Global Water and Sanitation Initiative
“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

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<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>UN MDG’s</td>
<td>United Nations Millennium Development Goals</td>
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<td>International Federation</td>
<td>International Federation of Red Cross and Red Crescent Societies</td>
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<td>GWSI</td>
<td>International Federation Global Water and Sanitation Initiative</td>
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<tr>
<td>IWRM</td>
<td>Integrated Water Resource Management</td>
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<td>water and sanitation ‘software’</td>
<td>Community Empowerment, Participation and Health Awareness</td>
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<td>water and sanitation ‘hardware’</td>
<td>Appropriate Technology, Engineering, Supply and Logistics</td>
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<td>HDI</td>
<td>UN Human Development Index</td>
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<tr>
<td>SMART</td>
<td>Simple, Measurable, Achievable, Relevant, Time bound</td>
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<tr>
<td>PHAST</td>
<td>Participatory Hygiene and Sanitation Transformation</td>
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<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
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<td>PLWHA</td>
<td>People living with HIV AIDS</td>
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<td>MoU</td>
<td>Memorandum of Understanding</td>
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<td>ERU</td>
<td>Emergency Response Unit</td>
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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 < 5 years).
- 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 (Millenium 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.
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

<table>
<thead>
<tr>
<th>Beneficiary type</th>
<th>Actual beneficiaries served 1993-2005</th>
<th>Projected beneficiaries served 2006-2015</th>
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<tr>
<td>Emergency</td>
<td>6.5 million</td>
<td>9 million</td>
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<tr>
<td>Developmental</td>
<td>2.5 million</td>
<td>5 million</td>
</tr>
<tr>
<td>Totals</td>
<td>9 million</td>
<td>14 million</td>
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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 indentifies 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 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, adoption and promotion of appropriate water and sanitation technology.
- Replication of appropriate technology to other communities beyond the project areas.
Marko Kokic, International Federation
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. MoUs (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
- household items
- washing body
- nappies
- washing clothes
- livestock

Water sources
- Red Cross/Red Crescent
- other hand pump
- hand pump
- communal tap
- well-protected
- stream
- gravity schemes
- small dams/ponds
- well-shallow
- river
- spring protection
- rainwater harvesting
- 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
- 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 11-16
- 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
  ☐ other
  ☐ don’t know

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
- your neighbour
- 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

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

### Community management aspects

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Does the target group have any previous involvement in water and sanitation projects?</td>
<td>Yes</td>
<td>No</td>
<td>If yes, how can this experience be inbuilt into the new project? If no, is there another community project where they have been involved?</td>
</tr>
<tr>
<td>4</td>
<td>Are there any issues around knowledge, attitudes and practices that may influence access to water and sanitation?</td>
<td>Yes</td>
<td>No</td>
<td>If yes what are these issues and how may they have an influence?</td>
</tr>
<tr>
<td>5</td>
<td>Does the target group have representation, or community structures established?</td>
<td>Yes</td>
<td>No</td>
<td>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?</td>
</tr>
<tr>
<td>6</td>
<td>Are there clear roles for women within the project especially in decision making and management?</td>
<td>Yes</td>
<td>No</td>
<td>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?</td>
</tr>
<tr>
<td>7</td>
<td>Is there a structured training component in software and hardware for beneficiaries and National Societies staff?</td>
<td>Yes</td>
<td>No</td>
<td>If yes, what are the training needs? If no, how will you determine what is needed?</td>
</tr>
<tr>
<td>8</td>
<td>Are O&amp;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&amp;M1) at the end of donor financing period?</td>
<td>Yes</td>
<td>No</td>
<td>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?</td>
</tr>
<tr>
<td>9</td>
<td>Do users pay or make contribution for their water supply at present? Will beneficiaries collect money for the project components and O&amp;M? How much per person per day based on the projected consumption and rates?</td>
<td>Yes</td>
<td>No</td>
<td>If yes, how is/will this be organised and kept? Is it transparent? If no, how will O&amp;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)?</td>
</tr>
<tr>
<td>10</td>
<td>Does the work contribute to or fall within the framework of integrated water resources management (IWRM)?</td>
<td>Yes</td>
<td>No</td>
<td>If yes, how is linked to Government planning? If no, what can we do to ensure we are following best practice in this field?</td>
</tr>
</tbody>
</table>
## Government and other stakeholders

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

## National Society

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>16</td>
<td>Does the National Society have a health and care structure which includes water and sanitation?</td>
<td>Yes</td>
<td>No</td>
<td>If yes, does it need strengthening? If no, how should it be established?</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Does the National Society have a focal water and sanitation person at National level?</td>
<td>Yes</td>
<td>No</td>
<td>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?</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Is there an established National Society branch in the target area?</td>
<td>Yes</td>
<td>No</td>
<td>If yes, does it need to be strengthened? If no, does it need to be established?</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>If a branch is established, are there other health and care projects which can be integrated with water and sanitation?</td>
<td>Yes</td>
<td>No</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Does the National Society have adequate water and sanitation capacity at field level?</td>
<td>Yes</td>
<td>No</td>
<td>If yes, is it supported by a suitable infrastructure? If no, what needs to be established or strengthened?</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Is there enough transport and logistics capacity?</td>
<td>Yes</td>
<td>No</td>
<td>If yes, will the budget include depreciation and cover running costs? If no, what needs to be added?</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Does the National Society attend Government water and sanitation meetings or committees?</td>
<td>Yes</td>
<td>No</td>
<td>If yes. Are they recognised as water and sanitation players? If no, what meetings to they have to attend to become a recognised player?</td>
<td></td>
</tr>
</tbody>
</table>
### Technology choice

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>Yes</td>
<td>No</td>
<td>If yes, can the community afford the operation and maintenance? If no, is this an appropriate Red Cross and Red Crescent intervention?</td>
</tr>
<tr>
<td>24 Are there any particular sanitation concerns identified by the target group?</td>
<td>Yes</td>
<td>No</td>
<td>If yes, what are they and what can be done to address the concerns?</td>
</tr>
<tr>
<td>25 Is the local branch and community involved in the design process?</td>
<td>Yes</td>
<td>No</td>
<td>If yes, how does this work? If no, how will this be addressed?</td>
</tr>
<tr>
<td>26 Will monitoring and evaluation have external inputs?</td>
<td>Yes</td>
<td>No</td>
<td>If yes how often and by whom? If no, who should be invited as an external input?</td>
</tr>
<tr>
<td>27 Is there appropriate provision and recognition of environmental issues?</td>
<td>Yes</td>
<td>No</td>
<td>If yes, this needs to be determined. If no, what remedies can be applied?</td>
</tr>
</tbody>
</table>

### Monitoring and evaluation

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 Is the target group water and sanitation HDI(^2) data below the National average?</td>
<td>Yes</td>
<td>No</td>
<td>If yes, by how much? If no, it may be the wrong target group.</td>
</tr>
<tr>
<td>29 Is there a method established to measure base line data?</td>
<td>Yes</td>
<td>No</td>
<td>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.</td>
</tr>
<tr>
<td>30 Have you planned regular monitoring and evaluation?</td>
<td>Yes</td>
<td>No</td>
<td>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?</td>
</tr>
<tr>
<td>31 Does the proposal contain verifiable indicators for the results and impacts of the project? Is the performance measurement process described?</td>
<td>Yes</td>
<td>No</td>
<td>If yes, these should be ‘SMART’. If no, development funding may be difficult to obtain.</td>
</tr>
<tr>
<td>32 Assumptions are addressed and clearly formulated? Are the risks identified and mitigation measures proposed?</td>
<td>Yes</td>
<td>No</td>
<td>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.</td>
</tr>
</tbody>
</table>
# Millennium Development Goals

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<table>
<thead>
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<tbody>
<tr>
<td><strong>33</strong></td>
<td>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?</td>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>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.</td>
</tr>
<tr>
<td><strong>34</strong></td>
<td>How relevant is the proposal in addressing the MDG targets and fitting in the national plan?</td>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>If yes, this should be shown in real terms – in other words, project impact indicators. If no, the project may not attract funding.</td>
</tr>
<tr>
<td><strong>35</strong></td>
<td>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?</td>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>As with 33 and 34 above</td>
</tr>
<tr>
<td><strong>36</strong></td>
<td>How many people will have gained access to water and sanitation basic services (as defined by MDG) as a result of the project?</td>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>As with 33 and 34 above</td>
</tr>
</tbody>
</table>

*The 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

<table>
<thead>
<tr>
<th>Narrative summary</th>
<th>Objectively verifiable indicators</th>
<th>Means of verification</th>
<th>Risks/Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall objective</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contribution to sustainable improvement in health and well-being for N,000 villager in Region R (Country C)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>XX% of water and sanitation related diseases reduced by year Y.</td>
<td>Regional health survey reports.</td>
<td>Community is willing to adapt new practices.</td>
<td></td>
</tr>
<tr>
<td>XX% water and sanitation coverage is increased in the Region R.</td>
<td>Baseline and impact survey report.</td>
<td>The community is willing to give reliable information.</td>
<td></td>
</tr>
<tr>
<td>XX% of installed public water points and XX% of installed latrines are still operating Y years after the project.</td>
<td>Mid term and final evaluation report.</td>
<td>The community is willing to pay for O&amp;M.</td>
<td></td>
</tr>
<tr>
<td>Hygiene awareness and adaptation at HH level is increased by year Y.</td>
<td>Quarterly progress and interim reports.</td>
<td>Volunteers are available and interested in the program.</td>
<td></td>
</tr>
<tr>
<td>Environmental mitigation or/and compensation measures, if needed, are put in place by year Y.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Specific objective</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establishment of environmentally sustainable services for N’000 people (N,000 households, HH) by year Y in:</td>
<td>XX% water and sanitation coverage is increased in the Region R.</td>
<td>Regional health survey reports available</td>
<td></td>
</tr>
<tr>
<td>Water supply</td>
<td>XX% of installed public water points and XX% of installed latrines are still operating Y years after the project.</td>
<td>Project mid term and participatory evaluation reports available</td>
<td></td>
</tr>
<tr>
<td>Sanitation, and</td>
<td>Hygiene awareness and adaptation at HH level is increased by year Y.</td>
<td>Quarterly progress reports and interim reports are available.</td>
<td></td>
</tr>
<tr>
<td>Hygiene promotion</td>
<td>Environmental mitigation or/and compensation measures, if needed, are put in place by year Y.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Regional health survey reports available</td>
<td>Availability of contractors</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mid term and final evaluation report.</td>
<td>Availability of skilled local technical staff</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Quarterly progress and interim reports.</td>
<td>Availability of consultants</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Essential supplies are available in the local market.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>No major drought reported</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No major inflation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No major epidemics</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No major security incidences.</td>
<td></td>
</tr>
<tr>
<td>Narrative summary</td>
<td>Objectively verifiable indicators</td>
<td>Means of verification</td>
<td>Risks/Assumptions</td>
</tr>
<tr>
<td>-------------------</td>
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</tr>
<tr>
<td><strong>Results</strong></td>
<td></td>
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</tr>
</tbody>
</table>
| 1. Construction of N viable, fully functioning and adequate community-managed water supplies by year X. | 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. | - 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. |                  |
| 2. Community based O&M and cost recovery systems established and functioning. | 2. Sufficient revenue is generated from the community to cover running costs, with 10% margin set aside for repairs. |                  |                  |
| 3. Sanitary teams built on existing capacities (local artisans) in the community and trained in latrine gender responsive construction and sale of latrine materials. | 3. Routine and preventive maintenance undertaken satisfactorily on X% of water systems. |                  |                  |
| 4. Increased hygiene and sanitation awareness and adaptation at household and community levels. | 4. O&M budgets produced in X% of villages and X% of adequate water charges collected each year. |                  |                  |
| 5. Partnerships and coordination linkages at all (national, regional and community) levels strengthened. | 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. |                  |                  |
| **Activities**    |                                  |                      |                  |
| **Inception activities:** |                                  |                      |                  |
| 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. | |                  |                  |
| **Activities associated to R1:** |                                  |                      |                  |
| A5. Community mobilization and signing of agreements in X villages. | |                  |                  |
| A6. Tender procedure, signing of contracts and construction of X water systems. | |                  |                  |
| **Activities associated to R2:** |                                  |                      |                  |
| 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). | |                  |                  |
| **Activities associated to R3:** |                                  |                      |                  |
| 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. | |                  |                  |
| **Activities associated to R4:** |                                  |                      |                  |
| A11. Conducting basic ToT on PHAST and implementing PHAST at community level. | |                  |                  |
| A12. Adopting PHAST toolkit to the target community. | |                  |                  |
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: Visibilty, 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.
The International Federation of Red Cross and Red Crescent Societies promotes the humanitarian activities of National Societies among vulnerable people.

By coordinating international disaster relief and encouraging development support, it seeks to prevent and alleviate human suffering.

The International Federation, the National Societies and the International Committee of the Red Cross together constitute the International Red Cross and Red Crescent Movement.

For further information, please contact:

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