FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA

MINISTRY OF HEALTH

CLTSH VERIFICATION AND CERTIFICATION PROTOCOL

ADDIS ABABA
ETHIOPIA
JANUARY 2012

Contents

Acronyms

CAP	Community Action Plan
CBO	Community-Based Organization
CLTSH	Community Led Total Sanitation and Hygiene
HAD	Health Development Army
HEP	Health Extension Program
HEW	Health Extension Worker
HH	Household
HWF	Handwashing Facility
NGO	Non-Governmental Organization
ODF	Open Defecation Free
PTA	Parent-Teacher Association
WASH	Water, Sanitation and Hygiene
WSP	Water and Sanitation Program

Background

Poor sanitation and hygiene conditions are among the major causes of public health problems in Ethiopia. According to the Ministry of Health's *Health and Health Related Indicators*, access to excreta disposal coverage in all areas of the country, including Addis Ababa, was 60 percent in 2009. This means that nearly 40 percent of Ethiopians lack access to sanitation facilities. Even where toilets do exist, many are not used, meaning that open defecation is common. Unsanitary environmental conditions resulting from this practice contribute to high rates of diarrhea-related morbidity and mortality. According to the most recent *Demographic and Health Survey,* 80 percent of all incidences of diarrhea is due to unsafe water supply, poor sanitation and unsafe hygiene behaviors. Seventeen percent of childhood deaths are associated with diarrhea.

An assessment of hand washing practices with soap in four regions, Tigray, Oromia, Amhara and Southern Nations, Nationalities and Peoples (SNNP) revealed the following: 64 percent of HHs respondents reported washed hands before preparing food, 62 percent washed hands after visiting the latrine, 54 percent washed hands before eating, and 17 percent before feeding a child. Only about 7 percent said they washed their hands after cleaning child's bottom and before breastfeeding. These figures indicate that the knowledge level about the importance of handwashing with regard to certain activities is high. They also show the need for communication strategies to emphasize the importance of handwashing with regard to other activities, such as breastfeeding (Synovate, 2010).

Similarly, many studies on safe water chain indicate that 80 to 85 percent of water collected from safe water supply sources becomes contaminated due to poor handling in the home. Examples include, among others, dipping of unclean fingers or water caps in storage containers.

The Government of Ethiopia has been promoting universal sanitation coverage to ensure better health and quality of life for all Ethiopians. The government has shown demonstrable, high level political commitment to enhanced sanitation coverage over the past few years. This goal is reflected in the national Health Extension Program, the National Hygiene and Sanitation Strategy and a national step-by-step protocol and Sanitation action Plan (SAP) for achieving universal access by 2015. There has been significant improvement in access to safe sanitation and hygiene in Ethiopia since the Health Extension Program began in 2002/2003. However, this progress needs to be accelerated in order to meet the goals set for 2015. To these end the Government of Ethiopia has recently established a system called "Health Development Army (HDA)" where a model farmer leads 5 farmers (1 in 5).

1. Introduction to the manual

To bring sustainable behavioural change in to the area of hygiene and sanitation, development actors in Ethiopia are using a variety of participatory approaches. These include Community-Led Total Sanitation (CLTS), Community Dialogue, Whole System in a Room, and family dialogue *"mikikir"* in Amharic. Community-led approaches are thought to be effective because they foster locally driven collective action and have the power to leverage social pressure and social solidarity to make long-term decisions about important issues. In terms of hygiene and sanitation practice, it is the members of a community who will best know how to effect a long-term commitment to not defecating in the open, how to design and build latrines based on the community's own natural and financial resources, and how to ensure that handwashing and safe water handling continue to be practiced.

Prior to certification, an independent, third-party group of relevant stakeholders must visit a given community whether village, kebele, woreda, or an entire region to certify that the area in question is open defecation free (ODF), and that people are practicing handwashing and safe water handling.

This verification and certification guideline has been developed to harmonize approaches in field verification and to streamline the certification process for both government and non-government WASH actors

2. Rational

Since 2007, WASH actors have been using the community led total sanitation approach advanced in the original CLTS Handbook (Kar and Chambers, 2008). But, with the various actors applying different interpretations its use resulted in inconsistent approaches to promoting hygiene and sanitation interventions, including different verification, certification, and award mechanisms.

Hence, the rationale for developing this CLTSH Verification and Certification protocol is to lay a harmonized approach that helps to measure and rectify improved sanitation and hygiene practices achievements.

3. Objective

The objectives of this verification and certification protocol are:

- To standardize the verification and certification process, maintaining compliance with the CLTSH Implementation Guideline, the CLTSH Training Manual and CLTSH Monitoring and Reporting Guideline
- To develop a simple verification and certification template that provides clear guidance on how to declare ODF status
- To provide guidance on how to motivate and encourage communities to continue CLTSH practices after attaining ODF status

4. Method of verification and certification

The major purpose of verification a n d certification protocol is to give communities an incentive to achieve, sustain and build on their improved sanitation and hygiene practices by

rewarding achievements. However, the prospect of receiving a reward has encouraged some communities and officials to seek ODF certification even before such status has been fully achieved. Many different approaches have been used to guard against this and to ensure that ODF standards are maintained. The following methods listed below should be used, in CLTSH achievements, verification and certification processes at all level:

- Review reports
  - Village, kebele , woreda and HDA CLTSH reports
  - Document records of celebrations of intermediate results captured
- Observations
  - Transect walks (a walk along a predetermined path to observe specific variables)
  - Household visits
- Discussions/interviews
  - With family members
  - Community consultations
  - Key informant interviews using semi-structured questionnaires
  - With village CLTSH committees/HDAs
- Discussion about and celebration of achievements with both internal and external WASH stakeholders

5. Organizing the Verification Team

CLTSH is an important approach for encouraging shared vision, enhancing collective action, and creating demand for improved sanitation facilities, safe hygienic practices and a safe water supply chain. To succeed, CLTSH must be a cross-sectorial effort involving all stakeholders, including HDA/ "natural" leaders from the village, kebele leaders, agricultural development agents, schoolteachers,   students, women and children. Such integration and collaboration enhances a sense of ownership and buy-in for the entire community. Thus, depending on the level of verification and certification (village, kebele, woreda, Zone, region or national certification), the team should encompass as many actors in the process as possible.

It should be noted that a team requesting verification will facilitate the process of verification not influencing the decisions.

5.1. Kebele level

The kebele-level team verifies the CLTSH status of villages. The team should be made up of frontline kebele WASH team and other stakeholders, including:

- Health Development Army (HAD)
- Health Extension Workers
- Agriculture development agents
- Teachers (school director or school WASH club head)
- Parent teacher Association (PTA) members
- Kebele administrators (manager or head)
- Women, children and youth associations
- Members of the village CLTSH coordination committee (expected to include "natural" leaders from the community)
- Other stakeholders (Community-Based Organizations CBOs and non-governmental

organizations (NGOs) working in the same villages

5.1. Woreda Level

The woreda WASH team verifies the CLTSH status of Kebeles. The team should be made up of representatives from [1]woreda WASH offices and other stakeholders. The following will also join the team to facilitate the verification process:

- Health (Health Extension Program HEP Coordinators and HEP Supervisors)
- Health extension workers
- Development agents
- Teachers from the kebele
- Other stakeholders (CBOs, NGOs) working in the same woreda
- Natural leaders from randomly selected villages
- HAD Representatives

5.2. Zonal Level

- The [2]zonal/regional1 verification team verifies the CLTSH status of woredas. The team should comprise respective zonal WASH offices and other stakeholders; development partners, Government and None government organizations, including UNICEF, Water and Sanitation Program (WSP), international and local NGOs. The following will also join the team to facilitate the verification process:

  - Woreda WASH team ; including HEWs, natural leaders, school teachers

5.3. Regional/National Level

The regional/national team verifies CLTSH at zonal level. This team should comprise members of respective WASH offices and other relevant government and non-government Organizations (including UNICEF, WSP, international and local NGOs). Zonal WASH office representatives should also include HEWs and natural leaders, who act as facilitators

5.4. National Level

The national verification team conducts regional level CLTSH verification. This team should be made up of representatives from WASH ministries and other relevant government and non-government offices (including UNICEF, WSP, international and local NGOs). Team facilitators should include woreda, zonal, and regional WASH offices and other actors.

---

[1] Woreda WASH Offices includes Administration, Water, Health, Education, WoFED, Women and children Affairs and Agriculture Offices

[2] Verification capacity at zonal level may be limited. In such cases it is advisable to use regional offices for verification. When capacity is limited at regional level, national WASH offices/ministries should be used.

6. Process of Verification and Certification

Once CLTSH is ignited or "triggered" in a community, the community develops a community action plan. Verification is essentially a check on whether and to what degree communities have implemented that action plan.

6.1. The Verification Process

Verification usually begins with an internal step followed by external endorsement, depending on the level of verification/certification being performed: for instance, HDA/ village CLTSH coordination committee, having performed verification at village level, may then invite kebele level CLTSH verification. Similarly, the kebele CLTSH coordination committee may request woreda CLTSH verification and so on up the ladder to level national verification of regional achievements.

6.2. Verification Process

Practicing safe hygiene and sanitation requires constructing physical facilities as well as making behavioural changes. *Attaining both results at the same time has been found to be difficult; normally, physical changes precede behavioural ones.* (Physical actions include construction of latrines and handwashing facilities while behavioural actions include latrine use, fix handwashing facility, and safe water handling).Hence certification of safe sanitation and hygiene practice should thus take places in two phases:

Phase 1: Primary certification; recognizes ODF status

Phase 2: Secondary certification; recognizes safe sanitation and hygiene practices that include ODF with minimum latrine standards (See Annexes 2 and 5), hand washing with soap or soap substitutes at critical times, and household safe water handling.

7. Variables of Verification

In line with the National Sanitation and Hygiene Strategy (Ministry of Health, 2005), the three key variables that should be collected and analysed in the promotion of safe sanitation and hygiene include: (1) Safely manage excreta, (2) Wash hands with water and soap or substitute at [3]critical times, (3) Household Safe water handling .Information regarding the variables within each category will be collected mainly through observation and discussion. In Table 1, Item I is used for primary certification while Items II and III are for secondary certification.

---

[3] Critical times: After defecation, before eating, after cleaning Childs bottom, before Preparing food, Nursing child

Table 1: Key variables, proxy indicators and sources of information

No.	Variables	Indicators	Source of Information
I. Open Defecation-Free Status			
1	No open defecation practice	No observed fresh faeces	Household (HH), institutions and transect
2	Availability of latrines	Availability of latrines meeting minimum standards[1]	HH, communal areas institutions
3	Cover for latrine drop-hole	Safe cover on latrine hole	HH, communal areas and institutions
4	Latrines in use	Faeces in pit, visible access, latrine maintained, presence of spider webs	HH, communal and institutions
5	Separate blocks or rooms for males and females	Separate rooms or clearly marked male/female facilities	HH, communal and institutions
II. Safe Handwashing Practice			
1	Handwashing facilities (HWF) attached/adjacent to latrines	Existence and functionality of the facility	HH, institutions, communal
2	Availability of water in the HWF	Availability of at least 3-5 litter water	HH, institutions, communal
3	Handwashing facility in use	Splashed water, no algae or spider webs, no dust on the handle of the	HH, institutions, communal
4	Availability of soap or soap substitute within 3 meters of handwashing facility	Presence near HWF	HH, institutions, communal
III Household safe water Handling/mangement			

1	Safe storage and collection (capacity to draw water from container)	Are there separate containers for drinking water and other uses or a safe method of drawing water from containers (narrow neck or separate	Use of safe water at household level
2	Cleanliness of water storage and placement	Clean container placed at least 30 cm above floor	HH
3	Water storage type and management	Appropriate cover (lid) and easy-to-clean water storage or collection device	HH
4	Use of safe water at household level	Household water treatment, including boiling, non-chemical filters, and low cost chemicals filters	HH
5	Condition of water at the sources	Water sources fenced, drainage ditch excavated; existence of a functional committee, water fee, etc.	Transect walk

In order to gather a greater depth of information on human excreta management, handwashing practices and the safe water chain, the verification team should also conduct discussions and interviews with key informants from the community. The composition of discussion group participants is as follows (See also Annex 3):

Group 1: Village: Village heads/CHDA, natural leaders, CLTSH committee, religious leaders and elders

Group 2: Institution: Schools, community, health facilities, CBOs

Group 3: Children (under 18 years) and youths

Group 4: Adults: One group comprising women only, another with both women and men

8. Community Motivation Mechanisms: The Flag System

Communities should begin to implement their Community Action Plan (CAP; see the CLTSH implementation manual for more information) once CLTSH has been ignited or activated. When and how implementation begins is partly a function of the quality of facilitation activities that have come before. The achievement varies from household to household but progressive to achieve the desirable change in the village. At each administrative level, the lowest of which is the kebele, the CLTSH committee/HDA/ should monitor the status of CAP implementation and report results to the next-highest structure in the system (see CLTSH monitoring and reporting and data management manual). Once a community's initial achievements have been reported, steps should be taken to further motivate the community to accomplish the remaining actions necessary to attain ODF status. One proven strategy for doing this is the use of coloured flags.

Under the flag system, a village posts either yellow, green, white or red flags in prominent areas to indicate the extent to which it has gone toward creating an environment free of open defecation. Flags are posted after the kebele verification team (the kebele is the minimum unit of certification) has verified a village's CLTSH status. This process begins

with a monitoring report submitted by the village CLTSH coordination committee/HDA to the kebele verification team. This report must be accompanied by a letter of request (for verification) which documents specific indicators, such as the number of latrines and handwashing facilities that have been constructed and are in use and household safe water . management. It is thought that the flag system promotes healthy competition between villages

8.1. The Yellow Flag

Yellow flags show that a community has met the minimal threshold for achieving an ODF environment (See Annex 1). Requirements include the following:

- at least 50 per cent of households have completed latrine construction of any type (latrines designed by community members).and are in use

Under normal conditions, this process should take two months. Once the kebele team has verified the village's CLTSH status, the community will be cleared to hang yellow flags at high visibility points

8.2. The Green Flag (First Phase Certification-ODF)

A green flag ranking is the next level up from yellow (six month process under normal circumstances). Green flag communities have the following features:

- 100 per cent latrines constructed by the community (of any design) are in use.
- Latrines have been constructed for the use of travellers and in public gathering areas and are in use

8.3. The White Flag (Second Phase Certification: ODF, Handwashing and Safe Water Handling)

A white flag ranking indicates that a community is ready for second phase certification. This is usually expected to take about a year. Such a community will have demonstrated the following:

- 100 per cent of latrines are in use
- Handwashing facilities are on working order and have water and soap or a soap substitute.
- Household safe water handling
- Existing water source/s are well protected from potential contamination by livestock and others, with good drainage

8.4. The Red Flag

The red flag indicates that a village has relapsed to a previous, lower standard of sanitation and hygiene practice: open defecation, low rates of handwashing at critical junctures, and poor household water management (unsafe water chain).

In such instances, stakeholders are encouraged to report to the CLTSH committee/HDA/ at any level village, kebele and so on. Having received such a report, village or kebele CLTSH committees/HDA/ should discuss and reach consensus with the community regarding the hanging of red flags. Following this action the red flag community is expected to take steps to regain its higher CLTSH status.

9. Verifying Kebel, Woreda and Region

There exist too many villages and households for verification teams to visit each and every home. Thus, sampling methods should be implemented. This protocol recommends the following sample sizes for kebeles, woredas, and regions

9.1. Verifying Keble

For kebele level verification, this protocol recommends:

•Randomly selecting 30 per cent of the villages in the kebele, considering all institutions such as schools, health facilities and others within the kebele's boundaries (See Annex 2).2

• Selecting 30 per cent of households in those randomly selected villages

9.2 Verifying Woredas

For woreda level verification, this protocol recommends that the verification team:

- Lists the names of all kebeles and villages within the boundaries of the woreda.
- Randomly selects 30 per cent of the kebeles.
- Randomly selects 30 per cent of the villages within selected kebeles. Special care should be taken when randomizing sample villages, in order to avert mistakes during this important step.
- Visits each randomly selected kebele and prepares a list of all households in selected villages.
- Randomly selects 30 per cent of households from the village lists.
- Visits selected households.
- Visits all institutions and other facilities in the villages.

The national verification team follows similar sampling procedures and methods to verify regions.

10. ODF Certification and Celebration

10.1. Village level certification and celebration

About three months after a village has attained ODF (green flag) status, the kebele will conduct a second visit to ensure that a genuine change of behaviour has taken place. At that point, villagers are encouraged to hold a celebration to reward themselves and to motivate one another to sustain well-earned gains. Celebrations also help promote healthy competition among villages. The event may be captured and documented for use as a teaching tool.

10.2. Kebele level certification and celebration

Once all the villages in a kebele have reached ODF standing, then the entire kebele must be certified. The kebele will request that the woreda CLTSH committee verify that the criteria for primary certification that is, ODF criteria have been met. The woreda will grant second phase certification if and when handwashing practices and household safe water handling are also up to standard.

As similar to village level, the woreda committee will conduct a follow up visit about three months after ODF certification. ODF kebele are encouraged to celebrate and document their celebration following this step (See Annex 4)

10.3. Certification of woredas, zones and regions

Zonal, regional and national WASH offices/ ministries and development partners are responsible for making thorough assessments and certifying sampled kebeles within a woreda, woredas within a zone, and zones within a region, respectively. Whatever level of certification is attained, the certification itself will be done formally through a celebration and ceremony. Major participants in a woreda's certification ceremony could be kebele residents/HDA both within and outside the woreda and zonal level actors. This also holds true for zonal, regional, and national certification.

11. Awards

There is a general agreement among practitioners to award communities that attain either primary or secondary certification in CLTSH implementation. Nevertheless, awards at all levels should be institutionalized. No awards to individuals are encouraged. For instance, when a kebele is certified for ODF, the award recognizes the entire kebele or institutions within it that significantly contributed to the achievement. This is to recognize that CLTSH is a collective effort. It is also felt that awarding individuals would contribute to corruption and compromise the sustainability of a community's accomplishments in CLTSH. Regardless of the level of certification, a standard certificate will be issued. The certificate will show the level of certification (kebele, woreda, and so on) and acknowledge the support of partner institution.

Annexes

Annex-1: Village verification and motivation criteria (for use by village and kebele CLTSH committees)

village name/ date of	Issues to verify	Achievement		Remark
		Yes	no	
	A. Yellow Flag			
	• At least 50 % of HHs Use the constructed latrines (latrines designed by community)			
	• Latrine drop-hole has a cover.			
	• At least 50% of the Institutions have constructed latrine with separate rooms for males and females.			
	Agreed by verification team			
	B. Green Flag (Phase -1: ODF)			
	• 100% of the latrines constructed by community are in use			
	• Latrine drop-hole has a cover.			
	• 100% of Institutions have constructed a latrine with separate rooms for males and females.			
	•Latrines have been constructed for the use of travelers and in public gathering areas and are in use			
	Agreed by verification team			
	C. White Flag (Phase-2: Improved Hygiene and sanition)			
	•100% of latrines are in use			
	•Handwashing facilities are on working order and have enough water and soap or soap substitute			
	• Household practices safe water handling			
	• Communal latrines with hand washing facility available for passengers on main routes and public gathering places.			
	• Existing water source/s are well protected from potential contamination by livestock and others, with good drainage			
	Agreed by verification team			
	D. Read Flag			
	• Open defecation in HHs, institutions			
	• Poor handwashing practices			
	• Poor HH water management/safe water chain			
	• Agreed by verification team			

Committee members:

no	Name of verification team member	Representing	Signature	date
1.				
2.				
3.				
4.				
5.				
6.				

Date of Verification: --- Approved level of verification: (Yellow/Green/White/Red)

Annex-2: ODF verification/primary certification for kebele, woredas, and regions

A. Household

no.	Questions	Response		Remark
		Yes	no	
latrines				
1	Is a latrine available?			
2	Is the latrine in use?			
3	Is the latrine drop-hole covered?			
4	Are there any excreta smears or urine in the pan, on the floors, walls or doors?			
5	Are there any traces of open defecation in the compound or in the surroundings?			
handwashing				
1	Is there a handwashing facility attached to or near the latrine?			
2	Is there water in the handwashing facility?			
3	Is there soap or soap substitute near the handwashing facility?			
household water handling				
1	Does the household have separate containers for drinking water and other uses?			
2	Are the water containers covered?			
3	Is the process of drawing of water from containers safe (narrow water container/s)?			

B. Institution visit

no	Questions	Response		Remark
		Yes	no	
latrines				
1	Is a latrine available?			
2	Is there a latrine with separate blocks/rooms for males and females?			
3	Are the latrines in use?			
4	Are there any excreta smears and urine on slab/pan/hole, floor, wall and door?			
5	Are there any traces of excrement in the school/institution compound or surroundings?			
6	Are the latrines well maintained, including doors, roof and walls?			

C. Transect walk

No	Questions	Response		Remark
	Open defecation	**Yes**	**no**	
1	Are there any traces of excrement in the village?			
2	Are there communal latrines in the village along the roads that connect the kebele with others?			
3	Are there latrines in public gathering places such as markets, churches and mosques?			
4	Are there excreta smears or urine on slab/pan/hole, floors, walls, doors and surroundings?			
5	Are the community water sources well protected – (no access for animals, no direct contact and no poor drainage)?			

Annex-3: Points of discussion for discussion groups

A. Human excreta management

- Where do you defecate and why?
- Does everyone in your family use the latrine?
- How do you mange children's feces?
- What is your opinion about the way the community is using latrines?
- Do school children have separate latrines for boys and girls?
- Have your children provided you with any information about school sanitation?
- What mechanism is available for latrine management?

B. Handwashing practices

- Does your latrine have handwashing facilities?
- What type of handwashing facility/size are you using?
- When and why do you wash your hands?
- Do you use soap and any for handwashing?
- Have you received any information about school handwashing from your children?

C. Safe water chain

- What is your source of drinking water?
- Is the water source protected and fenced?
- What is the drainage situation?
- How do you manage the water sources and the water inside the house?
- What are the types and sizes of water storage containers in the house?
- Do you have any information on the availability of safe water in the schools?
- Does the household use one of the following methods to make the water safe (if from unprotected sources): filtration, boiling, sedimentation, chemicals, others?

D. General

- Discussion of the Community Action Plan
- Application of CAP/challenges
- Major challenges encountered and action taken
- Community bylaws
- Community next steps

Annex-4: Kebele ODF verification summary sheet

Please write your comments for the village you verified under each verification criterion.

General information

Village name: _____

Kebele: _____

Woreda: _____

Region: _____

Date: _____

Observations

a. Household visit

b. Institution visit

c. Transect walk

d. Focus group discussion

Conclusion

No	Name of verification team member	Representing	signature	date
1.				
2.				
3.				
4.				
5.				
6.				

Annex-5: Verification for secondary certification at kebele, woreda and regional levels

A. Household Visit

No	Questions	Yes	no	Remark
latrines				
1	Is a latrine available?			
2	Is the latrine in use?			
3	Is the latrine drop-hole covered?			
4	Are there any excreta smears or urine in the pan, on the floors, walls or doors?			
5	Are there any traces of open defecation in the compound or in the surroundings?			
handwashing				
1	Is there a handwashing facility attached to or near the latrine?			
2	Is there water in the handwashing facility?			
3	Is there soap or soap substitute near the handwashing facility?			
4	Is the handwashing facility in use?			
household water handling				
1	Does the household have separate containers for drinking water and			
2	Are the water containers covered?			
3	Is the clean storage/container placed at least 30 cm above the floor?			
4	Is the household treating the water from untreated sources (i.e., by boiling, non- chemical filters and other low cost chemical filters)?			

B. Institutional Visit

No	Questions	Yes	no	Remark
latrines				
1	Is a latrine available?			
2	Is there a latrine with separate blocks/rooms for males and			
3	Are the latrines in use?			
4	Are there any excreta smears and urine on slab/pan/hole, floor, wall and door?			
5	Are there any traces of excrement in the school/institution compound or surroundings?			
6	Are the latrines well maintained, including doors, roof and walls?			
7	Is there a system for latrine operation and management in the school/institutions?			

C. C. Transect walk

no	Questions	Response		Remark
		Yes	**no**	
Open defecation				
1	Are there any traces of excrement in the village?			
2	Are there communal latrines in the village along the roads that connect the kebele with others?			
3	Are there latrines in public gathering places such as markets, churches and mosques?			
4	Are there excreta smears or urine on slab/pan/hole, floors, walls, doors and surroundings?			
5.	Are the community water sources well protected (no access for animals, no direct contact and no poor drainage)?			

Annex -6: Secondary certification summary sheet for kebele, woreda or regional level

Please write your comments for the village you verified under each verification criterion.

General information:

Village name: _____

Kebele: _____

Woreda: _____

Region: _____

Date: _____

Observations

a. Household visit

b. Institution visit

c. Transect walk

d. Focus group discussion

Conclusion

No	Name of verification team member	Representing	signature	date
1.				
2.				
3.				
4.				
5.				
6.				

Reference

• Federal Democratic Republic of Ethiopia Ministry of Health, *Health and Health-Related Indicators,* 2010.

• Federal Democratic Republic of Ethiopia Ministry of Health, *National Hygiene and Sanitation Strategy,* 2005.

• Federal Democratic Republic of Ethiopia Ministry of Water Resources, *National WASH Inventory Training Manual,* 2010.

• Kar, Kamal, with Chambers, Robert, *Handbook on Community-Led Total Sanitation*, Plan International UK, London, 2008.

• Kumar, Ajith, et al., *Monitoring Systems for Incentive Programs: Learning from Large-Scale Rural Sanitation Initiatives in India*, World Bank Water and Sanitation Program, 2010.

• Synovate, *Formative Research on Handwashing* (draft), 2010.