

Global WASH Cluster Needs Assessment Indicators & Question Bank

*Guidance Document
May 2019*

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Introduction

Preface

The cornerstone of a system of harmonized data are the core indicators, i.e. a list of standard WASH indicators and questions that WASH partners, as well as multi-sectoral initiatives, integrate into their respective data collection tools. The purpose of a core indicator system is to collect the basic crucial WASH data, in the largest possible areas, at the highest frequency and with the minimum effort. Without core indicators, the different assessments will collect data that is incomparable, difficult to consolidate and of mixed quality, resulting into limited coverage, duplication of efforts, squander of resources.

Objectives

The Global WASH Cluster (GWC) has developed this bank containing a list of indicators and associated questions and guidance on how to collect them *to enhance harmonization of WASH data* in order to achieve the following objectives:

- Facilitate the compilation of data from different data collection initiatives
- Strengthen the standardization of the data management and analysis process
- Simplify the process of assessment design, including creation of questionnaires
- Improve quality of WASH data, by providing guidance on key indicators

Audience

The bank is primarily designed for National Humanitarian WASH Coordination Platforms (NHWCPs) staff (Coordinators and IMOs), to set up harmonized data systems by establishing WASH core indicators and questions relevant to their contexts. In addition, the bank may be also a useful resource for WASH Partners and other major data collection initiatives that collect WASH data.

Process

The design of the bank was led by the GWC with the support of the WASH assessment TWIG and REACH. It is based on an in-depth study of several survey instruments used by main data collection initiatives, such as MICS, DHS, UNHCR, REACH, DTM, etc. that collect a large share of WASH data globally.

The different version of those indicators and questions were compiled and compared by the GWC with the aim of either picking the best option or crafting a better one. The bank underwent a thorough review process, first by GWC staff and then by the WASH assessment TWIG, which included representatives from UNHCR, DTM, CDC, REACH, Samaritan's Purpose, and International Medical Corps, as well as by gender, GBV and AAP specialists from UNICEF.

The question bank is conceived as a living document and will be regularly edited and updated, to capture both lessons learned from field implementation and the latest developments of the global assessment eco-system.

Structure

The bank is conceived both as a guidance note to be consulted while selecting indicators and a practical tool to facilitate the design of WASH questionnaires. It has therefore two main components:

1. An [Excel file](#) with the list of indicators, sub-indicators, questions, reply options for both household-level and key informant (KI) community-level questionnaires. It also includes other important information, such as

constraints to questions, as well as instructions for the enumerators, that facilitate the design of data collection tools. The rationale of using an Excel file is for the bank to be comprehensive, filterable and easily adaptable into actual questionnaires on ODK/KoBo. The document is available here:

2. The present Word document, which allows more space to contextualize the bank and provide guidance and instruction on the most important indicators, as well as links to additional resources.

In both documents, the bank differentiates between 6 “core” indicators and 5 “additional” indicators. This differentiation aims at facilitating the NHWCPs to prioritize the selection of key indicators that will be the cornerstone of their harmonized data system, as they must be limited in number. In addition, the 50 questions of the bank have been prioritized using a 1-to-3 priority scale, with 17 questions being classified as 1st priority, 10 as 2nd priority and the remaining 24 as 3rd priority.

Focus

The bank is about needs assessment indicators only. Although output monitoring and other project-related indicators are crucial to WASH partners and NHWCPs, those will not be included in this document for clarity purposes. This being said, most of the needs assessment indicators included in the bank can be used to monitor the outputs and outcomes of humanitarian WASH interventions.

The bank is currently focused on WASH per se. It is nonetheless an ongoing project to complement this document with additional thematic sections on WASH infrastructure, WASH in schools, WASH in health, WASH & protection and WASH & cash, WASH & AAP, etc. For the time being, the other sectors are touched upon in the aggravating factors chapter that can be found at the end of this document.

The bank is developed in a way that allows to inform the latest drinking water, sanitation and handwashing [Joint Monitoring Project \(JMP\) ladders](#), and ultimately strengthen the humanitarian-development nexus. The aim is two-fold: on the one hand humanitarian agencies will be able to easily integrate data collected by development actors in their assessment systems and use it to inform humanitarian planning; and on the other hand data collected by humanitarian agencies will benefit development actors by contributing to the monitoring of the Sustainable Development Goals (SDG).

Limitations

The bank is aligned with the Humanitarian Indicator Registry (HIR), and every indicator in the bank references the correspondent HIR indicator, as well as the HIR cross tagging system, to ensure users can connect specific indicators to their HIR homologues. However, some differences can be found, as it was important to ensure harmonization with questionnaires used by key data collection initiatives.

The bank aims at ensuring harmonisation with all main data collection initiatives including MICS, DHS, UNHCR, REACH, DTM, etc., and at being in line with Sphere standards (2018 version). Wherever possible harmonisation has been ensured down to the reply options. However, in some case, it was not feasible to enforce full harmonisation with all the different questionnaires concomitantly.

Final recommendations

Indicators presented in the bank are meant to be indicative rather than prescriptive, and it is recommended each NHWCP ensures questions and reply options are adapted to fit the local context.

Core Indicators

Percentage of households having access to an improved water source

Description: Safe drinking water is defined by WHO as water that does not represent any significant risk to health over a lifetime of consumption. In order to assure that water is safe, water testing can be done using the [WHO standards](#) and [sampling strategies](#). As household level water testing is not always realistic due to time and resource constraints, this indicator aims to measure whether households have access to an improved water source, i.e. a source that by nature of its design and construction has the potential to deliver safe water. For a detailed list and explanation of each water source type, refer to the [JMP guidelines](#).

Guidance: Ascertain what water sources are being used for drinking, cooking, bathing and washing and check whether or not any other secondary water sources are being used. If relevant, break down water sources by those used for drinking and those used for other purposes (cooking, bathing and washing). Modify reply options (i.e. the types of water sources) according to the local context. e.g. if certain types of source do not exist or are very rare, they should not appear among the reply options. A visual aid showing different types of water sources may be useful for both enumerators and respondents; an example developed by JMP can be found [here](#). Finally access to improved water sources may present seasonal fluctuations. In order to capture this dimension, consider the implementation of assessments at different time in the year or break up your questions to explore fluctuation due to seasonality or time.

HIR Indicator: W2-4 / W2.2 Water Quality

Cross-Tagging: C3.2 Service Provision - WASH, E1 Access and Learning Environment, F7 Utilization, (R) Early Recovery, S1.1 Access, S1.2 Assistance, H1 General clinical services & essential trauma care, H3 Communicable diseases, H6 Environmental Health, R3 Capacity Building, R4 Governance, N1 Prevention and Management of Acute Malnutrition, N2 Infant and Young Child Feeding

Recommended questions for households

Priority	Sub-indicators	Questions
1	% of HHs by type of primary source of drinking water	What is the main source of water used by your household for drinking?
2	% of HHs by type of secondary sources of drinking water	Aside from this main source, does your household use other sources of water for drinking? If yes, which ones?
2	% of HHs by type of primary source of water for other purposes such as cooking, bathing and washing	What is the main source of water used by your household for other purposes such as cooking, bathing and washing?

Recommended questions for key informants¹

Priority	Sub-indicators	Questions
1	% of KIs by type of primary source of drinking water used in the communities	What is the main source of water used by people in the community for drinking?

¹ KIs should be selected among the following profiles: public administrators, local water engineers, water committee members, local NGO representatives, village chiefs, camp leaders, religious leaders and it is important to have a gender balance.

2	% of KIs by type of secondary sources of drinking water used in the communities	Aside from this main source, do people in the community use other sources of water for drinking? If yes, which ones?
2	% of KIs by type of primary source of water used in the communities for other purposes such as cooking, bathing and washing	What is the main source of water used by people in the community for other purposes such as cooking, bathing and washing?

Percentage of households having access to a sufficient quantity of water

Description: The quantity of water used per person per day includes the total volume of water collected at public water points, surface water sources, rainwater, water bought through the private sector or water supplied via household connections. The total includes all water used for drinking, cooking, bathing and washing, but excludes the water used for livestock², agriculture, gardening, construction, or other livelihood generating purposes.

Guidance: For each household surveyed, estimate the total volume of water collected per day and put it in relation to the number of people in the household. For example, sum the total number of liters of water collected in the previous day by the household and divide this number by the total number of people, who slept in the household that same day. To do so, use a visual aid to identify each water container used to collect water, add the number of times each container was filled in the previous day, and then divide the total by the number of household members. Be careful to include all people using household water, as this could extend beyond household members (for example, in the case of IDPs being hosted). It is recommended to ask this question to a household member collecting water.

In camps with centralized systems determine the volume and number of times per day the storage containers are filled. When in place, flow meters provide the most accurate measure of the volume of water provided. Water trucking outputs can be quantified by multiplying the number of trips by the volume of water transported in each tanker.

In urban areas, the water supply situation is often quite different and may be more difficult to assess. Roof tanks are partially or fully filled only when the water supply works, so the household rarely knows how much water they were able to collect as well as how much water they used. This may result in the respondent not knowing how much water they store. Moreover, drinking water is usually purchased while the water for domestic purposes may be provided by a municipal water supply system, meaning it is often easier for a household to quantify drinking water, without knowing the amount of water used for other domestic tasks. Therefore, in urban contexts is often advisable to focus on the number of hours a day (or days a week) households have access to the water network, instead of actual number of liters per person per day.

In addition to estimating the quantity of water consumed by the household, it may be relevant to follow up with questions to explore key elements such as factors limiting access to water, including distance to water points, as well as coping strategies, and beneficiaries' perceptions, including satisfaction.

HIR Indicator: W2.1 Access and Water Quantity / W2-1; W2-2; W2-3

Cross-Tagging: C3.2 Service Provision - WASH, S1.1 Access, S1.2 Assistance, F7 Utilization, E1 Access and Learning Environment, H1 General clinical services & essential trauma care, H3 Communicable diseases, H6 Environmental Health, N1 Prevention and Management of Acute Malnutrition

Recommended questions for households

Priority	Sub-indicators	Questions
1	% of HHs reporting having enough water for drinking, cooking, bathing and washing	Does your household currently have enough water to meet the following needs? ³

² Water allocated to livestock might impact the quantity of water for human consumption. In certain contexts, such as in presence of nomadic, pastoralist populations, water used for livestock should therefore be considered.

³ Reply options should include "Drinking", "Cooking", "Personal hygiene (washing or bathing)", "Other domestic purposes (cleaning house, floor, etc.)", "Not enough water to meet any of the above needs"

2	% of HHs by water storage and transportation capacity (liters)	May I see all the containers you have for storing and collecting water?
2	% of HHs by liters/person/day	Which containers were used to collect water for domestic purposes (drinking, cooking, bathing and washing) yesterday? How many times each container was filled?
3	% of HHs by time (minutes) taken to fetch water (round trip by walking, queuing and time needed to fetch water)	How long does it take to go to your main water source, fetch water, and return (including queuing at the water source)?
2	% of HHs having problems related to access to water - by type of problems	Does your household have problems related to access to water? If yes, which ones?
2	% of HHs engaging in coping mechanisms for water insufficiency - by types of coping mechanism	(If applicable) How does your household adapt to lack of water?
3	In urban contexts consider adding questions to measure capacity of water tanks and frequency of water cuts. Some examples are shown in the Excel file accompanying this guidance.	

Recommended questions for key informants

Priority	Sub-indicators	Questions
1	% of KIs reporting that the communities have enough water for drinking, cooking, bathing and washing	Do people in the community have enough water for drinking, cooking, bathing and washing?
2	% of KIs reporting that the communities have enough water to drink	Do people in the community have enough water to drink?
2	% of KIs reporting that the communities have enough water for cooking, bathing and washing	Do people in the community have enough water for other purposes such as cooking, bathing and washing?
2	% of KIs reporting that the communities have problems related to access to water - by type of problems	Do people in the community have problems related to access to water? If yes, which ones?
2	% of KIs reporting that the communities engage in coping mechanisms for water insufficiency - by types of coping mechanism	(If applicable) How do people in the community adapt to lack of water?

Percentage of households with access to functioning handwashing facilities (and soap)

Description: Access to functioning hand washing facilities is important to maintain good hygiene and prevent the spread of diarrheal diseases. As per JMP guidance, the presence of a handwashing facility has been identified as key indicator for global monitoring of hygiene. Functioning handwashing facilities should have soap and water available on premises to meet JMP criteria for a basic hygiene facility. Households that have a facility but lack water or soap should be classified as having limited access, and distinguished from households that have no facility at all. Soap includes bar soap, liquid soap, powder detergent, as well as rubbing agents, such as ash, sand etc.

Guidance: Ideally, the question on availability of handwashing facility should accompanied by visual confirmation to verify the presence of soap and water at the handwashing station. In case soap is not present at the washing station is worthy adding questions to explore whether the household has soap at all, and if not what are the main barriers that hamper access to soap.

HIR Indicator: W1.1 Hygiene items / W1-1.

Cross-Tagging: H1 General clinical services & essential trauma care, H3 Communicable diseases, H6 Environmental Health, N1 Prevention and Management of Acute Malnutrition, S2.2 Assistance, S2.1 Access, C3.9 Service Provision - WASH &/or Shelter

Recommended questions for households

Priority	Sub-indicators	Questions
1	% of HHs by time (minutes) taken to go the handwashing facility, wash hands and return (including queuing)	How long does it take to go to your main handwashing facility, wash hands and return (including queuing)?
1	% of HHs with access to functioning handwashing devices - by type of device	What kind of handwashing device do your household members usually use to wash their hands? (Ask to see the handwashing device)
1	% of HH with water available at handwashing facility	(Observe): Is water available at the place for handwashing?
1	% of HH with soap available at handwashing facility	(Observe): Is soap available at the place for handwashing?
2	% of HHs having soap at home	(If soap is not available at the place for handwashing) Do you have any soap in your household? If yes, could you show it?
2	% of HHs having problems related to soap access - by type of problem	(If applicable) Please tell me the main reason why your household does not have soap?

Recommended questions for key informants

Priority	Sub-indicators	Questions
1	% of KIs reporting that the communities have access to functioning handwashing facilities	Do people in the community have access to functioning hand-washing facilities?
1	% of KIs reporting that the communities have access to soap	Do people in the community have enough soap?

2	% of KIs reporting that the communities have problems related to access to soap - by type of problem	Do people in the community have problems related to access to soap? If yes, which ones?
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Percentage of households where women/girls of menstruating age have access to appropriate MHM materials

Description: Access to appropriate menstrual materials means that women and girls have access to menstrual materials they are accustomed to using, in sufficient quantities and of an acceptable quality. The normal methods for procuring menstrual materials may be disrupted during emergencies, and facilities for washing and drying cloths correctly and privately may be lacking. Lack of access to appropriate materials may lead to situations of embarrassment and distress, affecting girls and women's access to education, employment, and social activities. In some cases, it may increase the risk of infectious disease through the reuse of incorrectly washed and dried cloths and underwear. Collecting data on access to menstrual materials is therefore crucial for response planning. This indicator looks at four main dimensions of material supply including type of menstrual materials currently used, issues with access to menstrual materials, preference concerning menstrual materials, as well as satisfaction.

Guidance: MHM is private and personal but women and girls are usually willing to talk about it, if they are given the opportunity and appropriate environment. Questions on MHM can be asked only by a female enumerator that should ask to speak privately to one of the women of reproductive age of the household. In order to ensure this is the case, and male enumerators do not ask questions related to MHM, it is good practice to build the Kobo tool in such a way that 1) enumerators are required to select their gender at the beginning of the questionnaire and 2) the MHM questions do not appear in the questionnaire if the enumerators select "male".

Adolescent girls' and women's strategies for managing menstruation vary greatly across countries and cultures. Understanding local MHM practices is therefore essential to design/adapt assessment questions and reply options to make sure they are fully understandable and do not cause embarrassment.

HIR Indicator: W1.1 Hygiene items / W1-5

Cross-Tagging: E1 Access and Learning Environment, S2.1 Access, C3.9 Service Provision - WASH &/or Shelter, S2.2 Assistance, H6 Environmental Health

Recommended questions for households

Priority	Sub-indicators	Questions
2	% of HHs by type of menstrual material used by female HH members of menstruating age	**Only applicable to female-to-female HH interviews** What menstrual materials did you use during the last monthly period?
2	% of HHs where female HH members of menstruating have problems related to menstrual material - by type of problem	**Only applicable to female-to-female HH interviews** Do you have problems related to menstrual materials? If yes, which ones?
3	% of HHs where women/girls of menstruating age that want other sanitary products than the one used- by type of menstrual materials	**Only applicable to female-to-female HH interviews** Is there a different type of menstrual material that you would prefer to use? If yes, which one?
3	% of HHs by level of satisfaction of HH women/girls of menstruating age with regards to MHM	**Only applicable to female-to-female HH interviews** How satisfied are you with regards to access to menstrual materials?

Recommended questions for key informants

Priority	Sub-indicators	Questions
2	% of KIs reporting that women/girls of menstruating age living in the communities have access to menstrual materials	**Only applicable to female-to-female KI/FGD** Do women in the community have access to enough menstrual materials?
2	% of KIs by type of menstrual materials used by women/girls of menstruating age living in the communities	**Only applicable to female-to-female KI/FGD** What type of menstrual materials do women in the community use the most?
3	% of KIs by level of satisfaction with regards to MHM of women/girls of menstruating age living in the communities	**Only applicable to female-to-female KI/FGD** How satisfied are women in the community with regards to access to menstrual materials?

Percentage of households with access to functioning sanitation facilities

Description: A functioning sanitation facility is one that is fully constructed, in working order with sufficient freeboard space, safe, clean enough that users determine it is usable, and designed and located in areas that are acceptable for intended users. This definition thus notably excludes sanitation facilities that are full; that are too dirty to use; with broken superstructures; with significant vector infestation; that are inaccessible or unsafe; and that are located in areas where it may be for any reason embarrassing for people to use them. The location, safety, appropriateness, and convenience of the facilities needs to be decided in consultation with the users, particularly women, adolescent girls, and persons with disabilities.

Access to functioning sanitation facilities is key to limit open defecation (OD). OD refers to the practice where people defecate in fields, bushes, forests, bodies of water, or in other open spaces, rather than using sanitation facilities. It increases communities' risk to many diarrheal diseases, as it is difficult to keep human feces from crops, wells, food, and children's hands. The practice thus particularly exposes vulnerable populations such as the elderly, children, and disabled to increased risk of infection. In addition, open defecation can also make women susceptible to violence, especially at night, though it may sometimes provide more privacy than public latrines.

Guidance: It is important to measure whether people actually have access to a functioning toilet. Access may be limited by a number of technical and social reasons. This indicator describes the extent to which people can relieve themselves comfortably and with dignity, and the extent to which they can avoid contaminating the living environment and the drinking water sources. For the latter, it is important to understand whether the sanitation facilities are improved or not, i.e. designed to hygienically separate excreta from human contact. Improved sanitation facilities may include: flush/pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs.

Where communal latrines are in place, it is advisable to consult women and men separately about their access to functioning toilets. Communal facilities need to be separated by sex, lockable from the inside and with light (Sphere standards). In order to be safe, their location and their design should be determined based on the needs expressed by users. In a camp setting, it is often preferable to calculate the average number of users per functioning sanitation facility.

HIR Indicator: W3.2 Toilet Facilities / W3-3

Cross-Tagging: C3.2 Service Provision - WASH, R3 Capacity Building, R4 Governance, H3 Communicable diseases, H6 Environmental Health, S1.1 Access, S1.2 Assistance, N1 Prevention and Management of Acute Malnutrition

Recommended questions for households

Priority	Sub-indicators	Questions
1	% of HH members having access to a sanitation facility - by type of sanitation facility used	What kind of sanitation facility (latrine or toilet) does your household usually use?
1	% of HH members sharing sanitation facility - by number of HH per sanitation facility	(If applicable) Do you share this sanitation facility with other households? If yes, how many households use this sanitation facility (latrine/toilet)?
1	% of HH members having problems related to sanitation facilities access - by type of problem	Do you have problems related to sanitation facilities (latrines/toilets)? If yes, which ones?

2	% of HH members engaging in coping mechanisms for sanitation facilities access issues - by types of coping mechanism	(If applicable) How do you adapt to issues related to sanitation facilities (latrines/toilets)?
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Recommended questions for key informants

Priority	Sub-indicators	Questions
1	% of KIs reporting that the communities have access to functioning sanitation facilities	Do people in the community have access to a functioning sanitation facility (latrine/toilet)?
1	% of KIs reporting that households in the communities share sanitation facilities with other households	Do people in the community share sanitation facilities (latrines/toilets) with other households?
1	% of KIs by most common type of sanitation facilities in the communities	What is the most common type of sanitation facilities (latrines/toilets) used by people in the community?
1	% of KIs reporting that the communities have problems related to access to sanitation facilities - by type of problem	Do people in the community have problems related to sanitation facilities (latrines/toilets)? If yes, which ones?
2	% of KIs reporting that the communities engage in coping mechanisms for problems related to access to sanitation facilities - by types of coping mechanism	(If applicable) How do people in the community adapt to issues related to sanitation facilities (latrines/toilets)?

Percentage of households facing environmental sanitation problems (including solid waste, stagnant water, etc.)

Description: The absence of a proper solid waste system could lead to accumulation of solid waste on and around the site or community. Substantial presence is a subjective judgment but to classify as such, it should clearly indicate a pattern of habitual disposal of solid waste in an uncontrolled way, or in a controlled but unsafe way (i.e., piles of waste accumulating at street corners). A few scattered plastic bags do not constitute a substantial presence. If the amount of solid waste on the ground has increased significantly due to a crisis, this should also be considered. An effective solid waste management system is one that ensures that: 1) people have a convenient and hygienic place to deposit waste at the household level or in public spaces such as mark distribution centers; 2) waste does not create a significant nuisance or health risk during the period before collection; 3) waste is collected regularly (minimum bi-weekly); and 4) waste is disposed of at a site and in a way that does not create a nuisance or a health risk for the community.

Presence of stagnant water may be conducive to the proliferation of vectors and fecal contamination of nearby sites. Substantial presence of stagnant water may refer to a large body of standing water, such as a pond, as well as a high number of smaller water bodies, such as water standing in tire tracks. Small puddles of rainwater that dry up after a day or so should not be considered a substantial presence. Stagnant water may include greywater from water points, bathing units, or laundry facilities; rainwater; natural water bodies; and standing water that remains after flooding

Guidance: The presence of substantial quantities of solid and stagnant water on the ground, particularly near living areas and drinking water sources creates a risk to public health - notably fecal contamination as waste may often contain children's and animals' feces and create vector breeding sites for mosquitoes, rats, and flies. A distance of 30-50m from shelters and water points reflects established guidance on minimum safe distances for protection of drinking water sources from fecal contamination. Communal waste areas should be less than 100 meters from shelters for accessibility. For most concentrated settlements, standing water that is at least 30 meters from living areas is effectively outside the perimeter of the settlement.

HIR Indicator: W5 Solid Waste Management / W5-1 and W5-2. W6 Drainage / W 6-1

Cross-Tagging: C3.2 Service Provision - WASH, R3 Capacity Building, R4 Governance, H3 Communicable diseases, H6 Environmental Health, S1.1 Access, S1.2 Assistance, N1 Prevention and Management of Acute Malnutrition

Recommended questions for households

Priority	Sub-indicators	Questions
1	% of HHs living in areas where solid waste was visible around their accommodation (30 meters or less) in the last 30 days	Was there visible solid waste/trash in the vicinity (30 meters or less) of your accommodation in the last 30 days?
2	% of HHs by solid waste disposal practices	What is the most common way your household disposes of garbage?
1	% of HHs living in areas where dead animals were visible around their accommodation (30 meters or less) in the last 30 days	Were there visible traces of dead animals in the vicinity (30 meters or less) of your accommodation in the last 30 days?
1	% of HHs living in areas where rodents were visible around their accommodation (30 meters or less) in the last 30 days	Were there visible traces of rodents in the vicinity (30 meters or less) of your accommodation in the last 30 days?

1	% of HHs living in areas where human faeces were visible around their accommodation (30 meters or less) in the last 30 days	Were there visible traces of human faeces in the vicinity (30 meters or less) of your accommodation in the last 30 days?
1	% of HHs living in areas where stagnant water was visible around their accommodation (30 meters or less) in the last 30 days	Was there visible stagnant water in the vicinity (30 meters or less) of your accommodation in the last 30 days?

Recommended questions for key informants

Priority	Sub-indicators	Questions
1	% of KIs reporting that people in the communities live in areas where solid waste is frequently visible	Do people in the community live in areas where solid waste/trash is frequently visible?
2	% of KIs reporting that the communities have a solid waste disposal system - by type of solid waste disposal system	What is the most common way people in the community dispose of solid waste/trash?
1	% of KIs reporting that people in the communities live in areas where dead animals are frequently visible	Do people in the community live in areas where dead animals are frequently visible?
1	% of KIs reporting that people in the communities live in areas where rodents are frequently visible	Do people in the community live in areas where rodents are frequently visible?
1	% of KIs reporting that people in the communities live in areas where human faeces are frequently visible	Do people in the community live in areas where traces of human faeces are frequently visible?
1	% of KIs reporting that people in the communities live in areas where stagnant water is frequently visible	Do people in the community live in areas where stagnant water is frequently visible?

Additional Indicators

Percentage of households treating their drinking water

Description: During emergencies, people may not have access to safe drinking water for part or all the emergency period. It may be the case, for example, if they rely on traditional unprotected water sources or if central systems for water treatment and distribution fail. In these cases, household (or point-of-use) treatment is important for ensuring that water is safe at the point of consumption. Water treatment can include boiling, bleaching or chlorination, solar disinfection, sedimentation, filtration, and flocculation. This indicator estimates the proportion of households using at least one of these methods to treat water at the household level.

Guidance: Ask the household if they treat their drinking water in any way and if they do, ask what water treatment products they reportedly use. Enumerators can test free residual chlorine levels in a sample of households if chlorine products are used to ensure the correct doses are being added. WHO standards, and specifically the WHO/UNICEF [toolkit](#) for monitoring and evaluating household water treatment, can be used as reference.

Surveyors may check through direct observation to ensure that all the necessary supplies and equipment are present. For example, if any chemical or flocculent disinfectant is used, an additional water container, usually a bucket with a lid, and a filter cloth will be required for the process, in addition to containers for collection and storage.

HIR Indicator: W2.2 Water Quality / W2-4

Cross-Tagging: E1 Access and Learning Environment, F7 Utilization, H3 Communicable diseases, N1 Prevention and Management of Acute Malnutrition, S2.2 Assistance, S2.1 Access, C3.9 Service Provision – WASH &/or Shelter, H1 General Clinical Services & Essential Trauma Care, H6 Environmental Health

Recommended questions for households

Priority	Sub-indicators	Questions
3	% of HHs treating their drinking water - by frequency of treatment	Does your household treat the water in any way to make it safer to drink? If yes, how frequently?
3	% of HHs treating their drinking water - by type of water treatment used	What does your household usually do to make water safer to drink?
3	% of water samples with more than 0.2 mg/L of free chlorine residual	Do you have treated drinking water that can be tested to measure residual chlorine?
3	% of HH whose drinking water contains 0 fecal coliforms per 100 ml sample	Do you have treated drinking water that can be tested to measure presence of fecal coliforms?

Recommended questions for key informants

Priority	Sub-indicators	Questions
3	% of KIs reporting that the communities treat their drinking water	Do people in the community treat water in any way to make it safer to drink?
3	% of KIs reporting that the communities treat drinking water - by type of water treatment used	What are the most common methods of water treatment in your community?

Percentage of households in which respondent can identify critical hand washing times

Description: This indicator does not measure actual hand washing, it is rather a knowledge indicator. The following is a list of critical hand washing times: a. Before eating; b. Before cooking/meal preparation; c. After defecation; d. Before breastfeeding; e. Before feeding children; f. After handling a child's stool/changing a nappy/cleaning a child's bottom. There may be other times mentioned, including when washing clothes, washing dishes, or when hands are dirty which should be then noted separately.

Guidance: The goal of this indicator is to determine whether respondents can identify critical hand washing times and may not necessarily inform on whether the respondent actually translates this knowledge into practice. The respondents should hence be asked when they usually wash their hands. In turn, the surveyors should check answers against the following list of critical times for hand washing, without prompting the respondent. A separate indicator may be needed for critical hand washing times during disease outbreaks.

HIR Indicator: W1.2 Hygiene Practices / W1-9

Cross-Tagging: H1 General clinical services & essential trauma care, H3 Communicable diseases, H6 Environmental Health, N1 Prevention and Management of Acute Malnutrition, N2 Infant and Young Child Feeding, (R) Early Recovery, C3.2 Service Provision - WASH, C3.9 Service Provision - WASH &/or Shelter, E1 Access and Learning Environment, S2.1 Access, S2.2 Assistance, F7 Utilization

Recommended questions for households

Priority	Sub-indicators	Questions
3	% of HHs by number of critical handwashing times respondent can name	When (or at what times) do you usually wash your hands?

Recommended questions for key informants

Priority	Sub-indicators	Questions
3	na	na

Percentage of households having access to functioning bathing/laundry facilities

Description: People require spaces where they can bathe in privacy and with dignity. If this is not possible at the household level, separate and demarcated public central facilities for men and women are needed. The provision of proper bathing facilities separately or at separate times for men, women, and children is important to allow for proper hygiene. The number, location, design, safety, appropriateness, and convenience of the facilities needs to be decided in consultation with the users, particularly women, adolescent girls, and persons with disabilities. Whenever possible, data collection should be disaggregated by gender. Sufficient access is defined as being a level of access that allows people to bath as frequently as they would under normal circumstances or as frequently as if they had bathing facilities at the household level.

Having access to laundry facilities is key to maintain proper hygiene conditions. Laundry facilities must be accessible to all users, provide sufficient safety, have a convenient supply of water and be easy to maintain in a clean and hygienic state, including the correct disposal of wastewater. Sufficient access is a level of access that allows people to wash clothes and bedding as frequently as they would under normal circumstances.

Guidance: Appropriate bathing facilities may include bathrooms, showers, and other bathing areas at household level, or communal facilities. Communal facilities need to be separated by sex, differentiated with the use of a pictogram, lockable from the inside and with light. In order to be safe, their location and their design should be determined based on the needs expressed by users.

Appropriate laundry facilities may include equipment (buckets, basins etc.) at household level, suitable locations by the side of water bodies (avoiding the risk of contaminating drinking-water) where this is normal practice, or communal.

HIR Indicator: W2.3 Water Facilities / W2-5 and W2-6

Cross-Tagging: C3.2 Service Provision – WASH, S1.1 Access, H1 General clinical services & essential trauma care, H3 Communicable diseases, H6 Environmental Health, S1.2 Assistance, (R) Early Recovery, R3 Capacity Building, R4 Community Restoration

Recommended questions for households

Priority	Sub-indicators	Questions
3	% of HHs having access to a functioning bathing facility	Where do your household members usually bath?
3	% of HHs having access to a functioning laundry facility	Where do your household members usually do laundry?

Recommended questions for key informants

Priority	Sub-indicators	Questions
3	% of KIs reporting that the communities have access to functioning bathing facilities	Do people in the community have access to functioning bathing/shower facilities?
3	% of KIs reporting that the communities have access to functioning laundry facilities	Do people in the community have access to functioning laundry facilities?

Percentage of households with access to basic hygiene NFI

Description: Hygiene items are key to maintain appropriate hygiene conditions. In addition to soap, key hygiene NFIs include water menstrual hygiene materials, diapers, washing powder, toothbrushes and toothpaste, shampoo, or laundry detergent.

Guidance: This indicator aims at understanding whether people face a lack of key hygiene NFI and explores other dimensions, such as factors limiting access to hygiene NFI, including availability, accessibility and affordability, as well as coping strategies, and beneficiaries' perceptions, including satisfaction.

HIR Indicator: W1.1 Hygiene items / W1-1 and W1-5

Cross-Tagging: H1 General clinical services & essential trauma care, H3 Communicable diseases, H6 Environmental Health, N1 Prevention and Management of Acute Malnutrition, S2.2 Assistance, S2.1 Access, C3.9 Service Provision - WASH &/or Shelter

Recommended questions for households

Priority	Sub-indicators	Questions
3	% of HHs having problems related to hygiene NFI access - by type of problem	Does your household have problems related to hygiene items (soap, feminine hygiene products, baby diapers, toothpaste/brush)? If yes, which ones?
3	% of HHs engaging in coping mechanisms for hygiene NFI access issues- by type of coming mechanism	(If applicable) How does your household adapt to issues related to hygiene items?
3	% of HHs by satisfaction with regards to access to hygiene NFI	How satisfied is your household with regards to access to hygiene items (soap, feminine hygiene products, baby diapers, toothpaste/brush)?

Recommended questions for key informants

Priority	Sub-indicators	Questions
3	% of KIs reporting that the communities have problems related to hygiene NFI access - by type of problem	Do people in the community have problems related to hygiene items (soap, feminine hygiene products, baby diapers, toothpaste/brush)? If yes, which ones?
3	% of KIs reporting that the communities engage in coping mechanisms for hygiene NFI access issues - by type of coming mechanism	How do people in the community adapt to issues related to hygiene items?
3	% of KIs by level of satisfaction with regards to access to hygiene NFI of people living in the communities	How satisfied are people in the community with regards to access to hygiene items (soap, feminine hygiene products, baby diapers, toothpaste/brush)?

Percentage of households with children under-5 who dispose of children faeces in a safe manner

Description: This indicator assesses the defecation practices of children under five years old. It should be assessed together with indicator "Percentage of households with access to functioning sanitation facilities," as well as "Percentage of households in which respondent can identify critical hand washing times". The improper handling and disposal of children feces increases the risk for many diarrheal diseases for the whole household.

Guidance: This indicator only applies to households where there are children under five years old. Disposal practices for child feces should be determined with affected populations through household interview or key informant interviews to determine the most appropriate response strategies.

HIR Indicator: W1.2 Hygiene Practices / W1-8.

Cross-Tagging: H1 General clinical services & essential trauma care, H3 Communicable diseases, H6 Environmental Health, (R) Early Recovery, C3.2 Service Provision - WASH, E1 Access and Learning Environment, S1.1 Access, S1.2 Assistance, N1 Prevention and Management of Acute Malnutrition, N2 Infant and Young Child Feeding.

Recommended questions for households

Priority	Sub-indicators	Questions
3	% of HHs by defecation practice of children under 5	Where do children under 5 who are living in this household usually go to defecate?
3	% of HHs by children-under-5 faeces disposal practices	If there are children under 5 that don't use sanitation facilities (latrines/toilets), what is done with their faeces?

Recommended questions for key informants

Priority	Sub-indicators	Questions
3	% of KIs by defecation practice of children under 5 living in the communities	Where do children under 5 living in the community usually go to defecate?
3	% of KIs by children-under-5 faeces disposal practices in the communities	If children under 5 do not use sanitation facilities (latrines/toilets), what is usually done with their faeces?

Main Aggravating Factors

Health

Presence of faecal-oral and vector-borne diseases

- The greater the presence of faecal-oral and vector-borne diseases in a population, the greater the risks created by deficiencies in WASH conditions and the higher the priority that should be given to addressing those deficiencies. In addition, persistent high levels of faecal-oral and vector borne diseases in a population indicate ongoing problems with access to WASH facilities and services
- C3.2 Service Provision - WASH, (R) Early Recovery, H3 Communicable diseases, H6 Environmental Health, N1 Prevention and Management of Acute Malnutrition

Access to health service

- Access to health services is a key factor for determining the priority of a WASH intervention. Where access is limited, WASH conditions become more important in influencing mortality and morbidity.
- H1 General clinical services & essential trauma care, (R) Early Recovery, H3 Communicable diseases, H6 Environmental Health, N1 Prevention and Management of Acute Malnutrition

It is therefore key for NHCWPs to include health data in their analysis. In order to get type of data, NHCWPs should get in touch with Health coordination platforms that could address them at relevant data owners such as national health agencies, [WHO](#), EWARS systems, etc.

Nutrition and food security

Extent of global acute malnutrition and food insecurity

- Malnutrition and lack of food increase vulnerability to WASH-related diseases and are a key factor in determining the priority of intervention. In addition, acute food insecurity is likely to oblige people to trade resources, including items such as soap, water containers and mosquito nets, for food.
- F3 Food Access, (R) Early Recovery, H3 Communicable diseases, H6 Environmental Health, N1 Prevention and Management of Acute Malnutrition

Given the importance of these factors, NHCWPs should integrate nutrition and food security data in their analysis. NHCWPs should therefore liaise with the Nutrition and Food Security coordination platforms to get hold of [SMART](#) and International Phase Classification ([IPC](#)) or Cadre Harmonise ([CH](#)) data.

Shelter

Density of settlement in m2 of total site area per person

- In high-density settlements the significance of WASH problems tends to be greater. Person-to-person contact and the likelihood of disease transmission increases, and the space available for WASH facilities and for people to practice hygiene comfortably and safely is reduced.
- C2 Population information management, S1.1 Access, S1.2 Assistance, (R) Early Recovery, H3 Communicable diseases, H6 Environmental Health

Number of people on the site

- The larger the settlement, the greater the importance of WASH because of the number of people affected and because of the impact of deficiencies in WASH provision. Very large settlements such as urban areas and large camps create particular problems for WASH: it is more difficult to control environmental health risks, establish community-based hygiene promotion activities and promote community participation in the management of facilities. Very large settlements may also place unsustainable demands on limited

natural resources, including water resources, and create a large burden of waste to be managed in the local environment.

- C2 Population information management, (R) Early Recovery, H6 Environmental Health

Shelter Conditions

- Shelter conditions may be verified visually during a household survey, transect walk or other method. Where there is a large variation in shelter conditions for a population on the same site (for example, where some people have remained in their houses and others have moved into a school following a cyclone), an average score should be estimated for the total population concerned and a note made on the variation in conditions in the 'notes' box.
- S1.1 Access, S1.2 Assistance, (R) Early Recovery, H3 Communicable diseases, H6 Environmental Health

The NHWCPs should pay attention to the above-mentioned aggravating factors related to shelter while doing their analysis. This kind of data is often held by Shelter and CCCM national coordination platforms and can be accessed on Humanitarian Data Exchange ([HDX](#)), or contacting the national coordinators/IMOs.