TARGET SETTING AND REPORTING[1]

Main Messages

1. Experience suggests that targets should be ambitious enough to rouse national and local campaigns but realistic enough to be credible.

2. For effective management, rapid learning, improving performance and achieving ODF targets, decision-makers require accurate and timely data on progress with CLTS. This applies at all levels, district and below as well as provincial or regional and national.

3. Data are vulnerable to inflation and to misleading with any or combinations of the following:
   - major high-profile campaigns
   - rewards to communities or leaders for becoming ODF
   - competitions between communities, sub-districts or districts
   - those verifying and certifying ODF having an interest in communities being declared ODF
   - ineffective supervision and implementation of CLTS.

4. Corrective action. Actions to limit data inflation and enhance accurate feedback, rapid learning and improved performance include:

   - Hold regular multi-stakeholder meetings at different levels to review progress, reflect, learn and decide on action
   - Undertake groundtruthing research
   - Support and introduce transparent community and other monitoring systems
   - Build capacity to generate good data
   - Recognise and reward those who honestly report shortcomings, low performance and/or targets not achieved, as long as they provide the reasons, what they have learnt, and remedial action needed, recommended and being taken
   - Let the rewards to communities be dignity, pride, self-respect, convenience and other benefits rather than financial or material
   - If there are rewards, let them be to institutions not individuals.
   - Take steps to assure impartial, informative and constructive verification (see Briefing Note on *Verification, Certification and Re-Verification*).

5. Most countries that have set themselves targets face serious resource gaps. Mobilising adequate resources can require a considerable additional effort that needs to be anticipated and factored in to plans and strategies.

1. Target setting

Many countries have set target years for achieving fully open defecation free (ODF) conditions in rural areas. To date, none has ever achieved its target. Bangladesh set 2010 as a target. The Government of India set 2012 as the target date for rural India to be ODF. Achievements have fallen far short of these. The new target in Bangladesh is 2013 and in India 2022. Other countries have

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[1] The basic text was drafted by the group, only two of whose members were recorded, and has been edited with additions by Robert Chambers. Not all members of the group would necessarily wish to endorse all points.

ambitious targets – the Northern Region of Ghana 2012, Kenya 2013, Indonesia 2014, Ethiopia 2015 (for universal sanitation coverage), Mauritania 2015, Zambia 2015, Malawi 2016, Nepal 2017, and Madagascar 2018.

In Ghana, targets were set based on existing resources (human, financial, logistical etc.) at the grass-root level. The budget allocation (largely supported by development partners) is reported to fully cater.

In Kenya, targets were set after a successful pilot phase in six districts. This provided evidence of what was feasible.

In Malawi, the target was set based on the MDG target year of 2015, but surpassed the MDG target by aiming for fully ODF conditions, despite knowing that this was ambitious. The strategy was based on three years of experience in implementing CLTS. This strategy is in line with the policy which seeks to achieve universal access to sanitation. Additionally, experience in Malawi indicates that as we move closer to ODF, the challenge becomes greater. For instance, with 88 per cent basic sanitation coverage there are issues of equity and inclusion in trying to reach the remaining segments of the population. What budgets are needed to reach the target? Is what is provided adequate? Is the political buy-in sufficient as translated into Government budget allocation?

In Ethiopia, the Federal Ministry of Health together with development partners sets annual targets based on the indicators shown in the Health Sector Development Program (HSDP), which runs for five years. Ethiopia is now implementing HSDP IV. HSDP IV envisages attaining 84 per cent ODF Kebeles (Peasant Associations) by 2015. There is also the Universal Access Plan (UAP) for WASH which targets 100 per cent sanitation and 98 per cent water supply coverage by the same year. Annual targets are set considering achievement of the longer term results which also factors in funding.

In India, to accelerate the progress of sanitation in rural areas, the Government of India has designed a paradigm shift in the Total Sanitation Campaign that is now called the Nirmal Bharat Abhiyan (NBA), in the XIIth Five Year Plan. The objective of NBA is to achieve sustainable behaviour change with provision of sanitary facilities in entire communities in a phased, saturation mode with "Nirmal Grams' as outcomes. In contrast with no-hardware subsidy CLTS, this continues to rely on hardware subsidies which have been increased. The new strategy seeks to transform rural India into 'Nirmal Bharat' by adopting a community saturation approach. In 2011-12 about 29,000 Gram Panchayats (clusters of communities) have been targeted to be made open defecation free.

Strategy at the national policy level requires adequate planning for implementation, what is commonly referred to as the roadmap. Targets, meaningful actions and milestones need to be set in relation to the roadmap and to take account of resources needed and available, and deployed to achieve the targets. Decision-makers face the choice of whether to set an ambitious target which cannot be achieved, or more modest and realistic targets to which they may get closer. Opinions will differ but the optimal may be somewhere between these – targets ambitious enough to rouse enthusiasm for national and local campaigns but realistic enough to be credible.

2. Decision-makers' need for timely and reliable data

The ambitious targets for achieving ODF conditions in the rural areas of many countries pose acute challenges for the accuracy and promptness of reporting and data. As in all fields, decision-makers need timely and reliable data about what is really happening on the ground. This applies at all levels - district and below as well as at higher and national levels. This is sometimes described as 'rapid

realism' and is vital for effective management, corrective actions and improving performance. It requires a high quality of verification, certification and re-verification conducted at scale (see the Briefing Note on this topic). These are major challenges. These notes present experiences and recommendations for meeting and overcoming them.

3. Experiences of data inflation

Data reported upwards have repeatedly turned out to be inflated and misleading. This has been associated with certain common conditions.

- *With major high profile campaigns.* In Ethiopia, a major and intensive campaign mounted in the Amhara Region generated statistics for so many communities ODF in a short time that they lacked credibility and have subsequently had to be discounted. India and Bangladesh have experienced widespread over-reporting in national campaigns with statistics which have then had to be sharply revised downwards (see boxes).
- *Where there are rewards to leaders or communities for becoming ODF.* The rewards create pressures and incentives for influencing verification and certification. Experience shows that where there are rewards for becoming ODF or having ODF certified, there are tendencies for inflated and false reporting. Rewards at the community level may include grants to communities or prizes like motorcycles or bicycles for village heads or government staff. One example is the Nirmal Gram Puruskar (NGP) award in India, where the village head has been honoured and presented with a plaque by the President in a ceremony in Delhi while the community has been given a monetary reward. Re-verifications later showed that the great majority of the communities were far from ODF.[2]
- *Where there are competitions between districts, sub-districts, or even communities, there is a danger of false declarations.* Such competitions have many positive aspects, but strict independent verification is more than ever necessary.
- *When those verifying and certifying have an interest in a positive outcome.* This applies to officials at various levels where there are campaigns and pressures from above and their performance will be judged from above on the basis of communities declared ODF. It may also apply in some cases with NGOs.
- *Where there is ineffective supervision and implementation of CLTS*

In conditions such as these, district, regional and national statistics for communities that are ODF and the numbers of people in these communities progressively lose credibility. They then have to be corrected. India and Bangladesh provide valuable experience of this phenomenon.
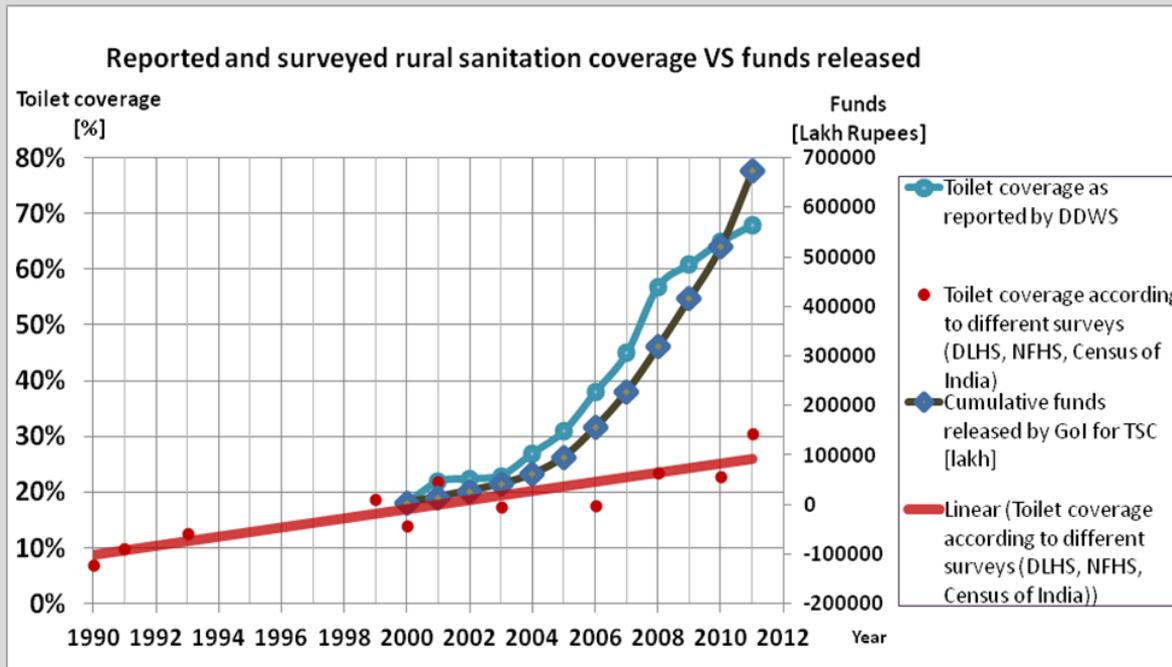
India Case Study
The Indian experience with the Total Sanitation Campaign is an important source of learning. Much of the campaign was based on budgets for individual household hardware subsidy. Pressures to disburse and local corruption contributed to misleading reporting of toilets constructed based on budget disbursements recorded. This led to a cumulative estimate of 68 per cent toilet coverage in rural areas when the 2011 national census found only 31 per cent. In one estimate this meant that there were 63 million missing toilets. In Himachal Pradesh which had a no hardware subsidy campaign with some CLTS, and an intensive campaign with districts competing, performance was much better, but there too the census figure of 67 per cent fell far short of the much higher

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[2] The CLTS Handbook, page 55 and the Lukenya Notes, appendix to the section on verification. In 2010, revised guidelines were introduced to tighten up on certification and to enhance sustainability of ODF conditions. The guidelines include release of prize money in two equal instalments, the first immediately after communities have been selected for the award, and the second 6 months later if ODF status is confirmed.

coverage that had been reported. The lessons are that hardware subsidies, drives and incentives to disburse funds, and competition are all liable to generate inflated figures, and that all campaigns are vulnerable to exaggerated reporting.

The graph by Hueso and Bell below shows the reported government expenditure on the TSC, the reported toilet coverage according to the TSC online monitoring system, and the coverage according to other surveys such as the Census. It clearly shows how the reported toilet coverage is closely related to the amount of funds spent, which 'reinforces our idea that TSC monitoring system is about reported execution, irrespective of actual outcomes' (Hueso, 2012):

Performance in figures:

Source: Andrés Hueso and Brian Bell, forthcoming 'An untold saga of policy failure: the Total Sanitation Campaign in India', also see http://www.communityledtotalsanitation.org/blog/hypothesis-monitoring-system-india-s-total-sanitation-campaign

Bangladesh Case Study
The Bangladesh experience also illustrates difficulties with targets, campaigns and the tendency for reported statistics to become inflated and then to have to be scaled down. Progress in rural sanitation was slow during the 1980s and 1990s with a sanitation coverage growth rate of merely 1 per cent per annum reaching sanitation coverage of only 16 per cent at the end of the decade in 1990. In 1991, a 10-year national sanitation strategy was formulated and the countrywide sanitation programme moved into a much higher gear. The social mobilisation approach was adopted, together with an annual sanitation week, and promotion of the homemade simple pit latrine. The coverage to fixed place defecation was then reported to have increased from 16 to 44 per cent in 2003. However, when the Government conducted a national baseline survey in October 2003 it brought the figure down from 44 to only 33 per cent who were using hygienic latrines with 25 per cent using unhygienic hanging latrines and an astounding 42 per cent without any latrine and resorting to open defecation. These striking findings led the Government to launch another National Sanitation

Campaign in collaboration with donors and NGOs with the target of 100 per cent coverage by 2010. Coverage was then reported to have gone up from 33 to 80 per cent in June 2009 (updated information reported by Ministry of Local Government and Rural Development, with data collected and compiled by the National Sanitation Secretariat at Department of Public Health Engineering), together with a drastic reduction in open defecation, down from 42 per cent in 2003 to 7 in 2008 and 4 in 2010[3]. Comparing the JMP figures for 2008 and 2010[4] showed more modest rates of change, with improved sanitation up from 53 to 56 per cent, shared and other unimproved unchanged at 25 and 15 respectively and OD down from 7 to 4 per cent. The present government revised the target to achieve 100 per cent sanitation coverage by 2013. While there are issues of comparability of categories between surveys, these various findings indicate substantial achievement while at the same time justifying a degree of scepticism. The target for an ODF Bangladesh is now 2013. The political commitment to setting an ambitious target is tempered by the realism of taking account of the geographical difficulties, existing infrastructure and resource mobilisation.

4. Precautionary and corrective action

i. *Hold regular multi-stakeholder meetings at different levels to review progress, reflect, learn and decide on action*. This approach was adopted in Western Kenya when progress with CLTS was slow. It quickly proved its value, identifying what was wrong (too much triggering without adequate follow up) and what needed to be done (focus on follow up). This was a marked success. These regular meetings held at District and other levels bring together staff of different government departments, civil society organisations and other concerned stakeholders. They review progress, reflect critically on what has been learnt, and plan action (see Chiranjibi Tiwari with others 'Role of district level reflection and government leadership in scaling up CLTS: lessons from process monitoring of CLTS in Kenya', SNV Kenya).

ii. *Undertake groundtruthing research.* Undertake field research at the early stages of establishing national policy and practice in order to understand the realities on the ground, and ensure learning from this is integrated into the plan, addressing difficulties encountered, lessons learnt and good practice. Continue to groundtruth and crosscheck to calibrate reality against reports. This made a significant contribution in Malawi. Field research was carried out in one area, TA Mkanda in Mchinji District, as a preliminary to the Government taking CLTS to scale. It found that extension workers were declaring communities with 80 per cent latrine coverage as ODF and a range of other deficiencies including in reporting: 'The DCT [District Coordinating Team] demands reports only when pushed by UNICEF officials to submit their data, which makes it difficult for them to collect and monitor all the required data, leading to incomplete or false reporting of figures'. This research proved timely and invaluable and contributed to improvements which became part of national policy and practice.
Source: TA Mkanda CLTS Research: Summary Engineers Without Borders Canada, October 2010

iii. *Support and introduce transparent community and other monitoring systems.* The experience with participatory monitoring has shown that communities are fully able and highly motivated to monitor progress towards ODF status and they can regularly track

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[3] Joint Monitoring Programme of UNICEF and WHO Progress on Drinking Water and Sanitation 2010 (for 2008 data) and 2012 (for 2010 data).
[4] The Joint Monitoring Programme of UNICEF and WHO as above.

changes in community access to improved sanitation.

In Ethiopia, community monitoring is carried out by Health Development Armies (HDA), a network of five households with a sixth one leading the group. The leader of a given HDA has to be exclusively a Model Family fulfilling 11 of the 16 Health Extension Program Packages including having and using a toilet, hand washing, safe management of water, sleeping under bed nets, etc. The leaders of the HDAs form Health Development Teams at hamlet level. A hamlet may have 8 – 12 villages and there may be 20 – 35 households in a village. The average family size may be taken as five. These structures supported by Health Extension Workers carry out monitoring.

A range of other monitoring systems have been piloted and adopted by Governments (see Briefing Note on *Verification, Certification and Re-Verification*). Among these, there are an increasing number of promising ICT systems (see Briefing Note on *Use of Information Communication Technology (ICT) in Monitoring*). To take one instance, in Indonesia an SMS reporting and monitoring system was introduced in 11 districts. The findings were that the system 1) was easier to operate than manual systems; 2) improved regular data flow; 3) drastically reduced the time to process data at each level; and 4) improved quality in real time through automatic consistency checks (Mukherjee et al, 2011). Transparency and open access to data is one means to assure crosschecking and accuracy.

iv. *Build capacity to generate good data.* Ensure that those who are collecting data have a good understanding of what they are doing and the importance of the information they are collecting. Relevant capacity building and suitable incentives should be provided, together with regular feedback should be given to them by their supervisors

v. *Recognise and reward those who honestly report shortcomings.* Introduce and implement incentive systems that recognise and reward honest and accurate reporting especially where reported performance falls short of the targets set. Reporting 'failure', which includes not reaching targets and other shortcomings and the reasons for these, needs to be appreciated for its honesty and not penalised, providing it is accompanied by what has been learnt, and remedial action needed, recommended and being taken.

vi. *Let the rewards to communities be dignity, pride, self-respect, convenience and other benefits rather than financial or material.* Experience has been that rewards to individuals, particularly where these are monetary, have been counterproductive.

vii. *If there are rewards, let them be to institutions not individuals.* If there are rewards, they should be to institutions (communities, schools, health offices etc) rather than invididuals. Wherever there are rewards, verification by third parties who have no interest at all in the reward becomes more important than ever.

viii. *Take steps to assure impartial, informative and constructive verification*. This includes: verification being carried out by third parties who do not have an interest in positive outcomes; monitoring verification data to check that show a credible balance between communities ODF and not yet ODF; and the process being a constructive experience for communities (see Briefing Note on *Verification, Certification and Re-verification*)

5. Resource gaps

To ensure adequate resources, strategies need to be mainstreamed in government policies and backed up with adequate budget provision. Savings in reduction of diarrhoeal and other faecally-related diseases can support the arguments for budget allocations from Ministries of Finance and Local Government. Reviewing a range of experiences, a major conclusion is that most countries that have set targets are facing serious resource gaps and the mobilisation of adequate resources requires a considerable and additional effort that has often not been factored in to strategies and plans.

To support the case for adequate resources, road maps have a key part to play. They have to include resource requirements and mobilisation, with special emphasis on adequate and often increased government funding for sanitation and hygiene promotion. Ambitious but realistic targets together with indications of how they can be achieved can back the case for adequate budget allocations. These should be allocated from Government resources and budgets, where necessary supplemented by donor agencies.

Knowledge gaps for further action and innovation

Two can be flagged:

- Innovative and simple ways of reporting that respond to context and existing infrastructure. There is a need to look at the various reporting tools and systems and to continue to test and introduce systems that capture the key indicators in a simple format (see Briefing Note on *Monitoring Indicators: Post Triggering and Post-ODF*).
- Finding effective ways to get different implementing partners to report systematically, regularly and harmoniously within countries.

Recommendations/ ideas

The group's guiding checklist of key requirements is:

- ➢ Comprehensive planning is required, taking into consideration resource constraints and mobilisation.
- ➢ Countries should have an ODF plan whose contents should comprise the following:
  - On-going resource mobilisation and advocacy
  - Policy and government ownership
  - Situational analysis: baselines/needs/gap analysis
  - Definition of ODF and a written method ODF protocol i.e. a design for ODF achievement
  - Learning framework
  - Well defined monitoring framework (indicators, sources of information, frequency, monitoring tools)
  - Clearly defined annual targets, actions and milestones
  - A simple way of collecting and analysing data
  - Considerations of equity and inclusion
  - Safeguards against inflated ODF figures, process indicators
  - Sufficient budget for follow up visits

Sources

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