

TERMS OF REFERENCE

Individual consultant conducting the formative/summative evaluation of the Water Safety Planning Pilot for rural Water Sub-Sector in Ghana

Summary

Title	International Consultancy for the Formative Evaluation of the Water Safety Planning (WSP) Pilot for rural Water Sub-Sector in Ghana
Purpose	<p>To conduct an evaluation of the implementation of the Water Safety Planning approach in the rural water sub-sector in Ghana within the context of the National Drinking Water Quality Management Framework.</p> <p>Accountability: This evaluation will provide both the donor (vertical accountability) and the expected beneficiaries (horizontal accountability) some solid evidence on the extent to which the WSP pilot achieved its envisaged objectives.</p> <p>Learning: This evaluation is expected not only to inform the programme implementation strategies in the years to come but it will also shed some light on potential corrective actions that may want to be explored further in the future.</p>
Expected fee	To be determined
Location	Accra with travel to 5 focus regions (Central, Northern, Upper East, Upper West and Volta Regions) ¹
Duration	4 calendar months
Start Date	January 2020
Reporting to	WASH Specialist, Accra
Budget Code/PBA No	SC130002/ Non-Grant
Project and activity codes	Outcome 4: Output 12 (Activity 12.1) - Implement the National Drinking Water Quality Management Framework (NDWQMF) at scale through Water Safety Planning and other related approaches

1. Evaluation Object

The Sustainable Development Goals (SDGs) on WASH places special emphasis on the quality of drinking water. The indicator for Goal 6.1, on universal and equitable access to safe and affordable drinking water for all, seeks to measure the “Population using safely managed drinking water services.”

This is particularly important in Ghana. Recent data indicate that in Ghana as much as 48% (57% in rural areas) of the population are at risk of drinking contaminated water from source (including improved water sources). The risk is worse at the point of use, where 76% (88% in rural areas) of the population may drinking contaminated water at the point of use. (MICS 2017).

¹ Original regional demarcation (prior to 2019) has been used for ease of reconciliation with original piloting plan. The current regional locations will be provided at inception to facilitate field work.

As part of the ongoing efforts to enable the country to achieve the SDGs in a faster and more sustainable way, The Government of Ghana, with support from UNICEF, has developed a National Drinking Water Quality Management Framework (NDWQMF). The framework is designed to address the key threats to the quality of drinking water from the source to the point of use, on a consistent basis. In that respect the implementation of Water Safety Plans (WSPs) - a risk management-based approach, is the main WASH sector tool (*Appendix 1*). The approach has been successfully adopted in a number of countries, with positive outcomes, both in terms of water quality, and water infrastructure and service improvement.

The successful implementation of the approach has potential to reduce the risks associated with drinking water quality (SDG 6.1) across the entire country and in that respect, UNICEF has a strategic, catalytic role. Consequently, as part of its cooperation with the Government of Ghana in the WASH sector, UNICEF has provided support for the implementation of the WSPs approach on a pilot scale in 10 rural communities (*Appendix 2*). This pilot project is expected to provide a better understanding of how WSPs would work in the Ghanaian context and to what extent it could be scaled-up in other parts of the country. The results of this pilot are, therefore, relevant to the Ministry of Sanitation and Water Resources, the Community Water and Sanitation Agency (CWSA), who are responsible for facilitating the provision of rural water services in Ghana, sector partners (supporting the scale-up effort e.g. Development Partners and CSOs), service managers at the decentralised level and households. Perhaps more significantly the CWSA, who are the main implementing partner of the pilot initiative, has already started piloting the approach as part of ongoing rural water sub-sector reforms.

2. Evaluation Purpose

This evaluation will have two purposes: accountability and learning.

This evaluation will provide both the donor (vertical accountability) and the expected beneficiaries (horizontal accountability) some solid evidence on the extent to which the WSP pilot achieved its envisaged objectives.

With respect to learning, this evaluation is expected not only to inform the programme implementation strategies in the years to come but it will also shed some light on potential corrective actions that may want to be explored further in the future.

More specifically, this evaluation is expected to generate recommendations that will help the WASH Sector in Ghana successfully adopt the approach at scale within the context of the NDWQMF (see table 1).

Table 1: Evaluation Users and Uses

Evaluation Users	Evaluation Uses
UNICEF Ghana- WASH Section Staff	<ul style="list-style-type: none"> Integrate good practices and lessons learned into the implementation of all the six (6) steps of the WSP approach, including the promotion of a more enabling environment for its implementation Strengthen country systems towards the scaling up of the WSP approach in the rural sub-sector under the GoG-UNICEF WASH Programme (2018 -2022).

UNICEF Ghana - Other UNICEF Sections Staff	<ul style="list-style-type: none"> To define a better coordination strategy with the WASH section towards the attainment of WASH outcomes (including KRC 7).
UN and other Developmental Partners	<ul style="list-style-type: none"> Introduce strategic/implementation changes to the existing UN country strategy in order to achieve safely managed water services country-wide, as required under SDG 6.1.
Government (Ministry of Sanitation and Water Resources (MSWR) and other relevant Ministries, Departments and Agencies (MDAs))	<ul style="list-style-type: none"> Inform the plan to scale up Water Safety Planning in Ghana.
Decentralised WASH Departments within Metropolitan, Municipal and District Assemblies (MMDAs)	<ul style="list-style-type: none"> Mainstream (into their day-to-day practices) the good practices identified during the evaluation and address the weaknesses emerged in the course of the analysis.
CSOs/ Civil Society and NGOs/CBOs	<ul style="list-style-type: none"> Support advocacy, public awareness and capacity development based on the evidence generated. Incorporate the WSP approach into their activities, in line with the National Drinking Water Quality Management Framework approach, to support scale-up.

3. Evaluation Objectives

This evaluation has four broad objectives:

- Assessing the relevance, effectiveness, efficiency and sustainability of selected water systems under the WSP pilot.
- Measuring the extent to which the WSP pilot has attained or not its envisaged objectives
- Ascertaining the degree to which gender, equity and human rights have been taken into account during the planning, implementation and monitoring/evaluation of the interventions on the ground.
- Synthesising the lessons for putting in place an effective system for scaling up (if any).

The evaluation also has the following specific objectives:

- Assessing improvements in terms of microbial water quality in the pilot communities as compared to baseline levels.
- Assessing relative improvements in terms of microbial water quality in the pilot communities as compared to other non-participating communities.
- Assessing other apparent benefits arising from the WSP pilot in the 10 pilot communities including infrastructural, sanitation and hygiene and service management improvements.
- Identifying important regulatory and technical support systems that would enhance the effectiveness of Water Safety Planning in the rural water sub-sector in Ghana.

4. Scope

4.1. Thematic Scope

The successful implementation of the WSP approach is expected to lead benefits in a number of areas (of various gestation periods), which should be considered in the analysis (*ref. Appendix 3*):

- Improved service availability, reliability and accessibility;
- Improved water quality;
- Improved water source protection;
- Improved system infrastructure;
- Improved managerial and operational procedures;
- Improved Monitoring and surveillance;
- Improved record keeping and data collection;
- Increased communication and collaboration;
- Improved water collection, transport and Household Water Treatment and Safe Storage (HWTS) practices;
- Decrease in cases of water-related illness;
- Adoption of Water Safety Planning as a norm (social, legal etc.)

Furthermore, given that the WSP approach is designed to address risks along the entire water delivery chain, the evaluation will look at issues along the typical water delivery chain in the country context i.e. water collection, storage etc., as well as, the appreciation and validity risk assessment and management approaches.

The evaluation will also focus on key levels of approach adoption and implementation, including:

- At the National level - The policy and regulatory framework, technical guidance and capacity.
- At the sub-national level - Implementation capacity and mechanisms regulatory systems and, technical assistance and quality assurance mechanisms.
- At the community level – understanding of the approach (especially at the household level), related practices e.g. HWTS and extent of engagement and participation (especially of key focus groups and vulnerable groups).

4.2. Geographical Scope

While the desk review will cover the entire country, the primary data collection will concentrate on a total of 15 communities i.e. the 10 pilot communities and 5 non-WSP communities in the same geographical and socio-economic contexts (*Appendix 2*).

All the communities were selected from the five focus regions of the GoG-UNICEF WASH Programme (i.e. 2 WSP communities and 1 non-WSP community per regions). These communities were all selected at the beginning of the WSP piloting process. The number of WSP communities may, however, be expanded to include identifiable WSP communities outside the 10 pilot communities in discussion with sector stakeholders.

The 10 WSP pilot communities were part of communities provided with new or rehabilitated water systems under the programme, as part of a comprehensive package which included the enhancement of operation and maintenance capacity and WSP implementation. The package was aimed at demonstrating feasible means of achieving the SDG 6.1.

4.3 Chronological Scope

The evaluation will make sure to capture the essence of the activities implemented between as part of the implementation of the WSP approach in Ghana from 2017 to date (i.e. strengthening of the enabling environment and piloting at the field level).

5. Evaluation Context

The evaluation will be carried out on piped water systems within the rural water sub-sector. These communities, generally have the following characteristics:

- Populations are typically between 2000 and 5000 people, though the land area and use and socio-economic profiles may vary significantly.
- Typically, majority of the population depend on public stand-post for water access and, therefore, have some level of household level storage.
- Water systems are operated (mainly) on the Community Ownership and Management model, where gender-based Water and Sanitation Management Teams (WSMTs) and their operational staff are responsible for the day-to-day management of the service, with technical and regulatory oversight by the MMDAs. The CWSA is responsible for providing additional technical assistance to the MMDA and community level actors.
- The WSMTs, who mainly work on a voluntary basis, are generally trained at the time of appointment through the facilitation and quality assurance of the CWSA.
- All the community level structures are supposed to be established through a formal, regulated process.
- There are, however challenges with the existing arrangement, especially in the area of service management, technical assistance and accountability.
- Effort are on-going to strengthen the rural sub-sector generally and WSP implementation specifically including reforms in the service management model, capacity building (e.g. through mainstreamed institutions such as the universities) and strengthening of the Sector Information System (SIS).

6. Evaluation Criteria

This evaluation will be guided by four (4) OECD/DCA criteria (Relevance, Effectiveness, Efficiency and Sustainability) and an additional Gender, Equity and Human Rights criteria.

7. Evaluation Questions

The evaluation will relate mainly to the expected short-term outcomes of the WSP implementation outlined under the thematic scope (*ref. Appendix 3*), given the nature and the approach implementation time-frame.

In this respect, it will seek to answer the following key questions grouped by criterion (the evaluation consultant may suggest some different ones in his/her technical proposal; questions will be finalised with the UNICEF Country Office staff upon signature of the contract).

7.1. Relevance

- To what extent does the WSP pilot respond to the identified needs of its expected beneficiaries?
- How complementary are the UNICEF's WSP-related interventions with those implemented by the other partners and governments to reach the most vulnerable?

- Are the activities and outputs consistent with the overall goals/objectives?
- Are the objectives of the intervention and its design still valid?

7.2. Effectiveness

- To what extent did the WSP pilot achieve its intended objectives?
- To what extent did the WSP ensure that the most vulnerable children and women have access to better water supply services?
- To what extent does the WSP approach contribute to the achievement of safely managed water supply services in the Ghana?
- To what extent does the WSP approach contribute to microbial improvements in drinking water quality at source, and more importantly, at the point of use?²
- To what extent does the approach have potential to enhance:
 - Water supply service regulations?
 - Water supply infrastructure design and construction?
 - Water service management (especially operation and maintenance)?
 - Technical assistance to water service management?
- What are the factors (internal and external to the implementing institutions at the community and district level in Ghana) that contributed the most to the attainment of the envisaged Programme objectives?
- What are the factors (internal and external to the implementing institutions at the community and district level in Ghana) that hindered the most the attainment of the WSP pilot's envisaged objectives?
- What are the unexpected outcomes (positive and negative) produced by the WSP pilot?
- To what extent are the best practices/lessons learnt in the WSP replicable?

7.3. Efficiency

- Were there other alternative strategies that could have been put in place to achieve the same level of result but at a lesser cost?
- To what extent were resources/inputs (time, funds, expertise etc) converted to results?
- What was the approximate cost of activities/investments per beneficiary?

7.4. Sustainability

- To what extent have WASH regulations as well as the provision of technical assistance to communities enable the scaling up of WSPs in the rural sub-sector without UNICEF direct support?
- Can UNICEF incorporated measures for the activities funded by the pilot be continued without UNICEF support in the future?
- To what extent are pilot activities likely to be replicated by government and other partners?

7.5. Gender, Equity and Human Rights

² As noted under methodology, the consultant would be required to identify other intervening factors, such as seasonal effects, that may significantly affect the results and recommend how these could be accounted for, useful follow-up studies/ assessments etc.

- To what extent were Gender, Human rights and Equity principles duly integrated in the design and delivery of the programme?

8. Methodology

This evaluation will be based on the combination of quantitative and qualitative data collection and analysis methods (mixed methods).

Qualitative methods will include but not be limited to the following:

- Key Informant Interviews, Focus Group Discussions and Structured and semi-structured interviews with a variety of stakeholders at all levels i.e. community, district, regional and national levels made up of consumers, regulators and technical support institutions.
- These consultations should include, but would not be limited to, district management personnel, district level WASH actors, Community Water and Sanitation Agency (regional and national), Environmental Health and Sanitation Departments (regional and national) and the Ministry of Sanitation and Water Resources (MSWR). At community level, key informants may include traditional leaders, Assembly Men, the leadership of the water and Sanitation Management Teams (WSMTs), water system managers, women's groups and householders.
- Programme document Review (e.g. of existing guidelines, tools and frameworks from WSP implementation, monitoring and regulation).
- Review of implementation reports from previous pilots or similar initiatives.

Quantitative methods will include but not be limited to the following:

- A household survey/ assessment to be administered in pilot and non-pilot sites (including water quality)
- Stand-post water quality assessment

The water quality assessment will be carried out through an independent specialised water research organisation in the country (the cost of such activity will be covered by the Government). The consultant will, however, discuss with the members of the independent research team and validate their measurement approaches as well as their work plans and methods; this will help to ensure the quality of the overall water quality assessment as well as the credibility of the related findings.

Other data collection activities will be arranged in the different districts included in the sample. This could also include that some district level staff working on WSP accompany the Consultant to the field. However, this will need to be agreed upon with the Consultant, who will also be responsible for limiting as many biases as possible during the field data collection.

The quantitative methods used in the course of this evaluation will be particularly useful to compare the state of WASH infrastructure and management of the WPS pilot communities with the pre-pilot situation. In addition, quantitative methods will allow comparing the pilot communities with non-pilot communities (comparison groups). In drawing the before-after and with-without comparisons, the evaluation will need to control for those factors, such as seasonal effects, that are likely to influence the WSP outcomes.

More specifically, the use of the both qualitative and quantitative methods will make it possible, through triangulation, to compare the microbial water quality amongst a group of 15 communities: 10 pilot communities that have introduced WSP under the GoG-UNICEF programme and 5 communities with no WSP (1 per focus region).

The analysis will focus both on primary data collected as part of this evaluation as well as on secondary data. Primary data will include the results of the 45 household surveys administered twice in each one of the 15 communities included in the sample (for more details, see Table 1). In addition, for each one of the communities included in the sample, data from water stand posts (up to 4 stand posts) will be collected by the independent research organization mentioned above³ (Table 2). The analysis of secondary data will cover source level data, as well as the result of sanitary service studies and household level water quality data collated from previous assessments, including the Baseline and Interim Assessments and follow-up monitoring exercises).

Table 2: Guide to Water Quality Sample Frame

Household Water Quality (assessed by the consultant and his team members)		
Community Description	Proposed maximum number of Samples	Comments
10 Pilot communities	100 households	Could be expanded to include other identifiable WSP communities outside the 10 pilot communities under the GoG-UNICEF Programme (based on discussions with stakeholders)
5 Non-Pilot communities	100 households	
Community Standposts Water Quality (assessed by independent research organization)		
Community Description	Maximum number of Samples	Comments
All communities	1 sample per standpost for a total number of 5 standposts (maximum) per community	Complemented by sanitary surveys/ inspections and water quality results from Verification within the pilot implementation. Same applicable to both Baseline and End-line

The consultant would be required to identify and outline relevant, feasible and cost-effective approaches to successfully carry out the assignment with significant rigour. In that respect, the consultant would be required to submit a two (2) page methodology as part of his/ her application (*ref. Section of Evaluation Criteria below*), which will be further developed and refined during the

³ These would, ideally, be complemented by the results of verification water quality tests carried out as part of the pilot WSP implementation.

inception phase. **The consultants are strongly encouraged to propose the use of innovative methodologies in their technical proposal.**

Ethical Implications

Interviews and interactions with people in communities must be conducted according to national legal and ethical norms for study subjects. It is the responsibility of the contractor/consultant to ascertain these and to conduct themselves accordingly in the field.

9. Schedule of tasks, expected Deliverables, Duty Station and Timeline

The consultant would be expected to complete the assignment over a period of 4 months. The evaluation will consist of three main phases, as outlined in the indicative timetable below.

Table 3: Tentative Timetable

ACTIVITIES	Duration (Weeks)												Number of Days of Work	Remarks
Phase 1 - Inception Development of inception report (this will include the desk review, the design of the methodology and the development of the evaluation design and the data collection tools) + Inception Meetings													10 Days	
Phase II Field Assessment Enumerators training, pre-testing of tools and start of Data collection + Debriefing on preliminary findings before leaving the country													30 Days	20 Days (maximum) – to be provided through sector agencies and MMDAs
Phase III Analysis, Mop-up & Reporting Data analysis, report writing (draft and final), validation and dissemination													40 Days	

The expected deliverables will include the following:

- 1) Inception Report covering review of the situation based on literature and limited field studies, detailed description of the methodology, data collection tools, fieldwork guide (s) and detailed plan for the execution of the entire work. (Two Weeks after signing contract)
- 2) Briefing Session with field data collection teams/ agencies (especially the water quality testing organisation) to clarify expectations, including testing work plan, methodology and quality assurance mechanisms (before field assessments).
- 3) Draft Evaluation Report covering the conduct and results of assignment (Two Months after signing of contract).
- 4) Validation process facilitated by consultant, as agreed with UNICEF.
- 5) Final Evaluation Report with relevant appendices, incorporating the comments made by UNICEF staff and the Reference Group members (*should also include a 15 slide (maximum) PowerPoint Presentation Summarising the Report*). (Four Months after signing of contract).
- 6) An Infographic Briefing Notes summarizing the key findings and conclusions (Four Months after signing of contract).

- 7) Raw data in electronic medium, data collection instruments in electronic medium, transcripts in electronic medium, completed data sets, etc. (Four Months after signing of contract).

The Consultant will need to make sure that the draft report and final report will be consistent with the international evaluation quality standards namely: the UNEG Checklist on Quality Evaluation Reports⁴, the GEROS Quality Assessment Criteria⁵, and the UNEG Guide on the Integration of Gender Equality and Human Rights in Evaluation⁶. Should the draft or the final report not be compliant with the GEROS and UNEG quality standards, the report will not be accepted as satisfactory by UNICEF.

Duty-Station

The Consultant will be based in Accra, Ghana for a minimum of 2 months, including the primary data collection phase and will work remotely (in his/her home country) during the rest of the assignment when physical presence in the country is not required. This will be proposed by the Consultant in the bid document and discussed and agreed between with UNICEF during the Inception Phase.

10. Governance of the evaluation

The consultant will be supervised by and report to the UNICEF Ghana Country Office M&E Specialist. A Reference Group comprising of Government and UNICEF officers will be set up to provide oversight to the Evaluation and provide comments to the different deliverables (inception, draft and final report). The Regional Evaluation Adviser based at the UNICEF Regional Office for West and Central Africa (WCARO) will also provide technical oversight over the entire evaluation process, including on the different evaluation products (inception report, draft and evaluation report).

11. Payment Terms

Payment will be made according to the following schedule:

- 20% upon submission of Final Inception Report (that details the work-plan, methodologies and outline of the document)
- 50% upon submission of the Draft Evaluation Report
- 30% upon submission of Final Evaluation Report and other due deliverables

UNICEF reserves the right to withhold all or a portion of payment if performance is unsatisfactory, if work/outputs:

- is incomplete;
- does not meet the quality standards of both UNICEF and the Government of Ghana;
- is not delivered or has failed to meet deadlines; and
- (fees reduced due to late submission: 5 days – 10%, 15 days – 20%; 1 month – 50%; more than 1 month – payment withheld).

⁴ <http://www.unevaluation.org/document/detail/607>

⁵ https://www.unicef.org/evaluation/files/GEROS_Methodology_v7.pdf

⁶ <http://www.uneval.org/document/detail/980>

12. Required Qualification and Experience

The consultant will need to possess the following:

- Advanced university degree in Water and Sanitation/ Civil Engineering, Chemistry, Chemical Engineering, Public Health, Project management, Evaluation, Sociology or any WASH/ Programme/ Emergency Management related discipline.
- Advanced academic or professional qualification in Water Quality Management, and or evidence of specific knowledge/ qualification in Water Safety Planning would be a clear advantage.
- A minimum of 10 years post qualification experience in the WASH sector, working with government at the policy/ strategy level, in assessments, the development of policies, guidelines and frameworks and sector coordination mechanisms in different countries.
- A minimum of 6 years of conducting program and policy evaluations, especially in the WASH sector
- Demonstrated experience in implementation, assessment, monitoring and evaluation of WSPs or Water Safety Planning approach, would be a clear advantage.
- Have good knowledge and understanding of the WASH sub-sector in a developing country context, such as Ghana.
- Must be proficient in English (writing and verbal communication).
- Demonstrable analytical ability.
- Ability to work and relate well with people.

13. Criteria for screening applications:

Interested candidates are required to apply on-line through the link provided with an updated CV, together with a technical proposal not exceeding 3 pages (outlining how the assignment will be undertaken within the allocated timeframe, including the quality assurance of the water quality testing aspect of the assignment) and the daily professional fee rate quoted in US dollars.

The Consultant should also include two (2) examples of previous, completed related work done, including evidence of completion (i.e. final evaluation, certificate of completion, strategic documents, photos, edited work, videos as applicable).

The consultant will be selected based on relevant experience, knowledge and skills and cost efficiency.

The Consultant will be based in Accra, Ghana for a minimum of 2 months, including the primary data collection phase and will work remotely (in his/her home country) during the rest of the assignment when physical presence in the country is not required. This will be proposed by the Consultant in the bid document and discussed and agreed between with UNICEF during the Inception Phase.

The consultant will be paid a lumpsum monthly Subsistence Allowance based (pro-rated) for stay in Accra as per UNICEF Country Office regulations. DSAs for other in-country locations will be paid as specified under Section 14 (**General Conditions: Procedures and Logistics**). UNICEF will budget for meetings/consultation if needed.

Please note the following:

- Air ticket to and from home base using the most direct and economical routes. Only economy class is used.
- UNICEF does not provide or arrange health insurance coverage for the consultant.

14. General Conditions: Procedures and Logistics

- The consultant will be provided with the applicable DSA when travelling outside Accra to other locations within Ghana for work purposes.
- The consultant will be working mostly on the field but will be provided with office space in the UNICEF office in Accra when it becomes necessary.
- The consultant will be provided with transport for field trips.
- The consultant will not be provided with a computer and office supplies for the assignment, they should provide their own equipment

15. Policy both parties should be aware of:

- Under the consultancy agreements, a month is defined as 21 working days, and fees are prorated accordingly. Consultants are not paid for weekends or public holidays.
- Consultants are not entitled to payment of overtime. All remuneration must be within the contract agreement.
- No contract may commence unless the contract is signed by both UNICEF and the consultant or contractor.
- Unless authorized, UNICEF will buy the tickets of the consultant. In exceptional cases, the consultant may be authorized to buy their travel tickets and shall be reimbursed at the “most economical and direct route” but this must be agreed to in writing beforehand.
- Consultants will not have supervisory responsibilities or authority on UNICEF budget.
- Consultant will be required to sign the Health statement for consultants/Individual contractor prior to taking up the assignment, and to document that they have appropriate health insurance, including Medical Evacuation.
- The Form 'Designation, change or revocation of beneficiary' must be completed by the consultant upon arrival, at the HR Section.

Interested candidates should apply online to the link provided.

Appendix 1 – WSP Implementation in Ghana

**Power Point Presentation - Baseline and Interim Assessments for Water Safety Planning
Pilots in Ghana, May 2018**

Appendix 2 – List of Evaluation Communities

N.º	Region/District	Community	WSP Pilot Project Community Control Community
Central Region			
1	Abura Asebu Kwamankese	Katakyiase	WSP Pilot Project Community
2	Ajumako Enyan Essiam	Ankukrom	WSP Pilot Project Community
3	Abura Asebu Kwamankese	Asuansi Nyamedom	Non-Pilot Community
Volta Region			
4	Ho West	Anfoeta Gborgame	WSP Pilot Project Community
5	Kadjebi	Wawaso	WSP Pilot Project Community
6	Ho West	Hlefi	Non-Pilot Community
Northern Region			
7	Nanumba North	Pusuga	WSP Pilot Project Community
8	Nanumba North	Lepusi	WSP Pilot Project Community
9	Nanumba North	Bincheratanga	Non-Pilot Community
Upper East Region			
10	Bongo	Bongo – Beo, Walag	WSP Pilot Project Community
11	Binduri	Zawse	WSP Pilot Project Community
12	Talensi	Pwalugu	Non-Pilot Community
Upper West Region			
13	Sissala West	Jeffesi	WSP Pilot Project Community
14	Sissala West	Gwollu	WSP Pilot Project Community
15	Sissala West	Jawiah	Non-Pilot Community

Appendix 3 - Expected WSP Outcomes

N.º	Outcome		Criteria	Metric
1	Improved availability, reliability and accessibility	Medium term outcomes (3-5 yrs)	Coverage of water supply	% Population that has access to an improved source of water
2		Medium term outcomes (3-5 yrs)	Accessibility to water supply	% Population with access to maximum 500 m distance to water point ¹
3		Medium term outcomes (3-5 yrs)	Availability of water supply	Average # litres of potable water available per person per day ¹
4		Medium term outcomes (3-5 yrs)	Reliability of water supply	Days with restrictions to water service
5		Medium term outcomes (3-5 yrs)	Reliability of water supply	% of 24/7 supply (for wettest season and driest season) ²
6	Improved water quality	Short-term outcomes (1-2 yrs)	Compliance of microbiological parameters	% microbiological parameters compliance
7		Short-term outcomes (1-2 yrs)	Compliance of microbiological parameters	% microbiological parameters compliance
8		Short-term outcomes (1-2 yrs)	Compliance of microbiological parameters	% microbiological parameters compliance
9		Short-term outcomes (1-2 yrs)	Disinfection of water for human consumption	% Water quality tests with FRC in the range 0,2-0,6mg/L
10	Increased water source protection	Short-term outcomes (1-2 yrs)	Water source sanitary conditions	Water source SI risk score ³
11	Improved system infrastructure	Short-term outcomes (1-2 yrs)	Water treatment	Water treatment SI risk score ³
12		Short-term outcomes (1-2 yrs)	Storage tank sanitary conditions	Storage tank SI risk score ³
13		Short-term outcomes (1-2 yrs)	Distribution network conditions	Distribution SI risk score ³
14		Short-term outcomes (1-2 yrs)	Distribution network conditions	Distribution SI risk score ³
15		Short-term outcomes (1-2 yrs)	Standpipes sanitary conditions	Standpipes SI risk score ³

N.º	Outcome		Criteria	Metric
16		Short-term outcomes (1-2 yrs)	Changes in water supply system infrastructure	Infrastructure improved or added as a direct result of the WSP ²
17		Short-term outcomes (1-2 yrs)	Management and operation procedures	Standard operating procedures ²
18	Improved managerial and operational procedures	Short-term outcomes (1-2 yrs)	Management and operation procedures	Routine maintenance is executed according to a maintenance schedule, spare parts and technical support is available for repairs of components beyond the capacity of operating personnel ¹
19		Short-term outcomes (1-2 yrs)	Management and operation procedures	Emergency response plan (e.g. plans for natural disasters, water shortages, contamination events) ²
20		Short-term outcomes (1-2 yrs)	Monitoring and surveillance	Operator training programmes (plans for training system operators or caretakers) ²
21		Long term outcomes (> 5 years)	Financial sustainability	There is a positive annual revenue / expenditure balance ¹
22		Long term outcomes (> 5 years)	Financial sustainability	Total revenue as a % of total operating costs ²
23		Short-term outcomes (1-2 yrs)	Management and operation procedures	Operational monitoring plan ²
24	Improved Monitoring and surveillance	Short-term outcomes (1-2 yrs)	Monitoring and surveillance	Compliance water quality sampling and analysis are performed on yearly basis by recognised institutions and paid for by each community ¹
25	Improved record keeping and data collection	Short-term outcomes (1-2 yrs)	Data collection and record keeping	Existence of records (technical, administrative and financial) ¹
26	Increased communication and collaboration	Short-term outcomes (1-2 yrs)	WSMT meetings and information sharing with community	Existence and evidence of WSMT meetings, and information sharing practice with community members ¹
27	Improved Collection, transport and HWTS practices	Short-term outcomes (1-2 yrs)	Transport and HWTS sanitary conditions	HWTS SI risk score ³
28	Decrease in cases of water-related illness	Long-term impact (>5 yrs)	Water-related illness	Cases of water-related illness ²
29	Water Safety Planning as a norm	Short-term outcomes (1-2 yrs)	WSP team	Existence and evidence of a Regional/District Assembly WSP Team (Core and Expanded)

N.º	Outcome	Criteria	Metric
30	District Water and Sanitation Plan (DWSP)	DWSP or Medium-Term Development Plan includes budget line for WSP activities	District Water and Sanitation Plan (DWSP) includes WSP activities?
31	WSP developed and implemented in the region	Number of WSP developed	Number of WSP developed at Region/District level?