9. Monitoring

This chapter presents a simple framework for monitoring emergency excreta disposal programmes.

9.1 The need for monitoring

Monitoring is the systematic and continuous process of collecting and using information, throughout the programme cycle, for the purpose of management and decision-making. The process should be started at the beginning of an excreta disposal programme in order to track progress against the objectives – and to make adjustments before it is too late.

Monitoring is often seen as a cumbersome system forced on field staff by managers, donors or headquarters. This is unfortunate, as a good monitoring system can actually help staff to plan their projects. If a good monitoring system is in place, there will be no surprises when an evaluation is carried out.

Other reasons for monitoring could be to:

- look at how objectives are being achieved so that changes can be made – but also to learn from the process (this is useful when planning a new excreta disposal programme);
- look at strengths and weaknesses and to identify spin-offs (unintentional effects) either positive or negative;
- track use of resources both financial as well as materials;
- make sure the community is involved and that the process is documented:

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- make sure that the needs of vulnerable groups such as disabled people are catered for;
- make sure Sphere standards are being maintained (where appropriate); and
- · help identify areas for staff training.

9.2 Objectives and indicators

The logical framework is a tool frequently required by donors when funding is being sought. Even if a logframe is not required, it is a good idea to establish objectives, indicators and means of verification right at the beginning of the project. If it is a large project, it is probably a good idea to write up a monitoring strategy with clearly defined roles for who does what, when and how.

Indicators should not just look at activities but also check on outputs (process) and outcomes (impact). This means that it is not enough just to monitor construction but also to look at usage and maintenance as well as user satisfaction. Indicators should be quantitative (numbers) and qualitative (judgement).

Some examples are given below in the logframe in Table 9.1. Process indicators are at output or result level; impacts are at outcome or purpose level as well as at the goal level.

It is worth spending some time on setting indicators that are measurable and realistic: if it is done well at the beginning, useful information can be collected throughout the life of the project.

Baseline indicators may include direct metrics in relation to health and provision of facilities and use, as well as proxy indicators related to well-being, dignity and security.

It is also good practice to divide indicators into 1st phase and 2nd phase indicators as the immediate priorities and outputs are likely to differ to those for the longer term.

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Table 9.1. Logframe example

Narrative summary	Measurable indicators	Means of verification	Recorded information
Aim/Goal:			
To contribute to improving the health of the at risk population.	Crude Mortality Rate and morbidity rates from all causes (where possible)	Clinic data Community surveys	Mortality and morbidity data within accepted limits No major outbreaks of communicable diseases in target area Perceived reduction in communicable diseases by community members after six months
Purpose:			
To reduce the incidence of diseases associated with inadequate excreta disposal for population X for Y months.	Mortality and morbidity rates from diarrhoeal diseases (though other external factors may affect morbidity rates) Proxy indicators: • Acceptability of facilities • Use of facilities • Perceived improvements	Clinical data Community surveys Latrine monitoring forms Observation Pocket voting Focus group discussions (FGDs)	Diarrhoeal mortality and morbidity data within accepted limits More than 80% of men, women and children are using and maintaining latrines after 12 months The majority (over two-thirds) of women in FGDs express satisfaction¹ with the safety, privacy and accessibility of latrines

¹ Satisfaction will need to be defined in terms of safety, cleanliness, privacy, dignity, accessibility, suitability, adequacy and other community-defined indicators.

Table 9.1. Logframe example continued...

Narrative summary	Measurable	Means of	Important		
Narrative Summary	indicators	verification	assumptions		
Output:					
To ensure adequate excreta disposal in line with Sphere minimum standards within six months. All sections of the community are enabled to practice safer hygiene in a dignified and culturally appropriate manner.	1 latrine constructed per 20 people after community consultation OR 1 latrine per household No faecal matter observed in the target area Hand washing facilities at all latrines and are maintained Each household reports the presence of soap on random weekly visits	Latrine-monitoring forms Reports by latrine assistants Observation Weekly, random transect walk Random household visits Handwashing demonstrations with children	Latrine coverage Evidence of faecal matter in the target area Number and condition of handwashing facilities Proportion of households reporting the presence of soap on random weekly visits		
Activities:					
1. Recruit & train personnel 2. Design & construct latrines 3. Monitor programme activities and indicators etc.	Numbers of staff and training completed Etc	Project records, training evaluation Etc	Recruited 1 hygiene promoter per 500 people Etc		
Inputs:	Inputs:				
	Tools and resources	Logistics and financial records	50 latrine digging kits distributed etc		

When considering Sphere indicators during monitoring it is important to consider their applicability to the specific context under scrutiny. For example, where there is a family latrine programme it is more appropriate to consider the percentage of households with access to improved excreta disposal (rather than the number of people per latrine).

9.3 Monitoring methods

Once the indicators have been set, it is much easier to determine the means of verification: how the information needed will be collected and how often this needs to be done. The system should be put in place as soon as is reasonably possible after the onset of the emergency. It is also good to have some basic baseline data such as people's normal excreta disposal habits, handwashing habits and cultural aspects of excreta disposal. This information is needed in order to provide culturally acceptable facilities.

Some examples of monitoring methods are described below:

- Construction records a simple form to record the completion of each latrine (household or communal) with a quality-control check.
 There also needs to be a note made of the community consultation, the number of people consulted and what was the outcome.
- Usage and maintenance records there are several formats that can be used. Pictorial forms showing such things as presence of flies, smell, proper hole coverage, level of excreta and whether there are any breakages or other damage. These can be used by community volunteers on a weekly basis and can monitor several households or blocks
- Transect or observation walks are a very simple way of looking at the usage and maintenance of both latrines and handwashing facilities.
 These walks can be carried out by staff, volunteers or even children.
 Observations should be recorded and reported on.
- Pocket voting can also be used to monitor latrine use. This process
 entails holding a community meeting at which attendees (ideally
 including men, women and children) are asked to indicate whether
 or not they currently use latrines by placing a bean or tablet in a
 particular box. This 'voting' should take place in private in order to
 encourage honesty and obtain an accurate picture of latrine use. This

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can then be followed up by focus group discussions or informant interviewees to establish **why** latrines are not used.

- Focus groups are a useful tool for finding out such things as community satisfaction and level of involvement. This tool is especially good when talking to vulnerable groups such as the disabled who have very specific needs. But this requires a trained facilitator so that it does not turn into a question and answer session or a large meeting. Data from focus groups should be reported as quotes and never as percentages.
- Activities with children are a good monitoring tool as well as being fun and a learning experience for the children. They can be involved in drawing pictures of defecation habits, they can do small household 'surveys' where they observe family habits over a day or so – or they can do pocket voting. In two projects in Bangladesh and Sierra Leone, children put coloured flags in areas in the community where there was indiscriminate defecation: 'showing and shaming'.
- Community mapping carried out during the assessment (see Chapter 2) can be used later to monitor. A project in post-tsunami India used a map of the facilities to then monitor usage and maintenance using pictures for the illiterate villagers to rate services.

Monitoring should be a joint activity between community members, technicians and the public health promotion team in order to improve the overall effectiveness of the project. Results from monitoring should be shared at regular meetings so that changes can be made or lessons learned.

In the absence of monitoring, latrine 'coverage' figures become largely meaningless. While there may have been a sufficient number of latrines constructed in terms of people per latrine, it is only possible to determine their effectiveness by monitoring latrine condition and usage (see Box 9.1).

Appendix 5 contains examples of latrine-monitoring forms that can be used for monitoring condition and usage.

Box 9.1

Latrine-coverage monitoring in Eastern Chad

Administrative estimates of latrine coverage in Oure Cassoni Camp gave a latrine coverage of 17.5 people per latrine (1600 latrines constructed for a population of 28,000). Although this figure was well within SPHERE excreta disposal guidelines, an increase in diarrhoeal-disease rates and suspected outbreaks of typhoid prompted a comprehensive evaluation of the excreta disposal situation. A GPS-based latrine census-form was used to determine the exact number, location and condition of all



latrine infrastructures in the camp. Programme staff visited every public latrine and recorded the following information:

- Latrine type (plastic sheeting or mud block)
- Amount of space left in the latrine pit (verified by shining a torch into the drop-hole)
- Whether plastic sheeting public latrines offered privacy (defined by whether plastic was ripped or not)
- Whether mud-block public latrines offered privacy (defined by whether metal doors were broken or not)
- Cleanliness of the latrine (a dirty latrine was defined as faeces present on slab)
- Whether the drop-hole had a drop-hole cover
- Whether the latrine had a fly-infestation problem (defined as a minimum of two flies entering or exiting the drop-hole in a period of one minute).

A total of 322 three-stance latrine blocks were visited and a major problem was reported with 169 (84%) of the 201 plastic-sheeting latrines requiring urgent repairs to plastic sheeting that had been torn apart by high winds. Revised estimates of latrine coverage – taking into account latrine blocks that had ripped plastic sheeting, were full, or had broken doors – gave a latrine coverage of 41.2 people per latrine.

Monitoring framework

It is good to have a framework or strategy so that everyone knows exactly when and how to monitor. It is not just the technical staff who are responsible for monitoring but everyone involved in the project or programme. See Table 9.2.

Monitoring review

It is useful to have an internal review after a couple of months of implementation. This can be done with the whole team using the SWOT analysis.

SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis is a simple monitoring exercise that can be conducted through brainstorming by all key stakeholders under the following headings:

Strengths: Those things that have worked

Weaknesses: Those things that have not worked so well or could

be improved

Opportunities: Conditions which are favourable and can be taken

advantage of by the programme

Threats: Threats which reduce the range of opportunities

for improvement

The purpose of this exercise is to provide a rapid summary of the key positive and negative aspects of the programme to date. This should help participants to focus on programme successes and how to sustain them, and weaknesses and how to overcome them. The process should also identify spin-offs. The process needs to have a facilitator to lead people otherwise it can be quite subjective and may not look at negative aspects.

Table 9.2. Monitoring framework

Monitoring component	Monitoring data
Staff	Has the target number of staff been recruited and trained?
	Does this include skilled staff from within the affected community?
	How are staff selected and trained? Is training on-going?
	Are staff supervised and appraised?
	Are staff working effectively and efficiently?
	Are there any personnel problems or conflicts?
	Are appropriate resources procured and used as planned?
	Are logistical procedures clear and efficient?
Resources	Is there regular feedback on order status from the logistics department?
Resources	Is there a need for any additional resources?
	Are local materials used where possible?
	Are there any detrimental environmental effects?
	Has the budget been kept to so far, and if not, why not?
Finances	How does expenditure compare with each budget-line forecast?
rillalices	Is there regular feedback from the finance department?
	Are there any significant unforeseen costs or savings?
	Are activities being implemented according to schedule; if not, why?
Time	Is time managed efficiently?
	Are there any unforeseen time constraints?
Outputs	Are the targets for facilities and hygiene promotion being met; if not, why not?
	Has the overall health of the population improved?
	Are benefits spread equally among the affected population; is anyone excluded?
	Are the outputs sustainable?
	Are there any relevant needs which have not been addressed?
	Are there any unforeseen effects caused by the programme?

Table 9.2. Monitoring framework continued

Monitoring component	Monitoring data
Community	Is the community actively involved in design, construction, O&M?
	Are all facilities being used and if not, why not?
	Are community members satisfied with the facilities provided and what suggestions do they have for improvement?
	Have hygiene practices improved?
	Are there any capacity building activities for the community?
	Are there any conflicts between different stakeholders?
Information	Are regular reports and plans produced and disseminated?
	Is information from reports fed back into the implementation process?
	Are meetings held regularly with key stakeholders?
	Are activities co-ordinated between teams?
	Are activities co-ordinated between implementing agencies?
	Is technical support and information available if required?

9.4 Monitoring reports

All monitoring results should not only be used by staff to improve the programme but they should also be fed into the general programme reporting. The most usual form is the situation report. Table 9.3 shows an example.

Monitoring is an essential tool for ensuring programme quality as well as community satisfaction. Monitoring information will also feed into donor reports, statements to the media, as well as proposals for future funding. It is a way of checking on progress, informing all stakeholders, and of feeding into the evaluation of the programme. If done well and implemented early, it can prove to be an invaluable tool for both managers and technical staff.

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Table 9.3. Situation report outline
Location
Agency
Reporting period
Name of reporter(s)
Position of reporter(s)
Overall situation summary (security, population, climate, etc.)
Staff issues (new staff, contracts, salaries, etc.)
Goods received in reporting period
Logistics orders outstanding (order dates)
Expenditure for reporting period
Financial requirements for next reporting period
Time constraints (reasons for delays, etc.)
Activities undertaken during reporting period (report against indicators)
Changes made to existing plans (including reasons)
Beneficiary satisfaction or involvement (qualitative data, e.g. from focus groups)
Tasks outstanding / forthcoming activities
Community issues
Information details (meetings held, data received)
Information requested
Other agencies / stakeholders (news and activities)