

Water, Sanitation, and Hygiene (WASH) Monitoring System

Briefing Note



WHY monitor? Displaced persons are at a high risk of contracting infectious diseases related to inadequate sanitation, poor hygiene, unsafe water, or other environmental health risks. Estimates suggest that children are up to 20 times more likely to die from diarrheal disease related to unsafe WASH than violence in conflict. Regular monitoring is required to ensure the technical integrity of WASH interventions and therefore the realization of the outcomes linked to health and protection. In addition, the right to water and sanitation is part of the universal rights essential for human survival and dignity. State and non-state actors have responsibilities to fulfil the right, and to be able to effectively ensure these rights are achieved requires regular, routine, and rigorous monitoring.

WHEN to monitor? Routine monitoring of the UNHCR core WASH indicators needs to be started immediately during the emergency phase and should be continued even after a durable solutions have been implemented, with the goal to integrate monitoring as quickly as possible into the regular monitoring carried out by government to measure against development objectives. This is regardless of whether the context is emergency, post-emergency, camp-based, non-camp based, urban, or rural. WASH programs should also monitor the rate of change of core WASH indicators to clearly show that the UNHCR target values will be met on-time. If the scale-up rates show that UNHCR target will not be met on-time, additional financial, material, and human resources should be allocated.

WHERE to monitor? UNHCR is mandated to ensure the safety and well-being of persons of concern, especially the most vulnerable members of the community including women, children, elderly, disabled, those with special needs, and other groups that may face marginalization. Therefore it is important that UNHCR staff and partners actively monitor access to and utilization of WASH services in the community as well as at the household level. Monitoring should also include the WASH facilities and services in health care and education facilities, as well as markets and other public places.

WHAT is monitored? UNHCR standards are aligned to the development

standards set by the Sustainable Development Goals as well as the emergency standards outline SPHERE.

Overarching Standard	
Universal and equitable access to safe and affordable drinking water (6.1), and adequate and equitable sanitation and hygiene for all, ending all practices of open defecation (6.2).	
Sector	Standard
Water supply	People have equitable and affordable access to water of sufficient quantity and quality to meet their drinking and domestic needs.
Hygiene	People are aware of key public health risks related to water, sanitation and hygiene, and can adopt individual, household and community measures to reduce them
Menstrual Hygiene	Women and girls of menstruating age, and males and females with incontinence, have access to hygiene products and WASH facilities that support their dignity and well-being
Sanitation	All excreta is safely contained to avoid contamination of the natural, living, learning, working and communal environments.
Waste Management	People can safely collect and potentially treat solid waste in their households. Healthcare settings maintain minimum WASH infection prevention and control standards

To measure the conditions against these standards, UNHCR has 18 key indicators at the community and household level which are systematically tracked through the WASH Monitoring System. These indicators include a mix of 10 progress indicators which allow for measurement of progress towards the standard (e.g. % of households), as well as 8 target indicators which have specific quantifiable targets that represent the minimum below which the standard is not being met (e.g. number of liters per person per day).

In addition, to ensure that WASH services in education and health institutions meets UNHCR standards, the WASH Monitoring System tracks 22 additional indicators. These indicators are described in the following table. UNHCR is working with the Joint Monitoring Programme for Water, Sanitation and Hygiene of WHO and UNICEF so that the data collected through the WASH Monitoring system can contribute to the reporting of for progress in WASH under the Sustainable Development Goals.

	Household	Community	Health Care Facilities	Schools
Water	<ol style="list-style-type: none"> 1. % of HH collecting water from protected or treated sources 2. % of HH with at least 10 litres/person potable water storage capacity 3. Average # l/p/d of potable water collected at the household level 4. Maximum distance [m] from household to potable water collection point 	<ol style="list-style-type: none"> 1. Average # litres of potable water available per person per day 2. Number of persons per usable handpump / well / spring 3. Number of persons per usable water tap 4. % water quality tests at non chlorinated water collection locations with 0 CFU / 100mL 5. % of water quality tests at chlorinated water collection locations with FRC in the range of 0.2-2.0 mg/L and turbidity < 5 NTU 	<ol style="list-style-type: none"> 1. % of health facilities with an improved water source 2. % of health facilities with the main water source on premises 3. % of health facilities where water from the main source was available on the day of the survey 	<ol style="list-style-type: none"> 1. % of schools with an improved water source 2. % of schools with the main water source on premises 3. % of schools where water from the main source was available on the day of the survey
Sanitation	<ol style="list-style-type: none"> 5. % of HH reporting defecating in a toilet 6. % of HH with household latrine/toilet 	<ol style="list-style-type: none"> 6. Number of persons per latrine/toilet 7. % of HH with household latrine/toilet 	<ol style="list-style-type: none"> 4. % of health care facilities with improved toilets 5. # usable toilets (available, functional and private) 6. % of health facilities with toilets separated by sex 7. % of health facilities with toilets that are clean at the time of the survey 	<ol style="list-style-type: none"> 4. % of schools with improved toilets 5. # usable girls' toilets (available, functional and private) and boys' toilets and urinals 6. % of schools with toilets separated by sex 7. % of schools with toilets that are clean at the time of the survey
Hygiene	<ol style="list-style-type: none"> 7. % of HH with access to soap 	<ol style="list-style-type: none"> 8. Number of persons per bath shelter / shower 9. Number of persons per hygiene promoter 	<ol style="list-style-type: none"> 8. % health care facilities with soap and water (or alcohol-based hand rub) currently available in consultation rooms and within 5m of toilets 9. % health care facilities with protocols for cleaning (floor, sink, spillage of blood or bodily fluid) and where all staff responsible for cleaning have received training 	<ol style="list-style-type: none"> 8. % schools with soap and water within 5m of toilets
Menstrual Hygiene	<ol style="list-style-type: none"> 8. % of recipient women of reproductive age who are satisfied with menstrual hygiene management materials and facilities 		<ol style="list-style-type: none"> 10. % of health care facilities where female toilets have facilities to manage menstrual hygiene needs 	<ol style="list-style-type: none"> 9. % of schools with water, soap and a private space for girls to manage menstrual hygiene 10. % of schools with covered bins for disposal of menstrual hygiene materials
Waste	<ol style="list-style-type: none"> 9. % of HH with access to a solid waste disposal facility 		<ol style="list-style-type: none"> 11. % health care facilities where sharps, infectious and general waste are safely separated and adequately treated and disposed 	<ol style="list-style-type: none"> 11. % of schools with an appropriate solid waste disposal system

Components of the WASH Monitoring System

The WASH Monitoring System consists of five components: Annual Knowledge Attitudes and Practices (KAP) Household survey, Monthly Report Card, Balanced Score card, WASH in Schools Checklist, and the GIS Portal. These components are described in the figure and table below.

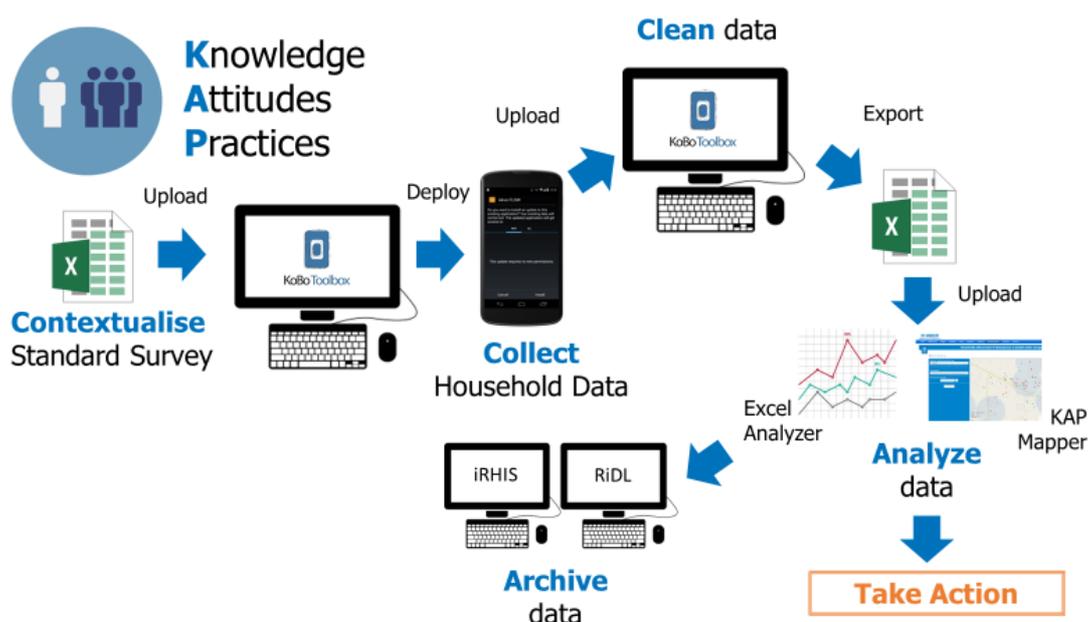


Theme	Tool	Frequency	Data collection / Entry
 Household	Annual KAP Survey	Annual per site	Mobile data collection
 Community	Monthly Report Card	Monthly per site	Integrated refugee health information system (iRHIS)
 Health Care Facilities	Balanced Score Card	Annual per HCF	Mobile data collection
 School	WASH in Schools Checklist	Annual per school	Mobile data collection
 Infrastructure Assets	GIS portal	As necessary	Online portal

I. Monthly Report Card is a monthly update of 8 access indicators derived from partner reporting. This secondary data is manually entered in the online data repository included in the integrated Refugee Health Information System (iRHIS). From the entered data, the access indicators are calculated. In addition, the analyzed data from the KAP or the Rapid Survey can be entered in to forms on iRHIS. Reports can be generated for all data entered on the [WASH dashboard](#).



II. Annual Knowledge Attitudes and Practices (KAP) Survey is a household survey which collects information on water collection and storage, drinking water hygiene, sanitation infrastructure, hygiene knowledge and behaviors, etc. Data collection should be done on an annual basis in all sites using mobile phones and the standard survey form. An excel based analysis tool as well as an online geographic analysis tool are available to assist with data analysis and presentation. The figure below illustrates the tools available along the data flow.



The Rapid Household Survey uses the same survey and analysis tools as the KAP, but is designed with a sub-set of the 9 key household indicators. This survey is designed for deployment during emergencies and utilizes a unique sampling technique called random location cluster sampling.

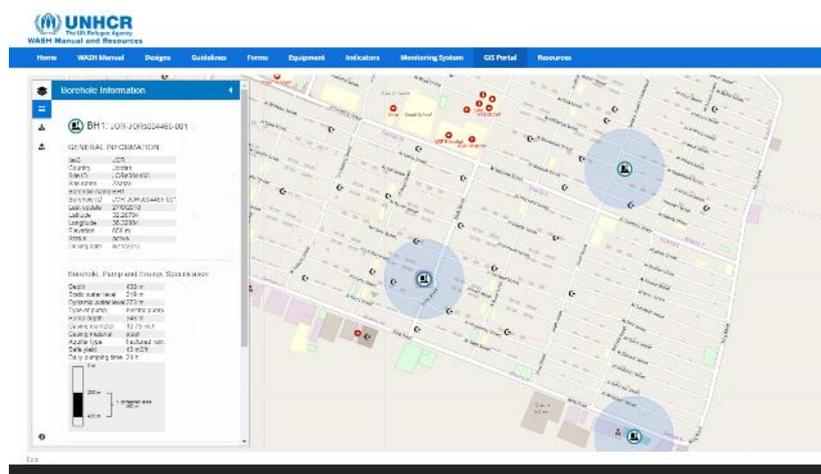


Both the KAP and the Rapid Survey are household surveys which can be collected using mobile data collection or paper based forms (Photo: © UNHCR/Roger Arnold)

III. Balanced Score Card is a mobile data collection form that is used to collect information on WASH services in Health Care Facilities. The data that is produced provides information on 8 key indicators for health care facilities. The survey should be carried out at least once a year in all clinics or health centers in UNHCR managed sites.

IV. WASH in Schools Checklist is the monitoring tool that is applied to all education facilities in UNHCR managed sites. The data that is produced provides information on 10 key indicators for education facilities. Similar to the Balanced Score card, this survey should be carried out at least once a year in each school or educational facility in a UNHCR planned or managed site.

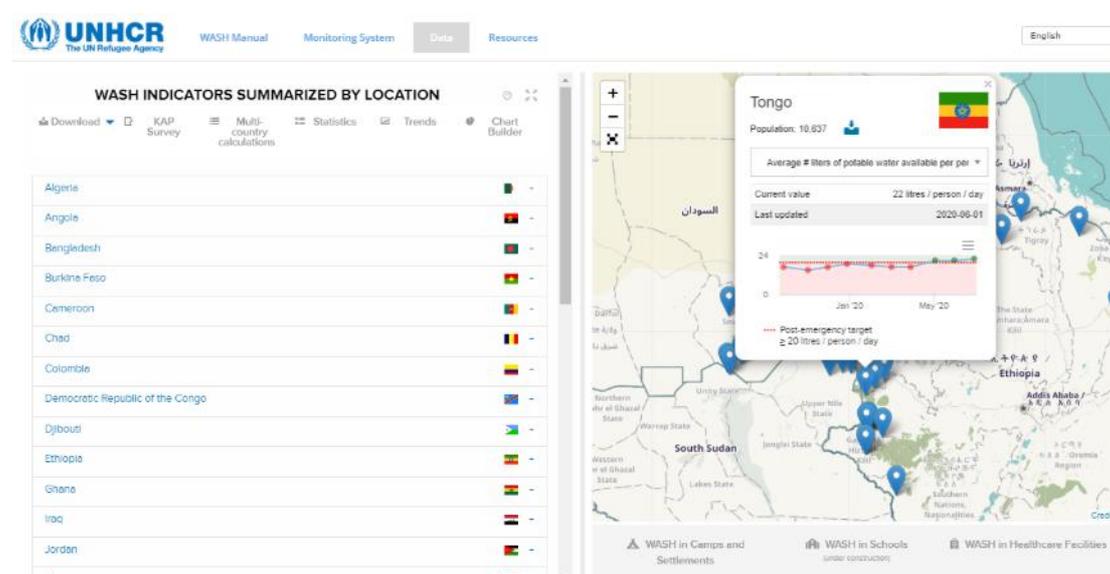
V. GIS Portal is a database of the boreholes located within refugee camps and settlements. The database contains information on the infrastructure, hydrogeology, lithology, and water quality parameters. This information is linked to the KAP mapper which analyses data from the household survey. It also has the potential to be used for asset management and groundwater and water quality monitoring purposes.



Outputs

There are a number of outputs of the WASH Monitoring system including:

1) WASH Dashboard on the wash.unhcr.org website presents a summary of the key WASH indicators for household, community, and institutions (schools and health care facilities). All the data can be downloaded or it can be analyzed on the dashboard. Anyone can look at individual indicators or statistics, historical trends, and generate reports by site, country, region or global. The dashboard also provides information on the WASH-related indicators of the renewed UNHCR Results-Based Management system.



2) Country and Site Reports are created by UNHCR staff and partners in each site and operation following the Annual KAP surveys (or Rapid Household Surveys). These reports along with the cleaned datasets, questionnaires are available:

- Internally (UNHCR Staff only) through Raw Internal Data Library (RiDL): <https://ridl.unhcr.org/>
- Externally (with approval) to anonymized data on Microdata Library: <https://microdata.unhcr.org>

3) Global WASH Trends Report is an annual report that tracks service levels following the sustainable development goal targets 6.1 and 6.2. for persons of concern (in and out of camp). UNHCR will publish the first Global WASH Trends Report in 2021.

For more information visit:

wash.unhcr.org



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