

**EU Results Framework Indicator Methodology Note**

1. Indicator name
<b>Number of people with access to an improved drinking water source and/or sanitation facility with EU support</b>
2. Associated EU Results Framework statement and primary SDG
SDG 6 - Clean water and sanitation EU RF statement - Improved access to water, sanitation and hygiene
3. Technical Definition
<p>The WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation has proposed new drinking water and sanitation ‘ladders’ for the sustainable development goals (SDGs). These include different levels of service for water and sanitation. For the purpose of this indicator, we included the levels of: safely managed/ basic water / limited.</p> <p><b>Safely managed water</b> is defined as drinking water source which is located on premises and available when needed; free of faecal and priority chemical contamination. Drinking water is defined as water for ingestion, basic personal and domestic hygiene and cooking. It excludes water for clothes washing, an activity that frequently happens at the water source, water point, in rivers or streams.</p> <p><b>Basic water</b> is defined as a drinking water source with a total collection time of no more than 30 minutes for a roundtrip including queuing.</p> <p><b>Limited</b> is defined as drinking water from an improved source for which collection time exceeds 30 minutes for a roundtrip including queuing.</p> <p>An improved drinking-water source is defined as one that, by nature of its construction or through active intervention, is protected from outside contamination, in particular from contamination with faecal matter. Improved facilities include piped water into dwelling; piped water into the yard/plot; public tap or standpipe; tube well or borehole; protected dug well; protected spring; and rainwater collection.</p> <p>The results are based on the number of water points built or rehabilitated multiplied by the number of beneficiaries per water point</p> <p><b>Safely managed sanitation</b> is defined as a basic sanitation facility which is not shared with other households and where excreta is safely disposed in situ or transported or treated off-site.</p> <p><b>Basic sanitation</b> is defined as a sanitation facility not shared with other households.</p> <p><b>Limited sanitation</b> is defined as an otherwise improved sanitation facility shared with other households (except public toilets that are shared facilities but considered unimproved).</p> <p>Improved sanitation facilities are defined as toilets used by only one household meeting certain design standards that prevent human contact with faeces. These include flush/pour flush toilets or latrines connected to a sewer, septic tank, or pit, ventilated improved pit latrines, pit latrines with a slab or platform of any material which covers the pit entirely, except for the drop hole, and composting</p>

toilets/latrines.

The results are based on the number of sanitation facilities constructed, rehabilitated or improved - in view of eliminating open defecation in communities – multiplied by the number of beneficiaries per facility.

Only access related to fully constructed, rehabilitated or improved facilities which are operational at the time of reporting should be included. Temporary access related to emergency or humanitarian interventions are excluded.

#### 4. Rationale (including policy priorities and links to this indicator)

Inadequate water, sanitation and hygiene (WASH) is a factor in under-nutrition and a number of diseases. Improved WASH can reduce this disease burden and can impact on poverty reduction, gender equity and education.

The New Consensus for Development recognises that universal access to safe drinking water, sanitation and hygiene is a prerequisite for health and well-being, growth and productivity. Water resources are particularly exposed to environmental degradation, including climate change, threatening agriculture and food security. The EU is committed to secure access to water and to support sustainable and integrated water management.

The Council Conclusion on Water Diplomacy (July 2013) highlights the EU substantive commitment to address the root-causes of water challenges around the world, particularly through its work on development and environment, and the aid committed for water and sanitation, and health interventions. The Council emphasises that water and sanitation should be taken into account in the development of the Overarching Post-2015 Agenda, and recalls the June 2013 Council conclusions on this matter, which highlight that these issues need to be addressed in an integrated way to achieve basic human development and inclusive and sustainable growth.

#### 5. Level of disaggregation and other reporting requirements

Disaggregate by sex; and by residence: urban/rural.

#### 6. Data Sources (including issues on different definitions by source and level of availability of the data)

EU interventions monitoring and reporting systems: annual and final reports from implementing organisations (e.g. governments, international organisations, non-state actors, etc), ROM reviews, evaluations.

For interventions with a national coverage, you may also use national level data. Examples of data sources include: The Joint Monitoring Programme of WHO/UNICEF (<https://washdata.org/>) publishes a report every 2 years using data on use of improved water supply and basic sanitation from surveys and censuses.

The resulting international database of coverage provides a useful reference to assess the validity of country data mainly from relevant government departments and authorities.

#### 7. Data calculation (including any assumptions made)

Number of persons (disaggregated by sex and residence: urban /rural) with access to an improved drinking water source and/or sanitation facility with EU support – according to the definitions given in section 3

Please take care to avoid double counting of beneficiaries by limiting to reporting to the number of unique individuals only. If the same individual is reached by the same intervention over several years, and/or reached with multiple services over the same reporting period, that individual should only be counted once. Please pay particular attention to possible overlaps between household access and public access.

#### 8. Worked examples

Ex. 1 Angola – Intervention aimed at training operators for water supply systems in rural areas

Number of water supply points rehabilitated by the intervention in 4 rural communities: 38

Number of people living in each community: 2 800; 1 150; 1 870; 2 360

Total people with access to an improved drinking water source= 8 180

Ex. 2 Ethiopia - Community led Water Sanitation and Hygiene Interventions

Total latrines built in private households: 19 108

Total road side latrines built for visitors or community members in the area: 362

The average household in the intervention area is composed of six people, so the number of beneficiary is:  $19\ 108 \times 6 = 114\ 648$

The annual average number of visitors for road side latrines is 6 280. To calculate the users of the road side latrines, we exclude the community members to avoid double counting (having been already counting as household users).

The final number of beneficiaries (from households and road side latrines) is:  $114\ 648 + 6\ 280 = 120\ 928$

9. Is it used by another organisation or in the framework of international initiatives, conventions, etc? If so, which?

World Bank Group Corporate Scorecards: People provided with access to an improved water source

African Development Bank Results Measurement Framework - People with new or improved access to water and sanitation (sex disaggregation)

Asian Development Bank Transitional Results Framework- Households with new or improved water supply (number), Households with new or improved sanitation (number)

Dutch Ministry of Foreign Affairs: People reached with sustainable improved water sources; People reached with sustainable improved sanitation.

#### 10. Other issues

The scope of this indicator is limited to access. However, other important aspects, such as use,

safety/security of access, affordability, social/cultural acceptability, sustainability (including maintenance), should be considered carefully at intervention design and monitored at intervention level.

Another important aspect to consider and monitor at intervention level relates whether there is sufficient water for consumption, e.g. monitoring this aspect taking account of the recommendations from the Sphere Handbook, Ch.2, pg. 63 (250 people per tap based on a flow of 7.5 litres/minute; 500 people per handpump based on a flow of 16.6 l/m; 400 people per single-user open well based on a flow of 12.5 l/m).

At higher results levels, it may also be useful to monitor density of facilities (e.g. number of water points per 1 000 population or number of sanitation facilities per 1 000 population) at intervention level.