



Global Water and Sanitation Initiative

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“We shall not finally defeat AIDS, tuberculosis, malaria, or any of the other infectious diseases that plague the developing world until we have also won the battle for safe drinking-water, sanitation and basic health care”

**Kofi Annan,
United Nations Secretary General**

“Globally, the International Federation is providing impoverished communities and victims of disasters with some 30 million litres of water per day, supporting roughly 1.5 million people. We now want to provide sustainable water and sanitation services to over 5 million people in our contribution to the UN Millennium Development Goal which seeks to halve by 2015 the proportion of people without sustainable access to safe drinking water and basic sanitation”

**Markku Niskala,
International Federation Secretary General**

“The disease burden caused by contaminated water or unsafe waste disposal in many developing countries is unacceptably high. Water-related illnesses account for as much as 35 per cent of common recurrent diseases worldwide. Add to this the loss of productive time when people are sick, as well as the time lost in collecting water from long distances, and you can see the destructive impact a lack of water and sanitation can have on economies and livelihoods”

**Uli Jaspers, head of water and sanitation unit,
International Federation Geneva secretariat**

Purpose

The purpose of this booklet and CD-ROM is to give an overview of the Federations ten year commitment to its Global Water and Sanitation Initiative (GWSI) aimed at Red Cross and Red Crescent National Societies and other existing or potential partners and stakeholders.

Terms and abbreviations used

UN MDG's	United Nations Millennium Development Goals
International Federation	International Federation of Red Cross and Red Crescent Societies
GWSI	International Federation Global Water and Sanitation Initiative
IWRM	Integrated Water Resource Management
water and sanitation 'software'	Community Empowerment, Participation and Health Awareness
water and sanitation 'hardware'	Appropriate Technology, Engineering, Supply and Logistics
HDI	UN Human Development Index
SMART	Simple, Measurable, Achievable, Relevant, Time bound
PHAST	Participatory Hygiene and Sanitation Transformation
WASH	Water, Sanitation and Hygiene
PLWHA	People living with HIV AIDS
MoU	Memorandum of Understanding
ERU	Emergency Response Unit



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Annexes and tools on the enclosed CD-ROM

- PHAST base-line survey
- GWSI checklist, a project planning tool
- Example of water and sanitation logical framework
- Some examples of water and sanitation project proposals

What is the Global WatSan Initiative (GWSI)?

The GWSI outlines a common approach among National Societies to establish larger-scale, longer-term sustainable water and sanitation programs to contribute more effectively in meeting the MDG's. The GWSI in combination with the MDG initiative and the launch of a 2nd UN Decade for Water (2005-2015) intends to generate more available resources for Red Cross and Red Crescent water and sanitation projects. During this time, we plan to target at least an additional 5 million vulnerable people worldwide.

Why the Global Water and Sanitation (WatSan) Initiative?

The problem

- Worldwide, 1.1 billion of people lack access to safe water and 2.4 billion lack access to basic sanitation service.
- 4 million die annually as a result (80 per cent < 5years).
- More than 30 per cent of common recurrent diseases are water and sanitation related.
- 100 billion US\$ productivity is lost annually.

The response

- UN Declaration – ‘access to safe water and sanitation, a human right’.
- UN Commitment – Commission on Sustainable Development (CSD) and MDG's (Millennium Development Goals).
- 2nd UN Decade for Water (2005-15).
- *Strategy 2010*, health and care in the Community and GWSI.

The Federation and its unique network of National Red Cross and Red Crescent Societies, in continuance of its International Humanitarian Mandate, is guided in its actions by *Strategy 2010*, which identifies three key strategic directions. The focus is ‘**to improve the lives of vulnerable people by mobilising the power of humanity**’.

The three strategic directions are:

1. Carry out programmes that respond to **health and care in the community**.
2. Focusing on a diversified **sustainable resource base and longer-term programming**.
3. Working together effectively with agreed **cooperation strategies and focused partnerships**.

The need for greater efforts to reduce poverty and stimulate further development among the worlds poorest, especially in the water and sanitation sector, is clearly recognized within the Red Cross and Red Crescent Movement. This increased effort and focus is expressed in the International Federation *Strategy 2010* and adopted water and sanitation policy (2003) and in the UN Commission for Sustainable Developments ‘Millennium Development Goals (MDG's)’. A key area of concern is to increase efforts to ‘reduce by half those living without sustainable water and sanitation facilities by 2015’ (MDG No.7) and by doing so also contribute to:

MDG No. 1 (Eradicate extreme poverty and hunger) since illness caused by unsafe drinking water and inadequate sanitation generates a significant loss of productivity and food production for the poor.

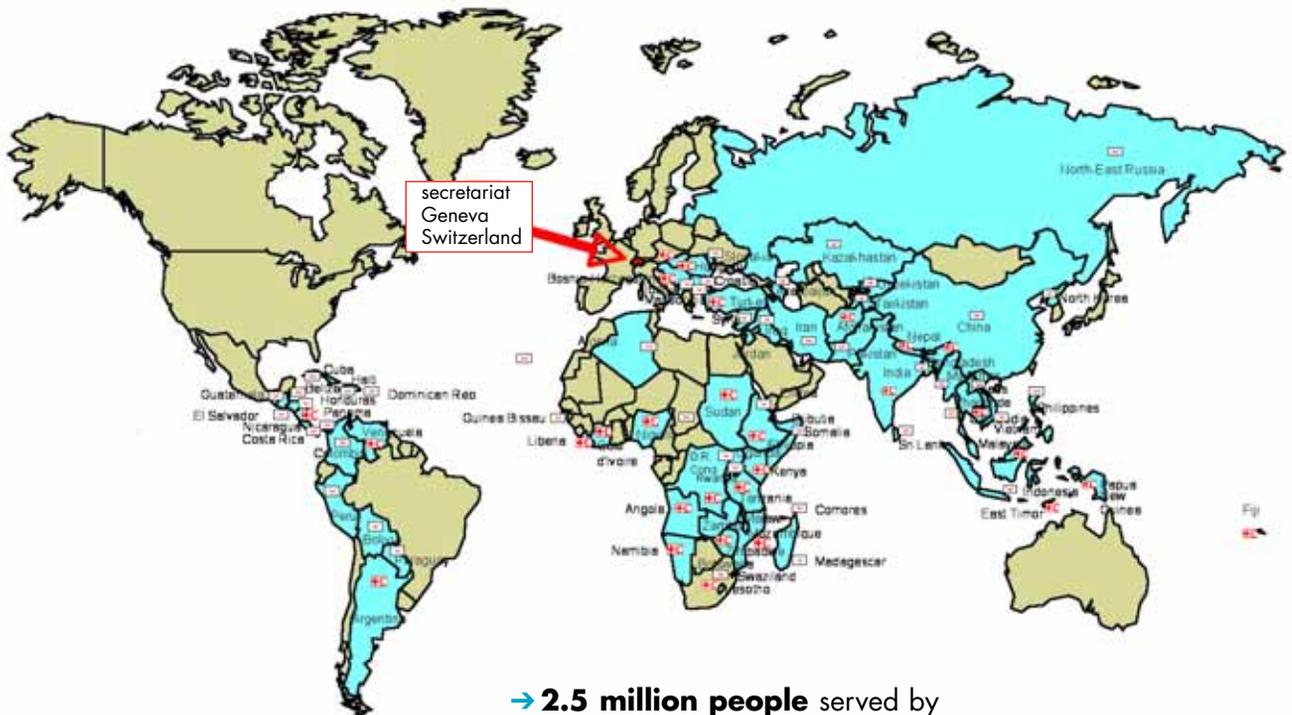
MDG No. 2 (Achieve universal primary education) by reducing water collection time, improving school attendance, especially among girls.

MDG No. 3 (Promote gender equality and empower women) by reducing water collection time giving women more time for productive endeavours, adult education and leisure. Encouraging an increased involvement of women in community water and sanitation management structures.

MDG No. 4 (Reducing child mortality) by improving the health status of children by improving access to safe water, sanitation and promoting improved hygiene.

Therefore, the GWSI intends to scale-up developmental water and sanitation programming, targeting a minimum of 5 million people over the next ten years.

Mapping of Federation water and sanitation activities (1993–2006)



→ **2.5 million people** served by developmental water and sanitation

→ Active in over **35 countries**

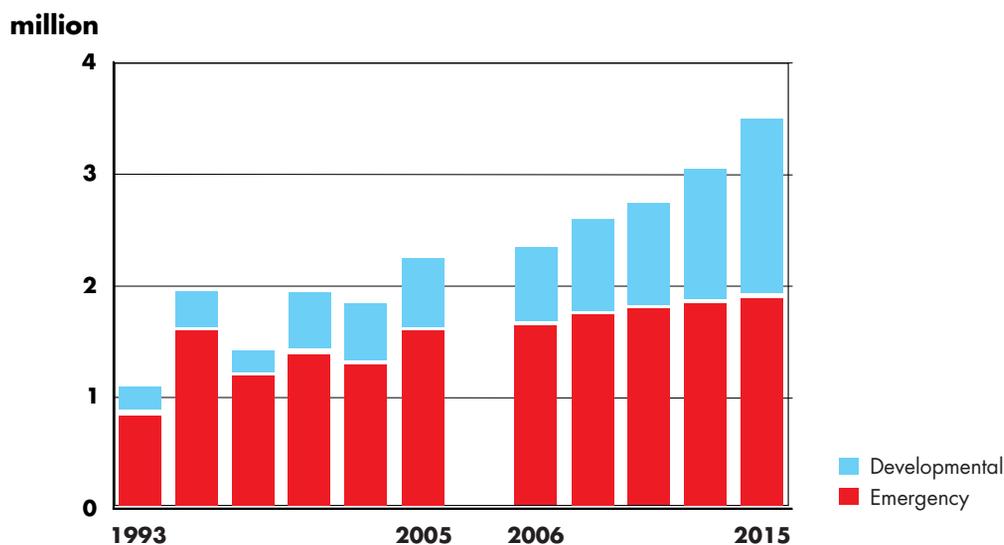
→ **6.5 million people** served with emergency water and sanitation

International Federation position in the emergency water and sanitation sector

The International Federation has well established water and sanitation disaster response mechanisms and capacity and it is recognised as a leader in this field. The International Federation water and sanitation unit is an active member of the UN IASC (Ad-Hoc Inter-Agency Standing Committee, Water and Sanitation Cluster Group) in which all the primary UN and International Humanitarian bodies active in the emergency water and sanitation sector are represented (UNICEF, UNHCR, OCHA, WFP, WHO, Oxfam, MSF, ICRC and others).

Federation has shared human resources, technical inputs and produced relevant publications with members of these bodies and intends to use these working relationships, both formal and informal, to influence and share experiences on the establishment of an improved transition process from emergency to sustainable development in the sector.

Overview of International Federation water and sanitation beneficiaries (actual and projected) 1993-2015



Beneficiary type	Actual beneficiaries served 1993-2005	Projected beneficiaries served 2006-2015
Emergency	6.5 million	9 million
Developmental	2.5 million	5 million
Totals	9 million	14 million

GWSI has been created as a means to further improve and scale-up developmental water and sanitation programming. It is intended to improve opportunities to mainstream sustainable, developmental approaches in the Red Cross and Red Crescent water and sanitation sector to further assist vulnerable communities in improving health and their capacities and coping mechanisms.

It is projected that between 2006-2015, a further 5 million people will benefit from developmental programming and with projected increases in emergency response of up to 9 million will give a total of 14 million International Federation beneficiaries overall.

How will the Global WatSan Initiative work?

The International Federation water and sanitation unit (health and care department in Geneva) and its network of regional water and sanitation delegates, local staff and country based water and sanitation delegates will provide assistance to National Societies who wish to prepare proposals for the Initiative. To qualify for inclusion in the GWSI, a set of criteria should be met and are explained in this booklet, and a 'checklist' is enclosed to assist in GWSI planning. The International Federation can assist in proposal preparation and presentation to potential donors and partners. When funding is secured, the Federation intends to be an implementing partner, where appropriate, with the National Society who will be the project holder. The GWSI will encompass support to both multilateral and bi-lateral funding and implementation opportunities.

How is it different from what we do now?

Our water and sanitation activities in time of emergency will still be our priority concern, working with Emergency Response Units (ERU) and other water and sanitation disaster response mechanisms, providing operational coordination, maintaining standards, providing training opportunities, technical research and development and support services. However, experience has shown that emergency needs can be reduced among the most vulnerable if their water and sanitation facilities are well established and as a result of development projects their capacities to respond to disasters have been strengthened. Our longer-term developmental water and sanitation activities will continue as at present but with an increasing focus on expanding and scaling-up these interventions to meet the GWSI criteria.



What are the Global WatSan Initiative criteria?

To ensure that the GWSI projects fit within the parameters of the initiative, and the Federations water and sanitation policy, an **integrated approach** has to be adopted as a *'strategic approach for the equitable, efficient and sustainable management of water resources'* and it is expected to contribute to improved health status and hygiene awareness within the target population – reducing water and sanitation borne diseases through increased sustainable access to safe water, appropriate sanitation, application of good hygiene practices and community water management. The strategic approach proposed is based on internationally agreed core principles concerning the need to protect the eco-system, and to extend the health-giving and productive properties of freshwater resources equitably and efficiently among humankind, with special emphasis on poorer and underserved people.

The GWSI contains the guiding criteria to ensure an integrated approach and establishes a common approach for all Red Cross and Red Crescent water and sanitation development projects. Some of these criteria are:

- **Beneficiary identification:** Targeting of vulnerable communities with significantly low water and sanitation coverage.
- **Technical criteria (hardware):** Appropriate and affordable technology options.
- **Scale of projects:** Larger, longer-term projects giving increased economy of scale and lower cost-per-beneficiary. Longer-term funding packages, more secure resource mobilization.
- **Engagement and health promotion (software):** Improved community participation, management and hygiene/sanitation promotion.
- **Impact:** Greater, more measurable impact, clearly defined impact indicators.
- **Gender:** Increased gender awareness and considerations in the planning and implementation process.
- **Government and other external partners' integration:** Being in-line with Government National WatSan Planning, the International Federation water and sanitation policy, and Integrated Water Resource Management (IWRM).
- **Environment:** Ensure that technical options are environmentally sound, and that any potential negative impact is minimized.

➤ 1. How are beneficiaries identified?

Beneficiaries of water and sanitation projects will be identified and selected using a set of criteria:

- **Human Development Index (HDI):** Most countries have UN Human Development Index (HDI) data or similar which indicates what the national WatSan coverage is and usually pinpoints those areas or communities where coverage is lowest. As a general rule, the National Society should target those with the lowest coverage or at least where the coverage is significantly below the national average.
- **National Society capacity:** Areas where the National Society has other health activities planned or existing and where branch capacity is established should be the preferred option as long as the HDI index rule applies.
- **Geographical areas selection:** Scattered interventions should be avoided, impact and cost per beneficiary is improved if the project focuses on one geographical area, or district.
- **Stakeholders' involvement:** Engagement with the potential beneficiaries should be undertaken through existing community structures, utilizing Red Cross and Red Crescent volunteers, with involvement from Government and other partners where appropriate. The key issue is sustainability, in other words, encouraging beneficiaries to commit themselves to sustaining WatSan facilities and adopting behavioural change to ensure impact in the longer term.

To identify beneficiaries and capture the key issues related to any WatSan proposal a **baseline survey checklist** has been designed (see Annexes). The baseline survey identifies key informations in water supply, hygiene practices and behaviour, sanitation, general health status and community management capacities and structures.

➤ 2. What are the technical criteria?

To encourage sustainability among the vulnerable, the choice of technology needs to be appropriate to the country/community context. Simple, low-cost and low-tech options are always best, especially if they have had some success in the country or region already.

The aim is to build and improve on **known technologies** in order to improve the safety and reliability of both water and sanitation facilities (simplify the O&M (Operation and Maintenance) requirements, minimize the negative environmental

impacts and ensure sustainability). **Environmental and social criteria** have to be considered during a participatory technology option choice process, addressing maintenance, service level, water quality, cultural acceptability, water security (ensuring water supply throughout the year), replication opportunities, social capital building (community involvement during construction, injection of capital in the rural economy, etc.) support by the local water authorities and potential environmental impact.

The important role played by local authorities must be taken into consideration, and support to the Government (Red Cross and Red Crescent acting in its role as auxiliary to Government) must be encouraged. Engagement of the the potential beneficiaries should be also undertaken to ensure **participatory selection, design and location** of the technical choices through existing community structures, utilizing as entry points Red Cross and Red Crescent branches, staff and volunteers.



Considering **cost-per-beneficiary**, the appropriate option should keep this cost within acceptable limits. If technically complex or high investment options are required, this would not be appropriate in most cases for Red Cross and Red Crescent intervention under the GWSI, but are often the only option in short-term, disaster response contexts.

Technical skills of the community in **O&M** of the water and sanitation facilities should be improved through training of water and sanitation committees, delivering training packages where possible in collaboration with line ministries and other partners where appropriate.

> 3. What scale will the projects be?

Experience has shown that economies of scale can be realized when water and sanitation projects are above a certain size. To ensure that the costs and impact are within acceptable limits, projects should target relatively large population groups, typically **100,000 people or more per project, over a time scale of not less than 2 years**. This ensures fixed costs are a smaller percentage of the total and that the implementing National Society should benefit more from capacity building by hosting projects with longer time scales and easier to justify capital and operational costs.

> 4. What are the software criteria?

Increasing technical and managerial skills of the Red Cross and Red Crescent staff in WASH (water and sanitation and hygiene) programming should be a common objective in all the Red Cross and Red Crescent water and sanitation programs in order to strengthen national capacities in responding to water and sanitation needs.

The targeted community should be the key partner in this approach. As many beneficiaries as possible should be involved in conception, planning as well as implementing activities, and to give them **a voice** in decision making. This is especially relevant because the ownership of the project should be with the community, and the process of decision-making should be taken by the participation of all stakeholders.

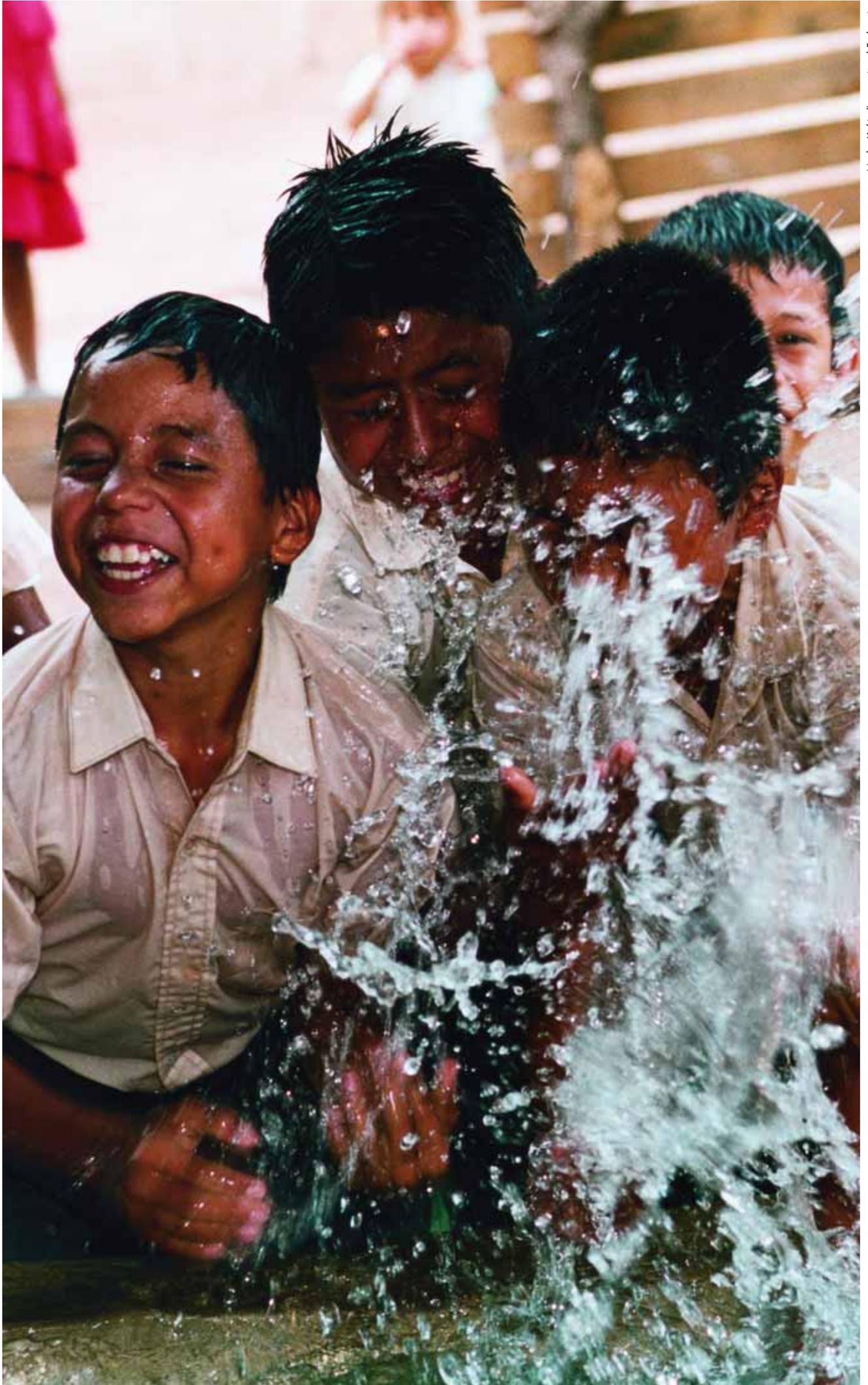
The actions should strengthen and build upon existing technical and managerial capacities while addressing gaps. Financial management and technical skills, willingness to pay, conflict resolution and problem solving should be addressed and targeted by the water and sanitation staff and **community water and sanitation committees**. These committees should be recognized as the leader of the implementation process and become the organ responsible for the overall maintenance and sustainability aspects.

The use of the **PHAST methodology** supports the success and sustainability of the project by increasing hygiene awareness within communities. Targeted communities through this process are able to examine existing hygiene behaviour and understand how transmission of disease takes place and how they can be prevented at household level. The community are given the opportunity to evaluate current behaviour and facilities and decide which appropriate sanitation and hygiene improvements they wish to undertake.

> 5. Impact:

In general, the following impacts might be expected from water and sanitation projects implemented under GWSI:

- Reduced water and sanitation borne diseases. Improved health status and hygiene awareness within the target population.
- Increased organizational and individual capacities of National Societies staff, volunteers and the community in WASH – water, sanitation and hygiene - programming.
- Increased awareness of the various policies and strategies in country and globally. Contribution to the MDG's (specifically MDG No. 1, 2, 3, 4 and 7).
- Increased access to sustainable and affordable WatSan services by vulnerable groups, especially women, orphans, PLWHA and other vulnerable groups.
- Increased women's involvement in management of water and sanitation projects and the decision making process.
- Generation of technically sound manuals, reports, guidelines, booklets, etc. Adaptation of some of the manuals and guidelines generated by the project by the various sector stakeholders.
- Increased knowledge and awareness in hygiene related information (food, water, environment, personal and domestic hygiene domains). Adoption of good hygiene practices at the household and community levels.
- Development, adaptation and promotion of appropriate water and sanitation technology.
- Replication of appropriate technology to other communities beyond the project areas.



To track the envisaged impact resulting from the Red Cross and Red Crescent water and sanitation actions a robust and dynamic **monitoring and evaluation system** should be institutionalized with periodic reviews involving the beneficiaries and the targeted groups as well as other key stakeholders.

A water and sanitation assessment checklist designed to capture the key issues related to the project objectives and expected results can also be used to produce a **set of participatory indicators** to measure objectively the achievement of the expected results and project activities. Indicators developed should be constantly reviewed at the community level based on PHAST activities and local realities. The various community groups through a participatory approach will be expected to guide the project interventions during the periodic monitoring and evaluation meetings and sessions as well as stakeholder consultations.

A **participatory mid-term evaluation** process should be facilitated including review of project objectives and expected results at all levels. The results might be useful in reviewing the project progress and re-designing the final implementation phase of the project if needed. At the end of the project, the **final evaluation** should be made consulting different stakeholders.

The actions should have a **multiplier effect** through addressing organizational capacities and individual skills gaps at Red Cross, Red Crescent and community levels. These capacities strengthen and established should be utilised beyond the project cycle, for example: PHAST groups formed can be used to train other communities, water and sanitation committees can be used to train other water and sanitation committees in Red Cross and Red Crescent project areas, project managerial skills are imparted on the National Societies project staff.

Sharing experiences and lessons generated by the project should be disseminated by production of information and communication materials (e.g. leaflets) highlighting project progress/achievements. These can be distributed periodically among the stakeholder group, Government agencies and water and sanitation sector players

➤ 6. Gender:

Regarding the Millennium Declaration and MDG's, it should be noted that even though there is a special goal (No. 3) formulated specifically for gender issues ("Promote gender equality and empower"), gender equality and women rights are crosscutting and underpin all the other goals.

In the water and sanitation sector it is widely recognized the different roles of women and men since they contribute to water management in different ways. It therefore needs full consideration during the project planning cycle, and where appropriate, measures should be taken to identify how gender inequity may be addressed.

➤ 7. Government and other external partners' integration:

A **partnership approach** should be built on strengths and experiences of the National Societies in water and sanitation field. Linkages with the relevant Government line ministries and agencies and collaboration with other water and sanitation sector players should be encouraged. This approach enhances synergy, reduces duplication of efforts, encourages better use of resources and creates linkages to promote good practice and sustainability beyond the project implementation phase.

To strengthen partnerships and coordination linkages at all levels of the intervention, regular meetings or workshops should be held in order to define and update the roles and clarify the expectations of the various stakeholders. **MoU's** (Memorandum of Understanding) or other appropriate agreements should be entered into between stakeholder groups such as the host National Societies, Government and beneficiary groups.

Steering committees composed of all the stakeholders involved in the project management and representing all the administrative levels of the project should be established for information sharing, decision making, registration of community committees and coordination of technical support from Government line ministries and other partners.

➤ 8. Environment:

It is recommended to obtain a preliminary picture of the impacts that the intervention will have on the environment, providing a quick and visual indication of potential positive and negative impacts, and define mitigation activities to ensure negative impacts are minimised.

GWSI compliance

We encourage and support National Red Cross and Red Crescent Societies to adopt the GWSI criteria and to apply them during all stages of the project cycle. To assist national societies in doing so, the International Federation water and sanitation unit is undertaking the following:

- The water and sanitation unit provides an **advisory and technical support service** to National Societies to mobilise resources, undertake planning and proposal preparation and can assist in project implementation, monitoring and evaluation.
- Has produced a **GWSI checklist** based on the criteria above described, **as a project-planning tool** being used to reinforce the common concept and approach, enclosed in this booklet and also on the accompanying CD-ROM.
- GWSI commits National Societies to **adherence to National and International Standards**, especially in technology choice and standardisation.
- GWSI is the concept used to represent **the International Federations increased commitment to its contribution to meeting the water and sanitation MDG's**.



Red Cross and Red Crescent **PHAST base-line survey**

Example of a Red Cross/Red Crescent base-line survey at household level

Date: _____

Area: _____

Questionnaire number: _____

A. Information on household members

- 1) Household Nos: _____ 2) Male/Female: _____
- 3) Education level: _____ 4) Household status: _____
- 5) Length of time lived in house: _____ 6) Total number of people
living in the house: _____
- 7) Number of persons living in house (according to age):
children (0-5): _____ children (6-15): _____
female adults (16 and over): _____ male adults (16 and over): _____
- 8) Name of head of household: _____

B. Water

➤ 1) Which water sources do you use now for which purposes? (please tick)

Water uses

- drinking washing body washing clothes
- household items nappies livestock

Water sources

- Red Cross/Red Crescent other hand pump
hand pump
- communal tap well-shallow
- well-protected river
- stream spring protection
- gravity schemes rainwater harvesting
- small dams/ponds other



➤ **2) Does your source of drinking water change according to different seasons?**

- yes no

if yes (please tick)

Water seasons

- hot season cold season rainy season (1 only)
 rainy season (short) rainy season (long)

Water sources

- Red Cross/Red Crescent other hand pump
 hand pump
 communal tap well-shallow
 well-protected river
 stream spring protection
 gravity schemes rainwater harvesting
 small dams/ponds other

➤ **3) How far do you have to go to collect water?**

- less than 20 m over 500 m 1-1.5 km
 2 km 3 km over 3 km

➤ **4) Who collects water for the family?**

- Sex** female male

Persons

- children 5-10 children 11-167
 adult (s) purchased from water vendors

➤ **5) Do you treat your drinking water?**

- yes no

If yes how?

- boil chlorinate sand filtration other

➤ **6) If you don't treat your water what is the reason:**

- it is expensive no need
 it is safe other

➤ **7) What are the benefits of your drinking water supply?**

- saved collection time
 reduced walking distance to collect
 improved quality of water
 decreased diarrhoea
 more water for domestic use

- affect on other health problems
If yes, what? Tick water related problems
- scabies eye infections
- guinea worm other
- more time for other activities
- family economic situation improved
- other

➤ **8) Are there any problems with your water supply?**

- yes no
- If yes, what are they?
- it is dirty it is irregular it is a long way
- it is expensive periods when it dries up
- management issues
- caretaker water treatment
- other
- breakdown of hand pump
- other

➤ **9) How many of litres of water does each household member use per day?**

Note: estimate capacity of each container (litres) and number of trips per day, divide by number of household-members (refer to Section A: Information on household members)

- 6-9 10-19 20-39
- 40-59 60-79 80 and over

➤ **10) Do you store water separately for drinking and washing or cleaning?**

- yes no don't know

➤ **11) What do you clean your drinking water container with?**

- soap and water water ash
- sand don't clean don't know
- other

Observation for water

➤ **12) Observation:**

Is drinking water stored separately from water for other purposes? yes no

➤ **13) Observation:**

Is the drinking water container covered? yes no

➤ **14) Observation:**

Is there a dish rack? yes no

Financing water supplies

- 15) How much do you pay for using water from the installed water point?
- 16) How much did you contribute towards the initial cost of the water point?
- 17) How much did/do you contribute towards the repairs of the water point?

C. Sanitation

- 18) Does your household have a latrine?
 - yes no
- 19) Do you use your latrine?
 - yes no – if not, why not?
- 20) Do you use the latrine at night?
 - yes no
- 21) What age do children start to use the latrines?
- 22) What happens to the stools of young children?
 - left on courtyard thrown in the latrine
 - other _____
- 23) Where do different people defecate? (please tick)

People

 - women men
 - children over 5 children under 5

Place of defecation

 - latrine in house communal latrine
 - bush cat method
 - other _____
- 24) What are the benefits of your latrine?
 - less time to walk to defecate more privacy
 - increase in status decrease in diarrhoea
- 25) How often do you clean your latrine?
 - daily twice weekly
 - once a week once a month
 - it is safe other _____
- 26) Are you happy with your latrine?
 - yes no – if not, why not?
- 27) This week did you use soap for washing clothes?
 - yes no don't know

➤ **28) This week did you use soap for washing dishes?**

- yes no don't know

Observation for sanitation

➤ **29) Observation: How far is the latrine from the house?**

- inside the house directly behind the house
 directly behind the house other

➤ **30) Observation: Is the latrine clean (no faecal matter/urine on the floor)**

- yes no

➤ **31) Observation: Does the latrine have a sanplat (concrete slab)?**

- yes no

If not what does it have? _____

➤ **32) Observation: Is there any sign of animal or human defecation in the courtyard?**

- yes no

D. Household waste

➤ **33) Where do you dispose of your household waste?**

- refuse pit bush
 burning burying
 other _____

➤ **34) Is waste disposal a problem?**

- yes – if yes, why? no

Observation for household waste

➤ **35) Observation: Does the house have a refuse pit?**

- yes no

➤ **36) Observation: Is the surrounding courtyard clean?**

- yes no

E. Vector control

- **37) Do you have treated mosquito nets in your household?**
- yes no
- If yes, how many: 1 2 3 4
- **38) What do you use for vector control in your community/village?**
- nothing larviciding
- indoor residual spraying other _____
- **39) What causes malaria**
- mosquitoes germs
- don't know other _____
- **40) What can you do to prevent malaria**
- cover up body spraying
- clearing grass/scrub clearing stagnant water
- don't know other
- (Note for Red Cross/Red Crescent programme implementers:
modify this and identify vectors according to Red Cross/Red Crescent programme)

F. Handwashing

- **41) When do you wash your hands?**
- before eating before cooking
- after defecation after wiping children's bottoms
- other _____
- **42) Why do you wash your hands?**
- keep free of germs don't know other _____
- **43) What do you use to wash your hands?**
- use water only ash soap
- other
- **44) How do you wash your hands?**
- under a running tap in a bowl
- water poured over hands from a container
- other _____

Observation for hand washing

- **45) Observation: Is there a hand washing facility in the house?**
- yes no

➤ **46) Observation: Is there a bathing facility in the house?**

- yes no

G. Knowledge, attitude and practice

➤ **47) What are the three diseases that your family has suffered from in the last 3 months?**

(Please tick)

- diarrhoea malaria
 respiratory infection HIV
 any other _____

(Note: note for programme implementers - modify this according to Red Cross/Red Crescent programme)

➤ **48) What causes diarrhoea?**

- germs dirty objects
 dirty food dirty fingers
 dirty fluid flies
 open defecation other _____

➤ **49) What is the best way to prevent diarrhoea?**

- washing hands use of latrines use of safe drinking water
 other _____

➤ **50) What do you do when your child (under 5) gets diarrhoea?**

- give ORS give more fluids
 given more food based fluids more breastfeeding
 refer to health service other _____

➤ **51) When was the last time a member of your family got diarrhoea?**

- within the last 2 weeks within the last 1 month
 within the last 3 months other

Optional

➤ **52) How do you make ORS (Please tick)**

- correct incorrect

H. Other

➤ **53) Have you received any health information about water and sanitation?**

- yes no
 If, yes:

➤ **54) What was it about?** _____

➤ **55) Who did you receive it from?** _____

➤ **56) How often did you receive it?** _____

➤ **57) What did you learn?** _____

➤ **58) Where do you generally get your information about health from?**

- media (TV/radio/newspaper) place of worship
 your family your neighbour
 health worker other

➤ **59) What is the hardest hygiene behaviour for you to change?**

- use of clean drinking water use of latrines
 hand washing at key times disposal of children's stools
 other

➤ **60) And why?** _____

GWSI checklist

A project planning tool

How to use this checklist:

As a group, go through the questions and answer either yes or no initially. When completed, go back through your answers and then refer to the final column for discussion. Not all questions may be applicable; this tool is primarily to stimulate discussion and to ensure that the GWSI criteria are being addressed as part of your planning process. Realistically, larger-scale projects demanding a higher level of financial resources demands a more intensive approach to water and sanitation planning where sustainability and the 'software' and 'hardware' linkages will be key elements if you are to attract suitable funding. More importantly, with GWSI, we can ensure impact and outcomes are better – meeting the needs of the beneficiaries.



Beneficiaries

1	Are there sufficient beneficiaries to target within a manageable district or region?	Yes	No	If yes, how many in such a region or district? If no, will this project have a significant impact?
2	Has the project a clear strategy to ensure benefits are appropriately targeted at vulnerable groups?	Yes	No	If yes, how is this represented in the log frame or indicators? If no, how can you address this?

Community management aspects

3	Does the target group have any previous involvement in water and sanitation projects?	Yes	No	If yes, how can this experience be inbuilt into the new project? If no, is there any other community project where they have been involved
4	Are there any issues around knowledge, attitudes and practices that may influence access to water and sanitation?	Yes	No	If yes what are these issues and how have they may have an influence?
5	Does the target group have representation, or community structures established?	Yes	No	If yes, can this be the means for dialogue with the target group? If no, how can such a structure be formed and by whom?
6	Are there clear roles for women within the project especially in decision making and management?	Yes	No	If yes is there equity in representation for both men and women? If no, how can women be directly involved in management of water and sanitation?
7	Is there a structured training component in software and hardware for beneficiaries and National Societies staff?	Yes	No	If yes, what are the training needs? If no, how will you determine what is needed?
8	Are O&M implications described and analysed in sufficient detail, and has an assessment been made of the local capacity to meet the cost recovery needs (at least for O&M) at the end of donor financing period?	Yes	No	If yes, show how this has been calculated taking inflation and other factors into consideration. If no, how can you ensure that at least operation and maintenance costs can be met by the community?
9	Do users pay or make contribution for their water supply at present? Will beneficiaries collect money for the project components and O&M? How much per person per day based on the projected consumption and rates?	Yes	No	If yes, how is/will this be organised and kept? Is it transparent? If no, how will O&M costs be met? What will the arrangements for the management of the facilities developed under the project (safekeeping, mode of money collection, bookkeeping, etc)?
10	Does the work contribute to or fall within the framework of integrated water resources management (IWRM)?	Yes	No	If yes, how is linked to Government planning? If no, what can we do to ensure we are following best practice in this field?

Government and other stakeholders

11	Has Government planned to target this group or asked for assistance to do so? Have been the government/stakeholders involved in a consultation process?	Yes	No	If yes, when and how? Are Government potential partners? If no, do you need Government approval?
12	Are there other players targeting this group?	Yes	No	If yes, when and how? Are other players potential partners?
13	Will there be a forum for regular meetings of all the stakeholders?	Yes	No	If yes, who chairs and who will attend? If no, how will this be set-up?
14	Is there any link between the project and existing sector policy/strategies in the country?	Yes	No	If yes, this needs to be described and shared with Government. If no, our planning process needs to take into account Government planning and policies.
15	What structural impact will the project have at policy level (e.g. legislation, codes of conduct, methods, etc?)	Yes	No	If yes, describe how this may take place. If no, are there ways we can influence such policies?

National Society

16	Does the have a health and care structure which includes water and sanitation?	Yes	No	If yes, does it need strengthening? If no, how should it be established?
17	Does the National Society have a focal water and sanitation person at National level?	Yes	No	If yes, does he/she attend relevant national water and sanitation meetings? If no, is the National Society willing to create such a position to engage at national level?
18	Is there an established National Society branch in the target area?	Yes	No	If yes, does it need to be strengthened? If no, does it need to be established?
19	If a branch is established, are there other health and care projects which can be integrated with water and sanitation?	Yes	No	If yes, this gives added value. If no, water and sanitation should be considered as a means to introduce other health and care activities where appropriate.
20	Does the National Society have adequate water and sanitation capacity at field level?	Yes	No	If yes, is it supported by a suitable infrastructure? If no, what needs to be established or strengthened?
21	Is there enough transport and logistics capacity?	Yes	No	If yes, will the budget include depreciation and cover running costs? If no, what needs to be added?
22	Does the National Society attend Government water and sanitation meetings or committees?	Yes	No	If yes. Are they recognised as water and sanitation players? If no, what meetings to they have to attend to become a recognised player?

Technology choice

23	Is there a proven low-tech, low-cost option for a water and sanitation solution meeting relevant industry standards and using technology that is appropriate to the needs and resources of the target groups?	Yes	No	If yes, can the community afford the operation and maintenance? If no, is this an appropriate Red Cross and Red Crescent intervention?
24	Are there any particular sanitation concerns identified by the target group?	Yes	No	If yes what are they and what can be done to address the concerns?
25	Is the local branch and community involved in the design process?	Yes	No	If yes, how does this work? If no, how will this be addressed?
26	Will monitoring and evaluation have external inputs?	Yes	No	If yes how often and by whom? If no, who should be invited as an external input?
27	Is there appropriate provision and recognition of environmental issues?	Yes	No	If yes, this needs to be determined. If no, what remedies can be applied?

Monitoring and evaluation

28	Is the target group water and sanitation HDI ² data below the National average?	Yes	No	If yes, by how much? If no, it may be the wrong target group.
29	Is there a method established to measure base line data?	Yes	No	If yes, what will it measure and how will it be measured? If no, this will have to put in place before any project work is started.
30	Have you planned regular monitoring and evaluation?	Yes	No	If yes, by whom, how will it work and what will you measure and how often? If no, it should be linked to the base line data before project commences. If no, this needs to be structured and planned?
31	Does the proposal contain verifiable indicators for the results and impacts of the project? Is the performance measurement process described?	Yes	No	If yes, these should be 'SMART'. If no, development funding may be difficult to obtain.
32	Assumptions are addressed and clearly formulated? Are the risks identified and mitigation measures proposed?	Yes	No	If yes, the external factors, often beyond our control are identified. If no, the project may not reach its goals because such factors have not been taken into account.

Millennium Development Goals

33	Has the country developed a plan (or roadmap) to reach the MDG for water supply and sanitation? How does this plan define the concept of basic water and sanitation services?	Yes	No	If yes, it should be reflected in the project proposal. If no, the general approach to meeting MDG's should be taken as a basis for project justification.
34	How relevant is the proposal in addressing the MDG targets and fitting in the national plan?	Yes	No	If yes, this should be shown in real terms – in other words, project impact indicators. If no, the project may not attract funding.
35	What are the proportion and the number of people in the target communities that, at present, have access to water and sanitation basic services in the sense of the MDG?	Yes	No	As with 33 and 34 above
36	How many people will have gained access to water and sanitation basic services (as defined by MDG) as a result of the project?	Yes	No	As with 33 and 34 above

¹The estimates of O&M requirements would normally include the provision for repairs and renewals that will be necessary over the first 10 years after completion of the investment made under the project.



GWSI basic logical framework

Narrative summary	Objectively verifiable indicators	Means of verification	Risks/Assumptions
<p>Overall objective</p>			
<p>Contribution to sustainable improvement in health and well-being for N,000 villager in Region R (Country C)</p>	<ul style="list-style-type: none"> ■ XX% of water and sanitation related diseases reduced by year Y. 	<ul style="list-style-type: none"> ■ Regional health survey reports. 	<ul style="list-style-type: none"> ■ Community is willing to adapt new practices. ■ The community is willing to give reliable information. ■ The community is willing to pay for O&M. ■ Volunteers are available and interested in the program.
<p>Specific objective</p>			
<p>Establishment of environmentally sustainable services for N'000 people (N,000 households, HH) by year Y in:</p> <ul style="list-style-type: none"> •Water supply •Sanitation, and •Hygiene promotion 	<ul style="list-style-type: none"> ■ XX% water and sanitation coverage is in-cresed in the Region R. ■ XX% of installed public water points and XX% of installed latrines are still operating Y years after the project. ■ Hygiene awareness and adaptation at HH level is increased by year Y. ■ Environmental mitigation or/and compensation measures, if needed, are put in place by year Y. 	<ul style="list-style-type: none"> ■ Baseline and impact survey report. ■ Mid term and final evaluation report. ■ Quarterly progress and interim reports. 	<ul style="list-style-type: none"> ■ Regional health survey reports available ■ Project mid term and participatory evaluation reports available ■ Quarterly progress reports and interim reports are available.
			<ul style="list-style-type: none"> ■ Availability of contractors ■ Availability of skilled local technical staff ■ Availability of consultants ■ Essential supplies are available in the local market. ■ No major drought reported ■ No major inflation ■ No major epidemics ■ No major security incidences.

Narrative summary	Objectively verifiable indicators	Means of verification	Risks/Assumptions
<p>Results</p> <ol style="list-style-type: none"> 1. Construction of N viable, fully functioning and adequate community-managed water supplies by year X. 2. Community based O&M and cost recovery systems established and functioning. 3. Sanitary teams built on existing capacities (local artisans) in the community and trained in latrine gender responsive construction and sale of latrine materials. 4. Increased hygiene and sanitation awareness and adaptation at household and community levels. 5. Partnerships and coordination linkages at all (national, regional and community) levels strengthened. 	<ol style="list-style-type: none"> 1. N,000 HH with minimum water supplies (20 lpcd), less than 30 minutes walking distance to public water points and within 1000m of water point throughout the year. 2. Sufficient revenue is generated from the community to cover running costs, with 10% margin set aside for repairs. 3. Routine and preventive maintenance undertaken satisfactorily on X% of water systems. 4. O&M budgets produced in X% of villages and X% of adequate water charges collected each year. 5. No. of latrine slabs produced, No. of demonstration in latrine construction conducted, XX% of demand of sanitation increased, XX% women and the vulnerable are involved in design and location of communal/familiar latrines, No. of latrines sold per month, revenues. 	<ul style="list-style-type: none"> - Field reports. - Inspection of random sample of x systems. - Quarterly Monitoring sheet Household (HH Observation sheet) - Baseline and impact survey report. - Mid term and final evaluation report. - Accounts and records of local WatSan committees. - Training evaluation forms. - Participant evaluation forms. 	<p>Activities</p> <p><i>Inception activities:</i></p> <ol style="list-style-type: none"> A1. Conducting a Baseline survey in water needs and demands. A2. Conducting a Pre-feasibility study for technical options. A3. Conducting an Environmental study. A4. Conducting a Willingness to pay survey. <p><i>Activities associated to R1:</i></p> <ol style="list-style-type: none"> A5. Community mobilization and signing of agreements in X villages. A6. Tender procedure, signing of contracts and construction of X water systems. <p><i>Activities associated to R2:</i></p> <ol style="list-style-type: none"> A7. Training of Community WatSan committees both in managerial/accounting and technical skills. A8. Promote and facilitate meeting/trainings in leadership for all community members to be represented in decision-making (especially women and disable people). <p><i>Activities associated to R3:</i></p> <ol style="list-style-type: none"> A8. Training of sanitation teams in latrine construction. A9. Casting latrines slabs and conducting demonstrations of latrine construction at community level. A10. Assisting the community in latrine construction. <p><i>Activities associated to R4:</i></p> <ol style="list-style-type: none"> A11. Conducting basic ToT on PHAST and implementing PHAST at community level. A12. Adopting PHAST toolkit to the target community.



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A13. Producing IEC materials and conducting community hygiene and sanitation promotion campaigns at HH and community level.

Activities associated to R5:

A14. Establishing a Steering committee representing all the administrative levels.

A15. Holding an inception planning workshop for stakeholders annually.

A16. Conducting a stakeholder's analysis by year Y.

A17. Signing a MoU (Memorandum of Understanding) among the key implementing partners (including the community and local authorities).

Common activities to all results:

Visibility, Documentation and experiences sharing:

A18. Developing good practice guidelines/booklet by year Y.

A19. Holding Peer to Peer exchange visits annually.

A20. Setting up photo and video gallery (continuous process).

A21. Developing visibility materials by year Y.

Monitoring & Evaluation

A22. Developing participatory monitoring and evaluation indicators by year Y. Reviewing of indicators by year Y.

A23. Setting up monitoring annual planning.

A24. Holding mid term participatory stakeholder evaluation consultations by year Y at all levels.

A25. Holding final participatory stakeholder evaluation consultations by year Y at all levels.



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