Guidelines for Assessing the Enabling Environment Conditions for Large Scale, Effective and Sustainable Handwashing with Soap Projects

Lynne Cogswell and Lene Jensen

Global Scaling up Handwashing Project
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These guidelines are one in a series of products of the Water and Sanitation Program’s Scaling Up Handwashing Project funded by the Bill and Melinda Gates Foundation. The aim of the project is to test whether innovative promotional approaches can generate widespread and sustained increases in handwashing with soap at critical times among the poor and vulnerable.

This series of reports documents the findings of work in progress about handwashing with soap in order to encourage the exchange of ideas and information and to promote learning. Please send your feedback to: wsp@worldbank.org.

The Water and Sanitation Program (WSP) is a multi-donor partnership of the World Bank. For more than 30 years, WSP has helped the poor gain sustained access to improved water supply and sanitation services (WSS). WSP works with governments at the local and national level in 25 countries. For more information, please visit: www.wsp.org.

CREDITS
Production Coordination: Paula Carazo

ABOUT THE AUTHORS

Lynne Cogswell
Lynne Cogswell has worked internationally for more than 30 years. In 1995, she received her PhD in International Relations, focusing on Communication and Behavior Change. Her work experience includes water, sanitation, and hygiene; women and gender; reproductive health; and HIV/AIDS among others and extensive working experience in more than 30 countries in Africa and Asia. Some of her work includes the design and conduct of enabling environment and organizational capacity assessments; research, design, and development of behavior change strategies; and evaluation of technical assistance/cooperative agreement programs.

Lene O. Jensen
Lene Jensen was the Hygiene Specialist on the Global Scaling Up Handwashing Project until July 2008. She provided support for the design and implementation of national communication programs aimed at increasing handwashing with soap.

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Global Scaling Up Handwashing Project
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Purpose of the Guidelines

This purpose of these Guidelines is to provide guidance to programmatic staff in the water supply and sanitation (WSS), health, and other sectors on how to carry out an assessment of the enabling environment for large-scale, effective, and sustainable handwashing programming. In early 2007, the Water and Sanitation Program (WSP) started preparations to implement the Bill and Melinda Gates Foundation funded Scaling up Handwashing Behavior Change Project. The project tests whether innovative promotional approaches can generate large-scale, effective, and sustained increases in handwashing with soap at critical times among the poor and vulnerable in Peru, Senegal, Tanzania, and Vietnam. As part of the preparatory work, the project carried out assessments of the enabling environment for large scale handwashing programming in each of the project countries. The assessments piloted a conceptual framework and methodology developed for this purpose by the Scaling up Handwashing Behavior Change Project. These Guidelines present the background to the study, conceptual framework, methodology, and tools used to carry out the assessments.

The assessments have provided the teams in Peru, Senegal, Tanzania, and Vietnam with a baseline of the strengths and weaknesses of their respective country enabling environments as well as recommendations for how to bolster weaker areas. As the project moves forward with implementation and related efforts to strengthen the enabling environment for handwashing programming, we anticipate learning new and valuable lessons that may, in turn, help strengthen the conceptual framework. As such, the project team sees these guidelines as a work in progress rather than a definitive framework and approach to understanding or assessing a countries enabling environment for large scale and sustainable effective handwashing with soap program. The project team will continue to share our lessons learned in this area as we move forward and encourage others to share with us their experience in using this guidance document or other relevant approaches and conceptual frameworks.

In addition to this document, Baseline Enabling Environment Assessment reports are available for Peru, Senegal, Tanzania, and Vietnam. The reports detail the findings and recommendations from the studies in each country. A synthesis of the findings and recommendations from the four country studies may be downloaded from WSP’s website (www.wsp.org).
Background

Funded by the Bill & Melinda Gates Foundation, the Global Scaling Up Handwashing Project follows the basic approach of the Public-Private Partnership for Handwashing (PPPHW), a global initiative established in 2001 to promote handwashing with soap at scale to reduce diarrheal and respiratory infections. This approach draws extensively on lessons learned from two large-scale handwashing promotion programs. Programma Saniya, implemented in Bobo-Dioulasso, Burkina Faso, showed the importance of undertaking careful consumer research at the outset of a handwashing promotion program. The Central American Handwashing for Diarrheal Disease Prevention Program showed that an effective approach to changing hygiene behaviors at large scale was to work with a broad partnership of public and private sector stakeholders that have a mutual interest in increasing handwashing with soap, to focus on the one behavior with largest potential health impact (handwashing with soap), and to promote it with cost-effective, consumer-centered marketing.

In hopes of facilitating effective replication and scaling-up of future handwashing-with-soap behavior change programs, the Global Scaling Up Handwashing Project carries out a structured learning and dissemination process to develop and share evidence, practical knowledge, and tools.

Specific project objectives are to:

1. Design and support the implementation of innovative, large-scale, sustainable handwashing programs in four diverse countries (Peru, Senegal, Tanzania, and Vietnam);
2. Document and learn about the impact and sustainability of innovative, large-scale handwashing programs;
3. Learn about the most effective and sustainable approaches to triggering, scaling-up, and sustaining handwashing behaviors;
4. Promote and enable the adoption of effective handwashing programs in other countries and position handwashing as a global public health priority through the translation of results and lessons learned into effective advocacy and applied knowledge and communication products.

The project is designed to achieve key targets in each country at the end of two years of implementation. The specific handwashing targets for each country are in Table 2. The target audience is defined as poor women of childbearing age (15–49) and poor children ages 5–9.

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1 Global PPPHW partners include the Water and Sanitation Program, USAID, World Bank, UNICEF, London School of Hygiene and Tropical Medicine, Centers for Disease Control, Academy for Educational Development, Water Supply and Sanitation Collaborative Council, Colgate-Palmolive, Procter & Gamble, and Unilever.
### Handwashing Targets by Country

<table>
<thead>
<tr>
<th>Country (population)</th>
<th>Target population (millions)</th>
<th>Estimated target population washing hands with soap at critical times (millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peru (28 million)</td>
<td>5.1</td>
<td>1.3</td>
</tr>
<tr>
<td>Senegal (11 million)</td>
<td>2.0</td>
<td>0.5</td>
</tr>
<tr>
<td>Tanzania (37 million)</td>
<td>5.2</td>
<td>1.3</td>
</tr>
<tr>
<td>Vietnam (84 million)</td>
<td>9.2</td>
<td>2.3</td>
</tr>
</tbody>
</table>


**Rationale for Enabling Environment Assessment**

As part of project preparation, the Scaling up Handwashing Behavior Change Project carried out an assessment of the enabling environment for handwashing programming in each of the four countries. It is essential that certain factors and elements be in place to facilitate the success of the sustainability and scalability of handwashing programs. These enabling environment factors can ensure that handwashing programs have the desired impact, achieve the desired outcomes, follow an efficient and effective process, and can be scaled up and sustained. The enabling environment assessments were designed and carried out, therefore, to examine the extent to which these factors and elements were in place in each of the four project countries and what might need to be put in place to create the foundation for sustainability and scalability.
**Scalability and Sustainability**

The ultimate question in any public health practice program is how can the health behavior—in this case HWWS—be scaled up and sustained once an externally funded project is over? It should be clearly noted that scalability and sustainability have not, historically, been possible without some initial investments in products, training, capacity-building, structure reinforcement, communication skills, and so on. Ensuring and promoting scalability and sustainability requires an examination of the contextual setting—that is, political course, networks, and existing structures, as well as programmatic conditions such as institutional capacity, availability of financing, and behavioral requisites such as availability of all the needed products and materials to practice the behavior, and the ability and willingness of the population to use these.²

To place the enabling environment baseline assessments in context, it is important to understand the use of the terms *scalability* and *sustainability* as they relate to creating, supporting, and maintaining a programmatic and behavioral enabling environment. For purposes of the assessments, the following definitions were used:

- **Sustainability** is the ability of a country, with minimal or no outside financial or technical assistance, to continue the work needed to (1) encourage and maintain a health concept/practice, (2) increase and maintain the number of people using or practicing promoted program behaviors, and (3) implement the program(s) needed to accomplish encouragement, maintenance, and increase.³
- **Scalability** is increasing the present scale and rate of behavior change. It is moving a program, practice, or methodology use and application from a small scale—that is, a few regions, a few villages, or several districts, reaching a small portion of the population/potential target audience, to large scale—that is, national coverage, the majority of the districts or villages, reaching the majority of the population/potential target audience.⁴

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² This section on “Scalability and Sustainability” has been adapted from Dr. Cogswell’s work “Organizational Effectiveness-Development, Environment, and Outcomes” with Fannie Mae, Ford, and Rockefeller Foundations and USAID from 1998 to 2005 for purposes of this enabling environment baseline assessment.

³ Adapted from USAID’s definition of sustainable development.

⁴ Adapted from the European Union’s definition of scalability.
Assessment Methodology

In order to ensure consistency in the assessment findings, the WSP developed a conceptual framework for assessing scalability and sustainability. The framework was developed based on a review of relevant literature and discussions with key individuals. It was subsequently applied in Peru, Senegal, Tanzania, and Vietnam with the objective of establishing a baseline for the enabling environment against which each the four project countries can be measured in the future. This exercise will eventually lead to a set of recommendations related to strengthening the enabling environment for large-scale, effective, and sustainable handwashing programming.

Dimension Descriptions

The framework comprises nine dimensions that are considered essential to scaling up a handwashing-with-soap behavior change program.

Policy, Strategy, and Direction: Establishing a shared vision and strategy and ensuring the political will to implement them is the starting point for scale up. Without political will and a shared vision and strategy among stakeholders at all levels, scale up will remain an elusive goal. Developing this shared vision and strategy in a collaborative manner is also the foundation for coordination and for creating motivation all levels.

Partnerships: This handwashing-with-soap program model is based on a establishing a public-private partnership. A partnership is a relationship where two or more parties, having compatible goals, form an agreement to share the work, share the risk, share the power, and share the results or proceeds. Partnerships need to be built at all levels among public, private, and NGO sectors and between communities and local governments.

Institutional Arrangements: Institutions at all levels must clearly understand their roles, responsibilities, and authority. They must also have the resources to carry out their roles. In addition to clear roles and responsibilities, institutional arrangements must include the mechanisms for actors at all levels to coordinate their activities.

Program Methodology: Handwashing-with-soap programs have a seven-step program methodology. This methodology, adapted to each country context, should be clear and agreed upon by all key stakeholders.

Implementation Capacity: In addition to clearly defined institutional roles and responsibilities, institutions at all levels must have the capacity to carry out their roles and responsibilities. Institutional capacity includes adequate human resources with the full range of skills required to carry out their functions; an “organizational home” within the institution that has the assigned responsibility; mastery of the agreed-upon program methodology, systems, and procedures required for implementation; and the ability to monitor program effectiveness and make adjustments.

Availability of Products and Tools: A handwashing-with-soap behavior-change program is predicated on the existence of the soap that responds to consumer preferences and their
willingness and ability to pay for them. In addition, handwashing station supplies—that is, plastic basins, towels, and so on—need to be easily available.

**Financing:** This dimension is aimed at assessing the adequacy of arrangements for financing the programmatic costs. These costs include training, staff salaries, transportation, office equipment and supplies, and the development of communication and educational materials as well as programmatic line items in budgets for handwashing-promotion activities.

**Cost-Effective Implementation:** The potentially high costs of promoting handwashing-with-soap behavior at scale make cost-effective implementation a key element. It is essential to understand how the unit costs change as activities are scaled up. Although it will not be possible to assess the cost-effectiveness of the approach and how best to achieve economies of scale until the end of the project, data must still be collected during implementation to make this determination at the end of the project. Therefore, this assessment will try to ensure that information will be collected from the outset and that the capacity to collect the information is in place.

**Monitoring and Evaluation:** A large-scale handwashing-with-soap behavior-change program requires regular monitoring and, perhaps more importantly, the willingness and ability to use the monitoring process to make adjustments in the program. Effective monitoring will identify strengths and weaknesses in the program methodology, implementation arrangements, and cost efficiencies. Overall monitoring responsibility must be at the highest level of the program, but must be based on information collected at the local government or district level.
Study Tools

In the following, the tools used to prepare the enabling environment assessments are presented. They include: Terms of Reference, Study Protocol, Source by Dimension Table, Proposed Report Outline, Interview Guide, and Self-Reporting Questionnaire. A generic version of the assessment tools is made available in these Guidelines; however, when carrying out the enabling environment assessments the Global Scaling Up Handwashing Project adapted the tools to each country context. We recommend that organizations and practitioners, who wish to carry out enabling environment assessments, similarly adapt the tools to their programmatic and country context.
Tool A: Terms of Reference

Enabling Environment Assessment and Baseline to Scale up, Sustain and Replicate Handwashing with Soap Behavior Change Programs

1. Purpose of TOR

The Water and Sanitation Program has recently begun to implement the Global Scaling Up Handwashing Project with support from the Bill & Melinda Gates Foundation. The project tests whether innovative promotional approaches can generate widespread and sustained increases in handwashing with soap at critical times among the poor and vulnerable in Peru, Senegal, Tanzania, and Vietnam.

The purpose of this consultancy is to carry out a baseline of the programmatic conditions needed to scale up and replicate handwashing with soap behavior change programs. The baseline assessment will be carried out during the start up period of the overall project or by July 30, 2007. The baseline and final assessments in each country will be carried out by two-person teams consisting of an international and local consultant. The consultant teams will be hired as independent consultants but will function as one overall team under the direction of the WSP Country Task Manager with support from the Global Task Team Leader for the Global Scaling Up Handwashing Project.

2. Background

The Water and Sanitation Program (WSP) is an international partnership to help the poor gain sustained access to water supply and sanitation services. Administered by the World Bank with financial support from several bi- and multi-lateral and private donors, WSP is a decentralized partnership and operates through offices in Africa, East Asia, Latin America and South Asia. A major thrust of the programs is to help its clients prepare for and implement actions towards meeting the water and sanitation (WSS) Millennium Development Goals (MDGs). In pursuing their mission, WSP staff provides advisory support to projects and policies to help identify and disseminate best practices and lessons from experience across countries, assist clients in the implementation of pilot projects to test out new ideas and facilitate informal networks of practitioners and sector stakeholders. Additional information about WSP can be found on the program website (www.wsp.org).

The Global Scaling Up Handwashing Project is working with and basing its countries’ approaches on the Public-Private Partnership for Handwashing (PPPHW), a global initiative established in 2001 to promote handwashing with soap at scale to reduce diarrheal and respiratory infections.

The approach to handwashing promotion advocated by the global PPPHW draws extensively on lessons learned from two large scale handwashing promotion programs: Programma Sanyia and

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5 Global PPPHW partners include the Water and Sanitation Program, USAID, World Bank, UNICEF, London School of Hygiene and Tropical Medicine, Centers for Disease Control, Academy for Educational Development, Water Supply and Sanitation Collaborative Council, Colgate-Palmolive, Procter & Gamble, and Unilever.
the Central American Handwashing for Diarrheal Disease Prevention Program. Programma Saniya, a large scale handwashing promotion program implemented in Bobo-Dioulasso, Burkina Faso, showed the importance of undertaking careful consumer research at the outset of a handwashing promotion program. Lessons from the Central American Handwashing for Diarrheal Disease Prevention Program demonstrated that key to changing hygiene behaviors at large scale was to work with a broad partnership of public and private sector stakeholders who have a mutual interest in increasing handwashing with soap, to focus on the one behavior with largest potential health impact (handwashing with soap) and to promote it with a cost-effective, consumer-centered marketing approach.

This project will carry out a structured learning and dissemination process to develop evidence, practical knowledge and tools for effective replication and scaling-up of future handwashing with soap behavior change programs.

Specific project objectives include:

- Design and support the implementation of innovative large scale, sustainable HW programs in four diverse countries (Tanzania, Viet Nam, Senegal and Peru);
- Document and learn about the impact and sustainability of innovative large scale HW programs;
- Learn about the most effective and sustainable approaches to triggering, scaling up and sustaining HW behaviors;
- Promote and enable the adoption of effective HW programs in other countries and position HW as a global public health priority through the translation of results and lessons learned into effective advocacy and applied knowledge and communication products.

The project is designed to achieve key targets in each country at the end of two years of project implementation. The specific handwashing targets for each country are in the table below. The target audience is defined as poor women of fertile age (15-49) and poor children ages 5-9.

<table>
<thead>
<tr>
<th>Country (population)</th>
<th>Target Population (millions)</th>
<th>Estimate Target Population Adopting Handwashing with Soap at Critical Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peru (28 million)</td>
<td>5,100,000</td>
<td>1,300,000</td>
</tr>
<tr>
<td>Senegal (11 million)</td>
<td>1,970,000</td>
<td>490,000</td>
</tr>
<tr>
<td>Tanzania (37 million)</td>
<td>5,200,000</td>
<td>1,300,000</td>
</tr>
<tr>
<td>Viet Nam (84 million)</td>
<td>9,200,000</td>
<td>2,300,000</td>
</tr>
</tbody>
</table>

The purpose of this term of reference is to 1) assess to what extent the programmatic conditions for scale up and sustainability are in place at the beginning of the project, and 2) on the basis of the baseline assessment findings, recommend what should be done to address the gaps during project implementation. (note: towards the end of the project period – in about 2 and ½ years -,
The final assessment will be carried out to determine whether there is an enabling environment in place in each country that can continue after the end of this project without external project assistance—this TOR does not include the final assessment.

The country specific assessments will need to respond to the country specific results frameworks that each country is now preparing.

The Global Scaling Up Handwashing Project has three distinct phases. Phase I is the six to eight month start-up period for detailed planning at the global and country level. Several assessments including a handwashing measures study and the baseline for the impact evaluation will be carried out during this period. The baseline assessment of enabling elements will be carried out during Phase I. Phase II is the two-year implementation period and Phase III is the three to six month wrap-up phase that will include the final evaluation and dissemination of lessons learned. The final enabling environment assessment will take place during Phase III.

3. Conceptual Framework

In order to ensure consistency in the assessment findings, WSP has developed a conceptual framework for assessing scalability and sustainability. This framework was developed based on a review of relevant literature and discussions with key individuals. The framework comprises nine dimensions that are considered essential to scaling up a handwashing with soap behavior change program.

1. Policy, strategy, and direction
2. Partnerships
3. Institutional arrangements
4. Program methodology
5. Implementation capacity
6. Availability of products and tools
7. Financing
8. Cost effective implementation
9. Monitoring

In the following, the nine dimensions will be described in greater detail and key questions to consider along each dimension outlined. The questions listed under each dimension are illustrative, not exclusive.

**Definition of Scale-up:** Increase the scale, rate of behavior change, and sustainability of programs promoting handwashing with soap.

**Policy, Strategy, and Direction**

Establishing a shared vision and strategy and ensuring the political will to implement it is the starting point for scale up. Without political will and a shared vision and strategy among stakeholders at all levels, scale up will remain an elusive goal. Developing this
shared vision and strategy in a collaborative manner is also the foundation for coordination and for creating motivation all levels.

Policy is defined as the “set of procedures, rules and allocation mechanisms that provide the basis for programs and services. Policies set the priorities and often allocate resources for implementation. Policies are reflected in laws and regulations, economic incentives, and the assignment of rights and responsibilities for program implementation.”

- To what extent does political will to promote handwashing with soap exist at the national, state/provincial, and local government level?
- What are the best channels through which to influence policy relevant to handwashing?
- How have the key policy barriers essential to scale up been identified and are they being addressed?
- What are the institutional incentives at the national, state/provincial, and local government levels that support program implementation?
- Which organizations, individuals, or agencies could act as champions or catalysts for the program? What would it take to mobilize them successfully?
- To what extent is there a shared vision and strategy among key stakeholders at all levels that will provide direction and a basis for effective coordination?

**Partnerships**

This handwashing with soap program model is based on establishing a public private partnership (PPP). A partnership is a relationship where two or more parties, having compatible goals, form an agreement to share the work, share the risk, share the power and share the results or proceeds. Partnerships need to be built at all levels between public, private, and NGO sectors and between communities and local governments, etc.

- What partnerships have been formed at national and local level? How are they functioning?
- To what extent is the partnership communicating, collaborating, coordinating, compromising, and combining to ensure coverage and overlap of hardware, promotion, and enabling environment aspects of Handwashing marketing? (At national as well as local level)
- To what extent is there give and take in the partnership? (At national as well as local level)
- To what extent is this partnership functional? What would it take to make it functional?
➢ To what extent are roles, responsibilities, and mutual expectations clear and agreed upon in the partnership?

➢ What effective partnerships between communities and local governments and NGOs have been established?

➢ Has the partnership fully explored all potential strategic alliances with public, private, and NGO sector organizations at national and local level?

➢ To what extent and how have partners integrated Handwashing into their ongoing activities and/or budgets? To what extent do they plan to do so?

**Institutional Arrangements**

Institutions at all levels must clearly understand their roles, responsibilities, and authorities. They must also have the resources to carry out their roles. In addition to clear roles and responsibilities, institutional arrangements must include the mechanisms for actors at all levels to coordinate their activities.

➢ To what extent are there clear implementation arrangements including well defined roles and responsibilities at all levels?

➢ What mechanisms have been established for national level coordination among relevant national partners?

➢ To what extent have mechanisms for inter-agency, inter-level, inter-audience coordination been established?

**Program Methodology**

Handwashing with soap programs have a seven-step program methodology. A program methodology consists of the program rules, specific activities and their timing and sequence. Each country will adapt and apply the program methodology making it specific and appropriate to the country context. A workable program methodology that is clear and agreed upon by all key stakeholders is a key programmatic condition.

➢ What evidence is there of a documented methodology? To what extent is there a defined and detailed program methodology for implementing handwashing with soap programs?

➢ How has the methodology been documented? How complete is it?

➢ To what extent is the program methodology widely understood and accepted by program partners and implementers?

**Implementation Capacity**
Clearly defined institutional roles and responsibilities are not sufficient for programs to operate at scale. In addition, institutions at all levels must have the institutional capacity to carry out their roles and responsibilities. Institutional capacity includes adequate human resources with the full range of skills required to carry out their functions, an “organizational home” within the institution that has the assigned responsibility, mastery of the agreed upon program methodology, systems and procedures required for implementation, and the ability to monitor program effectiveness and make continual adjustments.

- To what extent is there adequate capacity in social intermediation to facilitate community and household levels behavior change at scale?
- To what extent is there adequate capacity in handwashing promotion at national as well as local level?
- To what extent do existing promotional networks have the capacity and openness to adopt new approaches?
- What capacity has been developed at the appropriate level to oversee program implementation and monitor change at the community and household levels?

### Availability of Products and Tools

A handwashing with soap behavior change program requires – in addition to promotion of the behavior – that the product, price, and place dimensions of the Handwashing marketing mix are addressed. That is, target consumers ability to adopt the promoted behavior is highly dependent on the existence and availability of soap(s) that respond to consumer preferences and their willingness and ability to pay for them. In addition to soap, the Handwashing marketing mix may include soap, water, and other items, specific to each country situation, such as services to maintain Handwashing facilities.

- To what extent are key dimensions of the Handwashing marketing mix, as identified in the formative research and other sources, being addressed by the partnership:
  - **Product**: Are products (goods and services) which can act as consumer barriers and facilitators to handwashing considered in the project planning?
  - **Price**: To what extent are monetary, time and other costs, associated with handwashing products being considered?
  - **Place**: To what extent are handwashing related products available to target consumers?

- If the product, price, and place dimensions have not been addressed, what plans exist to address them?

*Note: Each country has conducted/will be conducting market surveys and market analysis in conjunction with the private-sector partners. This assessment should not try to replicate these surveys other than in fairly general terms. The dimension is included in the framework since it is*
a critical aspect of scale up, but should only be dealt with in this assessment in broad, general terms.

Financing
This dimension is aimed at assessing the adequacy of arrangements for financing the programmatic costs. These costs include training, staff salaries, transportation, office equipment and supplies, and the development of communication and education materials as well as programmatic line items in budgets for handwashing promotion activities.

➢ What are the financing opportunities and willingness to finance among public agencies at local, regional, and national level?

➢ To what extent is there financing to pay for the ongoing programmatic costs including identification of the financing sources and mechanisms?

➢ How have handwashing promotion activities been included in national-, regional-, district-level budgets?

➢ How has the private sector partners contributed, with cash, and in-kind financing, or through their own-managed handwashing activities to the sustainability of the HW campaigns? What kind of a financial incentive exists, i.e. selling more soap, for the private sector to help to finance the programmatic and campaign costs?

Cost-Effective Implementation

The potentially high costs of promoting handwashing with soap at scale make cost effective implementation a key element. It is essential to understand how the unit costs change as activities are scaled up. While it will not be possible to assess the cost-effectiveness of the approach and how best to achieve economies of scale until the end of the project, data must still be collected during implementation to make this determination at the end of the project. Therefore, the focus in this assessment is to ensure that information will be collected from the outset and that the capacity to collect the information is in place.

➢ Do program implementers at all levels know what information must be collected on program costs?

➢ If there are non-permanent, supporting programs on which this HW program depends, do the program implementers know what information must be collected to measure these supporting costs? (Costs of established programs – For example, with basic education, though it provides necessary support, it need not be counted, if it is unlikely to disappear during the life of the HW program. But if the HW program depends, for example, upon an experimental health course, which is only temporarily part of the basic education curriculum, its costs should be recorded for use in some of the program cost calculations.)
➢ To what extent are the program implementers able to identify the size of the targeted and affected populations for each of the above programs?

➢ To what extent does the capacity exist at the local government and state/provincial level to collect the information? [The capacity includes the systems and procedures to collect the information, a focal point of responsibility including assigned staff, and the commitment to collect the information on a regular basis.]

Note: It is not possible to assess cost effective implementation at the beginning of implementation or without the results of the impact evaluation. Rather the focus in this baseline will be to ensure that the systems and procedures for collecting cost information are in place and that the capacity exists to collect it.

Monitoring

A large scale handwashing with soap behavior change program requires regular monitoring and perhaps more importantly, the willingness and ability to use the monitoring process to make adjustments in the program. Effective monitoring will identify strengths and weaknesses in the program methodology, implementation arrangements, and cost efficiencies. Overall monitoring responsibility must be at the highest level of the program, but must be based on information collected at the local government or district-level.

➢ What monitoring process at the macro level exists to measure program effectiveness and outcomes?

➢ To what extent does the capacity exist to implement the monitoring process? What institutions in public, private and NGO sector are present to conduct various types of studies (qualitative, quantitative, etc.) and what is their capacity (both in terms of technical skills or availability)?

➢ What other sectors have strong M&E components and which organizations facilitate the process at different levels?

➢ To what extent is the process sufficient to monitor quality of services, identify gaps and weaknesses, and determine lessons learned and best practices?

➢ What technical, administrative or financial improvements or support are needed to ensure that the existing monitoring systems are adequate to support this program?

➢ What are the costs of any necessary improvements?

4. Scope of Work

International Consultant

Global Scaling Up Handwashing Project
The tasks in the scope of work are divided into three overall steps: preparation, baseline assessment, and remote consultation. The international consultant will carry out all of the tasks in these three phases. Most of these tasks are also the joint responsibility of the local consultant. A summary of the specific tasks for the local consultant is provided at the end of this section.

**Preparation**

Review key background documents including the grant proposal, country project design document, and country specific policy and strategy documents related to handwashing that WSP will provide.

Participate in a 2-3 day team planning meeting with the Country Handwashing Task Manager, the local consultant, and the global project handwashing technical director (if available) for the baseline assessment of the enabling environment. The objectives of the team planning meeting will be to ensure that the international consultant understands the background and objectives of the assessment, have a good understanding of the approach and methodology for carrying out the assessment, and finalize the structure and content of the assessment report.

**Baseline assessment**

Develop the interview protocols based on the conceptual framework discussed in Section 3. The conceptual framework is intended to provide a common approach to the assessment so that the results are comparable across countries. Each dimension has a set of questions to be answered during the assessment. The consultants will be responsible for determining what information needs to be collected to answer these questions, how the information will be collected, and for developing interview protocols.

Work with the WSP Country Handwashing Task Managers and local consultant counterparts before the field visit in each country to develop a work plan and schedule for the baseline assessment. The meetings and interviews that are scheduled should enable the consultant team to assess each of the dimensions in the conceptual framework.

Carry out the baseline assessment of the programmatic elements required for scale up and sustainability of a handwashing with soap behavior change program. While the specific activities for the assessment will be determined by each consultant team, the assessment is expected to include the following aspects:

- Review of key documents (assessment reports, sector strategies, laws, regulations, etc.)
- Meetings with key stakeholders including government officials at the national, state/provincial, and local government levels; private sector providers of soap and handwashing supplies; NGOs, and donors.
- Short workshop at the local government or national level to test the validity of key findings
Based on the results of the baseline assessment, formulate recommendations that WSP can implement to create the enabling environment for meeting the 2009 targets in the Global Scaling Up Handwashing Project.

Debrief the WSP Country Handwashing Task Manager, and as appropriate, key government officials responsible for the program. This is especially important since the intent is to use the results of the assessment to address those programmatic elements that might be hinder scale up. The consultant should discuss the recommendations and actions needed to strengthen those elements that were found to hinder scale up with the WSP Country Handwashing Task Manager.

Write an assessment report using a common format that is agreed upon in the team planning meeting.

Prepare an action plan based on the recommendations that WSP will implement under the Global Scaling Up Handwashing Project. The action plan will be used by the Country Handwashing Task Manager to address the gaps identified in the assessment.

Prepare a short end of assignment report to be used to de brief the WSP Global Task Team Leader for the Global Scaling Up Sanitation Project (TSSM) on the results of the assessment.

**Ongoing remote support**

Because of the length of time between the baseline and final assessment, the international consultants should have some ongoing involvement with WSP.

Provide remote consultation as necessary to WSP country staff and the WSP Task Team Leader for the Handwashing Project. The primary purpose of this consultation is to provide guidance on the implementation of the recommendations that result from the baseline assessment. This ongoing involvement will also make the final assessment more efficient.

**Local consultant**

The local consultant will be engaged by the Country Handwashing Task Manager, but supervised and directed by the International Consultant contracted by this TOR.

**Preparation**
- Review background documents

**Baseline assessment**
- Participate in team planning meeting
- Participate in developing interview protocols
- Set up meetings and field visits for assessment
- Carry out baseline assessment
- Debrief WSP Country Handwashing Task Manager
- Contribute to assessment report

Global Scaling Up Handwashing Project
Contribute to action plan

5. **Expected Products/Outcomes**

The international consultant will be responsible for three concise and well written reports.

**Baseline Assessment**

The reports from the international consultants are expected to be organized in a similar way.

- **Introduction.** This section should explain the context and purpose of the assessment, summarize the TOR, and explain the methodology of the assessment.
- **Summary of conceptual framework and assessment dimensions that guided the assessment**
- **Summary of findings**
  - Policy, strategy, and direction
  - Partnerships
  - Institutional arrangements
  - Program methodology
  - Implementation capacity
  - Availability of products and tools
  - Financing
  - Cost effective implementation
  - Monitoring and evaluation
- **Conclusions.** Based on the specific findings, this section should summarize the overall conclusions of the assessment team, especially those that are cross-cutting and not captured in the findings for each assessment dimension.
- **Recommendations.** These are specific recommendations that are needed to create the conditions necessary for scale up.

**Action Plan**

The action plan should be directly based on the recommendations in the assessment report. The report should include the following

- actions that need to be taken
- sequence in which they should be addressed and a timeline
- skills and expertise and estimated LOE needed to implement the actions
- expected implementation challenges

**End of Short Term Consultancy Assignment Report**

- Summary of activities, findings and lessons learned during assignment
6. Personnel and Estimated Level of Effort

The assessment in each country will be carried out by a two-person team consisting of an international and local consultant.

The international consultant should have the following qualifications:

- 5-10 years of experience in hygiene promotion, preferably with experience in handwashing as well
- Extensive consulting experience
- Significant and in-depth experience in institutional development
- Significant experience in building, cultivating, strengthening partnerships
- Knowledge of handwashing and the related institutional and programmatic issues
- Excellent report writing skills in English

The local consultant should have the following qualifications:

- 5 years of experience in hygiene promotion
- Knowledge of the key actors in the hygiene sector at the national and local government levels
- Knowledge of handwashing and hygiene promotion
- Ability to contribute to writing the final report

<table>
<thead>
<tr>
<th>Task</th>
<th>Estimated LOE – int'l</th>
<th>Estimated LOE - local</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review key documents</td>
<td>2 days</td>
<td>2 days</td>
</tr>
<tr>
<td>Team planning meeting</td>
<td>5 days (inc travel*)</td>
<td>2 days</td>
</tr>
<tr>
<td>Develop interview protocols</td>
<td>2 day</td>
<td>1 day</td>
</tr>
<tr>
<td>Set up in-country meetings</td>
<td>1 day</td>
<td>2 days</td>
</tr>
<tr>
<td>Carry out baseline assessment</td>
<td>17 days (exc travel)</td>
<td>17 days (exc travel**)</td>
</tr>
<tr>
<td>In-country debriefing</td>
<td>1 day*</td>
<td>1 day</td>
</tr>
<tr>
<td>Write report</td>
<td>5 day</td>
<td>3 days</td>
</tr>
<tr>
<td>Review and revisions of report</td>
<td>2 days</td>
<td></td>
</tr>
<tr>
<td>Ongoing remote support</td>
<td>5 days**</td>
<td></td>
</tr>
<tr>
<td>**Total</td>
<td>40 days</td>
<td>28 days</td>
</tr>
</tbody>
</table>

* Travel time may vary depending on where the international consultants are based.
** In-country travel will vary from country-to-country and should be added in when initial meetings are held.
*** At its discretion and depending on need, WSP may want to increase the LOE for remote consultation.
7. Estimated Schedule

A detailed schedule is provided only for the baseline assessment.

<table>
<thead>
<tr>
<th>Task</th>
<th>Target dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review key documents</td>
<td></td>
</tr>
<tr>
<td>Team planning meeting</td>
<td></td>
</tr>
<tr>
<td>Develop interview protocols</td>
<td></td>
</tr>
<tr>
<td>Set up in-country meetings</td>
<td></td>
</tr>
<tr>
<td>Travel to country*</td>
<td></td>
</tr>
<tr>
<td>Carry out baseline assessment</td>
<td></td>
</tr>
<tr>
<td>In-country debriefing</td>
<td></td>
</tr>
<tr>
<td>Return travel</td>
<td></td>
</tr>
<tr>
<td>Write report</td>
<td></td>
</tr>
<tr>
<td>WSP/Washington debriefing</td>
<td></td>
</tr>
</tbody>
</table>

8. Management and Logistical Support

The consultants will report to the WSP Country Task Manager with support from the global Task Team Leader for the Scaling Up Handwashing Behavior Change Project as needed.
Tool B: Study Protocol

A. HWWS PROJECT

The Global Scaling Up Handwashing Project will be conducting this assessment in four different countries - Peru, Senegal, Tanzania, and Vietnam.

B. ASSESSMENT PURPOSE

The purpose of this work is to assess to what extent the programmatic conditions for scale up and sustainability are in place (the nine dimensions discussed below) at the beginning of this project/this phase of the in-country program and based on these baseline assessment findings, recommend what should be done to address the gaps during project implementation.

C. ASSESSMENT OBJECTIVES

Specific assessment objectives include:
1. Determine what is presently in place/happening under each dimension.
2. Detail the level of the program to be carried out, i.e. pilot, expansion, national, etc.
3. Identify strengths and weaknesses of each dimension, with a focus on deficiencies.
4. Establish the baseline against which the enabling environment will be assessed at the end of this project.
5. Make recommendations for improvements to the enabling environment over the life of the project to the Country Task Manager, WSP HQ staff and main in-country partners.
6. Obtain consensus among current partnering organizations for recommendations and next steps.

D. ASSESSMENT DIMENSIONS

These Enabling Environment Assessments cover nine dimensions considered essential to scaling up a handwashing with soap behavior change programs. This conceptual framework was developed based on a review of relevant literature and discussions with key individuals. These nine dimensions represent a conceptual framework for assessing scalability and sustainability. Scale up has been defined as an increase the present scale, rate of behavior change, and sustainability of programs promoting handwashing with soap or programs of total sanitation and sanitation marketing. (Please see Assessment Methodology section above for a detailed description of each dimension).

E. ASSESSMENT DESIGN

1. Data Collection

Primary Data Sources will comprise main stakeholders/present partners for the in-country program work, including but not limited to (this list will need to be finalized with the Country Task Manager (CTM) and the local consultant), government agencies, international agencies, international NGOs, local NGOs, private-sector businesses, and community-based organizations.
(CBOs). These primary data sources will need to be contacted at all appropriate levels, when needed and possible, i.e. national, regional, district, and local. As well, when it exists, the WASH Committee should be an essential starting point. For the most part, all stakeholders should be represented on the WASH committee, but if this committee “sits” somewhere, this should be determined and it should be considered as a starting point based on discussions with the Country Task Manager.

**Secondary Data Sources** will comprise document review and any potential influencers or additional secondary implementers such as media, ministries with no direct involvement, etc. As well, in those countries where program activities have not yet begun or they are in the very early stages, consideration must be given to interviewing “potential” stakeholders/partnering organizations.

The matrix below indicates which type of stakeholders should be interviewed on what dimensions. Utilize your discretion as the interview progresses to adjust or adapt with whom you discuss what dimensions.

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Stakeholder Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[unless otherwise noted, an X means that it is appropriate to discuss this dimension at all levels-national, regional, district, local]</td>
</tr>
<tr>
<td></td>
<td>Government Agencies</td>
</tr>
<tr>
<td>1. Policy, Strategy, Direction</td>
<td>X</td>
</tr>
<tr>
<td>2. Partnerships</td>
<td>X</td>
</tr>
<tr>
<td>3. Institutional Arrangements</td>
<td>X</td>
</tr>
<tr>
<td>4. Program Methodology</td>
<td>X</td>
</tr>
<tr>
<td>5. Implementation Capacity</td>
<td>N,D</td>
</tr>
<tr>
<td>6. Availability of Products &amp; Tools</td>
<td>-</td>
</tr>
<tr>
<td>7. Financing</td>
<td>X</td>
</tr>
<tr>
<td>8. Cost-Effective Implementation</td>
<td>N,D</td>
</tr>
<tr>
<td>9. Monitoring</td>
<td>N,D,L</td>
</tr>
</tbody>
</table>

[N=National, R=Regional, D=District, L=Local]

First priority will be the primary data sources and document review, any secondary data source interview and/or self-reporting will be as determined essential and as time permits. The first data collection with secondary data sources should be through self-reporting (see Methodology below) if possible. Attachment B contains a blank table to use to plan your interviewing program. More specificity will be required within each stakeholder type, e.g. government agencies would be broken down by ministry, MOH, MOHSW, MOE, MOW, etc. Appendix B provides individual columns for this further specificity.
2. Methodology

Two qualitative methodologies will be utilized: (1) interviews and (2) self-reporting. Focus group discussions will be only utilized if and when needed/appropriate. As well, document review will be conducted.

Interviews - Interviews will be conducted with all primary data sources who do not participate in self-reporting. Interview questionnaires have been developed for each dimension and for each level as appropriate (see Annex C).

Self-reports – Self-reporting will involve the use of a grading scale questionnaire that can be completed by primary and secondary data sources (see Tool F). It will be emailed, hand-delivered, or distributed to other organizational representatives while you are there to conduct an interview. Appropriate people will be asked to complete it and return it by the established deadline (see sampling below). This self-report will allow sources to complete the questionnaire on their own time. Self-reports also allow you to confirm and/or substantiate data gathered during interviews or FGDs. Only a few of the self-reports will be interviewed as well (not more that 25% of the self-reports should be administered to persons who are interviewed). This self-report will be most appropriate for national-level representatives of the stakeholder groups. While this self-report method could be used with others at other levels, it will be necessary to determine how you can get the self-report questionnaire to other levels prior to considering the use of this methodology with others. One proven effective method for distributing these self-reports, is to ask a prominent member of the partnership/effort to distribute it via an already established listserv, e.g. ask WaterAid or the WASH Committee to distribute with an introduction email that you have written with a clear return deadline.

Focus Group Discussions (FGDs) – While FGDs are not the preferred method of data collection in this assessment, often when one person has been asked to participate, s/he invites other staff to participate as well. When you arrive instead of a single person interview, you have a 4-6 person FGD. To anticipate this, we have indicated appropriate FGD questions on the Interview Guide (Annex C) with an asterisk “*” to facilitate your work as it would not be possible to ask all questions with a group.

Document Review – Project documents will be reviewed prior to and during the course of the evaluation as required and as deemed useful and necessary.

Translations – It should be kept in mind that interview questions and self-reports might require translation prior to use, so this should be scheduled into your calendar of activities.

3. Sampling and Sample Size

Sampling will be purposive for all primary data sources. Criteria for selection for both interviews and self-reports will include: (1) have participated in HW program for at least 6 months OR be a potential partner; (2) represent a main workforce type - a decision-maker, an implementer, or a mid-line supervisor/manager of the process/program; and (3) represent the Global Scaling Up Handwashing Project
different levels of the organization that are involved in the program, i.e. national, regional, district, and local (as indicated needed on the interview matrix above).

**Minimum “ideal” sample size** should be:

a. One interview and/or self-report with each current partnering stakeholder at any level (primary data sources).

b. Three interviews in each dimension.

c. Two interview sets with two different present partnering agencies, within each of these two organizations, one of each work type.

d. One self-report set with two different present partnering agencies, within each of these two organizations, one of each work type.

e. Two interview sets with two different present partnering agencies with one representative for each level at three levels minimum, i.e. national, district, local.

f. One self-report set with two different present partnering agencies with one representative for each level at three levels minimum, i.e. national, district, local (items f. and g. could be combined).

g. Three interviews with three potential partnering organizations (if appropriate).

Anything else reviewed, conducted, considered will be at the assessment team’s discretion, depending on time and availability of stakeholders.

4. **Analysis**

*Qualitative analysis* needs to be done on an ongoing basis identifying trends and patterns in information gathered. As well, as needed, additional information will be gathered based on this ongoing analysis to substantiate and/or clarify findings. *Quantitative analysis* of self-reports will involve a simple totaling and averaging of responses, by individuals, by stakeholder types, and by dimension.

5. **Assessment Team**

Each assessment team will comprise one international consultant and one local consultant.

F. **TIMEFRAME**

1. **Time Period**

- Three to four weeks are required for data collection and an additional three to four weeks for report writing.

2. **Sample Calendar of In-Country Activities**

The following calendar demonstrates a sample work plan for carrying out activities in-country. It will need to be revised by the assessment consultant based on discussions with in-country Country Task Manager (CTM), as well as the local consultant as well as based on the actual length of each assignment (as mentioned in F.1 above).
SAMPLE Calendar of In-Country Activities

<table>
<thead>
<tr>
<th>Week 1</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.  Meet with CTM</td>
<td></td>
</tr>
<tr>
<td>2.  Meet with local consultant</td>
<td></td>
</tr>
<tr>
<td>3.  Review stakeholder list (if this list can be prepared prior to the start of this week, it would greatly facilitate the work)</td>
<td></td>
</tr>
<tr>
<td>4.  Set-up interviews and last week stakeholder meeting</td>
<td></td>
</tr>
<tr>
<td>5.  Organize logistics</td>
<td></td>
</tr>
<tr>
<td>6.  Send out self-report questionnaires by email</td>
<td></td>
</tr>
<tr>
<td>7.  Begin interviews</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Week 2-3</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>8.  Conduct interviews</td>
<td></td>
</tr>
<tr>
<td>9.  Collect self-reported questionnaires (via email and/or in person)</td>
<td></td>
</tr>
<tr>
<td>10. Prepare draft findings and recommendations</td>
<td></td>
</tr>
<tr>
<td>11. Prepare powerpoint presentation of these findings and recommendations</td>
<td></td>
</tr>
<tr>
<td>12. Prepare brief (2- to 3-page) handout to accompany PPT</td>
<td></td>
</tr>
<tr>
<td>13. Hold meeting with appropriate stakeholder to discuss and agree upon recommendations and next steps</td>
<td></td>
</tr>
</tbody>
</table>

G. REPORTING

1. In-Country

As can be seen from the recommended calendar of activities above, it is recommended that a presentation of “draft” findings and recommendations be conducted before leaving the country. This presentation should be accompanied by a brief handout focused on 1-2 essential findings per dimension as well as 1-2 recommendations per dimension, if appropriate. This handout does not need to exceed 2 to 3 pages. As at this presentation, after presenting short-, medium-, and long-term steps, if possible, conduct an “action-oriented” session in which you address immediately one short-term next step with the group.

2. Assessment Report (see TOOL D for a Proposed Report Outline)

The full assessment report should be started in-country during the last week of the assignment while information is fresh. A FINAL full report should be completed within one month of in-country work (two weeks to prepare draft report, one week to allow for review and feedback, one week to incorporate feedback and finalize report for submission).
Tool C: Source by Dimension Table

(*BLANK TABLE FOR USE TO IDENTIFY THE DIMENSIONS RELEVANT TO AND COVERED IN INTERVIEWS WITH STAKEHOLDER ORGANIZATIONS*)

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Main Stakeholder Types at Regional? District? Local Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Government Agencies</td>
</tr>
<tr>
<td>Specific Organization Name:</td>
<td></td>
</tr>
</tbody>
</table>

1. Policy, Strategy, Direction
2. Partnerships
3. Institutional Arrangements
4. Program Methodology
5. Implementation Capacity
6. Availability of Products & Tools
7. Financing
8. Cost-Effective Implementation
9. Monitoring
Tool D: Proposed Report Outline

This report should not exceed 30 pages. Suggested maximum page lengths for the first four sections have been provided in parenthesis, but each consultant should use his/her own discretion. Consultants should feel free to cut and paste paragraphs from the TOR and from this protocol to insert into Sections II, III, and IV.

VII. EXECUTIVE SUMMARY (3 pages)

VIII. BACKGROUND (2 pages)
A. Scaling Up Handwashing Project
B. “Country” Project
C. Rationale for Enabling Environment Assessment

IX. DIMENSION DESCRIPTIONS (1 page)

X. ASSESSMENT DESIGN (1½ pages)
A. Purpose and Objectives (include timeframe here)
B. Data Collection
   1. Methodology Description
   2. Selection (Sampling/Sample Size/Site Selection)
   3. Sources (use table of sources by dimension and by methodology with simple introduction sentence)

V. MAJOR FINDINGS BY DIMENSION

VI. CONCLUSIONS AND IMPLICATIONS BY DIMENSION

XI. RECOMMENDATIONS

XII. NEXT STEPS
B. Short-term (next 6 months)
C. Medium-term (7-12 months)
D. Long-term (13-15 months)

(alternate version)

V. MAJOR FINDINGS, CONCLUSIONS, AND IMPLICATIONS BY DIMENSION

VII. RECOMMENDATIONS

VIII. NEXT STEPS
B. Short-term (next 6 months)
C. Medium-term (7-12 months)
D. Long-term (13-15 months)
Tool E: Interview Guide

*If an FGD is conducted, questions appropriate for use in the FGD have been marked with an asterisk*.

**Introductions (5 minutes)**

- Introductions *(if deemed appropriate give the interview subject a two-page handout with an introduction to the Enabling Environment Assessment, see Tool F)*
- Appreciation for time
- Purpose of interview
- Confidential, won’t use name or other identifying information
- Have series of questions, but not exclusive of other questions

**OPENING (10 minutes)**
- Tell me something about the importance of HWWS
- Tell me something about your organization and briefly what your organization does to support HWWS. And what you plan to do.

**DIMENSIONS INTERVIEW (50-60 minutes)**

Use attached questionnaire guide.

**SELF-REPORTS (10-15 minutes)**

Use as appropriate, if not yet administered.

**CLOSING (5 minutes)**

- What do you see as the single most important factor that will make the HWWS project a success?*
- What is the one most important thing that you would recommend be done to create an environment in which this project will be successful and scalable?*

Thank them for his/her time.


1. **Policy, Strategy, and Direction**

*Establishing a shared vision and strategy and ensuring the political will to implement a program is the starting point for scale up. Developing this shared vision and strategy in a collaborative manner is also the foundation for coordination and for creating motivation all levels. Policy is defined as the “set of procedures, rules and allocation mechanisms that provide the basis for programs and services. Policies set the priorities and often allocate resources for implementation. Policies are reflected in laws and regulations, economic incentives, and the assignment of rights and responsibilities for program implementation.”*

1. To what extent is there political will to promote handwashing with soap (HWWS) and at what levels (national, regional, district, local)?*

2. What policy changes, budget allocations, or program activities have people or organizations already taken to follow up on that political?

3. What are the main policy changes, budget allocations, or program activities still needed now for a national HWWS program to be successful?

4. Who are the key decision-makers whose political support is needed?

5. What are the best channels for influencing policy relevant to a national program?*

6. What are the key policy barriers to scaling up the program and how are they being addressed? (e.g. related to subsidies, availability of products, etc.)*

7. What are the institutional incentives, e.g. financial, recognition, training, etc., at the national, state/provincial, and local government levels that support program implementation (in general or for HWWS)? What additional incentives might be needed?

8. Which organizations, individuals, key opinion leaders, or agencies could act as champions or catalysts for a national program? What would it take to mobilize them successfully? These might include government units and programs, NGOs, CBOs, and for-profit companies.

9. To what extent is there a shared vision and strategy among key stakeholders at all levels that will provide direction and a basis for effective coordination? What is this shared vision and strategy? Who do you see as the key stakeholders?*

10. What are the strengths and weaknesses of this vision or strategy? What recommendations would you make to overcome these weaknesses? Who needs to act and how to do this?

2. **Partnerships**

*Programs are based on or promote the establishment of a public-private partnership. A partnership is a relationship where two or more parties, having compatible goals, form an agreement to share the work, share the risk, share the power and share the results or proceeds. Partnerships need to be built at all levels between public, private, and NGO sectors and between communities and local governments, etc.*
1. What partnerships have been formed at national and sub-national levels? How are they functioning (how well do they work)? If none, what is the feasibility of and/or the willingness to form partnerships?*

2. To what extent is the partnership communicating, collaborating, coordinating, compromising, and combining to ensure coverage and avoid duplication of hardware, promotion, and enabling environment aspects of the program, its marketing, and its promotion?

3. To what extent do partners actively participate in discussions and decisions?

4. How would you describe the quality of the partnerships between district and municipal governments and implementing NGOs? How might they be improved?*

5. To what extent are partners’ roles, responsibilities, and mutual expectations clear and agreed upon in the partnership?

6. How would you describe the working relationships between the NGOs and the communities with which they work? How might they be improved?

7. How have partnerships fully explored potential strategic alliances with public, private, and NGO sector organizations at national and local level? How has the partnership fully explored all potential strategic alliances? What/who has been considered? What still needs to be explored?*

8. To what extent and how have partners integrated HWWS into their ongoing activities and/or budgets? To what extent do they plan to do so?*

3. Institutional Arrangements

Institutions at all levels must clearly understand their roles, responsibilities, and authorities. They must also have the resources to carry out their roles. In addition to clear roles and responsibilities, institutional arrangements must include the mechanisms for actors at all levels to coordinate their activities.

1. What process has been/is being used to plan this program? Who is involved?

2. How has the project/program been organized? Please describe the institutional set-up for the HWWS project in terms of the following institutional functions:
   a. setting policy
   b. developing program methodology
   c. implementation
   d. program coordination
   e. training
   f. monitoring and evaluation

3. To what extent are there these implementation arrangements clearly defined?

4. What implementation mechanisms are in place/being put in place? What methods? How are they being put in place?
5. What mechanisms have been established for national level coordination among relevant national partners? How well are these mechanisms working? How might they be improved?*

6. To what extent have mechanisms for inter-agency, inter-level, inter-audience coordination among different organizations and implementation levels been established? What ideas do you have on how to establish/improve them?

4. Program Methodology

HWWS has clear program methodologies. The program methodology consists of the program rules, specific activities and their timing and sequence. Each country will adapt and apply the program methodology making it specific and appropriate to the country context. A workable program methodology that is clear and agreed upon by all key stakeholders is a key programmatic condition.

1. To what extent is there a defined and detailed program methodology for implementing the pilot program?*

2. How has the methodology been documented? How complete is it? How useful and operational is the documentation?

3. To what extent is the program methodology widely understood and accepted by program partners and implementers?*

4. How fully/effectively has this program methodology been applied (program design)? What challenges have been experienced? What improvements would you recommend?*

5. What kind of evaluation (if any) has there been of this methodology?

6. What suggestions do you have for improving the program methodology?*

7. Does the methodology need to be modified to be used at a larger scale? If so, how?

5. Implementation Capacity

Institutions at all levels must have the institutional capacity to carry out their roles and responsibilities. Institutional capacity includes adequate human resources with the full range of skills required to carry out their functions, an “organizational home” within the institution that has the assigned responsibility, mastery of the agreed upon program methodology, systems and procedures required for implementation, and the ability to monitor program effectiveness and make continual adjustments.

1. Describe the capacity required to implement this program (at each level). (Skills, methods, tools, human resources)

2. What resources are in place to support this capacity required? What is lacking?
   a. Financial
   b. In-kind
   c. Human
   d. Training

Global Scaling Up Handwashing Project
3. To what extent is there adequate capacity to plan and implement hygiene promotion in the government sector? What about among NGOs? In hygiene? In health promotion? Among other major stakeholder groups?*

4. Describe a successful hygiene or health promotion program you consider successful. What made it successful?*

5. How have for-profit companies (advertising agencies, etc.) been involved in hygiene/health promotion?

---

Use ONLY if needed to probe further to help move the interview along:

6. To what extent do existing health promotion networks have the capacity and flexibility to adopt new approaches?

7. What capacity has been/is being developed at the local level to oversee this program’s implementation and monitor change at the community and household levels?

8. To what extent is there adequate capacity in the private sector to provide affordable goods and services and respond to consumer preferences? Will the private sector be able to respond to increased demand as the program scales up?

9. To what extent is there capacity to oversee program implementation at community and household levels?

10. When capacity in each of these areas is considered, what is it going to take to be able to implement this program at scale? (such as hiring staff, training, financial resources, motivation, etc.)

---

6. HWWS - Availability of Products and Tools

Target consumers ability to adopt the promoted behavior is highly dependent on the existence and availability of products and tools that respond to consumer preferences and their willingness and ability to pay for them. Any and all required products need to be considered, specific to each country situation. [As countries have conducted/will be conducting market surveys and market analysis in conjunction with the private-sector partners. This assessment dimension will only be dealt with broad, general terms.]

1. To what extent have the following dimensions of the handwashing marketing mix been addressed:

   (a) Product: What HWWS products are available, where, and how? Products include soap appropriate for HW, water storage containers, water saving devices. To what extent do you feel that the products offered respond to consumer demand?
(b) *Price:* To what extent do poor people have the money to buy essential HW products and the time to wash at key times? Does the cost of products correspond to target consumer ability and willingness to pay?

(c) *Place:* How close to poor communities are essential supplies available? What supply chains have been established in response to household demand?

2. If the product, price, and place dimensions have not been addressed (and at what level), what plans exist to address them?

3. How would you characterize availability of products? What is the capacity of local soap makers? How could they be strengthened?

4. To what extent is making soap at home common in some areas? How should programs promote the use of this soap for HW?

7. **Financing**

   *This dimension is aimed at assessing the adequacy of arrangements for financing the programmatic costs. These costs include training, staff salaries, transportation, office equipment and supplies, and the development of communication and education materials as well as programmatic line items in budgets for program and promotion activities.*

1. To what extent is there sustainable financing to pay for the programmatic costs of implementing the approach at present? (costs such as staff salaries, training, transport, etc.)*

2. What are the financing opportunities and willingness to finance among public agencies at local, regional, and national level?*

3. To what extent are you aware of the costs of implementing the approach? Which costs?

4. To what extent is there financing to pay for the ongoing programmatic costs including identification of the financing sources and mechanisms for this present program?

5. To what extent have promotion activities been included in national-, regional-, district-level budgets?

6. How has the private sector partners contributed, with cash or in-kind financing, to the sustainability of the HW campaigns? What kind of a financial incentive exists, i.e. selling more soap, gaining market share, for the private sector to help to finance the programmatic and campaign costs?

8. **Cost-Effective Implementation**

   *While it will not be possible to assess the cost-effectiveness of the approach and how best to achieve economies of scale until the end of the project, data must still be collected during implementation to make this determination at the end of the project. Therefore, the focus in this assessment is to ensure that information will be collected from the outset and that the capacity to collect the information is in place - systems and procedures for collecting cost information and capacity to use and collect it exist.*

---

Global Scaling Up Handwashing Project
1. What do you think is the type of information that must be collected on program costs?*

2. To what extent are there non-permanent, supporting programs on which this program depends? What type of information do we need to collect to measure these supporting costs?

3. How would you identify the size of the targeted and affected populations for the program?* (give example if possible)

4. To what extent does the capacity exist at the local government and state/provincial level to collect the needed information?*

9. Monitoring

Large-scale HWWS programs require regular monitoring and perhaps more importantly, the willingness and ability to use the monitoring process to make adjustments in the program. Effective monitoring will identify strengths and weaknesses in the program methodology, implementation arrangements, and cost efficiencies. Overall monitoring responsibility must be at the highest level of the program, but must be based on information collected at the local government or district-level.

1. What monitoring process at the national level exists to measure program effectiveness and outcomes?*

2. To what extent does the capacity exist to implement a monitoring process at the national level? At the local level? What institutions in the public, private and NGO sector are present to conduct various types of studies (qualitative, quantitative, etc.) and what is their capacity (both in terms of technical skills and availability)?

3. What other sectors (whoever you are not interviewing) have strong M&E components and which organizations facilitate the process at different levels?

4. To what extent is the (current or planned) process sufficient to monitor quality of services, identify gaps and weaknesses, and determine lessons learned and best practices?*

5. What technical, administrative or financial improvements or support are needed to ensure that the existing monitoring systems are adequate to support an expanded program?

6. What are the costs of any necessary improvements?

7. What incentives exist to engage in and apply the results of monitoring activities? What might encourage programs to value monitor?
Tool F: Introduction to the Enabling Environment Assessment

(Note: This handout can be provided to study participants to give them an overview of the assessment)

The purpose of this study is to assess to what extent the programmatic conditions for scale up and sustainability of a handwashing promotion partnership are in place at the beginning of this project/this phase of the [insert country name and project title]. During the next [insert time period], a team of [insert number] consultants will be carrying out interviews with key national and local level stakeholders in [insert country]. They will seek to assess the enabling environment for the [insert name of program] in [insert country] along nine dimensions. The dimensions are described below.

The specific objectives of this enabling environment assessment include:

1. Determine what is presently in place/happening under each dimension.
2. Detail the level of the program to be carried out, i.e. pilot, expansion, national, etc.
3. Identify strengths and weaknesses of each dimension, with a focus on deficiencies.
4. Establish the baseline against which the enabling environment will be assessed at the end of this project.
5. Make recommendations for improvements to the enabling environment over the life of the project to the project management and staff, and main in-country partners.
6. Obtain consensus among current partnering organizations for recommendations and next steps.

As mentioned above, the enabling environment assessment covers nine dimensions considered essential to scaling up a handwashing with soap behavior change programs. They include:

Policy, Strategy, and Direction: Establishing a shared vision and strategy and ensuring the political will to implement them is the starting point for scale up. Developing this shared vision and strategy in a collaborative manner is also the foundation for coordination and for creating motivation all levels.

Partnerships: This handwashing-with-soap program model is based on a establishing a public-private partnership. A partnership is a relationship where two or more parties, having compatible goals, form an agreement to share the work, share the risk, share the power, and share the results or proceeds.

Institutional Arrangements: Institutions at all levels must clearly understand their roles, responsibilities, and authority. They must also have the resources to carry out their roles. In addition to clear roles and responsibilities, institutional arrangements must include the mechanisms for actors at all levels to coordinate their activities.

Global Scaling Up Handwashing Project
Program Methodology: Handwashing-with-soap programs have a seven-step program methodology. This methodology, adapted to each country context, should be clear and agreed upon by all key stakeholders.

Implementation Capacity: In addition to clearly defined institutional roles and responsibilities, institutions at all levels must have the capacity to carry out their roles and responsibilities.

Availability of Products and Tools: A handwashing-with-soap behavior-change program requires the presence in households, schools, and communities of soap that responds to consumer preferences and their willingness and ability to pay for them. In addition, handwashing station supplies—that is, plastic basins, towels, and so on—need to be easily available.

Financing: This dimension is aimed at assessing the adequacy of arrangements for financing the programmatic costs.

Cost-Effective Implementation: The potentially high costs of promoting handwashing-with-soap behavior at scale make cost-effective implementation a key element. It is essential to understand how the unit costs change as activities are scaled up.

Monitoring and Evaluation: A large-scale handwashing-with-soap behavior-change program requires regular monitoring and, perhaps more importantly, the willingness and ability to use the monitoring process to make adjustments in the program.
Tool G: Self-Reporting Questionnaire

We want to thank you for taking the time to complete this questionnaire. The purpose of this assessment is to get a good look at the present ongoing handwashing activities and together determine how to strengthen these efforts. If you have any additional information that you would like to share, feel free to comment below. Thank you again for your time and help in improving our handwashing efforts to reduce diarrheal disease.

Enabling Environment Assessment - Self-Reporting Questionnaire

Organization Name: _______________________________________________________

Date: ____________________

How long have you been involved in the program?

☐ at least 6 months  ☐ at least one year  ☐ more than 1 year

Your role in your organization (check all that apply):

☐ decision-maker  ☐ implementer  ☐ supervisor/manager  ☐ other: _______________________________________

Which ONE of the following words best describes how you view the people with whom you are working on this program?

☐ stakeholders  ☐ partners  ☐ players  ☐ organizations  ☐ agencies  ☐ staff members  ☐ other: ___________________________

Global Scaling Up Handwashing Project
Instructions:
Circle or "X" the number that best reflects your response to each question or sentence.

I. POLICY, STRATEGY, DIRECTION

The program:

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<th>Excellent in this Area</th>
<th>Don't Know</th>
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II. PARTNERSHIPS

Are you satisfied that this program....

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<tr>
<td>9</td>
<td>conducts business in an open and inclusive manner?</td>
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<tr>
<td>10</td>
<td>is efficient and productive, focused on outcomes?</td>
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<tr>
<td>11</td>
<td>ensures that sufficient resources are available to member to meet objectives?</td>
<td></td>
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<tr>
<td>12</td>
<td>provides sufficient guidance to its members?</td>
<td></td>
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<tr>
<td>13</td>
<td>collaboration and team building play an important role in program development.</td>
<td></td>
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<tr>
<td>14</td>
<td>members emphasize improvements, rather than shortcomings.</td>
<td></td>
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<tr>
<td>15</td>
<td>learning is an everyday part of the job and is built into routine tasks.</td>
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<tr>
<td>16</td>
<td>cross-sectoral teams are encouraged.</td>
<td></td>
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<tr>
<td>17</td>
<td>members are involved in identifying solutions to program challenges.</td>
<td></td>
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<tr>
<td>18</td>
<td>credit for success is shared.</td>
<td></td>
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<tr>
<td>19</td>
<td>partners benefit from collaboration</td>
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**III. INSTITUTIONAL ARRANGEMENTS**

**The program:**

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<tbody>
<tr>
<td>1</td>
<td>integrates client feedback into idea generation.</td>
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<tr>
<td>2</td>
<td>uses a continuous effort to assess the needs of members through surveys and interviews.</td>
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<tr>
<td>3</td>
<td>encourages that all members propose solutions to programmatic problems.</td>
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<td>4</td>
<td>has current budget information available to assess project expenditures.</td>
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<tr>
<td>5</td>
<td>has a history of providing the tools/resources needed to support initiatives.</td>
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<tr>
<td>6</td>
<td>has a history of communicating effectively to all levels.</td>
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<tr>
<td>7</td>
<td>has a track record for identifying and resolving problems.</td>
<td></td>
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<tr>
<td>8</td>
<td>uses a clear decision making process to bring about initiatives.</td>
<td></td>
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<tr>
<td>9</td>
<td>has the right people in the right place/job.</td>
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**IV. IMPLEMENTATION CAPACITY**

**A. Technology**

**The program:**

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<tbody>
<tr>
<td>1</td>
<td>effectively uses technology to improve the efficiency of this operations.</td>
<td></td>
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<tr>
<td>2</td>
<td>has a good array of information technology applications to meet its needs, e.g. database, programs, etc.</td>
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<tr>
<td>3</td>
<td>understands the value of information technology as a strategic and operational tool</td>
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Global Scaling Up Handwashing Project
for improving the program.

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B. Training

*The program:*

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<th>Excellent in this Area</th>
<th>Don't Know</th>
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<td>5</td>
<td>supports training for members.</td>
<td>1 2 3 4</td>
<td>5 0</td>
</tr>
<tr>
<td>6</td>
<td>provides opportunities to attend training.</td>
<td>1 2 3 4</td>
<td>5 0</td>
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C. Skills/Capability

*The program:*

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<th>Much Improvement Needed</th>
<th>Excellent in this Area</th>
<th>Don't Know</th>
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<tbody>
<tr>
<td>7</td>
<td>does a skills assessment as part of its planning process.</td>
<td>1 2 3 4</td>
<td>5 0</td>
</tr>
<tr>
<td>8</td>
<td>has sufficient resources devoted to providing regular opportunities for skill development.</td>
<td>1 2 3 4</td>
<td>5 0</td>
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V. MONITORING

*This program:*

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<th>Much Improvement Needed</th>
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<tbody>
<tr>
<td>1</td>
<td>makes a continuous effort to assess the needs of clients through brief surveys and interviews.</td>
<td>1 2 3 4</td>
<td>5 0</td>
</tr>
<tr>
<td>2</td>
<td>has integrated methods to continuously gather and use feedback about program activities.</td>
<td>1 2 3 4</td>
<td>5 0</td>
</tr>
<tr>
<td>3</td>
<td>has a plan for and method of capturing key learning and passing them on to member and other key stakeholders on an ongoing basis.</td>
<td>1 2 3 4</td>
<td>5 0</td>
</tr>
<tr>
<td>5</td>
<td>has activities that are connected/linked to the knowledge capture efforts.</td>
<td>1 2 3 4</td>
<td>5 0</td>
</tr>
<tr>
<td>6</td>
<td>tracks results.</td>
<td>1 2 3 4</td>
<td>5 0</td>
</tr>
<tr>
<td>7</td>
<td>determines what each operating unit adds to the value of the program and communicates this to member.</td>
<td>1 2 3 4</td>
<td>5 0</td>
</tr>
<tr>
<td>9</td>
<td>uses industry benchmarks to inform and gauge outcomes achieved.</td>
<td>1 2 3 4</td>
<td>5 0</td>
</tr>
<tr>
<td>10</td>
<td>resets outcome targets each year and expects to see improvement each year.</td>
<td>1 2 3 4</td>
<td>5 0</td>
</tr>
<tr>
<td>11</td>
<td>has an outcome system that uses quality as well as quantity measures.</td>
<td>1 2 3 4</td>
<td>5 0</td>
</tr>
<tr>
<td>12</td>
<td>has developed outcome measures that are assessed based on direct input from clients.</td>
<td>1 2 3 4</td>
<td>5 0</td>
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Global Scaling Up Handwashing Project
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<tr>
<td>13</td>
<td>measures client satisfaction regularly (at least quarterly).</td>
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<tr>
<td>14</td>
<td>adapts services and activities based on client feedback.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>15</td>
<td>has established client satisfaction indicators.</td>
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<td>2</td>
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<tr>
<td>16</td>
<td>links its internal processes to programmatic impact.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>17</td>
<td>integrates collection methods that are simple and easy for the clients and stakeholders to use.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>18</td>
<td>has a comprehensive monitoring and evaluation plan.</td>
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<td>2</td>
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**For the following, please indicate whether you have it, if "yes" then rate it:**

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<td>has written program performance measures and indicators.</td>
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<td>2</td>
<td>3</td>
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<tr>
<td>20</td>
<td>measures the impact of its services and activities on its clients.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>21</td>
<td>has established process measures and indicators.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>22</td>
<td>has established outcome measures and indicators.</td>
<td>1</td>
<td>2</td>
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</tr>
<tr>
<td>23</td>
<td>has tested and adapted tools to measure outcomes.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</tr>
<tr>
<td>24</td>
<td>has tested and adapted tools to measure program performance.</td>
<td>1</td>
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</tr>
<tr>
<td>25</td>
<td>has tested and adapted tools to measure process.</td>
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</tr>
<tr>
<td>26</td>
<td>has tested and adapted tools to measure program impact.</td>
<td>1</td>
<td>2</td>
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</tr>
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Global Scaling Up Handwashing Project