Swiss Water & Sanitation Consortium

Terms of Reference

Call for WASH in Health Care Facilities Research Consultancy

December 2022

Overview

Job Title	Global Consultancy for Research on WASH FIT
Organisation	Swiss Water and Sanitation Consortium (SWSC)
Start / End	1st March 2023 – 30th June 2023
Job Location	Home based with field visits to each country/project (3): 1. **Benin**: Alibori Department- six rural primary health care facilities: Commune de Segbana (3) and Commune de Banikouara (3) 2. **Mali**: Segou Region - ten rural primary health care facilities : Cercle de Macina (3); Cercle de Markala (3); Cercle de Barouéli (4) 3. **Nepal**: Lumbini Province – eight rural primary health care facilities in Bardiya District
Deadline for applications	**21st January 2023** Applications should be submitted via email to Consortium Coordinator at **info.consortium@waterconsortium.ch**

1. Introduction to the Swiss Water and Sanitation Consortium

Created in 2011, the Swiss Water and Sanitation Consortium (SWSC) brings together eight Swiss organizations implementing jointly a Water, Sanitation and Hygiene (WASH) program in Africa and Asia. In its first two phases (2011-2013; 2013-2018), the SWSC provided access to WASH services to over 850'000 people in communities, 160'000 students in schools, and 1'000'000 patients in health care facilities. Launched in 2020, Phase III consists of 16 projects in 12 countries in Africa (Benin, Burkina Faso, Ethiopia, Madagascar, Mali, Niger, Sudan and Uganda); and Asia (Cambodia, India, Myanmar and Nepal). These projects accompany local stakeholders in providing "Basic" WASH services for approximately 60,000 students, 350,000 patients and 81,000 people in communities.

With WASH in institutions as an entry point to increase water and sanitation coverage, Phase III focuses on rolling out the two SWSC signature approaches: Blue Schools based on the Blue Schools Kit (SWSC and Eawag, 2018) and WASH in Health Care Facilities using the Water and Sanitation for Health Facility Improvement Tool (WASH FIT, WHO / UNICEF 2018). The Consortium Management Unit (CMU) supports coordination, administration, knowledge management and thematic advisory services to eight Swiss members, including resources to enhance advocacy, innovation and evidence building. The CMU is comprised of seven part-time members: Coordinator, Knowledge Manager, Financial Manager, three Regional Advisors, an Advocacy Advisor and a Global Advisor. Please find more information on the SWSC at: https://waterconsortium.ch.

2. Terms of Reference WASH in Health Care Facilities Evidence Building Consultancy

While promising, the use of WASH FIT within WASH in HCF programming lacks a solid evidence base and proof of concept. Thus, Phase III focuses on evidence that the signature approach delivers results (documenting the VALUE) and on how it works best (documenting the PROCESS). An evidence building strategy has been developed by the SWSC for Phase III that is being rolled out in 2022-2023. As part of this strategy the CMU commissions **in-depth external evaluation mandate for WASH in HCF** focused on

three projects each in a different country that have demonstrated significant involvement and progress on implementing WASH FIT.

The purpose of the consultancy is to examine the relevance and value of WASHFIT for health system strengthening and to highlight learning and good practices on the methodologies and processes to inform future phases of SWSC programming. The following criteria are to be evaluated:

A. **EFFECTIVENESS:** The extent to which the signature approach achieved, or is expected to achieve, its objectives.
B. EFFICIENCY: The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way.
C. SUSTAINABILITY: The extent to which the net benefits of the intervention continue or are likely to continue.
D. IMPACT: The extent to which the intervention has generated or is expected to generate significant positive or negative, intended, or unintended, higher-level effects.
E. **RELEVANCE:** The extent to which the intervention objectives and design respond to the needs of beneficiaries, and to the policies and priorities of national institutions and in-country partners; and continue to do so if circumstances change.
F. **COHERENCE**: The compatibility of the intervention with other interventions in a country, sector, or institution.

Research Themes for WASH in HCF programming through WASH FIT

Furthermore, the following specific **research themes** have been identified for the approach:

1. Quantitative and qualitative changes in WASH service levels (as per JMP service ladder) and any correlation with the use of WASH FIT over time (how WASH FIT was used and by whom, number and frequency of cycles, etc.)
2. Comparing changes in WASH service levels among the selected projects while identifying enabling or hindering contextual factors (related to WASH FIT or other programming aspects)
3. Stakeholders' perspectives on the value of WASH FIT (HCF medical staff, non-medical / cleaning staff, community management committee members, local government authorities, health authorities)
4. Progress on integrating WASH FIT within the municipal and/or health system service provision, including planning processes and resource/ service provision and how results were achieved (including through advocacy).
5. Correlation of improved WASH in HCF services to changes, if any, in i) the number of annual patient visits, ii) staff experiences of infection prevention and control measures and safety of working environment, iii) HCF revenue over the life of the project

Specific tasks to be carried out by the consultant:

i) **Desk review** of relevant documentation,
ii) **Online interviews** with CMU members and project teams and
iii) **Development of field research methodology** and tools.
iv) **Field-based research** (two to three weeks per country) including site visits/observations
v) **Report preparation** and presentation

Sources of information for evaluators:

- Members of the target population (community members including most disadvantaged groups, HCF management committee, medical personnel, patients, cleaners, etc.)
- Local government actors /decentralized authorities (e.g. municipalities)

- National/regional directorates and/or State technical service authorities/representatives (health / WASH)
- Other implementing partners in the WASH in HCF space
- Key actors in the health sector: private, civil society and public sectors (INGOS, donor, UN agencies)
- Members of SWSC project and implementing partners

Site visits/observations: evaluators are expected to visit a sample of project intervention sites (health care facilities) and compare the results at Outcome level of the most recent Annual Report (SWSC Facility Evaluation Tool (FACET) *core questions only)* with service level and functionality observations (using the same questions). The evaluator will randomly select institutions from a list of sites deemed accessible per security protocol. The sample size of institutions to visited will be a minimum of four HCF per project.

Sources of information for desk review

- Project Proposals and Budgets
- Project reports: Baseline, End-line, as well as 6-monthly quantitative and qualitative reports
- SWSC Indicator Definition Sheets
- Target Population Database (Targets per project)
- SWSC Power BI Dashboards (particularly, in the Outcome Section, the individual project printout "Progress on Access to Basic Services" of different reporting periods will be provided.
- WASH in Institutions Facility Evaluation Tool (FACET) Analysers of WASH Service Levels
- Project WASH FIT documentation
- SWSC annual and six-monthly reports to SDC (covering all SWSC projects), including updates/reports on global advocacy and global innovation fund grants; expenditure data
- Project-specific documentation (reports, presentations, tools, publications and articles or videos), whether shared publicly, within the consortium and/or with sub/national stakeholders
- WASH in Health Care Facilities Theory of Change (2022)
- Results from the institutional WASH InSecurity Experience (INWISE) surveys, *if available*
- Interviews: In-country stakeholders, SWSC project team members, HQ focal points and CMU members

3. Specific Tasks for the WASH in HCF – WASH FIT Evidence Building Consultancy

The consultant's tasks include conducting an evaluation of the three selected WASH in HCF projects per the aforementioned *Research Themes* and using the *Criteria and Key Questions* (that may be amended during the research design phase) in Annex 1.

4. Requirements / Skills of the Consultant

The global consultant can be an individual consultant, a consultancy firm and/or a research institute. In case of a consultancy team, a lead consultant must be identified. Collaborations with country-based field researchers are mandatory to ensure appropriate capacity for local language and socio-cultural sensitivity. The following criteria for the consultancy will be taken into consideration in making the final selection:

- Advanced University degree in a relevant field (International Cooperation or related field)
- At least 8 years of experience in the WASH sector, with a focus on WASH in HCF and WASH FIT experience
- A scientific background and proven experience in applied research
- Familiar with the NGO sector and good understanding of field work realities
- Working experience in Benin, Mali and Nepal is a plus
- In-depth expertise regarding project evaluations, evidence building and knowledge management

- Well-connected and active in the WASH in HCF global community of practice
- Excellent interpersonal communication, reporting / writing skills
- Lead evaluator fluency in English (required for Nepal) and French (required for Benin and Mali); team member local language requirements in Mali: Bambara; Nepal: Nepali; and Benin: Baatonu and Boo.
- Analytical thinking and openness for innovative solutions

5. Duration, Level of Effort and Location

The consultancy will last from 1st March to 30th June 2023. SWSC anticipates that the first month will be dedicated to i) **desk review** of relevant documentation, ii) **online interviews** with CMU members, project teams and other stakeholders and iii) finalisation of the **field research methodology** and tools. The methodology and tools will be submitted prior to field research for CMU input by 15th March 2023.

Field-based research (two to three weeks per country) will take place from April to June 2023. The final weeks will be dedicated to preparing the final report and presentation. A draft report will be submitted to CMU no later than 10th June 2023 allowing two weeks for CMU feedback and comments. Final report will be submitted by 30th June 2023.

The Consultant is free to choose the location of work, as long as regular internet calling and video communication is possible during Central European Time and Nepal Time. The CMU Knowledge Manager will be the main SWSC liaison for the consultancy, facilitating introductions with the project field teams, Swiss-based focal points and the CMU members. All reports and formal communication will be submitted to the CMU Coordinator, with CC to the CMU Knowledge Manager.

6. Deliverables

In line with the above, the consultant is responsible to deliver the following in English:

Prior to field work

- Draft research methodology and accompanying tools for review (15th March 2023)
- Final research methodology and accompanying tools (submitted prior to field work)

By 10th June 2023:

- Draft Report answering the key questions under each criteria and synthesising any human interest stories

By 30th June 2023

- **Final Report** addressing the research themes, answering the key questions under each criteria, and any relevant human interest stories / quotes
    - The report format should be a **maximum of 35-40 pages (excluding annexes).**
    - The report should have separate chapters for each of the three projects structured per the criteria and key questions and include a synthesis chapter of all three projects based on the five research themes. The report should also include a chapter describing the evaluation methodologies used, a list of the sources consulted, both for desk review and field data collection (including the names and titles of key informants and dates of interviews/field visits).
    - The five research themes above should include **concise human-interest stories and/or key quotes** from stakeholders that illustrate the findings.
- Final Report **presentation** synthesising the key evidence (slide deck of maximum 30 slides)
- Exit meeting with CMU members and project team representatives

7. Application: Technical and Financial Offer

Applications must fully comply with these Terms of Reference and must contain a technical and a financial proposal. The technical proposal shall include:

- A detailed narrative proposal of max. 3 pages describing the methodology envisaged for the consultancy.
- Up-to-date CVs (max. 3 pages) highlighting relevant professional experience and with for the lead consultant and each of the associate consultants
- Three examples of most recent, relevant evaluation/publications contributed to by lead consultant

The financial offer shall include:

- The consultancy fee rate per day (for each consultant)
- The total number of days that are envisaged for the consultancy
- Travel costs for Nepal, Benin and Mali, including international airfare, local airfare (only Nepal: Kathmandu to Nepalgunj), in-country hotel and per-diem, travel insurance, medical testing / vaccinations/ prophylaxis regimens
  (NB: Local vehicle/driver transport to project sites will be provided through each project team.)
- Clear indications of any applicable taxes
- Desired terms for payment

The SWSC reserves the right to fully or partially cancel this call for consultancy service.

Abbreviations

CMU	Consortium Management Unit
HCF	Health Care Facilities
SWSC	Swiss Water and Sanitation Consortium
ToR	Terms of Reference
WASH	Water, Sanitation and Hygiene

List of Annexes

1. Evaluation Criteria and Key Questions for Health Care Facilities
2. Costing Worksheet for Health Care Facilities
3. Systems-wide Approach Questionnaire

Annex 1. Criteria and Key Questions (may be amended during the research design process)

A. EFFECTIVENESS. The extent to which the signature approach achieved, or is expected to achieve, its objectives.

Key questions

1) To what degree did the implementation WASH FIT lead to the expected results in terms of:
    a. Achievement and sustaining of Basic level services by the end of the project for the five WASH services per JMP-defined service levels
    b. Additional Results for Water Points in HCF
        - Functionality per SWSC indicator definition
        - Water Quality (point of use) per SWSC guidelines (measured by project team)
2) How successful was the implementation of the WASH FIT? "Successful" expressed as a percentage of HCF covered by the project (number of successful HCF / total number of HCF in the project). Criteria for "successful":
    a) Any services at "No Service" at baseline must have progressed to at least "Limited" service by the end of the project
    b) Services at "Basic" level baseline must maintain the same level by the end of the project and
    c) At least one cycle of WASH FIT has been implemented (all five steps)

    Another important factor concerning the likelihood that the activities will be sustained is the number of HCF where actions in the **WASH FIT Improvement Plans** (agreed through a participative planning process among HCF stakeholders) received investments by local government, sub-national and/or national authorities. Describe briefly the type and amount of any investments agreed and materialized, the process that led to them and if this is a one-time success or part of a regular, ongoing process.

3) Based on the definition of "successful" in Section A.2 above, for *each of the five WASH in hCF services*, provide an analysis of the underlying reasons for the level of performance: How did internal and/or external factors influence the achievement of results (or lack thereof)? What were the enabling and hindering conditions/factors for the success? In case overall project progress is lacking for specific WASH in HCF services, what are the reasons?
4) Highlight any stories from the field data collection that stand out (human interest stories, quotes)
5) To what extent did *advocacy* contribute to the project outcomes / changes (e.g. for contextualization and/or use of WASH FIT, budgets for supplies and maintenance in HCF)? Has the project successfully influenced local and/or national policies and budgets relevant to WASH in HCF, working independently or as a stakeholder within an advocacy collective?
6) Identify any innovations by the project (process, technical, etc.) for WASH FIT or general WASH in HCF programming and the extent to which they contributed to project outcomes / changes.

B. EFFICIENCY: The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way.

Guiding exercise and key questions for each project

1) **Costing exercise** for WASH in HCF programming including WASH FIT. *Working with the project team*, determine the overall cost for each of the six costing categories using in the **Costing Worksheet** in Annex 2.
2) Based on the costing calculations, to what extent were the resources used by the project for the implementation of the signature approach proportionate to the WASH benefits it has achieved? To what degree were budgets provided for supplies and maintenance sufficient?
3) **How did the presence or absence of conditions and enabling factors affect the implementation costs of the signature approach?**
4) To what extent was the relationship between inputs (including level of effort of human resources) and outputs timely, cost-effective and led to expected WASH targets and standards for health care facilities? Would a different combination of inputs have increased efficiency?

5) Were resources under- or overspent? How could they have been invested/allocated differently? Which costs could have been avoided?
6) To what extent were the results achieved within the intended timeframe? Were delays due to external factors and/or internal programming changes mitigated? If so, how?

C. SUSTAINABILITY: The extent to which the net benefits of the intervention continue or are likely to continue. **NB: For purposes of supporting the preparation of Phase IV, the consultant should complete the *Systems Change Questionnaire* (Annex 3).**

Key questions

1) To what degree were the government sector authorities and health officials involved in leading the planning and steering of WASH FIT / WASH in HCF programming?
2) To what extent will the achievements/benefits of WASH FIT last beyond project duration? What are the opportunities and barriers to the continuation of these positive effects?
3) Are advocacy efforts (if any) likely to contribute to sustainability beyond project duration? Who was best positioned to do advocacy work, and how was it done most effectively?
4) How resilient and adaptable is WASH FIT to fragile / dynamic / complex environments and changes in context whether due to climate, population displacement, social unrest and/or other factors? If any such changes occurred during Phase III implementation, did the project take measures to improve existing processes and practices and/or add new components to decrease negative impacts on accessibility and quality of services to respond to such complexity and/or changes in context? (Cite specific examples of the changes and adaptation, where relevant.)
5) Highlight any stories from the field data collection that stand out (short human interest stories, quotes) for the above

D. IMPACT: The extent to which the intervention has generated or is expected to generate significant positive or negative, intended, or unintended, higher-level effects.

Key questions

Concerning the Target Population

1) According to the two categories of actors i) local government actors and ii) other stakeholders (HCF staff, management committee members and the community at large): What are the **most significant changes** in their lives/work that they attribute to WASH FIT? Give examples. Consider the different perspectives as well as the needs and priorities of different groups within the target population. ***NB*** *SWSC is working with partners to develop a short survey and accompanying scale to measure peoples' experiences of WASH services in institutions. The data will be made available for this mandate if the tool is ready and data has been collected in time.*
2) Did the results reach the most disadvantaged and vulnerable (e.g. people living in extreme poverty, with disabilities, marginalized groups, women, older people, etc.)? Did they benefit equally from the intervention? If not, why? Highlight specific measures to "leave no one behind".
3) Were there any unintended or unexpected effects (whether positive or negative)?

Concerning the Health System

4) Does the local and/or national government see potential to replicate WASH FIT and/or integrate parts of it? If so, how? Have SWSC advocacy efforts helped to accelerate that process?
5) Has the implementation of the signature approach significantly influenced health systems or norms? How?

   To what extent did the project influence the integration of aspects WASH FIT within the national health system. If relevant for the analysis, be sure to mention:

   a. Which aspects were of most value to the state actors (i.e. that figured most prominently in the integration process),
   b. Systems Strengthening: whether WASH FIT or other WASH in HCF programming aspects have been included and/or influential in sectoral policy frameworks (policy, strategies, norms, standards) and implementation guides (cite them).

Highlight any stories that stand out (including results of **advocacy** initiatives)

Concerning in-country mainstreaming of WASH FIT in the same country

6) Replication: Has WASH FIT been implemented by the SWSC member organization in other areas?
7) To what degree has the project influenced other implementing partners, other local governments, other public / private HCF to adopt WASH FIT in the same country? Include the names of the organisations and a brief description (bullet points) of the uptake.

E. RELEVANCE: The extent to which the intervention objectives and design respond to the needs of beneficiaries, and to the policies and priorities of national institutions and in-country partners; and continue to do so if circumstances change.

Key questions

1) How well is the project aligned with local and national policies, norms/standards and priorities? What more should be done to improve relevance?
2) Did the stakeholders* perceive WASH FIT as useful and valuable? Why or why not? Is there a different risk-based, participatory assessment and planning tool similar to WASH FIT that is used or recommended nationally for making incremental WASH improvements in HCF?
   *These include national sectoral focal points and technical experts, officials from district/regional health services, locally elected government officials, HCF administrators/directors; development actors active in WASH in HCF.
3) Notwithstanding the JMP recommended service levels for WASH in HCF, to what extent did the project contribute to the realisation of existing national development objectives, roadmaps and/or decrees on WASH in HCF?
4) If the project applied WASH FIT but not all aspects of the five-step WASH FIT cycle, which aspects were excluded and why? Who decided to exclude the aspects?
5) To what extent have relevant government authorities welcomed and responded positively to SWSC advocacy efforts?

F. COHERENCE: The compatibility of the intervention with other interventions in a country, sector, or institution.

Key questions

1) To what extent is the programme coherent with interventions implemented by other actors (including state actors)? Are there overlaps or gaps? What is the added value in relation to these other interventions?
2) Integration within the national system: What is the level of interest expressed by the local government and health authorities to integrate WASH FIT within their health system? Describe any specific integration plans that are under discussion or already being implemented.
3) To which extent have WASH FIT manual and materials been used by the system actors? How has it been introduced to them by project team? Has it been contextualized? What is the perception of the systems actors of the usefulness of the WASH FIT materials?
4) How feasible is it for local governments to take up and integrate WASH FIT within their programming? If the evaluator determines that local government and/or health authorities have expressed interest in question 2 above: What is their perception regarding their capacity to integrate and *independently implement* the WASH FIT five-step cycle? Consider their current level of i) authorization to exercise functions linked to WASH FIT, ii) technical expertise for the approach and iii) access to resources / logistic means.
5) Scaling-up: Is there potential for scaling up in the national system/context? What are the enabling conditions and factors for integrating the approach in the national system and has any progress been observed during Phase III? How can the enabling conditions and factors be maintained and strengthened over time?

Annex 2 – Costing Worksheet - WASH in HCF

Country:	**Project:**
Date:	**Evaluator:**

A project's Efficiency is the extent to which the intervention delivers, or is likely to deliver, results in an economic, timely way. The purpose of this worksheet is to contribute to final project evaluation analysis about the potential integration of the signature approach in the health system. Each project team will provide information to evaluators about overall expenditures for each of the six categories below (a-f). The exercise focuses on HCF covered by the project since the beginning of Phase III. Do not consider expenditures for HCF added due to absorption of surplus funds in 2022. If activities/costs for a particular category are not fully realized/spent then estimate the final costs. Convert local currency to CHF using www.oanda.com. Round to the nearest CHF.

I. **Health Care Facilities:** Investments normally covered by SWSC through project budgets

Category	Notes on what to include	Estimated SWSC expenditure by project end (CHF)	Estimated local contribution (if any) by end (CHF)[1]	Total Cost Per Category (CHF)
a) Orientation on WASH FIT and/or WASH in HCF	These are start-up activities. Applicable costs include meetings, stationaries per diem and local travel. **NB**: This *does not* include the SWSC project team's internal project team meetings and internal trainings for project staff.			
b) Training for stakeholders / actors on operation and maintenance	Training participants include HCF management committee members and medical and non-medical staff CBOs and community members related to WASH in HCF services (5); includes training on infrastructure and equipment and/or technical training. Includes training on planning and monitoring / supervision activities to lead WASH FIT.			
c) Behaviour change activities including IEC and IET materials	Activities include surveys, drafting of campaign strategy and operational guideline, Information Education and Communication (IEC) and Information Communication and Technology (ICT) materials, workshops, campaign events, monitoring and follow up behaviour change techniques / activities, public awareness etc.			
d) Infrastructure and Equipment	This includes newly installed infrastructure and significant renovations. It does not include repair / maintenance work.			
	Totals (Sum of each Column a+b+c+d)			**OTC:**

[1] Includes value of contributions in cash, labor and donated materials

Category	Data / Calculation
e) Number of Health Care Facilities *(do not include those added in 2022)*	
f) Overall Total Cost (OTC) *(Use the value for "**OTC**" from last cell in the above table)*	
g) Cost per Health Care Facility in CHF *(divide f by e)*	
h) Number of People[2] *(includes patients and HCF staff from target population database)*	
i) Cost per beneficiary in CHF *(divide f by h)*	

II. **Health Care Facilities:** Investments normally covered by community, local/national government sources, or HCF management committee[3]

Category	Notes on what to include	Approximate local annual budget per HCF (if any) in CHF	Estimated local annual expenditure per HCF (CHF)[4]	Estimated SWSC annual expenditure per HCF (if any) in CHF
k) WASH supplies / consumables	Concerns routine hand hygiene, menstrual hygiene management, cleaning and waste management in HCF. **NB**: Include costs of cleaning services only if cleaners are not on the ministry or local government service payroll.			
l) Maintenance	Includes routine preventative maintenance and upkeep *and* repairs of WASH infrastructure / equipment			
m) Average annual amount per HCF for supplies and maintenance (sum of each column k+l)				
		Locally elected government	**Community members / groups / WASH FIT team**	**National Government Funds allocated**
n) If multiple in-country sources for the HCF: estimate the percentage of the source of the annual amount covered by locally elected government, community and/or national funds				

[2] Based on the SWSC Phase III Project Target Population Database; ask the Regional Advisor for assistance if needed.
[3] May include a HCF management committee or association organised to collect and manage funds for the institution. In case annual budgets are not known or deemed insufficient, the HCF stakeholders may propose amounts based on their experience and understanding of the context.
[4] Includes value of contributions in cash, labor and donated materials

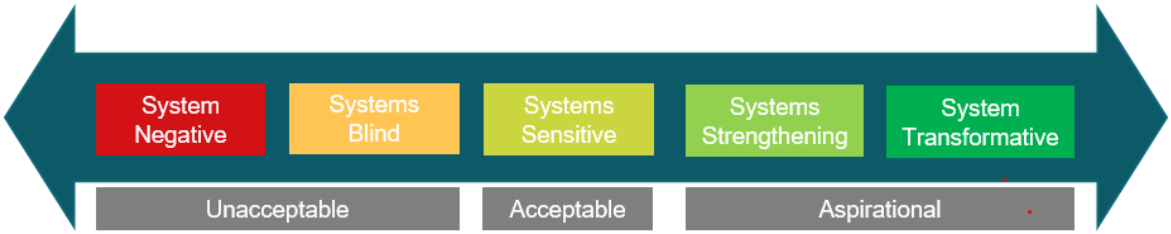
Additional Questions for HCF

In how many HCF did the project **start** the five-step WASH FIT cycle in 2020 or 2021?	
In how many HCF had the project **completed** a five-step WASH FIT cycle by 2022?	
If more than one cycle, enter the number of cycles completed from 2020 to 2022	

Advocacy: If advocacy efforts were undertaken, funded either by an SWSC Global Advocacy Fund (GAF) grant or with core project funding, what was the amount invested in financial terms for each advocacy initiative?

Annex 3 – WASH Systems-wide Approach Questionnaire

The overarching strategy for Phase IV will explore integrating a Systems-Wide Approach to support system actors to improve the quality and sustainability of WASH services and ensure that all populations are served. Although WASH Systems Change was not part of SWSC Phase III strategic Objectives, an external assessment of the degree to which the SWSC projects worked on "systems strengthening" will support designing Phase IV, which will include focus on Systems change (at a minimum "Sensitive") as shown in the marker below.



Guide

Y **Yes:** Project strategy and activities fulfil the criteria

P Project strategy and activities address the criteria **partially**

N **No:** Project did not address the criteria

Country:	**Project:**	**Date:**

Systems Sensitive

Criteria	Y/P/N	Explanations/Notes
1. Aligned with national plans for WASH services in Schools / HCF / communities		
2. Approved by the local or higher level concerned government authorities		
3. Include a participatory process whereby stakeholders are involved in assessing and determining priorities for improving WASH in institutions (schools, HCF) and communities. Stakeholders list their priorities in an Improvement Plan and share with local government authorities and target communities		

Criteria for **"Systems Strengthening":** Project Design and Strategic Activities are "Systems Sensitive" AND abide by and support the local government system of project management:

Criteria	Y/P/N	Explanations/Notes
4. Project funding allocation for construction works in schools, health care facilities and/or communities is decided by local authorities based on point 3 above (no influence from the project)		
5. Planning, budgeting and approval of the construction works within the annual municipal / district planning process, reflected in municipal / district annual plan.		

Criteria	Y/P/N	Explanations/Notes
6. Capacity building of actors (training on existing and/or new functions) is organised / facilitated by concerned authorities		
7. Procurement processes for technical studies and construction works (tendering, technical review, contracting, supervision, administration) are led by local authorities		
8. Mechanisms for accountability, inclusion, transparency and participation (e.g., existing public reviews or public audits in national policy) are coordinated by local government actors		
9. Operation and Maintenance mechanisms are delegated by municipal authority to private operators or community-based organizations		
10. Service quality monitoring mechanisms are led by concerned authorities (This includes water quality surveillance in institutions and communities as specified in national water quality standards, and user satisfaction surveys.)		

Criteria for **"Systems Transformative":** Project Design and Strategic Activities cover all three "Systems Sensitive and all seven "Systems Strengthening" criteria PLUS:

Criteria	Y/P/N	Explanations/Notes
11 Concerned national authorities enter a partnership with SWSC member(s) (possibly other partners) to initiate legal, regulatory and/or structural changes within the government WASH service provision system.*		
12. Project funding flows through the government system i.e. transfer of project funds to the (local) government account through which services and goods are procured by the government entity according to the its rules and regulations and the fund is audited per policy.		

* This may include accompanying establishment of rights-based policies and procedures for any of the points 4 through 10 above); e.g.: participation of local communities in WASH management (public reviews of service, public audits of procurement, etc.), service quality monitoring mechanisms, capacity building structures, social and gender responsive budgeting. Other partners may include NGOs, INGOs, and donors working in collaboration.