

Quality programme standards

for WaterAid funded work



Revision 2 January 2024





Preface

This document outlines key quality principles and standards that apply to all work funded by WaterAid. It is aimed at all WaterAid staff involved in project planning, delivery or monitoring, and should be shared with any partner organisations involved in direct or co-implementation of WaterAid funded work.

These standards were updated to ensure that they remain current and relevant to the work WaterAid does, and to align with the Global Strategy.

Updates made in this revision include:

- Reduction in length of the Quality programme standards (QPS), through a focus on project level standards and eliminating duplication.
- Addition of criteria/actions for each standard, to facilitate implementation and monitoring.
- Alignment with Global Strategy.
- Addition of standards on new themes.

The central purpose of this document is to state WaterAid's minimum standards on quality programming within WaterAid funded projects. They provide guidance on both how to ensure and measure the quality of what we do, as well as the quality of how we do it.

These standards should be read and applied together with other applicable policies and processes which ensure our delivery of high quality projects, including compliance with all specific donor requirements.



Anjali, who is visually impaired, touches the surface of the handwashing facility to find the tap to wash her hands. Lahan, Nepal. July 2022.

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Acronyms

BOQ	Bill of Quantities
СВО	Community Based Organisation
СР	Country Programme
DPO	Disabled People's Organisations
DRR	Disaster risk reduction
НВС	Hygiene behaviour change
HCF	Healthcare facility
НСШМ	Healthcare waste management
HWF	Handwashing facility
H&S	Health and Safety
IPC	Infection prevention and control
JMP	Joint Monitoring Programme
MIS	Management Information System
ΜΟυ	Memorandum of Understanding
PMER/PMEL	Planning, Monitoring, Evaluation and Reporting/Learning
PPE	Personal Protective Equipment
QPS	Quality programme standards
WA	WaterAid
WASH	Water, sanitation and hygiene
WRM	Water resource management



Water Hero
 Henrique
 Alberto
 Mandlate.
 Maputo,
 Mozambique.
 February 2020.

Definitions

Do No Harm	A systematic effort to ensure that no negative consequences or harm comes to anyone from the project's approach, processes and actions or the organisations (and individuals) involved in it. This includes both obvious harm, such as adverse health effects due to poor water quality, and unforeseen harm, such as an increased risk of gender-based violence or violence directed at minority groups, or financial barriers preventing low- income households from accessing water or sanitation services. ¹
Duty bearer	The authority responsible for fulfilling a citizen's right to water, sanitation and hygiene (WASH) or for managing a specific WASH service. For example, a service provider, utility, local government, local authority, head of school or healthcare facility (HCF), community WASH committee.
Management model	The way in which WASH infrastructure will be managed in terms of ownership, operations, maintenance, repair, monitoring and financing.
PMER	Planning, Monitoring, Evaluation and Reporting. Similar to PMEL: Planning, Monitoring, Evaluation and Learning.
Service option	Infrastructure plus management model.
Sustainability	Sustainability is about whether WASH services and good hygiene practices continue to work and deliver benefits over time. No time limit is set on those continued services, behaviour changes and outcomes. In other words, sustainability is about lasting benefits achieved through the continued enjoyment of water supply and sanitation services and hygiene practices.
User(s)	All people have a human right to water and sanitation. Users of WASH services are therefore rights holders. Often WaterAid (WA) works with users who are community members, and/or customers of the WASH service. They may be current users as well as those intended users who are being excluded from WASH services. Users are diverse, not homogenous and made up of different genders, ages, disability types, socio-economic status and geographical status (i.e. urban, semi urban and rural users). Marginalised and excluded user groups are a key priority in our work.
WA funded work	All work conducted by WA and its partners which is directly funded through WA unrestricted and/or restricted funding.
WA representative	WA staff, partner staff or consultant paid by WA.

• Women from the local community collect water for the Pond Sand Filter plant. The water in the Dacope region is saline, and so it is unsafe for drinking. This simple filter technology treats water so it is safe for drinking. WaterAid initiated this plant and it is funded by HSBC. Golchera, Dacope, Khulna. September 2018.

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Applying the Quality programme standards

The Quality programme standards (QPS) have two main functions:

- 1. A **guidance tool** to support designing and implementing high quality projects.
- 2. A **monitoring and evaluation tool** to help measure to what extent we are meeting the quality standards.

The QPS are applied through WA's Planning, Monitoring, Evaluation and Reporting (PMER) processes – we will deliver better quality programming if we consider the QPS when planning, monitoring and evaluating our work. As such, it's important that all staff involved in project planning, monitoring and evaluation have a good understanding of the QPS and how to apply them.

The QPS are applied during the Project and Annual Cycles of our PMER processes as described below:

	Project planning	Project monitoring	Project assessment and transition
Project	Project planning (including risk management planning and monitoring and evaluation (M&E) planning) is informed by the QPS. Project approval is only to be given if the design complies with the high risk standards.	Project monitoring includes the high risk standards plus any specific standards identified in the M&E plan and the monitoring of any specific risks identified that may prevent the project from meeting relevant standards.	Reflect on project to assess adherence to relevant standards and identify actions to strengthen future work. Where an evaluation is required, 'Quality' – defined as the extent to which the intervention meets WA's QPS – is one of the criteria to address.
Annually	Country Programme (CP) te achievement of the QPS ac This could include identifyir areas, and actions to addre	eams periodically step back an ross each of the ten core areas ng strengths and weaknesses ss these.	id reflect on their overall s (refer to Figure 3). against each of these core

Each standard has the below format:

Short title of the standard

The standard

Action/Criteria 1 To assist with implementation and to measure achievement

of the standard.

Action/Criteria 2

To assist with implementation and to measure achievement of the standard.

Action/Criteria 3

To assist with implementation and to measure achievement of the standard.







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Project implementation and monitoring

Project completion and transition

Tadela Tigabu, Water Quality Technician, uses a water quality testing kit supplied by WaterAid to strengthen and transform local water and sanitation utilities, with technical and financial support from Yorkshire Water. Debre Tabor Town, Amhara Region, Ethiopia. February 2023.



How we work

We work to strengthen the systems required to reach everyone with safe and sustainable water, sanitation and hygiene (WASH). This requires working at multiple levels, with a range of people, groups and institutions, employing an array of tactics, to identify and tackle the systemic barriers to universal, safe and sustainable WASH by 2030.

Our systems strengthening approach, underpinned by human rights principles, involves evidence generation, analysis and learning, demonstration of WASH delivery models for replication, technical assistance, empowerment and advocacy to bring about system change where the WASH rights of people facing poverty and marginalisation are not met. This systems strengthening way of working is core to our Global Strategy 2022–2032 and relevant to all four aims. Systems strengthening is a process of analysis, implementation, adaptation and learning used to address the barriers to achievement of safe and sustainable WASH, recognising that achieving universal, safe and sustainable WASH is the result of interactions between multiple actors and factors in a complex, dynamic system.

WASH systems are made up of all the **actors** (people and institutions), **factors** (social, economic, political, environmental, technological) and the **interactions** between them that influence achievement of universal, safe and sustainable WASH (Figure 2). Our systems strengthening approach **puts active, empowered people and communities at the centre of the WASH system**, with a focus on reaching the most vulnerable and disadvantaged people and groups.



Figure 1: Global Strategy



The QPS are broadly grouped into **ten core areas** under the **four strategic approaches** of the Global Strategy (Evidence, learning and innovation; Gender equality; Services, capacity and influencing; and Partnerships and alliances), with an additional 'high risk' section added for standards which, if we do not meet, could create high-risk situations that endanger lives or seriously damage WA's reputation and ability to access funding.



Guiding principles

The following seven principles underpin our overarching systems strengthening approach and align to our four strategic approaches. They will guide our implementation of the QPS as we strive to achieve our vision of a world where everyone, everywhere has safe and sustainable WASH. We will:



High risk standards

Christine Nambozo Negesa, Water Quality Analyst, disinfects a water tap before collecting a sample for water quality testing. The project is funded by the European Union and UN-Habitat. Namutumba, Uganda. April 2023. **All work funded by WA must meet the following standards.** If we do not meet them, we could create high-risk situations that endanger lives or seriously damage WA's reputation and ability to access funding.



1. Safeguarding people

Ensure that the principle of 'Do No Harm' **is applied** to all phases of design and delivery of projects and **robust measures are in place to mitigate against any risks of harm** to user groups, community members and project participants (particularly women, children and vulnerable people), as well as WA partners and all WA personnel and representatives in-line with WA's safeguarding policies and procedures.^{2,3}



i. Refer to 'Do No Harm' definition in the Definitions section on page 6.

ii. WA representatives include WA staff, partner staff, or consultants paid by WA.

2. Health, safety and security

Ensure robust measures are put in place to protect the health, safety and security of WA and partner staff, contracted workers and community members, in accordance with relevant WA policies and guidelines.

Analyse the security context where the project will be implemented and include any safety and security risks in project risk assessment,⁸ which should be periodically updated in line with any changes in security context (at least quarterly).

Where service delivery work is done, ensure WA CP Policy on Health and Safety (H&S) during construction work⁹ (or regional equivalent) shared with and understood by any partners, contractors or community members undertaking construction work.

Process established and implemented to monitor adherence to health, safety and security related policies and guidelines, including incident reporting.

3. Mitigating WA's environmental and climate impact

Ensure potential impacts on the surrounding environment (i.e. natural ecosystem including water resources) and on the climate (i.e. carbon emissions) from project implementation or use of installed WASH facilities are assessed and actions taken to mitigate any risks, in accordance with relevant WA policies and guidelines.¹⁰ Where feasible and sustainable, prioritise use of low carbon technologies to mitigate climate change impacts."

Assessment of potential environmental and climate impacts from WA's work (both positive and negative) are done for all projects, using an assessment format proportional to project's size and complexity. Formal environmental impact assessment to be completed for high-risk projects.

Budget and design includes relevant environmental protection measures, including catchment protection and other measures to improve ecosystem health, site reinstatement^{iv} and use of safe siting distances between waterpoints, toilets and water resources.^v

Implement any mitigation measures and regularly update the risk assessment and mitigation measures (at least quarterly).











iii. Where they are sustainable, appropriate and cost effective, use low carbon and low greenhouse gas (GHG) technologies e.g., shifting from diesel pumping to solar pumping, deploying sanitation options that reduce the emission of greenhouse gases.

iv. Site reinstatement measures may include adequate drainage that protects nearby water sources, demolition of existing abandoned infrastructure which could pose health and safety risks, fencing of waste management areas, establishment of raised pathways, and reinstatement of vegetation (however, prioritise alternative designs to avoid removing vegetation).

v. Refer to QPS number 20: Minimum service levels for sanitation.

Service delivery risks

All projects that involve **delivery of services** must also meet the following standards. These standards apply **to all service delivery work** funded by WA, including those delivered by partners, utilities or other service providers.

4. Feasible, appropriate and acceptable service options

All service delivery work funded by WA must be agreed with user groups and service providers, must be integrated with associated behaviour change activities, and designed based on a feasibility assessment of both the technology choice and the choice of a sustainable management model which does not place a harmful or unrealistic financial and management burden upon communities. Where community consultation and feasibility assessments are not undertaken during project design stage, proposals should state that final selection of sites and service options will be dependent on the results of these.

Feasibility assessment¹¹ undertaken for any WASH service delivery work funded by WA (implemented directly or indirectly), especially for water supply service options, wastewater and faecal sludge treatment plants, and healthcare waste treatment options (full assessment mandatory for high value or high risk infrastructure).

Financing: Agreement established on who will pay for major maintenance and ongoing behaviour change based on understanding of full lifecycle costs,¹¹ ensuring the selected service option is affordable (considering other human rights essential costs) and considering any required pro-poor financing mechanisms.

Management model: Assessment¹² completed of whether the proposed management model clearly identifies who is responsible for operation and maintenance (O&M), repair and long-term monitoring of service performance, whether they have the skills to undertake these tasks, and that it does not place a harmful or unrealistic management burden upon communities.

Technology option: Technology choice informed by social, environmental and operational factors^{vi} including an analysis of physical threats to WASH (climate change impacts, natural disasters, land-use, competing demands on water resources, water quality threats, security threats and ecosystem degradation), considering how existing vulnerabilities influence these threats.

User acceptance: Diverse selection of users and service providers consulted on community needs and possible service options to respond to these, including clear information about the service options, and agree on costs that they will have to pay, time that they will have to put into management and responsibilities that they will have to assume for the service to continue and appropriateness of selected option to reach different users, including those traditionally excluded such as people with disabilities.

vi. These include WA expertise, available CAPEX budget, geography, climate, hydrology, hydrogeology, supply chains, legal/regulatory requirements, behavioural determinants, demographics and cultural/social preferences, gender and power dynamics, environmental and climate impacts, water resource use and management practices, and siting requirements to ensure accessibility. Refer to feasibility assessment tools for full guidance.

5. Compliance with construction quality and service level standards

Meet national construction quality standards^{vii} unless there is a good reason to deviate from these, which should be documented and agreed with the appropriate national government department. Meet WA **QPS standards on minimum service levels** (QPS no. 18, 20, 23 and 26) as a **basic minimum**.

Budgets sufficient to meet standards (design, material quality and accessibility provisions), including adequate human resourcing for design and supervision.

Designs and related budgets reviewed against relevant construction quality, service level standards and feedback received from user consultation.

6. Adequate supervision

Ensure that all construction work funded by WA is **adequately supervised by a technically qualified WA representative** to ensure contractors are well-managed and delivering quality work in accordance with designs, and that **the quality of materials** used comply with national standards or standards set out in the design specifications.

Sufficient budget or personnel allocated for ensuring supervision by a WA representative (WA or partner staff, or a consultant).^{viii} Community members/ users may also be engaged to monitor project activities to ensure accountability, but this should not replace supervision by a WA representative.

Adequate supervision put in place.¹³ Adequately scrutinise supervision arrangements where district local government is responsible for supervision (especially high-risk activities like borehole drilling).

Quality control of materials for WA funded construction work done by WA or partner staff, or WA representative.

Systematic process of defects monitoring and rectification implemented after construction is complete, with some payment withheld until end of Defects Liability Period^{ix} and issuance of Certificate of Completion.

viii. As a rule of thumb allow at least 5–15% of total construction cost for supervision cost.











vii. This includes any national standards on structural life-safety, and WASH in institutions or in rural communities. Where national standards for WASH construction quality do not exist or are not adequate, advocate for and support the government to develop or improve them.

ix. Duration of Defects Liability Period will vary by country. A minimum of six months is recommended.

7. Safe water quality

Ensure drinking water quality from any new or rehabilitated water supply systems does not pose any significant risk to health when handed over to users. Independently test materials used in water supply programmes to ensure that they conform with national and international standards on toxic metal content (e.g., lead and cadmium).¹⁴

Budget and activities planned for routine water quality testing and follow up testing in accordance with WA CP water quality policies.¹⁴

Water quality of any new and rehabilitated water sources tested before handover, results recorded in WA Inventory or equivalent systems, and shared with users. Follow-up tests done in line with policy.

Ensure that materials procured for use in drinking water supply projects are approved by national standards agencies for use in water supply. If there is not a national standard for imported materials relating to toxic metal content (e.g., lead and cadmium) then seek the support of an internationally certified pre-shipment agency to quality check batches before they are imported.

References

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- 4. WaterAid (2019). PMER 'How To' Guide: Project Level Risk Management. Available at: wateraid.sharepoint.com/PSU/pmerproject/PMER%20Core%20Document%20Library/ Forms/PMER%20Core%20Document%20Library.aspx?id=%2FPSU%2Fpmerproject%2FPMER%20Core%20Document%20Library%2FHow%20To%20Guide%20%2D%20 Project%20Risk%20Management%2Epdf&parent=%2FPSU%2Fpmerproject%2FPMER%20Core%20Document%20Library (accessed 25 Oct 2023) [or use regional equivalent guidance].
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Strategic approach: Evidence, learning and innovation

Zewdu Adane was elected as Chair of Sertekez Water Committee by the local community. He works to help raise awareness on how to protect the surrounding environment and its water sources. Sertekez village, Amhara Regional State, Ethiopia. February 2022.



8. Evidence-based programme design

Design projects and programmes based on a detailed and up-to-date situation analysis (based on a regular review of available evidence, learning, research and innovation from our previous work and from the wider sector), **using a systems strengthening approach** to determine the most appropriate entry points, partners and to ensure projects remain relevant.

Evidence, learning and innovations from previous projects (WA and sector) are reviewed and used to inform project design.

Situation analysis (including formative research where relevant) used in programme and project design, drawing on relevant data sources and assessments. Refer to 'How to' guides and tools for project design and set-up phases¹⁵ or equivalent regional guidance.

9. High quality research and evidence

Ensure all **research is strategically relevant, of high quality, ethical and generates evidence** that can be used effectively for influencing, practice and impact.

Research and evidence generation activities are planned based on identified gaps in internal or sector knowledge.	
Informed consent is collected from users to participate in research/data collection, ethical approval is obtained where applicable in line with WA's Research Policy, ¹⁶ data are anonymised and securely stored as required by any applicable data protection regulations and laws.	Ż.t
Where feasible, research results should be shared with the respondents.	100%

Evidence, learning and innovation

10. Learning and adaptive programming

Integrate reflection and learning into all projects and use this learning to adaptively manage our work (including our policy advocacy work) and course-correct where necessary.

Learning objectives are set and related activities integrated into planned PMER processes throughout the project cycle, proportional to project's size.

Periodically reflect on learning objectives and lessons learned during Programme Performance Reflection (PPR) meetings or equivalent, and coursecorrect when necessary.

Learning and evidence is captured throughout the project and used to inform future project design and research agendas.

> Anjali drinks water from a new drinking water station at their school. Lahan Municipality, Nepal. July 2022.











11. Strong monitoring mechanisms

Ensure there are **adequate monitoring mechanisms in place** for projects and WASH services and behaviours supported by WA, in accordance with the PMER Core Procedures¹⁷ or equivalent for your region and aligned to the Global Performance Measurement Framework.¹⁸

Project monitoring plan established, roles and responsibilities for monitoring agreed, and sufficient budget allocated.^x

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Regular monitoring of project progress undertaken in accordance with PMER Core Procedures or regional equivalent, to understand project impacts, learning and for adaptive management.



References

- WaterAid (no date). PMER Hub: Project Cycle Resources. Available at: wateraid. sharepoint.com/PSU/pmerproject/SitePages/Project-Cycle.aspx (accessed 25 Oct 2023).
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Rubi, Buxar district's Field Coordinator for WaterAid India, performs water testing to examine the quality of drinking water in the village of Bicchu Ka Dera, Buxar, India. May 2022.

 Note that monitoring budget may be required after project close, for example for evaluations and follow up water quality testing.



Strategic approach: Gender equality

A community member washes their hands at the town hall water and hygiene facilities, Mandiwana village, Vhembe district, South Africa. June 2023.

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Gender, inclusion and empowerment

12. Addressing specific barriers to WASH access

Assess and respond to specific barriers to WASH access and behaviours faced by different groups, recognising the need to contextualise and differentiate activities to respond to context-specific realities of marginalisation and exclusion.

Situation analysis includes identification of the environmental, attitudinal and institutional barriers different marginalised groups face in relation to WASH, and an analysis of the gender and other power relations that impact on or limit rights to WASH, and is completed in consultation or partnership with representatives from women's or rights holder groups and DPOs to ensure expertise and avoid problematic assumptions.¹⁹

Using the results of the analyses, plan how to build on positive social norms and tackle harmful social norms, taboos and stereotypes^{xi,20} that limit WASH access, leadership/decision making or participation by certain user groups, as well as what action can be taken to deliberately break down other identified barriers, while ensuring project activities do not unduly increase women's already disproportionate burden of unpaid work.

Include monitoring mechanisms to measure project's contribution to breaking down barriers and changing harmful social norms, including monitoring of backlash or unintended harm.²¹ Project monitoring indicators are disaggregated by sex, age and disability status when relevant and possible.

Dramane TRAORE now has an adapted toilet near his home, which makes it easier for him to use for his needs. Village of Kangoura, commune of Loumana, Burkina Faso. December 2020.

xi. It is essential to analyse the nature of barriers and the context-specific realities based on the individual, group, and geographical identities and factors of these with each other. The barriers could be physical, societal or institutional in nature, so this type of analysis ensures that policies, regulations and services can be designed appropriately, rather than assuming that a one-size-fits all solution meets everyone's requirements.









13. Active participation and ownership

Involve users (and/or their representative groups) and partners throughout the project cycle, including women, people with disabilities, and other users who face marginalisation:²² to empower them to actively participate in decision making and demand their human rights to WASH; to ensure WASH programme activities, services and management arrangements promote access and use by all members of the community and are culturally acceptable; to encourage locally-led solutions;²³ and to ensure ownership and sustainability.

Activities and budget included to ensure users and partners can actively participate in decision making on planning of programme activities, including representatives of people who are systematically marginalised or discriminated against.^{xii}

Community mobilisation activities use participatory approaches that enable all stakeholders to actively participate, including those with less power. Mobilisers should use empowering facilitation techniques²⁴ and choose convenient meeting times and locations. Where necessary, separate discussions with women and children should be held, and/or disabled or older people visited at home.

References

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xii. People who are systematically marginalised or discriminated against may struggle to be involved directly in programme activities or planning because of inability to attend community meetings or power differentials even when they do. Involvement of their representative groups, such as DPOs, is essential to overcome this power imbalance and allow for specialist and informed inputs.

Strategic approach: Services, capacity and influencing

Gita Roy, leader of Golap Dol, at the Maricchap Reverse Osmosis Water Plant. Through Gita's leadership and relentless work, the plant now serves several villages as the only source of safe drinking water. Khulna Division, Bangladesh. June 2022.

14. Institutional strengthening

Where processes, functions, financing, resources, accountability, skills and understanding of service providers or local authorities are identified as barriers to sustained universal WASH access, **provide support to address these institutional barriers**.

Situation analysis includes identification of barriers in the WASH system²⁵ including assessment of service provider/duty bearer processes, functions, financing, resources, accountability, skills and understanding.²⁶

Based on the results of the situational analysis, institutional strengthening activities delivered to strengthen the WASH system by supporting service providers and authorities to understand and fulfil their roles and responsibilities, monitor, plan, budget, cost, coordinate and respond to community demand for sustained WASH access.

15. Support to sustain services and behaviours

Ensure communities/users and service providers/duty bearers involved in or responsible for implementation of community or local government led activities, management of WASH services or for sustaining target WASH behaviours **are empowered to fulfil these roles with the necessary skills, plans, finances and information**.

Activities and budget included to provide necessary support and training to users (communities and/or institutional staff) and/or duty bearers/service providers.	
Appropriate training, tools and support provided to ensure ongoing operation, maintenance and cleaning of WASH facilities and to sustain WASH behaviours (including access to water, soap and cleaning agents).	Ž it
Ensure users and relevant duty bearers or service providers have access to relevant information ^{xiii} on completion of projects implemented by WA to be able to make informed decisions about use, operations and maintenance of infrastructure, eventual service renewal or extensions, approaches to sustain behaviour change, and for informing planning processes and water resource management (WRM).	100%
Key monitoring information (particularly information on assets we have funded) is shared with government to contribute to local and national monitoring systems. Where possible, align project indicators with those used in national and local MIS.	

xiii. Examples include water quality results, design drawings, drilling records and behaviour change intervention packages (including manual, tools, promotional materials and behavioural products). There may be sensitivities in sharing Bill of Quantities (BOQs) and budgets. Any collected data on climate, such as water resource monitoring data or climate hazard monitoring should also be shared with relevant stakeholders (including basin authorities).





16. Strategic and effective influencing

Ensure advocacy and influencing work is informed by situation analysis, is in line with our organisational **strategic priorities**, and that WA's **impact is measured**.

High-level, strategic change objectives, clear and incremental short and mediumterm priorities, and entry points for advocacy and influencing are developed, informed by tools such as political economy analysis,²⁷ Global Advocacy Priorities,²⁸ and priorities and evidence generated through our programming work, through collaboration with our partners and relevant networks, and through consultation with WASH service users on their lived experiences.

Advocacy and influencing activities leverage allies, partners and networks to represent different perspectives and a wider base for our call for change, while ensuring we assess and mitigate against any potential backlash or risks from these activities to our staff and others involved.

Monitoring processes include evidence-based mechanism to track WA's direct and indirect contribution to changes in policy, strategies and financing.²⁹

17. Sharing learning and evidence for advocacy

Throughout projects and programmes, **embed a practice of purposeful knowledge transfer of generated learning and evidence** with the national WASH sector, internally within WA globally, and externally on a global scale where relevant, in order **to influence practitioners and policymakers at higher levels** and contribute to the development of national policies and systemic change, and to influence the wider sector.

Activities, budget and human resources included for sharing and influencing.





Learning, evidence and research is documented, shared, and used for advocacy and influencing at multiple levels. Format and focus of these outputs are strategically planned to effectively influence identified key advocacy targets.



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Minimum service levels described in this section are presented in tables in Standards 18, 20, 23, 26 and 27. These tables can be contextualised by Country Programme teams, where minimum standards are **higher** than those specified in this document.

The '+' symbols indicate standards to be applied which go beyond the specified JMP service level definition.^{xiv}

Water

18. Minimum service levels for water

Ensure water supply services constructed by WA, at a minimum, **meet the standards in the table below**. Public and institutional facilities must include at least one waterpoint designed for universal access.^{xv}

Budget provided to meet the standard as defined below.

Design and construction of infrastructure meets the standard as defined below, and supervision provided to ensure the standard is met.

xiv. See the WHO's and UNICEF's Joint Monitoring Programme. Available at: washdata.org/monitoring

xv. Universally accessible: designed for universal access so that it can be accessed and used to the greatest extent possible by all people regardless of their gender, age, size, disability status/impairment type or social status (including pathways to access the facilities), in consultation with a DPO partner.





Services and behaviours

Minimum standard (water)	Work towards (where resources are available)
All (these apply to all locations, please also see location s	pecific standards below)
 + Drinking water is available when needed and safe to drink (free from faecal and priority chemical contamination). + At least one universally accessible waterpoint for drinking available to all people including those with disabilities or other mobility barriers and children. + Ensure location of waterpoints does not pose a safety or security risk.³⁰ + Sustainable management model selected. + Sufficient water available for environmental services. 	 Sufficient water for small-scale livelihoods. Conduct Accessibility and safety audit³¹ and implement recommendations.
Community/public places	
 JMP Basic: Drinking water from an improved source^{xvi} provided collection time is not more than 30 minutes for a roundtrip including queuing. + Minimum quantity for domestic use as per national standards or 50L/p/day³² if no standard exists. 	JMP Safely managed: Drinking water from an improved water source that is accessible on premises, available when needed and free from faecal and priority chemical contamination.
Schools	
 JMP Basic: Drinking water from an improved source^{xvi} is available on premises at the institution. + Minimum quantity for institutional use as per national standards or WHO Standards for schools^{xvii,33} if no standard exists. 	JMP Advanced Defined at National level. Refer additional indicators in JMP Guidance p19. ³⁴
Healthcare facilities	
 JMP Basic: Drinking water from an improved source is available on premises at the institution. + Minimum quantity for institutional use as per national standards or WHO Standards for HCF^{xviii,35} if no standard exists. 	JMP Advanced Defined at National level. Refer additional indicators in JMP Guidance p18. ³⁶

xvi. A source which, by nature of its design and construction, has the potential to deliver safe water.

xvii. Minimum water volumes vary depend on type of school among other factors.

xviii. Minimum water volumes vary depending on level of care offered at the HCF among other factors.

19. Quality boreholes and wells

Ensure the ongoing sustainability of boreholes and wells by **using appropriate siting and drilling methods, design of boreholes and selection of components** (pumps, fittings, etc).

Budget allocated for undertaking hydrogeological studies involving proven and appropriate geophysical survey techniques and analysis of existing hydrological data from previous drilling logs to find the most productive sites for drilling and inform boreholes siting, and to inform any managed aquifer recharge work.

Boreholes constructed deep enough and at a time of year when water levels are at their lowest, to accommodate both seasonal fluctuations in static water levels and drawdown due to pumping.

Test pumping of boreholes is done after drilling and before upgrading from manual to motorised pumping to ensure motorised pumping can be sustained.

Avoid use of galvanised steel (GI) handpump riser pipes and rods in areas where groundwater pH is less than 6.5. Where groundwater pH is less than 6.5, grade 304 stainless steel or plastic riser pipe configurations should be used provided they can be installed at the required depth.

Handpump mechanics remove the UPVC pipes from a borehole to undertake an evaluation of the technology after a year in use. Masindi District, Uganda. November 2020.











Sanitation

20. Minimum service levels for sanitation

Ensure sanitation facilities constructed by WA, at a minimum, **meet the standards in the table below**. Public and institutional facilities must include at least one cubicle designed for universal access.^{xix}

Budget provided to meet the standard as defined below.

Design and construction of infrastructure meets the standard as defined below, and supervision provided to ensure the standard is met.



Minimum standard (sanitation)

Work towards (where resources are available)

All (these apply to all locations, please also see location specific standards below)

- + Safe distance from any water sources.xx,37
- + Ensure location of sanitation facilities do not pose a safety or security risk.³⁸

+ Conduct Accessibility and safety audit,³⁹ implement recommendations and utilise principles in *Female friendly public and community toilets: a guide for planners and decision makers.*

Community/public places

JMP Basic

Use of improved facilities $^{\!\!\!\!xxi}\!\!\!\!\!xxi$ which are not shared with other households.

JMP Safely managed

Use of improved facilities^{xxi} that are not shared with other households and where excreta is safely disposed of in situ or removed and treated offsite.

+ Accessible for people with disabilities or limited mobility.

xix. Universally accessible: designed for universal access so that it can be accessed and used to the greatest extent possible by all people regardless of their gender, age, size, disability status/impairment type or social status (including pathways to access the facilities), in consultation with a DPO partner.

xx. Assess the local topography, ground conditions and groundwater and surface water (including seasonal variations) to determine safe distances. Adhere to national construction regulations on safe siting distances. Where national standards do not exist, the distance between toilets and water sources should be at least 30 metres, and the bottom of pits should be at least 1.5 metres above the groundwater table. Increase these distances for fissured rocks and limestone or decrease them for fine soils.

xxi. Designed to hygienically separate excreta from human contact.



Public sanitation facilities

JMP Basic:

- + At least one universally accessible toilet for all people including those with disabilities or other mobility barriers.
- + Gender-responsive, with menstrual health and hygiene facilities.^{xxii}
- Toilets are safe to access (well lit, well positioned, lockable), ensure privacy and dignity, affordable (if not free), well maintained and managed.

Schools

JMP Basic

Improved facilities, which are onsite, single-sex (min. one for men and one for women) and usable (available, functional, private), lockable from the inside.

- + Strive to meet national or WHO standard ratios of students to toilets^{xxiii,40} as far as possible within available funding (ensuring ratio is formally agreed with the school or appropriate authority).
- + At least one universally accessible toilet for all people including those with disabilities or other mobility barriers and children.
- + Gender-responsive, with menstrual health and hygiene facilities.xxiv
- + Toilets are safe to access (well lit, well positioned), ensure privacy and dignity, well maintained and managed.

Healthcare facilities

JMP Basic

Onsite improved sanitation facilities are usable with at least one toilet dedicated for staff, at least one sex-separated toilet with menstrual health and hygiene facilities, and at least one toilet accessible for people with limited mobility.

- + Gender-responsive, with menstrual health and hygiene facilities.xxv
- + Toilets are safe to access (well lit, well positioned), ensure privacy and dignity, well maintained and managed.

JMP Advanced

Defined at National level.

Refer additional indicators in JMP Guidance p19.41

+ Ratio of toilets to users as specified in national standards.

JMP Advanced

Defined at National level. Refer additional indicators in JMP Guidance p18.⁴²

+ Additional sanitation facilities based on HCF size and number of inpatients/ outpatients and staff.

xxii. Menstrual health and hygiene facilities: mechanism for discrete disposal of menstrual hygiene materials in women's toilets (e.g., covered bins), and water and soap available in a private space for washing and changing.

xxiii. Where national standards do not exist, WHO guidelines can be used – recommended minimum ratio of 1 toilet per 25 girls, 1 toilet + 1 urinal per 50 boys, 1 toilet for female staff and 1 toilet for male staff.

xxiv. Mechanism for disposal of menstrual hygiene materials (e.g., covered bins) in women's toilets, and water and soap available in a private space for discrete personal hygiene (hand and body washing), cleaning clothes/uniform, and washing reusable menstrual hygiene products (as applicable). (JMP WinS extended indicators) N/A for pre-primary students but still needed for female staff facilities.

xxv. Covered bins and/or water and soap available in a private space for washing.

21. Evidence based sanitation programming

Design sanitation programming approaches^{43,44,45} **following formative research based on the understanding of target users** in terms of current behaviours, aspirations, specific preferences/ needs, willingness to pay as well as the existing sanitation service chain, including enabling environment, financial mechanisms, products availability and business viability.

Sanitation user and sector analysis complete and used to inform sanitation approach.

22. Safe management of excreta

Ensure excreta can be safely disposed of onsite or emptied, transported, treated offsite and disposed of and/or used as derived products.^{xxvi,46}

National standards and regulations for treatment and discharge/disposal of liquid and solid wastes into the environment and reuse/application of the by-products such as compost and energy are followed during design and construction.

Adequate business models^{xxvii} for private sector involvement in various steps of the sanitation chain (containment, emptying, transport, treatment, reuse/ disposal) are identified where relevant, and roles and responsibilities of relevant actors (both public and private) involved along the sanitation chain are defined to ensure the sustainable service provision up to safe disposal and reuse of the by-products.

Health and safety risks of sanitation workers are mitigated in the design of business as well as service delivery models. Their rights and dignity are acknowledged, and they are involved in the planning and implementation of the services.⁴⁷







xxvi. For example, ensure that pits and septic tanks can be accessed for emptying, and that people are aware of emptying mechanisms.

xxvii. For a business model to be 'adequate': 1) the offering should meet the needs and rights of the customer, recognising the different needs of different customer segments, and 2) the income that comes from the customers (which may include assets sales, usage fees, service fees), government subsidies, and development partners should be greater than the costs of doing business.

Services and behaviours

Hygiene services and behaviour change

23. Minimum service levels for hygiene facilities

Ensure hygiene facilities constructed by WA, at a minimum, **meet the standards in the table** below. Public and institutional facilities must include at least one handwashing facility (HWF) designed for universal access.^{xii}

Budget provided to meet the standard as defined below.



Design and construction of infrastructure meets the standard as defined below, and supervision provided to ensure the standard is met.





▲ Maida with her friends at their school's handwashing facilities built by WaterAid Bangladesh in collaboration with Lindex. These new facilities provide improved access to clean water and sanitation and promote good hygiene practices. Bangladesh. March 2023.

► Jacques KAMBOU, Artisan-Mason, is trained in latrine construction and the manual emptying of latrine pits. Cascades region, Burkina Faso. December 2020.



Services and behaviours

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Minimum standard (hygiene)

Work towards (where resources are available)

+ Conduct accessibility and

All⁴⁸ (these apply to all locations, please also see location specific standards below) + Paired with context-relevant hygiene behaviour change (HBC)

programming. safety audit⁴⁹ and implement recommendations. + Universally accessible for all people including those with disabilities or other mobility barriers. + Usable and well maintained (mechanisms in place to ensure facilities are maintained, usable and clean, including a sustainable supply of water, soap, other hygiene products and cleaning products). **Households JMP Basic** Availability of a HWF on premises with soap and water (context specific design). **Public sanitation facilities** Inclusive, permanent HWFs with multiple taps, mechanism ensure supply of water and soap.⁵⁰ + Ratio of taps to users that provides adequate access.xxviii **Schools JMP Basic JMP Advanced** HWFs which have water and soap available. Defined at National level. Refer additional indicators in JMP + Permanent HWF for girls and boys. Guidance p19.51 + Inclusive group HWFs available close to the toilet with + Additional group HWF multiple taps (accessible to the smallest children), water and within school premises. soap available. **Healthcare facilities JMP Basic JMP Advanced** Functional hand hygiene facilities (with water and soap and/or Defined at National level. Refer alcohol-based hand rub) are available at points of care, and within additional indicators in IMP five metres of toilets. Guidance p18.52 + Hand hygiene facility at

xxviii. The maximum number of users during peak demand should be considered. One HWF with many taps or multiple separate units may be required to prevent queues (people's willingness to queue for handwashing will be much less than for a waterpoint or communal toilet for example).

each point of care.

24. Evidence based hygiene behaviour change programme

Ensure **HBC interventions are designed based on evidence** (i.e. formative research) **through a creative process** which targets **multiple behaviours** in **multiple settings**, and that interventions are delivered to reach the target population **multiple times**.⁵³

HBC formative research completed, or existing research validated, to identify behavioural determinants (barriers, emotional drivers, motives etc) and social norms which will result in sustained behavioural change.	
HBC creative process completed to design an innovative, attractive, scalable, and engaging HBC package which targets multiple behaviours (i.e. hand hygiene, safe use of water, clean use of toilets, food hygiene, waste management and menstrual health and hygiene) in different settings (i.e. context-specific for communities, schools, HCF, workplaces, public places, policy settings etc). ^{xxix,54} Creative process should draw on formative research, expertise from different disciplines, and proven behaviour centric approaches.	
HBC package produced and capacity built of relevant actors to promote and implement the package. HBC intervention delivered through multiple touch points targeting multiple behaviours, which expose more than 80% of the target population to the intervention multiple times (at least three times). HBC intervention should use emotional drivers, social norms and changed settings (i.e. nudges) aimed at sustained HBC, rather than just educational approaches.	Ż.t
In institutional settings, integrate HBC with existing programmes – in schools with education sector programmes and in healthcare settings with health sector healthcare worker hygiene programme. ⁵⁵	Ż.t
Evaluate effectiveness of HBC intervention to provide evidence of proof of concept and share with relevant actors for wider scale-up and reach.	Ż.t
Hygiene promotion tools, materials, methods, activities and products focus on behaviour change and are accessible (delivered in appropriate local languages, font size, media/format, appropriate illustration), and fit-for-context (socially appropriate, user-friendly and based on evidence).	Ż.t

xxix. For HBC programmes targeted at school students (above pre-primary), menstrual health and hygiene are included in target behaviours, and for programmes targeting healthcare workers WHO (or national equivalent) '5 Moments for Hand Hygiene' are included.

Climate and WRM

25. Climate-resilient WASH and WRM integration

In regions where analysis, historical data and experience show that **climate hazards and/or upstream threats to ecosystems or water resources pose a threat to WASH access, ensure that these hazards and any associated vulnerabilities feature in the project situation analysis and are used to inform decisions**⁵⁶ on entry points and scope of our programmes, any adaptations to WASH service options, appropriate behaviour change approaches, advocacy and influencing priorities, and to design strategies and form strategic partnerships to address threats beyond our core sphere of influence.

Situation analysis includes assessment of climate risks, and of upstream threats to WASH access from catchment encroachment, catchment degradation, ecosystem destruction, land use change, unsustainable water use and pollution. ^{xxx}	
WASH service delivery and behaviour change project activities are designed to address identified risks and to build the evidence base on identified localised climate hazards, ^{xxxi} in combination with other activities to make the WASH system more resilient. ^{57,58}	G G G G G G G G G G G G G G G G G G G
Where threats that are outside WA's core sphere of influence are upstream of WASH service provision, strategic partnerships and collaboration with actors focused on these issues may be necessary (i.e. from sectors such as climate, WRM, WASH and disaster risk reduction), to undertake advocacy to address these challenges and to integrate activities such as effective and participatory water resource or catchment management strategies.	
Ensure project planning is guided by locally-led adaptation principles, ⁵⁹ empowering local stakeholders to have a strong voice in the design of appropriate adaptation strategies.	

xxx. This could be done through context-specific participatory assessments of hazards (including those caused by climate change and ecosystem degradation), vulnerabilities and barriers within WASH systems that impact on water security, sanitation and hygiene.

xxxi. For example, service delivery and behaviour change project activities to build climate resilience could include locally-led adaptations to infrastructure, lifecycle costing taking into account climate projections, participatory water resource monitoring, and community behaviour change and awareness raising around water resource management, water efficiency practices and climate-resilient WASH.

Waste management

26. Minimum service levels for waste management

Ensure waste management facilities constructed by WA, at a minimum, **meet the standards in the table below**. In densely populated urban settings, where domestic solid and liquid wastes could pose significant risks to public and environmental health, support relevant municipalities, utilities and community-based organisations (CBOs) to establish institutional models and mechanisms for management of solid waste (garbage) and liquid waste (greywater) management mechanisms that minimise risk to community health, while building community demand for these services.

Budget provided to meet the standard as defined below.

Design and construction of infrastructure meets the standard as defined below, and supervision provided to ensure the standard is met.





Services and behaviours

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Minimum standard (waste management)

Work towards (where resources are available)

Densely populated urban settings

- + Where applicable, support municipalities, utilities and CBOs to establish institutional models and mechanisms that minimise risk to community health for the following:
- a) Solid waste (garbage) management mechanisms can include segregation at source, collection, re-segregation, transport, reuse or treatment, safe disposal using standard protocols and designs.
- b) Liquid waste (greywater) management mechanisms can include drainage and infiltration as a minimum, and re-use where risk to health or ecosystems is assessed to be low.⁶⁰

Schools

- + Solid waste (garbage) management mechanism that does not pose a risk to student health.
- + Disposal mechanism for menstrual hygiene waste.xxxii
- + Greywater management mechanism.

Healthcare facilities

JMP Basic service

- 1. Waste (infectious, non-infectious and sharps) is safely segregated in consultation areas into at least three bins (non-infectious, infectious and sharps waste). Bins should be colour-coded, clearly labelled and appropriate to the waste they contain.
- 2. Sharps and infectious waste are treated and disposed of safely. Safe treatment and disposal methods include incineration (in a single or double chamber incinerator), autoclaving, and burial in a lined, protected pit (no open burning).⁶¹ Wastes may also be collected and transported off-site for medical waste treatment and disposal. In rural facilities, placenta, sharps/ash pits should be included as part of healthcare waste management (HCWM) plan. HCWM is appropriately sited with restricted access.
- + Disposal mechanism for menstrual hygiene waste.xxxiii
- + Greywater management mechanism.
- + HCF staff receive clear guidance and training on safe operating procedures and the necessary personal protective equipment (PPE).

JMP Advanced

Defined at National level.

Refer additional indicators in JMP Guidance p18⁶² and WHO HCWM technologies guidance.⁶³

xxxii. Can include incineration or another safe method onsite, or safe storage and collection via a municipal waste system, as appropriate. Not applicable in pre-primary schools for students, just the staff who are women.

xxxiii. Can include incineration or another safe method on-site, or safe storage and collection via a municipal waste system, as appropriate.

Services and behaviours

Healthcare environmental cleaning and integration of WASH into infection prevention and control (IPC)

27. Minimum service levels for healthcare environmental cleaning and integration of WASH into IPC

Ensure environmental cleaning services for HCF supported by WA, at a minimum, **meet the standards in the table below**.

Budget provided to meet the standard as defined below.

Minimum standard (environmental cleaning)	(where resources are available)
Healthcare facilities	
JMP Basic	JMP Advanced
Basic protocols for cleaning available, and staff with cleaning	Defined at National level.
safe operating procedures and the necessary PPE.	Refer additional indicators in IMP Guidance p18 ⁶⁴
+ Coordinate with the national and local governments to	Juin Guidance pro.

Sokha washes her hands at the Thlork Vien Health Centre, Chhouk Village, Thlork Vien Commune, Cambodia. July 2020.

train staff according to basic environmental cleaning and to

integrate WASH into IPC protocols and training.





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Strategic approach: partnerships and alliances

 Muni Sah is the Mayor of Lahan municipality, where the Beacon Project brings together the Nepal Water Supply Corporation, Anglian Water, WaterAid Nepal, local communities and the Government in an alliance to develop a sustainable approach to municipality-wide water and sanitation provision. Lahan municipality, Siraha, Nepal. September 2019.

Partnerships

28. Identifying partners

Identify and select partners by analysing system blockages, WA capacity gaps and key stakeholders.65

Partner mapping completed, including consideration of strategic partnerships to increase integration of WASH with other sectors and to address blockages outside of our area of expertise or direct sphere of influence, for example in other sectors.

Partners selected and engaged based on identified needs and complementary skills of WA and partners.

29. Operationalising partnerships

Once partnerships are established, collaborate on project design, undertake joint planning, sign partnerships contracts or formal Memorandums of Understanding (MOU), plan partner organisational and technical capacity assessments and strengthening activities, regularly monitor and assess partnerships, and undertake exit and transition planning.⁶⁶











30. Accountability of duty bearers

Involve key duty bearers, including relevant government and service provider stakeholders at national, district and local levels, **throughout the project cycle**, to increase ownership, accountability and sustainability.

Relevant duty bearers identified and involved in project design and set up conversations.	
Where possible, plan to involve multiple staff from relevant government and service provider teams, and undertake institutional strengthening activities, to avoid the risk of losing progress if one staff member leaves.	Ģ≞⊋ Ģ≞
Encourage and support relevant duty bearers to take a coordination and leadership role in project delivery.	Ż.t

31. WaterAid transparency and accountability

Ensure partner organisations, key stakeholders and communities/users are aware of **objectives**, **timelines and engagement opportunities** for planned programmes and activities, of **conduct expectations** for WA staff and representatives, and how to access **safe and accessible feedback and complaints mechanisms**.

Information provided on objectives, timelines and participation expectations of planned programmes and activities, and on conduct expectations for WA staff and representatives, ensuring information is appropriate and accessible (including for children, different language groups, and people with low literacy).





Actively seek feedback from key stakeholders and communities/user groups, including through establishing safe and accessible feedback and complaints mechanisms in appropriate languages and through appropriate media.



32. Robust procurement process and strong contracts

Ensure **robust procurement procedures** are followed in line with CP Procurement/Finance Manuals.⁶⁷ **Ensure contracts** with suppliers, including those with contractors providing construction services, **are robust legal documents** that clearly establish roles of, and capture equitable terms and conditions between, signing parties and provide specific specifications for the procured goods or services.⁶⁸

Adequate training, time and budget included to ensure adherence to procurement manual procedures, and procurement manual procedures followed.

Ensure construction tender packs (contracts, specifications, BOQs and drawings) clearly communicate bid requirements, contract terms and risks, and are reviewed and approved by an appropriately qualified technical professional who was not involved in their development. Contracts must be signed before work commences.



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WaterAid, with the support of partner organisation Rupantor, hold regular sessions on good hygiene practises with the Munda Community. Kaliganj, Satkhira, Bangladesh. December 2022.



WaterAid is an international not-for-profit, determined to make clean water, decent toilets and good hygiene normal for everyone, everywhere within a generation. Only by tackling these three essentials in ways that last can people change their lives for good.

Front cover photos (clockwise):

Chausiku Kabushi, Hospital Cleaner, disposes of medical waste in a facility that houses an incinerator and a placenta pit, Busolwa Health Centre, Nyang'hwale District, Tanzania. June 2019.

Mamadou TRAORE and his family are no longer forced to defecate in the open now they have a newly constructed toilet close to home. Loumana Commune, Cascades region, Burkina Faso. December 2020.

Omar OUATTARA, a local Mason trained in the construction of latrines, has built over 160 latrines in his local community. Village of Takalédougou-koko, commune of Bérégadougou, Burkina Faso. December 2020.

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