

1. Background

UN-Habitat is the Executing Agency (EA) for Global Sanitation Fund Programme in Nepal supported by Water Supply and Sanitation Collaborative Council (WSSCC). WSSCC is the United Nations body devoted solely to the sanitation and hygiene needs of the most vulnerable and marginalized people. In 2008, WSSCC established the Global Sanitation Fund (GSF) to boost finances into countries with high needs for sanitation.

Nepal is one of the Asian countries selected to receive GSF commitment worth over USD 15.2 million for 10 years in support of the country's National Sanitation Campaign. The Programme started in October 2010 and is expected to end in December 2020. UN Habitat is the Executing Agency (EA) to coordinate the implementation of the grant in the country supporting 125 sub grants in 19 districts of Nepal with 60 government and NGO partners. Programme interventions are considered as a 'magnifying glass' for learning on the process of implementing specific sanitation and hygiene interventions for scale up country wide to achieve the milestone of ODF Nepal by 2017, achieved in September 2019. In the 19 districts where the Programme operates, interventions have reached 1.2 million households with more than 6 million beneficiaries.

Like other GSF supported country programmes the main goal of the Programme is to ensure “Communities attain and sustain open defecation free status, households and institutions gain, increased access and use of improved sanitation facilities, coupled with changed sanitation and hygiene behaviours at scale.” By the end of the implementation of the Programme all beneficiaries are expected to live in open defecation free environments, meaning having access to at least basic latrines and hand washing facilities, with at least six million beneficiaries having access to and using improved sanitation facilities. The Programme is also expected to contribute to implementation of the Total Sanitation Guideline.

1.1. Programme Background

The programme organization structure involves several levels. WSSCC/GSF is the Donor. The Government of Nepal is the Programme coordinating unit at national level, known as PCM within the Programme, with leadership of the Joint Secretary of Ministry of Water Supply and Sanitation (MoWSS) in Chair role of National Sanitation and Hygiene Coordination Committee (NSHCC). The PCM ensures that the Programme complies with national policies, strategies, and guidelines during its implementation. UN-Habitat, the executing agency (EA), which in turn makes sub-grants available to implementing partners and other stakeholders.

The Programme uses a community led total sanitation (CLTS) approach in partnership with local governments. The CLTS approach involves creating demand and triggering for sanitation and hygiene behaviour change, along by implementing sanitation and marketing promotion to ensure that beneficiaries adopt latrines that meet Programme standards for quality and affordability. To ensure affordable cost to all community members, the Programme also supports a microfinance approach through Municipal / Village and ward level WASH Coordination Committees (local coordinating WASH committees) which aims to enable community members to have better access to financial services (soft loans) that will help them to improve their sanitation and hygiene practices. Village and ward level WASH Coordination Committees lead Programme implementation in all districts in collaboration with the EA. Programme implementation includes planning, allocating resources, implementing the interventions, and conducting follow-up through existing government programme activities monitoring systems.

After ten years of intensive Programme interventions in the programme districts, the Programme has contributed to 100% of beneficiaries living in open defecation free environment as of September 2019. In addition, 5.2 million new beneficiaries have access to improved sanitation facilities and 4.4 million beneficiaries with handwashing facilities. These are the results for key indicators. The programme believes in sanitation for all, inclusion of all

people regardless of their race, creed, ancestry, citizenship, religion, colour, gender, age, national origin, political belief, sexual orientation, marital status or disability or any other protected characteristic under applicable federal, national and local laws in its implementation. Programme Objectives and Outcomes

The programme is intended to result in:

- i. Total ODF status supported in 19 Districts from 2010 and currently 16 districts are supported by the GSF Programme beyond ODF declarations;
- ii. two million target population with access to improved sanitation facilities;
- iii. Institutionalisation of the sanitation campaign and agenda at central and local government authorities;
- iv. A strengthened national M&E system, a clear National IEC strategy, and a pool of national facilitators rolling out sanitation and hygiene at scale across Nepal;
- v. Increased knowledge and experience on current sector knowledge gap areas;
- vi. Sensitized people and institutions in the 19 programme districts from 2010 for ODF achievement and currently 16 districts are supported beyond ODF and nationwide on the importance of sanitation and hygiene (S&H) as well as the sanitation technological options available;
- vii. Upgraded and built improved latrines and hand washing facilities (National vision: one toilet one household & One household one tap);
- viii. Number of Households with safely managed sanitation options
- ix. Trained HRs and established sanitation resource centres delivering S&H services;
- x. Strengthened key sanitation institutions and actors on the ignition process, sanitation marketing;
- xi. The GSF supported districts will become centres of learning for expanding the implementation for improved sanitation and hygiene and towards total sanitation at scale across Nepal.

Apart from the above-mentioned results, the Programme is intended to bring about the following significant change: i) People in the programme area and outside the programme will experience behaviour change with regard the use of improved sanitation facilities and hand washing; ii) developed capacity for sustaining the achieved S&H benefits; iii) reviewed and improved Government systems and policies (e.g. the national sanitation M&E system); iv) the S&H lessons from the programme will enable successful approaches and technological options to be identified and to spread, and v) the health of community members will improve and so improve their productivity.

2. The Outcome Survey

The GSF recommends that programmes conduct outcome surveys periodically (every two to three years preferably) throughout the programme cycle (i. 2013; ii. 2016; iii. 2018) along with two specific external evaluations. The outcome survey represents an important component of a robust programme monitoring system. Outcomes surveys support independent verification of programme results, they serve to measure the sustainability of the results achieved, and they are also a tool to measure other information on the programme outcomes that are not part of the routine monitoring system.

The specific objectives of the outcome survey are to:

1. Provide statistically representative data on the key programme sanitation and hygiene indicators in the GSF targeted programme ¹areas;
2. Identify whether households have continued to use and properly maintain improved toilets and hand washing facilities;

¹ interpretation should be:

- Overall accumulative analysis
- District wise analysis
- Analysis of Hill and Terai communities
- Analysis of rural and urban context
- Analysis depending on time since declaration of ODF

3. Understand if the results achieved equally benefit vulnerable populations and meet the needs of marginal and vulnerable populations, including the presence of appropriate financing mechanisms for supporting the poor;
4. Assess level of safely managed sanitation services;
5. Assess Programme progress by comparing survey results with previous outcome survey data;

2.1. Methodology

The outcome survey in Nepal is part of a series of surveys being conducted. WSSCC with support from the University at Buffalo (UB) has developed improved Outcome Survey methodology and harmonizing survey approaches across all country contexts in 2018. The same package will be followed for this study in Nepal with few modifications as per the current context. UB and WSSCC had developed templates for study protocols, tools, analysis protocols, and reporting guidelines in 2018 and same will be followed for this study as well. All templates will be made available to the consulting research firm. The selected research firm will be expected to work under the technical guidance and support of GSF Programme Nepal throughout the survey duration.

Survey design

The outcome survey will chiefly consist of a cross-sectional study of communities in all districts where programme implementation is made. There will also be a comparative component of the study using a sample of communities where the intervention has not been implemented.

The outcome survey will adopt a quantitative research design which includes household level interviews; inspections of water, sanitation, and hygiene facilities; and structured observations of sanitation and hygiene behaviours..

Sampling

The sample design will follow the 2018 outcome survey. The EA will make available all information on villages within the targeted programme areas as well as information on ODF status and other programme interventions.

The design is a multi-stage sampling approach representative of all communities/villages that have been targeted through the programme. The sample sizes is upto maximum 2000 **households in 122 PSUs** with around **minimum upto 25% of the sample households for structured observations in sub-sample**

Respondents

Interviews will be conducted with the following respondents in each household:

- The head of household
- A female caregiver of a young child < 5 years old; if no child < 5 years old or female caregiver not available, another female resident of the household
- If present, a person with disability/mobility limitations
- If present, a person over the age of 65

Data collection tools

UB has developed a standard set of survey tools, which will be customised to fit the national context by the selected research firm. The survey tools will include the following; a list of topics included in each tool is provided below.

- **Head of Household questionnaire** (45 minutes)
- **Female (caregiver) questionnaire** (45 minutes)
- **Household questionnaire** (30 minutes)
 - *This module will be completed with either the head of household or the female respondent and includes observation of household WASH facilities.*
- **Persons with a physical disability / persons over age 65 questionnaire** (30 minutes each)

- *One of each type of interview will be conducted in all household with a person with disabilities/mobility issues and/or a person over the age of 65. Interviews will only be conducted if the respondent is able to provide informed consent.*

In addition to the questionnaires, **Structured Observations** (3 hours) will be conducted in a sub-sample of xxx households for approximately 3 hours per household. Observers will use a structured observation guide to record and describe the following behaviours for all household members:

- Latrine use / open defecation
- Handwashing practices around events of potential pathogen transmission (e.g. latrine use, preparing food, eating, feeding a child, disposing of child faeces, etc.)
- Disposal of faeces of children under five years of age

The information that will be collected in each questionnaire type is as follows:

Type of information	Household	Head of Household	Female (caregiver)	Disability / over 65
Household demographics / assets	X			
Water access, treatment and storage	X			
Sanitation facilities (with inspections)	X			
Handwashing facilities (with inspections)	X			
Safely managed services beyond household	X			
Participation and exposure to programme activities		X	X	X
Satisfaction with sanitation and hygiene services in the home		X	X	X
Latrine construction, cost, repairs		X		
Latrine use of all household members			X	
Menstrual hygiene management (MHM)			X	
Access to sanitation and hygiene services in the home			X	X

The survey tools will be translated from English to the local languages(s) by the selected research firm. The research firm will be expected to conduct a pretest of the survey instruments in a minimum of 25 households representative of the target programme areas *prior* to training the full data collection team. The pre-test should involve a small group of 4-6 survey personnel who will eventually be supervisors or interviewers in the actual data collection. At least 3 of these personnel should be female in order to pre-test the female (caregiver) questionnaire.

The agenda for the **pretest** should include:

- 2 days: Training/familiarization on the survey questionnaires and interviewer and supervisor manuals. This training should include review the translation of the tools.
- 1 day: Pretest data collection in a minimum of 25 households that are comparable to the households involved in the main study.
- 1 day: Review/modification of survey tools and interviewer and supervisor manuals, including feedback on translations.

The agency will share feedback from the pretest with UN Habitat will finalise the survey tools. Sufficient time should be allocated in the workplan for pretesting, reporting on pretest findings and subsequent revision and

associated translation updates. After pretesting, the revised tools will be further piloted and finalized during the enumerator training.

2.2. Recruitment and Training of Fieldwork Staff

The consulting firm will recruit all field staff personnel required for the survey. Fieldwork should be conducted using a team approach with teams comprised of one supervisor and between 4-8 interviewers. The research firm will propose the total number of teams and field staff necessary.

Only female interviewers will administer the caregiver/female questionnaire and conduct the structured observations. It is therefore recommended that the majority of the field team members are female. Field team members should be native speakers of the local language(s) in which the interviews will be conducted. Supervisors should be fluent in English as well as necessary local language(s).

Enumerator training will take at least 7 working days. An example agenda includes:

- 2 days: programme background, principles of data collection and sampling methods, review of data collection instruments.
- 1 days: use of computer tablet for data collection and classroom practice
- 1 day: field practice for the household questionnaires
- 1 day: clarifications, revisions, and training on structured observations
- 1 day: field practice for structured observations and institution questionnaires
- 1 day: Review of final survey tools, work plan review, final logistics

It is envisaged that EA staff will be present and contribute during parts of the training for technical support and clarifications. All data collected during the training should be shared with EA so they can provide feedback on any necessary changes to the training or instruments.

2.3. Data collection and Fieldwork Supervision

Data should be collected **electronically using tablet computers** (preferred) or smart phones in order to facilitate efficient and clean data entry and linking of data from each survey tool. Preference is for programming to be done using ODK software or a derivative.

Fieldwork should take place over 4-6 weeks. Teams will need to spend a minimum of 2 days in each community; all structured observations are to be conducted at the same time on the morning of the second day.

During data collection, the research agency is expected to closely supervise and monitor the performance of the field teams, including conducting quality control of the collected data. Data from the tablet computers should be uploaded to a secure server regularly (at least every 2-3 days) and monitored for quality assurance. The research firm should have a data manager who can provide technical backstopping to the survey teams throughout data collection in case of tablet malfunction or programming errors.

2.4. Data Cleaning, Analysis, and Report Writing

The research firm will be expected to accurately clean data and make a log of all key data cleaning decisions and any significant changes made to the dataset. Cleaned and anonymized data should be shared with the EA upon submission of the draft report 4-6 weeks after the completion of data collection. Linking variables are to be retained to ensure that all household-related datasets (from household, head of household, female (caregiver), elderly/disability, and structured observation tools) can be linked to each other.

EA will make available an analysis protocol and the final report template to be adapted by the research firm. The template will include a list of key tables that the research firm will be expected to include in the report. A list of key indicators that will be included in the analysis is included in Annex 1. Data analysis will include:

- Weighted analyses of point estimates and 95% confidence intervals for key variables, overall and by key stratification variables;
- Analyses comparing key indicators between intervention and comparison groups;
- Assessment of sustainability,;
- Description of survey population, including demographics, access, behaviors, social norms, habits, etc.;
- Visual data representations and images of field conditions as appropriate.

The research firm will be expected to submit a draft of the report within 4-6 weeks of the completion of data collection. After receiving feedback from the EA, the research firm will provide a final report within two weeks.

3. Role and requirements for the consulting firm

3.1. Research firm responsibilities and required skills

The independent research firm selected to execute the survey will be responsible for the following work, and will expect to receive the following support from GSF:

Task	Responsible party	
	EA	Research Firm
Planning, pretesting, and training		
Provide all necessary programme background information	X	
Providing draft questionnaires and manuals in English	X	
Develop the final survey plan for approval by the EA,		X
Customise and translate questionnaires and manuals into local language(s)		X
Obtain ethical clearance (or waiver) for the survey		X
Comment and approval of draft survey plan and draft survey tools (questionnaires and manuals) for pretesting	X	
Pretest the draft tools in a minimum of 25 households and share results including proposed changes		X
Provide feedback on tools following pretest	X	
Modify the tools as necessary based on pretest, review of translations, and feedback from EA		X
Approval final survey tools (paper)	X	
Provide tablets for data collection		X
Program, thoroughly test, and share finalize electronic data collection software / tools prior to deployment		X
Comment and approval of final survey tools (electronic)	X	
Provide and maintain a database for hosting data		X
Recruit and train (for minimum 7 days) a sufficient number of survey personnel ensuring that by the end of the training all have had the necessary practice and are fully competent to conduct data collection		X
Provide support for training	X	
Data collection phase		
Implement data collection, managing field teams and all logistics, including support for electronic data collection		X
Implement field work quality control and data monitoring procedures and closely supervise the qualified field teams to ensure fieldwork is completed in the designated period		X

Respond to requests for clarifications from EA		X
Provide regular feedback on data collection progress and any challenges		X
Provide support for addressing data collection challenges	X	
Analysis and reporting phase		
Provide all raw data and cleaned datasets to EA		X
Share analysis template and report templates	X	
Provide customised analysis plan		X
Comment and approval of analysis plan	X	
Analyse data using the analysis template		X
Provide support for data analysis	X	
Draft report		X
Provide feedback on draft report	X	
Prepare final report		X

The research firm should have a strong understanding of the sanitation and hygiene sector, as well as significant experience in statistical sampling, designing appropriate survey methodologies, and undertaking social research, ideally related to public health and behaviour change interventions.

The research firm should have experience with collecting data using computer assisted technology. It is useful if the research firm has previous experience of conducting research in the areas where the GSF programme is implemented.

3.2. Key deliverables

Key deliverables from the agency will include:

- **Initial inception report** containing a detailed study methodology, including:
 - Sample design
 - Approach to field work
 - Activity plan with a time-line
 - Adapted questionnaires in English
 - Pretest and training protocols
 - Quality control and data monitoring protocol
- **Final inception report** incorporating responses to inputs from GSF EA based on feedback and results from the pretest, including:
 - Final survey instruments in English and translated in local language(s)
 - Final field manuals
 - Final quality control and data monitoring protocol
- **Data entry package** designed for tablets
- **Customised analysis plan** based on analysis template provided by GSF
- **Final raw and clean datasets** (to be shared upon submission of draft report)
- **Final Report** based on reporting template provided by GSF

Note: The assignment study TOR is subject to contextualize depending upon the COVID 19 situation

3.3. Timing and Budget

The Outcome Study should be completed by end of 25 Dec 2020. The timeframe for this assignment is 3 months.

3.4. Budget: The bidder has to submit a detailed budget.

3.5. Recruitment of Consultant / Firm

The skills required to undertake the Outcome Study are very specific and need to be carefully sourced. The team will require individuals with strong understanding of the sanitation and hygiene sector, as well as significant experience in designing appropriate methodologies and undertaking social research, ideally related to evaluation of public health and behaviour change interventions.

3.6. Required Qualification and Competencies

- The research firm should have at least 5 years of experience in independent evaluation of development programmes with local and international organization in the field of public health behavior change interventions. Experience in sanitation and hygiene sector and experience with household surveys will be preferred. The firm should have significant experience in statistical sampling and designing appropriate survey methodologies.
- The research firm should have experience with collecting data using computer assisted technology (CAPI).
- The team should comprise of at least:
 - i. a **Project Manager** with experience in designing survey methodologies in the WASH and hygiene sector and undertaking social research, preferably related to public health and/or behaviour change interventions;
 - ii. a **Data Manager** with experience programming electronic data collection surveys (ideally using the ODK platform or a derivative), managing databases for electronic data collection, and conducting quality control / monitoring incoming data;
 - iii. a **Sociologist** with experience in WASH
 - iv. a sufficient number of **Data Collection Supervisors** who are fluent in appropriate local languages, have experience with electronic data collection, have experience supervising data collection teams including conducting quality control of electronic data collection, and have experience conducting social research, preferably in WASH or public health.
- It is expected to have 4-6 strong field teams to conduct data collection within the given timeframe. Data collectors/interviewers should be fluent in Hindi and necessary local languages and have experience conducting social research, preferably in public health; experience with WASH surveys preferred but not essential.
- Good communication, analytical, reporting, and facilitation skills.
- Proven capacity to work with multiple partners from governmental and non-governmental institutions; experience in working with development agencies both multilateral and bilateral, particularly UN Agencies, would be considered an asset
- Ability to link outcome data to programme targets and national strategy as well as assess sustainability and behavior changel.
- Fluency in English and Nepali language.

3.7. Payment Schedule

Payment shall be made as follows after acceptance of report by UN-Habitat			Payment Schedule	NPR
First installment	20%	upon signature of contract		
Second installment	30%	upon submission of Inception Report		

Third Installment	30%	after submission and presentation on study Findings and national sharing workshop	
Final Payment	20%	after submission and acceptance of Outcome Study Report, and all remaining deliverables	
			Total

3.8. Application requirements

Applications should be in English with a brief cover note with a clear description of the organization with previous experience in performing duties and responsibilities similar to those that are listed above and an indication of the required qualifications and skills. Please also include an updated and signed Curriculum Vitae (CV) of the team and a technical proposal and detailed budget. The evaluation will be focused on technical proposal with 70% and financial planning for 30%.

Prospective research firms should provide a proposal that includes:

- Comments on your firm's approach to implementation of survey stages and activities as described in the TOR. (*Note: No additional survey components are to be included aside from what has been specified in the TOR.*)
- A detailed (weekly) timeline of activities, including time for necessary review of deliverables by EA.
- A proposed budget, including a breakdown of all fees and costs over \$1000.
- Identification of staff with their experience and responsibilities, including recruitment strategy and eligibility requirements for any external staff that will need to be hired on a short-term basis.
- Description of prior experience conducting surveys using similar methodologies as described in the TOR.
- Identification of hardware and software that will be used for data collection.
- Identification of software that will be used for data analysis.
- Proposed data collection quality control and data monitoring mechanisms
- Make available all the data periodically from the beginning of the data collection and final data sets

Annex 1: Preliminary List of GSF Outcome Survey Indicators

Indicator category	Indicator ¹	Data collection method
Programme exposure indicators		
Participation in ODF programme activities	% of people who participated in GSF programme activities	Self-report
	% of households with member who was selected to be natural leaders in the community	
	% of households with member who was selected to be on the local Village Health Committee	
	% of people who persuaded others to stop open defecation	
Sanitation indicators		
Latrine access and use	% of people with no access and shared sanitation facilities (open defecation)	Self-report
	% of people with access to an unimproved sanitation facility	Observation
	% of people with access to a limited sanitation facility	
	% of people with access to a basic sanitation facility	
	% of people with access to a safely managed sanitation facility	
	% of Households that desludged the toilet pits	
	% of Households that seek service providers support (private, municipality or individuals, others) <i>Treatment and disposal options</i>	
	% of adults who report defecating in the open	Self-report
	% of adults who report always using the latrine	Census
	% of children under 5 whose stools are disposed of appropriately	Census
Sustained access to latrine	% of households in previously verified ODF communities / administrative boundaries (ward and PALIKA s) that have access to an improved sanitation facility	Observation
	% of previously verified ODF communities / Ward & PALIKA s that remain ODF (no households practice open defecation)	
Condition of the latrine	% of households with access to a latrine/pit with a vent pipe	Observation
	% of households with access to a latrine with covering on all four sides	
	% of households with access to a latrine that has a functioning way to lock the door or prevent entry while in use	
	% of households with access to a latrine that offers a shelter (intact roof)	
	% of households with access to a latrine that provides sufficient light when the door is closed	
	% of households with access to a latrine that has a lid/cover for the pit hole	
	% of households with access to a latrine that has an intact slab	
	% of households with access to a latrine that has a floor with no holes or cracks	
	% of households with access to a latrine that has water present	
	% of households with access to a latrine that has cleaning supplies	
	% of households with access to a latrine that does not have a foul odour	
	% of households with access to a latrine with no flies present	
	% of households with access to a latrine with no solid faeces inside the latrine but not inside the pan/pit	
	% of households with access to a latrine that is not being used as a place for storage for items not related to water, sanitation, or handwashing	
	% of households where the path to the latrine appears to be used/worn	
	% of households where there is evidence that the latrine is being used	
	% of households with access to a latrine that is clean	
	% of households where human faeces were observed in the household area or around the compound	
	% of households where animal faeces were observed in the household area or around the compound	

Indicator category	Indicator ¹	Data collection method
Latrine cost and financing	Mean cost of latrine construction	Self-report
	% of households that were able to construct sanitation facilities using their own financial resources	
	% of households that took a loan to finance latrine construction	
	% of households that were able to make any necessary repairs to their latrines using their own financial resources	
	% of households that took a loan to finance necessary repairs	
Decision-making on latrine construction	% of people involved in decision-making regarding the type of toilet constructed	Self-report
	% of people involved in decision-making regarding the location of toilet	
Latrine use social norms and habits	Mean score of population on latrine use habit index	Self-report
	Mean score of population on latrine use social norm index	
Intra-household equity in latrine access and use	% of households reporting all boys in the home are allowed to use the household latrine	Self-report
	% of households reporting all girls in the home are allowed to use the household latrine	
	% of household reporting that all men in the home are allowed to use the household latrine	
	% of households reporting that all women in the home are allowed to use the household latrine	
	% of households reporting that all elderly persons in the home are allowed to use the household latrine	
	% of households reporting that all persons with disabilities in the home are allowed to use the household latrine	
	% of women reporting that they can use the household latrine at any time	
	% of elderly reporting that they can use the household latrine at any time	
	% of people with disabilities reporting that they can use the household latrine at any time	
Satisfaction with sanitation facilities in the home	Mean score of women on index indicating satisfaction with the privacy, safety, and cleanliness of their sanitation facilities	Self-report
	Mean score of people with disabilities on index indicating satisfaction with the privacy, safety, and cleanliness of their sanitation facilities	
	Mean score of people over 65 years on index indicating satisfaction with the privacy, safety, and cleanliness of their sanitation facilities	
Hygiene indicators		
Access to a handwashing facility	% of people with no access to a handwashing facility	Observation
	% of people with access to a limited handwashing facility	
	% of people with access to a basic handwashing facility	
Handwashing behaviour	% of people who wash their hands after defecation or toilet use	Observation
	% of people who wash their hands after faecal contact (human or animal)	
	% of people who wash their hands before food preparation	
	% of people who wash their hands before serving food	
	% of people who wash their hands before feeding a child under 5 years	
	% of people who wash their hands before eating	
	% of people who wash their hands after respiratory fluid contact	
	% of mothers who wash their hands before breastfeeding	
Sustainability of handwashing facilities	% of households in previously verified ODF communities that have access to a handwashing facility on premises with soap and water	Observation
Water indicators		
Access to a water source	% of people with access to surface water for drinking	Self-report
	% of people with access to an unimproved drinking water source	Observation
	% of people with access to a limited drinking water source	

Indicator category	Indicator ¹	Data collection method
	% of people with access to a basic drinking water source	
	% of people with access to a safely managed drinking water source	
Water treatment and storage	% of households that treat their water to make it safe to drink	Self-report
	% of households practicing safe water storage	Observation
Water insecurity	% of households that did not have a sufficient quantity of drinking water at least once in the last month	Self-report
Menstrual Hygiene Management (MHM) Indicators, household		
Awareness	% of women who were aware of what a period was at their first menstruation	Self-report
	% of women who knew how to manage their first period	
Stigma	% of women who agree with the statement: 'Menstruation is a natural biological process'	Self-report
	% of women who agree with the following statement: 'Women and girls often feel ashamed about menstruation'	
	% of women who feel ashamed when they are menstruating	
	% of women who could not perform their daily activities due to menstruation	
	% practising <i>Chaupadi</i> (seclusion from all regular activities and from house during menstruation) or other exclusionary practices	
Management	% of women with access to a place at home where they feel comfortable changing their menstrual materials	Self-report
	% of women with access to a place at home where they feel comfortable washing and cleaning their bodies	
	% of women with access to a washing facility that provides sufficient water, light, accessibility, personal safety, and privacy	
	% of women using reusable materials with access to a place where they feel comfortable drying their sanitary cloths in sunlight	
	% of women using reusable materials with access to a sufficient amount of water for cleaning their sanitary cloths	
	% of women satisfied with the materials available to them to manage last period	
		Self-report
		Observation
		Observation
Water access and management		Self-report
		Observation

Indicator category	Indicator ¹	Data collection method
		Self-report
General WASH management		Observation
		Self-report
		Observation
Menstrual hygiene management (MHM)		Self-report
		Observation
Health facility indicators		
Latrine access and management		Observation
Hygiene access		Observation
Water access and management		Self-report Observation
Waste management		Self-report
General WASH management		Self-report
Menstrual hygiene management (MHM)		Observation
		Self-report
Government office indicators		
Participation in ODF programme activities		Self-report
Latrine access and management		Observation

Indicator category	Indicator ¹	Data collection method
Hygiene access		Observation
Water access and management		Self-report Observation
		Self-report
		Observation
General WASH management		Self-report
		Observation
Menstrual hygiene management (MHM)		Self-report
		Observation

¹ All terms for water, sanitation, and hygiene facilities such as “improved”, “unimproved”, “limited”, “basic”, “safely managed”, etc. are defined according to JMP definitions