 	Endline	Stakeholder interviews
		5.2.5	To what extent has climate change and its associated effects been factored in to CWA funded OWNP designs and activities?	<ul style="list-style-type: none"> • Feedback from WaSH stakeholders 	Endline	Stakeholder interviews
5.3	To what extent have pilot or demonstration activities (ONE WASH PLUS) contributed to the success of the OWNP? Have they contributed to overall results achieved?	5.3.1		<ul style="list-style-type: none"> • No. and type of pilot/demonstration activities scaled up • Number of pilot/demonstration activities held by type • Learning and adapting from the ONE WASH PLUS programme • Results achieved from the ONE WASH PLUS programme 	Endline	Doc review, stakeholder interviews, secondary data
5.4	What funding gaps have been identified post-OWNP? To what extent is the GoE able to cover projected costs related to new projects	5.4.1		<ul style="list-style-type: none"> • OWNP reporting 	Endline	Doc review, stakeholder interviews, secondary data

ANNEX 3 EVALUATION FRAMEWORK

	and ongoing O&M without donor support?					
EQUITY						
6.1	How were areas selected and prioritized for receiving support from the OWNPN CWA? (OWNPN CWA POM)	6.1.1	To what extent did selection adhere to the UAP and SAP, especially the rural water supply UAP?	<ul style="list-style-type: none"> TBD 	Endline	Doc review, stakeholder interviews
6.2	To what extent has the OWNPN CWA established mechanisms for increasing the affordability of WaSH services for the poorest and most vulnerable? (SA)	6.2.1		<ul style="list-style-type: none"> TBD 	Endline	Doc review, stakeholder interviews
6.3	How are decisions made at community level? Do women and other marginalized groups participate fully in community decisions? (OWNPN KPIs, SA)	6.3.1	Do women have leadership roles within community decision making organisations? (SA)	<ul style="list-style-type: none"> Number of WASHCOs with 50% women members Proportion of women members at decision making position of WASHCOs/health and sanitation community groups Proportion of women members at decision making position of water boards Number of poor people participating in WaSHCOs 	Baseline & Endline	Stakeholder interviews, thematic research
6.4	To what extent has the OWNPN	6.4.1	Have different equity groups benefitted differently from the OWNPN CWA?	<ul style="list-style-type: none"> Woredas/kebeles having the greatest deviation from the national average in 	Baseline & Endline	Thematic research, HH survey, institutional

ANNEX 3 EVALUATION FRAMEWORK

	CWA reduced social and regional inequalities? (DFID ToRs)			terms of number of persons per improved water point		assessments, MIS data, secondary data
		6.4.2	To what extent has the OWNP CWA enhanced its accountability to underserved communities and groups such as women, girls, (poor) and disabled people? (DFID ToRs)	<ul style="list-style-type: none"> Policy and implementation framework to guide equitable access to WaSH for underserved populations and vulnerable groups 	Endline	HH survey, stakeholder interviews, thematic research
		6.4.3	Were inequalities in service provision the result of theory failure or implementation failure?	<ul style="list-style-type: none"> Key outcome / impact indicators disaggregated by region and gender 	Endline	Stakeholder interviews, thematic research, HH survey, institutional assessments, MIS data, secondary data
		6.4.4	Were any equity groups empowered by the OWNP CWA?	<ul style="list-style-type: none"> Key outcome / impact indicators disaggregated by region and gender Self-reported empowerment / disempowerment 	Endline	Stakeholder interviews, thematic research, HH survey, institutional assessments
6.5	How were the needs of disadvantaged community members factored into the design and planning of public water points and sanitation facilities?	6.5.1	For the poor	<ul style="list-style-type: none"> Construction completion reports 	Endline	Doc review, stakeholder interviews, thematic research, institutional assessments
		6.5.2	For women and girls			
		6.5.3	For the disabled (SA)			
		6.5.4	For the elderly			
		6.5.5	For other disadvantaged community groups			
6.6	Has OWNP CWA implementation had any negative or unintended consequences for specific equity groups?	6.6.1	Have OWNP CWA cost recovery practices disproportionately affected poorer households? What are the unintended consequences of these? (SA)	<ul style="list-style-type: none"> % cost recovery by TWBs Average monthly HH expenditure on water and sanitation 	Endline	Doc review, HH survey, thematic research, secondary data

ANNEX 3 EVALUATION FRAMEWORK

7	What lessons can be learned about the implementation of the OWNP CWA? What recommendations can be given for subsequent WaSH programming in Ethiopia?	7.1	Could the same results be achieved more cost effectively?	<ul style="list-style-type: none"> • Analysis of structural and implementation costs by region and in similar countries 	Endline	Doc review, stakeholder interviews, secondary data
		7.2	How can effectiveness be improved?	<ul style="list-style-type: none"> • Identified barriers to use of water points and sanitation facilities • Identified barriers to behavior change • Identified barriers to effectiveness through processes and procedures • % increase in functioning rate of water supply systems in rural areas • % of TWU supplying water more than 6 hours a day to all customers 	Endline	Stakeholder interviews, thematic research, institutional assessments, MIS data
		7.3	How can the OWNP CWA build on the programme components showing the most positive impact? (DFID ToRs)	None	Endline	Stakeholder interviews, thematic research, institutional assessments, MIS data, data analysis
		7.4	What lessons can be learned about delivering equitable and inclusive community-based WaSH provision? (SA)	None	Endline	Stakeholder interviews, institutional assessments, thematic research
		7.5	What good practice on provisioning and sustaining WaSH services to underserved and vulnerable groups has been identified, and what evidence is there that these models can be brought to scale? (SA)	None	Endline	Doc review, stakeholder interviews, MIS data, data analysis



Annex 4 – Household Survey Questionnaire

0 SURVEY IDENTIFYING INFORMATION

Questionnaire/Serial Number					
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Interviewer ID					
-----------------------	--	--	--	--	--

Interviewer Name	
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Interviewer Gender:	
Male	1
Female	2

Supervisor Number					
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Date	D	D	/	M	M	/	Y	Y
-------------	---	---	---	---	---	---	---	---

Day of Interview:	
Monday	1
Tuesday	2
Wednesday	3
Thursday	4
Friday	5
Saturday	6
Sunday	7

Language:	

ANNEX 4 HOUSE HOLD SURVEY

Sample type	1 Rural 2 Urban
Region	[REGION LIST SUPPLIED SEPARATELY]
Zone (Rural)	[ZONE LIST SUPPLIED SEPARATELY]
Woreda	[ZONE LIST SUPPLIED SEPARATELY]
Town (Urban)	[ZONE LIST SUPPLIED SEPARATELY]

SSU (starting point)	
School	1
Mosque	2
Market	3
Public place	4
Village leader's house	5
Soccer field	6
Church	7
Other (specify)	9

GPS location (starting point) – Script, but hide variable.	
Latitude	N: _____. _____
Longitude	E/W: _____. _____

Number of Households. How many separate families/groups live in this dwelling structure?		
	#	
One	1	If code 1, continue to household contact attempts
Two or more	2	Tablet will randomly select HH.

HH#	Household Address	Household Contact Outcome			
		Attempt 1	Attempt 2	Attempt 3	Attempt 4
1					
2...					

Household Contact Attempt Outcome Codes	Code	Scripting Action
Household empty (No one at home) (callback required)	1	End interview, save as incomplete
Before respondent selection, a household member (like the head of household) asks interviewer to return later to complete interview (callback required)	2	End interview, save as incomplete
Only child or caretaker at home (callback required)	3	End interview, save as incomplete
Before selecting respondent, a household member refuses (callback NOT required)	12	End interview, save as complete
Uninhabited building, business, offices (callback NOT required)	13	End interview, save as complete
No member of the household speaks the same language as the interviewer (callback NOT required)	14	End interview, save as complete
Vacancy/temporary residence (callback NOT required)	15	End interview, save as complete
Impossible to access house /insecurity (callback NOT required)	16	End interview, save as complete

Improper gender – household does not have necessary respondent gender (callback NOT required)	17	End interview, save as complete
Successful selection (I could select the individual)	30	Continue to random selection

INT	INTERVIEWER SHOULD ASK TO SPEAK TO THE PERSON IN THE HOUSEHOLD WHO DOES MOST OF THE COOKING, CLEANING, MINDING CHILDREN, AND ATTENDING TO SICK PEOPLE. THE INTERVIEW WILL BE CONDUCTED WITH THIS PERSON.
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INTRO AND CONSENT

SAY TO FIRST RESPONDENT:

Hello. My name is _____ and I am working with WAAS, an independent research organisation. We are conducting a national survey on behalf of the Government of Ethiopia about various issues with water and sanitation. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes around 45 minutes to complete.

We are looking to speak to the person in the household who does most of the cooking, cleaning, minding children, and attending to sick people. Is that person at home?

Input Identified Respondent Name:

Input Identified Respondent Age:

Once respondent is identified, complete table below:

HH#	Respondent Contact Outcome		
	Attempt 1	Attempt 2	Attempt 3
1			
2...			

Respondent Contact Attempt Outcome Codes	Code	Scripting Action
Respondent temporarily unavailable (respondent not at home or is sleeping) (callback required)	1	End interview, save as incomplete
Selected respondent or another household member asks interviewer to come back another time (callback required)	2	End interview, save as incomplete
Not eligible (less than 18 years, filter error) (callback NOT required)	12	End interview, save as complete

ANNEX 4 HOUSE HOLD SURVEY

Selected person refused (callback NOT required)	13	End interview, save as complete
Another household member refuses (callback NOT required)	14	End interview, save as complete
Sick/mentally ill/deaf (callback NOT required)	15	End interview, save as complete
Selected person does not speak any interview language (callback NOT required)	16	End interview, save as complete
Selected respondent is absent for a long period of time (callback NOT required)	17	End interview, save as complete
Respondent is too old (callback NOT required)	18	End interview, save as complete
Selected respondent does not feel safe/insecurity (callback NOT required)	19	End interview, save as complete
Incomplete interview (interrupted in the middle) (callback NOT required)	20	End interview, save as complete
Permission given to continue interview	30	Next screen

SAY TO RESPONDENT:

Hello. My name is _____ and I am working with WAAS, an independent research organisation. We are conducting a national survey on behalf of the Government of Ethiopia and international donors about various issues with water and sanitation. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes around 45 minutes to complete.

As part of the survey we would first like to ask some questions about your household. Whatever information you provide will be kept strictly confidential, and will not be shared with anyone other than members of our survey and research team. The results of this survey, which will include data from your household and other households but will not include your name or other identifying information, will be shared with the Government of Ethiopia and international donors to help better plan delivery of water, sanitation and hygiene services in the future.

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope you will participate in the survey since your views are important.

At this time, do you want to ask me anything about the survey?

Q0	May I begin the interview now?	YES	1	CONTINUE
		NO	2	DISCONTINUE SURVEY

Interviewed on..... [Circle One]	
First call	1
Second Call	2
Third Call	3
Fourth Call	4

R.1 Respondent's Name		
R.2 Respondent's Gender	Male	1
	Female	2

Start Time (HH:MM) (24 hr Clock)	
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1 INTERVIEWER OBSERVATION OF HOUSEHOLD

ANNEX 4 HOUSE HOLD SURVEY

INT	INTERVIEWER TO OBSERVE AND RECORD THE CHARACTERISTICS OF THE HOUSE ON ENTRY.			
1.1	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR MUD/EARTH/SAND DUNG RUDIMENTARY FLOOR WOOD PLANKS PALM/BAMBOO/REED FINISHED FLOOR PARQUET OR POLISHED WOOD VINYL OR ASPHALT STRIPS CERAMIC TILES CEMENT CARPET OTHER (SPECIFY) _____	11 12 21 22 31 32 33 34 35 96	
1.2	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF THATCH/LEAF/MUD RUDIMENTARY ROOFING MAT / PLASTIC SHEETS REED/BAMBOO WOOD PLANKS CARDBOARD FINISHED ROOFING CORRUGATED IRON / METAL WOOD ASBESTOS/CEMENT FIBER CEMENT/CONCRETE ROOFING SHINGLES OTHER (SPECIFY) _____	11 12 21 22 23 24 31 32 33 34 35 96	
1.3	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NATURAL WALLS NO WALLS CANE/TRUNKS/BAMBOO/REED DIRT RUDIMENTARY WALLS BAMBOO/WOOD WITH MUD STONE WITH MUD	11 12 13 21 22	

	UNCOVERED ADOBE	23
	PLYWOOD	24
	CARDBOARD	25
	REUSED WOOD	26
	FINISHED WALLS	
	CEMENT	31
	STONE WITH LIME/CEMENT	32
	BRICKS	33
	CEMENT BLOCKS	34
	COVERED ADOBE	35
	WOOD PLANKS / SHINGLES	36
	OTHER (SPECIFY) _____	96

2 DEMOGRAPHIC INFO

INT	<p>INTERVIEWER SAYS: I'd like to begin by asking some basic questions about the people living in your household.</p> <p>INTERVIEWER RECORDS DETAILS OF ALL PERSONS WHO USUALLY LIVE IN THE HOUSEHOLD AND INDICATES WHICH IS THE RESPONDENT.</p>
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					IF AGE 18 OR OLDER	
Q2.1	Could you please give me the first names of the persons who usually live in your household, starting with the head of the household. Please also include yourself in this list.	What is the relationship of (NAME) to the head of the household?	Is (NAME) male or female?	How old is (NAME)? [ACCEPT 0 – 99]	What is (NAME)'s current marital status?	DO NOT ASK, INTERVIEWER CODE Is this person the respondent?
(1)		<input type="text" value="0"/> <input type="text" value="1"/>	M F 1 2	IN YEARS <input type="text"/> <input type="text"/>	<input type="text"/>	1 Yes 2 No
(2)		<input type="text"/> <input type="text"/>	M F 1 2	IN YEARS <input type="text"/>	<input type="text"/>	

ANNEX 4 HOUSE HOLD SURVEY

(3)		<input type="text"/>	M F 1 2	IN YEARS <input type="text"/>	<input type="text"/>	
(4)		<input type="text"/>	M F 1 2	IN YEARS <input type="text"/>	<input type="text"/>	
(5)		<input type="text"/>	M F 1 2	IN YEARS <input type="text"/>	<input type="text"/>	
(6)		<input type="text"/>	M F 1 2	IN YEARS <input type="text"/>	<input type="text"/>	
(7)		<input type="text"/>	M F 1 2	IN YEARS <input type="text"/>	<input type="text"/>	
(8)		<input type="text"/>	M F 1 2	IN YEARS <input type="text"/>	<input type="text"/>	
(9)		<input type="text"/>	M F 1 2	IN YEARS <input type="text"/>	<input type="text"/>	
(10)		<input type="text"/>	M F 1 2	IN YEARS <input type="text"/>	<input type="text"/>	
	Write total number of household members if more than 10					<input type="text"/>

CODES FOR RELATIONSHIP TO HEAD OF HOUSEHOLD 01 = HEAD 02 = WIFE OR HUSBAND 03 = SON OR DAUGHTER 04 = SON-IN-LAW OR DAUGHTER-IN-LAW 05 = GRANDCHILD 06 = PARENT 07 = PARENT-IN-LAW 08 = BROTHER OR SISTER 09 = NIECE/NEPHEW 10 = OTHER RELATIVE 11= ADOPTED/FOSTER/ STEPCHILD 12 = NOT RELATED 98 = DON'T KNOW 99 = REFUSED

CODES FOR MARITAL STATUS 01 = NEVER MARRIED 02 = MARRIED 03 = DIVORCED 04 = SEPARATED 05 = WIDOWED 06 = LIVING TOGETHER/COHABITING

ANNEX 4 HOUSE HOLD SURVEY

INT	INTERVIEWER SAYS: Now I am going to ask you a few questions about the head of this household, (NAME).			
2.2	What is (NAME's) religion?	ORTHODOX PROTESTANT CATHOLIC MUSLIM/ISLAM TRADITIONALIST OTHER (SPECIFY) REFUSED	1 2 3 4 5 95 99	
2.3	What is (NAME's) mother tongue? RECORD THE MAJOR LANGUAGE GROUP	AFFAN OROMO AMHARIC SOMALI TIGRINYA SIDAMA OTHER (SPECIFY) REFUSED	1 2 3 4 5 95 99	
2.4	What is (NAME's) ethnic group?	OROMO AMHARA SOMALI TIGRE SIDAMA OTHER (SPECIFY) REFUSED	1 2 3 4 5 95 99	
2.5	Does (NAME) have any difficulties seeing, hearing, speaking, standing, walking, sitting, with body movement, non-functional upper and lower limbs, mental problems, or other mental or physical damage?	YES NO REFUSED	1 2 99	GO TO Q2.6 GO TO Q2.7
2.6	What is (NAME's) main type of difficulty or problem?	BLIND SEEING DIFFICULTY DEAF HEARING DIFFICULTY UNABLE TO SPEAK	1 2 3 4 5	

ANNEX 4 HOUSE HOLD SURVEY

		SPEAKING DIFFICULTY	6	
		DEAF AND UNABLE TO SPEAK	7	
		NON FUNCTIONAL UPPER LIMBS	8	
		NON FUNCTIONAL LOWER LIMBS	9	
		BODY MOVEMENT PROBLEM	10	
		LEARNING DIFFICULTIES	11	
		MENTAL PROBLEM	12	
		OTHER (SPECIFY):	95	
		REFUSED	99	
2.7	Can (NAME) read and write? IF NOT SURE, CLARIFY: Can (NAME) read and write a letter to someone in any language?	YES	1	
		NO	2	
		DON'T KNOW	98	
		REFUSED	99	
2.8	What is the highest grade (NAME) has completed?	PRIMARY (GRADES 1-8)	1	
		SECONDARY (GRADES 9-12)	2	
		TECHNICAL / VOCATIONAL	3	
		HIGHER / DEGREE	4	
		NONE / NO FORMAL EDUCATION	5	
		DON'T KNOW	98	
		REFUSED	99	
2.9	Has (NAME) been engaged in productive activity for at least 4 hours during the last 7 days? This activity can include work for payment or family gain, for profit, or for household consumption. It doesn't include people who are students, in training, or retired.	YES	1	
		NO	2	
		DON'T KNOW	98	
		REFUSED	99	
2.10	Was (NAME) engaged in productive activity	YES	1	GO TO Q2.12
		NO	2	GO TO Q2.11

ANNEX 4 HOUSE HOLD SURVEY

	during most of the last 12 months?	DON'T KNOW REFUSED	98 99	GO TO SECTION 3
2.11	What was the main reason why (NAME) was not engaged in productive activity?	STUDENT/TRAINING HOMEMAKING DISABLED INJURY/ILLNESS TOO YOUNG OLD AGE/PENSIONER/RETIRED BEGGING OTHER (SPECIFY) DON'T KNOW REFUSED	1 2 3 4 5 6 7 95 98 99	FOR ANY RESPONSE, GO TO SECTION 3
2.12	What was (NAME's) employment status in the main job?	EMPLOYEE – GOV'T EMPLOYEE – GOV'T PARASTATAL EMPLOYEE – PRIVATE ORG EMPLOYEE – NGO / INT'L ORG EMPLOYEE – DOMESTIC EMPLOYEE – OTHERS SELF-EMPLOYED UNPAID FAMILY WORKER APPRENTICE MEMBER OF COOPERATIVE EMPLOYER OTHER (SPECIFY): DON'T KNOW REFUSED	1 2 3 4 5 6 7 8 9 10 11 95 98 99	
2.12	What sector was this job in?	AGRICULTURE BUSINESS/TRADING MANUAL LABOUR (SKILLED & UNSKILLED) CLERICAL/PROFESSIONAL DOMESTIC LABOUR (PAID & UNPAID) DON'T KNOW REFUSED	1 2 3 4 5 98 99	

3 EDUCATION AND ENROLMENT

INT	IF ANY HOUSEHOLD MEMBERS ARE MALES AGED 5-18, RANDOMLY SELECT ONE FROM THOSE LISTED IN Q2.1. INTERVIEWER SAYS: Now I am going to ask you a few questions about the children in this household and whether they go to school. First, let's talk about (NAME). OTHERWISE, MOVE TO Q 3.9.			
3.1	RECORD ROW NUMBER FROM Q2.1 LIST OF HOUSEHOLD MEMBERS FOR CHILD SELECTED NOTE FOR INTERVIEWER: CONFIRM THAT AGE GIVEN IN DEMOGRAPHIC MODULE IS CORRECT.			
3.2	Is (NAME) currently attending school?	YES NO DON'T KNOW REFUSED	1 2 98 99	GO TO Q3.3 GO TO Q3.7 GO TO Q3.7 GO TO Q3.7
3.3	Which grade is (NAME) attending?	Grades 1-12 <input type="text"/> <input type="text"/> DON'T KNOW REFUSED	1-12 98 99	
3.4	Who runs the school?	GOVERNMENT MISSION/RELIGIOUS WITH FEE MISSION/RELIGIOUS FREE / NO FEE PRIVATE COMMUNITY INTERNATIONAL COMMUNITY OTHER DON'T KNOW REFUSED	1 2 3 4 5 6 7 95 98 99	
3.5	Was (NAME) absent for more than one week in the last month that school was open?	YES NO DON'T KNOW REFUSED	1 2 98 99	GO TO 3.6 GO TO 3.9
3.6	What are the reasons for being absent from school?	SCHOOL IS TOO FAR AWAY CHILD IS NEEDED FOR DOMESTIC CHORES E.G. FETCHING WATER,	1 2 3	

ANNEX 4 HOUSE HOLD SURVEY

	DO NOT PROMPT, TICK ALL THAT APPLY	FIREWOOD, COOKING ETC. CHILD IS NEEDED FOR WORKING E.G. LIVESTOCK HERDING, OTHER FAMILY BUSINESS SICKNESS COST NO INTEREST / NO VALUE TO EDUCATION JOURNEY TO SCHOOL IS UNSAFE OTHER (SPECIFY) DON'T KNOW REFUSED	4 5 6 7 95 98 99	
3.7	IF 3.2 = 1 (YES) DO NOT ASK 3.7 OR 3.8 Has (NAME) ever attended school or formal education?	YES NO DON'T KNOW REFUSED	1 2 98 99	GO TO Q3.8 GO TO Q3.9
3.8	What is the highest grade (NAME) completed?	Grades 1-12 <input type="text"/> <input type="text"/> DON'T KNOW REFUSED	1-12 98 99	

INT	IF ANY HOUSEHOLD MEMBERS ARE FEMALES AGED 5-18, RANDOMLY SELECT ONE FROM THOSE LISTED IN Q2.1. INTERVIEWER SAYS: Now, I'd like to talk about (NAME). OTHERWISE, MOVE TO SECTION 4.
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3.9	RECORD ROW NUMBER FROM Q2.1 LIST OF HOUSEHOLD MEMBERS FOR CHILD SELECTED NOTE FOR INTERVIEWER: CONFIRM THAT AGE GIVEN IN DEMOGRAPHIC MODULE IS CORRECT.		
3.10	Is (NAME) currently attending school? YES NO DON'T KNOW REFUSED	1 2 98 99	GO TO Q3.11 GO TO Q3.15
3.11	Which grade is (NAME) attending?	Grades 1-12 <input type="text"/> <input type="text"/> 98	1-12 98

ANNEX 4 HOUSE HOLD SURVEY

		DON'T KNOW REFUSED	99	
3.12	Who runs the school?	GOVERNMENT MISSION/RELIGIOUS WITH FEE MISSION/RELIGIOUS FREE / NO FEE PRIVATE COMMUNITY INTERNATIONAL COMMUNITY OTHER DON'T KNOW REFUSED	1 2 3 4 5 6 7 95 98 99	
3.13	Was (NAME) absent for more than one week in the last month that school was open?	YES NO DON'T KNOW REFUSED	1 2 98 99	GO TO SECTION 4
3.14	What are the reasons for being absent from school? DO NOT PROMPT, TICK ALL THAT APPLY	SCHOOL IS TOO FAR AWAY CHILD IS NEEDED FOR DOMESTIC CHORES E.G. FETCHING WATER, FIREWOOD, COOKING ETC. CHILD IS NEEDED FOR WORKING E.G. LIVESTOCK HERDING, OTHER FAMILY BUSINESS SICKNESS COST NO INTEREST / NO VALUE TO EDUCATION JOURNEY TO SCHOOL IS UNSAFE OTHER (SPECIFY) DON'T KNOW REFUSED	1 2 3 4 5 6 7 95 98 99	
	If 3.10 = 1 (YES) DO NOT ASK 3.15 OR 3.16			

ANNEX 4 HOUSE HOLD SURVEY

3.15	Has (NAME) ever attended school or formal education?	YES NO DON'T KNOW REFUSED	1 2 98 99	GO TO Q3.16 GO TO SECTION 4 GO TO SECTION 4 GO TO SECTION 4
3.16	What is the highest grade (NAME) completed?	Grades 1-12 <input type="text"/> <input type="text"/> DON'T KNOW REFUSED	1-12 98 99	

4 SOCIO-ECONOMIC CHARACTERISTICS

4.1	Does your household have any of the following... READ OUT, TICK ALL THAT APPLY	ELECTRICITY	1	
		WATCH/CLOCK	2	
		RADIO	3	
		TELEVISION	4	
		MOBILE TELEPHONE	5	
		NON-MOBILE TELEPHONE	6	
		REFRIGERATOR	7	
		TABLE	8	
		CHAIR	9	
		BED WITH A COTTON/SPONGE/SPRING MATTRESS	10	
		ELECTRIC MITAD	11	
		KEROSENE LAMP/PRESSURE	12	
		D/K	98	
		REFUSED	99	

ANNEX 4 HOUSE HOLD SURVEY

4.13	What type of fuel does your household mainly use for cooking?	ELECTRICITY LPG (LIQUID PETROLEUM GAS) NATURAL GAS BIOGAS KEROSENE CHARCOAL WOOD STRAW/SHRUBS/GRASS AGRICULTURAL CROP ANIMAL DUNG NO FOOD COOKED IN HOUSEHOLD OTHER (SPECIFY) DON'T KNOW REFUSED	1 2 3 4 5 6 7 8 9 10 11 96 98 99	
4.14	Does any member of this household own a:	BICYCLE	1 = YES 2 = NO 98=D/K 99=REF	
4.15	Does any member of this household own a:	MOTORCYCLE/SCOOTER	1 = YES 2 = NO 98=D/K 99=REF	
4.16	Does any member of this household own an:	ANIMAL-DRAWN CART	1 = YES 2 = NO 98=D/K 99=REF	
4.17	Does any member of this household own a:	CAR/TRUCK	1 = YES 2 = NO 98=D/K 99=REF	

ANNEX 4 HOUSE HOLD SURVEY

4.18	Does any member of this household own any agricultural land?	YES NO		1 = YES 2 = NO 98=D/K 99=REF	GO TO Q4.21 GO TO Q4.22
4.19	How many Hectars of agricultural land do members of this household own?	Hectars DON'T KNOW REFUSED	<input type="text"/> <input type="text"/>	00-99 998 999	
4.20	Does this household own any livestock, herds, other farm animals, or poultry?	YES NO DON'T KNOW REFUSED		1 2 98 99	GO TO Q4.21 GO TO Q4.28
4.21 4.22 4.23 4.24 4.25 4.26 4.27	How many of the following animals does this household own?	COWS/BULLS/OXEN Horses/donkeys/mules CAMELS GOATS SHEEP CHICKENS BEEHIVES DON'T KNOW REFUSED	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	IF NONE, ENTER '00' IF MORE THAN 95, ENTER '95' 98 99	
4.28	Does any member of this household have a bank or microfinance saving account?	YES NO DON'T KNOW REFUSED		1 2 98 99	
4.29	Does this household employ a domestic servant?	YES NO DON'T KNOW REFUSED		1 2 98 99	

ENUMERATOR VERIFICATION

ENUMERATOR OBSERVATION OF WATSAN INFRASTRUCTURE

INT	INTERVIEWER SAYS: Now I am going to ask you to show me some things around your house related to water and sanitation. Can we proceed? IF YES , CARRY ON WITH SECTION 5. IF NO , GO TO SECTION 6.			
5.1	Please show me where members of your household most often wash their hands. INTERVIEWER: RECORD WHETHER OR NOT RESPONDENT ALLOWS YOU TO OBSERVE WHERE HANDS ARE WASHED	OBSERVED NOT OBSERVED: NOT IN DWELLING/YARD/PLOT NO PERMISSION TO SEE OTHER REASON NOT OBSERVED	1 2 3 4	GO TO Q5.2 GO TO Q5.4 GO TO Q5.4 GO TO Q5.4
5.2	OBSERVATION ONLY: OBSERVE PRESENCE OF WATER AT THE SPECIFIC PLACE FOR HANDWASHING.	WATER IS AVAILABLE WATER IS NOT AVAILABLE	1 2	
5.3	OBSERVATION ONLY: OBSERVE PRESENCE OF SOAP	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) ASH, MUD, SAND NONE	1 2 3	
5.4	Do you store your drinking water in a container?	YES NO DON'T KNOW REFUSED	1 2 98 99	GO TO Q5.9 GO TO Q5.7.1 GO TO Q5.7.1 GO TO Q5.7.1
5.9	Please show me where you store your drinking water. DO NOT ASK; ENUMERATOR RECORDS RESPONSE TO ENUMERATOR: WAS WATER STORAGE OBSERVED?	YES NO, NO PERMISSION GIVEN NO, TOO FAR AWAY	1 2 3	

ANNEX 4 HOUSE HOLD SURVEY

5.5	IF POSSIBLE, OBSERVE AND NOTE THE TYPE OF WATER STORAGE IF NOT POSSIBLE, ASK: Could you tell me how your drinking water is stored?	COVERED, ACCESSED BY POURING / TAP COVERED, ACCESSED BY DIPPING UNCOVERED, ACCESSED BY POURING / TAP UNCOVERED, ACCESSED BY DIPPING DON'T KNOW REFUSED	1 2 3 4 98 99	
5.7.1	Do you do anything to your water to make it safer to drink?	YES NO DON'T KNOW REFUSED	1 2 98 99	GO TO 5.7.2 GO TO 5.9 GO TO 5.9 GO TO 5.9
5.7.2	What do you usually do to make the water safer to drink?	BOIL ADD BLEACH/CHLORINE STRAIN THROUGH A CLOTH USE WATER FILTER (CERAMIC/ SAND/ COMPOSITE/ ETC.) SOLAR DISINFECTION LET IT STAND AND SETTLE OTHER (SPECIFY) DON'T KNOW REFUSED	1 2 3 4 5 6 96 98 99	

5.9	ASK TO OBSERVE THE TOILET FACILITY DO NOT ASK; ENUMERATOR RECORDS RESPONSE TO ENUMERATOR: WAS TOILET OBSERVED?	YES NO, NO PERMISSION GIVEN NO, TOO FAR AWAY	1 2 3	
5.8	What kind of toilet facility do members of your household usually use? CIRCLE THE APPROPRIATE CODE.	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM FLUSH TO SEPTIC TANK FLUSH TO PIT LATRINE FLUSH TO SOMEWHERE ELSE	11 12 13 14 15	

		FLUSH, DON'T KNOW WHERE PIT LATRINE VENTILATED IMPROVED PIT (VIP) 21 PIT LATRINE WITH SLAB 22 PIT LATRINE W/O SLAB (OPEN PIT) 31 COMPOSTING TOILET 41 BUCKET TOILET 51 HANGING TOILET/LATRINE 61 NO FACILITY/BUSH/FIELD 96 OTHER (SPECIFY)		SKIP TO SECTION 6
5.10	Where is this toilet facility located? ASK OR OBSERVE	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3 DON'T KNOW 98 REFUSED 99		
5.11	How many years ago was this toilet facility built? ESTIMATE IS OK	YEARS <input type="text"/> <input type="text"/> DON'T KNOW REFUSED	0-97 98 99	
5.12	Do you share this toilet facility with other households?	YES NO DON'T KNOW REFUSED	1 2 98 99	GO TO Q5.13 GO TO Q5.14 GO TO Q5.14 GO TO Q5.14
5.13	How many households use this toilet facility including yours?	IF LESS THAN 10: <input type="text"/> <input type="text"/> 10 OR MORE DON'T KNOW REFUSED	00- 09 95 98 99	
5.14	Did your household contribute anything to building or paying for this toilet? CHOOSE ALL THAT APPLY OR 'DID NOT CONTRIBUTE'	CONTRIBUTED CASH CONTRIBUTED MATERIALS CONTRIBUTED LABOUR DID NOT CONTRIBUTE DON'T KNOW REFUSED	1 2 3 4 98 99	
5.15	And did any other individual or organization contribute	FAMILY (OUTSIDE HH)	1	

ANNEX 4 HOUSE HOLD SURVEY

	anything to building or paying for this toilet? CHOOSE ALL THAT APPLY OR 'NO OTHER CONTRIBUTIONS'	NEIGHBOURS OTHER COMMUNITY NGOS / CSOS GOVERNMENT NO OTHER CONTRIBUTIONS DON'T KNOW REFUSED	2 3 4 5 6 98 99	
INT	IF TOILET IS 'IMPROVED' (Q5.8 RESPONSES 11 12, 21, 22, OR 31), GO TO Q5.16, ELSE, GO TO SECTION 6			
5.16	Did your household contribute anything to improving this toilet? CHOOSE ALL THAT APPLY OR 'DID NOT CONTRIBUTE'	CONTRIBUTED CASH CONTRIBUTED MATERIALS CONTRIBUTED LABOUR DID NOT CONTRIBUTE DON'T KNOW REFUSED	1 2 3 4 98 99	
5.17	And did any other individual or organization contribute anything to building or paying for this toilet? CHOOSE ALL THAT APPLY OR 'NO OTHER CONTRIBUTIONS'	FAMILY (OUTSIDE HH) NEIGHBOURS OTHER COMMUNITY NGOS / CSOS GOVERNMENT NO OTHER CONTRIBUTIONS DON'T KNOW REFUSED	1 2 3 4 5 6 98 99	

6 MAIN SOURCES OF DRINKING WATER

INT	<p>FIND A PLACE TO CONTINUE THE ORAL INTERVIEW.</p> <p>INTERVIEWER SAYS: Thank you. Now I am going to ask you some questions on where you get your water. If someone other than you usually fetches the water and they are here, then they may join us or you may ask them if you are unsure of some questions.</p>
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DRY SEASON MAIN WATER POINT

INT	INTERVIEWER SAYS: These following questions relate to the dry season.		
6.1	In the dry season, what is the main source of drinking water for the household?	<p>PIPED WATER</p> <p> PIPED INTO DWELLING 11 GO TO 6.5</p> <p> PIPED TO YARD/PLOT 12 GO TO 6.5</p> <p> PUBLIC TAP/STANDPIPE 13</p> <p>BOREHOLE 21</p> <p>DUG WELL</p> <p> PROTECTED WELL 31</p> <p> UNPROTECTED WELL 32</p> <p>WATER FROM SPRING</p> <p> PROTECTED SPRING 41</p> <p> UNPROTECTED SPRING 42</p> <p>RAINWATER 51</p> <p>TANKER TRUCK 61</p> <p>CART WITH SMALL TANK 71</p> <p>SURFACE WATER</p> <p> RIVER/LAKE/POND/STREAM/DAM 81</p> <p>BOTTLED WATER 91 GO TO 6.28</p> <p>OTHER (SPECIFY) 95</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>	

6.2	How long does it take to go there, get water, and come back?	Hours		Minutes	Minutes	0-997
			:			
		DON'T KNOW				
REFUSED					999	
6.3	For how many years have you been using this water point?	YEARS				0-97

ANNEX 4 HOUSE HOLD SURVEY

		DON'T KNOW	98
		REFUSED	99

6.4	Who usually goes to this source to fetch the water for your household?	HEAD OF HOUSEHOLD	1	
		SPOUSE OF HEAD OF HOUSEHOLD	2	
		OTHER ADULT WOMAN	3	
		OTHER ADULT MAN	4	
		FEMALE CHILD UNDER 15 YEARS	5	
		MALE CHILD UNDER 15 YEARS	6	
		OTHER (SPECIFY)	7	
		DON'T KNOW	95	
		REFUSED	98	
6.5	How safe do you feel to drink the water from this water point?	VERY SAFE	98	
		SAFE	99	
		UNSAFE	1	
		VERY UNSAFE	2	
		DON'T KNOW	3	
		REFUSED	4	
6.56	What is the appearance of the water from the water point?	ALWAYS CLEAR	1	
		MOSTLY CLEAR	2	
		MOSTLY TURBID	3	
		ALWAYS TURBID	4	
		DON'T KNOW	98	
		REFUSED	99	

ANNEX 4 HOUSE HOLD SURVEY

6.7	Is the water free from visible particles?	ALWAYS MOSTLY SOMETIMES NEVER DON'T KNOW REFUSED	1 2 3 4 98 99	
6.8	What is the colour of the water?	CLEAR YELLOWISH BROWNISH REDDISH OTHER COLOUR DON'T KNOW REFUSED	1 2 3 4 5 98 99	
6.9	What is the odour of the water?	NO SMELL FOUL SMELLING DON'T KNOW REFUSED	1 2 98 99	
6.10	How would you rate the taste of the water from this water point?	EXCELLENT GOOD BAD TERRIBLE DON'T KNOW REFUSED	1 2 3 4 98 99	
6.11	Is the water salty?	YES NO DON'T KNOW REFUSED	1 2 98 99	

DRY SEASON MAIN WATER POINT FUNCTIONALITY

INT	INTERVIEWER SAYS: Still thinking about the main source of drinking water for your household in the dry season...
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6.12	If you or someone in your household visited in the last month, was this water point functional the last time you visited?	YES NO NO VISITS IN LAST MONTH REFUSED	1 2 3 99	
6.13	How many hours in a day is water usually available from this water point?	Hours <input type="text"/> <input type="text"/> DON'T KNOW REFUSED	0-24 98 99	
6.14	How many days in a month is water usually available from this water point?	Days <input type="text"/> <input type="text"/> DON'T KNOW REFUSED	0-30 98 99	
6.15	How many months in a year is water usually available from this water point?	Months <input type="text"/> <input type="text"/> DON'T KNOW REFUSED	0-12 98 99	
6.16	How would you rate the overall availability of water from this water point?	MORE THAN ADEQUATE ADEQUATE SOME SCARCITY SEVERE SCARCITY DON'T KNOW REFUSED	1 2 3 4 98 99	

DRY SEASON MAIN WATER POINT COST

6.17	Who owns this water point?	OWN HOUSEHOLD OTHER HOUSEHOLD PUBLIC WATER POINT DON'T KNOW REFUSED	1 2 3 98 99	
6.18	Did you contribute any cash or materials, including manual labour, to the	CASH OTHER MATERIALS LABOUR	1 2 3	

ANNEX 4 HOUSE HOLD SURVEY

	construction of this water point? CHOOSE ALL THAT APPLY OR 'DID NOT CONTRIBUTE'	DID NOT CONTRIBUTE DON'T KNOW REFUSED	4 98 99	
6.19	Do you pay anything for the water from this water point?	YES NO DON'T KNOW REFUSED	1 2 98 99	GO TO Q6.20 GO TO Q6.24
6.20	Whom do you pay for water?	LOCAL GOVERNMENT UTILITY COMPANY PRIVATE PROVIDERS / TANKER NEIGHBOURS WATER USER ASSOCIATION / COMMITTEE OTHER (SPECIFY) DON'T KNOW REFUSED	1 2 3 4 5 95 98 99	
6.21	How often do you pay for water?	DAILY WEEKLY MONTHLY QUARTERLY BIANNUALLY YEARLY OTHER (SPECIFY) DON'T KNOW REFUSED	1 2 3 4 5 6 95 98 99	
6.22	How much do you usually pay for water in this interval?	Ethiopian Birr <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW REFUSED	0-9999 99998 99999	
6.23	How would you rate the cost of the water for your household?	VERY CHEAP SOMEWHAT CHEAP SOMEWHAT EXPENSIVE VERY EXPENSIVE DON'T KNOW REFUSED	1 2 3 4 98 99	

DRY SEASON MAIN WATER POINT O&M

6.24	When was the last time any operations or maintenance work was carried out on your main dry season water point?	Within the past month	1	GO TO 6.25
		Within the past 2 to 3 months	2	
		Within last 4-6 months	3	
		Within last 6-12 months	4	
		More than a year ago	5	
		DON'T KNOW	98	GO TO 6.26
		REFUSED	99	

6.25	Who carried out the most recent operation and maintenance work on your main dry season water point?	Local Government	1	
		NGO	2	
		Private sector company	3	
		Community members	4	
		Other SPECIFY	5	
		DON'T KNOW	98	
		REFUSED	99	

6.26	Would you know who to contact if there was a problem with your main dry season water point?	Yes	1	GO TO 6.28
		No	2	
		REFUSED	99	GO TO 6.28

6.27	Who would you contact?	WRITE IN
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ANNEX 4 HOUSE HOLD SURVEY

6.31	For how many years have you been using this water point ?	YEARS DON'T KNOW REFUSED	<input type="text"/> <input type="text"/>	0-97 98 99	
6.32	Who usually goes to this source to fetch the water for your household?	ADULT WOMAN ADULT MAN FEMALE CHILD UNDER 15 YEARS MALE CHILD UNDER 15 YEARS OTHER (SPECIFY) DON'T KNOW REFUSED		1 2 3 4 95 98 99	
6.33	How safe do you feel to drink the water from this water point?	VERY SAFE SAFE UNSAFE VERY UNSAFE DON'T KNOW REFUSED		1 2 3 4 98 99	
6.34	What is the appearance of the water from the water point?	ALWAYS CLEAR MOSTLY CLEAR MOSTLY TURBID ALWAYS TURBID DON'T KNOW REFUSED		1 2 3 4 98 99	
6.35	Is the water free from visible particles?	ALWAYS MOSTLY SOMETIMES NEVER DON'T KNOW REFUSED		1 2 3 4 98 99	
6.36	What is the colour of the water?	CLEAR YELLOWISH BROWNISH REDDISH OTHER COLOUR DON'T KNOW REFUSED		1 2 3 4 5 98 99	

ANNEX 4 HOUSE HOLD SURVEY

6.37	What is the odour of the water?	NO SMELL FOUL SMELLING DON'T KNOW REFUSED	1 2 98 99	
6.38	How would you rate the taste of the water from this water point?	EXCELLENT GOOD BAD TERRIBLE DON'T KNOW REFUSED	1 2 3 4 98 99	
6.39	Is the water salty?	YES NO DON'T KNOW REFUSED	1 2 98 99	

RAINY SEASON WATER POINT FUNCTIONALITY

INT	INTERVIEWER SAYS: Still thinking about the main source of drinking water for your household in the rainy season...
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6.40	If you or someone from your household visited in the last month, was this water point functional the last time you visited?	YES NO NO VISITS IN LAST MONTH REFUSED	1 2 3 99	
6.41	How many hours in a day is water usually available from this water point?	Hours <input type="text"/> <input type="text"/> DON'T KNOW REFUSED	0-24 98 99	
6.42	How many days in a month is water usually available from this water point?	Days <input type="text"/> <input type="text"/> DON'T KNOW REFUSED	0-30 98 99	
6.43	How many months in a year is water usually available from this water point?	Months <input type="text"/> <input type="text"/> DON'T KNOW REFUSED	0-12 98 99	

ANNEX 4 HOUSE HOLD SURVEY

6.44	How would you rate the overall availability of water from this water point?	MORE THAN ADEQUATE	1	
		ADEQUATE	2	
		SOME SCARCITY	3	
		SEVERE SCARCITY	4	
		DON'T KNOW	98	
		REFUSED	99	

RAINY SEASON WATER POINT COST

6.45	Who owns this water point?	OWN HOUSEHOLD	1	
		OTHER HOUSEHOLD	2	
		PUBLIC WATER POINT	3	
		DON'T KNOW	98	
		REFUSED	99	
6.46	Did you contribute any cash or materials, including manual labour, to the construction of this water point? CHOOSE ALL THAT APPLY OR 'DID NOT CONTRIBUTE'	CASH	1	
		OTHER MATERIALS	2	
		LABOUR	3	
		DID NOT CONTRIBUTE	4	
		DON'T KNOW	98	
6.47	Do you pay anything for the water from this water point?	YES	1	GO TO 6.48
		NO	2	GO TO SECTION 7
		DON'T KNOW	98	
		REFUSED	99	
6.48	Whom do you pay for water?	LOCAL GOVERNMENT	1	
		UTILITY COMPANY	2	
		PRIVATE PROVIDERS / TANKER	3	
		NEIGHBOURS	4	
		WATER USER ASSOCIATION / COMMITTEE	5	
		OTHER (SPECIFY)	95	
		DON'T KNOW	98	
		REFUSED	99	

6.49	How often do you pay for water?	DAILY WEEKLY MONTHLY QUARTERLY BIANNUALLY YEARLY OTHER (SPECIFY) DON'T KNOW REFUSED	1 2 3 4 5 6 95 98 99	
6.50	How much do you usually pay for water in this interval?	Ethiopian Birr <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW REFUSED	0-9999 99998 99999	
6.51	How would you rate the cost of the water for your household?	VERY CHEAP SOMEWHAT CHEAP SOMEWHAT EXPENSIVE VERY EXPENSIVE DON'T KNOW REFUSED	1 2 3 4 98 99	

7 MAIN SOURCES OF WATER FOR WASHING AND COOKING

INT	INTERVIEWER SAYS: Now I am going to ask you about the main source of water for washing and cooking. To begin with, we will talk about the main source of water for washing and cooking in the dry season.
-----	---

7.1	In the dry season, is this the source of water you use for washing and cooking the same as you use for drinking water, which you told me about before? ENUMERATOR TO CHECK IF	YES NO DON'T KNOW REFUSED	1 2 98 99	GO TO SECTION NEW GO TO Q7.2
-----	--	--	------------------------	-------------------------------------

ANNEX 4 HOUSE HOLD SURVEY

	SOURCE LISTED IN 7.1 MATCHES THAT LISTED IN 6.1																			
7.2	In the dry season, what is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING PIPED TO YARD/PLOT PUBLIC TAP/STANDPIPE BOREHOLE DUG WELL PROTECTED WELL UNPROTECTED WELL WATER FROM SPRING PROTECTED SPRING UNPROTECTED SPRING RAINWATER TANKER TRUCK CART WITH SMALL TANK SURFACE WATER RIVER/LAKE/POND/STREAM/DAM BOTTLED WATER OTHER (SPECIFY) DON'T KNOW REFUSED	11 12 13 21 31 32 41 42 51 61 71 81 91 96 98 99	11/12 OR 96 = GO TO SECTION NEW																
7.3	Where is that source located?	IN OWN DWELLING IN OWN YARD/PLOT ELSEWHERE DON'T KNOW REFUSED	1 2 3 98 99																	
7.4	How long does it take to go there, get water, and come back?	<table border="1"> <tr> <td>Hours</td> <td></td> <td>Minutes</td> <td>Minutes</td> </tr> <tr> <td></td> <td>::</td> <td></td> <td></td> </tr> </table> DON'T KNOW <table border="1"> <tr> <td>Hours</td> <td></td> <td>Minutes</td> <td>Minutes</td> </tr> <tr> <td></td> <td>::</td> <td></td> <td></td> </tr> </table> DON'T KNOW REFUSED	Hours		Minutes	Minutes		::			Hours		Minutes	Minutes		::			998 999	
Hours		Minutes	Minutes																	
	::																			
Hours		Minutes	Minutes																	
	::																			

SECTION NEW

INT	INTERVIEWER SAYS: Still thinking about your main source of water for washing and cooking. Can we talk about the main source of water for washing and cooking in the rainy season.
-----	--

NEW.1	In the rainy season, is this the source of water you use for washing and cooking the same as you use for drinking water, which you told me about before? ENUMERATOR TO CHECK IF SOURCE LISTED IN 7.1 MATCHES THAT LISTED IN 6.1	YES	1	GO TO SECTION 8
		NO	2	GO TO QNEW.2
		DON'T KNOW	98	
		REFUSED	99	
NEW.2	In the rainy season, what is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING PIPED TO YARD/PLOT PUBLIC TAP/STANDPIPE BOREHOLE DUG WELL PROTECTED WELL UNPROTECTED WELL WATER FROM SPRING PROTECTED SPRING UNPROTECTED SPRING RAINWATER TANKER TRUCK CART WITH SMALL TANK SURFACE WATER RIVER/LAKE/POND/STREAM/DAM BOTTLED WATER OTHER (SPECIFY) DON'T KNOW	11 12 13 21 31 32 41 42 51 61 71 81 91 96 98	11/12 OR 96 = GO TO SECTION 8

ANNEX 4 HOUSE HOLD SURVEY

		REFUSED	99																	
NEW.3	Where is that source located?	IN OWN DWELLING IN OWN YARD/PLOT ELSEWHERE DON'T KNOW REFUSED	1 2 3 98 99																	
NEW.4	How long does it take to go there, get water, and come back?	<table border="1"> <tr> <td>Hours</td> <td></td> <td>Minutes</td> <td>Minutes</td> </tr> <tr> <td></td> <td>::</td> <td></td> <td></td> </tr> </table> <p>DON'T KNOW</p> <table border="1"> <tr> <td>Hours</td> <td></td> <td>Minutes</td> <td>Minutes</td> </tr> <tr> <td></td> <td>::</td> <td></td> <td></td> </tr> </table> <p>DON'T KNOW REFUSED</p>	Hours		Minutes	Minutes		::			Hours		Minutes	Minutes		::			998 999	
Hours		Minutes	Minutes																	
	::																			
Hours		Minutes	Minutes																	
	::																			

8 PERCEPTIONS OF OWNPN

INT	INTERVIEWER SAYS: Now I am going to ask you some questions about government led water, hygiene, and sanitation programmes in your community.
-----	--

8.1	Are you aware of any activities of programmes run by the Government of Ethiopia to improve water, hygiene, and sanitation in your community?	YES	1
		NO	2
		REFUSED	99
8.2	And are you aware if any other organisations, such as NGOs or CSOs, are doing anything to improve water, hygiene, and sanitation in your community?	YES	1
		NO	2
		REFUSED	99
8.3	How often do you see or meet with a Health Extension Worker, in your community? IF UNSURE, PROMPT: These could be community members, health care workers, or teachers .	Once a week or more	1
		Two or three times a month	2
		Once a month	3
		Less than once a month	4
		NEVER	5
		DON'T KNOW	98
		REFUSED	99
8.4	How often do you receive information about water, sanitation, or hygiene from any government office or organization in your community?	Once a week or more	1
		Two or three times a month	2
		Once a month	3
		Less than once a month	4
		NEVER	5
		DON'T KNOW	98
		REFUSED	99
8.5	Do you know where your local Town Water Board or WASHCO/Institutional WaSH Committee is located?	YES	1
		NO	2
		DON'T KNOW	98
		REFUSED	99
8.6		YES	1

ANNEX 4 HOUSE HOLD SURVEY

	Do you know how to contact your local Town Water Board or WASHCO/Institutional WaSH Committee?	NO REFUSED	2 99						
8.7	Do you know where information from your local Town Water Board or WASHCO/Institutional WaSH Committee is published?	YES NO REFUSED	1 2 99						
8.8	Do you or anyone you know serve on the Town Water board or WASHCO / Institutional WaSH Committee?	YES, I DO YES, A HOUSEHOLD MEMBER DOES YES, I KNOW SOMEONE WHO DOES NO REFUSED	1 2 3 4 99						
8.9	To what extent do you feel the TWB / WASHCO represents the interests of your household?	TO A GREAT EXTENT TO SOME EXTENT TO A SMALL EXTENT NOT AT ALL DON'T KNOW REFUSED	1 2 3 4 98 99						
8.1	To what extent do you feel the TWB / WASHCO has consulted people like you in the design of public water and sanitation points?	TO A GREAT EXTENT TO SOME EXTENT TO A SMALL EXTENT NOT AT ALL DON'T KNOW REFUSED	1 2 3 4 98 99						
8.11	To what extent do you feel that public water, hygiene, and sanitation points respect the local culture?	VERY RESPECTFUL SOMEWHAT RESPECTFUL SOMEWHAT DISRESPECTFUL VERY DISRESPECTFUL DON'T KNOW REFUSED	1 2 3 4 98 99						
8.12	To what extent do you agree or disagree with the following statements?			Strongly Disagree	Disagree	Agree	Strongly Agree	DK	REF

ANNEX 4 HOUSE HOLD SURVEY

	WATER AND SANITATION POINTS ARE CONVENIENTLY LOCATED	1	2	3	4	98	99
	WATER AND SANITATION POINTS FAVOUR SOME GROUPS OVER OTHERS	1	2	3	4	98	99
	SEPARATE WATER SOURCES ARE AVAILABLE FOR SEPARATE FUNCTIONS (CLEANSING, WATERING LIVESTOCK, ETC.)	1	2	3	4	98	99
	OPENING HOURS OF WATER AND SANITATION POINTS ARE ADEQUATE	1	2	3	4	98	99
	SECURITY OF WATER AND SANITATION POINTS IS ADEQUATE	1	2	3	4	98	99
	THERE IS ADEQUATE PROVISION OF SEPARATE LATRINES / SANITATION FACILITIES FOR MEN AND WOMEN	1	2	3	4	98	99

XXX ADD FOR RURAL SAMPLE ONLY XXX

8.13	Are you and / or another member of your household in you water committee?	Yes (male family member)	1	GO TO Q8.14
		Yes (female family member)	2	GO TO Q8.14
		NO	3	GO TO Q8.15 IF FEMALE,
		DON'T KNOW	98	SECTION 9 IF MALE
		REFUSED	99	

8.14	What position on the committee do you / his person heave?	WRITE IN	GO TO Q8.15 IF FEMALE, SECTION 9 IF MALE
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ROUTING FOR 8.15. ASK IF CODED 2 AT R.2

8.15	ASK FEMALE RESPONDENTS ONLY: Is sufficient information about female hygiene and sanitary practices available through your local health clinic or Health Extension Workers?	YES	1
		NO	2
		DON'T KNOW	98
		REFUSED	99

9 KNOWLEDGE, ATTITUDES, AND PRACTICES

INT	INTERVIEWER SAYS: Now I am going to ask you a few questions about when you wash your hands.
-----	---

INT	<p>INTERVIEWER SAYS: Now I am going to ask you a few questions about when you wash your hands. Can you tell me when are the most important times for you to wash your hands?</p> <p>DO NOT GIVE SPECIFIC PROMPTS. RECORD ALL MENTIONED.</p> <p>IF UNCLEAR, ASK:</p> <p>Could you tell me the last time you washed your hands?</p> <p>Are there any other times when you washed your hands this week?</p>			
9.1.1	BEFORE EATING	MENTIONED	1	
		NOT MENTIONED	2	
		REFUSED	99	
9.1.2	BEFORE COOKING	MENTIONED	1	
		NOT MENTIONED	2	
		REFUSED	99	
9.1.3	AFTER USING THE LATRINE	MENTIONED	1	
		NOT MENTIONED	2	
		REFUSED	99	
9.1.4	AFTER CLEANING THE LATRINE OR A BABY'S OR ADULT'S BOTTOM	MENTIONED	1	
		NOT MENTIONED	2	
		REFUSED	99	
9.1.5	BEFORE AND AFTER TAKING CARE OF A SICK PERSON	MENTIONED	1	
		NOT MENTIONED	2	
		REFUSED	99	
9.2	Would you mind showing me your hands now? INTERVIEWER ASSESSMENT	CLEAN	1	
		NO VISIBLE DIRT BUT UNCLEAN APPEARANCE	2	
		VISIBLE DIRT	3	
		REFUSED TO SHOW HANDS	99	

10 HH MORTALITY AND DISEASE

INT	<p>INTERVIEWER SAYS: Now I am going to ask you some questions about diseases and deaths in this household.</p> <p>For these next questions, I am talking about the head of household, that is, (NAME).</p>			
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ANNEX 4 HOUSE HOLD SURVEY

10.1	Has (NAME) faced any health problem during the last 2 months?	YES NO DON'T KNOW REFUSED	1 2 98 99	GO TO Q10.2 GO TO Q10.5			
10.2	What was the sickness / injury (NAME) faced?	RECORD RESPONSE DON'T KNOW REFUSED	98 99				
10.3	Did (NAME) have any symptoms of diarrhoea or fever? ALL THAT APPLY	DIARRHOEA FEVER NEITHER DON'T KNOW REFUSED	1 2 3 98 99				
10.4	For how many days was (NAME) absent from his usual activity due to health problems during the last 2 months?	<table border="1" style="display: inline-table; vertical-align: top;"> <tr> <td>Days</td> <td></td> <td></td> </tr> </table> DON'T KNOW REFUSED	Days			0-60 98 99	
Days							
10.5	Regardless of whether (NAME) was sick or not, has (NAME) received medical assistance or consulted with health institutions during the last 2 months?	YES NO DON'T KNOW REFUSED	1 2 98 99	GO TO Q10.7 GO TO Q10.6 GO TO Q10.7 GO TO Q10.7			
10.6	What was the main reason for (NAME) not consulting health institutions during the last two months? DO NOT PROMPT, TICK FIRST MENTIONED	SERVICE TOO EXPENSIVE DRUGS NOT AVAILABLE LONG WAITING TIME NO LABORATORY FACILITY SHORTAGE OF HEALTH PROFESSIONALS STAFF NOT COOPERATIVE SHORTAGE OF MEDICAL EQUIPMENT FACILITY NOT CLEAN WAS NOT SICK NO RUNNING WATER OTHER PROBLEMS DON'T KNOW REFUSED	1 2 3 4 5 6 7 8 9 10 95 98 99				

ANNEX 4 HOUSE HOLD SURVEY

10.7	Where does (NAME) usually receive medical assistance?	HEALTH POST	1	
		PRIVATE CLINIC	2	
		HEALTH CENTERS	3	
		HOSPITAL	4	
		TRADITIONAL HEALER	5	
		OTHER (SPECIFY)	95	
		DON'T KNOW	98	
REFUSED	99			

INT	IF HOUSEHOLD HAS CHILDREN UNDER 5, RANDOMLY SELECT ONE CHILD AGED FIVE OR UNDER FROM THOSE LISTED IN Q2.1. INTERVIEWER SAYS: For these next questions, I am talking about (NAME OF CHILD UNDER 5). ELSE GO TO SECTION 11.
10.8	RECORD ROW NUMBER FROM Q2.1 LIST OF HOUSEHOLD MEMBERS FOR CHILD UNDER 5 SELECTED

10.9	Has (NAME) faced any health problem during the last 2 months?	YES	1	GO TO Q10.10
		NO	2	GO TO Q10.12
		DON'T KNOW	98	
		REFUSED	99	
10.10	What was the sickness / injury (NAME) faced?	RECORD RESPONSE		GO TO 10.11
		DON'T KNOW	98	
		REFUSED	99	
10.11	Did (NAME) have any symptoms of diarrhoea or fever?	DIARRHOEA	1	GO TO 10.12
		FEVER	2	
		NEITHER	3	
		DON'T KNOW	98	
		REFUSED	99	
10.12	Regardless of whether (NAME) was sick or not, has (NAME) received medical assistance or consulted with health institutions during the last 2 months?	YES	1	GO TO Q10.14
		NO	2	GO TO Q10.13
		DON'T KNOW	98	GO TO Q10.14
		REFUSED	99	GO TO Q10.14
10.13	What was the main reason for (NAME) not consulting health	SERVICE TOO EXPENSIVE	1	GO TO 10.14
		DRUGS NOT AVAILABLE	2	

ANNEX 4 HOUSE HOLD SURVEY

	institutions during the last two months? DO NOT PROMPT, TICK FIRST MENTIONED	LONG WAITING TIME NO LABORATORY FACILITY SHORTAGE OF HEALTH PROFESSIONALS STAFF NOT COOPERATIVE SHORTAGE OF MEDICAL EQUIPMENT FACILITY NOT CLEAN WAS NOT SICK NO RUNNING WATER OTHER PROBLEMS DON'T KNOW REFUSED	3 4 5 6 7 8 9 10 95 98 99	
10.14	Where does (NAME) usually receive medical assistance?	HEALTH POST CLINIC HEALTH STATION HOSPITAL TRADITIONAL HEALER OTHER (SPECIFY) DON'T KNOW REFUSED	1 2 3 4 5 95 98 99	

INT	INTERVIEWER RECORDS DETAILS OF ALL HOUSEHOLD MEMBERS WHO HAVE DIED IN THE LAST FIVE YEARS.				
10.15	How many deaths occurred in this household in the last 5 years?	Number of deaths	<input type="text"/>	<input type="text"/>	IF ONE OR MORE, GO TO Q10.16 IF NONE, GO TO SECTION 11
		DON'T KNOW			98
		REFUSED			99

10.16	Name of deceased	Sex of deceased	Age at death	Did (NAME) die of a disease or other illness?	(IF YES) Did (name) have diarrhoea around the time of death?
(1)		1=MALE 2=FEMALE	Years <input type="text"/>	1=YES 2=NO	1=YES 2=NO

ANNEX 4 HOUSE HOLD SURVEY

			Months <input type="text"/> <input type="text"/> Days <input type="text"/> <input type="text"/> DON'T KNOW 95	3=DON'T KNOW	3=DON'T KNOW
(2)		1=MALE 2=FEMALE	Years <input type="text"/> <input type="text"/> Months <input type="text"/> <input type="text"/> Days <input type="text"/> <input type="text"/> DON'T KNOW 95	1=YES 2=NO 3=DON'T KNOW	1=YES 2=NO 3=DON'T KNOW
(3)		1=MALE 2=FEMALE	Years <input type="text"/> <input type="text"/> Months <input type="text"/> <input type="text"/> Days <input type="text"/> <input type="text"/> DON'T KNOW 95	1=YES 2=NO 3=DON'T KNOW	1=YES 2=NO 3=DON'T KNOW

ADD MORE ROWS IF NECESSARY

11 HOUSEHOLD ACTIVITIES

INT	These last few questions deal with work around the house. First, talking about you yourself (RESPONDENT)			
11.1	During the past week, did you do any kind of work for someone who is not a member of this household?	YES, PAID IN CASH / IN KIND YES, UNPAID NO DON'T KNOW REFUSED	1 2 3 98 99	GO TO Q11.2 GO TO Q11.2 GO TO Q11.3
11.2	During the past week, about how many hours did you do this work for someone who is not a member of this household? IF MORE THAN ONE JOB INCLUDE ALL HOURS AT ALL JOBS	No. of hours <input type="text"/> <input type="text"/> DON'T KNOW REFUSED	0-99 998 999	GO TO 11.3
11.3	During the past week did you help with household chores such as shopping, collecting firewood, cleaning, or fetching water?	YES NO DON'T KNOW REFUSED	1 2 98 99	GO TO Q11.4 GO TO Q11.5
11.4	During the past week how many hours did you spend doing these chores?	No. of hours <input type="text"/> <input type="text"/> DON'T KNOW REFUSED	00-99 998 999	GO TO 11.5
11.5	During the past week did you do any other family work, such as on the farm or in a business or selling goods in the street?	YES NO DON'T KNOW REFUSED	1 2 98 99	GO TO Q11.6 GO TO Q11.7
11.6	During the past week how many hours did you do this work?	No. of hours <input type="text"/> <input type="text"/> DON'T KNOW REFUSED	00-99 998 999	GO TO 11.7

INT	IF ANY HOUSEHOLD MEMBERS ARE MALES AGED 5-18, USE THE NAME OF THE MALE HOUSEHOLD MEMBER SELECTED IN Q3.1.
-----	---

ANNEX 4 HOUSE HOLD SURVEY

	IF THE RESPONDENT HAS BEEN SELECTED AT Q3.1, RANDOMLY SELECT ANOTHER MALE AGED 5-18 AT Q2.1. IF NO OTHER MALES AGED 5-18 HAVE BEEN CODED AT Q2.1 MOVE TO Q11.13 INTERVIEWER SAYS: Now talking about (NAME)... OTHERWISE, MOVE TO Q11.13.			
11.7	During the past week, did (NAME) do any kind of work for someone who is not a member of this household?	YES, PAID IN CASH / IN KIND YES, UNPAID NO DON'T KNOW REFUSED	1 2 3 98 99	GO TO Q11.8 GO TO Q11.8 GO TO Q11.9
11.8	During the past week, about how many hours did (NAME) do this work for someone who is not a member of this household? IF MORE THAN ONE JOB INCLUDE ALL HOURS AT ALL JOBS	No. of hours <input type="text"/> <input type="text"/> DON'T KNOW REFUSED	00-99 998 999	GO TO 11.9
11.9	During the past week did (NAME) help with household chores such as shopping, collecting firewood, cleaning, or fetching water?	YES NO DON'T KNOW REFUSED	1 2 98 99	GO TO Q11.10 GO TO Q11.11
11.10	During the past week how many hours did (NAME) spend doing these chores?	No. of hours <input type="text"/> <input type="text"/> DON'T KNOW REFUSED	00-99 998 999	GO TO 11.11
11.11	During the past week did (NAME) do any other family work, such as on the farm or in a business or selling goods in the street?	YES NO DON'T KNOW REFUSED	1 2 98 99	GO TO Q11.12 GO TO Q11.13
11.12	During the past week how many hours did (NAME) do this work?	No. of hours <input type="text"/> <input type="text"/> DON'T KNOW REFUSED	00-99 998 999	GO TO 11.13

INT	IF ANY HOUSEHOLD MEMBERS ARE FEMALES AGED 5-18, USE THE NAME OF THE FEMALE HOUSEHOLD MEMBER SELECTED IN Q3.9. IF THE RESPONDENT HAS BEEN SELECTED AT Q3.9, RANDOMLY SELECT ANOTHER FEMMALE AGED 5-18 WHO WAS CODED AT Q2.1. IF NO OTHER FEMALES AGED 5-18 HAVE BEEN CODED AT Q2.1 TERMINATE INTERVIEW
-----	---

	INTERVIEWER SAYS: Now talking about (NAME)... OTHERWISE, TERMINATE INTERVIEW.			
11.13	During the past week, did (NAME) do any kind of work for someone who is not a member of this household?	YES, PAID IN CASH / IN KIND YES, UNPAID NO DON'T KNOW REFUSED	1 2 3 98 99	GO TO Q11.14 GO TO Q11.14 GO TO Q11.15
11.14	During the past week, about how many hours did (NAME) do this work for someone who is not a member of this household? IF MORE THAN ONE JOB INCLUDE ALL HOURS AT ALL JOBS	No. of hours <input type="text"/> <input type="text"/> DON'T KNOW REFUSED	00-99 998 999	GO TO Q11.15
11.15	During the past week did (NAME) help with household chores such as shopping, collecting firewood, cleaning, or fetching water?	YES NO DON'T KNOW REFUSED	1 2 98 99	GO TO Q11.16 GO TO Q11.17
11.16	During the past week how many hours did (NAME) spend doing these chores?	No. of hours <input type="text"/> <input type="text"/> DON'T KNOW REFUSED	00-99 998 999	GO TO 11.17
11.17	During the past week did (NAME) do any other family work, such as on the farm or in a business or selling goods in the street?	YES NO DON'T KNOW REFUSED	1 2 98 99	GO TO Q11.18 TERMINATE INTERVIEW
11.18	During the past week how many hours did (NAME) do this work?	No. of hours <input type="text"/> <input type="text"/> DON'T KNOW REFUSED	00-99 998 999	

12 CLOSING

Thank you for participating in our survey. This information is important for understanding how well the government water and sanitation programme is operating in your area. We are grateful for your time and will use what you have told us carefully.

In the next few days my supervisor may contact you to assess the quality of my work and answer any other questions you may have.

(READ:) Thank you for your participation.

[Q22] End Time (HH:MM) (24hr clock)				
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Re-Contact Details:

[Q5B] Interviewee Phone Number:

[Q10] How many homes did you visit in order to complete this questionnaire?							
1	2	3	4	5	6	7	8



Annex 5 – Key Informant Interview Schedule A

Key Informant Interviews

Preliminary information (to be filled by enumerator before the start of the interview)

Enumerator Name			
Region name			
Zone name			
<i>Woreda</i> name			
Kebele name (if applicable)			
Date of interview			
Start time:		End time:	
Respondent name (if several participants, list their names)			
Address of <i>Woreda</i> Office			
Contact number			

Introduction

RESPONDENT MUST BE PART OF THE *WOREDA* WASH TEAM OR HAVE COMPLETE KNOWLEDGE OF THE WASH INTERVENTION AT THE *WOREDA* LEVEL AND INVOLVEMENT IN KEY DECISIONS

READ: Good morning / afternoon, my name is XXX from WAAS an independent research agency based in Addis Ababa.

Thank you for agreeing to take part in the study. We are conducting this interview to assess the effect of the OneWash CWA programme and the potential barriers to its implementation.

The research will require us to speak to *Woreda* WASH teams or key decision makers about a number of factors that affect the implementation of the OneWash CWA programme both now and again in two years' time. This will allow us to see whether and how the CWA programme has improved and how this has affected people's behaviours and practices within the *woreda*.

The information you provide will be treated in the strictest of confidence and will only be used to help us write our report. We will not publish your name in the report or include any financial or operational information relating directly to your business. You have the right to refuse to answer any questions and to withdraw from the interview at any time.

With your permission I would like to record the interview. This is so we have a record of what we talked about to refer to when writing the report as I will not be able to write everything down. The recordings will not be shared with anyone outside of the research project team.

1. Respondent

- 1.1 To start with please can you describe your main duties are in your role as **INSERT ROLE?**
- 1.2 How long have you been working in this position?
- 1.3 And, for how long have you been working within this WaSH team?

2. Barriers to accessing water points

- 2.1 What are the main barriers to accessing water points in the community? **PROBE:** Are there problems with constructing new points, rehabilitating old points, providing equipment, technical capacity, or maintenance? Are there problems with water cost, usage, water point functionality, location, availability, or access for all community members? Are there problems around knowledge, attitudes, and practices of community leaders, men, or women? Have these barriers changed since the start of the OneWaSH programme? Who or what has caused these changes?
- 2.2 What are the main barriers to accessing waterpoints in schools? **PROBE:** Are there problems with constructing new points, rehabilitating old points, providing equipment, technical capacity, or maintenance? Are there problems with water cost, usage, water point functionality, location, availability, or access for all community members? Are there problems around knowledge, attitudes, or practices of male or female head teachers, teachers, parents, or students? Have these barriers changed since the start of the OneWaSH programme? Who or what has caused these changes?
- 2.3 What are the main barriers to accessing water points in health centers or clinics? **PROBE:** Are there problems with constructing new points, rehabilitating old points, providing equipment, technical capacity, or maintenance? Are there problems with water cost, usage, water point functionality, location, availability, or access for all community members? Are there problems around knowledge, attitudes, practices of heads of Health Center, male or female health care workers, male or female patients? How have these barriers changed in recent years? Have these barriers changed since the start of the OneWaSH programme? Who or what has caused these changes?

3. Barriers to accessing hygiene and sanitation

- 3.1 How would you describe the average level of knowledge of good hygiene and sanitation practices amongst people in this area? **PROBE:** Specifically around handwashing at critical times and open defecation?
- 3.2 How were levels of knowledge changing before the start of the OneWaSH programme? Who or what was behind these changes?
- 3.3 Has this level of knowledge changed since the start of the OneWaSH programme? Who or what has been behind these changes?
- 3.4 How important do you think issues concerning good hygiene and sanitation are to people within the area? **PROBE:** How seriously do people take these issues? Are there any groups of people for which hygiene and sanitation are less important?
- 3.5 To what extent has this knowledge about good hygiene and sanitation translated into actual practices? / To what extent are people practicing good hygiene and sanitation? Are there any groups of people which are particularly resistant to changing practices around hygiene and sanitation? Where does this resistance come from?
- 3.6 What are the main barriers to improving people's behaviors around hygiene and sanitation in communities in general? **PROBE:** Are there problems with constructing new facilities, rehabilitating old facilities, providing equipment, technical capacity, maintenance, or testing water quality? Are there problems with sanitation cost, facility usage, functionality, location, availability, or access for all community members? Are there problems around knowledge, attitudes, and practices of community leaders, men, or women? Have these changed since the start of the OneWaSH programme? Who or what has caused these changes?
- 3.7 What are the main barriers to improving practices in schools? **PROBE:** Are there problems with constructing new facilities, rehabilitating old facilities, providing equipment, technical capacity, maintenance, or testing water quality? Are there problems with sanitation cost, facility usage, functionality,

location, availability, or access for all students and teachers? Are there problems around knowledge, attitudes, and practices for head teachers, teachers, parents, or students? Have these changed since the start of the OneWaSH programme? Who or what has caused these changes?

- 3.8 What are the main barriers to improving practices in health centers or clinics? **PROBE:** facilities, equipment etc. or attitudes and beliefs? Are there problems with constructing new facilities, rehabilitating old facilities, providing equipment, technical capacity, maintenance, or testing water quality? Are there problems with sanitation cost, facility usage, functionality, location, availability, or access for all patients? Are there problems around knowledge, attitudes, and practices for male and female clinic heads, staff, or patients? Have these changed since the start of the OneWaSH programme? Who or what has caused these changes?
- 3.9 How do you think the OWNPN will address these barriers:
- For people in the communities?
 - In schools?
 - In health centres?
- 3.9 How, specifically, will the Health Extension Worker (HEW) and Health Development Army (HDA) activities, and of Community Led Total Sanitation and Health (CLTSH) activities, address identified barriers in hygiene and sanitation?

4. Key costs and value for money

- 4.1 What are the key cost drivers and categories in the WaSH sector? How will the OWNPN CWA programme address these cost drivers?
- 4.2 To what extent does the OWNPN CWA cover identified costs? How else does the country/region/area fund its WaSH programming? For how long is this other funding set to continue?
- 4.3 How successful have WASHCOs and TWUs been in providing/recovering costs by category to date? What are barriers to full cost recovery? What, if anything, will the OWNPN CWA do differently to address these issues?

5. Contribution of other activities to overall OneWaSH results

- 5.1 What other / non-CWA **GoE** programmes likely to affect the WaSH sector are currently being implemented in this area or will likely be implemented in the next two years? These could include programmes from MoWIE other government ministries including MoH and MoE. What are the objectives of these programmes, where are they working, and what is the duration of the programme? Do you have any literature on these programmes?
- 5.2 Similarly, what donor or NGO/CSO led programmes likely to affect the WaSH sector are currently being implemented in this area or will likely be implemented in the next two years? What are the objectives of these programmes, where are they working, and what is the duration of the programme? Do you have any literature on these programmes?
- 5.3 **IF YES TO 5.1 or 5.2** What efforts, if any, are being made to align or integrate these programmes to the OWNPN?
- 5.4 What evidence is there, if any, of self-supply contributing to the overall OneWaSH results in the *woreda*? **IF YES** How would you describe the contribution self-supply has made? Is this level expected to stay the same, increase, or decrease over the next two years?

6. Anticipated changes to the programme delivery context

- 6.1 Have there been any major changes to the situation in the area since planning for WaSH began? Do you anticipate any major changes over the next two years? These changes could include the start or end of another WaSH programme, changes in personnel or structures of the WaSH team, changes in budgetary

allocations, or changes in policy or governance structure or to the social, political, or economic context in the community in general, in schools or in clinics. How might these changes affect WaSH CWA delivery?

7. Effect of WaSH activities on sustainability and knowledge sharing

- 7.1 Have you or other members of your team participated in training, capacity building, or knowledge sharing activities over the past twelve months? If yes, how often? What was the focus of these activities and how did it affect your team's ability to deliver WaSH services in this area?
- 7.2 Have you or other members of your team received MIS training over the past twelve months? If yes, when? To what extent has this affected the way in which you have approached delivery of WaSH in the area?
- 7.3 Have you or other members of your team received support from construction support units or organizational management units over the past twelve months? If yes, how often? What was the focus of these activities? To what extent has this affected the way you have approached delivery of WaSH in the area?

8. Post-funding sustainability

- 8.1 To what extent do you think you will be able to carry on your activities after technical and financial support from the OWNP CWA ends?
- 8.2 To what extent is the area able to cover both ongoing operations and maintenance and new project costs for WaSH from existing water and sanitation revenues? What problems have been identified with this approach? Are you using fees or revenues from one community group or WaSH component (i.e. general population or water services) to subsidise other groups or components (i.e. the poorest and most vulnerable or sanitation services)?
- 8.3 What activities would you cut first if you were no longer receiving the same budget for WaSH activities? Why?

9. Environmental and climate change

- 9.1 What are the major environmental and climate change issues faced by the WaSH sector in this area? How may these issues affect your ability to deliver the current programme? How may these issues affect the sustainability of OWNP CWA funded interventions?
- 9.2 How would you describe the level of focus on environmental issues and climate change in particular in OWNP CWA activities? PROBE: Is there too much / too little focus? Why do you think this way? Is the level of focus on these issues different for CWA funded interventions?

10. Decision-making at community level and involvement of equity groups

- 10.1 Have you identified any groups as potentially benefitting more or less from OWNP CWA WaSH interventions? What barriers have you identified for women in particular in benefitting from interventions? For disabled people? For children? For poor people, including widows and the elderly?
- 10.2 What steps are you taking to ensure that these groups will benefit from OWNP CWA WaSH interventions?
- 10.3 Talking about public water points and sanitation facilities, to what extent would you say that the needs of the most disadvantaged members of the community are properly taken into account? Why do you say this?

11. Lessons learned and recommendations

- 11.1 At this early stage of the OWNP what lessons, if any, have you learned about the implementation of the OWNP CWA?
- 11.2 What recommendations would you make for improving future WaSH programming in Ethiopia?



Annex 6 – Key Informant Interview Schedule B

Key Informant Interviews

Preliminary information (to be filled by enumerator before the start of the interview)

Enumerator Name			
Organisation name			
Date of interview			
Start time:		End time:	
Respondent name (if several participants, list their names)			
Organisation address			
Contact number			

Introduction

READ: Good morning / afternoon, my name is XXX from XXX, an independent research agency based in Addis Ababa.

Thank you for agreeing to take part in the study. We are conducting this interview to assess the effect of the OneWash CWA programme and the potential barriers to its implementation.

The research will require us to speak to WASH teams or key decision makers about a number of factors that affect the implementation of the OneWash CWA programme both now and again in two years' time. This will allow us to see whether and how the CWA programme has improved and how this has affected people's behaviours and practices within the woreda.

The information you provide will be treated in the strictest of confidence and will only be used to help us write our report. We will not publish your name in the report or include any financial or operational information relating directly to your business. You have the right to refuse to answer any questions and to withdraw from the interview at any time.

With your permission I would like to record the interview. This is so we have a record of what we talked about to refer to when writing the report as I will not be able to write everything down. The recordings will not be shared with anyone outside of the research project team.

1. Respondent

- 1.1 To start with please can you describe your organisation's involvement in the WaSH sector in Ethiopia?
- 1.2 What is your role in the organization and for how long have you been working in this position?
- 1.3 What programmes do you currently sponsor / implement / work on, what is the approximate value of the programme, where do you work, and when is the programme run until?

2. Barriers to accessing water points

- 2.1 What are the main barriers to accessing water points in the community? **PROBE:** Are there problems with constructing new points, rehabilitating old points, providing equipment, technical capacity, or maintenance? Are there problems with water cost, usage, water point functionality, location, availability, or access for all community members? Are there problems around knowledge, attitudes, and practices of community leaders, men, or women? To what extent do you see the OWN P CWA programming as addressing these barriers?
- 2.2 What are the main barriers to accessing waterpoints in schools? **PROBE:** Are there problems with constructing new points, rehabilitating old points, providing equipment, technical capacity, or maintenance? Are there problems with water cost, usage, water point functionality, location, availability, or access for all community members? Are there problems around knowledge, attitudes, or practices of male or female head teachers, teachers, parents, or students? To what extent do you see the OWN P CWA programming as addressing these barriers?
- 2.3 What are the main barriers to accessing water points in health centers or clinics? **PROBE:** Are there problems with constructing new points, rehabilitating old points, providing equipment, technical capacity, or maintenance? Are there problems with water cost, usage, water point functionality, location, availability, or access for all community members? Are there problems around knowledge, attitudes, practices of heads of clinic, male or female health care workers, male or female patients? How have these barriers changed in recent years? To what extent do you see the OWN P CWA programming as addressing these barriers?

3. Barriers to accessing hygiene and sanitation

- 3.1 How would you describe the average level of knowledge of good hygiene and sanitation practices amongst people with whom your organization works? **PROBE:** Specifically around handwashing at critical times and open defecation?
- 3.2 How important do you think issues concerning good hygiene and sanitation are to people with whom you work? **PROBE:** How seriously do people take these issues? Are there any groups of people for which hygiene and sanitation are less important?
- 3.4 To what extent has this knowledge about good hygiene and sanitation translated into actual practices? / To what extent are people practicing good hygiene and sanitation? Are there any groups of people which are particularly resistant to changing practices around hygiene and sanitation? Where does this resistance come from?
- 3.5 What are the main barriers to improving people's behaviors around hygiene and sanitation in communities in general? **PROBE:** Are there problems with constructing new facilities, rehabilitating old facilities, providing equipment, technical capacity, maintenance, or testing water quality? Are there problems with sanitation cost, facility usage, functionality, location, availability, or access for all community members? Are there problems around knowledge, attitudes, and practices of community leaders, men, or women? To what extent do you see the OWN P CWA programming as addressing these barriers?
- 3.6 What are the main barriers to improving practices in schools? **PROBE:** Are there problems with constructing new facilities, rehabilitating old facilities, providing equipment, technical capacity, maintenance, or testing water quality? Are there problems with sanitation cost, facility usage, functionality, location, availability, or access for all students and teachers? Are there problems around knowledge, attitudes, and practices for head teachers, teachers, parents, or students? To what extent do you see the OWN P CWA programming as addressing these barriers?

- 3.7 What are the main barriers to improving practices in health centers or clinics? **PROBE:** facilities, equipment etc. or attitudes and beliefs? Are there problems with constructing new facilities, rehabilitating old facilities, providing equipment, technical capacity, maintenance, or testing water quality? Are there problems with sanitation cost, facility usage, functionality, location, availability, or access for all patients? Are there problems around knowledge, attitudes, and practices for male and female clinic heads, staff, or patients? To what extent do you see the OWNPN CWA programming as addressing these barriers?

4. Key costs and value for money

- 4.1 What are the key cost drivers and categories in the WaSH sector?
- 4.2 To what extent do you think the OWNPN CWA approach provides value for money to addressing these costs?
- 4.3 How do WaSH costs in Ethiopia compare to those in other African countries? What are the reasons for differences in unit costs? Is Ethiopia an attractive proposition for WaSH donor investment? How will the OWNPN look to improve VfM in the WaSH sector?

5. Contribution of other activities to overall OneWaSH results

- 5.1 What other donor or NGO/CSO led programmes are currently being implemented in the areas in which you work or will likely be implemented in the next two years? What are the objectives of these programmes, where are they working, and what is the duration of the programme?
- 5.2 What efforts, if any, are being made to align or integrate your programme to the OWNPN?
- 5.3 What evidence is there, if any, of self-supply contributing to the overall OneWaSH results in the areas in which you work? (This question may not be applicable to all areas) **IF YES** How would you describe the contribution self-supply has made? Is this level expected to stay the same, increase, or decrease over the next two years?

6. Anticipated changes to the programme delivery context

- 6.1 Have there been any major changes to the situation in the area since planning for WaSH began? Do you anticipate any major changes over the next two years? These changes could include the start or end of another WaSH programme, changes in personnel or structures of the WaSH team, changes in budgetary allocations, or changes in policy or governance structure or to the social, political, or economic context in the community in general, in schools or in clinics. How might these changes affect WaSH CWA delivery?

7. Effect of WaSH activities on sustainability and knowledge sharing

- 7.1 Have you or other members of your team participated in any GoE sponsored training, capacity building, or knowledge sharing activities over the past twelve months? If yes, how often? What was the focus of these activities and how did it affect your team's ability to deliver WaSH services in this area?
- 7.2 Have you or other members of your team received GoE sponsored MIS training over the past twelve months? If yes, when? To what extent has this affected the way in which you have approached delivery of WaSH in the area?
- 7.3 Have you or other members of your team received support from GoE sponsored construction support units or organizational management units over the past twelve months? If yes, how often? What was the focus of these activities? To what extent has this affected the way you have approached delivery of WaSH in the area?

8. Post-funding sustainability

- 8.1 To what extent do you think you will need to carry on your activities after Phase 2 of the OWNPN CWA ends in 2020?

9. Environmental and climate change

- 9.1 What are the major environmental and climate change issues faced by the WaSH sector in this area? How may these issues affect your ability to deliver the current programme? How may these issues affect the sustainability of OWNPN CWA funded interventions?
- 9.2 How would you describe the level of focus on environmental issues and climate change in particular in OWNPN CWA activities? PROBE: Is there too much / too little focus? Why do you think this way? Is the level of focus on these issues different for CWA funded interventions?

10. Decision-making at community level and involvement of equity groups

- 10.1 Have you identified any groups as potentially benefitting more or less from OWNPN CWA WaSH interventions? What barriers have you identified for women in particular in benefitting from interventions? For disabled people? For children? For poor people, including widows and the elderly?
- 10.2 What steps are you taking to ensure that these groups will benefit from OWNPN CWA WaSH interventions?
- 10.3 Talking about public water points and sanitation facilities, to what extent would you say that the needs of the most disadvantaged members of the community are properly taken into account? Why do you say this?

11. Lessons learned and recommendations

- 11.1 At this early stage of the OWNPN what lessons, if any, have you learned about the implementation of the OWNPN CWA?
- 11.2 What recommendations would you make for improving future WaSH programming in Ethiopia?



Annex 7 – Institutional Assessment Guide

0 SURVEY IDENTIFYING INFORMATION

Region	Woreda	Town (For rural code 8)	Sub-city / woreda (For rural code 88)	Kebele	Sample type	Sample point ID	Institution Name

Institution Type	Institution subtype	Code
SCHOOL	PRIMARY SCHOOL	1
	JUNIOR SECONDARY	2
	SENIOR SECONDARY	3
	PRIMARY AND SECONDARY	4
CLINIC	HEALTH POST	1
	HEALTH CENTRE	2
	HOSPITAL	3

Enumerator ID Interview start time and date Interview end time and date GPS Co-ordinates	
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INT	INTERVIEWER SHOULD ASK TO SPEAK TO THE HEAD OF THE CLINIC OR SCHOOL. IF HE OR SHE IS NOT AVAILABLE, INTERVIEWER SHOULD ASK TO SPEAK TO THE DEPUTY HEAD. THE INTERVIEW WILL BE CONDUCTED WITH THE HEAD OR DEPUTY HEAD OF THE CLINIC OR SCHOOL.
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INTRO AND CONSENT

Hello. My name is _____ and I am working with WAAS, an independent research organisation. We are conducting a survey on behalf of the Government of Ethiopia about various issues with water and sanitation. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes around 45 minutes to one hour to complete.

As part of the survey we would like to ask some questions about your facility. Whatever information you provide will be kept strictly confidential, and will not be shared with anyone other than members of our survey team.

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope you will participate in the survey since your views are important.

At this time, do you want to ask me anything about the survey?

Q0	May I begin the interview now?	YES	1	GO TO SECTION 1
		NO	2	DISCONTINUE SURVEY

1 SEMI-STRUCTURED INTERVIEW

- 1.1 How would you describe the average level of knowledge of good hygiene and sanitation practices amongst both students/patients and teachers/staff in this school / health facility?
FOR SCHOOLS, PROBE: Specifically around handwashing at critical times, including after using the lavatories, before preparing food, and before and after caring for sick students? What about knowledge of good menstrual practices (if senior secondary)?
FOR CLINICS, PROBE: Specifically around handwashing at critical times, including after using the lavatories, before preparing food, and before and after caring for sick patients?
- 1.2 How important do you think issues concerning good hygiene and sanitation are to people at this school/clinic, amongst both students/patients and teachers/staff?
- 1.3 To what extent has this knowledge about good hygiene and sanitation translated into actual practices? / To what extent are people practicing good hygiene and sanitation?
- 1.4a **FOR SCHOOLS, ASK:** What are the main barriers to improving practices in schools? **PROBE:** facilities, equipment etc. or attitudes and habits? Of head teachers, teachers, parents, or students? How have these barriers changed in recent years? Who or what has caused these changes?
- 1.4b **FOR CLINICS, ASK:** What are the main barriers to improving practices in health centers or clinics? **PROBE:** facilities, equipment etc. or attitudes and beliefs? Of health care workers, patients, or both? How have these barriers changed in recent years? Who or what has caused these changes?
- 1.5 Are you aware of the OneWaSH National Programme? Are you aware of the Consolidated WaSH Account?
- 1.6 **IF ANSWER TO 1.5 IS YES (Aware OneWaSH National Programme),** ask: How, if at all, has the programme contributed to addressing barriers to water, hygiene, and sanitation at your facility? How, if at all, do you expect the programme to contribute to addressing these barriers over the next two years?
- 1.7 **IF 1.5 IS YES (Aware of CWA)** To what extent do you think the OWNP CWA in particular is contributing to this change? What other government or non-government sponsored WaSH programmes does this facility benefit from or is this facility set to benefit from over the next two years?
- 1.8 What are the key costs you consider when implementing WaSH activities in this facility? Who has financed these activities, and what percentage of the total planned cost has been covered?
- 1.9 Have there been any major changes within the local area since the last round of WaSH planning? What have the main changes been? Do you anticipate any major changes over the next two years? What will these be? **PROMPT IF NEEDED:** These changes could include the start or end of another WaSH programme, changes to the WaSH team, changes in budget allocation, changes in policy or changes within the local community or schools and clinics. How might these changes affect WaSH CWA delivery?
- 1.10 Talking about water, hygiene, and sanitation facilities and activities at this school/clinic, to what extent would you say that the needs of the most disadvantaged students/patients are properly taken into account? Are the most disadvantaged able to fully benefit from WaSH here? Why do you say this?
- 1.11 **IF ANSWER TO 1.5 IS YES, ASK:** At this early stage of the OWNP what lessons, if any, have you learned about the implementation of the OWNP CWA?
- 1.12 What recommendations would you make for improving future WaSH programming in Ethiopia?

2 STRUCTURED INTERVIEW

INT	INTERVIEWER SAYS: First I am going to ask you some questions on where this facility gets its water during the dry season
-----	--

DRY SEASON MAIN WATER POINT

2.1	In the dry season, what is the main source of drinking water for the facility?	PIPED WATER	
		PIPED INTO BUILDING	11
		PIPED TO YARD/PLOT	12
		PUBLIC TAP/STANDPIPE	13
		BOREHOLE	21
		DUG WELL	
		PROTECTED WELL	31
		UNPROTECTED WELL	32
		WATER / CATCHMENT FROM SPRING	
		PROTECTED SPRING	41
		UNPROTECTED SPRING	42
		RAINWATER / RAINWATER CATCHMENT	51
		TANKER TRUCK	61
		CART WITH SMALL TANK	71
		SURFACE WATER	
		RIVER/LAKE/POND/STREAM/DAM	81
BOTTLED WATER	91		
OTHER (SPECIFY)	95		
DON'T KNOW	98		
REFUSED	99		
2.2	How long does it take to go to the water source, get water, and come back?	Minutes <input type="text"/>	0-997
		DON'T KNOW	998
		REFUSED	999
2.3a	FOR SCHOOLS, ASK: Who usually goes to this source to fetch the water for the school?	MALE STUDENT	1
		FEMALE STUDENT	2
		MALE TEACHER	3
		FEMALE TEACHER	4
		OTHER SCHOOL EMPLOYEE	5
		OTHER (SPECIFY)	95

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		DON'T KNOW	98
		REFUSED	99
2.3b	FOR CLINICS, ASK: Who usually goes to this source to fetch the water for the clinic?	MALE STAFF MEMBER	1
		FEMALE STAFF MEMBER	2
		OTHER (SPECIFY)	95
		DON'T KNOW	98
		REFUSED	99
2.4	How safe do you feel to drink the water from this water point?	VERY SAFE	1
		SAFE	2
		UNSAFE	3
		VERY UNSAFE	4
		DON'T KNOW	98
		REFUSED	99
2.5	Do you store your drinking water in a container?	YES	1
		NO	2
		DON'T KNOW	98
		REFUSED	99
2.6	Do you do anything to your water to make it safer to drink?	YES	1 GO TO Q2.7
		NO	2 GO TO Q2.8
		DON'T KNOW	98
		REFUSED	99
2.7	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED	BOIL	1
		ADD BLEACH/CHLORINE/WATER	2
		GUARD/PUR/BISHAN GARI/AQUATABS	3
		STRAIN THROUGH A CLOTH	4
		BIO SAND/COMPOSITE/CERAMIC POT FILTER	5
		SOLAR DISINFECTION	6
		LET IT STAND AND SETTLE	95
		OTHER (SPECIFY)	98
		DON'T KNOW	99
		REFUSED	

DRY SEASON MAIN WATER POINT WATER QUALITY

2.8	What is the appearance of the water from the water point?	ALWAYS CLEAR MOSTLY CLEAR MOSTLY TURBID ALWAYS TURBID DON'T KNOW REFUSED	1 2 3 4 98 99
2.9	Is the water free from visible particles?	ALWAYS MOSTLY SOMETIMES NEVER DON'T KNOW REFUSED	1 2 3 4 98 99
2.10	What is the colour of the water?	CLEAR YELLOWISH BROWNISH REDDISH OTHER COLOUR DON'T KNOW REFUSED	1 2 3 4 5 98 99
2.11	What is the odour of the water?	NO SMELL FOUL SMELLING DON'T KNOW REFUSED	1 2 98 99
2.12	How would you rate the taste of the water from this water point?	EXCELLENT GOOD BAD TERRIBLE DON'T KNOW REFUSED	1 2 3 4 98 99
2.13	Is the water salty?	YES NO DON'T KNOW REFUSED	1 2 98 99

DRY SEASON MAIN WATER POINT FUNCTIONALITY

INT	INTERVIEWER SAYS: Still thinking about the main source of drinking water for the facility in the dry season...		
2.14	If you or someone from the facility visited in the last month, was this water point functional the last time you visited?	YES NO NO VISITS IN LAST MONTH REFUSED	1 2 3 99
2.15	How many hours in a day is water usually available from this water point?	Hours <input type="text"/> <input type="text"/> DON'T KNOW REFUSED	0-24 98 99
2.16	How many days in a month is water usually available from this water point?	Days <input type="text"/> <input type="text"/> DON'T KNOW REFUSED	0-30 98 99
2.17	How many months in a year is water usually available from this water point?	Months <input type="text"/> <input type="text"/> DON'T KNOW REFUSED	0-12 98 99
2.18	How would you rate the overall availability of water from this water point?	MORE THAN ADEQUATE ADEQUATE SOME SCARCITY SEVERE SCARCITY DON'T KNOW REFUSED	1 2 3 4 98 99

RAINY SEASON MAIN WATER POINT

INT	INTERVIEWER SAYS: Sometimes your main source of drinking water changes with the seasons, and sometimes it stays the same. We will now talk about the main source of drinking water you use during the rainy season.
-----	---

2.19	Do you use the same main source of water for dry and rainy seasons?	YES NO DON'T KNOW REFUSED	1GO TO SECTION 3 2GO TO Q2.20 98 99
2.20	In the rainy season, what is the main source of drinking water for the facility?	PIPED WATER PIPED INTO BUILDING PIPED TO YARD/PLOT PUBLIC TAP/STANDPIPE BOREHOLE DUG WELL PROTECTED WELL UNPROTECTED WELL WATER / CATCHMENT FROM SPRING PROTECTED SPRING UNPROTECTED SPRING RAINWATER / RAINWATER CATCHMENT TANKER TRUCK CART WITH SMALL TANK SURFACE WATER RIVER/LAKE/POND/STREAM/DAM BOTTLED WATER OTHER (SPECIFY) DON'T KNOW REFUSED	11 12 13 21 31 32 41 42 51 61 71 81 91 95 98 99
2.21	How long does it take to go to the water source, get water, and come back?	Minutes <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW REFUSED	0-997 998 999
2.22a	FOR SCHOOLS, ASK: Who usually goes to this source to fetch the water for the school?	MALE STUDENT FEMALE STUDENT MALE TEACHER FEMALE TEACHER OTHER SCHOOL EMPLOYEE	1 2 3 4 5

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		OTHER (SPECIFY)	95
		DON'T KNOW	98
		REFUSED	99
2.22b	FOR CLINICS, ASK: Who usually goes to this source to fetch the water for the clinic?	MALE STAFF MEMBER	1
		FEMALE STAFF MEMBER	2
		OTHER (SPECIFY)	95
		DON'T KNOW	98
		REFUSED	99
2.23	How safe do you feel to drink the water from this water point?	VERY SAFE	1
		SAFE	2
		UNSAFE	3
		VERY UNSAFE	4
		DON'T KNOW	98
		REFUSED	99
2.24	Do you store your drinking water in a container?	YES	1
		NO	2
		DON'T KNOW	98
		REFUSED	99
2.25	Do you do anything to your water to make it safer to drink?	YES	1 GO TO Q2.26
		NO	2 GO TO Q2.27
		DON'T KNOW	98
		REFUSED	99
2.26	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED	BOIL	1
		ADD BLEACH/CHLORINE/WATER GUARD/PUR/BISHAN GARI/AQUATABS	2
		STRAIN THROUGH A CLOTH	3
		BIO SAND/COMPOSITE/CERAMIC POT FILTER	4
		SOLAR DISINFECTION	5
		LET IT STAND AND SETTLE	6
		OTHER (SPECIFY)	95
		DON'T KNOW	98
		REFUSED	99

RAINY SEASON MAIN WATER POINT WATER QUALITY

2.27	What is the appearance of the water from the water point?	ALWAYS CLEAR	1
		MOSTLY CLEAR	2
		MOSTLY TURBID	3
		ALWAYS TURBID	4
		DON'T KNOW	98
		REFUSED	99
2.28	Is the water free from visible particles?	ALWAYS	1
		MOSTLY	2
		SOMETIMES	3
		NEVER	4
		DON'T KNOW	98
		REFUSED	99
2.29	What is the colour of the water?	CLEAR	1
		YELLOWISH	2
		BROWNISH	3
		REDDISH	4
		OTHER COLOUR	5
		DON'T KNOW	98
		REFUSED	99
2.30	What is the odour of the water?	NO SMELL	1
		FOUL SMELLING	2
		DON'T KNOW	98
		REFUSED	99
2.31	How would you rate the taste of the water from this water point?	EXCELLENT	1
		GOOD	2
		BAD	3
		TERRIBLE	4
		DON'T KNOW	98
		REFUSED	99
2.32	Is the water salty?	YES	1
		NO	2
		DON'T KNOW	98
		REFUSED	99

DRY SEASON MAIN WATER POINT FUNCTIONALITY

INT	INTERVIEWER SAYS: Still thinking about the main source of drinking water for the facility in the rainy season...		
2.33	If you or someone from the facility visited in the last month, was this water point functional the last time you visited?	YES NO NO VISITS IN LAST MONTH REFUSED	1 2 3 99
2.34	How many hours in a day is water usually available from this water point?	Hours <input type="text"/> <input type="text"/> DON'T KNOW REFUSED	0-24 98 99
2.35	How many days in a month is water usually available from this water point?	Days <input type="text"/> <input type="text"/> DON'T KNOW REFUSED	0-30 98 99
2.36	How many months in a year is water usually available from this water point?	Months <input type="text"/> <input type="text"/> DON'T KNOW REFUSED	0-12 98 99
2.37	How would you rate the overall availability of water from this water point?	MORE THAN ADEQUATE ADEQUATE SOME SCARCITY SEVERE SCARCITY DON'T KNOW REFUSED	1 2 3 4 98 99

3 REVIEW OF ADMINISTRATIVE RECORDS

SCHOOL WASH CLUBS

3.1	[SCHOOLS ONLY] Is there a WaSH club in this school?	YES NO DON'T KNOW REFUSED	1 2 98 99
3.2	[IF YES TO PREVIOUS QUESTION] How often does this club meet?	AT LEAST ONCE A MONTH AT LEAST ONCE A YEAR LESS THAN ONCE A YEAR DON'T KNOW REFUSED	1 2 3 98 99

SCHOOL ENROLMENT [SCHOOLS ONLY]

3.3.1	[ASK FOR SCHOOLS ONLY] Is there a school register where children enrolment is recorded?	YES NO DON'T KNOW REFUSED	1 GO TO Q3.3.2 2 GO TO SECTION 4 98 99								
INT	INTERVIEWER SAYS: Now I am going to ask you to use the school register to tell me the number of male and female students who were registered and dropped out in the last academic year, that is, the last full year before this one.										
3.3.2	ASK FOR PRIMARY SCHOOLS ONLY: Using the register, could you please tell me the number of male and female primary school students enrolled at this school in the last academic year?	Males <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> Females <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> NO PRIMARY STUDENTS DON'T KNOW REFUSED									0-9995 0-9995 9996 GO TO Q3.3.3 9998 9999
3.3.3	ASK FOR SECONDARY SCHOOLS ONLY: Using the register, could you please tell me the number of male and female secondary school students enrolled at this school in the last academic year?	Males <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> Females <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> NO SECONDARY STUDENTS DON'T KNOW REFUSED									0-9995 0-9995 9996 GO TO Q3.3.4 9998 9999
3.3.4	ASK FOR PRIMARY SCHOOLS ONLY: Using the register, could you please tell me the number of male and female	Males <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> Females <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>									0-9995 0-9995

	primary school students who dropped out from this school in the last academic year?	NO PRIMARY STUDENTS DON'T KNOW REFUSED	9996 GO TO Q3.3.5 9998 9999								
3.3.5	ASK FOR SECONDARY SCHOOLS ONLY: Using the register, could you please tell me the number of male and female secondary school students dropped out from this school in the last academic year?	Males <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> Females <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> NO SECONDARY STUDENTS DON'T KNOW REFUSED									0-9995 0-9995 9996 GO TO SECTION 4 9998 9999

CLINIC PATIENTS [CLINICS ONLY]

3.3.1	[CLINICS ONLY] Is there a patient register where you record the number of patients you have seen in the last 2 months?	YES NO DON'T KNOW REFUSED	1 GO TO Q3.3.2 2 GO TO SECTION 4 98 99								
INT	INTERVIEWER SAYS: Now I am going to ask you to use the patient register to tell me the number of male and female patients who came to this clinic in the last two months.										
3.3.2	Using the register, could you please tell me the number of male and female patients under 5 years old which came to this clinic in the last 2 months?	Males <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> Females <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> DON'T KNOW REFUSED									0-9997 0-9997 9998 9999
3.3.3	Using the register, could you please tell me the number of male and female patients aged 5-18 years old seen in the last 2 months?	Males <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> Females <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> DON'T KNOW REFUSED									0-9997 0-9997 9998 9999
3.3.4	Using the register, could you please tell me the number of male and female patients over 18 years old seen in the last 2 months.	Males <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> Females <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> DON'T KNOW REFUSED									0-9997 0-9997 9998 9999

4 OBSERVATIONAL COMPONENT

INT	INTERVIEWER SAYS: Now I am going to ask you to show me some things around your facility.
-----	--

DRINKING WATER

4.1	Please show me where you store your drinking water. IF POSSIBLE, OBSERVE AND NOTE THE TYPE OF WATER STORAGE IF NOT POSSIBLE, ASK: Could you tell me how your drinking water is stored?	COVERED, ACCESSED BY POURING / TAP	1
			2
		COVERED, ACCESSED BY DIPPING	3
			4
		UNCOVERED, ACCESSED BY POURING / TAP	98
		UNCOVERED, ACCESSED BY DIPPING	99
		DON'T KNOW	
		REFUSED	
4.2	DO NOT ASK; ENUMERATOR RECORDS RESPONSE TO ENUMERATOR: WAS WATER STORAGE OBSERVED?	YES	1
		NO, NO PERMISSION GIVEN	2
		NO, TOO FAR AWAY	3

TAPS AND STANDPIPES

4.3	<p>Please show me where the taps or standpipes are in this facility.</p> <p>PROMPT: Are there any taps or standpipes where students / patients are able to wash their hands?</p> <p>PROMPT: Is there water and a cleansing agent available?</p> <p>PROMPT: Are there any other stations where students / patients are able to wash their hands?</p>	<p>OBSERVED</p> <p>NOT OBSERVED:</p> <p>NOT ON FACILITY</p> <p>NO PERMISSION TO SEE</p> <p>OTHER REASON NOT OBSERVED</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p>
4.4	TOTAL NUMBER OF STATIONS OBSERVED:	NUMBER OF TAPS <input type="text"/>	0-99
4.5	TOTAL NUMBER OF TAPS / STANDPIPES OBSERVED:	NUMBER OF STATIONS <input type="text"/>	0-99
4.6	<p>NUMBER OF STATIONS WHERE BOTH WATER AND CLEANSING AGENT WERE OBSERVED:</p> <p>NOTE: CLEANSING AGENT INCLUDES SOAP OR DETERGENT, ALCOHOL, ASH, MUD, OR SAND</p>	NUMBER OF STATIONS <input type="text"/>	0-99
4.7	NUMBER OF STATIONS WHERE WATER ONLY WAS OBSERVED:	NUMBER OF STATIONS <input type="text"/>	0-99
4.8	NUMBER OF STATIONS WHERE CLEANSING AGENT ONLY WAS OBSERVED:	NUMBER OF STATIONS <input type="text"/>	0-99
4.9	NUMBER OF STATIONS WHERE NEITHER WATER NOR CLEANSING AGENT WAS OBSERVED:	NUMBER OF STATIONS <input type="text"/>	0-99
4.10	ENUMERATOR SAYS: Are there any other water stations which we were not able to see today?	<p>YES</p> <p>NO</p> <p>DON'T KNOW</p> <p>REFUSED</p>	<p>1 GO TO Q4.11</p> <p>2 GO TO Q4.13</p> <p>98 GO TO Q4.13</p> <p>99 GO TO Q4.13</p>
4.11	<p>ENUMERATOR SAYS: What is the total number of water stations we were not able to see?</p> <p>RECORD NUMBER OF STATIONS MENTIONED</p>	<p>NUMBER OF STATIONS <input type="text"/></p> <p>DON'T KNOW</p> <p>REFUSED</p>	<p>0-97</p> <p>98</p> <p>99</p>
4.12	<p>ENUMERATOR SAYS: And what is the total number of taps or standpipes at the stations we were not able to see?</p> <p>RECORD NUMBER OF TAPS MENTIONED</p>	<p>NUMBER OF TAPS <input type="text"/></p> <p>DON'T KNOW</p> <p>REFUSED</p>	<p>0-97</p> <p>98</p> <p>99</p>

FIRST TOILET BLOCK

INT	INTERVIEWER SAYS: Please can you tell me which of the following you have at this school / health centre READ AND CODE ALL:		
		A mixed toilet block / block for both sexes	1
		A toilet block for females only	2
		A toilet block for males only	3

INT	IF SCHOOL / CENTRE HAS A MIXED TOILET BLOCK / TOILET BLOCK FOR BOTH SEXES IF NOT GO TO 4.18		
4.13	INTERVIEWER SAYS: Please show me the toilet block both sexes? IF MORE THAN ONE ASK TO SEE THE BLOCK MOST FREQUENTLY USED	OBSERVED NOT OBSERVED: NOT ON FACILITY NO PERMISSION TO SEE OTHER REASON NOT OBSERVED	1 2 3 4
4.14	OBSERVATION ONLY: OBSERVE TYPE OF TOILET	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM FLUSH TO SEPTIC TANK FLUSH TO PIT LATRINE FLUSH TO SOMEWHERE ELSE FLUSH, DON'T KNOW WHERE PIT LATRINE VENTILATED IMPROVED PIT (VIP) PIT LATRINE WITH SLAB PIT LATRINE W/O SLAB (OPEN PIT) COMPOSTING TOILET BUCKET TOILET HANGING TOILET/LATRINE NO FACILITY/BUSH/FIELD OTHER (SPECIFY)	11 12 13 14 15 21 22 23 31 41 51 61 96
4.15	OBSERVATION ONLY: ACCESSIBILITY ACCESSIBLE MEANS FACILITY IS NOT FLOODED OR LOCKED, OR KEY IS PROVIDED AND OBSERVER IS ABLE TO SEE INSIDE	ACCESSIBLE INACCESSIBLE	1 2

	INACCESSIBLE MEANS FACILITY IS FLOODED OR LOCKED AND OBSERVER UNABLE TO SEE INSIDE		
4.16	OBSERVATION ONLY: STATE OF FACILITY	CLEAN DIRTY BUT NO SIGNS OF SEPTIC MATTER CONTAMINATED, SIGNS OF SEPTIC OR FECAL MATTER OR LEAKAGE	1 2 3
4.17	OBSERVATION ONLY: IS THERE A HANDWASHING STATION WITHIN THE TOILET OR VISIBLE FROM THE TOILET ENTRANCE?	YES NO	1 2

IF SCHOOL / CENTRE HAS A MIXED TOILET BLOCK / TOILET BLOCK FOR BOTH FEMALES ONLY IF NOT GO TO 4.25			
4.18	INTERVIEWER SAYS: Please show me the toilet block for females only? IF MORE THAN ONE ASK TO SEE THE BLOCK MOST FREQUENTLY USED	OBSERVED NOT OBSERVED: NOT ON FACILITY NO PERMISSION TO SEE OTHER REASON NOT OBSERVED	1 2 3 4
4.20	ASK OR RECORD: Is this facility for males or females?	MALES FEMALES	1 2
4.21	OBSERVATION ONLY: OBSERVE TYPE OF TOILET	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM FLUSH TO SEPTIC TANK FLUSH TO PIT LATRINE FLUSH TO SOMEWHERE ELSE FLUSH, DON'T KNOW WHERE PIT LATRINE VENTILATED IMPROVED PIT (VIP) PIT LATRINE WITH SLAB PIT LATRINE W/O SLAB (OPEN PIT) COMPOSTING TOILET BUCKET TOILET HANGING TOILET/LATRINE NO FACILITY/BUSH/FIELD OTHER (SPECIFY)	11 12 13 14 15 21 22 23 31 41 51 61 96
4.22	OBSERVATION ONLY: ACCESSIBILITY	ACCESSIBLE INACCESSIBLE	1 2
4.23	OBSERVATION ONLY: STATE OF FACILITY	CLEAN DIRTY BUT NO SIGNS OF SEPTIC MATTER CONTAMINATED, SIGNS OF SEPTIC OR FECAL MATTER OR LEAKAGE	1 2 3

ANNEX 7 INSTITUTIONAL ASSESSMENT GUIDE

4.24	OBSERVATION ONLY: IS THERE A HANDWASHING STATION WITHIN THE TOILET OR VISIBLE FROM THE TOILET ENTRANCE?	YES	1
		NO	2

IF SCHOOL / CENTRE HAS A MIXED TOILET BLOCK / TOILET BLOCK FOR BOTH MALES ONLY IF NOT GO TO 4.31			
4.25	INTERVIEWER SAYS: Please show me the toilet block for males only? IF MORE THAN ONE ASK TO SEE THE BLOCK MOST FREQUENTLY USED	OBSERVED	1
		NOT OBSERVED:	
		NOT ON FACILITY	2
		NO PERMISSION TO SEE	3
		OTHER REASON NOT OBSERVED	4
4.26	ASK OR RECORD: Is this facility for males or females?	MALES	1
		FEMALES	2
		MALES AND FEMALES	3
4.27	OBSERVATION ONLY: OBSERVE TYPE OF TOILET	FLUSH OR POUR FLUSH TOILET	11
		FLUSH TO PIPED SEWER SYSTEM	12
		FLUSH TO SEPTIC TANK	13
		FLUSH TO PIT LATRINE	14
		FLUSH TO SOMEWHERE ELSE	15
		FLUSH, DON'T KNOW WHERE	21
		PIT LATRINE	22
		VENTILATED IMPROVED PIT (VIP)	23
		PIT LATRINE WITH SLAB	31
		PIT LATRINE W/O SLAB (OPEN PIT)	41
		COMPOSTING TOILET	51
		BUCKET TOILET	61
		HANGING TOILET/LATRINE	96
4.28	OBSERVATION ONLY: ACCESSIBILITY	ACCESSIBLE	1
		INACCESSIBLE	2

4.29	OBSERVATION ONLY: STATE OF FACILITY	CLEAN	1
		DIRTY BUT NO SIGNS OF SEPTIC MATTER	2
		CONTAMINATED, SIGNS OF SEPTIC OR FECAL MATTER OR LEAKAGE	3
4.30	OBSERVATION ONLY: IS THERE A HANDWASHING STATION WITHIN THE TOILET OR VISIBLE FROM THE TOILET ENTRANCE?	YES	1
		NO	2

4.31	FOR SCHOOLS ONLY, ASK: Are there separate facilities for teachers and students?	YES	1
		NO	2

5 CLOSING

Thank you for participating in our survey. This information is important for understanding how well the government water and sanitation programme is operating in your area. We are grateful for your time and will use what you have told us carefully.

In the next few days my supervisor may contact you to assess the quality of my work and answer any other questions you may have.



Annex 8 – Household Wealth Index

ANNEX 8 Household Wealth Index

Household Wealth Index: Assets	
Share facilities with other households	<ul style="list-style-type: none"> Public tap / standpipe
Electricity	<ul style="list-style-type: none"> Tube well or borehole
Watch/Clock	<ul style="list-style-type: none"> Protected dug well
Radio	<ul style="list-style-type: none"> Unprotected dug well
Television	<ul style="list-style-type: none"> Protected Spring
Mobile telephone	<ul style="list-style-type: none"> Unprotected Spring
Telephone (non-mobile)	<ul style="list-style-type: none"> Rain
Refrigerator	<ul style="list-style-type: none"> Tanker truck
Table	<ul style="list-style-type: none"> Cart with small tank
Chair	<ul style="list-style-type: none"> Surface water-river, lake, dam, etc.
Bed with cotton/sponge/spring mattress	<ul style="list-style-type: none"> Water from bottle
Electric mitad	<ul style="list-style-type: none"> Other water source
Kerosene lamp/pressure lamp	Toilet
Bicycle	<ul style="list-style-type: none"> Flush toilet to sewer
Motorcycle or Scooter	<ul style="list-style-type: none"> Flush toilet to septic tank
Animal-drawn cart	<ul style="list-style-type: none"> Flush toilet to pit latrine
Car or Truck	<ul style="list-style-type: none"> Flush toilet to elsewhere
Bank account	<ul style="list-style-type: none"> VIP latrine
Domestic servant in household	<ul style="list-style-type: none"> Pit latrine with slab
Owns a dwelling	<ul style="list-style-type: none"> Traditional pit latrine
LAND Owns agricultural land	<ul style="list-style-type: none"> Composting toilet/ecosan
Water source	<ul style="list-style-type: none"> Bucket toilet
<ul style="list-style-type: none"> Piped into dwelling 	<ul style="list-style-type: none"> Hanging toilet/latrine
<ul style="list-style-type: none"> Piped into dwelling 	<ul style="list-style-type: none"> No facility/bush/field

ANNEX 8 HOUSEHOLD WEALTH INDEX

Household Wealth Index: Assets	
<ul style="list-style-type: none"> Piped into yard/plot 	<ul style="list-style-type: none"> Other type of latrine/toilet
	<ul style="list-style-type: none"> Shares latrine/toilet with other households
Floor	Roof
Earth, sand, dung	<ul style="list-style-type: none"> No roof
Rudimentary wood plank, palm, bamboo	<ul style="list-style-type: none"> Thatch/palm/sod roof
Polished wood	<ul style="list-style-type: none"> Rustic mat / plastic roof
Vinyl, asphalt strip	<ul style="list-style-type: none"> Reed / bamboo roof
Ceramic tile	<ul style="list-style-type: none"> Wood planks roof
Cement	<ul style="list-style-type: none"> Cardboard roof
Carpeted	<ul style="list-style-type: none"> Iron sheet roof
Other type of flooring	<ul style="list-style-type: none"> Wood roof
Walls	<ul style="list-style-type: none"> Asbestos / cement fibre roof
<ul style="list-style-type: none"> No walls 	<ul style="list-style-type: none"> Concrete roof
<ul style="list-style-type: none"> Cane/palm/trunks/dirt walls 	<ul style="list-style-type: none"> Roofing shingles roof
<ul style="list-style-type: none"> Bamboo with mud walls 	<ul style="list-style-type: none"> Other type of roof
<ul style="list-style-type: none"> Stone walls with lime/cement 	Cooking Fuel
<ul style="list-style-type: none"> Uncovered adobe walls 	<ul style="list-style-type: none"> Electricity
<ul style="list-style-type: none"> Plywood walls 	<ul style="list-style-type: none"> LPG
<ul style="list-style-type: none"> Cardboard walls 	<ul style="list-style-type: none"> Natural gas
<ul style="list-style-type: none"> Reused wood walls 	<ul style="list-style-type: none"> Biogas
<ul style="list-style-type: none"> Cement walls 	<ul style="list-style-type: none"> Kerosene
<ul style="list-style-type: none"> Baked brick walls 	<ul style="list-style-type: none"> Charcoal
<ul style="list-style-type: none"> Cement block walls 	<ul style="list-style-type: none"> Wood
<ul style="list-style-type: none"> Covered adobe walls 	<ul style="list-style-type: none"> Straw
<ul style="list-style-type: none"> Wood planks, shingles walls 	<ul style="list-style-type: none"> Agricultural crop
<ul style="list-style-type: none"> Other type of walls 	<ul style="list-style-type: none"> Dung

ANNEX 8 HOUSEHOLD WEALTH INDEX

Household Wealth Index: Assets	
	<ul style="list-style-type: none">• Does not cook
	<ul style="list-style-type: none">• Other fuel



Annex 9 – Logframe

Annex 9: DFID Log Frame (draft)

* version as of 30 June 2015

PROJECT NAME	Ethiopia - Water Supply, Sanitation and Hygiene Programme (WaSH)										
Impact	Impact Indicator 1			Baseline (Captures the baseline values and preparatory activities undertaken during Aug 2013 to July 14) Reported in Sept. 2014	Start-up Milestone to be achieved by March 2015 reported in April 15	Milestone 1 to be achieved by October 2015 reported in April 16	Milestone 2 to be achieved by October 2016 reported in April 17	Milestone 3 to be achieved by October 2017 reported in April 18	Milestone 4 to be achieved by October 2018 reported in April 19	Programme Target (Reported in April 19)	Note: This project was approved by DFID in August 2013. Considering the fact that the first year of the project was primarily spent on preparatory activities (i.e. development of the Programme Operational Manual, Code of Conduct, Memorandum of Understandings, and, Fiduciary, Environmental, Social and Resettlement risks management plans), DFID Ethiopia has decided to treat the first year of the project (initial 11 months, Aug 2013 - June 2014, of the project to match with the Ethiopian financial/reporting
Improved household health and socio-economic status of poor people	Under 5 mortality rate per 1,000 live births (disaggregated by gender and income level)	Planned							65	65	
		Achieved									
		Source									
		Baseline estimate will be taken from Mini DHS 2014 and end line estimate from Full DHS 2016/17									
	Impact Indicator 2			Baseline	Start-up Milestone	Milestone 1	Milestone 2	Milestone 3	Milestone 4	Programme Target	
		Planned							10%	10%	
	Prevalence of diarrhoeal disease in U5 (disaggregated by gender)	Achieved									

ANNEX 9 DFID LOGFRAME

	and income level)										year) as the baseline year.
			Source								
			Baseline estimate will be taken from Mini DHS 2014 and end line estimate from Full DHS 2016/17								
OUTCOME 1	Outcome Indicator 1a			Baseline	Start-up Milestone	Milestone 1	Milestone 2	Milestone 3	Milestone 4	Programme Target	
Increase in number of people (in rural areas and small/medium towns) using improved sources of water supply	Number of people with sustainable access to clean drinking water through DFID support (DFID standard indicator) (cumulative) (disaggregated by component, gender, age, and income level).	Planned	Urban	0							
			Rural								
			WaSH PLUS					100,000		100,000	
			Institutional								
			Total							1,679,233	
		Achieved	Urban								
			Rural								
			WaSH PLUS								
			Institutional								
			Total								
			Source								
			WASH MIS, WASH PLUS project reports, impact evaluation								
											Assumptions
		Outcome Indicator 1b			Baseline	Start-up Milestone	Milestone 1	Milestone 2	Milestone 3	Milestone 4	Programme Target
Proportion of people using improved water supply (disaggregated by rural/urban, gender, age,	Planned	Rural	56.1								
		Urban	87								
		Total	57						96		
Achieved	Rural										

ANNEX 9 DFID LOGFRAME

	and income level)		Urban									appropriate to deliver key health and nutritional impacts	
			Total										
			Source										<p>§ Programme can contribute to the emerging but currently limited evidence on WaSH, gender and nutrition</p> <p>§ Major Political unrest / conflict does not impact on delivery</p> <p>§ New waterpoints maintain appropriate quality and quantity of affordable water through project lifetime, improvements to sanitation and increased levels of use are sustained through project lifetime.</p>
			Annual progress report of the MoWIE, WASH MIS and UNICEF data, impact evaluation										
OUTCOME 2	Outcome Indicator 2a			Baseline (June 14)	Start-up Milestone (March 15)	Milestone 1 (March 16)	Milestone 2 (March 17)	Milestone 3 (March 18)	Milestone 4 (March 19)	Target (date) (March 20)			
Increase in number of people using improved sanitation facilities and	Number of additional people with sustainable access to an improved	Planned	Urban	0									
			Rural	0									
			WaSH PLUS	0				250,000		250,000			

ANNEX 9 DFID LOGFRAME

hygiene practices	sanitation facility through DFID support (DFID standard indicator) (Annual achievement) (disaggregated by component, gender, age, and income level)		Institutional	0								
			Total	0						1,679,233		
		Achieved	Urban									
			Rural									
			WaSH PLUS									
			Institutional									
			Total									
			Source									
			Annual progress report of the MoWIE, WASH MIS and UNICEF data, impact evaluation									
		Outcome Indicator 2b			Baseline	Start-up Milestone	Milestone 1	Milestone 2	Milestone 3	Milestone 4	Programme Target	
Proportion of people using sanitation facilities by type: basic, improved, none (practicing open defecation) (disaggregated by component, improved/uni improved, gender, age, and income level)	Planned	Basic								82		
		Improved	28							23.8		
		None	37							27		
	Achieved	Basic									82	
		Improved										
		None										
		Source										
		Annual progress report of the MoWIE and MoH, WASH MIS and UNICEF data, impact evaluation										
	Outcome Indicator 2c			Baseline	Start-up Milestone	Milestone 1	Milestone 2	Milestone 3	Milestone 4	Programme Target		

ANNEX 9 DFID LOGFRAME

	Proportion of people practicing handwashing at critical times (disaggregated by component, gender, age, and income level)	Planned									
		Achieved								77	
		Source									
		Annual progress report of the MoWIE and MoH, DHS, impact evaluation									
	Outcome Indicator 2d		Baseline	Start-up Milestone	Milestone 1	Milestone 2	Milestone 3	Milestone 4	Programme Target		
	Proportion of people practicing safe water storage and treatment (disaggregated by component, gender, age, and income level)	Planned	Rural	11.8							
			Urban								
			Total							77	
		Achieved	Rural								
			Urban								
			Total								
		Source									
		Annual progress report of the MoWIE and MoH, JMP data, impact evaluation									
INPUTS (£)	DFID (£)		Gov. (£)		Other (£)		Total (£)	DFID SHARE (%)			

ANNEX 9 DFID LOGFRAME

	106 million			137million		197.6million (other DPs) tbc		350.6m	30% (note: estimation of inputs includes projections and pipeline values and is therefore subject to further refinement	
INPUTS (HR)	DFID (FTEs)									
	0.8 FTE of a A2 (WaSH) Advisor; 0.3 FTE of A1 Advisors/Team Leader; 0.33 FTE of a B1 Programme Manager									
OUTPUT 1	Output Indicator 1.1			Baseline	Start-up Milestone	Milestone 1	Milestone 2	Milestone 3	Milestone 4	Programme Target
Increase in functional water points in rural areas and small/medium towns	Number of water supply schemes constructed and/or rehabilitated attributable to DFID (milestones beyond 2014/15 will be further refined following the completion of the feasibility studies for	Planned	Urban	0						34
			Rural	0						7,268
			WaSH Plus	0	Feasibility study and detail design for the 8 towns and the satellite villages conducted					TBD
			Schools	0						839
			Health clinics	0						284
			Total CWA	0						8,425+

ANNEX 9 DFID LOGFRAME

small towns) (disaggregated by component)	Achieved	Urban									
		Rural									
		Of which, WaSH PLUS		The feasibility studies and detail designs in the 8 towns and about 40 satellite villages has been completed. And CWA Work Plan and Procurement Plan							
		Schools									
		Clinics									
		Total CWA									
		Source									
	WASH National MIS, WASH PLUS Project report										
	Output Indicator 1.2			Baseline	Start-up Milestone	Milestone 1	Milestone 2	Milestone 3	Milestone 4	Programme Target	Assumptions
	Proportion of people with access to drinking water supply (GoE indicator defined as an availability of a water source/point within 1.5km	Planned	Urban	45-49							
Rural			75-82								
Total			50-54								
Achieved		Urban									
		Rural									
		Total									
Source											

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	of their homes in rural areas, and within 0.5km of their homes in urban areas) (disaggregated by component, gender, age, and income level)	WASH National MIS, Annual progress report of the MoWIE and MoH								
Output Indicator 1.3			Baseline	Start-up Milestone	Milestone 1	Milestone 2	Milestone 3	Milestone 4	Programme Target	Assumptions
% of water supply schemes functional (disaggregated by component)	Planned	Urban								assumes that inflation of unit costs not more than 9% PFM and controls limit significant cases of fraud and corruption Access to waterpoints leads to greater use and facilitates improved hygiene practices
		Rural	92-96							
		Of which, WaSH PLUS	74.5	Feasibility study for resilient WaSH services conducted and satellite villages identified						
		Schools		Feasibility study and design finalized and targets for institutional WaSH set in the CWA WP						
		Clinics								
		Total								
		Achieved								

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			Of which, WaSH PLUS	NWI 2011	Identification of satellite villages around the 8 selected towns and feasibility studies for resilient WASH service delivery have been finalized.						
			Schools		The feasibility studies and detail designs to determine the number of schools with girl's friendly school/ WaSH facilities have been finalized. Specific targets for Institutional WaSH have been set in the CWA						
			Clinics								
			Total								
IMPACT WEIGHTING (%)			Source								
30			WASH Plus Project Reports and WaSH MIS								
INPUTS (£)	DFID (£)							Total (£)	DFID SHARE (%)		

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INPUTS (HR)		DFID (FTEs)									
		as above									
OUTPUT 2	Output Indicator 2.1			Baseline	Start-up Milestone	Milestone 1	Milestone 2	Milestone 3	Milestone 4	Programme Target	
Increase in functional sanitation facilities in rural areas and small/medium towns	Number of sanitation facilities constructed and/or rehabilitated attributable to DFID (disaggregated by component)	Planned	Urban	0						34	
			Rural	0						204,248	
			WaSH PLUS	0	Feasibility study and detail design for the 8 towns and the satellite villages conducted						TBD
			Schools	0							778
			Clinics	0							519
			Total CWA	0							205,579 +
			Achieved								
		Urban									
		Rural									
		WaSH PLUS			The feasibility studies and detail designs in the 8 towns and about 40 satellite villages has been completed. And CWA Work Plan and						

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				Procuremnt Plan						
		Schools								
		Clinics								
		Total CWA								
		Source								
		WASH National MIS, WASH PLUS Project report								
Output Indicator 2.2			Baseline	Start-up Milestone	Milestone 1	Milestone 2	Milestone 3	Milestone 4	Programme Target	Assumptions
Proportion of people / institutions (schools and clinics) with access to improved sanitation facility / excreta removal (GoE indicator) (disaggregated by component, and where possible by gender, age, and income level)	Planned	Urban								
		Rural								
		Institutional								
		Total								
	Achieved	Urban								
		Rural								
		institutional								
		Total								
	Source									
	WASH National MIS, Annual progress report of the MoWIE and MoH									
Output Indicator 2.3			Baseline	Start-up Milestone	Milestone 1	Milestone 2	Milestone 3	Milestone 4	Programme Target	Assumptions
	Planned	Urban								

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	% of improved sanitation schemes functional (disaggregated by component and region)		Rural									
			WaSH PLUS		Feasibility study for resilient WaSH services conducted and satellite villages identified							
			Schools									
			Clinics									
			Total									
		Achieved	Urban									
			Rural									
			WaSH PLUS		Identification of satellite villages around the 8 selected towns and feasibility studies for resilient WASH service delivery have been finalized.							
			Schools									
			Clinics									
				Total								
		IMPACT WEIGHTING (%)		Source								
		40		WASH Plus Project Reports and WaSH MIS								

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INPUTS (£)	DFID (£)			Other (£)				Total (£)	DFID SHARE (%)	
INPUTS (HR)	DFID (FTEs)									
	as above									
OUTPUT 3	Output Indicator 3.1			Baseline	Start-up Milestone	Milestone 1	Milestone 2	Milestone 3	Milestone 4	Programme Target
Strengthened capacity of government and private sector for delivering and sustaining WASH results	Proportion of OWNP- CWA budget utilized (utilisation rates) as against agreed annual budget	Planned		0	Initial disbursement of CWA DPS (WB, DFID, AfDB and UNICEF) released into the pooled account, the CWA.					95
		Achieved			World Bank, DFID and UNICEF have disbursed their initial contribution to the OWNP CWA in Nov. 2015. MoFED inturn has disbursed the funding to the target regions, woredas/districts.					
			Source							
WASH Plus Project, MoWE Progress reports										

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	Output Indicator 3.2			Baseline	Start-up Milestone	Milestone 1	Milestone 2	Milestone 3	Milestone 4	Programme Target	
	% of TWUs recovering costs	Planned	O&M costs								
			Full costs								
		Achieved	O&M costs								
			Full costs								
		Source									
		WASH Plus Project, MoWE Progress reports									
	Output Indicator 3.3			Baseline	Start-up Milestone	Milestone 1	Milestone 2	Milestone 3	Milestone 4	Programme Target	
	Number of competent private sectors (contractors, consultants, suppliers) in the WASH sector (milestones for the rest of the project period will be defined following the finalization of the bottle neck analysis under the WASH Plus project)	Planned		Terms of Reference for the Private sector bottle neck analysis finalized and study initiated	Bottleneck and Opportunities Analysis study conducted	Private sector bottle neck analysis conducted and report finalized					
		Achieved				The study has been carried out and draft report has been produced and is being reviewed .					
IMPACT WEIGHTING (%)	Source										

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20		WASH PLUS Project Reports									
INPUTS (£)	DFID (£)			Other (£)					Total (£)		
INPUTS (HR)	DFID (FTEs)										
	as above										
OUTPUT 4	Output Indicator 4.1			Baseline	Start-up Milestone	Milestone 1	Milestone 2	Milestone 3	Milestone 4	Programme Target	Assumptions
Effective preparatory arrangements and stakeholder engagement established for intended OWNPs support .	Proportion of DFID funding disbursed in to the OWNPs Consolidated WASH Account (for Component One)	Planned		GoE/DFID Bilateral MoU signed	CWA Account Established	19% of the funding realised	25% of the funding realised	25% of the funding realised	31% of the funding realised		All the prerequisites (PoM , CoC, MoU and the Fiduciary mitigation plan) finalized, agreed with GoE and signed
		Achieved			The Pooled Account, CWA established by MoFED, CWA Work Plan and Procurement Plan finalized and agreed. DFID has made its first contribution of £20m to the CWA						
		Source									
		MOWIE WaSH Plus Progress updates and the Biannual and Annual reports									
	Output Indicator 4.2			Baseline	Start-up Milestone	Milestone 1	Milestone 2	Milestone 3	Milestone 4	Programme Target	Medium

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	Programme start up arrangements in place (for the WASH PLUS UNICEF managed Project) (The remaining milestones be defined after the inception phase)	Planned		(A) The first disbursement released to UNICEF as per the signed MoU; and, (B) Inception report finalized.	Feasibility study and detail design of the small towns and satellite villages completed							
		Achieved			Feasibility study and detail design completed in the 8 towns and satellite villages							
			Source									
			WASH PLUS Project Progress update reports and meeting notes									
	Output Indicator 4.3			Baseline	Start-up Milestone	Milestone 1	Milestone 2	Milestone 3	Milestone 4	Programme Target	RISK RATING	
	Number of timely M&E reports submitted including Biannual financial and physical progress reports (This indicator and its milestones will be revisited and refined after the inception phase)	Planned		M&E TA terms of reference finalized and recruitment process initiated	M&E service provider procurement finalized	M&E TA in place, M&E Framework revised, and baseline data revised	Standard Biannual and annual progress and financial reports timely submitted	fully operationalized WaSH M&E system in place	reliable and timely WASH data and information are generated at all levels	reliable and timely WASH data and information are generated at all levels	Medium	
		Achieved			Procurement finalized and Team mobilized							
			Source									
			MoWIE progress reports									
	IMPACT WEIGHTING (%)											
	10											
	INPUTS (£)	DFID (£)		Other (£)				Total (£)				

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INPUTS (HR)	DFID (FTEs)										
	as above										