USAID
FROM THE AMERICAN PEOPLE

Photo Credit: Forcier

EVALUATION REPORT

MOZAMBIQUE'S STRENGTHENING COMMUNITIES THROUGH INTEGRATED PROGRAMMING (SCIP) EX-POST EVALUATION

WASH Ex-Post Evaluation Series—Water Communications and Knowledge Management (CKM) Project

July 2020

THIS DOCUMENT WAS PREPARED BY ECODIT LLC AND SOCIAL IMPACT INC. FOR USAID UNDER THE WATER CKM PROJECT IDIQ NO. AID-OAA-I-14-00069; TASK ORDER NO. AID-OAA-TO-15-00046.

AUTHORITY

Prepared for the United States Agency for International Development (USAID) under the Water and Development Indefinite Delivery Indefinite Quantity Contract No. AID-OAA-I-14-00069, Task Order No. AID-OAA-TO-15-00046, awarded September 17, 2015, entitled "Water Communications and Knowledge Management (CKM) Project."

This final report is made possible by the support of the American people through USAID. The contents of this report are the sole responsibility of ECODIT LLC and do not necessarily reflect the views of USAID or the United States Government.

The Water CKM project team, comprised of ECODIT LLC and Social Impact Inc., prepared this report under the leadership of Holly Dentz, Senior Technical Specialist, Leslie Hodel, Senior Technical Specialist, and Kari Nelson, Technical Director.

ACKNOWLEDGMENTS

The evaluation team (ET) would like to thank the current and former staff at the implementer World Vision for their participation and provision of documentation and valuable feedback. The ET also appreciates Forcier Consulting's provision of data collection services. The ET is grateful to Bacelar Muneme for his consulting services, especially his insight into the water and sanitation sector in Mozambique and contributions to securing documentation and qualitative data collection. The ET would like to acknowledge the support of Grace Tang and Andrew Chatting who contributed to the evaluation. The ET also thanks the staff at USAID, including Gastao Mendes, Ken Hassan, Abigail Jones, Elizabeth Jordan, Alison Macalady, Maria "Ella" Lazarte, Nga Nguyen, Leonor Domingos, Sheila Zacarias, and Clara Dimene for their support and feedback through the entire evaluation process. Finally, the ET would like to thank the many stakeholders who spoke with us about the SCIP activity. The support and engagement of these organizations and stakeholders proved invaluable during the evaluation process.

TABLE OF CONTENTS

Authority i
Acknowledgments ii
Table of Contents iii
Figures iv
Tables v
Acronyms vi
EXECUTIVE SUMMARY vii
Purpose and Overview vii
Scope and Design vii
Key Findings viii
Water Points viii
Sanitation ix
Handwashing ix
WASH Capacity, Integration, and Resilience x
Conclusions x
Recommendations xi
INTRODUCTION 1
Overview of Activity and Budget 2
Implementation and Intervention Approach 3
SCIP Key Results 5
EVALUATION QUESTIONS 7
METHODOLOGY 8
Overview 8
Evaluation Team 9
Data Collection Methods 9
Qualitative Interviews 9
Quantitative Data 10
Sampling 10
Quality Checks 11
Analysis 11
Limitations 12
FINDINGS AND CONCLUSIONS 14
Water Points and Use 14
Findings 14
Conclusions 23
Household Latrines 24
Findings 24
Conclusions 31
Handwashing 31
Findings 32
Conclusions 36
WASH Capacity, Integration, and Resilience 36
Findings 36
Conclusions 40

Recommendations 41
Annex A: Evaluation Inception Report 44
Annex B: Data Collection Instruments (English) 76
Annex B: Data Collection Instruments (Portuguese) 138
Annex C: List of Respondents 213
Annex D: Documents Reviewed 215
Annex E: SCIP Activity Results Framework 217
Annex F: SCIP Activity Extension Period Results Framework 218
Annex G: Assessment of Site Contamination 219

FIGURES

Figure 1: Government of Mozambique Water Sector Reform Events and Key Dates 1
Figure 2: Mozambique Provinces Targeted by SCIP Activities (Red Highlight) 2
Figure 3: AFRIDEV Water Point Constructed Through SCIP 3
Figure 4: SCIP Select Key Achievements at End of Phase 1 5
Figure 5: Excerpted Table from SCIP Endline Report (2015, pg. 60) 7
Figure 6: Evaluation Data Collection Methods 8
Figure 7: Contamination by Other WASH Projects, by District 12
Figure 8: Households Reporting Sufficient Drinking Water, by whether a SCIP WP was Installed 14
Figure 9: Water Quality Test Results, by District 15
Figure 10: Total Time Spent Collecting Water by PPI Group 16
Figure 11: Basic Water Access, by District and Compared to 2015 JMP Data 17
Figure 12: Basic Water Access, by Likely Poverty Grouping 18
Figure 13: Water Uses Across Primary and Secondary Sources 19
Figure 14: Household Water Treatment Practices 19
Figure 15: Household Reports of an Active Water Committee, by Community Type 21
Figure 16: Annual Household Water Fees, by District 22
Figure 17: Annual Household Water Fees, by Likely Poverty Grouping 23
Figure 18: Observed Latrine Access Levels (N=990) 25
Figure 19: Basic Sanitation Access, By District Across Data Collection Periods 25
Figure 20: Observed Latrine Access, by Probable Poverty Level 26
Figure 21: Observed Latrine Characteristics 27
Figure 22: Examples of Observed Latrine Quality 27
Figure 23: Response to Most Severe Latrine Maintenance Problem (N=276) 28

Figure 24: Reported Safe Practices for Defecation/Feces Disposal 29
Figure 26: Handwashing with Cups 32
Figure 25: Types of Handwashing Stations Observed 33
Figure 27: Handwashing Station Repair Needs 33
Figure 28: Self-Reported Handwashing with Soap at Critical Times 34
Figure 29: Self-Reported Handwashing with Soap Yesterday by District, Across Data Collection Periods 34
Figure 30: Barriers to Consistent Handwashing by PPI Group 35
Figure 31: Reports of Community Impacts of Recent Weather Events by District (N=990) 39
Figure 32: Types of Cyclone Effects Reported by Households 39

TABLES

Table 1: Excerpted SCIP Endline Survey Report WASH Data (2015, Table 42, pg. 58) 5
Table 2: Qualitative Interviews Completed 9
Table 3: Latrine Maintenance Needs (N=506) 28

ACRONYMS

	Acronyms
ADRA	Adventist Development Relief Agency
BCC	Behavior Change Communication
CHAEM	Environmental Hygiene and Medical Examination Center
CHC	Community Health Committee (also referred as HCs and CLCs)
CKM	Water Communications and Knowledge Management
CLTS	Community-Led Total Sanitation
DPOPH	Provincial Directorates of Public Works
E. coli	Escherichia coli
E3	USAID Bureau for Economic Growth, Education, and Environment
EQ	Evaluation Question
ET	Evaluation Team
ETL	Evaluation Team Lead
FGD	Focus Group Discussion
GI	Group Interview
GoM	Government of Mozambique
HCD	Human-Centered Design
HH	Household
IP	Implementing Partner
IBTCI	International Business and Technical Consultants Inc.
IRD	International Relief and Development
JHU/CCP	Johns Hopkins University/Center for Communication Programs
JMP	Joint Monitoring Programme
KII	Key Informant Interview
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
NGO	Nongovernmental Organizations
OD	Open Defecation
ODF	Open Defecation Free
O&M	Operations and Maintenance
PEC	Consultants Participation and Community Education
PEPAM	Millennium Water and Sanitation Program (USAID/Senegal)
PHAST	Participatory Hygiene and Sanitation Transformation
PPI	Poverty Probability Index
PRONASAR	National Rural Water Supply and Sanitation Program
RWSN	Rural Water Supply Network
SCIP	Strengthening Communities through Integrated Programming
SDPI	District Planning and Infrastructure Services
SI	Social Impact Inc.
S&H	Sanitation and Hygiene
USAID	United States Agency for International Development
USG	United States Government
VIP	Ventilated Improved Pit Latrine
VU/FGH	Vanderbilt University/Friends in Global Health
WASH	Water, Sanitation, and Hygiene
WC	Water Committee
WP	Water Point

EXECUTIVE SUMMARY

PURPOSE AND OVERVIEW

Water and sanitation service challenges in developing countries are well known, particularly in Mozambique where a civil war (1979–1992)[1] diminished its water, sanitation, and hygiene (WASH) infrastructure. Despite some progress, considerable work remains to address rural WASH in Mozambique.

This report presents sustainability findings from the final of six ex-post evaluations of USAID–funded WASH activities. The series provides USAID and WASH stakeholders with insights regarding WASH sustainability. USAID funded the Strengthening Communities through Integrated Programming (SCIP) activity in Mozambique from 2009–2015 in Zambézia and Nampula provinces. This evaluation focuses on SCIP's WASH activities in Zambézia, which were part of an integrated, $46.2 million activity including health, HIV/AIDS, nutrition, agriculture, rural enterprise, and WASH activities.

SCIP Zambézia designed WASH interventions to increase hygiene practices and use of clean water and sanitation facilities using community-led total sanitation (CLTS) and participatory hygiene and sanitation transformation (PHAST). Following a needs assessment, SCIP trained local entities that implemented one of two packages of interventions:

Sanitation and Hygiene (S&H) Package	WASH Package (S&H Package plus water)
•Establish or strengthen community health committees (CHCs) •Train CHCs and other behavior change agents using CLTS and PHAST •Assist community-level CLTS/PHAST triggering and promote handwashing with soap and tippy tap construction •Support post-triggering follow up	•Set up or strengthen and train water committees (WCs) •Construct or rehabilitate water points after community financial contribution •Train local water technicians and set up spare parts suppliers

SCOPE AND DESIGN

The evaluation team (ET) conducted data collection in August and September of 2019 in Zambézia Province to answer eight evaluation questions using a mixed methods design in 239 communities:

Water Questions

1. What is the level of service of SCIP water points?
2. Which factors influenced sustainability of water services?

Sanitation Questions

3. Are households using and replacing their latrines?
4. What factors, including type of approach, contributed to sustainability?

Surveys

990 HHs

Structured Observations

46 Water points

500 Latrines

822 Handwashing stations

[1] CIA World Factbook Mozambique. 2020. https://www.cia.gov/library/publications/the-world-factbook/geos/print_mz.html.

Hygiene Questions

5. What is the status of handwashing stations and hand hygiene practices today?
6. Which factors influenced sustainability of handwashing behaviors?

Resilience and Integration Questions

7. To what extent did SCIP's inputs to CHCs and integrated approach impact sustainability of WASH interventions?
8. How have SCIP communities impacted by significant shocks fared regarding WASH?

Water Quality Tests

30 *Escherichia coli (E. coli)* and total coliform tests

Qualitative Interviews

43 Interviews with key stakeholders

The ET disaggregated findings by poverty levels based on the Poverty Probability Index (PPI).[2] Where possible, the ET drew comparisons with the SCIP endline report to provide illustrative trends for context, though the surveys were not directly comparable due to differences in sampling approach.

KEY FINDINGS

WATER POINTS

Current Status

- **Only 65 percent of the observed SCIP water points (WPs) produced water.**
- In WASH Package communities **83 percent of water users reported sufficient access to drinking water, compared to 70 percent in S&H Package communities**.
- **Fifty-eight percent of respondents spent less than 30 minutes round-trip collecting water**; however, most needed multiple trips per day to meet their water needs. The poorest respondents spent the most time collecting water.
- **Only 41 percent of all HHs had basic water access.** This was similar in S&H and WASH Package communities.
- **Water quality was poor at the SCIP WPs** (47 percent tested positive for E. coli and 90 percent tested positive for fecal coliforms), though 94 percent of users believed the water was safe to drink. Water quality testing occurred infrequently after installation.

Use

- Though SCIP promoted HH water treatment, **only 16 percent of HHs reported treating water,** which is similar to what the SCIP endline reported.
- **Twenty-eight percent of respondents reported using multiple WPs to meet their water needs**, and very few (8 percent) used an improved secondary source. Households typically used drinking water sources for cooking and handwashing and used secondary sources more frequently for agricultural or gardening purposes.

Factors Affecting Sustainability

- **WP Management:** Most WPs had an active water management committee that reported meeting at least once a month. Eighty percent of HHs reported high levels of satisfaction with the committees' services.

[2] Mozambique Poverty Probability Index: https://www.povertyindex.org/country/mozambique.

- **Financing:** Water fee amount positively correlated with functionality. Sixty percent of respondents reported paying WP fees, though this was lowest among the poorest HHs.[3]
- **Financing:** Qualitative interviews indicated that fee collection proved to be insufficient to address operation and maintenance (O&M) costs.
- **Access to Spare Parts:** The women's groups established to sell spare parts no longer existed, and reports of spare part availability varied by district.

SANITATION

Current Status

- **While 52 percent of HHs had a latrine, only 15 percent had basic sanitation access** (nonshared improved latrine). Though low, this is notably more HHs with access to basic sanitation than SCIP's baseline and endline measured (6 percent and 5 percent, respectively).[4]
- **Those below the national poverty line had significantly lower basic sanitation access.**
- The study **found latrine quality to be generally poor**; only 23 percent had observed slabs.

Use

- **Respondents reported low latrine use** (50 percent reported that adults in the household use latrines). And 73 percent of HHs reported safe disposal of the feces of children under 5.
- **Open defecation (OD) occurred in nearly three-quarters of communities.**

Factors Affecting Sustainability

- Of respondents who reported issues with their latrines, **80 percent indicated they had repaired or replaced their latrines**.
- **People reported not having a latrine primarily due to a lack of financial resources and materials** (51 percent and 43 percent, respectively).
- **Latrine access and poverty level appeared to be inversely related.**
- Interviewees noted **frustration with poor-quality materials**. This can lead to a continuous cycle of repairing or replacing latrines, especially after weather-related shocks.
- **CHCs and activists continued to play a role in sanitation behavior change promotion**, and district governments have provided some ongoing technical assistance.

HANDWASHING

Current Status

- While 95 percent of HHs had some type of handwashing station, **less than 2 percent of HHs had any type of fixed handwashing station.** Out of 836 observations, the ET only observed two tippy taps, which SCIP had promoted.

Use

- **Only 29 percent of handwashing stations showed signs of use**, and only 13 percent of HHs had observable soap and water for handwashing, which indicated handwashing with soap did not appear to be a widespread normative behavior.
- **Self-reported handwashing was substantially higher than at endline**;[5] however, low prevalence of observed handwashing facilities suggests this is an overestimate.

[3] There was no significant difference in PPI scores between WASH Package and S&H Package communities.
[4] Comparisons between the evaluation data and SCIP baseline/endline data have limitations due to differences in sampling.
[5] Baseline/endline data and the ex-post survey are not directly comparable due to differences in sampling and representation.

Factors Affecting Sustainability

- **The PHAST approach to behavior change has known weaknesses** in galvanizing handwashing behavior change.[6]
- **Barriers to good handwashing practices** included financial constraints (which impacted access to soap and water), tippy tap durability, and potential weaknesses in SCIP's approach to tippy taps, which an implementing partner said focused more on the physical containers than on the importance of having soap and water near key locations as cues to action.

WASH CAPACITY, INTEGRATION, AND RESILIENCE

- **CHCs and activists continued to operate** and advocate for good WASH behaviors**.** They maintained a very high level of confidence within their communities.
- **Women continued to play active roles** in both WCs and CHCs; however, they typically did not play leadership roles.
- **Cross-sectoral integration likely did not have the intended effect** on outcomes or sustainability. Though documentation was limited, interviews and documents available suggest that while appreciated in theory, integration (particularly for WASH components) was not implemented effectively in practice. Studies of other integrated programs show similar findings.[7]
- **Recent cyclones and flooding affected around half of respondents' WASH facilities.** Though damaged handwashing stations had been repaired or replaced, less than half of respondents said problems with water points had been resolved.

CONCLUSIONS

Based on the low levels of basic water access, mediocre sustainability of WPs, and substantial water contamination, it appears the SCIP intervention did not ensure sustainable access to safe water. Though SCIP–trained WCs remained active in WP management, insufficient fee collection to cover O&M hindered their ability to maintain adequate water service.

CLTS aims to end open defecation and encourage latrine use; however, it appears that SCIP did not achieve this outcome in targeted communities. Basic sanitation levels did not increase substantially over the course of SCIP implementation. Though higher than four years after SCIP ended, the percent of HHs with basic sanitation access observed in this evaluation is still quite low. The generally poor ex-post latrine quality is likely insufficient to withstand severe weather events (e.g., no walls, roofs, etc.). SCIP's use of CLTS without financial support does not appear to have improved latrine access or quality.

SCIP employed PHAST and CLTS to promote handwashing behavior and the tippy tap as a fixed handwashing station. The tippy taps in particular were not sustainable. The low prevalence of observed soap and water for handwashing indicated that despite SCIP activities, handwashing with soap and water had not yet become normative. As with water and sanitation, affordability was a primary barrier.

CHCs and activists continued to serve their intended function with regard to WASH promotion. The limited slippage observed in sanitation and handwashing practices is a positive sign, though it is unclear to what extent this can be attributed to the work of CHCs and activists vis-à-vis other factors.

---

[6] IRC International Water and Sanitation Centre & NETWAS International. 2009. Report of the Evaluation of the PHAST Tool for the Promotion Hygiene & Sanitation in the GOK/UNICEF Programme of Cooperation. UNICEF. https://www.unicef.org/evaldatabase/files/Kenya_2009-008_-_PHAST_Evaluation_Report_final-.pdf.

[7] Masset E. 2018. Integrated Development, Past and Present. Institute of Development Studies Bulletin. And Brinkerhoff D. 1981. The Effectiveness of Integrated Rural Development: A Synthesis of Research and Experience. USAID.; Masset E. 2018.; USAID/Armenia. n.d. Integrated Rural Development Lessons Learned. USAID.

Though well intentioned, it appears that SCIP's integrated approach failed to be implemented completely and thus did not drive sustainability. Implementation challenges similar to those seen in other integrated programs hampered the integrated approach.

The recent cyclones in 2019 adversely affected many SCIP communities. Communities showed signs of resilience regarding sanitation but less resilience regarding access to safe drinking water. Given that the SCIP activity did not focus on resilience, weather shocks posed a significant threat to sustainability.

RECOMMENDATIONS

1. **Promote alternate sanitation approaches to a pure (no subsidy) CLTS–only approach to ensure that financial barriers to basic sanitation access and latrine quality are addressed.** Pay specific attention to local contexts and norms that may impact behavior. Targeted sanitation subsidies are one potential option for reaching the extreme poor and most vulnerable. Though SCIP did not use such subsidies, they deserve further study.
2. **Explore alternative modalities of working with host governments and local community agents to provide more effective ongoing WASH behavior change support to communities as one of several components aimed at prompting behavior change.** There is growing consensus in WASH literature about the importance of ongoing follow-up behavior change communication, though the effectiveness of local agents in this activity is unclear. Implementers should work with governments to explore results-driven approaches to providing support for on-going community behavior change promotion, while also addressing other behavioral drivers.
3. **Work with service authorities to strengthen and increase the frequency of water quality testing and treatment practices for rural water supply**, as the ET noted significant water quality issues across districts and that rural water points are typically only tested during construction and rarely thereafter. Service authorities should regulate water quality and ensure regular monitoring against standards.
4. **Consider alternate approaches to small, community-managed water supply.** Programs should explore and continue to refine new management, financing (particularly considering wide payment differentials by poverty status), and O&M approaches, aimed at creating professionalized rural water service provision.
5. **Investigate the impact of local government outsourcing of WASH support to the private sector.** In some cases, the Government of Mozambique outsources training of water committees as well as WASH behavior change support, approaches that are being explored in the sector. Determining the effectiveness of this type of private sector engagement is an important area of investigation.
6. **Replace tippy taps in project design with handwashing station models that are durable, aspirational, and responsive to the local context.** Though handwashing infrastructure is only one component of hygiene behavior change, the failure of tippy taps necessitates a new approach to enable handwashing stations to be a sustainable cue to action.
7. **Incorporate resilience planning for rural WASH investments to enhance sustainability, particularly where recurrent shocks are a risk.** Impacts of climate change (such as increased drought and flooding) on vulnerable populations and rural WASH infrastructure are a threat to sustainable WASH.
8. **Encourage implementers to keep thorough documentation regarding key aspects of implementation, particularly regarding cross-sectoral integration.** Evaluators need thorough documentation on implementation across communities for effective evaluation.

INTRODUCTION

Water and sanitation service challenges in developing countries are well known. The 2016 Water Point Update from the Rural Water Supply Network (RWSN) showed that an average of 22 percent of water points (WPs) were nonfunctional across 11 countries.[8] In a study of four sub-Saharan African countries, an average of 13 percent of communities previously declared to be open defecation free (ODF) slipped back into open defecation (OD) status.[9]

Mozambique's civil war (1977–1992) diminished its water and sanitation infrastructure. In 1995, Mozambique approved the National Water Policy and National Water Development Program. This policy decentralized, reformed, and clarified the allocation of administrative, regulatory, and development roles in the water supply and sanitation sector. However, the policy primarily benefited urban areas while rural areas lagged. In 2007, the Government of Mozambique (GoM) adopted the National Rural Water and Sanitation Strategic Plan. This established a new decentralized management model as well as entities in rural areas, such as Provincial Water and Sanitation Services. It also founded the National Rural Water Supply and Sanitation Program (PRONASAR) in 2009 and an associated common fund for rural water supply and sanitation in 2010.[10]

Figure 1: Government of Mozambique Water Sector Reform Events and Key Dates

Year	Event
1995	National Water Policy enacted
2007	National Rural Water and Sanitation Strategic Plan completed
2009	New management model for secondary cities and towns established and PROSANAR founded
2010	Common fund for rural water and sanitation established

As of 2015, 81 percent of the urban population had access to an improved drinking water source versus 37 percent of the rural population. In addition, 42 percent of the urban population had improved sanitation versus 10 percent of those living in rural communities.[11]

This report presents findings from the final in a series of six ex-post evaluations designed to understand the factors impacting sustainability based on the evaluation of completed USAID–funded WASH activities three to 10 years after their conclusion. The subject of this evaluation—Strengthening Communities through Integrated Programming (SCIP, known locally as "Ogumaniha"[12]) in Mozambique—provides an opportunity to learn about the long-term sustainability of an integrated, cross-sectoral approach. The SCIP activity included health, HIV/AIDS, water, sanitation, and hygiene (WASH), rural enterprise, nutrition, and agriculture components. The report examines the current status of WASH infrastructure, current usage patterns, and factors affecting long-term sustainability. The report also examines women's

[8] Banks B. & S. Furey. 2016. "What's Working, Where, and for How Long: A 2016 Water Point Update". Poster session presented at the 7th RWSN Forum, Abidjan, Cote d'Ivoire. https://www.rural-water-supply.net/_ressources/documents/default/1-787-2-1502962732.pdf.

[9] Tyndale-Biscoe P. et al. 2013. ODF Sustainability Study. Plan International. http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/Plan_International_ODF_Sustainability_Study.pdf.

[10] Water and Sanitation Program. 2011. Water Supply and Sanitation in Mozambique: Turning Finance into Services for 2015 and Beyond. The World Bank. https://www.wsp.org/sites/wsp.org/files/publications/CSO-Mozambique.pdf

[11] African Health Observatory, World Health Organization. 2018. Mozambique Factsheet of Health Statistics. http://www.aho.afro.who.int/profiles_information/images/c/c8/Mozambique-Statistical_Factsheet.pdf (May 21, 2019).

[12] Ogumaniha means "united/integrated for a common purpose" in the local Echuabo language.

integration into community management structures, the integrated nature of the SCIP activity, and how community resilience affects sustainability. This evaluation aims to provide evidence to USAID and other stakeholders that informs the design of sustainable future WASH activities in Mozambique.

OVERVIEW OF ACTIVITY AND BUDGET

Figure 2: Mozambique Provinces Targeted by SCIP Activities (Red Highlight)

USAID has traditionally supported sector-specific initiatives to address development challenges in Mozambique. In 2009, USAID collaborated with United States Government (USG) agencies in Mozambique to develop the *2009–2014 USG Country Assistance Strategy*, which took a "whole of government approach to addressing the development needs and potential of Mozambique."[13] As a result, USAID designed the SCIP activity to "integrate health, HIV/AIDS, water and sanitation, and rural enterprise components with nutrition and agriculture to strengthen communities in Nampula and Zambézia provinces."[14]

USAID selected two consortia to manage and implement the $98.1 million SCIP activity in Zambézia ($46.2 million) and Nampula ($51.9 million) provinces from 2009–2015.[15] The overall goal of the SCIP activity was to "increase access, quality and use of community and facility-based health services; increase hygienic practices and increase the use of clean water and sanitation facilities."[16] The activities in Nampula and Zambézia shared similar objectives and an emphasis on integrated services. The Zambézia Ogumaniha activity is the focus of this ex-post evaluation, and thus "SCIP" will refer to the Zambézia activities only from this point forward.[17] World Vision led the Zambézia consortium in partnership with

[13] USAID. 2018. History–Mozambique https://www.usaid.gov/mozambique/history (March 9, 2020).
[14] International Business and Technical Consultants, Inc. (IBTCI). 2014. USAID/Mozambique Strengthening Communities Through Integrated Programming Performance Evaluation.
[15] Part of the SCIP activity received additional funding and retained the SCIP name but did not include WASH activities.
[16] Pathfinder International. 2016. Final Report: Strengthening Communities through Integrated Programming (SCIP).
[17] SCIP Nampula was not selected for the ex-post evaluation site based on a number of factors, including its relatively larger presence of WASH activities in the province, limited WASH indicators in baseline and endline survey instruments, lack of clarity on exact number of intervention communities, etc.

International Relief and Development (IRD), Adventist Development and Relief Agency (ADRA), and others.[18]

The SCIP activity implemented 168 different target interventions in all 16 of Zambézia's districts.[19] Each SCIP intervention had a varied duration, level of integration with other interventions, and geographic distribution. IRD, ADRA, and World Vision implemented the WASH activities with a budget of $5.2 million.[20] SCIP's results framework presents its WASH–specific objectives, which are key components of the larger integrated SCIP activity framework (see **Annex E** and **Annex F** for the complete SCIP framework).

IMPLEMENTATION AND INTERVENTION APPROACH

Figure 3: AFRIDEV Water Point Constructed Through SCIP

Photo credit: Forcier Consulting

World Vision and IRD aimed to achieve their WASH objectives through a number of water and sanitation service-strengthening activities, which they implemented through a consortium of partners and community health committees (CHCs). SCIP selected districts and communes for WASH interventions based on provincial and district government priorities and data on waterborne diseases that the Health Ministry provided. SCIP strengthened or established 652 CHCs in the 16 districts to facilitate linkages to health centers, provide training, and implement SCIP activities. SCIP used CHCs to consolidate groups within communities, such as water, education, and health committees.[21,22] CHCs also served as the base level of a larger pyramid structure of committees, culminating at the district level such that some CHC

[18] World Vision also worked with Johns Hopkins University Center for Communication Programs (JHU/CCP) and Vanderbilt University – Friends in Global Health (VU/FGH).
[19] Since the activity ended several districts have split and the number of total districts increased.
[20] WASH funding included $5,002,066 in USAID funding and $219,164 in match funding from World Vision.
[21] IBTCI. 2014.
[22] The evaluation team was not able to determine whether CHCs were used to streamline community committees (e.g., water, education, health, etc.) prior to SCIP.

members involved in the higher level committees aimed to influence policy.[23] All 644 SCIP communities[24] in the 16 districts received a sanitation and hygiene (S&H) Package that relied on CHCs to promote a combination of community-led total sanitation (CLTS) and participatory hygiene and sanitation transformation (PHAST) approaches to behavior change.

The primary goal was to encourage access to sanitation through latrine construction and ending OD combined with the installation of tippy taps and handwashing behavior change messaging. Communities also had activists who promoted target behaviors, and sanitation technicians to assist in sanitation activities.

In addition to the S&H Package, 292 communities in seven districts also received water infrastructure and strengthening or establishment of a community water committee (WASH Package). SCIP installed AFRIDEV-style pumps or rehabilitated existing WPs. The community water committees (WCs) received training on WP maintenance and basic pump repair and were responsible for managing the water infrastructure. They also raised funds to pay for a portion of the water infrastructure. According to an implementing partner (IP), communities had to contribute 2400 *meticals* (equivalent to approximately US $130) toward WP construction or rehabilitation. In addition, SCIP trained WP technicians and established/strengthened spare parts supply chains. In WASH Package communities, SCIP implemented S&H approaches (CLTS, PHAST) before WP installation or rehabilitation.[25] For the purposes of this evaluation, those receiving the combined WASH Package are distinguished from those that only received the S&H intervention package. WASH and S&H Package activities followed a three-phase implementation process each year:

1) **Assessments and Identification**—to determine community eligibility.
2) **Training**—CHC, WC, activists, and water and sanitation technicians trained on CLTS, PHAST, and/or infrastructure maintenance.
3) **Implementation**—CHCs implemented CLTS and PHAST in the community and supported the post-triggering follow up.[26] SCIP installed or rehabilitated WPs.

WASH activity implementation and integration shifted during SCIP for many reasons, stakeholders said. By Year 3, SCIP focused on WP rehabilitation instead of new construction due to changes in funding priorities.[27] Also, SCIP implemented WASH activities in two stages: Stage I in four districts with limited integration with other SCIP activities; Stage II in three districts aiming to improve integration with other SCIP activities.[28,29] In Years 4 and 5, SCIP integrated S&H and WASH activities (where applicable) alongside nutrition training, including "theoretical subjects and demonstrations on how to prepare nutritious food and on the selection of food that can provide essential supplements to children, mothers and people living with chronic diseases."[30] The ET considered evaluating WASH and nutrition integration; however, based on implementer interviews, it emerged that coordinated integration of nutrition with sanitation and hygiene activities did not occur until the no-cost extension period, which was excluded from the evaluation.

---

[23] CDL is a 50-member group with 40 representatives and 10 political appointees.
[24] The number of CHCs does not equal the number of communities, though both numbers come from SCIP's closeout reporting. It is not clear whether this is because a few communities had multiple CHCs or for some other reason.
[25] IRD Interview, March 2018.
[26] Community members only built latrines as part of CLTS triggering, and the qualitative interviews indicated that some members of communities received latrine slabs. However, the criteria used to distribute slabs are unknown.
[27] World Vision Interview, March 2018, and IBTCI. 2014.
[28] IRD Interview, March 2018.
[29] Initial WASH Package districts were Chinde, Mopeia, Morrumbala, and Namacurra, and secondary districts were in Alto Mólocuè, Gurué, and Ile.
[30] World Vision. 2014. Ogumaniha–Strengthening Communities Through Integrated Programming (SCIP) Project, Zambézia, Mozambique, End of Phase I Report (July 2009 – August 2014).

SCIP KEY RESULTS

According to its End of Phase I report (2014),[31] SCIP surpassed targeted levels of performance across indicators, as shown in **Figure 4**.

Figure 4: SCIP Select Key Achievements at End of Phase I

Area	Achievements
Overall	– 652 CHCs established or strengthened (No target set)
Water	– 152,747 people in target areas gained access to improved drinking water supply (Target: 112,100) – 78 WPs constructed and 214 rehabilitated (Targets: 81 and 204) – 3,586 trained on household water treatment (Target: 1,549)
Sanitation	– 21,484 HH latrines constructed (Target: 20,000) – 104,854 beneficiaries gained access to sanitation (Target: 100,000)
Handwashing	– 16,072 tippy tap handwashing units installed (Target: 20,140)

In 2015, an endline survey of SCIP evaluated changes since baseline in outcomes across health, WASH, and livelihoods. The endline report documents this methodology.[32] Across all of Zambézia (not just in WASH Package communities), the survey found very little change in type of drinking water source used and whether households (HHs) treated water (Table 1). The survey reported declines in handwashing behavior at four critical times, though it noted a slight increase in handwashing before eating. The survey observed an increase in reported latrine use from 36 to 44 percent across the province, which appears to be due to an increase in latrine sharing from 23 percent to 34 percent of HHs.

Table 1: Excerpted SCIP Endline Survey Report WASH Data (2015, Table 42, pg. 58)[33]

	Baseline (n=3749)	Endline (n=3892)
Main source(s) of drinking water		

[31] This evaluation does not cover the no-cost extension period. Thus, results are reported as of the end of Phase I.
[32] Moon TD, M. Blevins, A. Green, L. Gonzalez-Calvo, E. Ndatimana, M. Lopez, and O. Olupona. 2015. Endline Survey Report, Ogumaniha SCIP-Zambézia. http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.738.6190&rep=rep1&type=pdf.
[33] Vanderbilt did not report all potential sources of drinking water from its survey; thus, the percentages do not add up to 100% in the table.

	Baseline (n=3749)	Endline (n=3892)
Own faucet	4.5%	4.9%
Public faucet	19.4%	13.6%
Rain	1.7%	1.3%
River	21.4%	18.9%
Bottled	0.2%	1.9%
Well	56.4%	51.9%
Other	4.0%	2.1%
Household treats drinking water	15.0%	15.2%
Time to water source in minutes (range)	8.1 (2-30)	3 (1-15)
Household has water filter	1.0%	8.6%
Situations for handwashing:		
After using latrine	64.6%	61.4%
After cleaning feces	49.4%	42.9%
Before food preparation	58.9%	44.5%
Before feeding children	47.5%	39.7%
Before eating	41.1%	48.8%
Household uses a latrine	36.2%	43.5%
Among those households using a latrine: Latrine type		
Improved latrine (with support structure)	5.0%	4.1%
Traditional improved latrine	17.2%	18.7%
Unimproved latrine	75.6%	73.7%
Household shares latrine	23.3%	33.7%
Number of households sharing latrine	3 (2-3%)	3 (2-5%)

a) Continuous variables are reported as weighted estimates of median (interquartile range), with each observation being weighted by the inverse of the household sampling probability.
b) Categorical variables are reported as weighted percentages, with each observation being weighted by the inverse of the household sampling probability. Percentages may sum to greater than 100 percent.

As a provincial-representative sample, the above data did not account for locations receiving WASH interventions. Thus, the study completed a more focused sample within three districts (Alto Molócuè, Morrumbala, and Namacurra) where the study team compared areas with a high number of WASH interventions of any kind (>15) to areas with none. As shown in Figure 5, areas with WASH interventions had a statistically significant increase in the odds of access to a safe drinking water source[34] compared to areas without. The study found no significant change in latrine use in high-intervention communities. Reported handwashing measures surprisingly decreased, with statistically significant declines of handwashing after cleaning child feces and before preparing food. Although its intervention exposure was determined imprecisely, the study indicates SCIP likely did not achieve sanitation and hygiene behavior change goals by the end of the activity.

[34] The ex-post evaluation team noted that endline methodology for measuring safe water sources did not comply with Joint Monitoring Programme or other typical categorizations, and they, therefore, cannot easily be compared to ex-post results. For example, the endline did not apparently differentiate between protected and unprotected wells. The method for categorizing reported sources as safe or unsafe were not documented.

Figure 5: Excerpted Table from SCIP Endline Report (2015, pg. 60)

Table 44: Water and Sanitation Outcomes with Some Intervention Exposure (Score > 15)

	Number in model	Baseline OR (95% CI)	Endline OR (95% CI)	P-value
Safe source for drinking water	5844	0.81 (0.54, 1.23)	1.22 (0.89, 1.68)	0.050
Household treats drinking water	5844	0.88 (0.57, 1.34)	1.21 (0.79, 1.85)	0.292
Household uses latrine	5043	2.01 (1.50, 2.70)	1.42 (0.99, 2.04)	0.060
Household has improved latrine	5943	1.24 (0.69, 2.22)	1.23 (0.77, 1.97)	0.990
Washed hands yesterday	5795	1.05 (0.74, 1.49)	0.95 (0.63, 1.44)	0.692
Washed hand after using latrine	5795	1.14 (0.89, 1.48)	1.02 (0.79, 1.32)	0.501
Washed hand after cleaning up feces of children	5795	1.40 (1.06, 1.85)	0.69 (0.52, 0.93)	< 0.001
Washed hands before preparing food	5795	1.14 (0.87, 1.49)	0.69 (0.55, 0.88)	0.005

a] The odds ratio comparing intervention receipt versus no intervention receipt for the baseline and endline survey periods.
b] Test of interaction between survey period and intervention receipt. Interpreted as the contrast between the two odds ratios from baseline and endline. Result of testing whether indicators among respondents from EAs with intervention had a larger difference from baseline to endline than respondents from EAs with no recorded intervention.
1] Adjusted for: rural/urban; age; marital status; education; household size; Portuguese speaker

EVALUATION QUESTIONS

This evaluation addressed eight evaluation questions (EQs) as shown below:

WATER

1. What is the present level of service at WPs installed or rehabilitated by SCIP four years after activity close in terms of functionality, water quantity, quality, accessibility, and reliability?
    a. To what degree are community members using activity-sponsored WPs relative to other water sources, for which purposes, and why?
2. What factors influenced sustainability of water services?
    a. How effective have governance and management activities of the community-based water committees been since project close?

SANITATION AND HANDWASHING

3. To what extent have households been practicing promoted sanitation behavior, using, and replacing (as needed) their latrines in SCIP communities?
4. What factors have contributed to use and maintenance of household latrines?
    a. Which of the two implementation approaches (sanitation and hygiene or the WASH Package) was the most sustainable?
5. To what extent have households been practicing promoted handwashing behavior, using, and replacing SCIP promoted handwashing stations, or other models?
6. Which factors influenced sustainability of handwashing behaviors?

WASH CAPACITY, INTEGRATION, AND RESILIENCE

7. To what extent have SCIP's efforts to build CHCs' organizational capacity contributed to sustainability of WASH interventions?

a. To what extent are women continuing to participate in management and governance structures put in place under SCIP?

b. To what extent did the integrated approach impact sustainability of WASH interventions?

8. How have SCIP communities impacted by the recent cyclones and other significant shocks fared with regard to WASH?[35]

METHODOLOGY

OVERVIEW

This ex-post evaluation used a mixed-methods design to conduct data collection in August and September of 2019 in Zambézia Province (see **Figure 6**). Prior to fieldwork, the ET conducted a desk review of SCIP activity documentation and researched other WASH activity in the regions, as well as other WASH literature. The ET developed all data collection instruments and updated them with input from data collection partner Forcier Consulting. See **Annex A** for detailed methodological and data collection details, **Annex B** to review the data collection instruments (both in English and in Portuguese), **Annex C** to see the list of respondents, and **Annex D** for a list of documents reviewed.

Figure 6: Evaluation Data Collection Methods

Document Review

- 100+ Project and background documents

Surveys

- 990 Households

Structured Observations

- 46 Water points
- 500 Latrines
- 822 Handwashing stations

Water Quality Tests

- 30 *E. coli*
- 30 Total coliforms

Qualitative Interviews

- 43 Interviews, including with former implementers and funders (3), government officials (8), water management committees (9), community health committees (11), and community members (12)

[35] In light of the recent cyclones and within the broader examination of sustainability, community resilience in WASH is a particular area of interest for USAID. Though the evaluation can assess resilience to a limited extent, it should be noted that SCIP itself did not have a particular focus on or goal of ensuring resilience.

EVALUATION TEAM

Four people comprised the ET: Team Leader Holly Dentz; Senior Technical Advisor Kari Nelson, Ph.D.; WASH Specialist Bacelar Muneme; and WASH Specialist Andrew Chatting. Project Director Leslie Hodel provided additional technical support and oversight. Forcier Consulting conducted data collection. The ET and data collection firm brought significant expertise in WASH and evaluation methods and knowledge of local languages and context.

DATA COLLECTION METHODS

The ET conducted surveys with HHs on WASH practices. The ET relied on structured observations of WPs, water quality testing, and key informant and group interviews with a variety of stakeholders to understand the current status, use, and factors that impacted the sustainability of SCIP WASH activities.

QUALITATIVE INTERVIEWS

Table 2: Qualitative Interviews Completed

STAKEHOLDER	INTERVIEWS CONDUCTED
Former Implementers and Funders	3
Provincial Government	2
District Government	6
Water Management Committees	9
Community Health Committees	11
Community Members	12
Total	**43**

Key Informant or Group Interviews with Implementers and Government Officials. The ET conducted key informant or group interviews with IPs and provincial and district government officials to provide context for the overall evaluation (policy frameworks, monitoring, etc.) and gain a deeper understanding of SCIP implementation challenges and successes, factors that may have impacted sustainability, lessons learned, and interactions between their offices. The ET also sought additional data and documentation but found it was rarely available.

Focus Group Discussions with Community Members. The ET sought the perspectives of community members on a wide range of topics including SCIP activity implementation, the community's retention of WASH behaviors, WASH norms, and sustainability of both water supply infrastructure and sanitation activities. In addition, the ET asked this group about the activity's community-level governance and other topics.

Mixed-Methods Group Interviews with Water Committees. The ET conducted key informant or group interviews with water committee members, ensuring inclusion of female committee members, if available. The interview guides contained a mix of semi-structured and structured questions to elicit thoughts and perceptions related to who used the WPs, water quality, governance, operations, maintenance, and financial stability.

Mixed-Methods Group Interviews with Community Health Committees. The ET conducted key informant or group interviews with committee members that included female committee members

where available. The interview guides contained a mix of semi-structured and structured questions to elicit thoughts and perceptions related to the implementation of SCIP activities, their roles and responsibilities related to community WASH, integration of activities, and factors that impacted sustainability. In addition, questions focused on the larger governance structures within the district.

QUANTITATIVE DATA

Household Survey Including Observation of Latrines and Handwashing Stations. The ET completed 990 WASH–focused HH surveys with a female head of HH (where possible) to assess experiences and thoughts on water service level indicators such as functionality, quality, quantity, accessibility, reliability, source switching/mixing, challenges, and other related questions. In addition, the survey assessed the HHs' history of latrine installation, maintenance, replacement, user perception related to replacement/maintenance, open defecation within the community, knowledge of critical times for handwashing, and use and maintenance of handwashing stations. Within sampled communities, the enumerators used a random walk procedure to select HH respondents. During the HH survey, the ET observed 500 latrines and 822 handwashing stations. The ET observed latrines to assess each facility's cleanliness; signs of usage; and its structure for safety, privacy, ventilation, and presence of a slab. Handwashing station observations took note of handwashing station type and assessed the presence of soap and water.

Water Point Observation. The ET conducted 46 WP observations. The observation tool captured function (whether WPs dispense any water), flow rate, stroke rate, leakage tests, fill time, and observed risk of contamination. The ET also assessed WP infrastructure for factors that might impact sustained functionality, such as engineering aspects or other relevant factors.

Water Quality Testing. The ET conducted water quality testing at functional water points. In line with USAID WASH indicator HL.8.1-2, the ET tested 30 WPs for E. coli using the most probable number method and for the presence of fecal coliforms. The ET used Aquagenx (Chapel Hill, North Carolina) compartment bag tests for water quality testing.

SAMPLING

Though USAID and implementers provided the ET with multiple lists of locations where SCIP activities had been implemented (including a full list of CHCs, a list of WPs supported, plus a list of communities supported during the no-cost extension period), the different lists did not easily match one another, with less than half of communities matching across the different lists. Based on discussions with USAID, the decision was made to use the list of all 652 CHCs supported as the sampling frame, applying the agreed upon exclusion criteria (communities that had received similar WASH support from USAID or another donor after SCIP ended, benefitted from SCIP's no-cost extension, or were not feasible to access) to arrive at the final sample of all 253 nonexcluded communities. During field work, the ET excluded 14 additional communities due to accessibility and safety concerns.

Because the ET could not combine the CHC and WP lists, the ET did not know *a priori* which of the 253 communities would have SCIP–supported WPs. Thus, the team visited all 253 communities. The ET prepared enumerators to conduct a WP observation and water quality testing in every community in the five sampled districts where the WASH Package had been implemented. Through consultation with local leaders, the enumerators determined whether SCIP had supported a WP in that community. If it had (or if the enumerator suspected that a WP was SCIP–supported—see **Limitations** for more details), the enumerator observed the WPs and conducted water quality testing (where the WPs were functional). Because the final sample included all nonexcluded communities, the ET made no replacements for these 14 communities. The final sample included 239 communities (204 S&H Package and 35 WASH Package).

The ET purposively selected the qualitative sample from the 18 communities across districts in the quantitative sample. The ET selected from a combination of the implementation packages to enable the

representation of a variety of perspectives, approaches, and conditions. The ex-post series of evaluations has avoided data collection in locations that received additional WASH activities, known as sample contamination. The ET investigated the locations and content of WASH activities conducted by USAID, GoM, or other donors since SCIP ended to the extent possible (see **Annex G: Assessment of Site Contamination**). In agreement with USAID, the ET attempted to select communities with limited or no additional WASH activities. In every data collection location, the ET also captured details of which activities, if any, took place and what those activities entailed. This allowed the ET to account for any impacts related to contamination during analysis.

QUALITY CHECKS

The ET employed several data quality checks throughout the data collection and cleaning process. During data collection, a supervisor conducted back check survey phone calls for 11 percent of HH surveys and 18 percent of WP observations in randomly selected communities of the overall sample. In cases where these measures raised quality concerns, the ET sent supervisors to provide additional supervision and training. In addition, the ET conducted frequent quality checks on the final dataset and resolved all noted issues prior to finalization.

Senior ET members reviewed all initial qualitative notes to ensure sufficiency of detail and clarity. They worked with data collectors to improve the quality where necessary.

ANALYSIS

The ET analyzed all quantitative data using Stata 15 software and calculated means and pairwise comparisons. The team cleaned all data for errors (e.g., duplicates, missing values, etc.), and, where appropriate, disaggregated the data by district, Poverty Probability Index (PPI) groups, and approach. The ET calculated PPI groupings using the PPI from Innovations for Poverty Action.[36] PPIs have been created for dozens of developing countries and have undergone substantial testing for precision and reliability. The PPI relies on a simple set of 10 variables featured in the Demographic and Health Surveys and Multiple Indicator Cluster Survey linked with likely poverty status in each country (each country index uses different variables calibrated to the specific context). Each respondent receives a score based on answers to each of the 10 PPI questions, which is then translated into a poverty likelihood score. Using these likelihood scores, the ET grouped respondents into three groups: those likely to be making less than the Mozambican national poverty line (less than US $1.50/day), those likely to be in between the national poverty line and the international poverty line (between US $1.50–$1.90/day), and those likely to be above the international poverty line (above US $1.90/day). For simplicity and clarity in the report, these groupings are referred to either based on the relevant poverty lines or generically as those who are more or less poor, though readers should be aware that the ET did not directly measure poverty but rather estimated based on these probability estimates.

The ET first calculated means for each sample community, which it then used to calculate means across the sample of all communities. For select indicators, the ET compared the findings to data reported in the 2015 SCIP endline report, though limitations of this comparison are described below.

For qualitative data, the ET developed a codebook based on the evaluation questions and refined it through practice coding and iterative discussions with coders before formal codebook application. Coders applied analytic codes using MAXQDA 12 software and tested for intercoder agreement. The team leader reviewed the results for consistency and addressed discrepancies. The team leader also recoded data as needed for consistent coding application. Two ET members used applied thematic

[36] Poverty Probability Index: https://www.povertyindex.org/. The Mozambique PPI information can be accessed at https://www.povertyindex.org/country/mozambique.

analysis to deductively examine themes across the 43 qualitative interviews using complex coding queries and lexical searches.

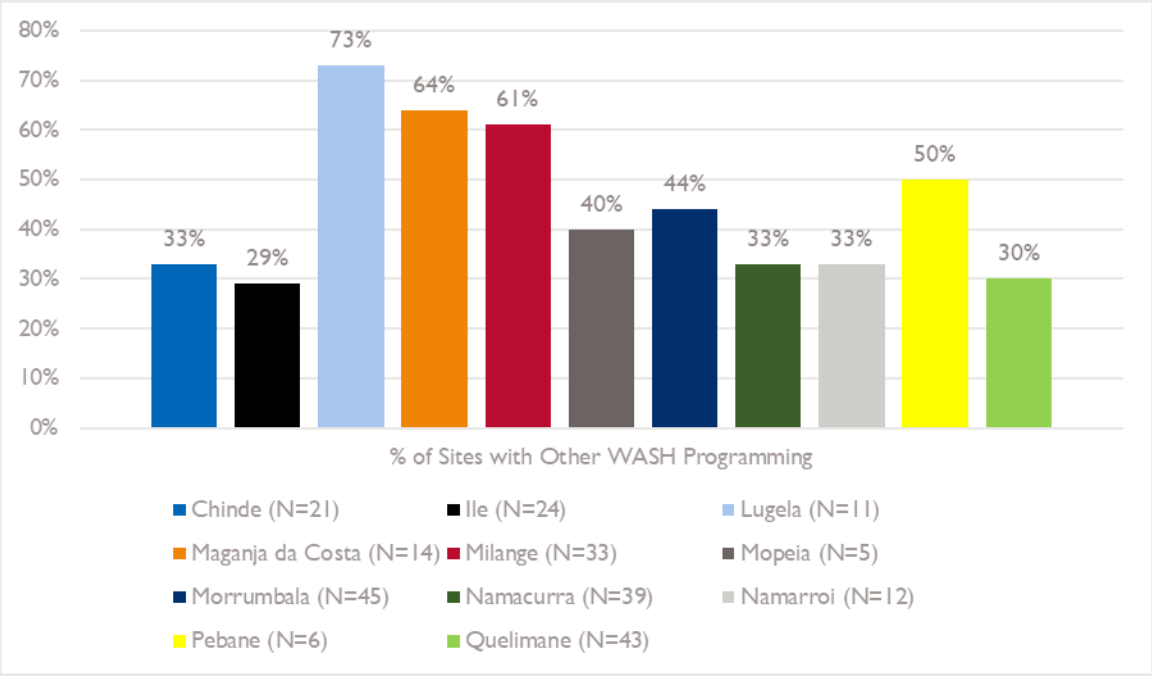
The ET triangulated the quantitative and qualitative data to ensure that the conclusions reflected the diversity of stakeholder perspectives from all groups, community types, and implementation approaches. The data analysis methods and triangulation process allowed the ET to validate findings, conclusions, and recommendations.

LIMITATIONS

Limitations and risks need to be considered in any evaluation design. The ET identified the following challenges and devised mitigation strategies during the evaluation:

Contamination. Despite the ET's best efforts to avoid sites where another donor or group had completed a similar intervention since the end of SCIP (i.e., sample contamination), the ET encountered contamination not detected during the desk review in 42 percent of communities. As the ET learned during fieldwork, Zambézia and, in particular its more southern districts, is a common recipient of donor support. This contributed to challenges identifying SCIP water sites (see next limitation). The level of contamination varied substantially by district, as seen in Figure 7.

Figure 7: Contamination by Other WASH Projects, by District



The ET had difficulty gathering information on contamination from government officials prior to community-level data collection. In most cases, when asked, government officials did not have community-level data readily available.

The ET compared key outcomes across sites that participated in other WASH programs and those that had not. In most cases, the differences were not significant. The only outcomes that showed a significant difference between communities with and without contamination related to how HHs dealt with the feces of children under age 5 and whether handwashing stations showed signs of use. Contamination did not show significant differences for any other variables (including for sanitation or hygiene); thus, the ET does not consider contamination to be a major concern for the outcomes of this evaluation.

Challenges Identifying SCIP–Specific Water Points. As noted in the sampling section, the ET could not match the list of CHCs (which was used as the sampling frame for the quantitative components) with the list of WPs constructed/rehabilitated. Thus, the ET did not know *a priori* which communities on the CHC list had received the WASH Package vs. those that received only the S&H Package. Thus, the ET relied on questioning local leaders (community chiefs or elders, CHCs and/or WCs, etc.) to determine whether a community had a SCIP–supported WP. In part because of the high level of donor activity in the Zambézia Province, many leaders had a difficult time definitively saying whether their community had received a WP through the SCIP activity. WPs did not consistently have legible plaques identifying the source of the WP. These challenges were exacerbated by the discovery that other projects in Zambézia had also used the local name, Ogumaniha, for their projects, further blurring local leaders' ability to effectively discern between SCIP and other projects. To mitigate this issue, the ET and data collection teams spent substantial time talking with community leaders, probing the timing of WP construction, the local implementers/organizations that had constructed or rehabilitated it, etc. Whenever a doubt arose about whether SCIP or another activity constructed/rehabilitated a WP, data collectors conducted the WP observation, and the ET then used all available data (including photographs, project data, and information gleaned from local leaders) to verify the provenance of the WP. The ET confirmed that the 46 WPs included in this evaluation are SCIP–supported. Thus, no significant concerns remain regarding the WP observation or water quality testing data. However, some questions do remain regarding the HH survey that asked specifically about SCIP water points in the community. The ET adjusted the data based on the final determinations of which communities had a SCIP WP vs. those that did not. However, this retroactive correction did result in smaller than expected samples for some of these questions. When sample sizes proved to be insufficient, those questions have been left out of the analysis.

Lack of Comparison to an Endline Survey. Where possible, the report compares data from this evaluation back to the baseline and endline values for contextual understanding. However, this evaluation cannot directly compare endline survey values to the evaluation data to measure sustainability for a few reasons. First, the endline data are not truly "endline" because SCIP's endline survey was conducted before the activity ended. Second, due to the focus on noncontaminated communities rather than a random sample of all communities (based on a joint decision between USAID and the ET), the ex-post evaluation sample is not representative of the full population of SCIP communities (whereas the endline was).

Biases. Biases such as recall bias and positive response bias may have occurred. Because SCIP spanned from 2009 to 2015, some communities may not have engaged with the activity in more than 10 years, and respondents may not have been familiar with or able to recall details to adequately answer the ET's questions. Respondents may have also wanted to provide a "correct or expected" answer because of social norms in their community, which would lead to positive response bias. To guard against the biases listed above, the ET triangulated findings among several sources and data types and included observations, where feasible, to complement self-reported behaviors.

Implementation Complexities. SCIP had several objectives beyond WASH and a complicated implementation that spanned different interventions and approaches. Exactly how each implementing partner carried out its activities is unknown, as are the details on which specific HHs took up interventions. This limits the ET's ability to draw conclusions about how implementation affected sustainability. However, the ET made inferences based on triangulation of data sources.

FINDINGS AND CONCLUSIONS

WATER POINTS AND USE

FINDINGS

CURRENT STATUS

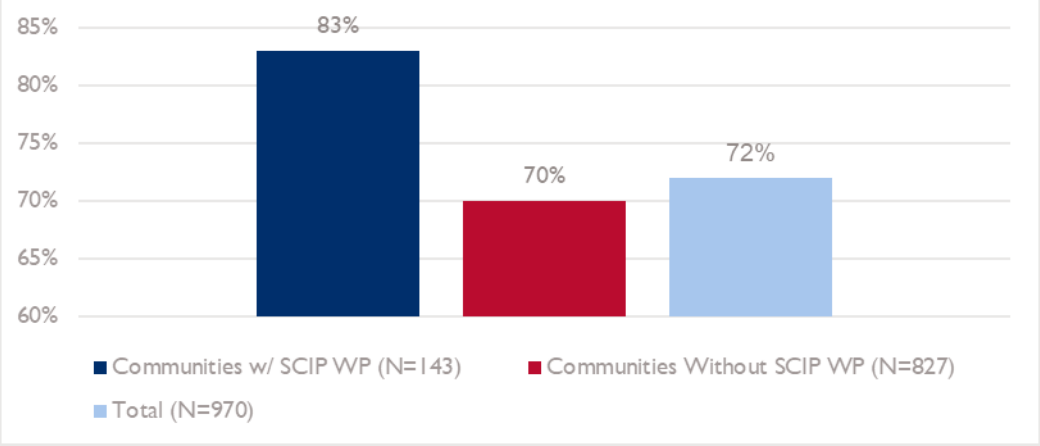
This section discusses the current status of SCIP–supported water infrastructure in communities that received the WASH Package and thus have (or had) a SCIP–supported WP. In addition to discussing observed values, the report also makes comparisons to Joint Monitoring Programme (JMP) data, where available. This includes comparisons to the JMP ladder for water service, which classifies "basic" water service as coming from an improved source and taking less than 30 minutes round-trip to collect.

Water Point Functionality. The SCIP activity supported installation or rehabilitation of two different types of WPs—boreholes and hand dug wells. All 46 observed WPs had AFRIDEV pumps installed. Overall, 65 percent of WPs were functional and 35 percent had broken down (as opposed to drying up or other issues). Among the 16 nonfunctional WP's observed, 10 broke down two or more years ago, three broke down six months to two years ago, and the remaining three broke down in the last five months, likely corresponding to cyclone damage.

The ET did not observe notable differences in functionality by well type or district.

Water Quantity. Seventy-two percent of households surveyed reported having access to sufficient drinking water. In communities where SCIP constructed or rehabilitated a WP, this figure was 83 percent. This represents a statistically significant difference between communities that received a SCIP WP and those that did not (p=.03) (**Figure 8**).

Figure 8: Households Reporting Sufficient Drinking Water, by whether a SCIP WP was Installed



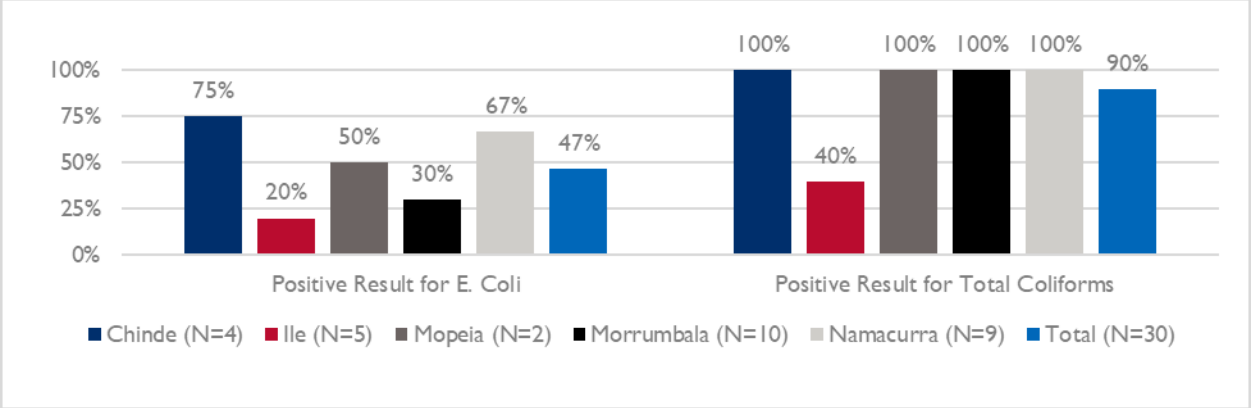
The ET also conducted direct observations of flow and stroke rates for SCIP WPs. Stroke rate is a particularly important measure for manual pumps like those SCIP installed. The less water produced per stroke, the more strokes required to fill a container, and the more time and physical exertion it takes a person to collect water.

Most observed WPs had flow rates within the industry average for similar types of pumps, with an overall observed average of 0.25 liters per second compared with the industry average range of 0.18–0.36 liters per second. The qualitative data also supported this finding, with most WCs reporting the

overall flow as sufficient. In terms of stroke rate, the average observed pump provided 0.37 liters per stroke, requiring an average of 54 strokes to fill a typical 20-liter container.

Water Quality. Overall, water users registered satisfaction with the water quality from their primary WPs. In communities with a functional SCIP WP, 94 percent of respondents said they thought the SCIP WPs provided safe drinking water, and 86 percent rated the water quality as acceptable overall (for drinking or other purposes). Qualitative interviews and focus group discussions (FGDs) also reflected this positive view of water quality, where the majority of WCs indicated they felt the water was safe to drink. However, in contrast to this community confidence, water quality tests yielded poor results, with 47 percent of functional SCIP WPs testing positive for E. coli and 90 percent testing positive for fecal coliforms. Figure 9 highlights the water quality test results by district. Tests did not reveal any statistically significant differences in water quality test results by district or well type. It is possible that the recent cyclones and associated flooding negatively impacted water quality. These issues are discussed in more depth in the **Resilience** section below.

Figure 9: Water Quality Test Results, by District



When asked in interviews about water quality testing of WPs, most respondents indicated that this happens at the time of drilling and pump installation and that post-installation testing occurred inconsistently, usually in response to a reported issue. The *Centro de Higiene Ambiental e Exames Médicos* (CHAEM), the government entity responsible for monitoring water quality[37]. Though CHAEM reported it tested 60 percent of boreholes on a regular basis, reports at the district level did not support this claim, suggesting CHAEM tested far fewer boreholes than it reported. Few of the district offices had any water quality testing records. One district official summarized it this way:

> *"Usually, we conduct this study at the time of drilling. There are holes existing for 15 or 16 years, and it's only now that we are conducting this study, and there is no specific periodicity because this work requires cost and we have no means, though water is in a hole. Main difficulty is insufficiency of means for us to reach the communities."* – District Water Official

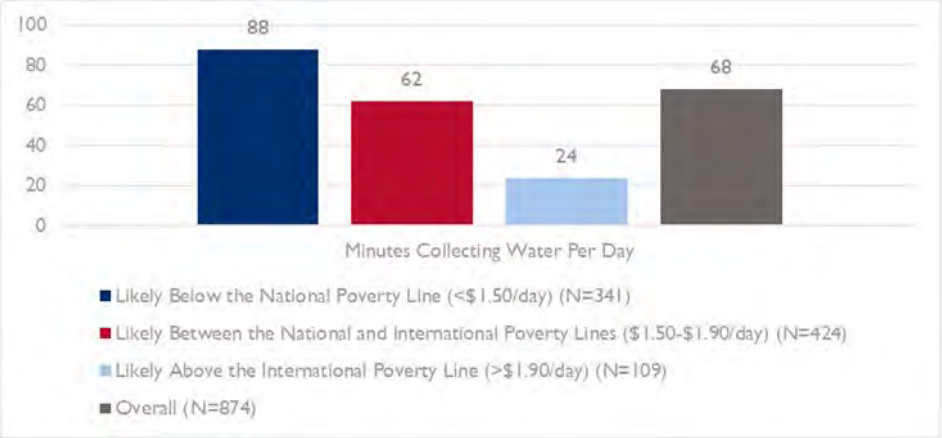
When water quality testing is conducted and contamination is found, provincial-level officials report that they do not have the authority to do more than educate the populace, recommend HH water treatment methods, and in some cases provide CHCs with chlorine to distribute. They do not have the authority to close WPs. The qualitative interviewees said that WP treatment does happen occasionally, but they did not clearly state the rationale and frequency of treatment.

[37] CHAEM is responsible for water quality testing in close collaboration with the Provincial Directorate of Public Works, Housing and Water Resources, which houses water quality data.

Water Accessibility. The definition of access to a "basic" water service requires that water collection take 30 minutes or less for a single round-trip.[38] When asked in the survey, 58 percent of users reported needing 30 minutes or less for a single trip to collect water. In theory, SCIP's support for building WPs would have increased water access in these communities. However, the ET noted no statistically significant difference between communities with a SCIP WP installed and those without, suggesting other factors may be at work. Given SCIP's need-based assignment of WASH benefits to communities, those that already had sufficient access likely were not selected. Communities not selected for the WP intervention may also have received support for new WPs through other interventions. Analysis suggests no discernable difference between communities based on whether another WASH intervention had occurred in the community after SCIP.

Though most users reported needing less than 30 minutes per trip, most also took multiple trips per day to meet their water needs. On average, users reported spending 68 minutes per day to collect water.[39] Total daily water collection time varied in a statistically significant way across different PPI groups, with the poorest HHs spending the most time collecting water and those better off spending the least amount of time (**Figure 10**).[40] This evaluation design did not assess why those who are poorer might be spending more time collecting water; a variation that was not known *a priori*. However, the ET can discuss a few potential explanations and suggest additional ones for future study. The differences are not due just to variation between communities (such as if better off communities had more WPs or more piped water systems that reduce collection times). A regression assessing the effect of PPI group and whether a HH had access to piped water in their home, compound, or at the house of a neighbor found both variables to be statistically significant predictors of the total time HHs spent collecting water.[41] Those with access to piped water and those who were better off spent less time collecting water. Additional explanations that could warrant further exploration (but for which data were not available in this evaluation) might be: are poorer HHs located further away from WPs, are poorer HHs larger than less poor HHs (necessitating more trips to collect water), or do informal norms within the community give wealthier/more influential HHs priority when collecting water?

Figure 10: Total Time Spent Collecting Water by PPI Group

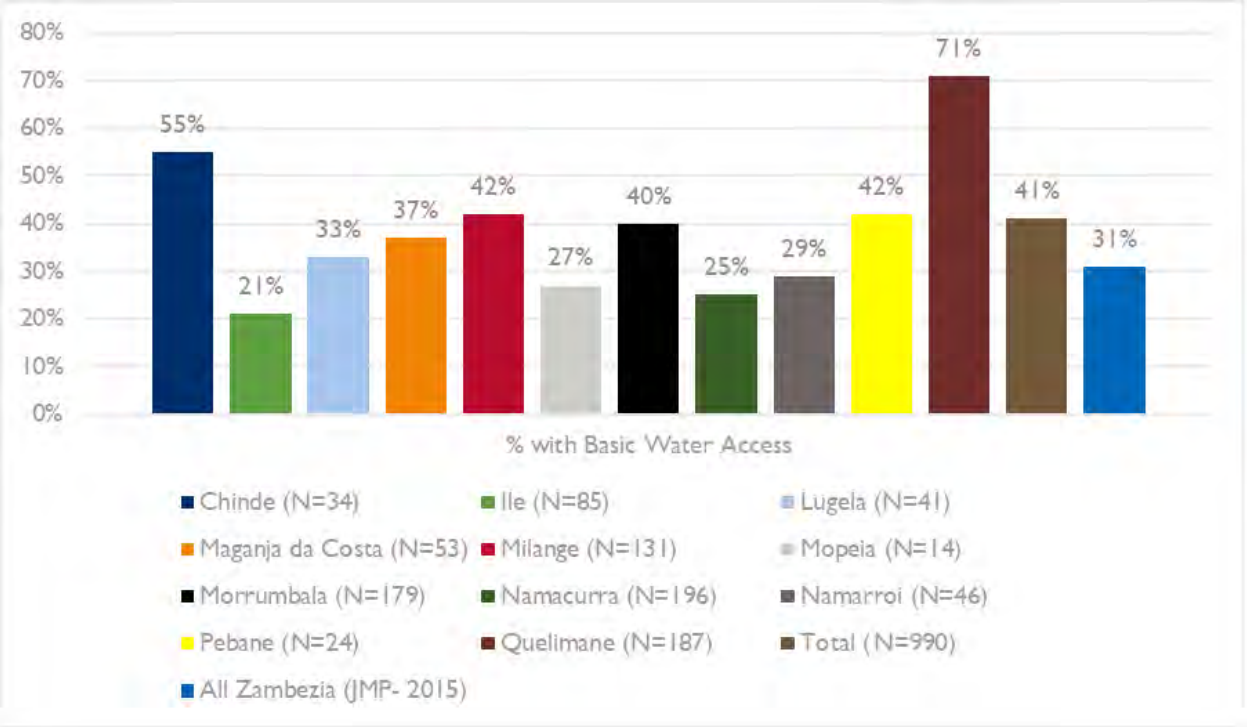


[38] WHO/UNICEF Joint Monitoring Programme. 2020. Drinking Water. https://washdata.org/monitoring/drinking-water.
[39] Median time spent is slightly lower at 48.
[40] All differences between poverty likelihood groups are statistically significant. Between the "<$1.50/day" and "$1.50-$1.90/day" groups, p=.01. Between the "<$1.50/day" and ">$1.90/day" groups, p=.000. Between the "$1.50-$1.90/day" and ">$1.90/day" groups, p=.017.
[41] Regression with robust clustered standard errors (by community). Regression statistics: For PPI group, the coefficient=-17.4 (p<.001); for having piped water, the coefficient=-38.9 (p<.001). R-squared=.057.

Overall, 65 percent of respondents reported using an improved source for their drinking water needs. This varied substantially by district, from 31 percent in Ile to 97 percent in Quelimane. District differences are discussed in more detail below in relation to overall basic access.

Per the JMP indicator, "basic" water access means reliable access to an improved WP for drinking that requires less than 30 minutes per round-trip to collect water. Forty-one percent of respondents overall reported meeting these criteria. Access varied somewhat by district, with those in Quelimane District having the highest percentage of respondents with basic water access (71 percent; $p<.05$ in all district comparisons except with Chinde). As a more urban provincial capital, it is not surprising that this district differs from others. Figure 11 shows the variations by district. It also compares the evaluation data (which focus just on the sample SCIP communities) with the broader JMP average for the Zambézia Province as a whole at the time of SCIP's 2015 closure (31 percent).[42]

Figure 11: Basic Water Access, by District and Compared to 2015 JMP Data

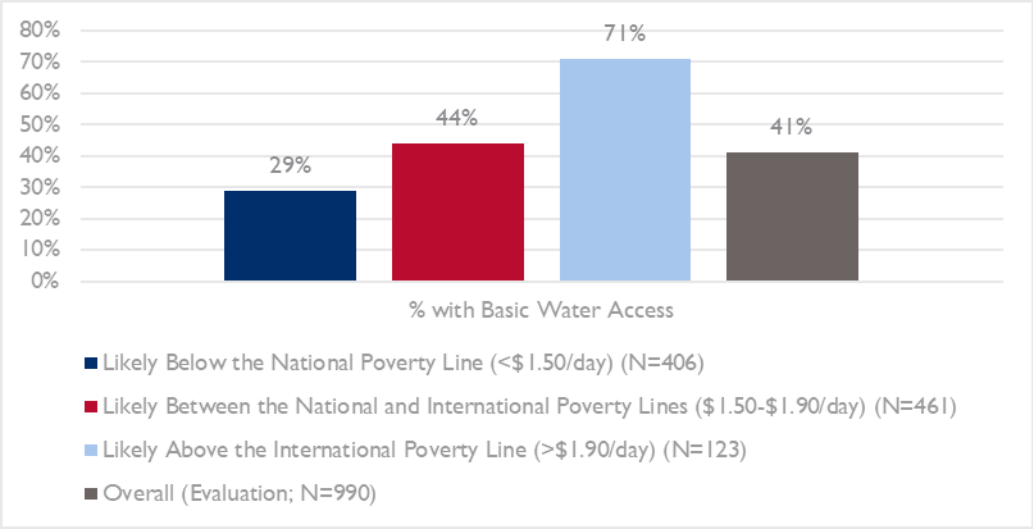


As with water collection time, the ET found a statistically significant difference in whether HHs had basic water access across PPI groups.[43] Those under $1.50/day had the lowest rate of basic access, while those above $1.90/day had the highest (**Figure 12**).

[42] JMP Household Data Explorer website. https://washdata.org/data/household#!/ (March 9, 2020). District-level JMP data from 2015 are not available. The ET uses JMP data for comparison because the SCIP endline did not sufficiently differentiate measurement of improved sources.

[43] All differences between groups were statistically significant at $p<.01$.

Figure 12: Basic Water Access, by Likely Poverty Grouping



Reliability. Overall, 89 percent of HHs in SCIP WASH Package communities reported that water was always available from the SCIP WPs. Among those identifying reliability concerns, zero respondents indicated that water rationing occurred, while 5 percent reported seasonality issues and 81 percent had concerns related to broken parts or repair issues. The respondents noted no differences in the existence or types of issues across districts, well types, or other subgroups. These findings are in line with data from the direct observations, in which only 13 percent of the WPs observed had any signs of leakage, but 60 percent had some repair need (broken handles or pipes, cracked concrete, etc.). Many of the observed repair needs did not affect the pump's ability to produce water.

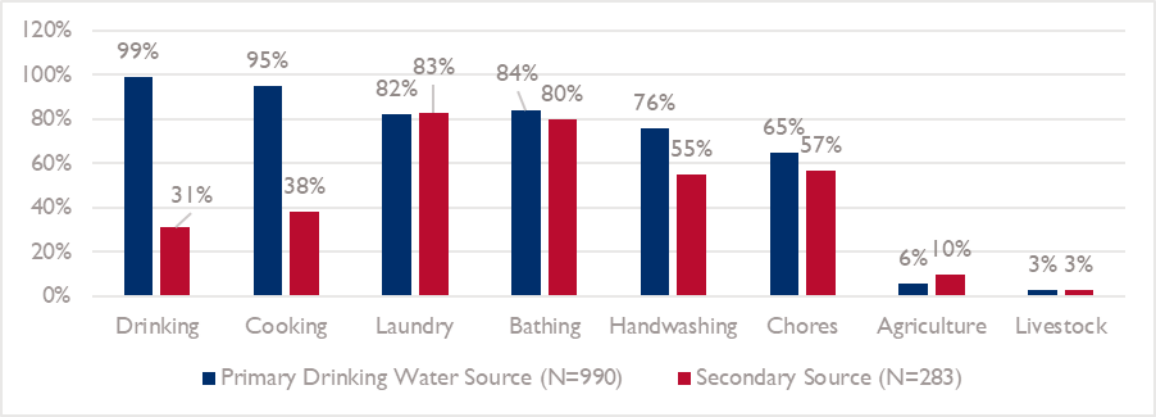
USE

Water Use Patterns. Twenty-eight percent of respondents reported using multiple WPs to meet their water needs. However, only 8 percent of the secondary sources were considered improved sources. As with access to basic water service (for drinking), whether a HH had access to an improved secondary source varied in a statistically significant manner by district and likely poverty group. Both Quelimane and Lugela districts had higher rates of improved secondary sources (17 percent and 28 percent, respectively) than the other districts.[44] Those above the US $1.90 international poverty threshold most commonly used an improved secondary water source (21 percent vs. 7 and 5 percent in poorer groups; p<.001 in both comparisons).

Respondents used different WPs for a variety of purposes (**Figure 13**). For their primary drinking water source, respondents reported drinking, cooking, and handwashing as the predominant uses. A small number of respondents also used their primary drinking water source for livestock or for agriculture/gardening purposes. For washing laundry, bathing, and household chores, respondents used primary and secondary sources nearly equally.

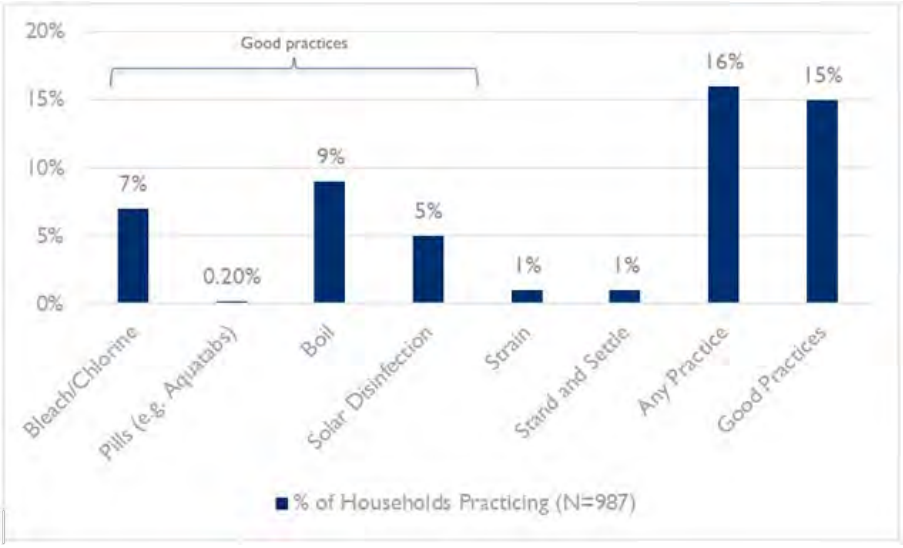
[44] For all comparisons between Quelimane and other districts and Lugela and other districts, p<.05. The difference between Quelimane and Lugela was not statistically significant.

Figure 13: Water Uses Across Primary and Secondary Sources



In addition to addressing water access, SCIP also trained beneficiaries in water treatment.[45] Given the fairly high rates of positive E. coli tests and even greater fecal coliform contamination, water treatment at the point-of-use or point-of-source becomes very important. Respondents rarely mentioned WP treatment at the source level during interviews. SCIP provided training on point-of-use water treatment, but it is unclear whether it promoted a specific method. Based on the ex-post survey, only 16 percent of HHs practiced any kind of water treatment (**Figure 14**). This tracks closely with the provincewide estimate from the 2015 SCIP endline report, where 15 percent reported treating their water at both baseline and endline (**Table 1**), suggesting little change from before SCIP began or ended.

Figure 14: Household Water Treatment Practices



Of those using water treatment at the time of the ex-post evaluation, the vast majority (15 percent overall) used a method of water treatment that can be effective.[46] This contrasts with previous evaluations in the ex-post series where respondents reported higher rates of less effective, less

[45] USAID now considers HH water treatment as a component of hygiene. However, SCIP included water treatment as a part of the broader activities aimed at improving access to safe drinking water. Thus, in line with other reports in the ex-post series, HH water treatment is discussed as a component of water use.

[46] Whether a particular method is fully effective depends on surrounding practices (such as not dipping a dirty hand into a bucket of previously boil-purified water). The methods included as being potentially effective include bleach/chlorine, pills (such as Aquatabs), boiling, and solar disinfection.

expensive treatment methods (such as straining). The rate of water treatment practices that can be effective varied somewhat by district, though most differences were not statistically significant. The ET did not detect significant differences between those HHs that reported having been directly involved in SCIP activities compared to those that had not. PPI group, however, appears to have made a difference. The poorest had much lower rates of safe water treatment practices than the other two groups (9 percent for those below $1.50/day versus 18 percent for those between $1.50–$1.90/day and 25 percent for those above $1.90/day).[47]

SUMMARY OF CURRENT STATUS AND USE

- The ET found SCIP WP functionality to be mediocre, and on par with the findings of similar studies of small community-managed water infrastructure. However, few water users reported water quantity or reliability problems.
- Though users and water committees had high confidence in water quality, testing found water quality in SCIP WPs to be a significant concern.
- Across all sites, though just over half of respondents spent less than 30 minutes round-trip, most required multiple trips to meet their HHs' needs and spent more than an hour collecting water daily. Only 41 percent of HHs had basic water access per the JMP definitions.
- Respondents also used their primary drinking water sources for cooking and handwashing while users were more evenly split on whether they used their drinking water source or a secondary source for laundry and household chores. Respondents more often used a secondary source for agricultural or gardening purposes.

FACTORS AFFECTING SUSTAINABILITY

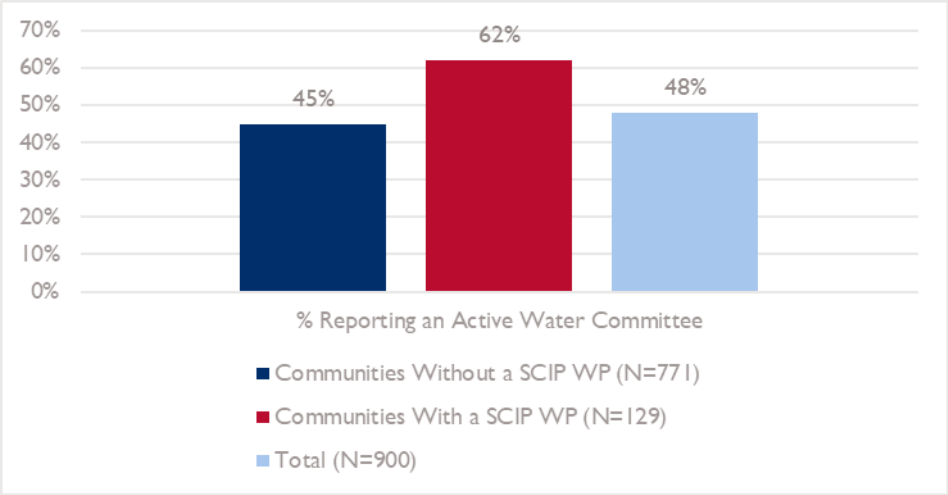
Management Factors. SCIP either created or retrained WCs and CHCs in each of the WASH Package communities. Activity documents did not reveal significant details regarding the intended structure and functioning of these committees. Thus, the ET does not know what SCIP recommended regarding the frequency of meetings, whether and how to document meeting minutes, or other committee management details. The committees do receive some support from the district government, primarily in the form of training and other nonfinancial support. A district official also stated that, according to a new government policy, local WCs and CHCs were responsible for maintenance and minor repairs while the government would step in to support more major repairs.

Local representatives authorizing the WP observations indicated that WCs managed 89 percent of the observed SCIP WPs while CHCs managed 7 percent. In contrast, only 62 percent of HH respondents in these same communities said that an active WC managed their WPs.[48] This discrepancy may relate to lower levels of awareness and/or engagement on the part of community members versus local leaders, though the ET does not have the data to confirm this possibility. The proportion reporting an active WC was statistically higher (p=.015) in communities that received a SCIP WP than reports from HHs in communities that had not received a SCIP WP (**Figure 15**).

[47] P=.003 when comparing those likely living under $1.50/day with those likely between $1.50–$1.90/day and p= .001 between those likely living under $1.50/day and those likely living on more than $1.90/day. There was no statistically significant difference between the $1.50–$1.90/day and over $1.90/day groups.

[48] In the survey enumerators only asked HHs if a water committee actively managed their WP and not whether a health committee managed the WP.

Figure 15: Household Reports of an Active Water Committee, by Community Type



Among those reporting an active WC, 80 percent of HH respondents believed that their WC managed the WP well or very well. Satisfaction with the WC did not differ whether the community had received a SCIP WP or not. Holding a minimum of monthly meetings is often considered a best practice for WCs. In the qualitative interviews, only one interviewed WC reported meeting less than monthly. Many reported meeting multiple times a month.

As highlighted above, most respondents rated SCIP WPs as reliable. Where issues did occur, most respondents said that the WC resolved issues relatively quickly—49 percent said that it took one to three days for most necessary repairs to be made. Only 12 percent indicated that the problem was never fixed.[49] In interviews, the most commonly reported repair problems involved pump seals, bushings, and bases. Some communities reported being unable to repair their SCIP WPs when they broke down, and these remained nonfunctional. Among the 16 nonfunctional WPs observed, 10 broke down two or more years ago, three broke down six months to two years ago, and the remaining three broke down in the last five months, likely corresponding to cyclone damage.

WCs reported receiving varying amounts of support from the government to manage their WPs and conduct maintenance and repairs. While some said they received support (usually in the form of technical assistance and not financial support), others said they did not receive any support. Four of six district interviewees mentioned that they hired private consultants to assist WCs. The exact scope of this assistance is not known, though interviews suggest it was primarily in the form of "soft" support (training, guidance, etc.) rather than financial support or direct assistance with O&M or repairs. The effectiveness of this support is unclear.

SCIP worked to improve access to WP parts. In interviews respondents gave mixed reports regarding access to spare parts for repairing the WPs. Some government officials insisted that spare parts were available on the market and that the government helps to ensure that is the case. However, the opinions of water committee members diverged: three of seven said they had adequate access to parts, while the remaining four often had trouble. As a part of enhancing access to spare parts, SCIP set up and trained women's groups to sell spare parts for WPs.[50] Unfortunately, one former IP indicated that these women's groups are now largely defunct.

Financial Factors. During implementation, SCIP trained WCs not only in good management practices, but also in financial best practices, though details were limited on what the trainings covered.

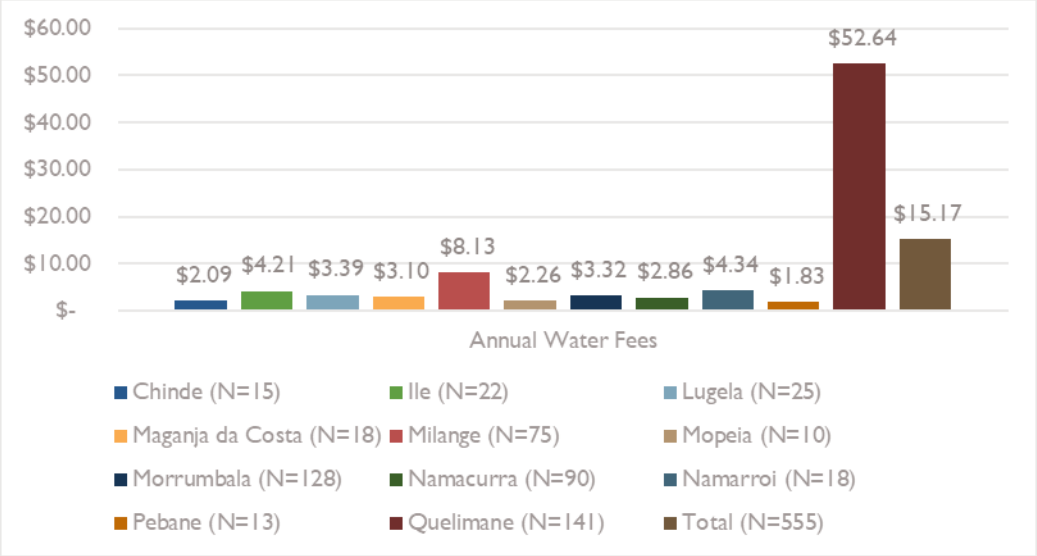
[49] Less than 15 percent reported each of the other options on the survey: 4–6 days, 2–3 weeks, or longer than a month.
[50] Very limited information is available regarding this aspect of the SCIP activity and how it was implemented.

Interviewees reported that setting water fees occurs at the community level, which can result in significant variability in water fee payments between communities.

In the HH survey, 60 percent reported paying for water from their WPs, the vast majority of whom paid a flat monthly fee. This share of HHs who report paying water fees is consistent with the qualitative interviews in which five out of nine WCs said they collected fees for their water pumps. Two WCs reported only collecting fees during a WP breakdown. Though the ET noted no significant difference in water fee payment between communities that received a SCIP WP and those that did not, the percentage of those paying water fees varied significantly based on PPI groups.[51] Those in the group making more than $1.90/day had a substantially higher percentage of HHs paying water fees (84 percent) than those making less than $1.50/day (58 percent; p=.003) or those making between $1.50–$1.90/day (57 percent; p=.001).

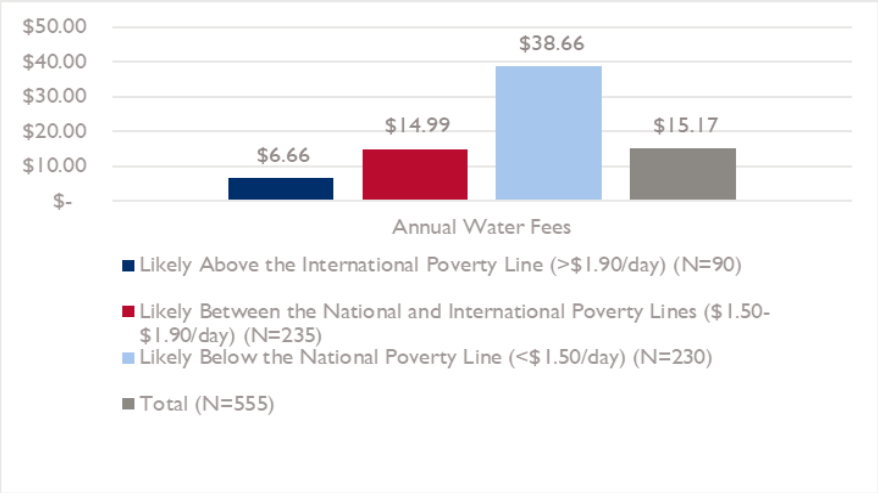
Among those paying water fees, HH respondents paid an average of 972 meticals per year (approximately $15.17 per year), though the median was much lower at 240 meticals per year (approximately $3.75 per year). Thus, areas with substantially higher fees likely impacted the average (see below breakdown by district). Amounts paid per year varied significantly by district (**Figure 16**) as well as PPI group (**Figure 17**). Across districts, Quelimane stood out as the clear outlier, with average annual water fee payments of US $52.64 compared to other districts, which ranged from $1.83–$8.13 per year.[52] This is perhaps unsurprising given that Quelimane is more urban and is the provincial capital. Across PPI groups, better off HHs paid higher fees.[53]

Figure 16: Annual Household Water Fees, by District



[51] There was no significant difference in PPI scores between WASH Package and S&H Package communities.
[52] Differences between Quelimane and other districts had p-values of <.001 in all cases. Differences between other districts were not statistically significant.
[53] Differences between likely poverty groupings had p-values of <.02 in all comparisons.

Figure 17: Annual Household Water Fees, by Likely Poverty Grouping



The ET also looked at whether WASH Package communities differed from S&H Package communities without a SCIP–supported water point in terms of paying fees or the amount paid. Those in S&H Package communities generally paid higher fees. However, Quelimane received the S&H Package. Thus, the ET does not believe that this comparison represents a likely effect of the activity, but rather is highly affected by geographic and poverty variables. As previously noted, Quelimane is more urban and is also the provincial capital, likely contributing to people having more financial resources as well as better water access.

Unlike findings of the Millennium Water and Sanitation Program (PEPAM/USAID) ex-post evaluation in Senegal,[54] the ET found no significant correlation between HHs reporting payment of water fees and whether their SCIP WPs still functioned. However, the amount they paid was (p=.04). The positive relationship suggests the higher fees HHs paid, the more likely their WPs would remain functional. Qualitative interviews indicated that in some districts WCs get support on how to manage fee collection.

Many WCs said in interviews that the fees they collect are insufficient to cover their costs. In some cases, they reported having difficulties collecting fees from users who were able to collect water for free from other sources (either other WPs or rivers and personal hand-dug wells).

Some districts contract with private companies to support community water point maintenance/repair when significant issues arise. However, the exact criteria and frequency are not known. Interview data suggest that such services are inconsistent, mostly due to financial and resource constraints.

CONCLUSIONS

With 65 percent of WPs functioning at the time of observation, the SCIP findings on functionality are on par with findings from other studies of small, community-managed water infrastructure, including others in the ex-post series. Only 41 percent of HHs had basic water access. The quantity of water provided at each of the WPs appeared satisfactory, and overall reliability (where pumps still functioned) appeared to be good. The ET found water quality, however, to be poor and observed high rates of contamination by E. coli and fecal coliforms. It is possible that cyclone damage and flooding introduced some contamination to water points. However, people expressed confidence in the good quality of the water they obtained.

[54] Social Impact and ECODIT. 2019. Millennium Water and Sanitation Program (PEPAM/USAID) Ex-Post Evaluation. https://files.globalwaters.org/water-links-files/ex-post-evaluation-millennium-pepam.pdf.

Less than half reported relying on a secondary water source to meet their HH's water needs. Respondents that used a secondary source typically used an unimproved source and used it more often for laundry, chores, or agriculture/gardening. Very few respondents reported using any methods to improve the quality of their drinking water. However, where they did, respondents generally reported using a method that can be effective for purification such as boiling, chlorine, or purification tablets.

Several factors appear to be associated with the status of SCIP WPs. WCs actively managed most SCIP WPs, and WCs reported that they met frequently, a positive sign for functional WCs. As with other evaluations in this series addressing community-managed water infrastructure, collecting sufficient money to support WPs' operations and maintenance (O&M) appeared to be a key constraint affecting sustainability. Only 60 percent of HHs paid for water.[55] Most interviewed WCs indicated that they did not collect sufficient money for O&M.

Throughout, income level appears to be a significant factor associated with outcomes like time spent collecting water, basic water access, whether a HH pays water fees, and how much they pay. Those who were better off had higher rates of basic water access, were more likely to pay water fees (and higher fees) and were more likely to treat their drinking water.

HOUSEHOLD LATRINES

FINDINGS

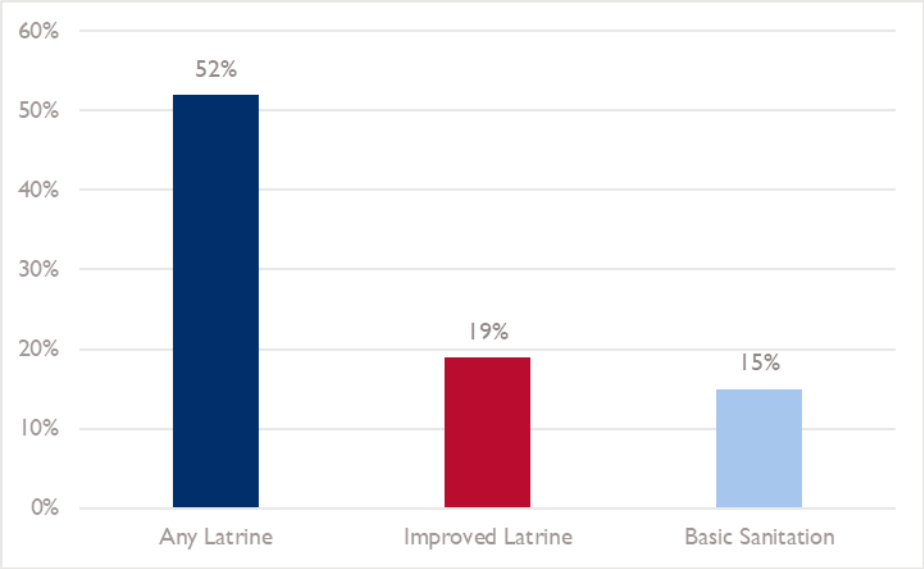
The ET used the HH survey and observations to ascertain whether HHs used their latrines and replaced or repaired them as needed, and whether HHs practiced other SCIP–promoted sanitation behaviors. The survey and qualitative interviews further investigated factors that contributed to the observed level of sustainability.

CURRENT STATUS

Access to Sanitation. Reported latrine use aligned with observed latrine presence, as the ET observed a latrine of any type at 52 percent of HHs. However, only 19 percent had an improved latrine as shown in **Figure 18.** Excluding HHs sharing a latrine, only 15 percent met standards for basic sanitation access.[56] The ET found access to improved sanitation to be similar to the provincewide 23 percent reported in the 2015 endline report (19 percent with traditional improved latrines combined with 4 percent having improved latrines with support structures, as shown in **Table 1**).

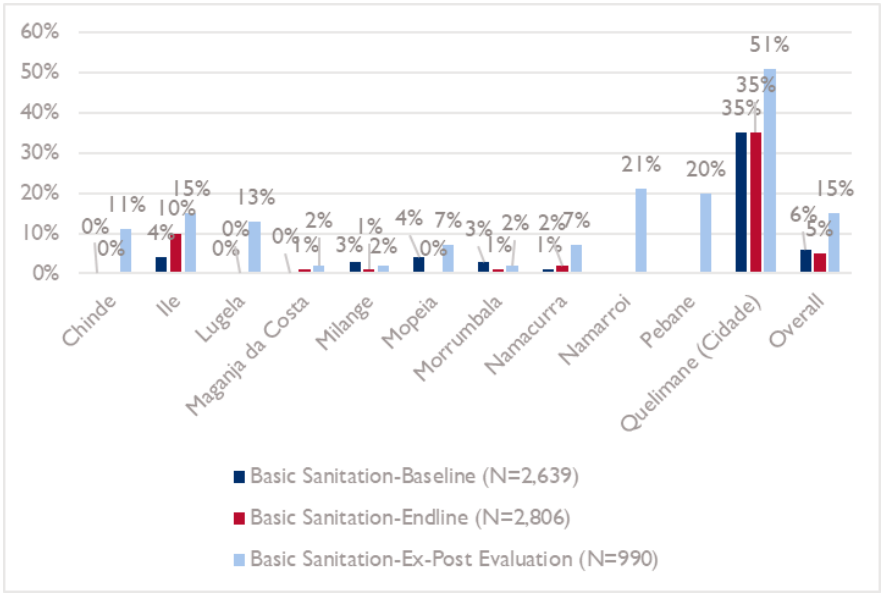
[55] USAID/PEPAM. 2014. Comparison of Water Supply Technology Costs. https://pdf.usaid.gov/pdf_docs/PA00K8R9.pdf.
[56] According to JMP, improved sanitation refers to facilities designed to hygienically separate excreta from human contact (e.g., flush/pour flush to piped sewer system, septic tank, or pit latrines; ventilated improved pit latrines, composting toilets, or pit latrines with slabs). Those with improved sanitation who also do not share with other HHs are considered to have "basic sanitation" access (JMP. 2018).

Figure 18: Observed Latrine Access Levels (N=990)



Latrine access varied by district. Those in Lugela, Pebane, and Quelimane had the highest rates of access (**Figure 19**). In contrast, those in Mopeia, Morrumbala, and Namacurra districts had the lowest access levels. Figure 19 also compares the ex-post rates of basic sanitation access to those measured in the SCIP baseline and endline data sets within the ex-post sampled districts.[57] Comparing the evaluation data directly to baseline and endline has its limitations, however, basic sanitation access appears to have improved over time.

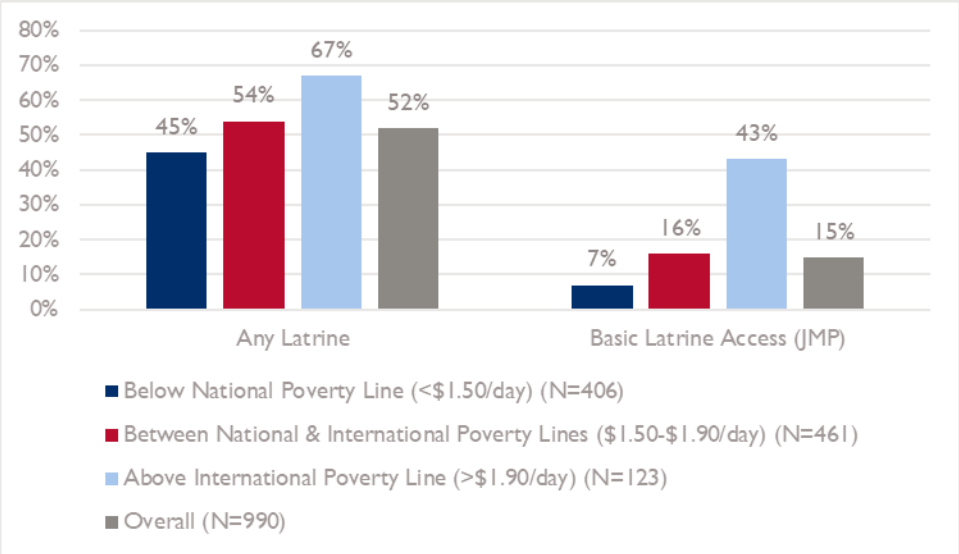
Figure 19: Basic Sanitation Access, By District Across Data Collection Periods



[57] To provide a more appropriate comparison than the SCIP endline report's provincewide estimates, the ET re-analyzed the SCIP baseline and endline data sets to calculate key indicators within the same districts included in the ex-post sample. The baseline and endline are not completely comparable to the evaluation data, as outlined in the "Limitations" section. However, the comparison is provided for contextual purposes.

Access levels decreased with the likelihood of poverty (**Figure 20**). Those below the national poverty line were significantly less likely to have a basic latrine, any latrine or an unshared latrine than those in the other PPI groups. (Any latrine p=.05 when compared to those between the national and international poverty thresholds and .003 when compared to those above the international poverty line; basic latrine access p=.004 and <.001, respectively).

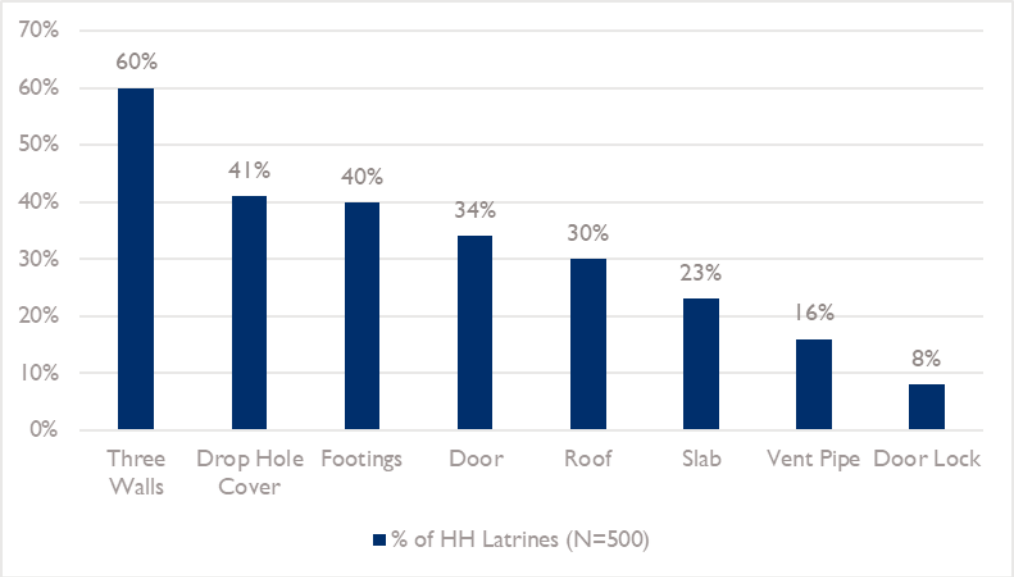
Figure 20: Observed Latrine Access, by Probable Poverty Level



Latrine Characteristics. The 500 HHs with a latrine exhibited generally poor construction quality (**Figure 21).** Only 23 percent had a slab, and only 60 percent had at least three walls to maintain privacy. The ET found evidence of higher quality ventilated improved pits (VIP) in only 16 percent of latrines with a vent pipe.[58] Research suggests the low proportion with privacy features like a door (34 percent) and lock (8 percent) indicates low usage.[59]

[58] SCIP did not promote VIP latrines specifically but rather general latrine construction. VIP design would be a sign of a HH having adopted a higher-level latrine on the sanitation ladder.
[59] Garn J. et al. 2017. "The Impact of Sanitation Interventions on Latrine Coverage and Latrine Use: A Systematic Review and Meta-Analysis". *International Journal of Hygiene and Environmental Health. 220(2B):*329-340. https://www.sciencedirect.com/science/article/pii/S1438463916302619

Figure 21: Observed Latrine Characteristics



CHC and community member stakeholder views of the quality of SCIP–supported latrines varied widely—ranging from good quality to poor. According to one district official, "Yes. Some built improved latrines, but those who could not build improved latrines built traditional latrines. People built more latrines of different quality. Some were of poor quality, and they would fall with raindrops."

Figure 22: Examples of Observed Latrine Quality

Latrine quality and style ranged from simple unstable open pit holes without a superstructure (top left) to concrete slabs with superstructure and a handwashing station (bottom right). Photo credit: Forcier Consulting

Latrine Maintenance. It is difficult to verify with certainty whether sampled HHs first constructed latrines during the implementation period of SCIP (2009–2015) as a result of the activity's CLTS or PHAST promotion. When directly asked whether they constructed a latrine after the Ogumaniha activity came and the CHC discussed latrines, 11 percent said they had. However, the ET observed that many

people had challenges recalling Ogumaniha by name, so this indicator may be unreliable. On average, respondents said they built their first latrine approximately six years ago. Given the time overlap, SCIP may have prompted this action. Current latrines were reported to be three years old on average (median two years).

Periodic maintenance to address wear and tear and replacement or pit evacuation as they fill are expected for each HH. Furthermore, though HHs might start by digging a basic pit, it is hoped that HHs would adopt additional features of privacy, safety, and quality over time (illustrated roughly via the progression of examples in **Figure 22**). The survey assessed the sustainability of these facilities and how HHs addressed maintenance issues.

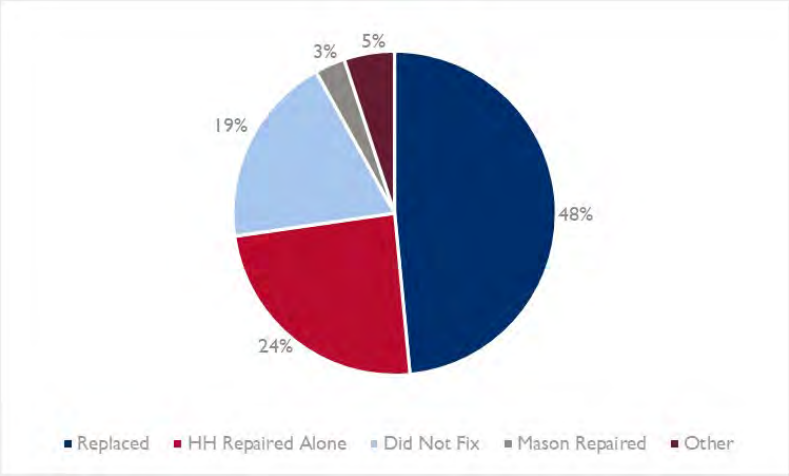
The HH survey asked respondents with a latrine about maintenance issues that occurred in the last five years (since SCIP ended), level of severity, and if they resolved the issue (**Table 3**). The respondents cited a full pit (30 percent) or problems with walls (32 percent) as the most common issues.

Table 3: Latrine Maintenance Needs (N=506)

ISSUE	PERCENT ENCOUNTERED	PERCENT RATED SEVERE
Full pit	30%	41%
Wall issue	32%	21%
Latrine flooding	11%	13%
Roof issue	19%	7%
Slab damage	14%	5%
Lid damage	14%	4%
Vent pipe damage	5%	2%
Floor damage	20%	-

Nineteen percent of all HH latrine owners did not resolve the most severe problem their latrines experienced in the past five years, while 48 percent replaced their latrine (**Figure 23**). When restricted to HHs that reported a filled pit being the most severe issue, 86 percent addressed the issue—primarily by replacing or conducting maintenance on the latrine. According to CHC interviews, 10 out of 11 claimed they typically rebuilt latrines if destroyed or full.

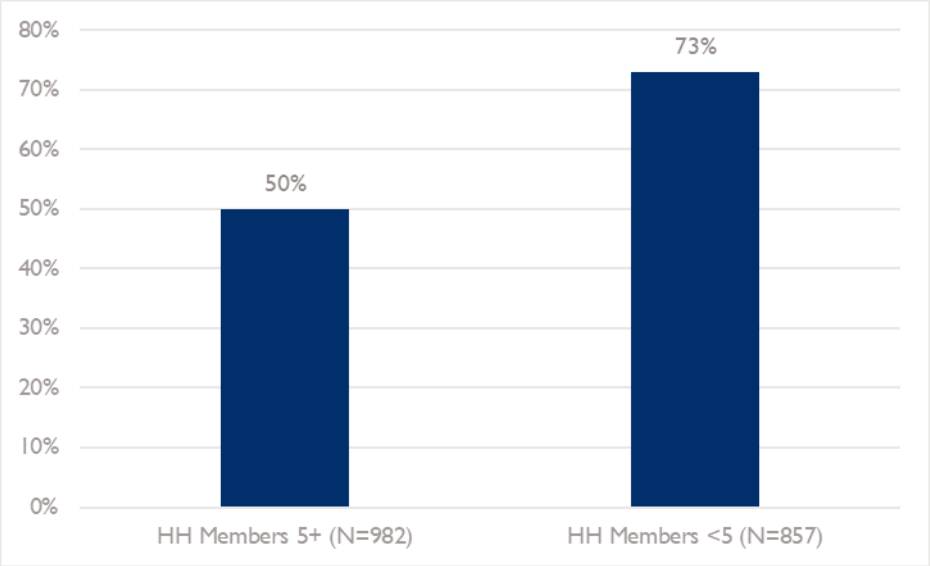
Figure 23: Response to Most Severe Latrine Maintenance Problem (N=276)



USE

Several metrics indicated low levels of safe feces disposal. Fifty percent of HH adults reported consistent use of any latrine, and 73 percent of HHs with children under 5 reported safe disposal of child feces either in a latrine or through burial, with burial comprising 35 percent (**Figure 24**). This is slightly higher than the provincewide rate of 44 percent of HHs reporting latrine use during the 2015 endline survey (**Table 1**).

Figure 24: Reported Safe Practices for Defecation/Feces Disposal



Recognizing that self-reported latrine use is a measure subject to reporting bias, the ET also examined alternative evidence of OD within the community. Thus, the survey included both questions about defecation practices within the respondent's HH as well as whether respondents knew of anyone in the community who defecates in the open. For CLTS communities, any OD signals that methodology's failure to achieve sustained absence of OD. It appears OD is still common, as 73 percent of HHs claimed to know of people who defecated in the open. The qualitative interviews confirm this, with respondents from several communities saying OD typically occurs in the bush or mangroves.

SUMMARY OF CURRENT STATUS AND USE

- According to the HH survey, half reported that all adults use latrines for defecation, which aligned with the observation that approximately half had a latrine.
- OD still occurs in nearly three-quarters of sampled communities. Most HHs constructed their first latrine six years ago, confirming many sampled HHs may have been first triggered by SCIP, CLTS, or PHAST promotion activities.
- Latrines featured largely simple and not durable construction, with only 19 percent of latrines designed to safely separate excreta from human contact (improved).
- Still, latrine owners reported maintaining their facilities over time, with 80 percent taking action to address the most severe problem in the past five years. This reflects some sustained value of HH sanitation among those with a latrine, albeit without much quality improvement up the sanitation ladder.

FACTORS AFFECTING SUSTAINABILITY

The ET examined various factors that might have contributed to the levels of sustained outcomes. It first looked at whether SCIP–initiated activities persisted five years after activity close.

Local Capacity and Commitment Factors. SCIP intended for CHCs and activists to continue WASH behavior change promotion after the activity ended. In interviews, CHCs confirmed that they and activists had indeed continued to play a role in sensitizing their communities to sanitation and hygiene practices after SCIP ended in 2015. Five CHCs specifically mentioned working to motivate latrine building/pit digging. The persistence of safe child feces disposal methods in 73 percent of HHs may be evidence that the CHC messages are having some degree of an effect. For those who did replace their latrines over time, interviewed CHC members believed disease prevention served as a motivation. HH or individual-level confirmation of this is unavailable.

Continued support has also come through district government activities. According to qualitative interview respondents in one community where they claimed no OD occurs, the head of the zone performs consistent HH latrine checks, perhaps prompting greater compliance through accountability. Several district officials interviewed reported providing communities with sanitation technical assistance, trainings, and support. They primarily provided this through private sector consultants, suggesting public-private partnerships have been somewhat fruitful in meeting needs. However, a few reported only providing such assistance in cases of emergency. Among HH survey respondents, 31 percent who currently had a latrine used a skilled mason to construct it. This skilled workforce has provided a means to facilitate latrine construction and repair.

Financial Factors. HH survey respondents without a latrine noted lack of money as the top reason (51 percent) followed by lack of proper materials (43 percent). Latrine access increased as likely poverty levels decreased. Qualitative interviews revealed some communities, due to frustration with the constant process of having to rebuild poor-quality latrines, chose not to rebuild. This demotivated sustained reconstruction over time. This finding also applied to the GoM's continued promotion of CLTS, where an interview respondent noted that the lack of any subsidy support for latrine construction has led to poor quality construction and consequently low sustainability, as summarized by one government official:

> *"The biggest challenge is that [the Government of Mozambique's] sanitation strategy… doesn't give subsidy for a latrine. What this means [is] that the people in the communities are building with the local material available and [latrines are] not good quality and collapse. There are people that are building latrines three to four times a year."* – District Government Official

Linked to financial hardship, another driver of relatively low latrine construction and reconstruction over time could be a donor dependency mentality in the province. Implementer and USAID respondents noted that Zambézia in particular receives a large amount of donor support, which they perceived led to communities being less motivated to act on development needs, in expectation that international development groups would meet them instead.

Environmental Factors. Weather and geophysical barriers prevented sustainability of sanitation. As a case in point, cyclones had recently destroyed latrines for 12 percent of survey respondents. In qualitative interviews, a few communities also discussed challenges associated with a high-water table, unsuitable soil, and being in flood zones.

Gender Factors. Some cited gender as a barrier to sustained sanitation use, explaining that widows and single women faced greater barriers to latrine construction, lacking the manpower to dig latrines. Though it did not explicitly emerge from interviews, the lack of safety and privacy features for most observed latrines poses risks to females in particular and might be a deterrent to use over a more private bush area.

Behavioral Factors. A key underlying barrier to achieving greater progress in adopting safe sanitation behaviors appeared to be the lack of widespread normative behavior change at the time of the SCIP intervention. CLTS relies on whole communities to change sanitation behaviors at once, thereby leveraging peer pressure to instigate widespread normative change. According to the SCIP endline survey, latrine use did not significantly change in targeted communities (**Figure 5**). Latrine use reported for this ex-post survey appeared to be similar to that observed across Zambézia at endline (**Table 1**). HH survey respondents attributed the persistence of open defecation in the community primarily to a lack of alternative safe places to defecate (45 percent either claimed no other choice existed or that their latrine was broken). Thirty-six percent noted that OD is still habitual. Community members in qualitative interviews also referenced habit as well as what they described as laziness and bad latrine smell leading people to defecate in the open. CHCs also said that OD often occurs when it rains (as some community members do not want to go to a latrine in the rain), and also due to ingrained habits and personal mentality.

CONCLUSIONS

By most measures, sanitation practices have remained relatively stable in these SCIP communities since endline. With half reporting any latrine use and few meeting criteria for basic sanitation access, neither substantial improvement nor substantial decline has been reported in the past four years compared to previous provincial estimates. While at face value this might seem a positive sign of the sustainability of SCIP's outcomes, the fact that sanitation practices at the start of SCIP appeared to be much the same suggests that the ex-post survey simply observed an underlying base level of sanitation behavior that has been present for nearly 10 years. Ex-post measurements show that further progress in SCIP–targeted communities did not occur over a longer time horizon. Nevertheless, the evidence is positive that a vast majority of those who have already adopted latrines have continued to value them and repair or replace them as needed.

SCIP intended that CHCs would continue promoting good WASH practices and that they would be a mechanism for sustainability. CHCs continued to play a role in sanitation behavior change promotion, and district governments have provided some ongoing technical assistance, which is the first step toward fulfilling this intended role. However, insufficient data are available regarding the extent to which they have been effective in maintaining or improving WASH behaviors. As with nearly every evaluation in this USAID ex-post series, the ET identified financial barriers as the predominant impediment to latrine construction, including of higher quality latrines that would endure weather-related shocks and other wear and tear in the long term. Without any financial support, latrines—even through multiple reconstruction cycles—remained very rudimentary and insufficient to safely prevent human contact with excreta.

HANDWASHING

This section addresses the current status of SCIP's handwashing infrastructure and behavior in SCIP communities. The ET assessed handwashing indicators during the HH survey, which included handwashing station observations (N=822).

FINDINGS

CURRENT STATUS

During activity implementation, SCIP promoted the use of tippy taps, which are fixed handwashing stations made of simple available materials.[60] These handwashing stations are expected to cue users to practice handwashing at critical times, such as after defecating when placed outside of a latrine, or before food preparation when placed near a kitchen. According to interviews with USAID and IPs, SCIP distributed jerry cans for building tippy taps, but only to community members who attended SCIP meetings. Otherwise SCIP promoted their construction throughout the community via meetings and awareness-raising through the CHCs. Thus, not all community members received direct support in building a tippy tap.

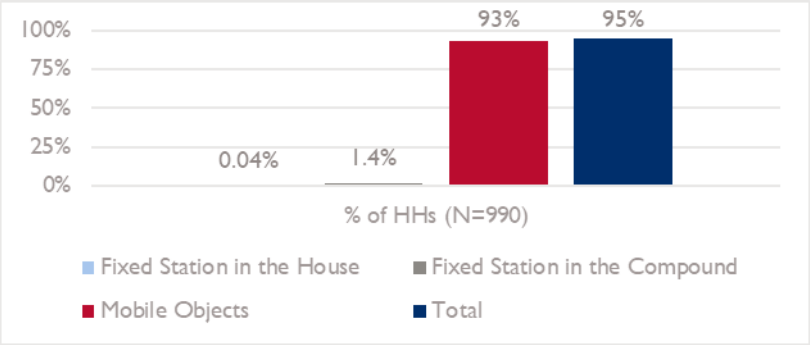
Figure 25: Handwashing with Cups

Photo Credit: UNICEF/Kate Holt

As a part of the HH survey, enumerators asked respondents to show them where they wash their hands, allowing the enumerator to directly observe the materials present and whether the handwashing station functioned. They then asked respondents questions about their handwashing practices. The ET found that while 95 percent of HHs had some type of handwashing station, less than 2 percent had a fixed handwashing station, and only two of those fixed handwashing stations were tippy taps. The vast majority (93 percent) of HHs used a mobile object (cups and buckets) for handwashing **Figure 26**. In the interviews, community members noted that the tippy taps broke down quickly. Even though a few community members said they replaced the broken tippy tap with a new one, most said they replaced them with less expensive mobile objects. Such mobile objects can make establishing handwashing habits more difficult, as there is a not a fixed, visual cue to action.

[60] USAID indicator HL.8.2-5 specifies that a handwashing station can be in a fixed location or a movable device that can be used by the HH.

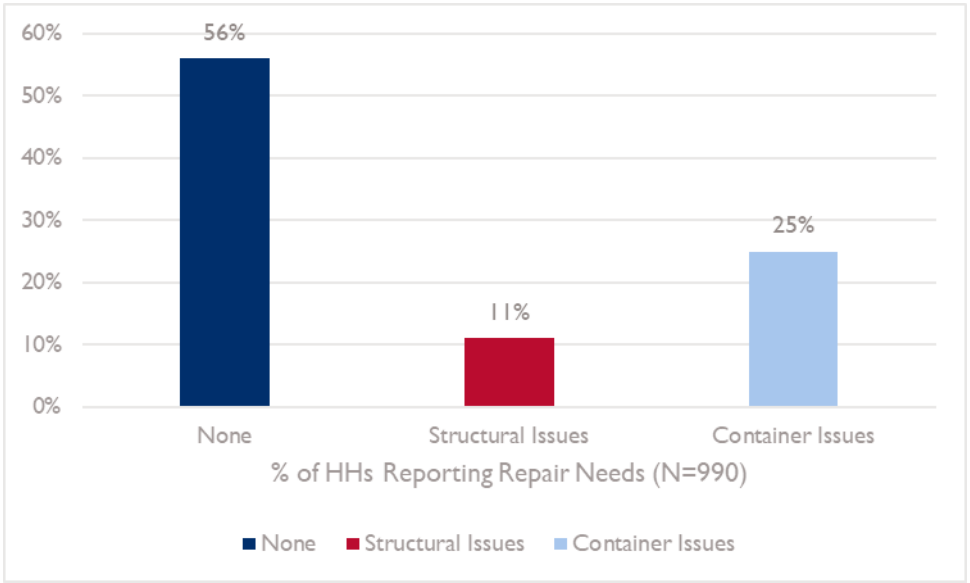
Figure 26: Types of Handwashing Stations Observed



Despite the finding that the vast majority of HHs had some type of observable handwashing station, only 13 percent had both soap and water available at the time of the ET's visit. This percentage did not vary in a statistically significant manner across districts or likely poverty groupings. Nor did it vary according to whether respondents had directly participated in the SCIP activities, or whether the community had experienced additional WASH interventions after SCIP ended (i.e., site contamination).

Fifty-eight percent of respondents said their HHs needed to replace their handwashing stations at least once in the past. When asked about types of repair needed, respondents noted both structural issues (such as with the frame for hanging a tippy tap) as well as issues with containers (such as damaged buckets or jerry cans), as seen in **Figure 27**.

Figure 27: Handwashing Station Repair Needs



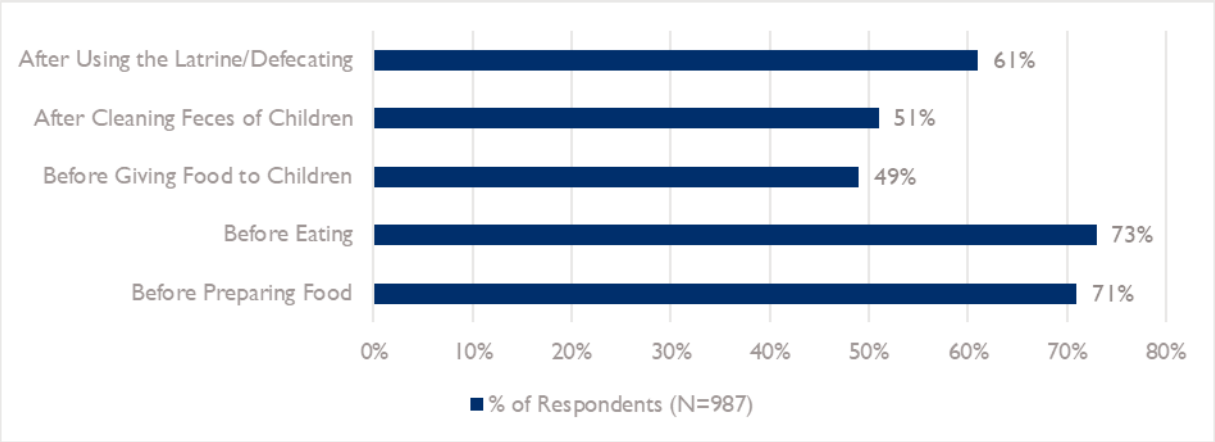
Of those who reported a past issue with their handwashing station, 83 percent indicated that they had remedied the problem—either by replacing it or repairing it. Overall, respondents reported having replaced their handwashing station twice in the past.

USE

SCIP promoted handwashing at critical times; something several community members recalled in interviews. When asked when they washed their hands with soap, people provided the following responses (**Figure 28**): most reported washing their hands before eating or preparing food, and after

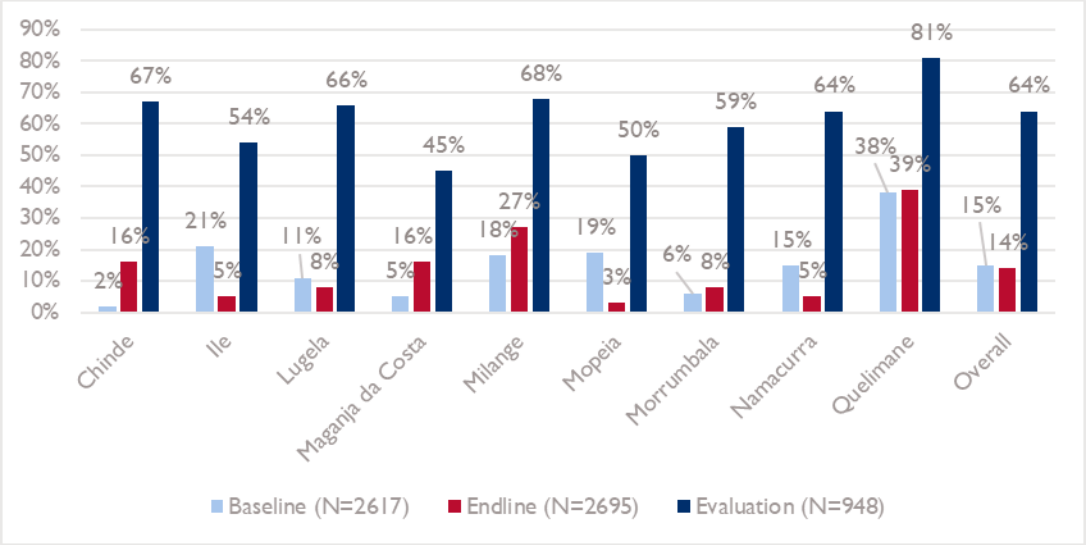
defecating. Compared to 2015 endline evaluation results for the entire province of Zambézia,[61] self-reported post-defecation handwashing did not differ over time (61 percent). However, at endline 49 percent of respondents provincewide reported handwashing before eating (compared to 73 percent in the ex-post survey) and 45 percent reported handwashing before food preparation (compared with 71 percent in the ex-post survey).

Figure 28: Self-Reported Handwashing with Soap at Critical Times



The ex-post, baseline, and endline surveys asked respondents if they washed their hands with soap yesterday. **Figure 29** compares ex-post evaluation results to the ET's re-analysis of the baseline and endline data in ex-post sampled districts. Despite the limitations of the comparison previously described, a notably higher percentage of respondents reported that they washed their hands yesterday in the ex-post evaluation data than at the SCIP endline. However, self-reported handwashing is typically subject to reporting bias that overestimates the behavior.

Figure 29: Self-Reported Handwashing with Soap Yesterday by District, Across Data Collection Periods



[61] Moon TD, Blevins M, Green AF, Gonzalez-Calvo L, Ndatimana E, Lopez M, and Olupona O. May 2015. *Endline Survey Report, Ogumaniha SCIP-Zambézia.* http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.738.6190&rep=rep1&type=pdf

Despite how many respondents say they wash their hands with soap at critical times or the prior day, the ET's direct observations show much less evidence of handwashing. At the time of observation, only 29 percent of handwashing stations showed signs of use (wet soap, wet ground or bucket, etc.) and only 13 percent had both soap and water available. Neither self-reported nor observed evidence of handwashing practices showed significant variation by district, likely poverty group, or whether respondents had been personally involved in SCIP programming.

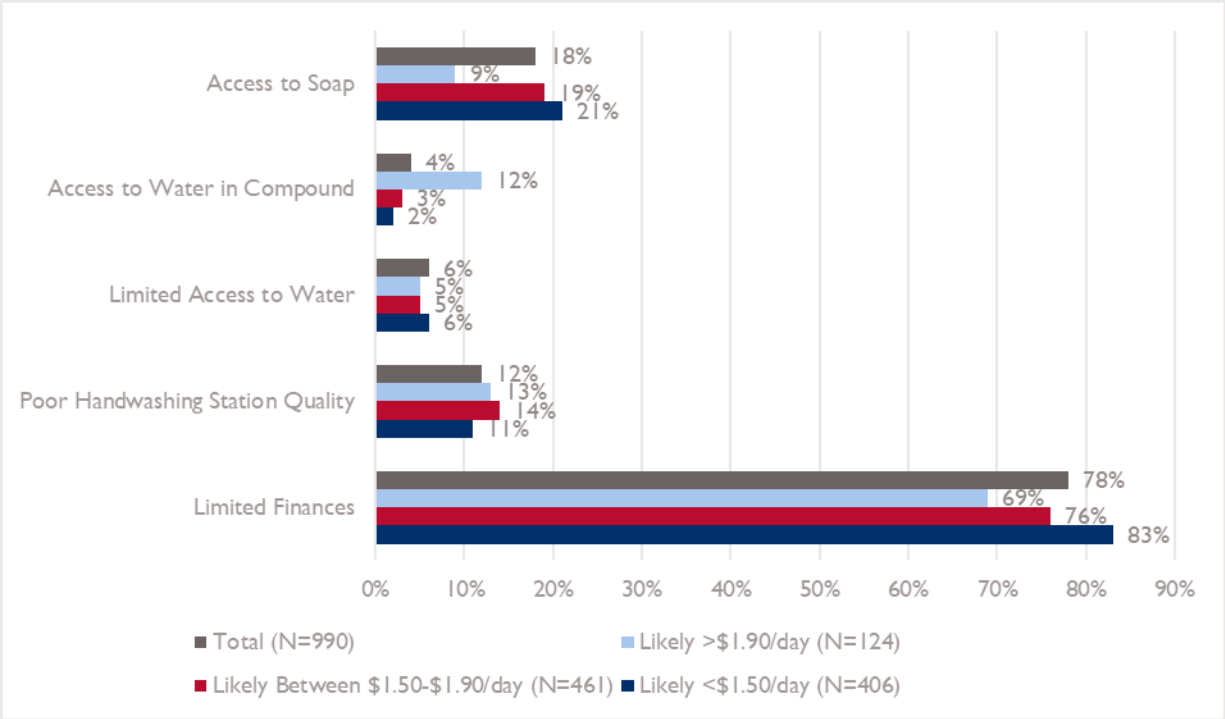
SUMMARY OF CURRENT STATUS AND USE

- The vast majority of observed HHs had materials for handwashing, although mobile objects (buckets, cups, bottles, etc.) appeared to be the most common.
- Very few HHs had both soap and water at the time of observation.
- Self-reported handwashing practices appeared to be substantially higher than what the ET observed, suggesting knowledge about handwashing at critical times is present (even if not universal), but that such knowledge has often not resulted in consistent behavior change.

FACTORS AFFECTING SUSTAINABILITY

Financial Factors. In interviews, respondents identified availability and cost of soap as barriers to use. The quantitative data support this claim—a substantially higher percentage of respondents indicated financial constraints as a major factor affecting their handwashing practices.

Figure 30: Barriers to Consistent Handwashing by PPI Group



In addition to the above options, 11 percent of respondents filled in their own answers to the question, "What factors influence your household's ability to consistently have a handwashing station with soap and water?" To the ET's surprise, a handful of people directly stated that their family did not consider handwashing important. Typically, a positive response bias will push respondents to say handwashing is important, even if they do not do it. In addition, several women said their husbands did not consider handwashing important, or that they could not take action without their husbands. As one female

community member explained, "My husband doesn't care about renovating the handwashing station after the children broke it."

Tippy Tap Sustainability Factors. As seen in the very small number of HHs using tippy taps in SCIP communities, overall sustainability of tippy taps proved to be poor. One IP noted challenges resulting from the approach they took with communities to promote the tippy taps, which focused more on the container itself and not on its location/placement:

> "… the project team concentrated on the jerry can/container that needed to be close to the latrines. We assumed these containers to be "trash" while most of the communities that we worked in view these containers as useful, not just for handwashing. The project team should have concentrated on the message that water needs to be close to the latrines and ensure that it was understood, rather than the container. This hygiene message was not really understood by many communities." – Implementing Partner

Government Support Factors. Four out of six district government interviews discussed the government's engagement of Consultants Participation and Community Education (PECs). The government hired PECs to work with communities to improve handwashing behaviors. PECs were also engaged in encouraging other WASH-related practices (though limited information is known about the extent of their engagement or what specific practices they were promoting). Information regarding the effectiveness of this private sector engagement approach is not available.

CONCLUSIONS

Though most HHs had some handwashing materials present, the majority did not have both soap and water. Self-reported handwashing at critical times reflected some awareness of the concept. However, with only 49 percent to 73 percent reporting that they washed their hands at each of the critical times, this is lower than one would hope, particularly considering the number of communities that have experienced other WASH programming after SCIP ended. Even more discouraging, observable evidence of recent handwashing suggested that actual practices are even less frequent than HHs' self-reporting, and perhaps no more than 13 percent, based on the number of HH with both soap and water available.

Primary factors regarding the low uptake of good handwashing practices include financial constraints, which can also affect access to soap and sufficient water, as well the weaknesses in promoting tippy taps. The GoM is engaging private sector contractors to promote healthy WASH behaviors, though the effectiveness of this approach is unclear.

WASH CAPACITY, INTEGRATION, AND RESILIENCE

This section addresses the evaluation's findings regarding the extent to which SCIP's efforts to build CHC capacity contributed to sustainability (EQ 7), including an examination of sustained women's participation in management and governance structures (7a) and sustainability in light of the integrated nature of the SCIP intervention (7b). This section also details the degree to which SCIP communities' WASH facilities and behaviors showed resilience in the face of cyclones that occurred in the months prior to ex-post data collection (EQ 8).

FINDINGS

CHC CAPACITY TO SUSTAIN WASH OUTCOMES

As noted above, the ET found CHCs to have largely remained active, and they reported continuing to promote improved WASH behaviors such as latrine use and handwashing with soap. About half of the community members actively engaged with CHCs, with 52 percent saying they attended CHC meetings.

Nearly all (94 percent) of HH survey respondents rated their CHC as effective, suggesting this community structure has attained high confidence and authority. Qualitative interviews did not reveal any CHC concerns about having the capacity to carry out ongoing WASH activities. This may be because of their frequent interaction with district government entities, as five of six district officials noted that their offices or someone in a government role interacted with CHCs at least monthly.

ROLE OF WOMEN IN COMMUNITY MANAGEMENT COMMITTEES

Including both male and female representatives on community-level committees is considered a best practice to advocate for diverse interests within the community, and SCIP promoted this approach. The ET examined whether women still actively engaged in the CHCs and WCs. In interviews, district officials unanimously supported the active participation of women in community health and water committees. Among the nine water committees interviewed, women held 48 percent of the positions. Similarly, among the 11 health committees interviewed, women held 37 percent of positions. Few women held leadership positions, however. Only one woman served as president (of either type of committee). Women more often held positions such as sanitation officer, counselor, matron, or other nonleadership roles. Interviews supported this finding, where many committee members noted that women did actively participate in the committees and in spreading information and lessons throughout their communities, but they did not often take on leadership roles. Unfortunately, probing why women did not take on more leadership roles did not yield substantial information.

INTEGRATED APPROACH

The SCIP activity used a multi-sectoral approach, which combined maternal and child health, nutrition, HIV/AIDS, and WASH with agriculture and rural enterprise components. The assumption of this unified approach to tackling diverse issues is that success in one area would bolster successes in other areas. Unfortunately, however, project documents did not provide significant information on how IPs implemented integration in practice, outside the reports noted below. This limits the ET's ability to draw conclusions about the effectiveness of cross-sectoral integration. Based on the limited data available, however, integration does not appear as successful as intended.

Across respondent groups in the interviews, people expressed a general appreciation and desire for an approach that addressed multiple community needs. At the community level, interviewees expressed awareness of the different components SCIP implemented but did not have a strong view regarding the overall coordination or integration of the varied activities (or potential lack thereof).

IPs noted the challenge of effectively integrating across sectors—particularly in the beginning. Some attributed these challenges in part to the fact that different organizations implemented different components. A 2012 process evaluation that examined SCIP's integration across activities and partners concurred with these findings.[62] According to this report, national stakeholders believed integration to be "something that has not been successful yet, but that is improving in comparison to the beginning of the project." Though IPs shared offices and issued joint progress reports, different responsibilities and a lack of shared understanding of the integrated approach may have hindered full integration.

Additionally, during the preparation phase for this evaluation, the ET considered assessing the integration of WASH programming with nutrition, which SCIP considered a key facet of the integrated program related to WASH. Since the evaluation excluded the no-cost extension period, the ET was unable to thoroughly assess this specific aspect. However, the fact that nutrition and WASH did not appear to be effectively integrated until after the end of the core program period suggests that integration remained a challenge.

[62] Gonzalez-Calvo E., M. Sidat, L. Vaz, A. Vergara, J. Weiser. 2012. Process Evaluation Report, Ogumaniha-SCIP Project, Zambézia Province.

Once popular among donors, governments, and NGOs in the 1970s and early 1980s, Integrated Rural Development fell out of favor but then saw a resurgence of interest in recent years.[63] The reasons Integrated Rural Development fell out of favor largely revolved around the challenges and feasibility of effective implementation rather than skepticism about trying to affect multiple sectors at once. Evaluations backed up these assumptions, noting projects concluded with lower levels of integration than originally intended. Implementation challenges cited included: coordinating multiple actors (always a challenge, but more so when multiple sectors are affected), not all of whom may share the same vision or interest in the project interventions; ensuring proper sequencing of activities, particularly when delays or bottlenecks occur in one component but not others; differing incentives and interests of key actors (government entities, beneficiaries, implementers, etc.); and managerial complexities.[64]

SCIP project documents and the interviews suggest that SCIP experienced many similar challenges as those early Integrated Rural Development projects, such as coordinating and integrating the diverse sectors, particularly those that involved different entities and implementers. Though many of the specifics of SCIP's integration efforts are not well known, the project appears to have been implemented with less integration than intended.

RESILIENCE

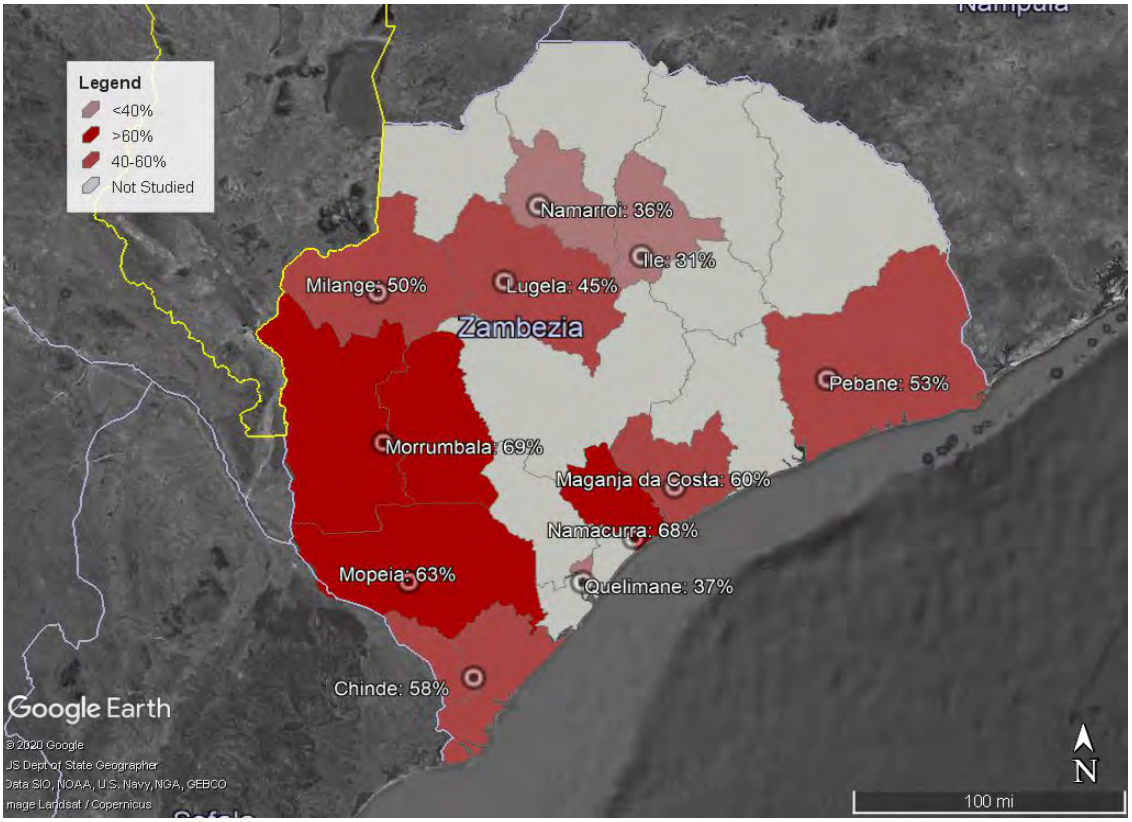
Particularly in light of the devastating cyclones that hit Mozambique in recent years (including two in 2019, five and six months prior to ex-post data collection), resilience and the ability to recover from disasters and shocks is a potential key factor in long-term sustainability. The SCIP activity did not focus on resilience; however, the evaluation examined resilience as an important area for future learning regarding sustainability. To this end, EQ 8 asked, "How have SCIP communities impacted by the recent cyclones and other significant shocks fared with regard to WASH?"

Overall, 53 percent of HH respondents indicated a community impact from recent cyclones and/or associated flooding, with some districts more heavily impacted than others, as seen in **Figure 31**.

[63] Masset E. 2018. Integrated Development, Past and Present. *Institute of Development Studies Bulletin*.

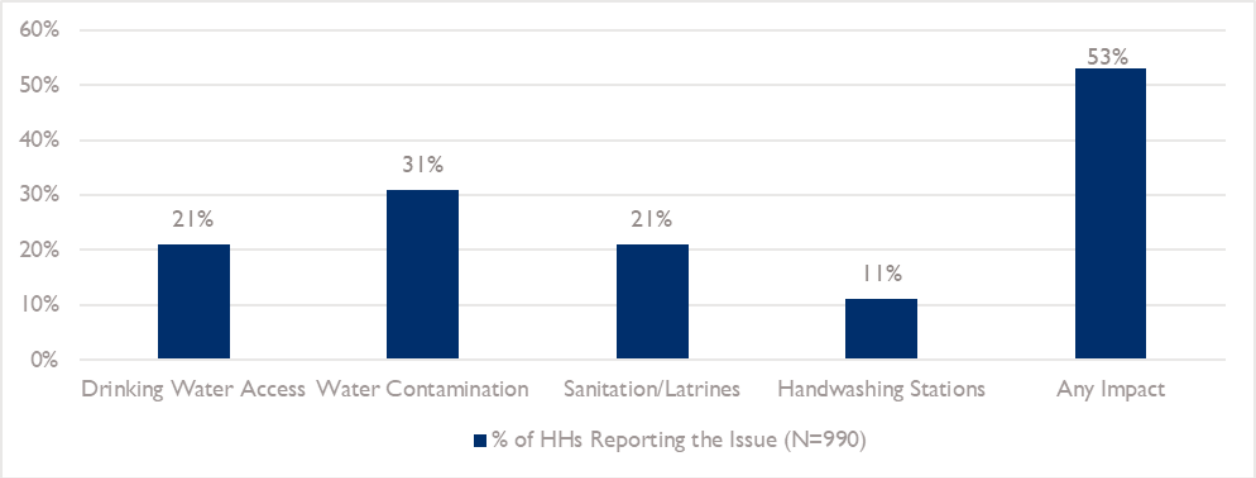
[64] Brinkerhoff D. 1981. The Effectiveness of Integrated Rural Development: A Synthesis of Research and Experience. USAID.; Masset E. 2018.; USAID/Armenia. n.d. Integrated Rural Development Lessons Learned. USAID.

Figure 31: Reports of Community Impacts of Recent Weather Events by District (N=990)



HHs attributed a variety of WASH–related problems to the recent cyclones and flooding, a finding reflected in both quantitative and qualitative data. **Figure 32** summarizes the types of effects noted by surveyed HHs.

Figure 32: Types of Cyclone Effects Reported by Households



Twenty-one percent had post-cyclone problems with accessing drinking water, and 31 percent claimed they believed their water became contaminated. When water problems became an issue, only 35 percent of respondents indicated that they had an alternate water source to use, and less than 1 percent used an

improved alternate source. Across all water issues, only 44 percent of respondents indicated that the problem had been resolved at the time of data collection.[65]

In discussing WASH challenges, interviewees most commonly cited cyclone/flooding–related sanitation issues as being a primary challenge. In some of the interviews, district officials mentioned that problems with general latrine quality exacerbate the effects of natural disasters. Many people built latrines with poor-quality materials and the latrines did not prove to be structurally sound. Thus, when big storms hit, the latrines are easily damaged or ruined. Two district officials said they believed that the lessons learned from SCIP helped encourage people to rebuild their damaged latrines. However, a lack of resources led them to build the same type of poor-quality latrines, which would, again, be prone to damage from another natural disaster.

When respondents reported damaged or destroyed handwashing stations (11 percent of HHs), the majority (78 percent) said they repaired or replaced them. This is not particularly surprising, as most people used relatively inexpensive, mobile objects (bottles, buckets, etc.) for handwashing. Still, it is a positive sign that HHs with handwashing stations valued replacing or repairing them.

Local community groups can be a way to boost resilience and help communities rebound after natural disasters and shocks. In interviews, all 11 CHCs said they conducted awareness-raising or provided other support to the community after the recent cyclones and flooding, and multiple interviews with community members corroborated this. In the surveys, however, far fewer respondents said their local committees actively supported recovery efforts. Twenty-three percent of respondents said their WC actively supported the community in addressing water needs during and after the cyclones and flooding, while 29 percent said their CHCs or sanitation committees actively supported the community to address sanitation needs during and after the cyclones/flooding.

CONCLUSIONS

SCIP CHCs remained active in promoting safe WASH practices and maintained a high level of confidence within their communities. They also received ongoing support from the government. Having trusted messengers can be a critical factor in behavior change communication. Thus, CHCs are continuing to play the role the SCIP activity intended. However, data are lacking regarding the extent to which their efforts have affected long-term outcomes.

SCIP supported women's engagement in CHCs and WCs, and women continue to play active roles in both types of committees today. However, women tend not to take on (or be accepted into) leadership roles within the committees. It is unclear what impact, if any, this lack of leadership positions has had on overall sustainability of water service delivery or WASH behavior change promotion within SCIP communities.

Interviewees appreciated the integrated, cross-sectoral nature of SCIP and liked the prospect of an intervention improving multiple aspects of life. However, the evidence suggests that integration proved less successful in practice than intended. In particular, the WASH components did not appear to be well integrated with other interventions such as nutrition until after the end of the initial period of performance. Other Integrated Rural Development projects faced similar challenges.

SCIP did not identify building resilience as a specific objective. However, considering the cyclones and flooding that affected Mozambique four to five months prior to this evaluation, community resilience and the ability to recover after a major shock is of clear interest to USAID and other stakeholders. The ET found that around half of respondents reported that the cyclones/flooding affected their communities. Resilience to these shocks appears to have been poor. Though HHs repaired or replaced damaged

[65] Data collection was conducted in August 2019. Cyclone Idai hit Mozambique in March 2019, followed by Cyclone Kenneth in April 2019.

handwashing stations, less than half of the respondents said their WP problems had been resolved. The fact that 65 percent of those respondents with water access problems did not have access to any alternative water source is a critical indicator of vulnerability. Regarding latrines, even when people replaced them over time, they relied upon poor-quality designs that would not stand up to future natural disasters, leading to a difficult cycle of damage and replacement.

RECOMMENDATIONS

1. **Promote alternate sanitation approaches to a pure (no subsidy) CLTS–only approach to ensure that financial barriers to basic sanitation access and latrine quality are addressed.** Pay specific attention to local contexts and norms that may impact behavior. Targeted sanitation subsidies are one potential option for reaching the extreme poor and most vulnerable. Though SCIP did not use such subsidies, they deserve further study.
2. **Explore alternative modalities of working with host governments and local community agents to provide more effective ongoing WASH behavior change support to communities as one of several components aimed at prompting behavior change.** There is growing consensus in WASH literature about the importance of ongoing follow-up behavior change communication, though the effectiveness of local agents in this activity is unclear. Implementers should work with governments to explore results-driven approaches to providing support for on-going community behavior change promotion, while also addressing other behavioral drivers.
3. **Work with service authorities to strengthen and increase the frequency of water quality testing and treatment practices for rural water supply**, as the ET noted significant water quality issues across districts and that rural water points are typically only tested during construction and rarely thereafter. Service authorities should regulate water quality and ensure regular monitoring against standards.
4. **Consider alternate approaches to small, community-managed water supply.** Programs should explore and continue to refine new management, financing (particularly considering wide payment differentials by poverty status), and O&M approaches, aimed at creating professionalized rural water service provision.
5. **Investigate the impact of local government outsourcing of WASH support to the private sector.** In some cases, the Government of Mozambique outsources training of water committees as well as WASH behavior change support, approaches that are being explored in the sector. Determining the effectiveness of this type of private sector engagement is an important area of investigation.
6. **Replace tippy taps in project design with handwashing station models that are durable, aspirational, and responsive to the local context.** Though handwashing infrastructure is only one component of hygiene behavior change, the failure of tippy taps necessitates a new approach to enable handwashing stations to be a sustainable cue to action.
7. **Incorporate resilience planning for rural WASH investments to enhance sustainability, particularly where recurrent shocks are a risk.** Impacts of climate change (such as increased drought and flooding) on vulnerable populations and rural WASH infrastructure are a threat to sustainable WASH.
8. **Encourage implementers to keep thorough documentation regarding key aspects of implementation, particularly regarding cross-sectoral integration.** Evaluators need thorough documentation on implementation across communities for effective evaluation.

EVALUATION REPORT ANNEXES

MOZAMBIQUE'S STRENGTHENING COMMUNITIES THROUGH INTEGRATED PROGRAMMING (SCIP) EX-POST EVALUATION

WASH Ex-Post Evaluation Series—Water Communications and Knowledge Management (CKM) Project

July 2020

TABLE OF CONTENTS

Annex A: Evaluation Inception Report **44**
Annex B: Data Collection Instruments (English) **76**
Annex B: Data Collection Instruments (Portuguese) **138**
Annex C: List of Respondents **213**
Annex D: Documents Reviewed **215**
Annex E: SCIP Activity Results Framework **217**
Annex F: SCIP Activity Extension Period Results Framework **218**
Annex G: Assessment of Site Contamination **219**

ANNEX A: EVALUATION INCEPTION REPORT

USAID
FROM THE AMERICAN PEOPLE

Photo Credit: Luisa Pola

FINAL INCEPTION REPORT

Mozambique's Strengthening Communities through Integrated Programming (SCIP) Ex-Post Evaluation

WASH Ex-Post Evaluation Series—Water Communications and Knowledge Management (CKM) Project

June 25, 2019

TABLE OF CONTENTS

Acronyms 5

Introduction 6

Background on Ex-Post Evaluation Series 6

Activity Context 6

Activity Summary 7

Summary of Ongoing Wash Activities in Mozambique 11

Evaluation Design and Methodology 11

Purpose 11

Evaluation Questions 12

Opportunity to Assess Resilience 12

Indicator Definitions 12

Data Collection Methods 13

Document Review 14

Key Informant or Group Interviews with USAID and Implementers 14

Key Informant or Group Interviews with National, Provincial and District Government Officials 15

Focus Group Discussions with Community Members 15

Group Interviews with Water Committees 15

Structured Observation at Water Points 15

Water Quality Testing and Record Review 16

Household Survey and Structured Observations of Latrines and Handwashing Stations 16

Sampling Strategy 16

Contamination 16

Sampling Frame 17

Sampling of Water Points 18

Household Survey 19

Data Analysis 19

Qualitative Data Preparation and Coding 19

Quantitative Data Preparation and Analysis 19

Gender and Social Analysis Plan 19

Evaluation Design Limitations and Risks 26

Utilization Plan 27

Team Composition and Management Plan 28
Team Composition 28
Evaluation Timeline & Deliverables 28
Data Collection Timeline 28
Evaluation Deliverables 29
Annexes 30
Annex D: Work Plan 37
Annex G Additional Context 40

FIGURES

Figure 1. Government of Mozambique water sector reform events and key dates 6
Figure 3. Population using improved sanitation (%) 7
Figure 2. Population using improved drinking water source (%) 7
Figure 4. Map of SCIP coverage 8
Figure 5. SCIP WASH Results Framework 9

TABLES

Table 1: SCIP Key WASH Achievements 10
Table 2. Basic Levels of Water Services 13
Table 3. USAID WASH Indicators for Latrines and Handwashing Devices 13
Table 4. Field Data Collection Methods and Their Corresponding Evaluation Questions 14
Table 5. Sampling Frame Exclusion Criteria 17
Table 6. Sample size by Data Collection Activity 18
Table 7. Evaluation Design Matrix 21

ACRONYMS

ADRA	Adventist Development Relief Agency
BCC	Behavior Change Communication
CHC	Community Health Committee (also referred to in project documents as HCs and CLCs)
CKM	Water Communications and Knowledge Management Project
CLTS	Community Led Total Sanitation
CVM	Mozambique Red Cross/Cruz Vermelha de Moçambique
DHS	Demographic Health Survey
DPOPH	Provincial Directorates of Public Works
DPS	Provincial Directorate of Health
E3	USAID Bureau for Economic Growth, Education, and Environment
EQ	Evaluation Question
ET	Evaluation Team
ETL	Evaluation Team Lead
FGD	Focus Group Discussion
GI	Group Interview
GoM	Government of Mozambique
HH	Household
IBTCI	International Business and Technical Consultants, Inc.
IRD	International Relief and Development
JHU/CCP	John Hopkins University/Center for Communication Program
JMP	Joint Monitoring Program
KII	Key Informant Interviews
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
NGO	Non-Governmental Organization
OVC	Orphans and Vulnerable Children
PHAST	Participatory Hygiene and Sanitation Transformation
PRONASAR	National Rural Water Supply and Sanitation Program
SCIP	The Strengthening Communities Through Integrated Programming Program
SDPI	District Planning and Infrastructure Services
SI	Social Impact, Inc.
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USAID/E3	Bureau for Economic Growth, Education and Environment
USG	United States Government
VU/FGH	Vanderbilt University/Friends in Global Health
WASH	Water, Sanitation, and Hygiene
WC	Water Committee
WP	Water Point

INTRODUCTION

The Water Communications and Knowledge Management (CKM) Project is pleased to present this inception report for the ex-post evaluation of the Strengthening Communities Through Integrated Programming (SCIP, known locally as Ogumaniha) activity. This document clarifies the evaluation purpose and questions, describes the evaluation team (ET) composition, presents the team's proposed data collection and analysis plans, indicates known limitations, and reviews the schedule of deliverables.

BACKGROUND ON EX-POST EVALUATION SERIES

On September 17, 2015, USAID signed a contract with ECODIT for the Bureau for Economic Growth, Education and Environment (USAID/E3) Water CKM Project (AID-OAA-TO-15-00046), a five-year, $15 million task order under the Water and Development Indefinite Delivery, Indefinite Quantity contract. Under this contract, ECODIT is implementing knowledge management and communication services in support of the USAID Water and Development Plan. The project supports USAID's E3 Water Office and its partners in increasing water program knowledge and data capture; enhancing knowledge creation and knowledge sharing internally and among a wide range of external stakeholders working in the water sector; and, improving communication and outreach through diverse stakeholder engagement. As part of Task 1.1, Knowledge and Data Capture, ECODIT and its subcontractor, Social Impact, Inc. (SI), are conducting a series of ex-post performance evaluations of USAID water, sanitation, and hygiene (WASH) activities (Task 1.1.1) to further USAID's understanding of why its completed WASH activities have or have not been sustained. The first five evaluations were completed in Madagascar, Indonesia, Ethiopia, India, and Senegal. The sixth and final ex-post evaluation focuses on the SCIP activity in Zambézia province in Mozambique.

ACTIVITY CONTEXT

After gaining its independence from Portugal in 1975, Mozambique experienced civil war (1977-1992).[66] The war destroyed much of the country's infrastructure, and exacerbated poverty and environmental threats.[67] As a result, existing urban water and sanitation infrastructure was overextended and rural communities saw their water and sanitation supplies greatly diminished.

Figure 1. Government of Mozambique water sector reform events and key dates

Year	Event
1995	National Water Policy
2007	National Rural Water and Sanitation Strategic Plan completed
2009	New management model for secondary cities and towns established and PROSANAR
2010	Common fund for rural water and sanitation established

In 1995, Mozambique approved the National Water Policy and National Water Development Program. This policy decentralized, reformed, and clarified the allocation of administrative, regulatory, and development roles in the water supply and sanitation sector. However, the policy primarily benefited urban areas while rural areas lagged behind. In 2007, the GoM adopted the National Rural Water and Sanitation Strategic Plan. This established a new decentralized management model and entities in rural areas, such as the Provincial Water and Sanitation Services. It also founded the National Rural Water

[66] CIA World Factbook Mozambique. https://www.cia.gov/library/publications/the-world-factbook/geos/print_mz.html
[67] USAID. (2014, February). USAID Mozambique Country Development Cooperation Strategy (CDCS) 2014 - 2020. Retrieved May 21, 2019, from https://www.usaid.gov/sites/default/files/documents/1860/CDCS_February_2019_Mozambique_update20202.pdf

Supply and Sanitation Program (PRONASAR) (2009) and an associated common fund for rural water supply and sanitation (2010).[68]

Mozambique made important progress in improving water and sanitation outcomes over the last several decades (see Figures 1-2).[69] Since 1990, access to improved drinking water sources increased from 36 percent to 51 percent, while improved sanitation increased from 10 percent to 21 percent. However, the large disparity between urban and rural areas remains. In 2015, 81 percent of the urban population had access to an improved drinking water source versus 37 percent of the rural population. In addition, 42 percent of the urban population had improved sanitation versus 10 percent of those living in rural communities.[70]

Figure 2. Population using improved drinking water source (%)

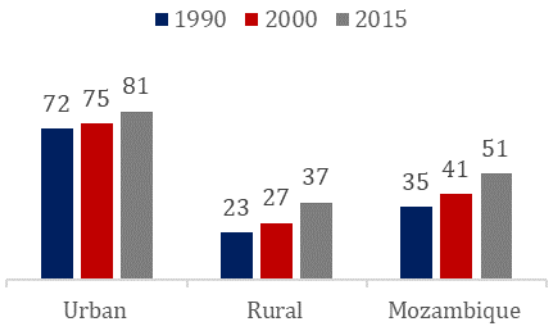
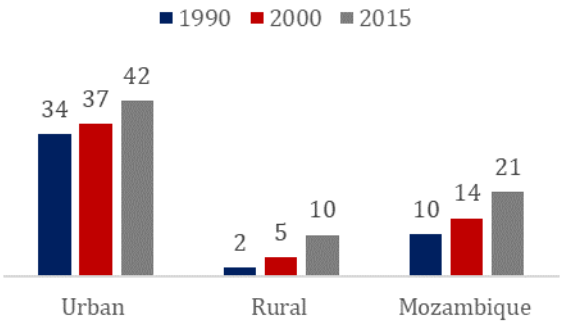


Figure 3. Population using improved sanitation (%)



Figures 1 and 2 data sources: WHO, 2015

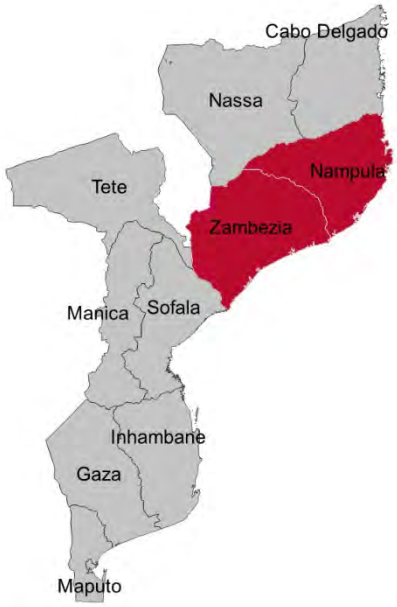
ACTIVITY SUMMARY

USAID has traditionally supported sector specific initiatives to address development challenges in Mozambique. In 2009, USAID collaborated with USG agencies in Mozambique to develop the *2009-2014 USG Country Assistance Strategy*, which took a *"whole of government approach to addressing the development needs and potential of Mozambique."*[71] As a result, USAID designed the SCIP activity to *"integrate health,*

[68] Water and Sanitation Program. (2011). *Water Supply and Sanitation in Mozambique: Turning Finance into Services for 2015 and Beyond.* The World Bank. Retrieved from https://www.wsp.org/sites/wsp.org/files/publications/CSO-Mozambique.pdf
[69] UNICEF. (n.d.). Water, Sanitation & Hygiene - Current situation. Retrieved May 21, 2019, from http://www.unicef.org.mz/en/our-work/what-we-do/water-sanitation-hygiene/
[70] African Health Observatory, World Health Organization. (2018). Mozambique Factsheet of Health Statistics. Retrieved May 21, 2019, from http://www.aho.afro.who.int/profiles_information/images/c/c8/Mozambique-Statistical_Factsheet.pdf
[71] USAID, December 2018, *History - Mozambique,* https://www.usaid.gov/mozambique/history.

HIV/AIDS, water and sanitation, and rural enterprise components with nutrition and agriculture to strengthen communities in Nampula and Zambézia provinces."[72]

Figure 4. Map of SCIP coverage



USAID selected two consortiums to manage and implement the $98.1 million SCIP activity in Nampula province from 2009 – 2015 ($51.9 million) and Zambézia province from 2009 – 2015 ($46.2 million)[73]. The overall goal of the SCIP activity was to *"increase access, quality and use of community and facility-based health services; increase hygienic practices and increase the use of clean water and sanitation facilities."*[74] The activities in Nampula and Zambézia shared similar objectives, and emphasis on integrated services. The Zambézia 'Ogumaniha'[75] activity is the focus of this ex-post evaluation, and thus from here on SCIP will refer to the Zambézia activities only.[76]

World Vision led the Zambézia consortium in partnership with the Johns Hopkins University Center for Communication Programs (JHU/CCP), Vanderbilt University – Friends in Global Health (VU/FGH), Adventist Development and Relief Agency (ADRA), and International Relief and Development (IRD).

The SCIP activity implemented 168 different target interventions in all 16 of Zambézia's districts. Each SCIP intervention had a varied duration, level of integration with other interventions, and geographic distribution. The non-WASH interventions sought to increase access, quality, and use of community and facility-based health services. Example activities included; working with populations impacted by HIV/AIDS, providing reproductive health education, supporting savings and agricultural groups, nutrition education, and community member training on monitoring and evaluation (see **Annex E** for further detail). The SCIP activity included hundreds of interventions; however, this evaluation focuses on the WASH activities in line with the broader Ex-post Evaluation Series objectives discussed above.[77]

---

[72] International Business and Technical Consultants, Inc. (IBTCI), January 2014, *USAID/Mozambique Strengthening Communities Through Integrated Programming Performance Evaluation.*

[73] Part of the SCIP activity received additional funding and retain the SCIP name but do not include WASH activities.

[74] Pathfinder International, March 2016, *Final Report: Strengthening Communities through Integrated Programming (SCIP).*

[75] Ogumaniha means 'united/integrated for a common purpose' in the local Echuabo language

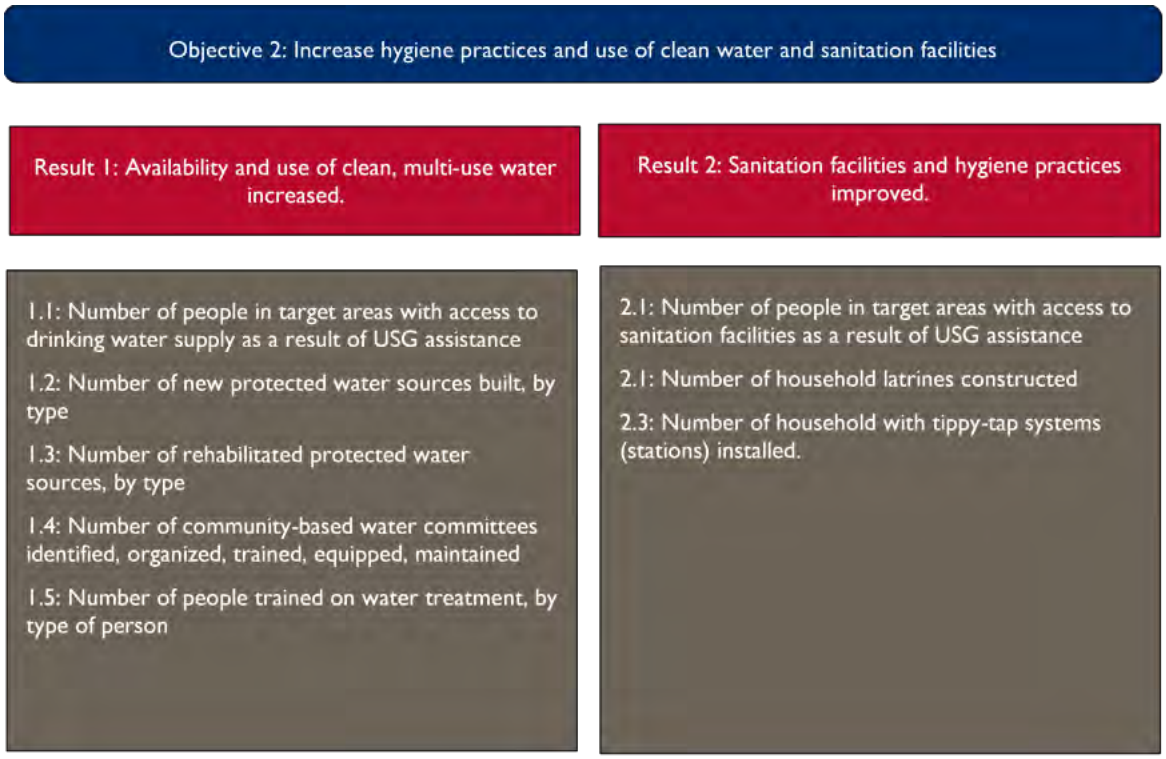
[76] SCIP Nampula was not selected for the ex-post evaluation site based on a number of factors, including: relatively larger presence of WASH activities in the province, limited WASH indicators in baseline and endline survey instruments, lack of clarity on exact number of intervention villages, etc.

[77] The evaluation intends to explore the role of integration. Further detail is found in the section below.

The total amount of funding for the SCIP WASH was $5,221,230.[78] IRD, ADRA, and World Vision were responsible for implementing the WASH activities. SCIP's results framework represents its WASH specific objectives which is a key component of the larger integrated SCIP activity framework (see **Annex E** for complete SCIP framework).

All SCIP communities in the 16 districts received hygiene and sanitation interventions that relied on a combination of Community Led Total Sanitation (CLTS) and Participatory Hygiene and Sanitation Transformation (PHAST) approaches to behavior change. Communities also had activists who promoted target behaviors, and water and/or sanitation technicians. SCIP implemented activities through a consortium of partners and community health committees (CHCs). SCIP strengthened or established 652 CHCs in the16 districts to facilitate linkages to health centers, provided training and implement SCIP activities. SCIP used CHCs to consolidate groups within communities, such as water, education, and health committees.[79][80] CHCs also served as the base level of a larger pyramid structure of committees that build off membership at each administrative level and eventually culminate at the district level with the aim of influencing policy.[81] The ET intends to seek clarification from CHC's on how they implemented the array of SCIP activities.

Figure 5. SCIP WASH Results Framework



Some communities (292 communities across seven districts) were also selected to receive water infrastructure and training of a community water committee in addition to the same sanitation and

[78] WASH funding included $5,002,066 in USAID funding and $219,164 in match funding from World Vision.
[79] International Business and Technical Consultants, Inc. (IBTCI), *USAID/Mozambique Strengthening Communities Through Integrated Programming Performance Evaluation.*
[80] The evaluation team was not able to determine if CHC's were used to streamline community committees (e.g. water, education, health, ect.) prior to SCIP
[81] CDL is a 50-member group with 40 representatives and 10 political appointees

hygiene interventions noted above. The community water committees (WC) had representatives who participated in the CHC on WC were responsible for managing the water infrastructure. For the purposes of this evaluation, those receiving the combined water, sanitation, and hygiene package are distinguished from those that only received the sanitation and hygiene intervention package.

The WASH package and sanitation and hygiene package activities followed a three-phase implementation process each fiscal year: Assessments and Identification, Training, and Implementation:

I. **Assessment and Identification.** During this phase, implementers examined communities' access to WASH infrastructure to determine which communities would receive which intervention—WASH package or sanitation and hygiene package.[82] WASH package communities committed a certain amount of funding to support the building or rehabilitation of a water point.[83]

II. **Training.** The training phase focused on strengthening or establishing CHCs and in WASH package community water committees. Implementers provided training to the CHCs and WCs, activists (behavior change agent), local water and sanitation technicians, and the community on WASH behavior change communication (BCC) and infrastructure maintenance. The trainings used CLTS and PHAST methods.[84]

III. **Implementation.** After training in sanitation and hygiene intervention communities, CHCs implemented CLTS and PHAST in the community and supported the post-triggering follow-up.[85] In WASH package communities, sanitation and hygiene approaches were implemented (CLTS, PHAST) before the water point installation or rehabilitation began.[86] The WCs in WASH package communities were also trained on basic pump repair and were responsible for water point maintenance.

Implementation and integration of WASH activities reportedly shifted throughout SCIP's life cycle based on several factors. By the third year of implementation, SCIP focused on water point rehabilitation rather than new construction, reportedly due to changes in funding priorities.[87] In addition, WASH package activities were implemented in two stages: Stage I was implemented in four districts with limited integration with other activities; Stage II was implemented in three districts and aimed to improve integration with other SCIP activities.[88] [89] During Years 4 and 5 of the program, nutrition activities (primarily trainings) were integrated with the sanitation and hygiene package and WASH package activities. Alongside sanitation, hygiene, and water activities (where applicable), communities were trained on nutrition, including *"theoretical subjects and demonstrations on how to prepare nutritious food and on the selection of food that can provide essential supplements to children, mothers and people living with chronic diseases."*[90, 91]

SCIP KEY ACHIEVEMENTS

[82] World Vision, *Ogumaniha- Strengthening Communities Through Integrated Programming (SCIP) Project, Zambézia, Mozambique, End of Phase I Report (July 2009 – August 2014).*
[83] World Vision Interview March 2019
[84] Water committees or at least some members were a part of the larger CHCs but had their own responsibly and some independence.
[85] Latrines were only built as part of CLTS triggering and there was not a cost share with the SCIP activity
[86] IRD INTERVIEW MARCH 2018
[87] World Vision Interview March 2018 and International Business and Technical Consultants, Inc. (IBTCI), *USAID/Mozambique Strengthening Communities Through Integrated Programming Performance Evaluation.*
[88] IRD Implementer Interview March 2018
[89] Initial WASH pckage districts: Chinde, Mopeia, Morrumbala, and Namacurra, and secondary districts were in Alto Mólocuè, Gurué, and Ile.
[90] World Vision, November 2014, *Ogumaniha- Strengthening Communities Through Integrated Programming (SCIP) Project, Zambézia, Mozambique, End of Phase I Report (July 2009 – August 2014).*
[91] The ET considered evaluating WASH and nutrition integration; however, based on implementer interviews, it emerged that coordinated integration of nutrition with sanitation and hygiene activities did not occur until the no-cost extension period. No-cost extension communities are excluded from the evaluation and as such the ET will not evaluate this component.

According to the *SCIP Ogumaniha End of Phase I Report*, the program surpassed many targets across indicators.

Table 1: SCIP Key WASH Achievements[92]

Indicator	Target	Achievement	Percent
People in target areas with access to improved drinking water supply	112,100	152,747	136%
New protected water sources built	81	78	96%
Rehabilitated protected water sources	204	214	105%
People trained on water treatment	1,549	3,586	232%
People in target areas with access to sanitation facilities	100,000	104,854	105%
Household latrines constructed	20,000	21,484	117%
Households with tippy-tap systems installed	20,140	16,072	78%

ADDITIONAL SCIP DETAILS

SCIP emphasized monitoring and evaluation (M&E) and undertook several assessment activities. The M&E team, led by VU/FGH, conducted a baseline and endline survey as well as a process evaluation in Zambézia. They also contracted out a midterm performance evaluation of the entire SCIP (Nampula and Zambézia) project to IBTCI.[93] The ET will use these documents and instruments to inform evaluation design and analysis.

The SCIP project received a no-cost extension from July 2014 to December 2015 to continue conducting activities in eight programmatic areas that supported USAID/Mozambique and the Government of Mozambique (GoM)'s health, HIV, and nutrition priorities. SCIP revised its results framework to reflect the new strategy and programing, and no longer included a focus on WASH activities (see **Annex E**).

SUMMARY OF ONGOING WASH ACTIVITIES IN MOZAMBIQUE

The ET researched WASH activities that USAID, GoM, or other donors implemented in the Zambézia Province from 2009 to present day. Full findings are available in **Annex A**. The ET found that 15 organizations coordinated at least 41 WASH projects with 113 WASH activities. The primary sector actors in Zambézia are UNICEF, World Vision, CARE and the GoM.

[92] World Vision, *Ogumaniha- Strengthening Communities Through Integrated Programming (SCIP) Project, Zambézia, Mozambique, End of Phase I Report (July 2009 – August 2014).*

[93] The endline survey was conducted a few months prior to the activity end and as such is not a precise measure of the SCIP activities interventions at project close.

Tropical Cyclone Idai struck Mozambique on March 14, 2019.[94] It caused severe flooding in Zambézia and left at least 6,542 people displaced and 31 percent of the road network was damaged. The GoM requested assistance, and there will likely be new WASH activities as a result.[95] The ET will work to assess any additional WASH activities in the communities evaluated.

Evaluation Design and Methodology

PURPOSE

This ex-post evaluation will assess the sustainability of the SCIP's water supply, sanitation, and hygiene activities in Zambézia province since the project closed in 2015. The evaluation seeks to elucidate which WASH outcomes were sustained, and what factors facilitated or constrained sustainability. It will also specifically assess select resilience indicators. The evaluation results will be presented to USAID, implementers, and the broader WASH sector with the aim of informing the design, and overall sustainability of future WASH activities.

EVALUATION QUESTIONS (EQS)

Drawing on the SCIP framework, this evaluation will answer the following questions:

Water

7. What is the present level of service at WPs installed or rehabilitated by SCIP four years after activity close in terms of functionality, water quantity, quality, accessibility, and reliability?
    a. To what degree are community members using activity-sponsored WPs relative to other water sources, for which purposes and why?
8. What factors influenced sustainability of water services?
    a. How effective have governance and management activities of the community-based water committees been since project close?

Sanitation and Hygiene

9. To what extent have households (HHs) been practicing promoted sanitation behavior, using, and replacing (as needed) their latrines in SCIP communities?
10. What factors have contributed to use and maintenance of HH latrines?
    a. Which of the two implementation approaches (sanitation and hygiene or the WASH package) was the most sustainable?
11. To what extent have HH been practicing -promoted handwashing behavior, using, and replacing SCIP promoted handwashing stations, or other models?
12. Which factors influenced sustainability of handwashing behaviors?

WASH Capacity, Integration and Resilience

13. To what extent have SCIP's efforts to build CHCs organizational capacity contributed to sustainability of WASH interventions?

---

[94] On April 25, Tropical Cyclone Kenneth made landfall in Mozambique. I did not impact Zambézia province but required GoM and humanitarian response. Source: Mozambique Two Cyclones: Idai and Kenneth. OCHA May 22, 2019. https://reliefweb.int/sites/reliefweb.int/files/resources/20190522-OCHA-MOZ-IdaiKenneth-HumanitarianSnapshot-EN.pdf

[95] United Nations, Office of the Resident Coordinator – Flash update No. 3. Mozambique: Flooding. https://reliefweb.int/sites/reliefweb.int/files/resources/Floods%20Tete%20and%20Zambeiza_%20Flash%20update%203.pdf

Via Relief Web Updates https://reliefweb.int/disaster/tc-2019-000021-moz

c. To what extent are women continuing to participate in management and governance structures put in place under SCIP?
d. To what extent did the integrated approach impact sustainability of WASH interventions?

14. How have SCIP communities impacted by the recent cyclones and other significant shocks faired in regards to WASH.

OPPORTUNITY TO ASSESS RESILIENCE

In light of the recent cyclones and within the broader examination of sustainability, community resilience in WASH is a particular area of interest for USAID. Though the evaluation can assess resilience to a limited extent, it should be noted that SCIP itself did not have a particular focus on or goal of ensuring resilience (in WASH or any of its other sectors). Nonetheless, given its broader importance, the data collection instruments will touch on resilience of communities' water and sanitation services via EQ8.

INDICATOR DEFINITIONS

For water, the ET will use USAID's WASH indicator definitions HL.8.1-1, HL.8.1-2, and HL.8.1-3 to assess service level at the WP (**Table 2**). This includes indicators of quantity, quality, accessibility, and reliability. The ET will use proxy indicators in instances where a USAID indicator cannot be used directly. See the Evaluation Design Matrix Table for notation of proxy indicators.

Table 2. Basic Levels of Water Services[96]

USAID WASH Indicators	Quantity	Quality	Accessibility	Reliability
	HL.8.1-1	HL.8.1-2	HL.8.1-1	HL.8.1-3
Basic Access	≥ 20 Liters per person per day	Fecal coliform[97] standard of 0 CFU/100 mL,	30 min or less total round-trip collection time (including wait time)	Year-round access without regular supply rationing or seasonal failure

Latrine and handwashing device observation will assess standards set by SCIP and USAID WASH indicators:

Table 3. USAID WASH Indicators for Latrines and Handwashing Devices[98]

Indicators	Standard
HL.8.2-2	A basic sanitation service is a sanitation facility that hygienically separates human excreta from human contact and that is not shared with other HHs. Sanitation facilities meeting these criteria include: flush or pour/flush facility connected to a piped sewer system; a septic system or a pit latrine with slab; composting toilets; or ventilated improved pit latrines (with slab).
HL.8.2-5	There should be a "commonly used" handwashing station, including water and soap, that can be readily observed by the enumerator during the HH visit, and where study participants indicate that family members generally wash their hands.

[96] USAID WASH Indicator Reference Sheet https://www.globalwaters.org/resources/assets/wash-indicator-reference-sheets
[97] The water quality testing kits will test for *E.coli*, which is a more stringent metric than fecal coliforms.
[98] USAID WASH Indicator Reference Sheet https://www.globalwaters.org/resources/assets/wash-indicator-reference-sheets

DATA COLLECTION METHODS

The evaluation will use a mixed-method design consisting of a desk review, key informant interviews (KII), group interviews (GI), or focus group discussions (FGDs) with stakeholders and beneficiaries, and quantitative data collection in the form of structured observations of WPs, water quality testing, and a household WASH survey with latrine and handwashing station observations. The household survey will be crafted to ensure comparability with select indicators from the SCIP endline WASH survey. The qualitative interviews will consist of KIIs, GIs with 2-5 people, or FGDs with 6-12 people. All interviews will be conducted in Portuguese or the local language, if possible. Data collection tools will be developed prior to field work; however, the ET may make nuanced modifications based on initial interviews and piloting of tools. The varied data collection tools will allow for triangulation of methods. Further details relating to data collection methods are described individually below, summarized in **Table 4**, and outlined in detail in the Evaluation Design Matrix (**Table 7**). The ET will obtain informed consent prior to all data collection activities with participants. The ET will obtain permission from appropriate community leaders before conducting data collection in each community. Please see **Annex B** for the consent forms and data collection instruments referenced below.

Table 4. Field Data Collection Methods and Their Corresponding Evaluation Questions

Data Collection Method	EQ1	EQ2	EQ3	EQ4	EQ5	EQ6	EQ7	EQ8
Document Review	✓	✓	✓	✓	✓	✓	✓	✓
KII/GI: USAID	✓	✓	✓	✓	✓	✓		✓
KII/GI: Implementers		✓	✓	✓	✓	✓	✓	✓
KII/GI: Government Officials	✓	✓	✓	✓	✓	✓	✓	✓
GI: CHCs	✓	✓	✓	✓	✓	✓	✓	✓
GI: WCs	✓	✓					✓	✓
FGD: Community Members	✓	✓	✓	✓	✓	✓	✓	✓
Structured Observation of WPs	✓							✓
Water Quality Testing	✓							
HH Survey with Structured Observation of Latrines and Handwashing Stations	✓	✓	✓	✓	✓	✓	✓	✓

DOCUMENT REVIEW

The ET is conducting a comprehensive document review drawing from a range of sources which offer insights into activity implementation and accomplishments, as well as the broader WASH context in Mozambique. Key sources include SCIP activity documents, reports, and policy documents from the GoM as well as relevant WASH sector reports. The ET will continue the review for the duration of the evaluation as documents from the implementer are made available and as appropriate. Please see **Annex C** for a list of documents reviewed to date.

KEY INFORMANT OR GROUP INTERVIEWS WITH USAID AND IMPLEMENTERS

The ET will conduct KIIs or GIs with USAID and implementers to provide context for the overall evaluation. These interviews will focus on project implementation details, such as their perceptions of the SCIP activities' implementation challenges and successes, factors that may have impacted sustainability, and lessons learned. The ET will also seek perspectives on past and current sector policy, and outlooks for the future.

KEY INFORMANT OR GROUP INTERVIEWS WITH NATIONAL, PROVINCIAL AND DISTRICT GOVERNMENT OFFICIALS

To support **EQs 1–8**, the ET will seek the District Service for Planning and Infrastructure (SDPI), Provincial Directorates of Public Works (DPOPH) and national government key staff's insight related to their perception of the government's policy framework, sector involvement (oversight, financial support, technical support), their roles, views on the SCIP in general and related to the WASH project, and sector-wide challenges and opportunities relating to community-level WASH sustainability factors. The ET will also seek secondary water quality data at these meetings. The *Water Quality Testing* section below describes the process. During all interviews, the ET will seek support in determining whether other water and sanitation projects have occurred in proposed sample communities to further assess contamination (see **Annex A** for more details).

FOCUS GROUP DISCUSSIONS WITH COMMUNITY MEMBERS

The ET will seek the perspectives of community members on SCIP activity implementation, the community's retention of promoted WASH behaviors, WASH norms in the community, and sustainability of water supply, sanitation and handwashing infrastructure and activities. In addition, the ET will seek their thoughts on the SCIP project's community-level governance, and other topics that emerge from interviews with USAID, implementers, and regional officials. The communities' perspectives on these topics will support answering **EQs 1–8**. The ET will seek perspectives of both male and female community members across a spectrum of ages.

GROUP INTERVIEWS WITH WATER COMMITTEES

The ET will conduct group interviews with water committee members to support answering **EQ 1–2, 7-8**. If possible, two to four members will participate in each interview. If female committee members exist, the ET will seek their participation. The interview guides will have a mix of semi-structured and structured questions and, if possible, will include questions based on a review of the association's records. The ET will seek to understand key aspects related to WP user details, water quality, governance (including relationship with local government), operations, maintenance, and financial stability. If a WP is no longer functional or the association no longer exists, the ET will attempt to interview former water committee members to understand why.

GROUP INTERVIEWS WITH COMMUNITY HEALTH COMMITTEES[99]

The ET will seek the CHC's perspectives on the implementation of SCIP activities, their roles and responsibilities related to community WASH, integration of activities and factors that impacted sustainability. In addition, questions will focus on the larger governance structures within the district. The interview guides will have a mix of semi-structured and structured questions and, if possible, will include questions based on a review of the CHC's records. In sanitation and hygiene package communities, the ET will seek out committee members who are responsible for sanitation and hygiene and discuss barriers and facilitators to latrine and handwashing station replacement and maintenance, reported status of open defection, latrine use and hygiene aspects. All guides will include questions related to sustainability. If female committee members exist, the ET will seek their participation. If a CHC no longer exists, the ET

[99] CHC are sometimes referred to as community leadership councils in SCIP documents

will attempt to interview former members to understand why. These interviews will support answering **EQ 1–8**.

STRUCTURED OBSERVATIONS AT WATER POINTS

To answer **EQ 1,** the ET will conduct structured observations of WPs. Each observation period will last 30 minutes. For logistical reasons, the ET will not be able to observe each WP during the same time of day. The observation tool will capture function (e.g. if WPs dispense any water), flow rate, stroke rate, leakage tests, fill time, and observed risk of contamination. The ET will also assess WP infrastructure for factors that might impact sustained functionality, such as engineering aspects or other relevant factors.

WATER QUALITY TESTING AND RECORD REVIEW

To further contribute to answering **EQ 1,** and in line with USAID WASH indicator HL.8.1-2, the ET will test WPs for E. coli. HL.8.1-2 specifies fecal coliforms as the indicator; however, the ET will test for E. coli, which is a more specific measure of contamination. The ET test for E. coli using the Aquagenx compartment bag test Most Probable Number method.[100] The ET will attempt to access water quality records dating back to 2008 from the Centro de Higiene Ambiental e Exames Médicos and from the Ministry of Public Health who are responsible for water quality testing in close collaboration with the Provincial Directorate of Public Works, Housing and Water Resources. The records, if available, may help determine the frequency of water quality testing, whether results meet GoM water quality standards, and whether the GoM or community responded appropriately when results indicated contamination.

HOUSEHOLD (HH) SURVEY AND STRUCTURED OBSERVATIONS OF LATRINES AND HANDWASHING STATIONS

The ET will develop a quantitative survey that will include questions derived from the Demographic Health Survey (DHS), Joint Monitoring Program (JMP) and replicate select questions from the SCIP activities' endline survey and include additional indicators to answer **EQs 1–8**. Specifically, the interviews will collect data on the respondents' experiences and thoughts on water service level indicators such as functionality, quality, quantity, accessibility, reliability, source switching/mixing, challenges, and other related questions. The interviews will also assess history of latrine installation, replacement/maintenance, community practice of open defecation, knowledge of critical times for handwashing, water sources they use, for which purpose they use each, round-trip collection time, and other WASH aspects.

WASH surveys will include direct observation of HH sanitation facilities and handwashing stations, if they exist. Latrine observation will assess the facility's cleanliness, signs of usage, and its structure for safety, privacy, ventilation, and presence of a washable slab. The ET will also observe whether the HH has any handwashing station, and the ET will note whether a SCIP-sponsored handwashing station is present or if it has been replaced. The ET will ask the respondent about handwashing station use and maintenance and look for the presence of soap and water. The survey will be administered to the female head of HH. If the female head of HH is not available, the ET will speak to another adult HH member.

SECONDARY DATA

The ET will attempt to obtain secondary data from GoM and other organizations to provide additional context and triangulation with primary data collected, including WALIS data. Depending on what types of secondary data may be obtained, the ET may be able to use this data for reference and contextualization of results.

---

[100] The Aquagenx method involves sample collection from the water point, which is poured into a compartmentalized bag with a reagent to test for most probable number of E. coli colonies. Details on the testing process are available online: http://www.aquagenx.com/how-to-use-the-cbt/

SAMPLING STRATEGY

CONTAMINATION

This ex-post evaluation will focus on understanding which communities have and have not received additional non-government WASH activities since the SCIP activity ended (**Table 5**). The ET is still investigating the locations and content of WASH activities conducted by USAID, GoM, or other donors since SCIP ended.

While the ET has identified other WASH activities that occurred in the same districts as SCIP, it is working to verify whether these activities affected the same communities targeted by SCIP with the help of a local consultant. Communities that received follow-on sanitation and hygiene promotion support from non-government /other donors will be excluded from sampling if possible.[101] Communities that have not had a follow-on sanitation and hygiene promotion activities and meet other inclusion criteria will be included in the sample frame. If there are not enough communities that meet inclusion criteria, the ET will select communities that have had limited, additional sanitation and hygiene activities and, where possible, capture details of what those activities entailed. Follow on water service (WP infrastructure) activities do not necessarily mean that the sustainability of the SCIP interventions cannot be evaluated. For example, the SCIP activity provided a WP, and occasionally multiple WPs, in each community. The WP interventions were not necessarily designed to meet the water needs of an entire community (sufficiency) and did not take population growth into account. As such, the ET will consider including communities that had concurrent or subsequent water activity. In addition, if communities had another donor rehabilitate their SCIP WP, the ET will inquire about why the WP required repair to learn about the failings of the SCIP activity. In cases where there are not enough sanitation beneficiary communities without follow-on support, the ET will assess contamination considerations on a case-by-case basis. A brief contamination questionnaire will be administered to assess the level and types of interventions, dates and actors involved.

SAMPLING FRAME

SCIP implementation covered 646 communities across 17 districts. The sampling frame of eligible communities will constitute all communities that do not meet the below exclusion criteria (see **Table 5**). Once the MYAP communities and no-cost extension districts are excluded, 253 villages remain in the sampling frame.

Table 5. Sampling Frame Exclusion Criteria

Activity Detail	# Communities Excluded	Reason for Exclusion
Received similar WASH support from USAID or another donor	252	Villages that received follow-on WASH support from USAID or other donors will be excluded from sampling because they will make it difficult to understand the sustainability of the SCIP project. If there are not sufficient communities that meet inclusion criteria, the ET will select communities that have had limited additional WASH activities and, where possible, capture details of what those activities entailed.

[101] For the purposes of this report, hygiene activity includes water treatment messages.

Activity Detail	# Communities Excluded	Reason for Exclusion
		In particular, the ET is aware of the specific communities in which the MYAP activity was implemented. The MYAP communities will be excluded.
No-cost extension districts	141	The no-cost extension continued SCIP's activities in five districts. These communities lack endline data for comparison, and WASH activities were more limited during this period. Thus, communities in these districts will be excluded.
Difficult-to-access areas	TBD	The ET may exclude villages based on logistical considerations that would inhibit the data collection timeline.

Table 6. Sample size by Data Collection Activity

Data Collection Activity	Approximate Sample Size	
Quantitative Data Collection Activities	**Villages**	**Respondents**
Structured Observations at WPs	Up to 140	N/A
Water Quality Testing at Same WPs	Up to 140	N/A
Household Survey and Observation of Latrines and Handwashing Stations	253	~600
Qualitative Data Collection Activities	**# of interviews**	**Respondents**
USAID KIIs	~2	~4
Former Implementers KIIs	~4	~8
National, Provincial, and District Government Officials	~8	~16
Community Member FGDs	~12	~72
Water Committee Interviews	~10	~40
Community Health Committee Interviews [102]	~10	~40

HOUSEHOLD SURVEY

In consultation with USAID, the ET decided to visit all 253 villages remaining in the sampling frame after excluded villages were removed. The ET aims to visit approximately 600 HHs across those 253

[102] Some of the CHC interviews will focus on sanitation and hygiene activities in sanitation and hygiene package communities and others will focus on the CHC's broader roles and be conducted in both sanitation and hygiene package and WASH package.

communities. Thus, household survey data will be collected from the universe of non-excluded villages. The ET anticipates, however, that some villages may not be accessible given recent weather events, and thus the final sample of villages may be less than 253. Within each village, approximately 3 households will be surveyed, resulting in a final sample size of approximately 600.

SAMPLING OF WATER POINTS

Given the decision to retain the full sample frame of all non-excluded villages, all 253 remaining villages will be visited for the household survey. If the village also constructed a WP through SCIP, the WP will be observed. Due to matching difficulties between the numerous different lists of communities provided by the implementer, it was not possible to discern exactly how many of the 253 villages also built a WP through the activity. However, the sample of villages with WPs may be as high as 134. The final sample of SCIP WPs will represent the universe of non-excluded WPs.

QUALITATIVE INTERVIEWS

The ET will purposively sample villages for inclusion in qualitative data collection. Purposive sampling will enable the representation of a variety of perspectives, approaches, and conditions. The ET will conduct six community member FGDs, five CHC group interviews, five WC group interviews in WASH package communities. In sanitation and hygiene package communities the ET will conduct six community member FGDs, five CHC group interviews/ sanitation committee interviews. As above, however, if a list of the sanitation and hygiene package communities cannot be obtained, sampling will need to focus only on WASH package communities. If saturation is reached, fewer interviews may be conducted.

DATA ANALYSIS

QUALITATIVE DATA PREPARATION AND CODING

The ET will take detailed notes and, with consent, record audio of qualitative interviews. The ET will use the recordings to augment the notes at the end of each day to ensure completeness and clarity. The evaluation team lead (ETL) will review notes weekly to evaluate quality. The ETL will develop a codebook derived from EQs and further expand it based on emerging themes during data collection. A team of coders trained on the codebook will conduct initial coding exercises and contribute to the development of the final codebook before applying it. Inter-rater reliability will be assessed based on a select number of double coded interviews. Senior members of the evaluation team will use MaxQDA qualitative analysis software to deductively conduct thematic analysis, frequency searches, lexical searches, and crosstabs with the data. To ensure reliability of findings, the qualitative data will be triangulated between the different respondents' viewpoints along with quantitative results.

QUANTITATIVE DATA PREPARATION AND ANALYSIS

The ET will use Stata to analyze the observational, HH survey, water quality, and WP data obtained from government water offices. The data collected will be cross-sectional, aside from potential historical data collected on water quality and WP characteristics. The ET will clean data for errors such as duplicates, missing values, and other discrepancies. The ET will calculate summary statistics, including means with a 95 percent confidence interval, disaggregating by district, gender, and approach where appropriate. A limited set of indicators captured in the SCIP endline study will be compared between SCIP endline and this ex-post data collection.

GENDER AND SOCIAL ANALYSIS PLAN

EQ 7 specifically addresses gender considerations related to women's continuing participation in CHCs. The ET will further explore gendered differences in WASH behaviors and household WASH facility maintenance over time. The ET will triangulate the household survey data, structured observations, the review of women's CHC membership, and qualitative data to evaluate men and women's behaviors,

perceptions of vulnerabilities, empowerment, barriers, and inclusion related to WASH management and governance activities. Where feasible, GIs and FGDs will be separated by gender.

Table 7. Evaluation Design Matrix

EVALUATION QUESTIONS	INDICATORS	DATA SOURCES	DATA COLLECTION TOOLS	ANALYSIS METHODS	RISKS
WATER					
EQ1. What is the present level of service at water points (WPs) installed or rehabilitated by SCIP four years after activity close in terms of functionality, water quantity, quality, accessibility, and reliability? a) To what degree are community members using activity-sponsored WPs relative to other water sources, for which purposes and why?	<u>QUANTITATIVE</u> **1i:** Functionality: % of presently functional WPs* [103] **1ii:** Water quantity: % of WPs providing water quantity at basic service level (≥ 20 liters per person per day) * **1iii:** Water quality: % meeting USAID quality standards* **1iv:** Accessibility**:** % of respondents who report less than 30-minute round trip collection time including wait time at WP.** [104] **1v:** Reliability/continuity: % WPs with clear indication of year-round access without regular supply rationing or seasonal failure* **1a:** Estimated proportion of local community population using activity sponsored WPs compared to other water sources % of people who report their HH water treatment method by type and person <u>QUALITATIVE</u> **1, 1a:** Perspective of household survey respondents, community members, and WC	**1 i, ii, v:** Structured observation at WPs, including functionality test; flow rate; stroke rate and leakage tests; length and wait time in queue; observed contamination risk; observed operational /structural quality. **1iii:** Water quality testing by evaluation team. **1 i-v:** Household survey; FGDs with community members and semi-structured interviews with WC assessing perception of water service level factors and source use; interviews and water records requests from government officials. **1a:** Household surveys; FGDs with community members; Mixed-methods GI with WC.	**1 i, ii, iv, v:** WP structured observation tool **1iii:** Water quality testing forms; water record data from WC or government offices' water quality testing records **1 i-v:** HH survey; FGD semi-structured interview guide; WC Mixed-methods questionnaire **1a**: FGD semi-structured interview guide and WC Mixed-methods questionnaire	Quantification of proportion of WPs meeting service level criteria (by type) Coding and thematic analysis of qualitative data	Distance between WPs has not yet been determined. Records/data may not be available from government officials, or WCs There may be a lack of people to interview depending on time of day.

[103] *. denotes a proxy indicator will be used to help assess a USAID indicator

[104] ** denotes the USAID indicator will be used

	members on WP and larger water questions of quality, accessibility, function. Etc.				
EQ2. What factors influenced sustainability of water services? a) How effective have governance and management activities of the community-based water committees been since project close?	QUANTITATIVE **2, 2a:** # WC in existence (SCIP indicator R5.7) # of WC who hold monthly meetings # of WC with sufficient capital funds to cover operations and maintenance QUALITATIVE **2, 2a**: Perceived factors that improved or inhibited WC, community members, and others ability to manage/maintain/use of water services	**2, 2a**: FGD with community members; Mixed-methods GI with WC; Interviews with local government officials.	**2, 2a**: FGD semi-structured guides; WC mixed-methods questionnaires; Semi-structured interview guides for local government officials	Descriptive quantification of indicators Coding and thematic analysis of qualitative data	Records/data many not be available from government office, and WC
SANITATION					
EQ3. To what extent have HHs been practicing promoted sanitation behavior, using, and replacing (as needed) their latrines in SCIP communities?	QUANTITATIVE **3:** % of latrines in SCIP-supported villages that are in use % of latrines reported as replaced since activity close QUALITATIVE **3:** Perceived factors related to latrine use and replacement in communities.	**3:** HH survey and structured observation tool for sanitation; FGD with community members; Mixed methods CHC GI	**3:** HH survey including observation tools; FGD semi-structured guide; CHC mixed-methods questionnaire	Quantification of % of latrines in use, % of latrines replaced Coding and thematic analysis of qualitative data	It may be difficult to identify latrines constructed directly due to SCIP intervention. Latrines may not be present due to several factors, e.g. the recent natural disaster
EQ4. What factors have contributed to use and maintenance of HH latrines? a) Which of the two implementation approaches (sanitation and hygiene package or	QUANTITATIVE **4a:** % of existing or replaced latrines, by implementation approach type. % of survey respondents selecting each potential factor as having influenced sustainability	**4, 4a:** HH survey; FGD with Community member; Mixed-methods CHC GI; Interviews with local government officials	HH survey; FGD semi-structured guide, CHC mixed-methods questionnaire; Semi-structured interview guides for local government officials	Descriptive quantification of indicators coding and thematic analysis of qualitative data	

the WASH package) was the most sustainable?	% of HH with access to basic sanitation service** [105] QUALITATIVE **4, 4a:** Perceived factors that improved or inhibited community members and others ability to manage/maintain/use HH sanitation				
HYGIENE					
EQ5. To what extent have HH been practicing -promoted handwashing behavior, using, and replacing SCIP promoted handwashing stations, or other models?	QUANTITATIVE **5:** % of HH with a handwashing station present by type % of HH with a handwashing station, soap, water, and/or signs of use % of HH with a "commonly used" handwashing station with both soap and water present** % of survey respondents who report washing their hands at a critical time QUALITATIVE **5:** Perspective of community members on handwashing stations and current models in use.	**5:** HH survey with structured observation tool for hygiene; FGDs with community members; Mixed-methods CHC GI; Interviews local government offices	**5:** HH survey and structured observation tool for hygiene; FGD semi-structured guide; CHC mixed-methods questionnaire; Semi-structured interview guides for local government officials	Descriptive quantification of indicators Coding and thematic analysis of qualitative data	It may be difficult to identify which handwashing stations were constructed as a result of SCIP at endline. Handwashing stations may not be present due to the recent natural disaster
EQ6. Which factors influenced sustainability of handwashing behaviors?	QUANTITATIVE **6:** % of survey respondents selecting each potential factor as having influenced sustainability QUALITATIVE **6:** Perceived facilitators and barriers to HHs maintaining handwashing stations	**6:** HH survey; FGDs with community members; Mixed-methods CHC GI; Interviews local government offices	**6:** HH survey and structured observation tool for hygiene; FGD semi-structured guide; CHC mixed-methods questionnaire; Semi-structured interview guides for local government officials		

[105] ** denotes the USAID indicator will be used

WASH CAPACITY AND INTEGRATION					
EQ7. To what extent have SCIP's efforts to build Community Health Committees (CHCs)'s organizational capacity contributed to sustainability of WASH interventions? a) To what extent are women continuing to participate in management and governance structures put in place under SCIP. b) What extent did the integrated approach impact sustainability of WASH interventions?	QUANTITATIVE **7a:** # of CHCs in existence # CHCs with 20% women members (SCIP indicator R3.4) # of CHCs with monthly coordination meetings with health facility staff that address WASH at least twice a year # of CHCs with plans based on prioritized solutions to health (SCIP indicator R3.5) that include WASH QUALITATIVE **7, 7b:** Perceived factors that improved or inhibited the CHCs ability to maintain its function related to WASH **7a**: Perspective of CHC members on barriers and facilitators to women's participation in CHCs	**7, 7a, 7b**: HH survey; Mixed-methods CHC GI; Interviews local government offices	**7, 7a, 7b**: HH survey; CHC mixed-methods questionnaire; Semi-structured interview guides for local government officials	Descriptive quantification of indicators Coding and thematic analysis of qualitative data	CHC's may no longer be in existence, they may not have records for review

EQ8. How have SCIP communities impacted by the recent cyclones and other significant shocks faired in regards to WASH?	QUANTITATIVE **8:** % of survey respondents selecting potential factors from shocks as having influenced sustainability QUALITATIVE **8:** Perceived facilitators and barriers to sustainability as it relates to recent shocks	**8:** HH survey; FGDs with community members; Mixed-methods CHC GI; Interviews local government offices	**8:** HH survey and FGD semi-structured guide; CHC mixed-methods questionnaire; Semi-structured interview guides for local government officials	Descriptive quantification of indicators Coding and thematic analysis of qualitative data	CHC's may no longer be in existence, they may not have records for review. HH may not be present if they were displaced by recent shocks.

EVALUATION DESIGN LIMITATIONS AND RISKS

As with any evaluation design, there are limitations and risks to consider. In this section, the ET notes potential limitations as well as risks to the evaluation and provides mitigation strategies. The ET has carefully considered the limitations and risks, and believes this proposal includes the best possible evaluation approach for this context, given time and resource constraints.

Contamination. Given the breadth of communities impacted by SCIP activities and the scale of need in the region, there is a reasonable likelihood that other donors or local governments have completed WASH interventions in proposed sampled locations. Indeed, the Water CKM team's desk research on potential sources of contamination has identified that at least 41 projects carried out 113 WASH activities across the Zambézia province between 2009 and present day (see **Annex A** for further details). These other interventions may contribute to a "multiple treatment interference" effect, which will be mitigated to the extent possible by reaching out to USAID, SCIP implementers active in targeted communities, government officials, NGOs, and other local groups to identify WASH activities in those locations since 2009. There also may be new WASH activities as a result of Cyclone Idai. The ET will continue to seek out information about other donor activities throughout the planning process. Adjustments to sampled locations can be made in cases where another intervention will have affected outcomes of interest. The ET may still discover other activities have taken place when they arrive in the field.

To mitigate this, the ET will work to complete its interview with district government officials before data collection (where possible). During these interviews, the team will verify whether any other interventions have occurred in sampled communities. If there are not enough communities to have an "uncontaminated" sample, the team will seek to visit communities with minimal contamination to document the contamination found and include it as part of the analysis. As a consequence of this exercise, the sampling frame for SCIP communities may be constrained to the point that even a random sample of eligible non-contaminated communities would not be fully representative of the full SCIP activity in Zambézia.

Biases. Biases such as self-selection, recall, and positive response may occur. Additionally, participants may choose to participate or not based on their interests in the topic and feelings about it in their community. Because the SCIP activity spanned from 2009 – 2015, in some communities it may be over nine years since the activity ended, and respondents may not be familiar or able to recall details to adequately answer questions posed by the ET. Respondents may also want to provide a "correct or expected" answer because of social norms in their community. There is the potential that this could provide a skewed picture of WASH in their community. To guard against the biases listed above, we will triangulate findings among several sources and data types, including observation, which will be considered the gold standard, where available.

Representativeness of the Final Quantitative Sample. Over half of the total SCIP villages will be excluded due to contamination by the MYAP activity and those from the no-cost extension period of the activity. The ET will collect data on all remaining 253 communities. Thus, the data will be highly robust in reference to non-excluded communities. However, it is not possible to extrapolate the findings from this subset of communities to the average SCIP community. Thus, ultimate findings will not represent the average effects of SCIP, but rather the effect of SCIP on these particular communities.

Consistency and Accuracy of Secondary Data. Components of **EQs 2** and **7** rely on official record data as a key data source; however, it is possible that records will not be consistently or accurately maintained and may not be available to the ET. To mitigate this, the ET will include a request for record data when making appointments with these stakeholders to increase the likelihood they can locate and bring relevant records to the interview. The ET will note irregularities or gaps in record data that may influence their reliability and will triangulate these data to the extent possible with other data sources. If

record data are not usable in certain sites, the team will rely on qualitative responses to provide a general impression of these outcomes.

Unavailability of Respondents. Additionally, the ET will seek to meet with WCs or CHCs, to respond to **EQs 1–7**, but it is also possible that some of these groups will no longer be active or accessible. To mitigate this risk, a local member of the ET will reach out to these organizations ahead of the full ET's arrival to ascertain the ongoing nature of these associations to the extent possible. In such cases where WCs or CHCs are no longer active or longer accessible, the ET will note this finding and consult with community leaders or district/local government officials about alternative groups or records from which to triangulate findings or understand the reason these committees did not persist.

Cyclone Idai Impacts. As noted above, Cyclone Idai significantly impacted Zambézia Province in March 2018. Idai created severe flooding, left at least 6,542 people displaced and 31 percent of the road network damaged.[106] As a result, there may be difficulties accessing communities. The ET may exclude communities that cannot be safely accessed at the time of data collection. The cyclone may have also damaged water points, introduced water contamination, or destroyed sanitation and hygiene hardware. The data collection instruments will include provision for assessing the state of sustainability prior to the cyclone and will leverage the opportunity to explore how individuals and communities have been able to recover from such damage.

Geographic Limitations. The distance between WPs has not yet been determined, and some may be too geographically distant to reach given limited amount of time in the field. It is possible that some very distant or hard-to-reach sites may be excluded from the sample.

Local Holidays. There is one local holiday during the anticipated data collection months of June and July. Mozambique's Independence Day is on June 25. The ET will plan field work accordingly, as this will be a public holiday across Mozambique and government agencies and most offices will be closed.

UTILIZATION PLAN

The ET will present emerging themes to USAID/Mozambique in Maputo at the conclusion of data collection, which may include relevant implementing partners as deemed appropriate by USAID/Mozambique. This will likely only capture initial impressions from qualitative work, as compilation, cleaning, and analysis of quantitative data will require more time to complete after field work has ended. Following field work, the ET will present an additional findings, conclusions, and recommendations presentation to USAID/E3. These presentations will provide the ET early feedback on results as well as help USAID understand the direction in which results seem to be going. The ET will then deliver a draft evaluation report first to USAID/E3 and USAID/Mozambique and then to a representative from World Vision for comments prior to finalization to ensure it accurately portrays activities and clearly and effectively presents findings and actionable recommendations. To encourage utilization and synergies with other sustainability evaluation "chapters" in the Water CKM series, the report will succinctly highlight actionable recommendations for the evaluation's intended users.

The ET will also give a presentation of the final report findings in Washington, DC to USAID/E3 and via webinar connection to the USAID/Mozambique mission, World Vision, and other WASH sector stakeholders. The Water CKM team will post the final report to USAID's Development Experience Clearinghouse and collaborate with World Vision to facilitate dissemination to key stakeholders, including USAID missions, USAID/Washington staff, and implementing partners. A short evaluation brief will be written following approval of the final report, as well as a blog post on Water CKM's Globalwaters.org website to share findings more broadly. Findings from this evaluation will also be

[106] United Nations, Office of the Resident Coordinator – Flash update No. 3. Mozambique: Flooding. https://reliefweb.int/sites/reliefweb.int/files/resources/Floods%20Tete%20and%20Zambeiza_%20Flash%20update%203.pdf

combined with those of other ex-post evaluations in this series to comprise a synthesis report that summarizes the most salient findings across USAID contexts. This synthesis report will be widely disseminated to inform sectoral discussions on sustainability. The Water CKM team will work with the USAID/E3 team to identify additional channels and timing for dissemination of findings. Potential channels may include conferences, brown bags, and webinars in the water sector, or alternative formats such as videos, podcasts, or social media. Finally, the ET will post clean quantitative datasets to the Development Data Library, per USAID policy.

TEAM COMPOSITION AND MANAGEMENT PLAN

The ET will be comprised of several individuals who possess the expertise in the technical areas necessary to conduct the evaluation. Specifically, this includes expertise in evaluation methodology, rural WASH, water engineering, and local languages and context. Though the team composition and individual roles may shift among members, the following is an illustrative listing of a team for this evaluation:

TEAM COMPOSITION

- **Holly Dentz, Team Leader (SI),** will lead background research, planning and evaluation design; coordinate data collection planning, training, and piloting; lead data analysis; and co-author the evaluation report and dissemination materials.
- **Leslie Hodel, Senior Technical Specialist (SI),** will design the quantitative sampling strategy, review the evaluation design, and contribute to data analysis and report writing.
- **Dr. Kari Nelson, Senior Technical Specialist (SI),** will contribute to the evaluation design, co-coordinate data collection planning, training, piloting and contribute to data analysis and report writing.
- **Bacelar Muneme, Evaluation Specialist,** will contribute technical and local knowledge to design and implementation of evaluation activities. He will contribute to logistical planning, carry out qualitative interviews, and conduct preliminary qualitative data coding and analysis.
- **Andrew Chatting, Water Sector Specialist (ECODIT),** will contribute to the data collection instrument review, training, piloting, and field work and contribute to analysis and report writing.
- **Data collection firm (TBD),** will conduct quantitative and qualitative data collection in the field and provide technical guidance and field coordination support to the local team.
- **Interpreters** will support the evaluation and team with Portuguese, Chinyanja/Chichewua, Cisena, Echuabo, Elomwe, and Emakhuwa interpretation as needed during fieldwork data collection.

EVALUATION TIMELINE & DELIVERABLES

DATA COLLECTION TIMELINE

The list below provides a preliminary timeline for conducting data collection for the evaluation. This is illustrative and will be finalized prior to data collection. All days noted are working days (Monday–Saturday). In-country fieldwork will likely follow this approximate schedule, but the exact duration and route will be determined after final sample locations are known and in consultation with the fully staffed evaluation team.

- Day 1: Evaluation team planning meeting
- Day 3: In-briefing with USAID mission; interviews with USAID, IPs: additional internal evaluation team planning
- Day 4-7: Data collection training quantitative and qualitative instruments; translator training for KIIs/GIs/FGD; training of supervisors
- Day 8-9: Pilot and refinement of quantitative and qualitative instruments
- Days 10 – 28: Data collection across regions
- Day 29: Evaluation team preliminary data analysis workshop

- Day 30 Mission out-briefing and preliminary results presentatio

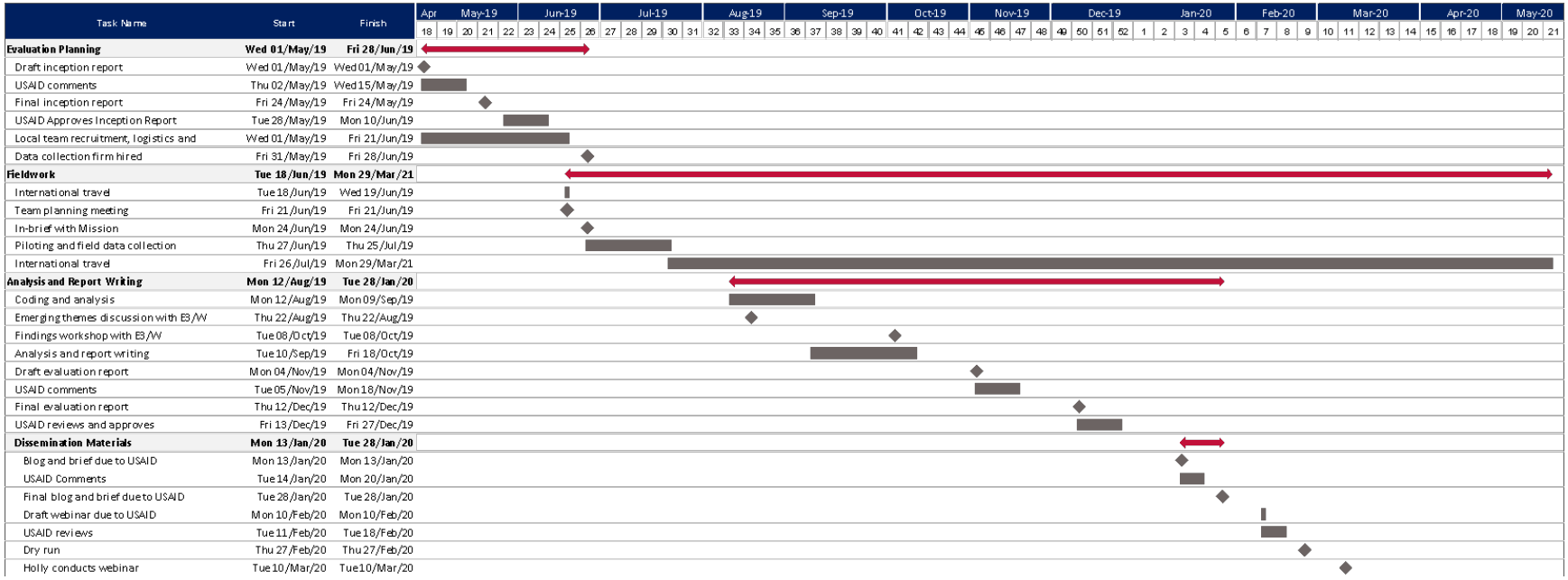
EVALUATION DELIVERABLES

The ET expects to produce the following deliverables. Dates are estimates and subject to change as the evaluation context changes.

Deliverable	Anticipated Dates
Final inception report	June 25, 2019
In-briefing/data collection	Week of July 15
Out-briefing	TBD
Emerging themes presentation	September 6, 2019
Findings presentation	October 22, 2019
Draft evaluation report	November 18, 2019
Final evaluation report	December 27, 2019
Final findings presentation	TBD
Brief	January 27, 2020
Blog	January 27, 2020
Webinar	March 24, 2020

INCEPTION REPORT ANNEXES

INCEPTION REPORT ANNEX D: WORK PLAN



Task Name	Start	Finish
Evaluation Planning	**Wed 01/May/19**	**Fri 28/Jun/19**
Draft inception report	Wed 01/May/19	Wed 01/May/19
USAID comments	Thu 02/May/19	Wed 15/May/19
Final inception report	Fri 24/May/19	Fri 24/May/19
USAID Approves Inception Report	Tue 28/May/19	Mon 10/Jun/19
Local team recruitment, logistics and	Wed 01/May/19	Fri 21/Jun/19
Data collection firm hired	Fri 31/May/19	Fri 28/Jun/19
Fieldwork	**Tue 18/Jun/19**	**Mon 29/Mar/21**
International travel	Tue 18/Jun/19	Wed 19/Jun/19
Team planning meeting	Fri 21/Jun/19	Fri 21/Jun/19
In-brief with Mission	Mon 24/Jun/19	Mon 24/Jun/19
Piloting and field data collection	Thu 27/Jun/19	Thu 25/Jul/19
International travel	Fri 26/Jul/19	Mon 29/Mar/21
Analysis and Report Writing	**Mon 12/Aug/19**	**Tue 28/Jan/20**
Coding and analysis	Mon 12/Aug/19	Mon 09/Sep/19
Emerging themes discussion with E3/W	Thu 22/Aug/19	Thu 22/Aug/19
Findings workshop with E3/W	Tue 08/Oct/19	Tue 08/Oct/19
Analysis and report writing	Tue 10/Sep/19	Fri 18/Oct/19
Draft evaluation report	Mon 04/Nov/19	Mon 04/Nov/19
USAID comments	Tue 05/Nov/19	Mon 18/Nov/19
Final evaluation report	Thu 12/Dec/19	Thu 12/Dec/19
USAID reviews and approves	Fri 13/Dec/19	Fri 27/Dec/19
Dissemination Materials	**Mon 13/Jan/20**	**Tue 28/Jan/20**
Blog and brief due to USAID	Mon 13/Jan/20	Mon 13/Jan/20
USAID Comments	Tue 14/Jan/20	Mon 20/Jan/20
Final blog and brief due to USAID	Tue 28/Jan/20	Tue 28/Jan/20
Draft webinar due to USAID	Mon 10/Feb/20	Mon 10/Feb/20
USAID reviews	Tue 11/Feb/20	Tue 18/Feb/20
Dry run	Thu 27/Feb/20	Thu 27/Feb/20
Holly conducts webinar	Tue 10/Mar/20	Tue 10/Mar/20

INCEPTION REPORT ANNEX G: ADDITIONAL CONTEXT

Sustainable Development Goals

In light of the Sustainable Development Goals (SDG), the Government of Mozambique has established national targets for water supply and sanitation: (i) Eliminate open defecation by 2025; (ii) Achieve universal basic access to basic services for WASH and hygiene promotion for families, schools, and health units by 2030; (iii) Reduce by half the proportion of people without access to the domicile water supply and sanitation services by 2030; and (iv) Progressively eliminate access inequalities by 2030.[107]

SCIP No Cost Extension

The SCIP project received a no-cost extension from July 2014 to December 2015 to continue conducting activities in eight programmatic areas that supported USAID/Mozambique and the Government of Mozambique (GoM)'s health, HIV, and nutrition priorities. The project's results framework was revised to reflect the new strategy and programing, and no longer included a focus on WASH activities (see **Annex E**). However, the revamped nutrition activities (based on lesson learned during previous implementation) included integrated sanitation and hygiene components. The nutrition activity integrated the CLTS and PHAST methods. Nutrition activities were took place in communities that previously participated in SCIP.[108] It is not clear if the integrated nutrition no-cost extension communities had never received WASH programming or if they were being reintroduced to the interventions. World Vision, IRD, ADRA, and VU/FGH continued as implementers in this project period. SCIP supported the provincial nutrition program in five districts: Alto Molocué, Gilé, Gurué, Mocuba and Nicoadala. In addition, severe flooding in Zambézia delayed project activities, displayed populations, and shifted activities. At the conclusion of the extension period, key sanitation achievements included 8,668 (out of a target of 17500, or 49.5%) people with access to sanitation (CLTS).[109, 110]

Mid-Term Performance Evaluation During the 2013 midterm performance evaluation, IBTCI developed and administered a "sustainability index" tool to understand the enabling and limiting factors to future sustainability of CHCs—the community structure used by SCIP to deliver most project activities. The evaluation found that the sustainability of CHCs was evolving, with additional work needed to *"improve financial viability, operational infrastructure … and enhancing the public image of CHCs among multiple levels of stakeholders as important community service providers."*[111]

**END OF INCEPTION REPORT*

[107] World Vision, *Ogumaniha- Strengthening Communities Through Integrated Programming (SCIP) Project, Zambézia, Mozambique, End of Phase I Report (July 2009 – August 2014).*
[108][108] World Vision, October 2015, *Ogumaniha- Strengthening Communities Through Integrated Programming (SCIP) Project, Zambézia, Mozambique, Cost-Extension Period Annual Report (October 2014 – September 2015).*
[109] World Vision, October 2015, *Ogumaniha- Strengthening Communities Through Integrated Programming (SCIP) Project, Zambézia, Mozambique, Cost-Extension Period Annual Report (October 2014 – September 2015).*
[110] The No-cost Extension annual report indicated that 2,925 volunteers were trained in CLTS/PHAST. It did not specify latrines or handwashing stations built or use indicators.
[111] International Business and Technical Consultants, Inc. (IBTCI), *USAID/Mozambique Strengthening Communities Through Integrated Programming Performance Evaluation.*

ANNEX B: DATA COLLECTION INSTRUMENTS (ENGLISH)

1. Informed Consent Statement - Quantitative

Hello, my name is _____ and I am here on behalf of Social Impact, an evaluation company based in the United States. We are independent evaluators working on behalf of the United States Agency for International Development (USAID) Water Communications and Knowledge Management Project, evaluating the long-term sustainability of a USAID project called The Strengthening Communities Through Integrated Programming Program, known as SCIP or Ogumaniha. It was implemented by World Vision International in Zambézia from 2009-2015. Specifically, we are conducting research on how rural access to water and sanitation has evolved since the time SCIP ended, as well as current challenges and successes in sustaining community access to water and sanitation. This evaluation will help USAID understand how to improve its activity design in the future.

We are asking you to participate because your position would make you knowledgeable about this topic in [location]. We kindly request approximately 1 hour of your time so we can hear about your experiences and opinions. If you don't know the answer or have the information to answer a question it is fine just tell us and we will move on. We will ask for details you are able to share about recent planning initiatives and projects as well as changes in access to water and sanitation. We will also ask for your thoughts about some issues related to your work. There are no risks to participating in this interview, and there are no direct benefits, though your participation may broadly inform improvements in future water and sanitation programs. We will not ask anything sensitive, but you are free to say you do not want to answer specific questions. Your participation in this study is completely voluntary and you are under no obligation to participate. If you start the interview and wish to stop at any time for any reason, simply let us know.

I want to assure you that all the responses you provide during this interview will be kept confidential to the furthest extent possible under local and United States Government policy. Only a handful of researchers directly involved in this study will have access to your personal information. Your name, address, contact information, and other identifiers will not be shared with anyone outside of the research team. Your personal information will be recorded on a separate sheet of paper from the rest of the survey and will be kept separately, so that none of your responses can be traced back to you personally. While all identifying information will be kept strictly confidential, de-identified data may be combined with other study participants' data and shared publicly for future research purposes.

Do you have any questions about this interview? If you are willing to be interviewed, please indicate this by verbally agreeing. If you have any concerns, you may contact Forcier Mozambique (87 067 69 42) or the Social Impact Institutional Review Board at irb@socialimpact.com or +1 703 465 1884 with questions about the study or results. I will leave a copy of this form with you.

Do you agree to participate? Yes / No

2. Informed Consent Statement - Qualitative

Hello, my name is _____ and I am here on behalf of Social Impact, an evaluation company based in the United States. We are independent evaluators working on behalf of the United States Agency for International Development (USAID) Water Communications and Knowledge Management Project, evaluating the long-term sustainability of a USAID project called The Strengthening Communities Through Integrated Programming Program, known as SCIP or Ogumaniha. It was implemented by World Vision International in Zambézia from 2009-2015. Specifically, we are conducting research on how rural access to water and sanitation has evolved since the time SCIP ended, as well as current challenges and successes in sustaining community access to water and sanitation. This evaluation will help USAID understand how to improve its activity design in the future.

We are asking you to participate because your position would make you knowledgeable about this topic in [location]. We kindly request approximately 1 hour of your time so we can hear about your experiences and opinions. If you don't know the answer or have the information to answer a question it is fine just tell us and we will move on. We will ask for details you are able to share about recent planning initiatives and projects as well as changes in access to water and sanitation. We will also ask for your thoughts about some issues related to your work. There are no risks to participating in this interview, and there are no direct benefits, though your participation may broadly inform improvements in future water and sanitation programs. We will not ask anything sensitive, but you are free to say you do not want to answer specific questions. Your participation in this study is completely voluntary and you are under no obligation to participate. If you start the interview and wish to stop at any time for any reason, simply let us know.

We plan to conduct interviews across Zambézia with other individuals like yourself who are knowledgeable about water and sanitation access in this region. We will summarize what we learn from you and other interviewees according to the location and sometimes the type of organization you represent. This means information you share would not be anonymous. Our final report will be shared with USAID and eventually posted online.

I want to assure you that all the responses you provide during this interview will be kept confidential to the furthest extent possible under local and United States Government policy. Only a handful of researchers directly involved in this study will have access to your personal information. Your name, address, contact information, and other identifiers will not be shared with anyone outside of the research team. Your personal information will be recorded on a separate sheet of paper from the rest of the survey and will be kept separately, so that none of your responses can be traced back to you personally. While all identifying information will be kept strictly confidential, de-identified data may be combined with other study participants' data and shared publicly for future research purposes.

Do you have any questions about this interview? If you are willing to be interviewed, please indicate this by verbally agreeing. If you have any concerns, you may contact Forcier Mozambique (87 067 69 42) or the Social Impact Institutional Review Board at irb@socialimpact.com or +1 703 465 1884 with questions about the study or results. I will leave a copy of this form with you.

Do you agree to participate? Yes / No

In order to ensure we capture everything correctly in our notes, is it OK if we record this conversation? We will not share the recordings or transcripts with anyone outside of the evaluation team. Yes / No

3. Household Survey & Structured Observations

MODULE A: HOUSEHOLD LOCATION & CONSENT INFORMATION		
A1.	DATE OF OBSERVATION (DD/MM/YY)	|__|__|/|__|__|/|__|__|
A2.	NAME OF OBSERVER 1: /_____/ /_____/ /_____/ (NAME 1) (NAME 2) (FAMILY NAME)	
A3.	NAME OF OBSERVER 2: /_____/ /_____/ /_____/ (NAME 1) (NAME 2) (FAMILY NAME)	
A4.	**District:**	[1] Chinde [2] Ile [3] Lugela [4] Manganja [5] Milange [6] Mopeia [7] Morrumbala [8] Namacurra [9] Namorroi [10] Pebane [11] Quelimane
A5.	**Administrative Post:**	[1]
A6.	**Locality:**	[2] /_____ _____/
A7.	**Community Name:**	[3] /_____ _____/
A8.	**Community ID:**	|__|__|__|
A9.	**Household/Respondent ID:**	|__|__|__|__|
A10.	READ CONSENT STATEMENT TO FEMALE HEAD OF HOUSEHOLD. WAS CONSENT GIVEN BY THE HEAD OF HH?	[1] YES -> PROCEED TO CONDUCT SURVEY AND OBSERVATION [0] NO -> DO NOT CONDUCT OBSERVATION AND SURVEY
A11.	Since when have you lived in this community?	|__|__| MONTHS |__|__| YEARS

A12.	NOTE: HAVE THEY MOVED TO THE COMMUNITY IN THE LAST 4 YEARS? (E.G. AFTER 2014)?	[1] BEFORE 2014 [2] LESS THAN 4 YEARS/ AFTER 2014 -> DO NOT CONDUCT OBSERVATION

MODULE B: HH MINI-SURVEY		
B1.	WHAT IS THE GENDER OF THE PERSON YOU ARE SPEAKING TO?	[1] FEMALE
B2.	How old are you?	|__|__|
B3.	Are you the head of the household, if not, what is your relationship to the head of the household?	[0] NO [1] YES -> SKIP TO **B5**
B4.	What is your relationship to the head of household? READ: A household is a person or group of persons that usually live and eat together.	[1] SPOUSE [2] AUNT [3] SISTER [4] DAUGHTER [5] NO RELATIONSHIP [6] MOTHER [77] OTHER_____
B5.	Has the family in this household participated in the OGUMANIHA program?	[1] NO -> SKIP TO **B7** [2] YES [3] DON'T KNOW -> SKIP TO **B7**
B6.	Which aspects?	[1] Water [2] Sanitation [3] Water and Sanitation (combined committees) [4] Nutrition [5] Health [6] Education [7] Agriculture [77] Other _____ [99] Don't know
B7.	How many members are there in the household?	[1] 3 or less [2] 4 to 6 [3] 7 or more
B8.	Does the household have a freezer?	[0] No [1] Yes

B9.	Does the household have an electric or coal iron?	[0] No [1] Yes
B10.	Does the household have any tables?	[0] No [1] Yes
B11.	Does the household have a television set?	[0] No [1] Yes
B12.	What is the main material used in the floor of the house?	[1] Cement, Parquet, Lumber, Tile/Marble/Terrazzo, Other [2] Adobe, Rough Wood [3] Clay
B13.	What is the main source of energy used for cooking by the household?	[1] Electricity, Generator, Solar Panel, Gas [2] Batteries [3] Petroleum/Paraffin Wax/Kerosene, Candle, Car Battery [4] Wood, Other
B14.	Does the household head or spouse know how to read and write?	[0] No [1] Yes

WATER QUESTIONS			
SAY	Thank you very much. We know that there have been recent events that may have impacted your household's uses and accesses water, sanitation, and handwashing. For the following questions we would like to know about your household's behavior around water before the recent floods and cyclones.		
	ASK THE FOLLOWING QUESTIONS ABOUT THE RESPONDENT'S PRIMARY AND SECONDARY WATER SOURCES. ASK FOR PRIMARY SOURCE (COLUMN A) UNTIL B18 THEN ASK FOR SECONDARY SOURCE (COLUMN B)		
B15.		A. Primary Source	B. Secondary Source
	What is the **main** source of drinking water for members of your household?	**Piped Water** [1] Piped Water Into Dwelling [2] Piped To Compound/ Yard/Plot [3] Piped To Neighbor [4] Public Tap/Standpipe [5] Borehole Or Tube Well **Dug Well** [6] Protected Well [7] Unprotected Well **Water From Spring** [8] Protected Spring [9] Unprotected Spring	**Piped Water** [1] Piped Water Into Dwelling [2] Piped To Compound/ Yard/Plot [3] Piped To Neighbor [4] Public Tap/Standpipe [5] Borehole Or Tube Well **Dug Well** [6] Protected Well [7] Unprotected Well **Water From Spring** [8] Protected Spring [9] Unprotected Spring

		Other [10] Rainwater [11] Tanker Truck [12] Cart With Small Tank/ Drum [13] Water Kiosk [14] Surface Water (River/Stream/Dam/Lake/Pond/Stream/Canal/Irrigation Channel) [15] Bottled Water [16] Sachet Water [77] Other_____ [99] Don't Know	**Other** [10] Rainwater [11] Tanker Truck [12] Cart With Small Tank/Drum [13] Water Kiosk [14] Surface Water (River/Stream/Dam/Lake/Pond/Stream/Canal/Irrigation Channel [15] Bottled Water [16] Sachet Water [77] Other_____ [99] Don't Know
B16.	What do you use the water from this source for? CIRCLE ALL THAT APPLY	[1] Drinking [2] Cooking [3] Laundry [4] Bathing [5] Handwashing [6] Household chores [7] Irrigating a garden or crops/agriculture [8] Watering livestock [77] Other, _____	**[1]** Drinking -> SKIP TO **B19** [2] Cooking -> SKIP TO **B19** [3] Laundry -> SKIP TO **B19** [4] Bathing-> SKIP TO **B19** [5] Handwashing-> SKIP TO **B19** [6] Household chores -> SKIP TO **B19** [7] Irrigating a garden or crops/agriculture -> SKIP TO **B19** [8] Watering livestock -> SKIP TO **B19** [77] Other, _____-> SKIP TO **B19**
B17.	Was this source built or rehabilitated by the Ogumaniha activity?	[0] NO [1] YES [99] DON'T KNOW	[0] NO [1] YES [99] DON'T KNOW
B18.	What is the main source of water used by members of your household for other purposes?	[1] Same source -> SKIP TO **B20** [2] Different source -> GO BACK TO B15, COLUMN B (SECONDARY SOURCE)	

	E.G. Secondary Source?	
B19.	Which source do you visit most frequently?	[1] Primary source [2] Secondary sources [77] Other_____ [99] Don't Know
B20.	How long does it take you to go, get water and come back from your primary drinking water source? E.G. ROUND TRIP FROM HOME TO SOURCE TO HOME, THIS INCLUDES TIME WAITING SELECT **ONE** ANSWER	[3] |__|__| MINUTES [4] |__|__| HOURS [99] DON'T KNOW
B21.	On average, how many trips per day do you or a member of your household take to this primary drinking water source to meet you water needs?	[1] ONCE PER DAY [2] 2-TIMES PER DAY [3] 3-4 TIMES PER DAY [4] 5 OR MORE TIMES PER DAY [77] OTHER_____
B22.	In the last month, has there been any time when your household did not have sufficient quantities of drinking water when needed?	[1] No, always sufficient, [2] Yes, at least once, [99] DON'T KNOW
B23.	OBSERVER WAS A SCIP DRINKING WATER SOURCE INSTALLED OR REHABILITATED IN THIS COMMUNITY	[0] NO -> SKIP TO B30 [1] YES
B24.	Is water always available from the Ogumaniha water source? EXPLAIN: Always/consistently means year-round without regular supply rationing or seasonal failure.	[1] Yes, water is always available-> SKIP TO B26. [2] No, water is available most of the time [3] No, water is available some of the time [4] No, water is rarely available [99] Don't Know -> SKIP TO B26.
B25.	If No, why not? SELECT ALL THAT APPLY	[1] Supply Rationing [2] Seasonal Failure/Doesn't Work Seasonally [3] Broken/ Needs Maintenance/Repair [77] Other_____
B26.	Do you think the water at the Ogumaniha source is safe to drink?	[1] NO [2] YES

		[99] DON'T KNOW
B27.	Is the water supplied from the Ogumaniha source usually acceptable? If unacceptable, select the main reason.	[1] Yes, acceptable [2] No, unacceptable taste. [3] No, unacceptable color [4] No, unacceptable smell. [5] No, contains materials [6] No, other (specify) [99] Don't know .....
B28.	Can everyone in the community access the Ogumaniha source?	[0] NO [1] YES -> SKIP TO **B30** [99] DON'T KNOW -> SKIP TO **B30**
B29.	If not, what is the reason? CIRCLE ALL THAT APPLY	[1] Distance from home [2] Financial barriers [3] Quarrels/not allowed to [77] Other, _____
B30.	Do you do anything to make your drinking water less cloudy or safer to drink?	[1] NO -> SKIP TO **B39** [2] YES [99] DON'T KNOW -> SKIP TO **B39**
B31.	What method(s) did you use? (DO NOT READ, SELECT ALL THAT APPLY)	
		[1] ADD BLEACH / CHLORINE (E.G. BOTTLED CHLORINE)
		[2] USE PILL E.G. AQUATABS
		[3] BOIL
		[4] STRAIN THROUGH A CLOTH (E.G. PHYSICAL REMOVAL, SIEVE IT THROUGH CLOTH OR OTHER MATIERAL FILTRATION [E.G. CERAMIC, SAND, COMPOSITE, ETC.])
		[5] SOLAR DISINFECTION (E.G. UV/HEAT DISINFECTION)
		[6] LET IT STAND AND SETTLE
		[7] COAGULANT (I.E. ALUM)
		[8] FLOCCULANT + DISINFECTANT (E.G. PUR)
WATER MANAGEMENT		

B39.	Is there an active Water Management Committee in your community?	[0] NO -> SKIP TO B42. [1] YES [99] DON'T KNOW -> SKIP TO B42.
B41.	How well is the Water Management Committee managing the water source?	[1] Very badly [2] Badly [3] Fair [4] Well [5] Very well [99] DON'T KNOW
B42.	What problems have there been with the functionality of the water source? CIRCLE ALL THAT APPLY	[1] NONE – SKIP TO B45 [2] STOPPAGE [3] LOW PRESSURE [4] BROKEN MACHINERY OR PARTS [5] LEAKING [77] OTHER,_____
B43.	How long on average does it take to repair this water source if it does not work?	[1] 1-3 days [2] 4-6 days [3] 2 -3 weeks [4] Longer than a month (4 weeks or more) [5] It broke but has not yet been repaired
WATER FINANCING		
B45.	Typically, does your household make any contribution to use this the primary drinking water source?	[0] NO -> SKIP TO B48 [1] YES
B46.	What is the contribution that your household makes for the water that you consume?	[1] Financial Contribution [2] Goods → SKIP to B47 [3] OTHER _____
B46a.	What is that contribution in Meticals?	|__|__|__|__|__| MZN
B47.	How frequently does your household contribute that sum?	[1] Each use [2] Daily use [3] Weekly use [4] Monthly use [77] Other,_____
HYGIENE QUESTIONS		

B48.	Can you please show me where members of your household most often wash their hands?	**FIXED FACILITY OBSERVED (SINK/TAP)** [1] IN DWELLING [2] IN YARD/PLOT **MOBILE OBJECT OBSERVED** [3] BUCKET BASIN/BOWL/JUG/KETTLE [4] NO HANDWASHING PLACE IN DWELLING/YARD/PLOT -> SKIP TO **B55** [5] NO PERMISSION TO SEE [77] OTHER, _____ -> SKIP TO **B55**
B49.	OBSERVE IS THE HANDWASHING STATION A TIPPY TAP?	[0] NO [1] YES [99] DON'T KNOW
B50.	OBSERVE: MATERIALS PRESENT CIRCLE ALL THAT APPLY IF THERE IS NO SPECIFIC HANDWASHING PLACE AND THE DEVICE IS A BASIN, NOTE WHICH MATERIALS ARE KEPT WITH THE BASIN/PITCHER. NOTE: SOAP MAY BE IN BAR, POWDER, OR LIQUID FORM. SHAMPOO WILL BE CONSIDERED AS LIQUID SOAP. THE CLEANSING PRODUCT MUST BE AT THE HANDWASHING STATION (FIXED OR MOBILE) OR REACHABLE BY HAND WHEN STANDING IN FRONT OF IT.	[1] WATER [2] SOAP (BAR SOAP, LIQUID SOAP, POWDERED SOAP) [3] SOAPY WATER [4] ASH [5] NONE [77] OTHER _____
B51. .	IN THE CASE OF A HANDWASHING STATION, IS THERE EVIDENCE THAT HANDWASHING HAS HAPPENED TODAY E.G. GROUND OR SOAP IS WET?	[0] NO [1] YES
B52.	OBSERVE: IF THERE IS A FIXED HANDWASHING STATION	[0] NO [1] YES

	IS THE HANDWASHING STATION FUNCTIONAL? TRY TO USE IT IF YOU COULD WASH YOUR HAND THEN ANSWER YES IF YOU COULD NOT WASH YOUR HANDS ANSWER NO	[2] NOT PERMITTED TO USE
B53.	Did you wash your hands yesterday?	[1] NO – SKIP TO B55 [2] YES [99] DON'T KNOW
B54.	Did you wash your hands with soap? (EXPLAIN THAT WE ARE REFERRING TO WHEN THEY USE SOAP AND NOT AT OTHER TIMES WHERE THEY MIGHT RINSE THEIR HANDS IN A COMMUNAL BOWL)	[1] NO -> SKIP TO B56 [2] YES [99] DON'T KNOW -> SKIP TO B56
B55.	Please tell me about all of the times you wash your hands with soap? DO NOT READ CIRCLE ALL THAT APPLY	
		[1] BEFORE PREPARING FOOD
		[2] BEFORE EATING
		[3] BEFORE GIVIGN FOOD TO CHILDREN
		[4] AFTER CLEANING UP THE FECES OF CHILDREN
		[5] AFTER USING THE LATRINE/DEFECATION
		[77] OTHER (SPECIFY)___
B56.	For the handwashing station that you use the most, when was it obtained/built (if fixed in one place)? CHOOSE ONE OPTION	[1] |__|__| YEARS [2] |__|__|MONTHS [99] DON'T KNOW
B57.	Have you ever had to replace it?	[1] NO [2] YES [99] DON'T KNOW
B58.	What if any, repairs has it needed?	[1] None -> SKIP TO **B60** [2] Structure damaged

		[3] Water container damaged [77] Other, _____
B59.	When there were problems with the handwashing station, what did you do?	[1] Did not fix [2] Repaired / maintenance done by household/family member [3] Built a new handwashing station [77] Other, _____
B60.	What factors influence your household's ability to consistently have a handwashing station with soap and water? CIRCLE ALL THAT APPLY	[1] Limited finances [2] Poor handwashing station material quality [3] Limited access to water, further than 10 meters [4] Access to water in compound or within 10 meters [5] Access to soap [77] Other, _____
B61.	Since you first had a handwashing station how many times have you had to replace	[1] Never [2] 1 [3] 2 [4] 3 [5] 4 [6] 5 or more times? [99] Don't know
SAY	Thank you so much for your participation so far. The next part of the survey is a bit sensitive. I would like to ask you some questions about the sanitation practices of people in your compound. I would also like to make some observations. We know that there have been recent events that may have impacted your household's uses and accesses sanitation. For the following questions we would like to know about your household's behavior around water during typical/normal times. We will ask you questions later that specifically relate to how your households manages/copes when there are challenges like cyclones, flooding, etc.	
SANITATION QUESTIONS		
B64.	When a child under 5 years old, needs to defecate, where do they do it most often? DO NOT READ ANSWER OPTIONS	[1] CHILD USED TOILET/LATRINE [2] PUT/RINSED INTO TOILET OR LATRINE [3] PUT/RINSED INTO DRAIN OR DITCH [4] THROWN INTO GARBAGE (SOLID WASTE)

		[5] BURIED [6] OUTSIDE THE COMPOUND [7] LEFT IN OPEN [8] USED AS MANURE [9] NOT APPLICABLE [77] OTHER, _____ [99] DO NOT KNOW
B65.	When a member of this household older than 5 needs to defecate, where do they do it most often? DO NOT READ ANSWER OPTIONS SELECT ONE OPTION ONLY	[1] LATRINE PRIVATE [2] LATRINE PUBLIC [3] IN THE OPEN/FIELD [4] IN THE HOUSE [5] THE COMPOUND [77] OTHER, _____ [99] DO NOT KNOW
B66.	Does your household currently have a latrine that you use? IF THEY HAVE MORE THAN ONE LATRINE REFER TO THE ONE THAT THEY USE THE MOST FREQUENTLY	[1] NO -> SKIP TO **B80** [2] YES [99] DO NOT KNOW -> SKIP TO B80
B67.	Where is the latrine located?	[1] IN OWN DWELLING [2] IN OWN COMPOUND (YARD/PLOT) [3] ELSEWHERE
B68.	Do you share this facility with others who are not members of your household?	[1] NO [2] YES [99] DO NOT KNOW
B69.	WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE? IF 'FLUSH' OR 'POUR FLUSH', PROBE: WHERE DOES IT FLUSH TO? IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	**Flush / pour flush** [1] Flush to piped sewer system [2] Flush to septic tank [3] Flush to pit latrine [4] Flush to open drain [5] Flush to don't know where **Dry pit latrines** [6] Pit latrine with slab [7] Pit latrine without slab / Open pit. **Composting toilets** [8] Twin pit with slab [9] Twin pit without slab [10] Other composting toilet... **Bucket**

		[11] Container based sanitation Hanging toilet / hanging latrine [12] No facility / Bush / Field [77] Other, _____
B70.	When did you build any type of latrine at this household for the first time?	[1] |__|__| YEAR BUILT [2] |__|__| YEARS AGO [3] THERE WAS ALREADY A LATRINE BUILT WHEN ARRIVED [99] DO NOT KNOW
B71.	How long ago was this current latrine constructed?	|__|__| YEARS |__|__|MONTHS [99] DON'T KNOW
B72.	Who built your current latrine?	[1] Skilled mason [2] Family/relative [3] Combination of family and mason [77] Other, _____
B73.	How many people (including children) use this latrine?	|__|__| PEOPLE [99] DON'T KNOW
B74.	Have you encountered any of the following maintenance or repair issues with your latrine in the last five years? READ ALOUD SELECT ALL THAT APPLY	YES: NO
a.	Pit was full	[1] [0]
b.	Slab was damaged	[1] [0]
c.	Lid was damaged	[1] [0]
d.	Vent pipe was damaged	[1] [0]
e.	Wall repair	[1] [0]
f.	Roof repair	[1] [0]
g.	Latrine flooded	[1] [0]
h.	Other,	_____
B75.	Which problem was the most severe?	[1] Pit was full [2] Slab was damaged [3] Lid was damaged [4] Vent pipe was damaged [5] Wall repair

		[6] Roof repair [7] Latrine flooded OR overflowed [77] Other, _____ [99] DON'T KNOW – SKIP TO B82
B76.	Were any of these issues a result of the recent weather event?	[1] NO [2] YES [99] DON'T KNOW
B77.	When the _____ (answer to B75, most severe problem) happened what did you do?	[1] DID NOT FIX -> SKIP TO B81 [2] REPAIRED / MAINTENANCE DONE BY HOUSEHOLD/FAMILY MEMBER -> SKIP TO B82s [3] USED A MASON TO FIX ISSUE [4] REPLACED LATRINE [77] OTHER,_____ - SKIP TO B82
B78.	How did you hear about this person?	[1] THROUGH OGUMSNIHA [2] THROUGH WORD OF MOUTH [3] FROM COMMUNITY LEADERS [4] FROM THE SANITATION MANAGEMENT COMMITTEE [77] OTHER,_____
B79.	Did the repair person fix the issue?	[0] NO – SKIP TO B81 [1] YES – SKIP TO B82 [77] OTHER,_____ - SKIP TO B82
B80.	Why do you not currently have a latrine? SELECT ALL THAT APPLY	[1] OLD LATRINE NO LONGER FUNCTIONAL [2] LACK OF MONEY [3] LACK OF MATERIALS [4] RECENT WEATHER EVENTS (WITHIN THE LAST 6 MONTHS) [77] OTHER, _____
B81.	Do you plan to rebuild a latrine?	[0] NO [1] YES [99] DON'T KNOW

B82.	Did your household build a latrine after the Ogumaniha activity came and with your community health council explained about latrines?	[0] NO [1] YES [99] DON'T KNOW
ODF		
B84.	After the recent weather events (in the last six months), did any of the people in your community practice open defecation?	[1] NO [2] YES [99] DON'T KNOW
B85.	Do you know of other individuals in the community who go to the bathroom in the open during normal times e.g. not a latrine?	[1] Daily [2] Occasionally [3] Never -> SKIP TO B87 [99] Don't Know
B86.	What are the main reasons that members of the community go to the bathroom in the open (practice open defecation)? SELECT ALL THAT APPLY – DO NOT READ OUT	
		[1] NO CHOICE (NOTHING ELSE AVAILABLE)
		[2] CANNOT CONTROL WHERE YOUNG CHILDREN DEFECATE
		[3] HABIT/ROUTINE
		[4] PREFER TO USE BUSH RATHER THAN TOILET
		[5] DO NOT SHARE TOILETS WITH IN-LAWS
		[6] CONVENIENCE
		[7] SICKNESS - DIARRHEA
		[8] LATRINE FULL
		[9] LATRINE BROKEN (WALLS AND/OR FLOOR)
		[10] FEAR OF LATRINE
		[11] DON'T KNOW HOW TO USE THE LATRINE
		[12] TOO YOUNG TO USE LATRINE
		[13] DUE TO WEATHER EVENTS/SHOCKS
		[77] OTHER 1(SPECIFY): _____
		[77] OTHER 2 (SPECIFY): _____

B87.	Do you attend Community Health Committee meetings?	[0] NO -> SKIP TO B89 [1] YES [99] DON'T KNOW -> SKIP TO B89
B88.	Do you think that the Community Health Committee is effective?	[0] NO [1] YES [99] DON'T KNOW
MODULE: RECENT CLIMATE EVENTS		
B32.	Was your household impacted in anyway by the recent weather events (within the past six months)? E.g. cyclone that produced heavy rain fall	[0] NO [1] YES
B33.	Due to recent (within the past six months) weather events has your household experienced any challenges related to drinking water access?	[0] NO [1] YES [99] DON'T KNOW
B34.	Did your primary drinking water source become contaminated/unsafe to drink?	[1] NO -> SKIP TO **B36** [2] YES [99] DON'T KNOW -> SKIP TO **B36**
B35.	What made the source unsafe to drink?	[1] Feces human [2] Feces animal [3] Agricultural contamination [77] Other, _____
B36.	Did your household have an alternate source of drinking water?	[0] NO -> SKIP TO **B38** [1] YES [99] DON'T KNOW – SKIP TO **B38**
B37.	What was that source? DO NOT READ ANSWERS.	**PIPED WATER** [1] PIPED WATER INTO DWELLING [2] PIPED TO COMPOUND/ YARD/PLOT [3] PIPED TO NEIGHBOR [4] PUBLIC TAP/STANDPIPE [5] BOREHOLE OR TUBE WELL **DUG WELL** [6] PROTECTED WELL [7] UNPROTECTED WELL **WATER FROM SPRING** [8] PROTECTED SPRING [9] UNPROTECTED SPRING

		OTHER [10] RAINWATER [11] TANKER TRUCK [12] CART WITH SMALL TANK/ DRUM [13] WATER KIOSK [14] SURFACE WATER (RIVER/STREAM/DAM/LAKE/POND/STREAM/CANAL/IRRIGATION CHANNEL) [15] BOTTLED WATER [16] SACHET WATER [77] OTHER_____ [99] DON'T KNOW
B38.	Was your primary drinking water supply repaired/fixed/made safe?	[0] NO [1] YES
B44.	During the recent weather events (in the past six months) did the Water Management Committee help to address the community's drinking water needs?	[0] NO [1] YES [99] DON'T KNOW
B62.	During the recent weather events, was your handwashing station damaged or destroyed?	[0] NO [1] YES [2] DON'T KNOW
B63.	Did you rebuild or repurchase your handwashing station?	[0] NO [1] YES
B83.	After the recent weather event, did the Community Health Committee or sanitation committee provide support /guidance related to community sanitation?	[0] NO [1] YES [2] NOT APPLICABLE [99] DON'T KNOW

MODULE C: STRUCTURED LATRINE OBSERVATIONS		
LATRINE OBSERVATION (DO NOT OBSERVE PUBLIC LATRINES)		
B89	Do you have a latrine I can observe?	[0] NO – SKIP TO C6 [1] YES
C1.	Where is the latrine located?	[1] INSIDE COMPOUND [2] IMMEDIATELY OUTSIDE COMPOUND (< 5 M AWAY) [3] OUTSIDE COMPOUND (> 5 M AWAY)

C2. OBSERVATION: NOTE THE TYPE, CONDITION AND APPARENT USE OF THE TOILET/LATRINE. IF YOU CANNOT OBSERVE/CANNOT TELL, MARK "99"				
	EXTERIOR OBSERVATIONS:	**YES**	**NO**	**DK**
a.	AT LEAST THREE WALLS AROUND THE TOILET	[1]	[0]	[99]
b.	DOOR/CURTAIN OR WALLS GUARANTEEING PRIVACY	[1]	[0]	[99]
c.	DOES THE LATRINE HAVE A ROOF?	[1]	[0]	[99]
d.	VENTILATION PIPE	[1]	[0]	[99]
e.	PATH TO TOILET SUGGESTS REGULAR USE (IS CLEAR, WELL-WORN, ETC)	[1]	[0]	[99]
	INTERIOR OBSERVATIONS:	**YES**	**NO**	**DK**
f.	DOOR LOCKS FROM INSIDE	[1]	[0]	[99]
g.	TOILET HAS A SLAB (PLASTIC OR CEMENT)	[1]	[0]	[99]
h.	RAISED FOOTINGS AROUND THE HOLE	[1]	[0]	[99]
i.	LATRINE APPEARS TO BE IN USE (BY YOUR BEST JUDGEMENT)	[1]	[0]	[99]
j.	ODOR OF FECES OR URINE IN THE LATRINE	[1]	[0]	[99]
k.	STOOL IS VISIBLE ON THE SLAB OR FLOOR	[1]	[0]	[99]
l.	DROP HOLE IS COVERED	[1]	[0]	[99]
m.	ARE MATERIALS FOR ANAL CLEANSING (PAPER OR WATER CONTAINER) AVAILABLE?	[1]	[0]	[99]
n.	MORE THAN 3 FLIES PRESENT	[1]	[0]	[99]
C3.	OBSERVE: WHAT TYPE OF LATRINE IS IT? IF 'FLUSH' OR 'POUR FLUSH', PROBE: WHERE DOES IT FLUSH TO? IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	**Flush / pour flush** [1] Flush to piped sewer system [2] Flush to septic tank [3] Flush to pit latrine [4] Flush to open drain [5] Flush to don't know where **Dry pit latrines** [6] Pit latrine with slab [7] Pit latrine without slab / Open pit. **Composting toilets** [8] Twin pit with slab [9] Twin pit without slab		

		[10] Other composting toilet... **Bucket** [11] Container based sanitation Hanging toilet / hanging latrine [12] No facility / Bush / Field [77] Other,_____
C4.	OBSERVE: IS THERE A HANDWASHING STATION WITHIN 5 METERS OF THE LATRINE (10 STEPS)	[0] NO [1] YES
C5.	OBSERVE: IS THERE VISIBLE FECES IN THE COMPOUND?	[1] NO [2] YES
C6.	TAKE A NEW GPS READING BY MARKING A NEW WAYPOINT. WAIT UNTIL YOU HAVE LESS THAN 10M ACCURACY IF POSSIBLE.	WAYPOINT ID: |__|__|__| [3] N°|__|__|. |__|__|__|__|__| E °|__|__|__|. |__|__|__|__|__|
TAKE PHOTOS OF THE LATRINE		

TO BE COMPLETED AT TIME OF DATA ENTRY IF PAPER VERSION WAS USED IN FIELD
DE.1 Was this survey entered on netbook in field? [1] YES [0] NO
DE.2 Was this survey entered in field on netbook AND paper and partially entered on netbook in office? [1] YES [0] NO
DE.3 Was this survey entered on paper in field and then netbook in office? [1] YES [0] NO
DE.4 Data Entry PERSON 1 NAME/ID _____ /|__|__|__|__|
DE.5 Date of Data Entry PERSON 1 |__|__|/|__|__|/|__|__|__|__|
DE.6 Comments on Data Entry (Put Initials Next to Comments):

4. Structured Observations at Water Sources

MODULE A: WATER SOURCE LOCATION		
A1.	DATE OF OBSERVATION (DD/MM/YY)	|__|__|/|__|__|/|__|__|
A2.	NAME OF OBSERVER 1: /_____/ /_____/ /_____/ (NAME 1) (NAME 2) (FAMILY NAME)	
A3.	NAME OF OBSERVER 2: /_____/ /_____/ /_____/ (NAME 1) (NAME 2) (FAMILY NAME)	
A4.	**District:**	[2] Ile [6] Mopeia [7] Morrumbala [8] Namacurra [12] Derre [13] Mulevala [14] Luabo
A5.	**Administrative Post:**	
A6.	**Locality:**	/_____/
A7.	**Community Name:**	/_____/
A8.	**Community ID:**	|__|__|__|
A9.	**Water Source ID:**	|__|__|__|__|__|

MODULE B: WATER SOURCE PERMISSION & CONTACTS **INSTRUCTIONS:** FIND SOMEONE FROM THE COMMUNITY E.G. A COMMUNITY LEADER WHO IS ABLE TO PROVIDE PERMISSION TO OBSERVE THE WATER POINT	
B1.	What is your name?

	LOCAL CONTACT NAME: /_____/ /_____/ /_____/ (NAME 1) (NAME 2) (FAMILY NAME)	
B2.	What is your role in this community?	[1] Chief [2] Representative from the health post or health hut [3] Community health worker (CHW) [4] Water User Association representative [77] Other, specify:_____
B3.	What is your phone number? LOCAL CONTACT NUMBER:	+258 |__|__|__| |__|__|__|__|__|
B4.	How many total water sources are there in your community?	|__|__| WATER SOURCES
B5.	What are the number of water sources connected to this scheme?	[1] |__|__| WATER SOURCES [2] NONE [3] DON'T KNOW
B6.	Now we would like to talk about the water point that was built or rehabilitated as the result of the SCIP activity. Was this water source built or reconstructed during the OGUMANIHA project? (BETWEEN 2009 -2014) RESPONDENTS MAY ALSO KNOW THIS WATER SOURCE AS WORLD VISION, IRD, OR ADRA).	[0] NO → END DATA COLLECTION TRY TO FIND THE SOURCE THAT WAS PART OF THE OGUMANIHA ACTIVITY AND START THIS FORM OVER AGAIN [1] YES [99] DON'T KNOW
B7.	When was this water source built or last rehabilitated? (YYYY)	[1] YEAR: |__|__|__|__| [99] DON'T KNOW
B8.	Who is the primary management entity for this water source? SELECT ALL THAT APPLY	[1] Water Commette [2] Community Heath Committee [77] Other, SPECIFY: _____ [99] DON'T KNOW

	IF WATER SOURCES MANAGED SEPARATELY, LIST MANAGEMENT BODIES FOR EACH POINT.	
B9.	Who is the <u>main contact</u> person for the main management body? MANAGEMENT BODY CONTACT NAME: [1] /_____/ /_____/ /_____/ (NAME 1) (NAME 2) (FAMILY NAME) [99] DON'T KNOW → SKIP TO B11	
B10.	What is their phone number?	[2] +258 |__|__|__| |__|__|__|__|__|
B11.	Is there a USAID branding plaque present? E.G. SOMETHING TO MARK OR IDENTIFY USAID AS BEING PART OF THE WATER POINTS CONSTRUCTION	[0] NO [1] YES
B12.	Do I have your permission to observer the water source? WAS PERMISSION GAINED FROM THE COMMUNITY AUTHORITY OR LOCAL CONTACT TO OBSERVE THIS WATER SOURCE?	[0] NO → END DATA COLLECTION, DO NOT CONDUCT OBSERVATION [1] YES
B13.	WHAT TYPE OF WATER SOURCE IS IT? REFER TO SOP PICTURES	[1] BOREHOLE [2] HAND DUG/SHALLOW WELL [77] OTHER (SPECIFY):_____ [99] DON'T KNOW
B14.	IS THE WATER SOURCE CURRENTLY FUNCTIONAL? E.G. DISPENSING WATER	[1] FUNCTIONING→ SKIP TO B17 [2] NON-FUNCTIONING
B15.	Why did it stop functioning?	[1] Broke [2] Lack of water [77] OTHER (SPECIFY):_____ [99] DON'T KNOW

B16.	When did it stop functioning?	[1] Within the past month [2] 2-5months ago [3] 6-11 months ago [4] 1 year [5] 2 years or more [77] OTHER (SPECIFY):_____ [99] DON'T KNOW
B17.	Was your community impacted in anyway by the recent weather events (within the past six months)? E.g. cyclone that produced heavy rain fall	[0] NO → SKIP TO C1 [1] YES
B18.	Due to recent weather events (within the past six months)has your community experienced any challenges related to drinking water access?	[0] NO [1] YES [99] DON'T KNOW
B19.	Did the Ogumaniha water source become contaminated/unsafe to drink?	[0] NO → SKIP TO C1 [1] YES [2] NOT APPLICABLE → SKIP TO C1 [99] DON'T KNOW → SKIP TO C1
B20.	What made the Ogumaniha source unsafe to drink?	[1] Feces human [2] Feces animal [3] Agricultural contamination [77] Other, _____

MODULE C: WATER SOURCE OBSERVATION		
C1.	TIME OF OBSERVATION: (24 HOUR TIME, E.G., 13:30)	[1] |__|__|:|__|__|
C2.	IS THE WATER SOURCE A HANDPUMP?	[0] NO → SKIP TO C4 [1] YES
C3.	IF HANDPUMP: NOTE THE NUMBER OF STROKES IT TAKES FOR WATER TO INITIALLY FLOW	[1] |__|__| STROKES
C4.	INDICATE CONTAINER VOLUME YOU WILL FILL. IDEALLY A 20 LITER CONTAINER	[1] |__|__| LITERS
C5.	FILL THE CONTAINER <u>AND USE A STOPWATCH (CAN BE ON YOUR PHONE/TABLE) TO</u> MEASURE THE TIME IT TAKES	[1] |__|__|__| SECONDS [2] |__|__| STROKES

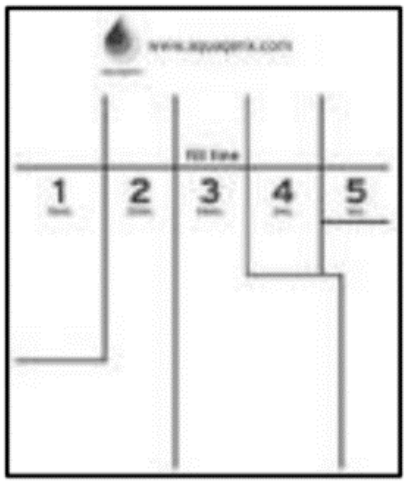
	TO FILL THE CONTAINER WITH WATER. IF THIS IS A HANDPUMP, ALSO COUNT THE NUMBER OF STROKES IT TAKES TO FILL IT.	
C6.	NOTE THE SEVERITY OF ANY APPARENT WATER LEAKAGE FROM PIPES OR ANY OTHER WATER SOURCE INFRASTRUCTURE BY ESTIMATING THE DISTANCE OF THE LEAKAGE FROM THE WATER POINT: NOTE: MINOR LEAKAGE IS DEFINED AS__1-2 meters MODERATE LEAKAGE IS DEFINED AS 3-5 meters SEVERE LEAKAGE IS DEFINED AS 6+ METERS	[1] NO LEAKAGE [2] MINOR LEAKAGE [3] MODERATE LEAKAGE [4] SEVERE LEAKAGE
C7.	NOTE ANY APPARENT REPAIR OR MAINTENANCE NEED: SELECT ALL THAT APPLY	[1] HANDLE BROKEN [2] MOTOR NO LONGER WORKING [3] PIPE BROKEN [4] ROPE BROKEN OR MISSING [5] EVIDENCE OF SUB-STANDARD REPAIRS [6] CEMENT IS CRACKED [7] NONE [77] OTHER, SPECIFY:_____
C8.	ARE ANY OF THE FOLLOWING PRESENT AT THE WATER POINT? SELECT ALL THAT APPLY	[1] FENCING [2] DRAINAGE SLAB [3] SOAK AWAY PITS [4] SEPARATE WATER TROUGHS FOR ANIMALS [5] SEPARATE TROUGHS FOR GRAY WATER [6] NONE [77] OTHER, _____
C9.	IS THERE A POTENTIAL SOURCE OF WATER POINT CONTAMINATION (E.G. LATRINES) WITHIN 10 METERS OF THE WATER SOURCE?	[0] NO → SKIP TO C11 [1] YES, _____
C10.	WHAT IS THE SOURCE OF CONTAMINATION? SELECT ALL THAT APPLY.	[1] LATRINE/ SANITATION FACILITY [2] ANIMAL [77] OTHER, SPECIFY:_____
C11.	HOW MANY CONTAINERS ARE IN THE QUEUE TO BE FILLED?	[1] |__|__| 20 L JERRY CANS [2] |__|__| 10 L JERRY CANS [3] |__|__| SMALL BUCKETS (10 OR LESS LITERS)

	ENTER THE NUMBER IN THE BLANK SPACES IF NONE ARE PRESENT ENTER 00	[4] |__|__| LARGE BUCKETS (20+ LITERS) [77] |__|__| OTHER (SPECIFY): _____ [99] DON'T KNOW
C12.	HOW MANY PEOPLE ARE WAITING AT THE WATER SOURCE?	|__|__| People
C13.	WHAT ARE THE GENDERS AND AGES OF THOSE GATHERED AT THE WATERING POINT SPECIFICALLY TO COLLECT WATER: NOTE: USE YOUR BEST JUDGEMENT TO ESTIMATE	|__|__| ADULT WOMEN (AGE 15+ YEARS) |__|__| ADULT MEN (AGE 15+ YEARS) |__|__| FEMALE CHILD (UNDER 15) |__|__| MALE CHILD (UNDER 15)

MODULE D: WATER SOURCE SAMPLING: TEST FOR E. COLI AND TOTAL COLIFORMS PART I **NOTE: FILL NEW FORM FOR EACH OGUMANIHA WATER SOURCE IN A COMMUNITY**		
D1.	ARE YOU ABLE TO TAKE WATER SAMPLES?	[0] NO [1] YES → SKIP TO D3
D2.	If No, why?	[1] PERMISSION NOT GRANTED → SKIP TO TAKE GPS [2] NON-FUNCTIONING WATER POINT→ SKIP TO TAKE GPS [77] OTHER, _____→ SKIP TO TAKE GPS
SAMPLE COLLECTION Steps 1-5 at water source		
D3.	OUTDOOR TEMPERATURE AT TIME OF SAMPLE COLLECTION: REMEMBER: 35-44.5°C: INCUBATE 20-24 HOURS 31-34°C: INCUBATE 24-30 HOURS 25-30°C: INCUBATE 40-48 HOURS IF STORING IN HOTEL ROOM, KEEP CONSISTENT INCUBATION TEMPERATURE!	[1] |__|__|°C
FOLLOW DETAILED INSTRUCTIONS IN THE STANDARD OPERATING PROCEDURE BEFORE FILLING THE COMPARTMENT BAG. LABEL THE COMPARTMENT BAG WITH THE FOLLOWING: 1. WATER SOURCE ID 3. DATE DD.MM.YY 2. - SAMPLE COLLECTOR INITIALS 4. TIME COLLECTED HH:MM		

D4.	TIME SAMPLE POURED IN THE COMPARTMENT BAG AND SEALED: (24 HOUR TIME, E.G., 13:30)	[1] |__|__|:|__|__|
D5.	TAKE A NEW GPS READING BY **MARKING A NEW WAYPOINT**. WAIT UNTIL YOU HAVE LESS THAN 10M ACCURACY IF POSSIBLE.	WAYPOINT ID: |__|__|__| N ° |__|__|. |__|__|__|__|__| E ° |__|__|__| |__|__|__|__|__|
	TAKE A PHOTO OF THE WATER SOURCE	
D6.	COMMENT ON OVERALL CHALLENGES OR THREATS TO THE FUNCTIONALLY OF THE WATER SOURCE:	

5. SCIP Ex-Post Evaluation *E. coli* Test Results

MODULE A: COMPARTMENT BAG TEST FOR E. COLI PART AND TOTAL COLIFORMS II		
Steps 6-8		
A1.	NAME OF PERSON PROCESSING SAMPLE: /_____/ /_____/ /_____/ (NAME 1) (NAME 2) (FAMILY NAME)	
A2.	WATER SOURCE ID:	|__|__|__|__|__|
A3.	DATE SAMPLE WAS READ: (DD/MM/YY)	|__|__|/|__|__|/|__|__|
A4.	TIME SAMPLE WAS READ (24 HOUR TIME, E.G., 13:30)	|__|__|:|__|__|
A5.	TOTAL INCUBATION TIME:	|__|__| HOURS
A6.	NOTE APPROXIMATE LOW AND HIGH TEMPERATURE RANGE DURING INCUBATION	LOW: |__|__|◦C HIGH: |__|__|◦C
A7.	NOTE ANY PROBLEMS WITH SAMPLE PREPARATION, STORAGE, INCUBATION TEMPERATURE CONTROL, LEAKAGE, ETC. THAT COULD INFLUENCE ACCURACY OF RESULTS: SELECT ALL THAT APPLY	[1] INSIDE OF SAMPLE BOTTLE OR THIO BAG MAY HAVE BEEN CONTAMINATED [2] LESS THAN 100 ML WATER COLLECTED [3] E COLI TEST BUD DIDN'T TURN WHITE OR NEARLY WHITE [4] INCUBATION TEMPERATURE VARIED INTO EXTREMES E.G. 5 ◦C+/- [5] SAMPLE BAG LEAKED [6] NONE [77] OTHER, SPECIFY: _____
NOTE	ALIGN YOUR COMPARTMENT BAG SO COMPARTMENT #1 IS ON THE LEFT AND COMPARTMENT #5 IS ON THE RIGHT SEE FIGURE	
A8.	**E. COLI RECORD RESULTS (1= YELLOW; 2 = GREEN):**	

		1	2	3	4	5
		10ML	30ML	56ML	3ML	1ML
	RECORD RESULT:					
NOTE	MATCH THE COLOR SEQUENCE OF YOUR FIVE COMPARTMENTS TO ONE OF THE 32 ROWS ON THE REFERENCE CHART.					
A9.	MOST PROBABLE NUMBER (MPN/100ML) FROM CHART	|__|__| . |__| MPN/100ML			
A10.	RE-ENTER MOST PROBABLE NUMBER (MPN/100ML) FROM CHART	|__|__| . |__| MPN/100ML			
A11.	**TOTAL COLIFORMS RECORD RESULTS (0= NO; 1= YES).** Note, use the UV light in a dark room. Any compartment that tests positive for E. coli will be positive for total coliforms. **REMINDER: ANY COMPARTMENT THAT FLOURCESES SHOULD BE CODED AS YES.**					
		1	2	3	4	5
		10ML	30ML	56ML	3ML	1ML
	RECORD RESULT:					
A12.	TAKE A PHOTO OF THE COMPARTMENT BAG					

6. Group Interview with Two to Four Community Health Committee Members

District: _____

Administrative Post: _____

Locality: _____

Community: _____

Community ID: |__|__|__|

Water Source ID |__|__|__|__|__|

Type of governing body for community water points: 1) Water committee (WC) 2) Community Health Committee (CHC)

Name of water scheme(s): _____
Location of Interview: _____

Date of Interview [DD/MM/YY]: |__|__|/|__|__|/|__|__|
Name of Interviewer: _____
Name of Note-taker: _____
Is someone else present? YES or NO
If yes, Name of Anyone Else Present: _____
Recorder Number & Folder Location: _____
Time Interview Began [HH:MM]: |__|__|:|__|__|
Time Interview Ended [HH:MM]: |__|__|:|__|__|

INTERVIEWEES		**Gender**	**Age**
1 Name(s): _____	**Member Role(s):** _____	**M / F**	|__|__|
2 Name(s): _____	**Member Role(s):** _____	**M / F**	|__|__|
3 Name(s): _____	**Member Role(s):** _____	**M / F**	|__|__|
4 Name(s): _____	**Member Role(s):** _____	**M / F**	|__|__|

RECRUITMENT NOTE: Please convene 2-4 members of the Community Health Committee. Ideally, a recruit members who have knowledge of Community Health Committee structures and water, sanitation, and hygiene within such committees. Where possible, please ensure female member participation. If a committee no longer exists, please seek out former members to understand why the committee no longer exists.

NOTE: There are yes/no questions and please have the group reach consensus to select an answer. If consensus cannot be reached, choose the answer that most people agree with, and mention the difference in opinion in your notes.

If there is more than one Ogumaniha water source in the community, ask questions for one water source and fill out the ID above.

MUST READ THE CONSENT STATEMENT AND GAIN CONSENT FROM ALL RESPONDENTS BEFORE PROCEEDING

GOVERNANCE		
A1.	WAS IT DURING THE OGUMANIHA ACTIVITY (2009-2014)?	[0] NO [1] [1] YES
A2.	When was your committee established? [YYYY]	|__|__|__|__| [99] DON'T KNOW
A3.	Who fills each leadership role on your committee and what is their gender? Please tell me if there is a position that is not filled?	
A4.	Position	Gender
	[1] President [2] Treasurer [3] Secretary [4] Member [77] Other	[1] Male [2] Female
	[1] President [2] Treasurer [3] Secretary [4] Member [77] Other	[1] Male [2] Female
	[1] President [2] Treasurer [3] Secretary [4] Member [77] Other	[1] Male [2] Female
	[1] President [2] Treasurer [3] Secretary [4] Member [77] Other	[1] Male [2] Female
	[1] President	[1] Male

	[2] Treasurer [3] Secretary [4] Member [77] Other	[2] Female
	[1] President [2] Treasurer [3] Secretary [4] Member [77] Other	[1] Male [2] Female
	[1] President [2] Treasurer [3] Secretary [4] Member [77] Other	[1] Male [2] Female
	[1] President [2] Treasurer [3] Secretary [4] Member [77] Other	[1] Male [2] Female
	[1] President [2] Treasurer [3] Secretary [4] Member [77] Other	[1] Male [2] Female
	[1] President [2] Treasurer [3] Secretary [4] Member [77] Other	[1] Male [2] Female
A5.	How many women are on the committee in total?	[1] |__|__|__| [99] DON'T KNOW
A6.	How many people are in the committee in total?	[1] |__|__|__|
A7.	How often do you meet as a committee?	[1] Twice per month [2] Once per month [3] Once per quarter [4] As needed [5] Never [77] Other, _____ [99] Don't know
A8.	What sub-committees are a part of your Community Health Committee? SELECT ALL THAT APPLY.	[1] Water [2] Sanitation [3] Water and sanitation combined committees [4] Nutrition [5] Health [6] Education [7] Agriculture [77] Other, _____ [99] Don't know

A9.	What is the role of your Community Health Committee in your community? What activities do you undertake or what support do you provide to the community? a. PROBE: How does your committee manage the many different sub-committees? b. PROBE: What role does the Community Health Committee play with water, sanitation, and hygiene? c. PROBE: In terms of integration, where does water, sanitation and handwashing fit in?	
A10.	Can you discuss women's participation in the committee's management and governance structures that were supported by OGUMANIHA? a. PROBE: To what extent do women participants actively engage during meetings? Why? b. PROBE: What factors do you think influence woman's participation (encourage their participation or discourage/inhibit it)?	
A11.	What training or support was received from the OGUMANIHA activities? a. PROBE: Did you receive training in water, sanitation, or hygiene? b. PROBE: Did you receive training on project integration? c. PROBE: What, if any, training, or lessons from OGUMANIHA are still used today? Which are not? Why?	
A12.	What support was provided for water, sanitation, or hygiene activities from OGUMANIHA?	
A13.	OGUMANIHA conducted many different activities (water, sanitation, hygiene, health, agriculture, etc.) To what extent were these activities integrated with one another? a. PROBE: What worked well and what were the challenges to conducting the many different interventions together under OGUMANIHA? b. PROBE: What could have been improved? PROBE: Why? Why not?	
A14.	Do does your committee meet with the local health clinic staff?	[0] NO → SKIP TO A17 [1] YES

		[99] DON'T KNOW → SKIP TO A17
A15.	How often?	[1] ONCE A MONTH [2] TWICE A MONTH [3] ONCE EVERY TWO MONTHS [4] ONCE EVERY THREE MONTHS [77] OTHER, _____ [99] DON'T KNOW
A16.	Do these meetings address water, sanitation, and hygiene topics at least twice a year?	[0] NO [1] YES [99] DON'T KNOW
FINANCING AND GOVERNMENT OF MOZAMBIQUE INVOLVEMENT		
A17.	What sources of funding are available to the committee? PROBE: What does your committee do with the funding it receives?	
A18.	What, if any, role does the local government entities play in supporting water, sanitation, and handwashing in your community? PROBE: Which entities play a role and what role do they play?	
A19.	To what extent have the ways in which the committee manages the water and sanitation activities changed over the last several years since the OGUMANIHA activity ended? a. PROBE: How has it changed? b. PROBE: Has it been for the better or the worse?	
A20.	What, if any, activities still take place in your community to encourage people to practice water, sanitation, and hygiene behaviors? For example, to wash their hands with soap, to ensure drinking water is clean or to use a latrine, dispose of all feces in a latrine, etc. a. PROBE: What, if any, roles do activists play in promoting water, sanitation, and hygiene in your community? b. PROBE: Has that role changed since the Ogumaniha activity ended?	
WATER		
A21.	At which water points if any do people in your community pay for water? SELECT ALL THAT APPLY.	[1] NONE → SKIP TO A23 [2] OGUMANIHA funded [3] Other shared Water Point
A22.	To what extent do the fees collected cover the actual costs for maintaining and repairing the water scheme? a. PROBE: What are the primary challenges to collecting water fees in your community? b. PROBE: If there is a shortfall, does the Community Health Committee become involved?	
A23.	During normal times, what are the primary challenges your community faces in ensuring that drinking water source is functioning properly at all times? a. PROBE: Repairs, frequent problems, etc. b. PROBE: OGUMANIHA source?	

SANITATION		
A24.	Do you remember the latrine building activity promoted during OGUMANIHA?	[0] NO → SKIP TO A27 [1] YES
A25.	What do you think about the quality and durability of latrines built as a result of the OGUMANIHA activity? a. PROBE: Did they have walls, roof, doors, cement floors, latrine slabs, etc.? b. PROBE: How do the latrines hold up to floods or other issues?	
A26.	How successful do you think OGUMANIHA was in getting community members to build latrines? Why/why not?	
A27.	Do community members typically rebuild their latrines when they are unable to use the old one?? a. PROBE: Why? Why not? Barriers to rebuilding? b. PROBE: what do households do when pits are full? c. PROBE: What do they do if they collapse from flooding or storms?	[0] NO [1] YES
A28.	Are there any trained masons in your community who can help people build latrines? a. PROBE: Do people use them?	[0] NO → SKIP TO A30 [1] YES [99] DON'T KNOW → SKIP TO A30
A29.	Where any of them trained during Ogumaniha?	[0] NO [1] YES [99] DON'T KNOW
A30.	Even in households that have latrines, some members will still defecated in the open. When might this happen in your community? a. PROBE: What if anything does your community do in regard to open defecation.	
A31.	How successful do you think Ogumaniha was in getting community members to build handwashing stations? Why/why not? a. PROBE: Successes, challenges?	
A32.	To what extent do people wash their hands with soap in your community? a. PROBE: When during the day do people typically wash their hands? Why?'	
REFLECTION ON CHANGES		
A33.	What effects did the recent weather events (within the past 6 months) have on your community? PROBE: How about for drinking water, sanitation, and handwashing specifically	
A34.	To what extent has your community been able to recover from any negative impacts (if there were any)? a. PROBE: What were the challenges?	

	b. PROBE: What helped you recover? c. PROBE: How about in regard to drinking water protection, storage and handling, latrine adoption and usage, and handwashing, specifically?	
A35.	What role, if any, does the committee have during natural disasters, severe flooding, etc.? a. PROBE: How, if at all, does this apply to water, sanitation, and handwashing?	
A36.	Aside from the recent weather events we discussed have there been any other big issues/problems in your area (e.g. major drought, violence/**insecurity, natural disaster (flooding, earthquake), political instability, etc.) that have impacted your** community? a. PROBE: Please discuss the event or events and their impact on your communities water, sanitation and hygiene infrastructure.	
A37.	Do you have any questions for us?	[0] NO [1] YES

Do not forget to record interview end time!

7. Group Interview with Two to Four Water Committee Members

District: _____

Administrative Post: _____

Locality: _____

Community: _____

Community ID: |__|__|__|

Water Source ID |__|__|__|__|__|

Type of governing body for community water points: 1) Water Management Committee (WC) 2) Community Health Committee (CHC)

Name of water scheme(s): _____
Location of Interview: _____

Date of Interview [DD/MM/YY]: |__|__|/|__|__|/|__|__|
Name of Interviewer: _____
Name of Note-taker: _____
Is anyone else present? YES NO
Name of Anyone Else Present: _____
Recorder Number & Folder Location: _____
Time Interview Began [HH:MM]: |__|__|:|__|__|
Time Interview Ended [HH:MM]: |__|__|:|__|__|

INTERVIEWEES **Gender Age**

1 Name(s): _____**Member Role(s):** _____ **M / F** |__|__|

2 Name(s): _____Member Role(s): _____ M / F |__|__|
3 Name(s): _____Member Role(s): _____ M / F |__|__|
4 Name(s): _____Member Role(s): _____ M / F |__|__|

RECRUITMENT NOTE: Please convene 2-4 members of the water committee Where possible, please ensure female member participation. If a committee no longer exists, please seek out former members to understand why the committee no longer exists.

NOTE: There are yes/no questions and please have the group reach consensus to select an answer. If consensus cannot be reached, choose the answer that most people agree with, and mention the difference in opinion in your notes.

If there is more than one Ogumaniha water source in the community, ask questions for one water source and fill out the ID above.

MUST READ THE CONSENT STATEMENT AND GAIN CONSENT FROM ALL RESPONDENTS BEFORE PROCEEDING

GOVERNANCE		
A1.	When was your committee established? [YYYY]	[1] |__|__|__|__|
A2.	WAS IT DURING THE OGUMANIHA ACTIVITY (2009-2014)?	[0] NO [1] YES
A3.	Who fills each role on your committee and what is their gender? Please tell me if there is a position that is not filled?	
	Position	Gender
	[1] President [2] Treasurer [3] Secretary [4] Member [77] Other	[1] Male [2] Female
	[1] President [2] Treasurer [3] Secretary [4] Member [77] Other	[1] Male [2] Female
	[1] President [2] Treasurer [3] Secretary [4] Member [77] Other	[1] Male [2] Female
	[1] President [2] Treasurer [3] Secretary [4] Member [77] Other	[1] Male [2] Female
	[1] President [2] Treasurer [3] Secretary [4] Member [77] Other	[1] Male [2] Female
	[1] President [2] Treasurer	[1] Male [2] Female

	[3] Secretary [4] Member [77] Other	
	[1] President [2] Treasurer [3] Secretary [4] Member [77] Other	[1] Male [2] Female
	[1] President [2] Treasurer [3] Secretary [4] Member [77] Other	[1] Male [2] Female
	[1] President [2] Treasurer [3] Secretary [4] Member [77] Other	[1] Male [2] Female
	[1] President [2] Treasurer [3] Secretary [4] Member [77] Other	[1] Male [2] Female
A4.	How often do you meet as a committee?	[1] TWICE PER MONTH [2] ONCE PER MONTH [3] ONCE PER QUARTER [4] AS NEEDED [5] NEVER [77] OTHER, _____ [99] DON'T KNOW
A5.	How, does or does not your committee fit within the government structure for water provision? a. PROBE: What types of interactions do you have with other Community Health Committees? b. PROBE: What type of interactions do you have with local government entities (e.g. community health centers, regional hygiene offices, hygiene brigades)? c. PROBE: What are the challenges to your interactions? d. PROBE: What works well in your interactions?	
A6.	Can you discuss women's participation in the committee's management and governance structures that were supported by Ogumaniha? c. PROBE: To what extent do women participants actively engage during meetings? Why? d. PROBE: What factors do you think influence woman's participation (less or more) and can be done to increase participation?	
A7.	What training or support was received from the Ogumaniha activities? a. PROBE: Do you still use guidance, documents, manuals that were part of the training?	
FINANCING/FEES		

WATER SOURCE CHARACTERISTICS (FILL IN THE ANSWERS) Now let's discuss a specific Ogumaniha water source that you manage:		
A8.	When was the water source constructed/rehabilitated under Ogumaniha?	[1] 2009 [2] 2010 [3] 2011 [4] 2012 [5] 2013 [6] 2014 [77] OTHER, _____ [99] DON'T KNOW
A9.	Has it been rehabilitated in any major way since it was constructed/rehabilitated under Ogumaniha?	[0] NO → SKIP to A13 [1] YES [99] DON'T KNOW → SKIP to A13
A10.	Who rehabilitated it?	_____ [99] DON'T KNOW
A11.	What year was it rehabilitated? [YYYY]	|__|__|__|__| [99] DON'T KNOW
A12.	Why was it rehabilitated? PROBE: Please discuss why this happened and the process from when the water source stopped working to when it was rehabilitated and working again?	
A13.	Does the source that was built or rehabilitated as part of Ogumaniha still function (produce water)?	[0] NO → SKIP TO A18 [1] YES
A14.	Do you collect user fees for the Ogumaniha water point?	[0] NO →SKIP TO A18 [1] YES
A15.	If there are usage fees for water source(s), please describe them. a. PROBE: How does this compare to others in your community or communities nearby? b. PROBE: If no fees collected why not? c. PROBE: If people cannot contribute monetarily, how do they pay? (for example, chickens or services) Did you ask this question?	[0] NO [1] YES
A16.	To what extent do people actually pay the fees they owe? a. PROBE: If known, what is the fee recovery rate?	
A17.	To what extent do the fees collected cover the actual costs for maintaining and repairing the water scheme? a. PROBE: If there is a gap in funding, how large is it? b. PROBE: How do you handle that gap?	
A18.	Do you collect user fees for **any** community water points?	[0] NO [1] YES
A19.	What sources of funding are available to the committee?	

	a. PROBE: potential sources: user fees, government, community members b. PROBE: How much is received from different sources?	
A20.	Do you keep any records on payment? Can we see them? IF THEY AGREE, PLEASE TAKE A PICTURE OF THE RECORDS	[0] NO [1] YES [2] REFUSED (to show the records) [77] OTHER, _____
A21.	What are the primary challenges to sustain a water committee? a. PROBE: committee participation, financing, community engagement, etc?	
FUNCTION, MAINTENANCE AND REPAIR		
A22.	How would you rate the Ogumaniha water source's reliability?	[1] VERY RELIABLE [2] RELIABLE [3] SOMEWHAT RELIABLE [4] NOT RELIABLE [5] DOES NOT WORK
A22a	Why? a. PROBE: does the water source provide consistent reliable water? Why? Why not?	
A23.	Who is responsible for monitoring and maintaining the function of this water source? a. PROBE to ensure that respondent addresses maintenance issues b. PROBE to ask about security and enclosures	
A24.	What, if any, role does the local government entities play in supporting the water sources? a. PROBE: Which entities play a role and what role do they play?	
A25.	How frequently are repairs needed to water sources? What are the most frequent problems? a. PROBE: are there differences between OGUMANIHA and other water sources? b. Are the technicians trained to repair water sources by the Ogumaniha project still active?	
A26.	Who primarily repairs a broken water point?	[1] INDEPENDENT MASON [2] NGO [3] GOVERNMENT [77] OTHER [99] DON'T KNOW
A27.	Are there any supply chains set up for spare parts for water points?	[0] NO [1] YES [99] DON'T KNOW
A28.	What are the primary challenges you face in ensuring that the water source is functioning properly at all times?	
WATER USAGE. SAY please provide your best estimate for the following:		
A29.	How many households use this Ogumaniha source? (estimate if not sure):	|__|__|__|__|__| [99] DON'T KNOW
A30.	How long do people typically have to wait in line in order to get their water?	|__|__||__| MINUTES [99] DON'T KNOW

A31.	To what extent do community members use the OGUMANIHA water source compared to other water sources? a. PROBE: For which purposes do they use this water source? Why? b. PROBE: For which purposes do they use other water sources? Why? c. PROBE: How does this water source compare to other water sources in your community?	
WATER QUANTITY		
A32.	Across all water sources, are people able to obtain sufficient water for their needs? a. PROBE: Why/why not?	[0] NO [1] YES [99] DON'T KNOW
A33.	In general, is the quantity of water from the Ogumaniha water source sufficient throughout the entire year?	[0] NO [1] YES [99] DON'T KNOW
A33a	a. PROBE: When/under what circumstances is the amount of water insufficient? Why? b. PROBE: When/if it is not sufficient, what do people do? i. How far do people have to travel to get water from other sources? ii. Through all sources, are people able to obtain sufficient water for their needs?	
WATER QUALITY		
A34.	Under normal circumstances, do you consider water from this Ogumaniha source to be consistently safe to drink?	[0] NO [1] YES [99] DON'T KNOW
A34a	a. PROBE: Why or why not? b. PROBE: Does anyone in the community treat their drinking water from this source? If so, how? Do they treat their drinking water from other sources?	
A35.	How often, if at all, is water quality measured for this water source?	[1] AT LEAST 12 TIMES PER YEAR [2] AT LEAST FOUR TIMES PER YEAR, BUT LESS THAN 12 TIMES [3] MORE THAN ONCE PER YEAR, BUT LESS THAN FOUR [4] ONCE PER YEAR [5] LESS THAN ONCE PER YEAR [6] QUALITY IS NOT TESTED → SKIP TO **A39.** [99] DON'T KNOW → SKIP TO **A39**
A36.	Who measures the water quality?	
A37.	What is measured? SELECT ALL THAT APPLY	[1] E.COLI [2] ARSENIC [3] FLUORIDE [4] IRON [5] CONDUCTIVITY [6] PH [77] OTHER, _____ [99] DON'T KNOW
A38.	What happens if the quality test shows there are values outside the norm (such as presence of fecal bacteria, high levels of fluoride or arsenic, etc.)?	

	a. PROBE: Who is responsible for follow up?	
A39.	How satisfied do you think the community is with this water source?	[1] VERY SATISFIED [2] SOMEWHAT SATISFIED [3] UNSATISFIED [4] VERY UNSATISFIED
A40.	Do you have records of past water quality testing that I can see?	[0] NO → SKIP TO **A41** [1] YES
INTERVIEWER: TAKE A PHOTO OR A PHOTOCOPY IF POSSIBLE. DESCRIBE WHICH YEARS RECORDS ARE AVAILABLE, WHAT CHARACTERISTICS HAVE BEEN TESTED, THE FREQUENCY OF TESTING (E.G. MONTHLY, ANNUAL), ETC. IF YOU CAN'T TAKE A PHOTO FILL OUT THE FROM BELOW		
REFLECTION ON CHANGES / RESILIENCE		
A41.	Does your committee manages the water scheme any differently than when the Ogumaniha activity was constructed/rehabilitated it? a. PROBE: How has it changed? b. PROBE: Has it been for the better or the worse?	
A42.	Since the water scheme was constructed/rehabilitated under Ogumaniha, has any other group come to improve water source or to do other water and sanitation work in your community? If yes, when and what did they do? a. PROBE: List any additional water points built.	
A43.	Is guidance provided on areas of high flood risk and where water points are located? Does your community have guidance on identifying areas of high flood risk where latrines are located and could pose a risk to water supply? E.g. safety planning	[0] NO [1] YES [99] DON'T KNOW
A44.	During recent weather events (during the past six months), were any community drinking water points impacted?	[0] NO → SKIP TO 47 [1] YES [99] DON'T KNOW → SKIP TO 47
A45.	Did the communities primary drinking water supply become contaminated?	[0] NO [1] YES [99] DON'T KNOW
A46.	a. PROBE: What were the sources of contamination? E.g. latrine, agriculture, open defection, animal feces etc. b. PROBE: How did they respond to challenges with drinking water supply? c. PROBE: Were any temporary drinking water solutions offered in your community e.g. tanker truck	
A47.	What role if any does the water committee play to help limit impact of natural disasters and to respond to them when they occur?	
A48.	Since the recent weather events (within the past 6 months), has anyone worked to improve the drinking water supply in their community since the shock?	[0] NO [1] YES [99] DON'T KNOW
A49.	Was any water quality testing done after the recent weather events?	[0] NO [1] YES [99] DON'T KNOW

A50.	Is there anything else you'd like to discuss with me about this water source or the organization that installed it?	[0] NO [1] YES
A51.	Aside from the recent weather events we discussed have there been any other big issues/problems in your area (e.g. major drought, violence/**insecurity, natural disaster (flooding, earthquake), political instability, etc.) that have impacted your** community? a. PROBE: Please discuss the event or events and their impact on your communities' water, sanitation, and hygiene infrastructure.	
A52.	Do you have any questions for us?	[0] NO [1] YES

Do not forget to record interview end time!

8. Focus Group Discussion with Community Members Regarding WASH Outcomes and Practices

District: _____

Administrative Post: _____

Locality: _____

Community: _____

Community ID: |__|__|__|

Location of Interview: _____

Date of Interview [DD/MM/YY]: |__|__|/|__|__|/|__|__|
Name of Interviewer: _____
Name of Note-taker: _____
Name of Anyone Else Present: _____
Recorder Number & Folder Location: _____
Time Interview Began [HH:MM]: |__|__|:|__|__|
Time Interview Ended [HH:MM]: |__|__|:|__|__|

RECRUITMENT NOTE: Please convene 5-10 members of the community. Where possible, ensure equal female participation

NOTE:

- **If in a community with a water component hold the meeting near the water source if possible so you can reference it.**
- **For each interviewee please fill out the details on the qualitative quality control form.**

MUST READ THE CONSENT STATEMENT AND GAIN CONSENT FROM ALL RESPONDENTS BEFORE PROCEEDING

General

We are going to ask you questions about water, sanitation, hygiene, and Community Health Committees. We understand that some communities were impacted by the recent cyclones, e.g. flooding. For many of the questions we are asking we will ask you about what things are typically like before the floods and then ask about what is different because of flooding.

Water

1. Prior to recent weather events, to what extent do you think this community had adequate access to drinking water sources?
    a. PROBE: What water sources do people have available to them? Types of sources?

2. From your perspective, do any of the sources typically (not during/after an emergency or natural disaster) provide clean drinking water?
    a. PROBE: If yes, which ones? Is the OGUMANIHA source included?
    b. PROBE: Did any of this change during the recent weather events? If so, how did community members address this?

3. In your opinion, how effective has the water committee been at managing water (especially drinking water) needs in your community?
    a. PROBE: How do people use water sources in your community, e.g. multiple uses?
    b. PROBE: Infrastructure functionality, operations and maintenance, responsiveness to community, etc. What should they do differently?
    c. PROBE: What if any role did, they play during the recent weather events?

4. To what extent to do women participate in the water committees?
    a. PROBE: management, governance, leadership roles
    b. PROBE: Women's impact?

5. Prior to recent weather events, have there been any problems with the functionality of the OGUMANIHA water source?
    a. PROBE: If so, what problems?
    b. PROBE: How were those problems dealt with, by whom and how long after the problem occurred?

6. Now I want to talk about recent weather events. To what extent and in what ways did the weather events affect access to drinking water in this community?
    a. PROBE: Did the water infrastructure continue function? Why/why not?
    b. PROBE: What did people do in response to these issues?
    c. PROBE: Did any issues of water contamination arise after the weather events (e.g. pit latrines overflowing, etc.)?
        i. PROBE: What did your community do to address the issue?
    d. PROBE: What impact did these issues have on women and girls in particular?

e. PROBE: What role, if any, did the water committee play in dealing with water issues after the weather events? What about the Community Health Committee and other community or government structures?

7. Is there anything else you would like to tell me about water sources in your community, especially the OGUMANIHA water source or how it is managed?

Sanitation

8. Did you or anyone you know construct a latrine with the support (e.g. Community Led Total Sanitation from the OGUMANIHA project (2009-2014)?
    a. PROBE: Why did they/did they not build them?
    b. PROBE: If so, can you talk about the process, e.g. who constructed them (the latrine owners, a local artisan, other)?
    c. PROBE: What support was received from the project e.g. technical support?
    d. PROBE: Can you comment on the quality of the latrines built? Why do you think that?

9. Before recent weather events, thinking about your community, how many households had their own latrine?
    a. PROBE: How about after recent weather events?

Before weather events	PROBE: After weather events
a. Most b. About Half c. Less than Half d. Very Few or None	e. Most f. About Half g. Less than Half h. Very Few or None

2. Why might a household not have their own latrine? What challenges are there?

3. Thinking about other people in your community, how often do you think other people use a latrine versus going in the fields or somewhere else? Why?
    a. PROBE: If people aren't using a latrine always, where else are they going to the bathroom?

4. What are some of the reasons someone in the community might not always use a latrine?
    a. PROBE: What does the community do about those reasons/issues?

5. Now I want to talk about recent weather events that happened. How and in what ways did the recent weather events affect people's access to basic sanitation?
    a. PROBE: Did the weather events result in any issues with people's household latrines? If so, what issues were experienced?
        i. PROBE: What did people do in response to these issues?
    b. PROBE: What impact did this have on women and girls in particular?

c. PROBE: What role, if any, did the Community Health Committee play in regard to sanitation after the weather event? What about other community or government structures?
d. PROBE: Did anyone have to open defecate as a result of the impacts? Why/why not?
e. SANITATION AND HYGIENE ONLY COMMUNITY PROBE: Did any latrines in your community contaminate water sources? (e.g. pit latrines overflowing

Hygiene/Handwashing

6. Were there any handwashing stations built at the same time as the latrines under the Ogumaniha activity?
    a. PROBE: If so, what do you/did you think about them? Were they useful? Why?
    b. PROBE: How did the community receive them? E.g. did they build them?
    c. PROBE: Do community members use handwashing stations like those from the OGUMANIHA project still today? Why? Why not?
    d. PROBE: Discuss replacement of any types of handwashing stations and other models

7. Thinking about other members of the community, how frequently do you think people wash their hands with soap/ash and water after going to the bathroom, before eating a meal or other critical/key times?
    a. PROBE: Why?
    b. (in addition to asking why, also check one option for each category)
        After using the bathroom
        i. Most of the time
        ii. Some of the time
        iii. Rarely/Never
        Before eating a meal
        iv. Most of the time
        v. Some of the time
        vi. Rarely/Never

8. To what extent and in what ways (if at all) did the recent weather events affect the extent to which community members wash their hands with soap?
    a. PROBE: Did the weather event have any effect on people's handwashing stations? If so, what effect?
        i. PROBE: If people's handwashing stations broke or were not working, what did they do?
    b. PROBE: What role, if any, did the community health committee play in regard to handwashing after the weather events? What about other community or government structures?

General/Closing

9. Do you have any questions for us?

Do not forget to record interview end time!

9. Key Informant/Group Interview – Government WASH Office Staff

Location of Interview: _____

Date of Interview [DD/MM/YY]: |__|__|/|__|__|/|__|__|
Name of Interviewer: _____
Name of Note-taker: _____
Name of Anyone Else Present: _____
Recorder Number & Folder Location _____
Time Interview Began [HH:MM]: |__|__|:|__|__|
Time Interview Ended [HH:MM]: |__|__|:|__|__|

INTERVIEWEES		**Gender**
Name(s): _____	**Position(s):** _____	**M / F**
Name(s): _____	**Position(s):** _____	**M / F**
Name(s): _____	**Position(s):** _____	**M / F**
Name(s): _____	**Position(s):** _____	**M / F**

MUST READ THE CONSENT STATEMENT AND GAIN CONSENT FROM ALL RESPONDENTS BEFORE PROCEEDING

General

1. What is your role in the Ministry/government office of _____?

2. What roles do you and/or your office play in supporting water, sanitation, and hygiene (WASH) in your area?

3. Are you familiar with the SCIP WASH activities that were carried out from 2009-2015?
    a. PROBE: If Yes, what are your thoughts on the activities implementation and sustainability of the output/results?

4. SCIP aimed to integrate many activities (e.g. health, WASH, orphaned and vulnerable children, agriculture). What are your thoughts on SCIP's integration?
    a. PROBE: Did certain SCIP activities receive reduced attention because of the management needs of other activity areas?

Water

5. What if any steps are taken to ensure that water is safe to drink by your office and/or local government?
    a. PROBE: How is water quality tested or confirmed for boreholes, dug wells and the like?
        i. How often is water quality tested?
        ii. What are the main challenges you face in testing water quality?
    b. PROBE: Where is this recorded/saved? Can we see this data at the end of the meeting? If possible, can we have an electronic file with the data?

6. In your opinion, how effective have the rural water committees been at managing drinking water service (e.g. water points) in their communities/catchment areas?
    a. PROBE: Why have or haven't they been effective?
    b. PROBE: Can you speak specifically to their effectiveness in regards to:
        a. Infrastructure functionality?
        b. Operations and maintenance?
        c. Sufficiency of fee collections?
    c. PROBE: What is the role of women in the water committee structures?

7. In what ways do you interact with Community Health Committees and/or water committees that manage water schemes?
    a. PROBE: How often do you interact?
    b. PROBE: Who in your office interacts with them?
    c. PROBE: Do you provide any support to the committees? If so, what kind?
    d. PROBE: What, if any, sort of training do you provide to the committees?

8. How are water user fees set in this area?
    a. PROBE: Who has the authority to set water fees?
    b. PROBE: What criteria are used to set water fees?

9. What are the primary challenges to ensuring that the population has adequate access to clean drinking water in_____(your area, Zambezia,)?
    a. PROBE: What is being done to address them?
    b. PROBE: How have shocks influenced access to clean drinking water?

Sanitation

10. In what ways, if at all, does your office support sanitation infrastructure and/or sanitation behavior change to impact household sanitation?
    a. PROBE: What types of activities does your ministry undertake to support this?

11. From your perspective, what are the primary challenges to getting people to build, use, replace and maintain household-level latrines?
    a. PROBE: How are the challenges addressed?
    b. PROBE: How have shocks such as natural disasters influenced people's decisions to build, use, replace, and maintain latrines?

12. Does your ministry track latrine coverage rates in your area?
    a. PROBE: Do you have the figures disaggregated by district?
        i. If so, what is the current coverage rate(s)?
        ii. If so, would you be able to share that data with us? (IDEALLY COLLECT DATA FROM BEFORE 2009 UP UNTIL TODAY)

Handwashing

13. In what ways does your office support handwashing (with soap) behavior change and infrastructure in your area?
    a. PROBE: What types of activities does your ministry undertake to support this?

14. Do you track or perform studies of handwashing behaviors in your area?
    a. If so, would you be able to share that data with us?

WASH Overall

15. Are you familiar with how SCIP varied their WASH approach in different communities, e.g. focusing just on sanitation and hygiene in some communities, but including water point construction (water as an incentive) in others?
    a. PROBE: Do you know which approaches were implemented in your district? If so, which ones?
    b. PROBE: In your opinion, which approach is most sustainable?

16. Do you think the SCIP activity had any impact on the community's in Zambezia's resilience to shocks such as the cyclones, heavy rain, or others? Why/why not?
    a. PROBE: What is the role of Community Health Committees in recovering from such shocks?
    b. PROBE: What happened to water, sanitation, and handwashing infrastructure and behavior?

17. In the last 10 years, how do you/your office encourage good governance related to WASH at the household, community, and local government levels?
    a. PROBE: What policies, bylaws, planning, or finance is available to support these efforts? How effective are they?
    b. PROBE: In rural areas, what infrastructure development, institutional arrangements for service provision, and regulations are in place to support this? How effective are they?
    c. PROBE: In rural areas, what role do women play (or are they intended to play) in water and sanitation community management structures? What about in Community Health Committees?

18. What are your thoughts on the government's role in the WASH sector since 2009? For example, what is working well, what could be improved, what are the challenges?
    a. PROBE: Is there a difference between the national-level and in Zambezia specifically?

19. Is there anything else you'd like to discuss with me?

Do not forget to record interview end time!

10. Community Contact Form/SCIP Contamination Assessment

District: _____

Administrative Post: _____

Locality: _____

Community: _____

Community ID: |__|__|__|

Interview Location: _____

Ogumaniha Project Questions

Introduction Script
Hello, I am from Forcier. We would like to ask you some questions about the Ogumaniha project that took place in your community sometime between 2009-2015. Do you have time to talk to me now? I would like to ask you a few questions about the Ogumaniha activities. If you do not know the answers, please help me find someone who could help answer them.

1. Did the Ogumaniha/SCIP project build any water points in your community between 2009-2015?
   0. No
   1. Yes
   [99] DON'T KNOW

2. Number of water points **built or rehabilitated as a result of Ogumaniha** in the village:
   1. |__|__|
   [99] DON'T KNOW

3. Is there a water committee (WC) that manages the Ogumaniha water points?
   0. No
   1. Yes
   [99] DON'T KNOW

4. Are there any other active water committees in the community (besides the committees for the Ogumaniha water points)?
   0. No
   1. Yes
   [99] DON'T KNOW

5. Did the Ogumaniha project encourage any latrines be built between 2009-2015?
   0. No
   1. Yes
   [99] DON'T KNOW

6. Did the Ogumaniha project encourage hygiene between 2009-2015?
   0. No
   1. Yes
   [99] DON'T KNOW

7. Is there a CHC/CLC in their community that is active?
   0. No
   1. Yes
   [99] DON'T KNOW

8. Was anyone in the village trained as a mason or other entrepreneur by the project?

    0. No
    1. Yes
    [99] DON'T KNOW

INSTRUCTIONS: THE FOLLOWING QUESTIONS ARE TO COLLECT THE DETAILS OF EVERY WASH ACTIVITY THAT HAS OCCURRED IN THE COMMUNITY SINCE 2009 THROUGH PRESENT DAY. IF THE COMMUNITY LEADER CAN NOT ANSWER THESE TYPES OF QUESTIONS ASK HIM/HER TO FIND YOU SOMEONE THAT COULD (E.G. HEAD OF THE CHC OR SOMEONE FROM THE WATER COMMITTEE, ETC.)

FIRST PROJECT

1. Have there been any water, sanitation or hygiene (WASH) activities or projects in your community between the years of 2009 and 2019?
    0. No -> END
    1. Yes
1. Name of the project: _____
2. Name of the implementing entity: _____
3. What kind of organization implemented this project?
    1. Local non-governmental organization (NGO)
    2. Government
    3. International NGO
    4. Don't know
4. What kind of project was it? [CIRCLE ALL THAT APPLY)

    1. Water supply
    2. Sanitation
    3. Hygiene
    4. Participatory governance and associations
    5. Handwashing behavior change (ie., marketing, Etc)
    6. Other _____

5. What was the start and end year of the project?

    1. Start [YYYY]
    2. End [YYYY]

6. Have there been any ***other*** water, sanitation or hygiene (WASH) activities or projects in your community between the years of 2009 and 2019?
    0. No -> End
    1. Yes

    IF THERE WAS MORE THAN ONE PROJECT THEN COLLECT DATA FOR ALL PROJECTS UNTIL THERE ARE NONE LEFT

SECOND PROJECT

7. Name of the project: _____
8. Name of the implementing entity: _____
9. What kind of organization implemented this project?
    1. Local non-governmental organization (NGO)
    2. Government
    3. International NGO
10. What kind of project was it? [CIRCLE ALL THAT APPLY)
    1. Water supply
    2. Sanitation
    3. Hygiene
    4. Participatory governance and associations
    5. Handwashing behavior change (ie., marketing, Etc)
    6. Other _____
11. What was the start and end year of the project?
    1. Start [YYYY]
    2. End [YYYY]
12. Have there been any ***other*** water, sanitation or hygiene (WASH) activities or projects in your community between the years of 2009 and 2019?
    0. No -> End
    1. Yes

THIRD PROJECT

Name of the project: _____

13. Name of the implementing entity: _____
14. What kind of organization implemented this project?
    4. Local non-governmental organization (NGO)
    5. Government
    6. International NGO
15. What kind of project was it? [CIRCLE ALL THAT APPLY)
    1. Water supply
    2. Sanitation
    3. Hygiene
    4. Participatory governance and associations
    5. Handwashing behavior change (ie., marketing, Etc)
    6. Other _____
16. If yes, what is the start and end year of the project?
    3. Start [YYYY]
    4. End [YYYY]
17. Have there been any ***other*** water, sanitation or hygiene (WASH) activities or projects in your community between the years of 2009 and 2019?
    2. No -> End
    3. Yes

14. SCIP Qualitative Data Quality and Capture Form FGD

District: _____

Administrative Post: _____

Locality: _____

Community: _____

Community ID: |__|__|__|

Location of Interview: _____

Date of Interview [DD/MM/YY]: |__|__|/|__|__|/|__|__|

Name of Interviewer: _____

Name of Note-taker: _____

Name of Anyone Else Present: _____

Recorder Number & Folder Location: _____

Time Interview Began [HH:MM]: |__|__|:|__|__|

Time Interview Ended [HH:MM]: |__|__|:|__|__|

INTERVIEWEES Gender Age

1 Name(s): _____ **Member** Role(s): _____ M / F |__|__|

Reason for selection as KII respondent:

a. **Owner of a project-supported latrine**
b. **Observed collecting water at the project water source**
c. **Indicated by a local health worker or other person**
d. **Other:** _____

2 Name(s): _____ **Member** Role(s): _____ M / F |__|__|

Reason for selection as KII respondent:

a. **Owner of a project-supported latrine**
b. **Observed collecting water at the project water source**
c. **Directed by a local health worker or other person**
d. **Other:** _____

3 Name(s): _____ **Member** Role(s): _____ M / F |__|__|

Reason for selection as KII respondent:

a. **Owner of a project-supported latrine**
b. **Observed collecting water at the project water source**
c. **Directed by a local health worker or other person**
d. **Other:** _____

4 Name(s): _____ **Member** Role(s): _____ M / F |__|__|

Reason for selection as KII respondent:

a. **Owner of a project-supported latrine**

b. **Observed collecting water at the project water source**
c. **Directed by a local health worker or other person**
d. **Other:** _____

5. Name(s): _____Member Role(s): _____ M / F |__|__|
Reason for selection as KII respondent:

e. **Owner of a project-supported latrine**
f. **Observed collecting water at the project water source**
g. **Directed by a local health worker or other person**
h. **Other:** _____

6Name(s): _____Member Role(s): _____ M / F |__|__|
Reason for selection as KII respondent:

i. **Owner of a project-supported latrine**
j. **Observed collecting water at the project water source**
k. **Directed by a local health worker or other person**
l. **Other:** _____

7 Name(s): _____Member Role(s): _____ M / F |__|__|
Reason for selection as KII respondent:

m. **Owner of a project-supported latrine**
n. **Observed collecting water at the project water source**
o. **Directed by a local health worker or other person**
p. **Other:** _____

8Name(s): _____Member Role(s): _____ M / F |__|__|
Reason for selection as KII respondent:

q. **Owner of a project-supported latrine**
r. **Observed collecting water at the project water source**
s. **Directed by a local health worker or other person**
t. **Other:** _____

INSTRUCTIONS: THE FOLLOWING ARE QUANTATIVE QUESTIONS THAT APPEAR IN THE QUALITATIVE GUIDE. **PLEASE CIRCLE THE APPROPRIATE ANSWER**

9. Prior to recent weather events (from the past six months) and thinking about your community, how many households had their own latrine? How about after recent weather events?

Before weather events	After weather events
a. Most b. About Half c. Less than Half d. Very Few or None	e. Most f. About Half g. Less than Half h. Very Few or None

10. Thinking about other members of the community, how frequently do you think people wash their hands with soap/ash and water after going to the bathroom, before eating a meal or other critical/key times?

a. PROBE: Why?
b. IN ADDITION TO ASKING WHY, ALSO CHECK ONE OPTION FOR EACH OF THE FOLLOWING CATEGORIES:

After using the bathroom

i. Most of the time
ii. Some of the time
iii. Rarely/Never

Before eating a meal

iv. Most of the time
v. Some of the time
vi. Rarely/Never

15. SCIP Issues Tracking Form

NAME(S):

_____

DATE: |__|__|/|__|__|/|__|__|__|__|
COMMUNITY NAME:

_____

COMMUNITY ID: |__|__|__|

INSTRUCTIONS:

1. USE THIS FORM WHEN ADMINISTERING DATA COLLECTION INSTRUMENTS.
2. REGISTER THE INFORMATION IN THE FIELDS BELOW TO HELP US FOLLOW AND UPDATE THE DATA COLLECTION INSTRUMENTS.
3. SUBMIT TO YOUR SUPERVISOR (OR ANOTHER TEAM LEADER) AT THE END OF THE ACTIVITY FOR THEM TO ADDRESS THESE OBSERVATIONS.

Data Collection Instrument	Question Number (Number and Letter)	Describe the Problem

16. SCIP Pilot Supervision Form

INSTRUCTIONS: Fill out this form along with the Issues Tracking Form and hand both in at the end of the day. This form should be filled out for each person you observe.

Community:_____

Supervisor Name:_____

Activity/Instrument Observed:_____

Name of person(s) being supervised:_____

1. Did you observe the entire data collection activity?
   a. Yes
   b. No

   If No, how long did you observe the activity: _____ (minutes)

2. Rate the quality of the explanation that was given about the evaluation and why the data are being collected on a scale of 1-5 where 1 is the best and 5 is the worst:

   1 2 3 4 5

3. If you observed the consent process, comment on any points that could be improved?

4. What did the person you observed do well?

5. What could be improved about what you observed the person do?

6. Are there any recommended changes or issues with the surveys or interview guides that could improve them? Fill out the issues tracking form

Water quality collection supervision

7. Was sterile technique (e.g. using gloves, not touching the inside of the thio bag, etc.) followed?

8. Circle the details they put on the sample bag and bottle. If they miss one please remind them.
   a. Water system ID
   b. Water point ID
   c. Date
   d. Initials
9. Did they rinse the bottle three times before collecting the sample?
   a. Yes
   b. No

10. General comments on water quality collection

11. Regarding logistics, what could be improved?

17. SCIP Back check HH Survey

MODULE A: HOUSEHOLD LOCATION & CONSENT INFORMATION		
1.	DATE OF CALL: (DD/MM/YY)	|__|__|/|__|__|/|__|__|
2.	NAME OF CALLER: /_____/ /_____/ /_____/ (NAME 1) (NAME 2) (FAMILY NAME)	
3.	**ADMINISTRATIVE POST:**	
4.	**LOCALITY:**	
5.	**COMMUNITY NAME:**	[1] /_____ _____/
6.	**COMMUNITY ID:**	|__|__|__|
7.	**HOUSEHOLD/RESPONDENT ID:**	|__|__|__|__|__|
8.	Did anyone from Forcier come to your home_____ (PERIOD OF TIME SINCE VISIT) to talk with you or a member of your household?	[2] NO [3] YES [99] DON'T KNOW
9.	What was the gender of the person who came to talk with you or a member of your household?	[1] MALE [2] FEMALE [99] DON'T KNOW
10.	Do you remember the name of the person who came to your community to ask about the Ogumaniha project?	[1] YES [2] NO -> SKIP to 12 [99] DON'T KNOW -> SKIP to 12
11.	What was their name?	/_____/ /_____/ (NAME 1) (FAMILY NAME)
12.	Approximately how long did they spend at your household? CHOOSE HOURS OR MINUTES	[1] MM|__|__| [2] HH|__|__|
13.	Did you or a member of your household agree to talk to the person from Forcier?	[0] NO [1] YES → SKIP TO 15 [99] DON'T KNOW → SKIP TO 15
14.	If no, why not?	_____ _____ → SKIP TO END SURVEY
15.	Since when have _____ [CHOSE ONE YOU OR THE PERSON THEY SPOKE WITH] lived in this community?	|__|__| MONTHS |__|__| YEARS

16.	What is the relationship of the person who spoke to Forcier to the head of household?	[1] SPOUSE [2] AUNT [3] SISTER [4] DAUGHTER [5] NO RELATIONSHIP [6] MOTHER [77] OTHER_____
17.	Does the household have any tables?	[2] No [1] Yes
18.	Does your household have a place where the regularly wash their hands?	[2] NO [3] YES [99] DON'T KNOW
19.	Did you or a member of your household allow the person from Forcier to look at your latrine?	[0] NO [1] YES [99] DON'T KNOW

SAY	Thank you very much. Now, I would like to ask you some questions about the water you and your family drink at home.	
20.	ASK THE FOLLOWING QUESTIONS ABOUT THE RESPONDENT'S PRIMARY WATER SOURCES.	
		A. PRIMARY SOURCE
	What is the main source of drinking water for members of your household?	**PIPED WATER** [1] PIPED WATER INTO DEWLLING [2] PIPED TO YARD/PLOT [3] PUBLIC TAP/STANDPIPE [4] TUBE WELL OR BOREHOLE **DUG WELL** [5] PROTECTED WELL [6] UNPROTECTED WELL **WATER FROM SPRING** [7] PROTECTED SPRING [8] UNPROTECTED SPRING **OTHER** [9] RAINWATER [10] TANKER TRUCK [11] CART WITH SMALL TANK [12] SURFACE WATER (RIVER/DAM/LAKE/POND/STREAM/CANAL/IRRIGATION CHANNEL [13] BOTTLED WATER [77] OTHER_____ [99] DON'T KNOW

18. SCIP Back Check Water Point Observation

MODULE A: BACKCHECK WATER SOURCE LOCATION		
A10.	DATE OF OBSERVATION: (DD/MM/YY)	|__|__|/|__|__|/|__|__|
A11.	NAME OF SUPERVISOR 1: /_____/ /_____/ /_____/ (NAME 1) (NAME 2) (FAMILY NAME	
A12.	**ADMINISTRATIVE POST:**	
A13.	**LOCALITY:**	
A14.	**COMMUNITY NAME:**	/_____/
A15.	**COMMUNITY ID:**	|__|__|__|
A16.	**WATER SOURCE ID**	|__|__|__|__|__|

MODULE B: BACKCHECK WATER SOURCE PERMISSION & CONTACTS		
B1	What is your name? LOCAL CONTACT NAME: /_____/ /_____/ /_____/ (NAME 1) (NAME 2) (FAMILY NAME)	
B2	What is your role in this community?	[5] Chief [6] Representative from the health post or health hut [7] Community health worker (CHW) [8] Water User Association representative [77] Other, specify:_____
B3	Did someone come to your village and talk with you about the Ogumaniha project (from Forcier)	[0] NO -> SKIP to End Survey [1] YES [99] DON'T KNOW -> SKIP to End Survey

B4	What was the gender of the person who came to talk with you or a member of your household?	[1] MALE [2] FEMALE [99] DON'T KNOW
B5	Do you remember the name of the person who came to your village to ask about the Ogumaniha project?	[0] NO -> SKIP to B7 [1] YES [99] DON'T KNOW -> SKIP to B7
B6	What was their name?	/_____/ /_____/ (NAME 1) (FAMILY NAME)
B7	Did you give permission to observer the water source?	[0] NO [1] YES → SKIP TO B9
B8	If no, why not?	_____ → SKIP TO END SURVEY
B9	On the day the person from Forcier visited your community did the water point they visited function?	[0] NO [1] YES [2] DON'T KNOW
B10	Did they take a water from the water point (e.g. in a bag or bottle) ?	[0] NO [1] YES [99] DON'T KNOW
B11	Did you see them talk with/ interview other people in your village?	[0] NO [1] YES [99] DON'T KNOW
B12	Was this water source built or reconstructed during the Ogumaniha project (between 2009-2014)?	[1] YES [2] NO [99] DON'T KNOW
B13	Who is the primary management entity for this water source? SELECT ALL THAT APPLY IF WATER SOURCES MANAGED SEPARATELY, LIST MANAGEMENT BODIES FOR EACH POINT.	[3] Water Commette [4] Community Heath Committee [77] Other, SPECIFY: _____ [99] DON'T KNOW

ANNEX B: DATA COLLECTION INSTRUMENTS (PORTUGUESE)

1. Declaração de Consentimento Livre e Esclarecido – Quantitativo

Olá, meu nome é _____ e estou aqui em nome da Forcier que trabalha com a Social Impact, uma empresa de avaliação com sede nos Estados Unidos. Somos avaliadores independentes trabalhando em nome do Projecto de Gestão de Conhecimento e Comunicações da Água da Agência dos Estados Unidos para o Desenvolvimento Internacional (USAID), avaliando a sustentabilidade de longo prazo de um projecto da USAID denominado Fortalecimento das Comunidades Através do Programa de Programação Integrado, conhecido como SCIP ou Ogumaniha. Foi implementado pela World Vision International (Visão Mundial Internacional) na Zambézia de 2009-2015. Especificamente, estamos realizando pesquisas sobre como o acesso rural à água e ao saneamento evoluiu desde o tempo em que o SCIP terminou, assim como os desafios e sucessos atuais para manter o acesso da comunidade à água e ao saneamento. Essa avaliação ajudará a USAID a entender como melhorar seu design de atividades no futuro.

Pedimos que você participe porque sua posição o tornaria bem informado sobre esse assunto em [local]. Pedimos aproximadamente 1 hora do seu tempo para que possamos ouvir sobre suas experiências e opiniões. Se você não souber a resposta ou se tiver as informações para responder a uma pergunta, basta nos informar e seguiremos em frente. . Também pediremos sua opinião sobre alguns problemas relacionados ao seu trabalho. Não há riscos em participar desta entrevista, e não há benefícios diretos, embora sua participação possa informar amplamente melhorias em futuros programas de água e saneamento. Não vamos perguntar nada sensível, mas você é livre para dizer que não quer responder a perguntas específicas. Sua participação neste estudo é totalmente voluntária e você não tem obrigação de participar. Se você iniciar a entrevista e quiser parar a qualquer momento por qualquer motivo, basta nos informar.

Quero assegurar-lhe que todas as respostas que você fornecer durante esta entrevista serão mantidas confidenciais o mais longe possível sob a lei aplicável . Apenas um punhado de pesquisadores envolvidos diretamente neste estudo terá acesso às suas informações pessoais. Seu nome, endereço, informações de contato e outros identificadores não serão compartilhados com ninguém fora da equipe de pesquisa. Suas informações pessoais serão registradas em uma folha de papel separada do restante da pesquisa e serão mantidas separadamente, para que nenhuma de suas respostas possa ser rastreada até você pessoalmente. Embora todas as informações de identificação sejam mantidas estritamente confidenciais, os dados não identificados podem ser combinados com os dados de outros participantes do estudo e compartilhados publicamente para fins de pesquisa futura.

Você tem alguma dúvida sobre essa entrevista? Se você estiver disposto a ser entrevistado, indique isso verbalmente. Se tiver alguma dúvida, você pode entrar em contato com Forcier Moçambique (87 067 69 42) ou o Conselho de Revisão Institucional do Social Impact em irb@socialimpact.com ou +1 703 465 1884 com perguntas sobre o estudo ou resultados. Gostaria de ter uma cópia deste consentimento? .

Você concorda em participar? Sim / Não

2. Declaração de Consentimento Livre e Esclarecido – Qualitativo

Olá, meu nome é _____ e estou aqui em nome da Forcier que trabalha com Social Impact, uma empresa de avaliação com sede nos Estados Unidos. Somos avaliadores independentes trabalhando em nome do Projecto de Gestão de Conhecimento e Comunicações da Água da Agência dos Estados Unidos para o Desenvolvimento Internacional (USAID), avaliando a sustentabilidade de longo prazo de um projecto da USAID denominado Fortalecimento das Comunidades Através do Programa de Programação Integrado, conhecido como SCIP ou Ogumaniha. Foi implementado pela Visão Mundial Internacional na Zambézia de 2009-2015. Especificamente, estamos realizando pesquisas sobre como o acesso rural à água e ao saneamento evoluiu desde o tempo em que o SCIP terminou, assim como os desafios e sucessos atuais para manter o acesso da comunidade à água e ao saneamento. Essa avaliação ajudará a USAID a entender como melhorar seu design de atividades no futuro.

Pedimos que você participe porque sua posição o tornaria bem informado sobre esse assunto em [local]. Pedimos aproximadamente 1 hora do seu tempo para que possamos ouvir sobre suas experiências e opiniões. Se você não souber a resposta ou se tiver as informações para responder a uma pergunta, basta nos informar e seguiremos em frente. Solicitaremos detalhes que você possa compartilhar sobre iniciativas e projectos recentes de planejamento, bem como mudanças no acesso à água e ao saneamento. Também pediremos sua opinião sobre alguns problemas relacionados ao seu trabalho. Não há riscos em participar desta entrevista, e não há benefícios diretos, embora sua participação possa informar amplamente melhorias em futuros programas de água e saneamento. Não vamos perguntar nada sensível, mas você é livre para dizer que não quer responder a perguntas específicas. Sua participação neste estudo é totalmente voluntária e você não tem obrigação de participar. Se você iniciar a entrevista e quiser parar a qualquer momento por qualquer motivo, basta nos informar.

Pretendemos realizar entrevistas em toda a Zambézia com outras pessoas como você, que tenham conhecimentos sobre o acesso a água e saneamento nesta região. Resumiremos o que aprendemos com você e outros entrevistados de acordo com a localização e, às vezes, com o tipo de organização que você representa. Isso significa que as informações que você compartilha não seriam anônimas. Nosso relatório final será compartilhado com a USAID e, eventualmente, postado online.

Quero assegurar-lhe que todas as respostas que você fornecer durante esta entrevista serão mantidas confidenciais o mais longe possível sob a lei aplicável . Apenas um punhado de pesquisadores envolvidos diretamente neste estudo terá acesso às suas informações pessoais. Seu nome, endereço, informações de contato e outros identificadores não serão compartilhados com ninguém fora da equipe de pesquisa. Suas informações pessoais serão registradas em uma folha de papel separada do restante da pesquisa e serão mantidas separadamente, para que nenhuma de suas respostas possa ser rastreada até você pessoalmente. Embora todas as informações de identificação sejam mantidas estritamente confidenciais, os dados não identificados podem ser combinados com os dados de outros participantes do estudo e compartilhados publicamente para fins de pesquisa futura.

Você tem alguma dúvida sobre essa entrevista? Se você estiver disposto a ser entrevistado, indique isso verbalmente. Se tiver alguma dúvida, você pode entrar em contato com Forcier Moçambique (87 067 69 42) ou o Conselho de Revisão Institucional do Social Impact em irb@socialimpact.com ou +1 703 465 1884 com perguntas sobre o estudo ou resultados. Você gostaria de ter uma cópia deste consentimento?

Você concorda em participar? Sim / Não

Para garantir que capturamos tudo corretamente em nossas anotações, está tudo bem se gravarmos essa conversa? Não compartilharemos as gravações ou transcrições com ninguém fora da equipe de avaliação. Sim/Não

3. Questionário do Agregado Familiar e Observações Estruturadas

MÓDULO A: LOCALIZAÇÃO DO AGREGADO E INFORMAÇÃO DE CONSENTIMENTO		
A1.	DATA DA OBSERVAÇÃO (DD/MM/AA)	|__|__|/|__|__|/|__|__|
A2.	NOME DO OBSERVADOR 1: /_____/ /_____/ /_____/ (NOME 1) (NOME 2) (NOME DA FAMÍLIA)	
A3.	NOME DO OBSERVADOR 2: /_____/ /_____/ /_____/ (NOME 1) (NOME 2) (NOME DA FAMÍLIA)	
A4.	**DISTRITO:**	[1] CHINDE [2] ILE [3] LUGELA [4] MANGANJA [5] MILANGE [6] MOPEIA [7] MORRUMBALA [8] NAMACURRA [9] NAMORROI [10] PEBANE [11] QUELIMANE
A5.	**POSTO ADMINISTRATIVO:**	[1]
A6.	**LOCALIDADE:**	[2] /_____/
A7.	**NOME DA COMUNIDADE:**	[3] /_____/
A8.	**ID DA COMUNIDADE:**	|__|__|__|
A9.	**ID DO AGREGADO FAMILIAR/ENTREVISTADA:**	|__|__|__|__|
A10.	LEIA A DECLARAÇÃO DE CONSENTIMENTO PARA A CHEFE DO AGREGADO FAMILIAR DO SEXO FEMENINO.	[1] SIM -> PROCEDE CONDUZINDO A

	CONSENTIMENTO DADO PELO CHEFE DO AGREGADO FAMILIAR?	ENTREVISTA E A OBSERVAÇÃO [0] NÃO -> NÃO REALIZE OBSERVAÇÃO E PESQUISA
A11.	A quanto tempo voce vive nessa comunidade?	| __ | __ | MESES | __ | __ | ANOS
A12.	NOTA: O AGREGADO MUDOU-SE PARA A COMUNIDADE NOS ÚLTIMOS 4 ANOS? (E.G. DEPOIS DE 2014)?	[1] ANTES DE 2014 [2] A MENOS DE 4 ANOS / DEPOIS DE 2014 -> NÃO REALIZE A OBSERVAÇÃO

MÓDULO B: MINI-QUESTIONÁRIO DO AGREGADO FAMILIAR		
B1.	QUAL É O GÊNERO DA PESSOA COM QUEM ESTÁ A CONVERSAR?	[1] FEMININO
B2.	Quantos anos você tem?	|__|__|
B3.	É o chefe do agregado familiar?	[0] NÃO [1] SIM -> PASSA PARA **B5**
B4.	Qual é o seu relacionamento com o chefe do agregado familiar? LEIA: Um agregado familiar é uma pessoa ou grupo de pessoas que geralmente vivem e comem juntos.	[1] ESPOSA [2] TIA [3] IRMÃ [4] FILHA [5] NENHUMA RELAÇÃO [6] MÃE [7] OUTRAS _____
B5.	Este agregado familiar participou do programa Ogumaniha de 2009 - 2015?	[1] NÃO -> PASSA PARA **B7** [2] SIM [3] NÃO SABE -> PASSA PARA B7
B6.	Em que actividades participaste ou algum membro do seu Agregado familiar? SELECIONE EM TODAS OPCÕES APLICAVEIS	[1] Água [2] Saneamento [3] Em um dos comités criados [4] Nutrição [5] Saúde [6] Educação [7] Agricultura [77] Outros _____ [99] Não sabe
B7.	Quantos membros existem no agregado familiar?	[1] 3 ou menos

		[2] 4 a 6 [3] 7 ou mais
B8.	O agregado familiar tem um congelador?	[0] NÃO [1] SIM
B9.	O agregado familiar tem um ferro elétrico ou a carvão?	[0] NÃO [1] SIM
B10.	O agregado familiar tem alguma mesa?	[0] NÃO [1] SIM
B11.	O agregado familiar tem um aparelho de televisão?	[0] NÃO [1] SIM
B12.	Qual é o material principal usado no chão da casa?	[1] CIMENTO, PARQUET,MADEIRA SERRADA, AZULEJO/MARMORE/TERRAZO, OUTRO [2] ADOBE, MADEIRAASPERA [3] ARGILA
B13.	Qual é a principal fonte de energia usada para cozinhar neste agregado?	[1] Eletricidade, Gerador, Painel Solar, Gás [2] Baterias [3] Petróleo/parafina/querosene, Vela, Bateria de Carro [4] Lenha, Outro
B14.	O chefe do agregado familiar ou cônjuge sabe ler e escrever?	[0] NÃO [1] SIM

QUESTÕES DE ÁGUA			
DIGA	Muito obrigado. Sabemos que houve eventos recentes que podem ter afectado o seu agregado no uso e acesso à água, saneamento e lavagem das mãos. Para as perguntas a seguir, gostaríamos de saber sobre o comportamento da sua família em relação à água antes das recentes cheias e ciclones.		
	PERGUNTE AS SEGUINTES QUESTOES SOBRE AS FONTES DE ÁGUA PRIMÁRIA E SECUNDÁRIA DO ENTREVISTADO. PERGUNTAR À FONTE PRIMÁRIA (COLUNA A) ATÉ B18 E DEPOIS PERGUNTE SOBRE A À FONTE SECUNDÁRIA (COLUNA B)		
B15.		A. Fonte Primária	B. Fonte Secundária
	Qual é a **principal** fonte de água potável para os membros do seu agregado familiar?	**<u>Água Canalizada</u>** [1] Água canalizada dentro da habitação [2] Água canalizada no quintal/recinto [3] Água canalizada do vizinho [4] Torneira pública/Fontenário	**<u>Água Canalizada</u>** [1] Água canalizada dentro da habitação [2] Água canalizada no quintal/recinto [3] Água canalizada do vizinho [4] Torneira pública/Fontenário

		[5] Furo ou poço tubular (Não tem uma outra abertura para coletar agua quando a manivela estaraga) **<u>Poço</u>** [6] Poço protegido (coberto para sujidade nao entrar; tem uma outra abetura para coletar agua quando a manivela estiver estragada) [7] Poço desprotegido(Sujidade pode entrar) **<u>Água da nascente</u>** [8] Nascente protegida (coberto para a sujidade não entrar) [9] Nascente desprotegida (sujidade pode entrar) **<u>Outro</u>** [10] Água da Chuva [11] Camião-tanque [12] Carrinho com pequeno tanque/tambor [13] Quiosque de Água [14] Águas Superficiais (Rio/Riacho/Barragem/Lago/ Lagoa/Ribeira/Canal/Canal de irrigação) [15] Água Engarrafada [16] Saqueta de Água [17] Outro_____ [99] Não sabe	[5] Furo ou poço tubular (Não tem uma outra abertura para coletar agua quando a manivela estaraga) **<u>Poço</u>** [6] Poço protegido (coberto para sujidade nao entrar; tem uma outra abetura para coletar agua quando a manivela estiver estragada) [7] Poço desprotegido (Sujidade pode entrar) **<u>Água da nascente</u>** [8] Nascente Protegida (coberto para a sujidade não entrar) [9] Nascente Desprotegida (sujidade pode entrar) **<u>Outro</u>** [10] Água da Chuva [11] Camião-tanque [12] Carrinho com pequeno tanque/tambor [13] Quiosque de Água [14] Águas Superficiais (Rio/Riacho/Barragem/Lago /Lagoa/Ribeira/Canal/Canal de irrigação) [15] Água Engarrafada [16] Saqueta de Água [17] Outro_____ [99] Não sabe
B16.	Para que fim usa a água dessa fonte? ASSINALA TODOS QUE SE APLICAM	[1] Beber [2] Cozinhar [3] Lavar [4] Banho [5] Lavagem das mãos [6] Tarefas domésticas [7] Irrigação de um jardim ou culturas/agricultura [8] Para o gado	[1] Beber -> PASSA PARA **B19** [2] Cozinhar -> PASSA PARA **B19** [3] Lavar -> PASSA PARA **B19** [4] Banho -> PASSA PARA **B19** [5] Lavagem das mãos -> PASSA PARA **B19** [6] Tarefas domésticas -> PASSA PARA **B19**

		[77] Outro, _____	[7] Irrigação de um jardim ou culturas/ agriculas -> PASSA PARA **B19** [8] Parao gado -> PASSA PARA **B19** [77] Outros, _____-> PASSA PARA **B19**
B17.	Esta fonte foi construída ou reabilitada pela actividade de Ogumaniha de 2009 - 2014?	[0] NÃO [1] SIM [99] NÃO SABE	[0] NÃO [1] SIM [99] NÃO SABE
B18.	Qual é a principal fonte de água utilizada pelos membros do seu agregado familiar para outros fins? POR EXEMPLO. Fonte Secundária?	[1] Mesma fonte -> PASSA PARA **B20** [2] Fonte diferente -> VOLTE A B15, COLUNA B (FONTE SECUNDÁRIA)	
B19.	Qual das fontes visita com mais frequência?		[1] Fonte primária [2] Fonte secundária [77] Outros_____ [99] Não Sabe
B20.	Quanto tempo leva em media para ir buscar água e voltar da sua fonte primária? POR EXEMPLO. VIAGEM IDA E VOLTA DE CASA PARA FONTE PARA CASA, ISTO INCLUI O TEMPO DE ESPERA SELECCIONE **UMA** RESPOSTA		[3] |__|__| MINUTOS [4] | __ | __ | HORAS [99] NÃO SABE
B21.	Em média, quantas viagens por dia você ou um membro do seu agregado familiar faz para essa fonte primária para satisfazer às suas necessidades de uso da água?		[1] UMA VEZ POR DIA [2] 2 VEZES POR DIA [3] 3-4 VEZES POR DIA [4] 5 OU MAIS VEZES POR DIA [77] OUTRAS _____
B22.	Nos últimos 30 dias, houve algum tempo em que o seu agregado familiar não tinha quantidades suficientes de água potável quando necessitou?		[1] Não, sempre suficiente [2] Sim, pelo menos uma vez [99] NÃO SABE

B23.	OBSERVADOR: FOI O SCIP QUEM INSTALOU OU REABILITOU A FONTE DE ÁGUA POTÁVEL NESTA COMUNIDADE DE 2009-2014.	[0] NÃO -> PASSA PARA B30 [1] SIM
B24.	A água está sempre disponível na fonte de água de Ogumaniha? EXPLICAR: Sempre/consistentemente significa durar o ano todo sem racionamento regular ou falha sazonal.	[1] Sim, a água está sempre disponível-> PASSA PARA B26. [2] Não, a água está disponível a maior parte do tempo [3] Não, a água raramente está disponível [99] Não Sabe -> PASSA PARA B26.
B25.	Se Não, porque não? SELECIONE TODOS QUE SE APLICAM	[1] Racionar o fornecimento [2] Insuficiência sazonal/inoperacional sazonalmente [3] Avarias/necessidades de manutenção/reparação [77] Outros _____
B26.	Acha que a água da fonte do Ogumaniha é segura para beber?	[1] NÃO [2] SIM [99] NÃO SABE
B27.	A água fornecida pela fonte do Ogumaniha é geralmente aceitável? SE FOR INACEITAVEL, SELECIONE O MOTIVO PRINCIPAL	[1] Sim, aceitável [2] Não, gosto inaceitável. [3] Não, cor inaceitável [4] Não, cheiro inaceitável. [5] Não, contém materiais [6] Não, outro (especifique) [99] Não sabe.....
B28.	Todos na comunidade podem acessar a fonte do Ogumaniha?	[0] NÃO [1] SIM -> PASSA PARA **B30** [99] NÃO SABE -> PASSA PARA **B30**
B29.	Se não, qual é o motivo? SELECIONE TODOS QUE SE APLICAM	[1] Distância de casa [2] Barreiras financeiras [3] Brigas/não permitido [77] Outros, _____
B30.	Faz alguma coisa para tornar sua água potável menos turva ou mais segura para beber?	[1] NÃO -> PASSA PARA **B39** [2] SIM [99] NÃO SABE -> PASSA PARA **B39**
B31.	Que método(s) se usa? (NÃO LEIA, SELECIONE TODOS OS QUE SE APLICAM)	
		[1] ADICIONA LIXÍVIA/CLORO (E.G. GARAFA DE CLORO)

		[2] USO DE CUMPRIMIDOS EX: *AQUATABS*
		[3] FERVE
		[4] COAR ATRAVÉS DE UM PANO (E.G. REMOÇÃO ÍSICA, FILTRAR PELO PANO OU OUTRO MATERIAL DE FILTRAGEM [EX: CERÂMICA, AREIA, ETC.])
		[5] DESINFECÇÃO SOLAR (EX: DESINFECÇÃO ULTRA VIOLETA/CALOR)
		[6] DEIXA FICAR E DECANTAR
GESTÃO DE ÁGUA		
B39.	Existe um comité de água activo na sua comunidade?	[0] NÃO -> PASSA PARA B42. [1] SIM [99] NÃO SABE -> PASSA PARA B42.
B41.	Quão bem o comité de gestão de água está a gerir a fonte de água?	[1] Muito mal [2] Mal [3] Razoavelmente [4] Bem [5] Muito bem [99] NÃO SABE
B42.	Que problemas houve com a funcionalidade da fonte de água? SELECCIONE TODAS APLICÁVEIS	[1] NENHUMA -> PASSA PARA B45. [2] PARAGEM [3] BAIXA PRESSÃO [4] AVARIA DA MÁQUINA OU PEÇA [5] FUGA [77] OUTRO,_____
B43.	Quanto tempo demora, em média, a reparar esta fonte de água se não está a funcionar?	[1] 1-3 dias [2] 4-6 dias [3] 2 a 3 semanas [4] Mais de um mês (4 semanas ou mais) [5] Avariou, mas ainda não foi reparada

B44.		
FINACIAMENTO DE ÁGUA		
B45.	Normalmente, o seu agregado familiar contrubui algo para usar a fonte primária de água potável?	[0] NÃO -> PASSA PARA B48 [1] SIM
B46.	Qual é a contribuição que o agregado familiar faz pela água que consomem?	[1] Dinheiro [2] Bens☐-> PASSA PARA B47 [3] OUTRO(A), _____
B46a.	Qual é a contribuição em meticais?	|__|__|__|__|__| MZN
B47.	Com que frequência o agregado familiar contrubui essa quantia?	[1] Cada uso [2] Uso diário [3] Uso semanal [4] Uso mensal [77] Outros,_____
QUESTÕES DE HIGIENE		
B48.	Por favor, pode me mostrar onde os membros do seu agregado familiar costumam lavar as mãos?	**INSTALAÇÃO FIXA OBSERVADA (PIA/TORNEIRA)** [1] NA HABITAÇÃO [2] NO QUINTAL/RECINTO **OBJECTO MÓVEL OBSERVADO** [3] BALDE / BACIA/JARRO/ CHALEIRA [4] NÃO HÁ LOCAL PARA LAVAGEM DAS MÃOS NA HABITAÇÃO/QUINTAL/RECINTO PASSA PARA **B55** [5] SEM PERMISSÃO PARA VER [77] OUTROS, _____ -> PASSA PARA **B55**
B49.	OBSERVAR A ESTAÇÃO DE LAVAGEM DAS MÃOS TEM UMA *TIPPY TAP*?	[0] NÃO [1] SIM [99] NÃO SABE
B50.	OBSERVE: MATERIAIS PRESENTES SELECIONE TODOS QUE SE APLICAM SE NÃO HÁ LOCAL ESPECÍFICO PARA LAVAGEM DAS MÃOS E O DISPOSITIVO É UMA BACIA, OBSERVE QUE MATERIAIS SÃO MANTIDOS COM A BACIA/JARRO.	[1] ÁGUA [2] SABÃO (SABÃO EM BARRA, SABONETE LÍQUIDO, SABÃO EM PÓ) [3] ÁGUA DE SABÃO [4] CINZA [5] NENHUM

	OBSERVAÇÃO: O SABÃO PODE ESTAR EM FORMA DE BARRAS, PÓ OU LÍQUIDOS. SHAMPOO SERÁ CONSIDERADO COMO SABÃO LÍQUIDO. O PRODUTO DE LIMPEZA DEVE ESTAR NA INSTALAÇÃO DE LAVAGEM DAS MÃOS (FIXA OU MÓVEL) OU FACILMENTE ACESSÍVELÀ MÃO QUANDO ESTIVER EM FRENTE.	[77] OUTRO _____
B51.	NO CASO DE UMA INSTALAÇÃO DE LAVAGEM DAS MÃOS, EXISTEM EVIDÊNCIAS DE TER OCORRIDO LAVAGEM DAS MÃOS HOJE ? EX: O CHÃO OU O SABÃO ESTÁ MOLHADO?	[0] NÃO [1] SIM
B52.	OBSERVE: SE HÁ UMA INSTALAÇÃO DE LAVAGEM DEAS MÃOS FIXA A INSTALAÇÃO DE LAVAGEM DAS MÃOS ESTÁ FUNCIONAL? **TENTE USAR** SE PUDER LAVAR AS MÃOS ENTÃO RESPONDA SIM SE NÃO PODER LAVAR SUAS MÃOS RESPONDA NÃO	[0] NÃO [1] SIM [2] NÃO PERMETIDO(A) A USAR
B53.	Lavou as suas mãos ontem?	[1] NÃO -> PASSA PARA B55 [2] SIM [99] NÃO SABE
B54.	Lavou as suas mãos com sabão ontem? (EXPLIQUE QUE ESTAMOS A REFERIR QUANDO UTILIZAM O SABÃO E NÃO EM OUTRAS VEZES ONDE PODEM LAVAR SUAS MÃOS NUMA BACIA COMUM)	[1] NÃO -> PASSA PARA B56 [2] SIM [99] NÃO SABE -> PASSA PARA B56
B55.	Por favor, no geral, em que momentos do dia lava as mãos com sabão? NÃO LEIA SELECIONE TODOS QUE SE APLICAM	
		[1] ANTES DE PREPARAR ALIMENTO
		[2] ANTES DE COMER
		[3] ANTES DE DAR COMIDA AS CRIANÇAS

		[4] APÓS LIMPAR AS FEZES DAS CRIANÇAS
		[5] APÓS USAR A LATRINA/DEFECAÇÃO
		[77] OUTRO (ESPECIFICAR) ___
B56.	Para a instalação de lavagem das mãos que mais usa, quando é que foi obtida/construída? ESCOLHA UMA OPÇÃO	[1] | __ | __ | ANOS [2] | __ | __ | MESES [99] NÃO SABE
B57.	Já teve que a substituir a instalação de lavagem das mãos?	[1] NÃO [2] SIM [99] NÃO SABE
B58.	E se houve alguma reparação necessária na instalação? SELECIONE TODOS QUE SE APLICAM	[1] Nenhuma -> PASSA PARA **B60** [2] Estrutura danificada [3] Recipiente de água danificado [77] Outros, _____
B59.	O que fez quando houve problemas com a instalação de lavagem das mãos?	[1] Não reparou [2] Reparação/manutenção feita pelo agregado familiar/membro da família [3] Construiu uma nova instalação de lavegem das mãos [77] Outro, _____
B60.	Quais são as dificuldades que as famílias enfrentam para ter **constantemente** uma estação de lavagem das mãos com sabão? SELECIONE TODOS QUE SE APLICAM	[1] Finanças limitadas [2] Má qualidade do material da instalação de lavagem das mãos [3] Acesso limitado, água a mais de 10 metros [4] Acesso à água no quintal ou a 10 metros [5] Acesso ao sabão [77] Outros, _____
B61.	Desde a primeira vez que teve uma instalação de lavagem das mãos quantas vezes teve que substituí-la?	[1] Nunca [2] 1 [3] 2 [4] 3

		[5] 4 [6] 5 or mais vezes? [99] NAO SABE
B62.		[0]
B63.		
DIGA	Muito obrigado pela sua participação até agora. A próxima parte da pesquisa é um pouco sensível. Gostaria de fazer algumas perguntas sobre as práticas de saneamento das pessoas em seu quintal. Eu também gostaria de fazer algumas observações. Sabemos que ocorreram eventos recentes que podem ter afetado o seu agregado familiar no uso e acesso ao saneamento . Para as perguntas a seguir, gostaríamos de saber sobre o comportamento da sua família em torno da água durante os horários típicos/normais. Depois, faremos perguntas que se relacionam especificamente com o modo como seu AF gere/lida quando há desafios como ciclones, inundações, etc.	
QUESTÕES DE SANEAMENTO		
B64.	Onde é que as crianças com menos de 5 anos defecam com mais frequência? NÃO LEIA AS OPÇÕES DE RESPOSTA SELECIONE UMA OPÇÃO SOMENTE.	[1] SANITÁRIO USADO POR CRIANÇA/PINICO [2] COLOCA/LIMPA NA CASA DE BANHO OU LATRINA [3] COLOCAR/LIMPA NA DRENAGEM OU VALA [4] LANÇA NO LIXO (RESÍDUOS SÓLIDOS) [5] ENTERRA AS FEZES [6] FORA DO QUINTAL [7] DEIXA AO AR LIVRE [8] USA COMO ADUBO [9] NÃO APLICÁVEL [77] OUTROS, _____ [99] NÃO SABE
B65.	Quando um membro desta família com mais de 5 anos precisa defecar, onde faz mais frequentemente? NÃO LEIA AS OPÇÕES DE RESPOSTA SELECIONE UMA OPÇÃO SOMENTE.	[1] LATRINA PRIVADA [2] LATRINA PÚBLICA [3] NO AR LIVRE / CAMPO [4] NA CASA [5] QUINTAL [77] OUTROS, _____ [99] NÃO SABE
B66.	Actualmente o seu agregado familiar tem uma latrina que usa? SE TIVEREM MAIS DE UM LATRINA, CONSIDERA-SE ÀQUELA QUE ELA USA COM MAIS FREQUÊNCIA	[1] NAO -> PASSA PARA **B80** [2] SIM [99] NAO SABE -> PASSA PARA B80
B67.	Onde está localizada a latrina?	[1] NA PRÓPRIA HABITAÇÃO

		[2] NO PRÓPRIO QUINTAL/ RECINTO [3] EM OUTRO LUGAR
B68.	Compartilha essa instalação com outras pessoas que não são membros de sua família?	[1] NÃO [2] SIM [99] NÃO SABE
B69.	Que tipo de instalação sanitária os membros do seu domicilio usam geralmente? SE "DESCARGA" OU "DESCARGA QUE VERTE", APROFUNDA: ONDE DESCARGA? SE NÃO FOR POSSÍVEL DETERMINAR, PEÇA PERMISSÃO PARA OBSERVAR A INSTALAÇÃO.	**Autoclismo/Descarga manual** [1] Descarga para o sistema de esgoto [2] Descarga para a fossa séptica [3] Descarga para uma latrina com fossa [4] Descarga para um dreno aberto [5] Descarga para um lugar que não sabe **Latrina de fossa seca** [6] Latrina de fossa com laje (latrina tradicional melhorada). [7] Latrina de fossa sem laje/cova aberta (latrina tradicional sem laje). **Latrina Compostagem** [8] Covas gêmeas com laje [9] Cavas gêmeas sem laje [10] Outras latrinas de compostagem... **Balde** [11] Saneamento à base de contentores Sanita suspensa/latrina suspensa [12] Nenhuma instalação / mato/campo (fecalismo a céu aberto) [77] Outros _____
B70.	Quando construiu qualquer tipo de latrina nesta casa pela primeira vez?	[1] |__|__|__|__| ANO CONSTRUÍDO [2] | __ | __ | ANOS ATRÁS [3] JÁ HAVIA UMA LATRINA CONSTRUÍDA QUANDO CHEGOU [99] NÃO SABE

B71.	Há quanto tempo foi construída a latrina actual?	|__|__| ANOS |__|__|MESES [99] NÃO SABE
B72.	Quem construiu a sua latrina actual?	[1] Pedreiro qualificado [2] Família / parente [3] Combinação de família e pedreiro [77] Outro,_____
B73.	Quantas pessoas (incluindo crianças) usam essa latrina?	|__|__| PESSOAS [99] NÃO SABE
B74.	Encontrou algum dos seguintes problemas de manutenção ou reparação com a sua latrina nos últimos cinco anos? LEIA EM VOZ ALTA SELECIONE TODOS QUE SE APLICAM	Yes: No Não sabe IF NÃO/NÃO SABE → SKIP TO B82
a.	A fossa estava cheia	[1] [0] [99]
b.	A laje foi danificada	[1] [0] [99]
c.	A tampa foi danificada	[1] [0] [99]
d.	O tubo de ventilação foi danificado	[1] [0] [99]
e.	Reparação das paredes	[1] [0] [99]
f.	Reparação do telhado	[1] [0] [99]
g.	A latrina inundou	[1] [0] [99]
h.	Outros,	_____
B75.	Que problema foi o mais grave?	[1] A fossa estava cheia [2] A laje foi danificada [3] A tampa foi danificada [4] O tubo de ventilação foi danificado [5] Reparação das paredes [6] Reparação do telhado [7] Latrina inundou

		[77] Outros, _____ [99] NÃO SABE→ SKIP TO B82
B76.	Algum desses problemas foi resultado do evento climático recente (nos últimos seis meses)?	[1] NÃO [2] SIM [99] NÃO SABE
B77.	O que fez quando o/a _____ (resposta ao B75, problema mais grave) aconteceu,?	[1] NÃO ARRAJOU -> PASSA PARA B81 [2] REPARAÇÃO / MANUTENÇÃO FEITA PELO AGREGADO FAMILIAR/ MEMBRO DA FAMÍLIA SALTAR PARA -> PASSA PARA B82 [3] USOU UM PEDREIRO PARA RESOLVER, REPARAR O PROBLEMA, OU SUBSTITUIR A LATRINA [4] A LATRINA FOI SUBSTITUÍDA -> PASSA PARA B82 [77] OUTROS, _____ → PASSA PARA B82
B78.	Como ficou sabendo sobre essa pessoa?	[1] ATRAVÉS DE OGUMANIHA [2] ATRAVÉS DE CONVERSAS [3] DE LÍDERES COMUNITÁRIOS [4] DO COMITÉ DE GESTÃO DO SANEAMENTO [77] OUTROS, _____
B79.	O reparador resolveu o problema?	[0] NÃO → SKIP TO B81 [1] SIM → SKIP TO B82 [77] OUTRO,_____ → SKIP TO B82
B80.	Por que não tem actualmente uma latrina? SELECIONE TODOS QUE SE APLICAM	[1] LATRINA VELHA NÃO FUNCIONAL [2] FALTA DE DINHEIRO [3] FALTA DE MATERIAIS [4] EVENTOS RECENTES DO CLIMÁTICOS (NOS ULTIMOS 6 MESES) [77] OUTROS, _____
B81.	Planea reconstruir ou reparar a latrina?	[0] NÃO [1] SIM [99] NÃO SABE

B82.	O seu agregado familiar construiu uma latrina por causa das actividades do Ogumaniha? Ex: actividades executadas pelos activistas do Conselho de saúde Comunitário	[0] NÃO [1] SIM [2] NÃO SABE
B83.		
ODF		
B84.	Depois dos recentes desastres naturais (nos últimos 6 meses), alguma das pessoas da sua comunidade praticava o fecalismo a céu aberto?	[0] NÃO [1] SIM [99] NÃO SABE
B85.	Conhece outras pessoas na comunidade que fazem suas necessidades ao ar livre durante os horários normais? Ex. não ir a uma latrina?	[1] Diariamente [2] Ocasionalmente [3] Nunca -> PASSA PARA B87 [99] NÃO SABE
B86.	Quais são as principais razões pelas quais os membros da sua comunidade fazem as suas necessidadesao ar livre (praticar o fecalismo a céu aberto)? SELECIONE TODOS OS QUE SE APLICAM - NÃO LER	
		[1] SEM ESCOLHA (NADA MAIS DISPONÍVEL)
		[2] NÃO PODE CONTROLAR ONDE AS CRIANÇAS MAIS NOVAS DEFECAM
		[3] HÁBITO / ROTINA
		[4] PREFERIR USAR MATO MAIS DO QUE LATRINA
		[5] NÃO COMPARTILHA A LATRINA COM REGRAS
		[6] CONVENIÊNCIA
		[7] DOENÇA – DIARREIA
		[8] LATRINA CHEIA
		[9] LATRINA AVARIADA (PAREDES E / OU PISO)
		[10] MEDO DE LATRINA
		[11] NÃO SABE UTILIZAR A LATRINA

		[12] DEMASIADO NOVA PARA USAR LATRINA
		[13] DEVIDO AOS EVENTOS CLIMÁTICOS/ ABALO
		[77] OUTRO 1 (ESPECIFICAR): _____
		[77] OUTRO 2 (ESPECIFICAR): _____
B87.	Participa de reuniões do Comité de Saúde da Comunidade?	[0] NÃO -> PASSA PARA B89 [1] SIM [99] NÃO SABE -> PASSA PARA B89
B88.	Acha que o Comité de Saúde da Comunidade esta a fazer bom trabalho?	[0] NÃO [1] SIM [99] NÃO SABE
MÓDULO: EVENTOS CLIMÁTICOS RECENTES		
B32.	O seu agregado familiar foi afectado de alguma forma pelos recentes eventos climáticos (nos últimos 6 meses)? Por exemplo: ciclone que fez cair chuva forte	[0] NÃO [1] SIM
B33.	Devido aos recentes eventos climáticos (nos últimos 6 meses), o seu agregado familiar enfrentou algum problema relacionado com o acesso a água potável?	[0] NÃO [1] SIM [99] NÃO SABE
B34.	A sua fonte primária de água potável foi contaminada/insegura para beber?	[1] NÃO -> PASSA PARA **B36** [2] SIM [99] NÃO SABE -> PASSA PARA **B36**
B35.	O que tornou a fonte insegura para beber?	[1] Fezes humanas [2] Fezes de animais [3] Contaminação agrícola [77] Outros,_____
B36.	Seu agregado familiar tem uma fonte alternativa de água potável?	[0] NÃO -> SKIP TO **B38** [1] SIM [99] NÃO SABE -> SKIP TO **B38**
B37.	Qual foi essa fonte? NÃO LEIA RESPOSTAS.	**ÁGUA CANALIZADA** [1] ÁGUA CANALIZADA DENTRO DA HABITAÇÃO [2] ÁGUA CANALIZADA PARA O QUINTAL/ RECINTO

		[3] ÁGUA CANALIZADA DO VIZINHO [4] TORNEIRA PÚBLICA/FONTENÁRIO [5] FURO OU POÇO TUBULAR **POÇO** [6] **POÇO** PROTEGIDO [7] **POÇO** DESPROTEGIDO **ÁGUA DA NASCENTE** [8] NASCENTE PROTEGIDA [9] NASCENTE DESPROTEGIDA **OUTROS** [10] ÁGUA DA CHUVA [11] CAMIÃO-TANQUE [12] CARRINHO COM PEQUENO TANQUE/TAMBOR [13] QUIOSQUE DE ÁGUA [14] ÁGUA DA SUPERFÍCIE (RIO/RIACHO/ BARRAGEM/LAGOA/ CORRENTE/CANAL/ CANAL DE IRRIGAÇÃO) [15] ÁGUA ENGARRAFADA [16] SAQUETAS DE ÁGUA [77] OUTROS _____ [99] NÃO SABE
B38.	A sua fonte primária deabastecimento de água potável foi reparada/fixa/protegida?	[0] NÃO [1] SIM
B44.	Durante os recentes eventos climáticos (nos últimos 6 meses), o comité de água ajudou a atender às necessidades de água potável da comunidade?	[0] NÃO [1] SIM [99] NÃO SABE
B62.	Durante os recentes eventos climáticos (nos últimos 6 meses), a sua instalação de lavagem das mãos foi danificada ou destruída?	[1] NÃO [2] SIM [99] NÃO SABE
B63.	Reconstruiu ou voltou a comprar a sua instalação de lavagem das mãos?	[0] NÃO [1] SIM
B83.	Após os eventos climáticos recentes (nos últimos 6 meses), o Comité de Saúde da Comunidade ou o	[0] NÃO [1] SIM [2] NÃO SE APLICA

	comité de saneamento forneceram apoio / orientação relacionados ao saneamento da comunidade?	[99] NÃO SABE

MÓDULO C: OBSERVAÇÕES DA LATRINA ESTRUTURADA				
OBSERVAÇÃO DA LATRINA (NÃO OBSERVE LATRINAS PÚBLICAS)				
B89	Você tem uma latrina que podemos observar?	[0] NÃO (PASSA PARA C6) [1] SIM		
C1.	OBSERVE: ONDE ESTA LOCALIZADA A LATRINA?	[1] DENTRO DO QUINTAL [2] IMEDIATAMENTE FORA DO QUINTAL (<5 METROS FORA) [3] FORA DO QUINTAL (> 5 METROS FORA)		
C2. OBSERVAÇÃO: NOTE O TIPO, CONDIÇÃO E USO APARENTE DO SANITÁRIO / LATRINA. SE NÃO PODER OBSERVAR / NÃO PODER DIZER, MARQUE "99"				
	OBSERVAÇÃO EXTERIOR:	**SIM**	**NÃO**	**NÃO SABE**
a.	PELOS MENOS TRÊS PAREDES AO REDOR DO LATRINA	[1]	[0]	[99]
b.	PORTA / CORTINA OU PAREDES QUE GARANTEM PRIVACIDADE	[1]	[0]	[99]
c.	A LATRINA TEM UM TELHADO?	[1]	[0]	[99]
d.	TUBO DE VENTILAÇÃO	[1]	[0]	[99]
e.	CAMINHO PARA A LATRINA SUGERE O USO REGULAR (ESTA CLARO, BEM VISÍVEL, ETC)	[1]	[0]	[99]
	OBSERVAÇÃO INTERIOR:	**SIM**	**NÃO**	**NÃO SABE**
f.	PORTA TRANCA-SE POR DENTRO	[1]	[0]	[99]
g.	A LATRINA TEM UMA LAJE (PLÁSTICA OU CIMENTO)	[1]	[0]	[99]
h.	LUGAR PARA COLOCAR OS PÉS AO REDOR DO BURACO	[1]	[0]	[99]
i.	LATRINA APARENTA ESTAR EM USO (PELO SEU MELHOR JULGAMENTO)	[1]	[0]	[99]
j.	ODOR DE FEZES OU URINA NA LATRINA	[1]	[0]	[99]
k.	FEZES ESTÁ VISÍVEL NA LAJE OU PISO	[1]	[0]	[99]
l.		[1]	[0]	[99]

	BURACO A BAIXO ESTÁ COBERTO			
m.	MATERIAIS PARA LIMPEZA ANAL DISPONÍVEIS (PAPEL OU RECIPIENTE DE ÁGUA)?	[1]	[0]	[99]
n.	MAIS DE 3 MOSCAS PRESENTES	[1]	[0]	[99]
C3.	OBSERVE: QUE TIPO DE LATRINA É ESSA? SE "DESCARGA" OU "DESCARGA MANUAL", SONDAR: PARA ONDE VAI A DESCARGA? SE NÃO FOR POSSÍVEL DETERMINAR, PEÇA PERMISSÃO PARA OBSERVAR A INSTALAÇÃO.	**Autoclismo / Descarga manual** [1] Descarga para um sistema de esgoto [2] Descarga para uma fossa séptica [3] Descarga para uma latrina com fossa [4] Descarga para uma latrina aberta [5] Descarga para um lugar desconhecido **Latrinas de fossa seca** [6] Latrina de fossa com laje (latrina tradicional melhorada) [7] Latrina de fossa sem laje / cova aberta (latrina tradicional). **Latrina de compostagem** [8] Covas gêmea com laje [9] Covas gêmea sem laje [9] Outras latrinasde compostagem... **Balde** [10] Saneamento à base de contentores/Sanita móvel/latrina suspensa [11] Nenhuma instalação / Mato/campo (fecalismo a céu aberto) [77] Outros,_____		
C4.	OBSERVE: EXISTE UMA INSTALAÇÃO DE LAVEGEM DAS MÃOS DENTRO DE 5 METROS DA LATRINA (10 PASSOS)	[0] NÃO [1] SIM		
C5.	OBSERVE: EXISTEM OUTRAS FEZES VISÍVEIS NO QUINTAL?	[0] NÃO [1] SIM		

C6.	TOME UMA NOVA LEITURA DE GPS MARCANDO UM NOVO PONTO ESPERE ATÉ TER MENOS DE 10 METROS DE PRECISÃO, SE POSSÍVEL.	IDENTIFICAÇÃO DO NOVO PONTO : |__|__|__| [2] N ° |__|__|. |__|__|__|__|__| E ° |__|__|__|. |__|__|__|__|__|

TIRE FOTOS DA LATRINA

A SER PREENCHIDO NO MOMENTO DA ENTRADA DOS DADOS SE A VERSÃO EM PAPEL TIVER SIDO UTILIZADA EM CAMPO

DE.1 Este questionário foi preenchido em um netbook em campo? [1] SIM [0] NÃO

DE.2 Este questionário foi preenchido em campo em um netbook E em papel e parcialmente preenchido em um netbook no escritório? [1] SIM [0] NÃO

DE.3 Este questionário foi preenchido em papel em campo e posteriormente em um netbook no escritório? [1] SIM [0] NÃO

DE.4 Responsável Pelo Preenchimento dos Dados PESSOA 1
NOME/BI_____ /|__|__|__|__|

DE.5 Data do Preenchimento dos Dados PESSOA 1|__|__|/|__|__|/|__|__|__|__|

DE.6 Comentário Sobre o Preenchimento dos Dados (Colocar as Iniciais ao Lado do Comentário):

4. OBSERVAÇÕES ESTRUTURADAS NAS FONTES DE ÁGUA

MÓDULO A: LOCAL DA FONTE DA ÁGUA		
A17.	DATA DA OBSERVAÇÃO (DD/MM/AA)	 |__|__|/|__|__|/|__|__|
A18.	NOME DO OBSERVADOR 1: /_____/ /_____/ /_____/ (NOME 1) (NOME 2) (NOME DA FAMÍLIA)	
A19.	NOME DO OBSERVADOR 2: /_____/ /_____/ /_____/ (NOME 1) (NOME 2) (NOME DA FAMÍLIA)	
A20.	**Distrito:**	[3] Ile [9] Mopeia [10] Morrumbala [11] Namacurra [14] Derre [15] Mulevala [16] Luabo
A21.	**Posto Administrativo:**	
A22.	**Localidade:**	/_____/
A23.	**Nome da Comunidade:**	 /_____/
A24.	**Identificação da Comunidade:**	|__|__|__|
A25.	**Identidade da Fonte de Água:**	|__|__|__|__|__|

MÓDULO B: PERMISSÃO DA FONTE DE ÁGUA & CONTACTOS **INSTRUÇÕES:** PROCURE ALGUÉM NA COMUNIDADE, POR EXEMPLO, UM LÍDER COMUNITÁRIO QUE É CAPAZ DE CONCEDER A PERMISSÃO PARA OBSERVAR A FONTE DE ÁGUA		
B21.	Qual é o seu nome? NOME DE CONTATO LOCAL: /_____/ /_____/ /_____/ (NOME 1) (NOME 2) (NOME DA FAMÍLIA)	
B22.	Qual é o seu papel/cargo nesta comunidade?	[9] Chefe [10] Representante do posto de saúde [11] Representante da Associação dos Usuários da Água [77] Outro(a), especifique:_____
B23.	Qual é o seu numero de telefone? NÚMERO DE CONTATO LOCAL :	+258 |__|__|__| |__|__|__|__|__|
B24.	Quantas fontes de água no total existem na sua comunidade?	|__|__| FONTES DE ÁGUA
B25.	Qual o número de fontes de água associadas a este sistema?	[4] |__|__| FONTES DE ÁGUA [5] NENHUM [99] NÃO SABE
B26.	Agora gostaríamos de falar sobre o ponto de água que foi construído ou reabilitado como resultado da atividade do SCIP/Ogumaniha. Esta fonte de água foi construída ou reconstruída durante o projeto OGUMANIHA (ENTRE 2009 -2014)	[3] NÃO → TERMINA A RECOLHA DE DADOS TENTE ACHAR A FONTE QUE FAZIA PARTE DA ACTIVIDADE OGUMANIHA E INICIAR ESTE FORMULÁRIO DE NOVO [4] SIM [99] NÃO SABE

	OS RESPONDENTES PODEM TAMBÉM CONHECER ESTA FONTE DE ÁGUA COMO VISAO MUNDIAL, IRD, OU ADRA.	
B27.	Quando é que esta fonte de água foi construída ou foi a sua última reabilitação? (AA)	[2] ANO: |__|__|__|__| [99] NÃO SABE
B28.	Qual é a entidade principal de gestão dessa fonte de água? SELECIONA TODAS OPÇÕES QUE SE APLICAM SE AS FONTES DE ÁGUA FOREM GERIDA DE FORMA SEPARADA, LISTAR OS MEMBROS DE GESTÃO PARA CADA PONTO.	[5] Comité da Água [6] Comité da Saúde Comunitário [77] Outro(a), ESPECIFIQUE: _____ [99] NÃO SABE
B29.	Quem é a pessoa responsável pela entidade de gestão? NOME DA ENTIDADE GESTORA: [3] /_____/ /_____/ /_____/ (NOME 1) (NOME 2) (NOME DA FAMÍLIA) [99] NÃO SABE → PASSA PARA B11	
B30.	Qual é o número de telefone deles?	[1] SIM: +258 |__|__|__| |__|__|__|__|__| [2] NÃO [99] NÃO SABE

B31.	Existe uma placa com a imagem da USAID? POR EXEMPLO. ALGO PARA MARCAR OU IDENTIFICAR A USAID COMO PARTE DA CONSTRUÇÃO DE PONTOS DE ÁGUA	[2] NÃO [3] SIM
B32.	Tenho a sua permissão para observar a fonte de água? A PERMISSÃO FOI CONCEDIDA PELA AUTORIDADE COMUNITÁRIA OU POR UM CONTATO LOCAL PARA OBSERVAR ESTA FONTE DE ÁGUA?	[2] NÃO → TERMINE A RECOLHA DE DADOS, NÃO FAÇA A OBSERVAÇÃO [3] SIM
B33.	QUE TIPO DE FONTE DE ÁGUA É? CONSULTE ÀS FOTOS NO *SOP*	[3] FURO DE ÁGUA [4] POÇO MANUAL/POÇO RASO [77] OUTRO(A) (ESPECIFIQUE):_____ [99] NÃO SABE
B34.	A FONTE DE ÁGUA ESTA ACTUALMENTE OPERACIONAL? POR EXEMPLO FORNECE ÁGUA	[2] OPERACIONAL→ PASSA PARA O B17 [4] NÃO OPERACIONAL
B35.	Porque parou de funcionar?	[3] Estragado [4] Falta de água [77] OUTRO(A) (ESPECIFIQUE):_____ [99] NÃO SABE
B36.	Quando foi que parou de funcionar?	[6] Dentro do mês passado [7] 2-5 meses atrás [8] 6-11 meses atrás [9] 1 Ano [10] 2 Anos ou mais [77] OUTRO(A) (ESPECIFIQUE):_____ [99] NÃO SABE
B37.	A sua comunidade foi de alguma forma afetada pelos recentes	[2] NÃO → PASSA PARA CI [3] SIM

	fenómenos climáticos (nos últimos 6 meses)? Por exemplo, o ciclone que causou a ocorrência de chuvas intensas	
B38.	Devido aos fenómenos climáticos recentes (nos últimos 6 meses), a sua comunidade enfrentou algum problema relacionado ao acesso à água potável?	[2] NÃO [3] SIM [99] NÃO SABE
B39.	Teria a água da fonte Ogumaniha ficada contaminada ou imprópria para beber?	[3] NÃO → PASSA PARA CI [4] SIM [5] NÃO APLICÁVEL→ PASSA PARA CI [99] NÃO SABE → PASSA PARA CI
B40.	O que fez com que a fonte de água Ogumaniha se tornasse imprópria para beber?	[4] Fezes humanas [5] Fezes de animais [6] Contaminação da agua pela agriculutra [77] Outro(a), _____

MÓDULO C: OBSERVAÇÃO DA FONTE DE ÁGUA		
C15.	HORA DA OBSERVAÇÃO: (24 HORAS, EXEMPLO., 13:30)	[2] |__|__|:|__|__|
C16.	A FONTE DE ÁGUA É MANUAL?	[2] NÃO → PASSA PARA C4. [3] SIM
C17.	SE FOR MANUAL: REGISTA O NÚMERO DE MOVIMENTOS QUE LEVA PARA A ÁGUA COMEÇAR A JORAR	[1] |__|__| MOVIMENTOS
C18.	INDIQUE O VOLUME DO RECIPIENTE QUE PRETENDE ENCHER. DE PREFERÊNCIA UM RECIPIENTE DE 20 LITROS	[2] |__|__| LITROS
C19.	ENCHA O RECIPIENTE E USE O CRONÓMETRO (PODE SER DO	[3] |__|__|__| SEGUNDOS

	SEU TELEMÓVEL/TABLET) PARA CALCULAR O TEMPO QUE LEVA PARA O RECIPIENTE ENCHER DE ÁGUA SE FOR MANUAL, CONTA TAMBÉM O NÚMERO DOS MOVIMENTOS QUE LEVA PARA ENCHER.	[4] |__|__| MOVIMENTOS
C20.	REGISTA QUALQUER GRAVIDADE APARENTE DA FUGA DE ÁGUA APARTIR DOS TUBOS OU QUALQUER OUTRA INFRASTRUTURA DE FONTE DE ÁGUA, ESTIMANDO A DISTÂNCIA ENTRE O PONTO DE FUGA E A FONTE DE ÁGUA: NOTA: PEQUENA FUGA ESTÁ DEFINIDA EM 1-2 METROS [5] FUGA MODERADA ESTÁ DEFINIDA EM 3-5 METROS FUGA GRAVE ESTÁ DEFINIDA EM 6+ METROS	[6] SEM FUGA [7] PEQUENA FUGA [8] FUGA MODERADA [9] FUGA GRAVE
C21.	REGISTA QUALQUER APARENTE REPARAÇÃO OU MANUTENÇÃO NECESSÁRIA: CIRCULE TODOS(AS) QUE SE APLICAM	[8] A MANIVELA ESTA ESTRAGADA [9] O MOTOR NÃO ESTA MAIS EM FUNCIONAMENTO [10] TUBO ROMPIDO [11] CORDA/CABO ROMPIDO OU EM FALTA [12] EVIDENCIAS DE REPARAÇÕES INFERIORES ÀS NORMAS [13] O BETÃO ESTÁ RACHADO [14] NONE [77] OUTRO (A), ESPECIFIQUE:_____
C22.	EXISTE QUALQUER DOS SEGUINTES NA FONTE DE ÁGUA? CIRCULE TODOS(AS) QUE SE APLICAM	[7] CERCA/BARREIRA [8] LAJE DA DRENAGEM [9] ÁGUAS PLUVIAIS. [10] SEPARAR CANAIS DE ÁGUA PARA OS ANIMAIS [11] SEPARAR CANAIS PARA ÁGUA RESIDUAL

		[12] NENHUM(A) [77] OUTRO(A), _____
C23.	EXISTE UMA POTENCIAL CONTAMINAÇÃO DA FONTE DE ÁGUA (POR EXEMPLO. LATRINAS) DENTRO DOS 10 METROS DA FONTE DE ÁGUA?	[2] NÃO → PASSA PARA C11 [3] SIM, _____
C24.	QUAL É A FONTE DA CONTAMINAÇÃO? CIRCULE TODOS(AS) QUE SE APLICAM	[3] LATRINA/ INSTALAÇÕES DE SANEAMENTO [4] ANIMAL [77] OUTRO(A), ESPECIFIQUE:_____
C25.	QUANTOS RECIPIENTES ESTÃO NA FILA PARA SEREM ENCHIDOS? INTRODUZA O NÚMERO NOS ESPAÇOS EM BRANCO, SE NÃO EXISTE INTRODUZA 00	[5] |__|__| GALÕES DE 20 L [6] |__|__| 10 L GALÕES DE 10 L [7] |__|__| BALDES PEQUENOS (10 LITROS OU MENOS) [8] |__|__| BALDES GRANDES (20+ LITROS) [77] |__|__| OUTRO (A) (ESPECIFIQUE): _____ [100] NÃO SABE
C26.	QUANTAS PESSOAS ESTÃO A ESPERA NA FONTE DE ÁGUA?	|__|__| Pessoas
C27.	QUAIS SÃO OS GÉNEROS E IDADES DAS PESSOAS AGLOMERADAS NA FONTE DE ÁGUA, ESPECIALMENTE PARA CARTAR ÁGUA: NOTA: USE O SEU MELHOR DISCERNIMENTO PARA ESTIMAR	|__|__| MULHER ADULTA (15+ ANOS DE IDADE) |__|__| HOMEM ADULTO (15+ ANOS DE IDADE) |__|__| CRIANÇA DO SEXO FEMININO (MENOR DE 15) |__|__| CRIANÇA DO SEXO MASCULINO (MENOR DE 15)

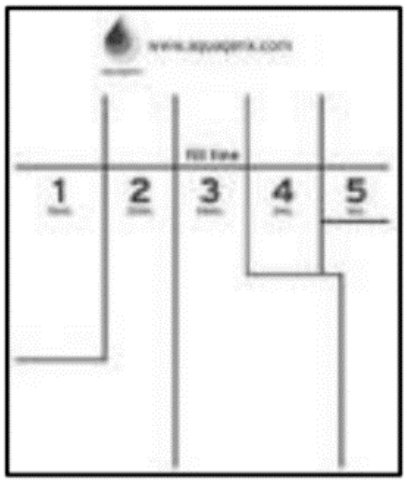
MÓDULO D: AMOSTRA DE FONTE DE ÁGUA: ANÁLISE DE E. COLI E COLIFORMES TOTAIS PARTE I **NOTA: PREENCHA O NOVO FORMULÁRIO PARA CADA FONTE DE ÁGUA OGUMANIHA NA COMUNIDADE**		
D1.	PODE TIRAR AMOSTRAS DA ÁGUA?	[0] NÃO [1] SIM → PASSA PARA D3

D2.	Se Não, porquê?	[1] PERMISSÃO NÃO CONCEDIDA→ PASSA PARA TIRAR GPS [2] FONTE DE ÁGUA NÃO FUNCIONAL→ PASSA PARA TIRAR GPS [77] OUTRO (A), _____→ PASSA PARA TIRAR GPS
RECOLHA DE AMOSTRA passos de 1-5 na fonte de água		
D3.	TEMPERATURA EXTERNA NO PERÍODO DA RECOLHA DE AMOSTRA: LEMBRAR: 35-44.5°C: INCUBAR 20-24 HORAS 31-34°C: INCUBAR 24-30 HORAS 25-30°C: INCUBAR 40-48 HORAS SE ARMAZENAR NO QUARTO DO HOTEL, MANTENHA CONSTANTE A TEMPERATURA DA INCUBAÇÃO!	[2] |__|__|°C
SIGA INSTRUÇÕES DETALHADAS DAS NORMAS DE MANUNSEAMENTO ANTES DE ENCHER O COMPARTIMENTO DO SACO: MARCA O SACO DO COMPARTIMENTO COM O SEGUINTE 3. IDENTIFICAÇÃO DA FONTE DE ÁGUA 3. DATA DD.MM.AA 4. - INICIAIS DO COLECTOR DA AMOSTRA 4. HORA DA RECOLHA HH:MM 5. TEMPERATURA NA HORA DA RECOLHA		
D4.	HORA É QUE A AMOSTRA FOI COLOCADA NO COMPARTIMENTO DO SACO E SELADO: (24 HORAS, POR EXEMPLO., 13:30)	[2] |__|__|:|__|__|
D5.	FAÇA A LEITURA DO NOVO GPS MARCANDO **PONTO DE ROTA**. ESPERE ATÉ QUE TENHA	

	PRECISÃO DE MENOS DE 10 METROS SE POSSÍVEL.	IDENTIFICAÇÃO DE PONTO DE ROTA: |__|__|__| N° |__|__|. |__|__|__|__|__| E ° |__|__|__| |__|__|__|__|__|
	TIRE UMA FOTO DA FONTE DE ÁGUA	
D6.	COMENTÁRIO GERAL SOBRE OS DESAFIOS OU AMEAÇAS À FUNCIONALIDADE DA FONTE DE ÁGUA:	

5. Resultados da Avaliação do Teste de E. coli do SCIP

MÓDULO A: TESTE DE COMPARTIMENTO PARA E. COLI E COLIFORMES TOTAIS II		
Steps 6-8		
A13.	NOME DA PESSOA QUE PROCESSA A AMOSTRA: /_____/ /_____/ /_____/ (NOME 1) (NOME 2) (APELIDO)	
A14.	IDENTIFICAÇÃO DA FONTE DE ÁGUA:	|__|__|__|__|__|
A15.	DATA DA LEITURA DA AMOSTRA (DD/MM/YY)	|__|__|/|__|__|/|__|__|
A16.	HORA DA LEITURA DA AMOSTRA (24 HORA, Ex.13:30)	|__|__|:|__|__|
A17.	TEMPO TOTAL DE INCUBAÇÃO:	|__|__| HORAS
A18.	ANOTE A VARIAÇÃO APROXIMADA DA TEMPERATURA BAIXA E ALTA DURANTE A INCUBAÇÃO	BAIXA: |__|__|◦C ALTA: |__|__|◦C
A19.	ANOTE QUALQUER PROBLEMA DURANTE A PREPARAÇÃO DAS AMOSTRAS, ARMAZENAMENTO, CONTROLO DE TEMPERATURA DE INCUBAÇÃO, VAZAMENTO/FUGA, ETC. QUE PODERIA INFLUENCIAR A PRECISÃO DOS RESULTADOS: SELECCIONE TUDO QUE SE APLICA	[7] O INTERIOR DO FRASCO DA AMOSTRA OU DO SACO THIO PODE TER SIDO CONTAMINADO [8] MENOS DE 100 ML DE ÁGUA COLECTADA [9] O *BUD* DO TESTE E.COLI NÃO SE TORNOU BRANCO OU QUASE BRANCO [10] A TEMPERATURA DE INCUBAÇÃO VARIOU EM EXTREMOS E.G. 5 °C +/- [11] VAZAMENTO DO SACO DA AMOSTRA [12] Nada [77] OUTRAS, ESPECIFICAR:_____

	ALINHE O SEU SACO DE COMPARTIMENTO, ASSIM O COMPARTIMENTO # 1 ESTÁ À ESQUERDA E O COMPARTIMENTO # 5 ESTÁ À DIREITA VEJA A FIGURA	

A20.	**GISTO DOS RESULTADOS E. COLI (1 = AMARELO; 2 = VERDE):**					
		1	2	3	4	5
		10ML	30ML	56ML	3ML	1ML
	REGISTO DE RESULTADO:					
NOTE	FAÇA CORRESPONDER À SEQUÊNCIA DAS CORES DOS SEUS CINCO COMPARTIMENTOS COM UMA DAS 32 LINHAS DO GRÁFICO DE REFERÊNCIA.					
A21.	NÚMERO MAIS PROVÁVEL (MPN/100ML) DO GRÁFICO	|__|__| . |__| MPN/100ML			

<table>
<tr><td>A22.</td><td colspan="5">INTRODUZA DE NOVO O NÚMERO MAIS PROVÁVEL (MPN/100ML) DO GRÁFICO</td><td>|__|__| . |__| MPN/100ML</td></tr>
<tr><td rowspan="4">A23.</td><td colspan="6">RESGISTO DOS RESULTADOS DOS COLIFORMES TOTAIS (0 = NÃO; 1 = SIM). Note, use a luz infra-vermelha (UV) numa sala escura. Qualquer compartimento que tenha resultado positivo para E. coli será positivo para coliformes totais. LEMBRA-SE QUE QUALQUER COMPARTIMENTO QUE BRILHA DEVE SER CODIFICADO COMO ‘SIM’.</td></tr>
<tr><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr>
<tr><td></td><td>10ML</td><td>30ML</td><td>56ML</td><td>3ML</td><td>1ML</td></tr>
<tr><td>REGISTO DOS RESULTADOS</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>A24.</td><td colspan="6">TIRE UMA FOTO DO SACO DO COMPARTIMENTO</td></tr>
</table>

6. Entrevista em grupo com dois a quatro membros do Comitê de Saúde Comunitária

Distrito: _____

Posto Administrativo: _____

Localidade: _____

Comunidade: _____

Identificação da comunidade: | __ | __ | __ |

Identificação da fonte de água | __ | __ | __ | __ | __ |

Tipo de órgão de governo para pontos de água comunitários: 1) Comité de Gestão de Água (WC) 2) Comité de Saúde Comunitária (CHC)

Nome do (s) esquema (s) de água: _____

Locali da Entrevista_____

Data da Entrevista [DD / MM / AA]: | __ | __ | / | __ | __ | / | __ | __ |

Nome do Entrevistador: _____

Nome do anotador: _____

Esta mais alguém presente? SIM ou NÃO

Se sim, Nome de qualquer outra pessoa presente:_____

Número do gravador e localização da pasta: _____

Hora de inicio da entrevista [HH: MM]: | __ | __ |: | __ | __ |

Hora do final da entrevista [HH: MM]: | __ | __ |: | __ | __ |

Entrevistados

Género **Idade**

1 Nome (s): _____ Função **do Membro (s):** _____ **M / F** |__|__|
2 Nome (s): _____ Função **do Membro):** _____ **M / F** |__|__|
3 Nome (s): _____ Função **do Membro (s):** _____ **M / F** |__|__|
4 Nome (s): _____ Função **do Membro (s):** _____ **M / F** |__|__|

NOTA DE RECRUTAMENTO: Convide por favor 2 a 4 membros do Comitê de Saúde Comunitária. Idealmente, recrutar membros que tenham conhecimento das estruturas do Comitê de Saúde Comunitária e da água, saneamento e higiene dentro de tais comitês. Sempre que possível, garanta a participação de membros do sexo feminino. Se um comitê não existir mais, procure membros antigos para entender por que o comitê não existe mais.

OBSERVAÇÃO: Há perguntas sim / não e, por favor, o grupo alcance consenso para selecionar uma resposta. Se o consenso não puder ser alcançado, escolha a resposta com a qual a maioria dos participantes concorda e mencione a diferença de opinião em suas anotações.

Se houver mais de uma fonte de água Ogumaniha na comunidade, faça perguntas para uma fonte de água e preencha a Identificação acima.

DEVE LER A DECLARAÇÃO DE CONSENTIMENTO E OBTER CONSENTIMENTO DE TODOS OS RESPONDENTES ANTES DE PROCEDER

GOVERNANÇA		
A1.	FOI DURANTE A ACTIVIDADE DE OGUMANIHA (2009-2014)?	[0] NÃO [1] SIM
A2.	Quando é que o seu comitê estabelecido? [YYYY]	|__|__|__|__| [99] NÃO SABE
A3.	Quem ocupa cada função de liderança em sua comissão e qual é o seu gênero? Por favor me diga se existe uma posição que não está ocupada?	
A4.	Posição	Gênero
	[1] Presidente [2] Tesoureiro [3] Secretário [4] Member [77] Other position	[1] Masculino [2] Femenino
	[1] Presidente [2] Tesoureiro [3] Secretário [4] Member [77] Other position	[1] Masculino [2] Female
	[1] Presidente [2] Tesoureiro [3] Secretário	[1] Masculino [2] Femenino

	[4] Member [77] Other position	
	[1] Presidente [2] Tesoureiro [3] Secretário [4] Member [77] Other position	[1] Masculino [2] Femenino
	[1] Presidente [2] Tesoureiro [3] Secretário [4] Member [77] Other position	[1] Masculino [2] Femenino
	[1] Presidente [2] Tesoureiro [3] Secretário [4] Member [77] Other position	[1] Masculino [2] Femenino
	[1] Presidente [2] Tesoureiro [3] Secretário [4] Member [77] Other position	[1] Masculino [2] Femenino
	[1] Presidente [2] Tesoureiro [3] Secretário [4] Member [77] Other position	[1] Masculino [2] Femenino
	[1] Presidente [2] Tesoureiro [3] Secretário [4] Member [77] Other position	[1] Masculino [2] Femenino
	[1] Presidente [2] Tesoureiro [3] Secretário [4] Member [77] Other position	[1] Masculino [2] Femenino
A5.	Quantas mulheres estão no comitê no total?	[1] |__|__|__| [99] NAO SABE
A6.	Quantas pessoas estão no comitê no total?	[1] |__|__|__|
A7.	Com que frequência você se encontra como um comitê?	[1] Duas vezes por mês [2] Uma vez por mês [3] Uma vez por trimestre [4] Conforme necessário [5] Nunca [6] Outro, _____ [99] Não sabe
A8.		[1] Água

	Quais sub-comitês fazem parte do seu Comitê de Saúde Comunitária? SELECIONE TODOS QUE SE APLICAM.	[2] Saneamento [3] Comités combinados de água e saneamento [4] Nutrição [5] Saúde [6] Educação [7] Agricultura [8] Outro, _____ [99] Não Sabe
A9.	Qual é o papel do seu Comitê de Saúde Comunitária em sua comunidade? Quais atividades você realiza ou que apoio você fornece para a comunidade? a. APROFUNDAR: Como o seu comitê gere os diferentes subcomitês? b. APROFUNDAR: Qual o papel do Comitê de Saúde Comunitária com água, saneamento e higiene? c. APROFUNDAR: Em termos de integração, onde a água, o saneamento e a lavagem das mãos se encaixam?	
A10.	Você pode discutir a participação das mulheres nas estruturas de gestão e governança do comitê que foram apoiadas pela OGUMANIHA? a. APROFUNDAR: Até que ponto as mulheres participam activamente durante as reuniões? Porquê? b. APROFUNDAR: Quais factores você acha que influenciam a participação da mulher (incentivam sua participação ou desencorajam / inibem isso)?	
A11.	Que treinamento ou apoio foi recebido das actividades da OGUMANIHA? a. APROFUNDAR: Você recebeu treinamento em água, saneamento ou higiene? b. APROFUNDAR: Você recebeu treinamento em integração de projetos? c. APROFUNDAR: Qual, se algum, treinamento ou ensinamentos da OGUMANIHA ainda são usadas hoje? Quais não são? Por quê?	
A12.	Que apoio foi providenciado para actividades de água, saneamento ou higiene de OGUMANIHA?	

A13.	OGUMANIHA realizou muitas atividades diferentes (água, saneamento, higiene, saúde, agricultura, etc.) Até que ponto essas atividades foram integradas umas às outras? a. APROFUNDAR: O que funcionou bem e quais foram os desafios para conduzir as demais diferentes intervenções em conjunto sob OGUMANIHA? b. APROFUNDAR: O que poderia ter sido melhorado? APROFUNDAR: Por quê? Por que não?	
A14.	O seu comitê se reúne com a equipe clínica de saúde local?	[0] NÃO → SKIP TO A17 [1] SIM [99] NÃO SABE → SKIP TO A17
A15.	Com que frequência?	[1] Uma Vez Por Mês [2] Duas Vez Por Mês [3] Uma Todos Dois Meses] Uma Vez Em Todos Tre Meses [77] Outros, _____ [99] Não Sabe
A16.	Essas reuniões tratam dos temas de água, saneamento e higiene pelo menos duas vezes ao ano?	[0] NÃO [1] SIM [99] NÃO SABE
FINANCIAMENTO E ENVOLVIMENTO DO GOVERNO DE MOÇAMBIQUE		
A17.	Quais fontes de financiamento estão disponíveis para o comitê? APROFUNDAR: O que seu comitê faz com o financiamento que recebe?	
A18.	Qual, se algum, papel as entidades do governo local desempenham no apoio à água, saneamento e lavagem de mãos em sua comunidade? APROFUNDAR: Quais entidades desempenham um papel e qual o papel que desempenham?	
A19.	Até que ponto as maneiras pelas quais o comitê administra as actividades de água e saneamento mudaram nos últimos anos desde o término da atividade da OGUMANIHA? a. APROFUNDAR: Como isso mudou? b.APROFUNDAR: Tem sido para melhor ou para pior?	
A20.	Quais actividades, se houver, ainda acontecem em sua comunidade para incentivar as pessoas a praticarem comportamentos em relação a água, saneamento e higiene? Por exemplo, para lavar as mãos com sabão, para garantir que a água potável esteja limpa ou para usar uma latrina, descarte todas as fezes em uma latrina, etc. a. APROFUNDAR: Quais são os papéis que os ativistas desempenham na promoção de uso de água, saneamento e higiene em sua comunidade? b. APROFUNDAR: Esse papel mudou desde que a atividade de Ogumaniha terminou?	
ÁGUA		
A21.	Em quais fontes de água é que as pessoas da sua comunidade pagam pela água (se houver pagamentos)?	[1] NENHUMA → PASSA PARA A23 [2] OGUMANIHA financiado

	SELECIONE TODOS QUE SE APLICAM.	[3] Outro ponto de água compartilhado
A22.	Até que ponto as taxas cobradas cobrem os custos reais de manutenção e reparação do sistema de água? a. APROFUNDAR: Quais são os principais desafios para cobraras taxas de água em sua comunidade? b. APROFUNDAR: Se houver uma o Comitê de Saúde Comunitária se envolve?	
A23.	Durante os tempos normais, quais são os principais desafios que a sua comunidade enfrenta para garantir que a fonte de água potável esteja funcionando devidamente todo momento? a. APROFUNDAR: Reparos, problemas freqüentes, etc. b. APROFUNDAR: fonte OGUMANIHA?	
SANEAMENTO		
A24.	Você se lembra da actividade de construção de latrinas promovida durante OGUMANIHA?	[0] NÃO -> PASSA PARA A27 [1] SIM
A25.	O que você acha da qualidade e durabilidade das latrinas construídas como resultado da atividade da OGUMANIHA? a. APROFUNDAR: Eles tinham paredes, telhado, portas, pisos de cimento, lajes de latrinas, etc.? b. APROFUNDAR: Como as latrinas resistem a inundações ou outros problemas?	
A26.	Quão bem sucedido você acha que a OGUMANIHA estava em conseguir que os membros da comunidade construíssem latrinas? Porque porque não?	
A27.	Os membros da comunidade geralmente reconstroem suas latrinas quando não conseguem usar a antiga? a. APROFUNDAR: Por quê? Por que não? Barreiras para reconstruir? b. Aprofnda: o que as famílias fazem quando as latrinas estão cheias? c. APROFUNDAR: O que eles fazem se desmoronarem devido a inundações ou tempestades?	[0] NÃO [1] SIM
A28.	Há algum pedreiro treinado em sua comunidade que possa ajudar as pessoas a construir latrinas?	[0] NÃO PASSA PARA A30 [1] SIM

	a. APROFUNDAR: As pessoas fazem uso do seu serviço?	[99] NÃO SABEPASSA PARA A30
A29.	Algum deles foi treinado durante o Ogumaniha?	[0] NÃO [1] SIM [99] NÃO SABE
A30.	Mesmo em agregados que têm latrinas, alguns membros ainda defecam a céu aberto. Quando isso pode acontecer em sua comunidade? a. APROFUNDAR: o que a sua comunidade fez em relação àfecalismo a céu aberto?	
A31.	Achas que o pojeto Ogumaniha foi bem sucedido em conseguir com que os membros da comunidade construíssem estações de lavagem de mãos? Porque/porque não? a. APROFUNDAR: Sucessos, desafios?	
A32.	Até que ponto as pessoas lavam as mãos com sabão na sua comunidade? a. APROFUNDAR: Quando durante o dia as pessoas costumam lavar as mãos? Porquê?'	
REFLEXÃO SOBRE MUDANÇAS		
A33.	Que efeitos os eventos climáticos recentes (nos últimos 6 meses) causaram em sua comunidade? APROFUNDAR: Em relação a beber água, saneamento e lavar as mãos especificamente	
A34.	Até que ponto a sua comunidade conseguiu se recuperar de impactos negativos (se houve algum)? a. APROFUNDAR: Quais foram os desafios? b. APROFUNDAR: O que ajudou a sua comunidade a recuperar? c. APROFUNDAR: Que tal em relação à proteção, armazenamento e manuseio de água potável, adoção e uso de latrinas e lavagem de mãos, especificamente?	
A35.	Que papel, se houver, o comitê tem durante desastres naturais, inundações severas, etc.? a.APROFUNDAR: Como, se é que isso se aplica à água, ao saneamento e à lavagem das mãos?	
A36.	Além dos recentes eventos climáticos que discutimos, houve outras grandes questões / problemas em sua área (por exemplo, grandes secas, violência / insegurança, desastres naturais (enchentes, terremotos), instabilidade política, etc.) que afetaram sua comunidade? a. APROFUNDAR: Por favor, discuta o evento ou eventos e seu impacto nas infra-estruturas de água, saneamento e higiene de suas comunidades	
A37.	Você tem algumas perguntas para nós?	[0] NÃO [1] SIM

Não se esqueça de registar a hora de término da entrevista!

7. Entrevista em grupo com dois a quatro membros da Comissão da Água

Distrito: _____

Posto Administrativo: _____

Localidade: _____

Comunidade: _____

Identificação da comunidade: | __ | __ | __ |

Identificação da fonte de água | __ | __ | __ | __ | __ |

Tipo de órgão de governo para pontos de água comunitários: 1) Comitê de Gestão de Água (WC) 2) Comitê de Saúde Comunitária (CHC)

Nome do (s) programa (s) de água: _____

Local da Entrevista: _____

Data da Entrevista [DD / MM / AA]: | __ | __ | / | __ | __ | / | __ | __ |

Nome do Entrevistador: _____

Nome do anotador: _____

Nome de qualquer outra pessoa presente:_____

Número do gravador e localização da pasta:_____

Hora do Início da Entrevista [HH: MM]: | __ | __ |: | __ | __ |

Hora do final da entrevista [HH: MM]: | __ | __ |: | __ | __ |

Entrevistados

		Genero	Idade
1 Nome(s): _____	Função **do Membro(s):** _____	**M / F**	|__|__|
2 Nome(s): _____	Função **do Membro** _____	**M / F**	|__|__|
3 Nome(s): _____	Função **do Membro** _____	**M / F**	|__|__|
4 Nome(s): _____	Função **do Membro** _____	**M / F**	|__|__|

NOTA DE RECRUTAMENTO: Convide por favor 2-4 membros do comitê de água Sempre que possível, assegure a participação de um membro feminino. Se um comitê não existir mais, procure membros antigos para entender por que o comitê não existe mais.

OBSERVAÇÃO: Há perguntas sim / não e, por favor, faca com que o grupo alcance consenso de modo a selecionar uma resposta. Se o consenso não puder ser alcançado, escolha a resposta com a qual a maioria das pessoas concorda e mencione a diferença de opinião em suas anotações.

Se houver mais de uma fonte de água Ogumaniha na comunidade, faça perguntas para uma fonte de água e preencha a Identificação acima.

DEVE LER A DECLARAÇÃO DE CONSENTIMENTO E TER CONSENTIMENTO DE TODOS OS ENTREVISTAIS ANTES DE CONTINUAR

GOVERNANÇA		
A1	Quando foi estabelecido seu comitê? [AAAA]	[1] |__|__|__|__|
A2	FOI DURANTE A ACTIVIDADE DE OGUMANIHA (2009-2014)?	[0] NÃO [1] SIM
A3	Quem desempenha cada papel no seu comité e de que género é/são?	
	Posição	Gênero
	[1] Presidente [2] Tesoureiro [3] Secretário [4] Member [77] Other position	[1] Masculino [2] Feminino
	[1] Presidente [2] Tesoureiro [3] Secretário [4] Member [77] Other position	[1] Masculino [2] Femenino
	[1] Presidente [2] Tesoureiro [3] Secretário [4] Member [77] Other position	[1] Masculino [2] Femenino
	[1] Presidente [2] Tesoureiro [3] Secretário [4] Member [77] Other position	[1] Masculino [2] Femenino
	[1] Presidente	[1] Masculino

	[2] Tesoureiro [3] Secretário [4] Member [77] Other position	[2] Femenino
	[1] Presidente [2] Tesoureiro [3] Secretário [4] Member [77] Other position	[1] Masculino [2] Femenino
	[1] Presidente [2] Tesoureiro [3] Secretário [4] Member [77] Other position	[1] Masculino [2] Femenino
	[1] Presidente [2] Tesoureiro [3] Secretário [4] Member [77] Other position	[1] Masculino [2] Femenino
	[1] Presidente [2] Tesoureiro [3] Secretário [4] Member [77] Other position	[1] Masculino [2] Femenino
	[1] Presidente [2] Tesoureiro [3] Secretário [4] Member [77] Other position	[1] Masculino [2] Femenino
A4	Com que frequência vocês encontra-se como um comitê?	[1] DUAS VEZES POR MÊS [2] UMA VEZ POR MÊS [3] UMA VEZ POR TRIMESTRE [4] COMO NECESSÁRIO [5] NUNCA [6]] OUTROS, _____ [99] NÃO SABE
A5	Como, o seu comitê se enquadra ou não na estrutura do gestão de fornecimento de água? a. APROFUNDAR: Que tipos de interações vocês tem com outros Comitês de Saúde da Comunidade? b. APROFUNDAR: Que tipo de interações você tem com entidades do governo local (por exemplo, centros de saúde comunitários, escritórios regionais de higiene, brigadas de higiene)? c. APROFUNDAR: Quais são os desafios nas suas interações?	

	d. APROFUNDAR: O que funciona bem nas suas interações?	
A6	Pode falar da participação da mulher na estrutura de Gestão e Governação do comitê que foram apoiadas por Ogumaniha? a. APROFUNDAR: Até que ponto as mulheres participam ativamente durante as reuniões? Por quê? b. APROFUNDAR: Quais factores você acha que influenciam a participação da mulher (menos ou mais) e podem ser feitos para aumentar a participação?	
A7	Que treinamento ou apoio foi recebido das actividades de Ogumaniha? a. APROFUNDAR: Você ainda usa orientação, documentos, manuais que faziam parte do treinamento?	
FINANCIAMENTO / TAXAS		
CARACTERÍSTICAS DA FONTE DE ÁGUA (PREENCHE OU CIRCULE AS RESPOSTAS) Agora vamos discutir uma fonte de água especifica da Ogumaniha que você gerencia:		
A8	Quando foi construída / reabilitada a fonte de água de Ogumaniha?	[1] 2009 [2] 2010 [3] 2011 [4] 2012 [5] 2013 [6] 2014 [77] Outro, _____ [99] Não Sabe
A9	A fonte de água foi reabilitada de alguma forma significativa desde que foi construída / reabilitada por Ogumaniha?	[0] Não → PASSA para A13 [1] Sim [99] Não sabe → PASSA PARA A13
A10	Quem reabilitou a fonte?	_____ [99] NÃO SABE
A11	Em que ano foi reabilitado? [AAAA]	|__|__|__|__| [99] Não sabe
A12	Por que foi reabilitado? APROFUNDAR: Por favor, discuta por que isso aconteceu e o processo que levou quando a fonte de água parou de funcionar até quando foi reabilitada e funcionando novamente?	
A13	A fonte que foi construída ou reabilitada como parte de Ogumaniha ainda funciona (gora água)?	[0] Não →PASSA PARA A18 [1] Sim
A14	Vocês cobram taxas aos usuários no ponto de água de Ogumaniha?	[0] NÃO →PASSA PARA A18 [1] SIM

A15	Se houver taxas de uso para a(s) fonte(s) de água, por favor, descreva-as. a. APROFUNDAR: Como isso se compara a outras pessoas em sua comunidade ou em comunidades próximas? b. APROFUNDAR: Se nenhuma taxa é coletada, por que não? c. APROFUNDAR: Se as pessoas não poderem contribuir monetariamente, como pagam (por exemplo, galinha ou serviços) Você fez essa pergunta?	[0] NÃO [1] SIM
A16	Até que ponto as pessoas realmente pagam as taxas devidas? a. APROFUNDAR: Se for conhecida, qual é o valor que pagam pela multa?	
A17	Até que ponto as taxas cobradas cobrem os custos reais de manutenção e reparação do sistema de água? a. APROFUNDAR: Se existe uma lacuna no financiamento, quão grande é isso? APROFUNDAR: Como você lida com essa lacuna?	
A18	Você coleta taxas em alguma fonte de água na comunidade?	[1] NÃO [1] SIM
A19	Quais fontes de financiamento estão disponíveis para o comitê? a. APROFUNDAR: fontes potenciais: taxas de usuários, governo, membros da comunidade b. APROFUNDAR: Quanto é recebido de diferentes fontes?	
A20	Você obtêm algum registo de pagamento? Podemos vê-los? SE CONCORDAR, POR FAVOR, TIRE UMA FOTO DOS REGISTROS	[0] NÃO [1] SIM [2] RECUSOU (mostrar os registros) [77] OUTRO, _____
A21	Quais são os principais desafios para sustentar um Comitê de Água? a. APROFUNDAR: participação do comitê, financiamento, envolvimento da comunidade, etc?	
FUNÇÃO, MANUTENÇÃO E REPARAÇÃO		
A22	Como você avaliaria a confiabilidade da fonte de água de Ogumaniha?	[1] MUITO CONFIÁVEL [2] CONFIÁVEL [3] POUCO CONFIÁVEL [4] NÃO CONFIÁVEL [5] NÃO FUNCIONA
A22a	Por quê? a. APROFUNDAR: a fonte de água fornece água confiável consistente? Por quê? Por que não?	
A23	Quem é responsável por monitorar e manter funcional a fonte de água?	

	a. APROFUNDAR: para garantir que o respondente fala de problemas de manutenção b. APROFUNDAR: pergunte sobre segurança e clausura.	
A24	Qual papel desempenham entidades do governo local (se algum) no apoio às fontes de água? a. APROFUNDAR: Quais entidades desempenham um papel e qual é o papel que desempenham?	
A25	Com que frequência a reparação é necessária nas fontes de água? Quais são os problemas mais frequentes? a. APROFUNDAR: existem diferenças entre o OGUMANIHA e outras fontes de água? b. os técnicos treinados para reparação de fontes de água pelo projecto ogumaniha ainda estão no activo?	
A26	Quem é a pessoa principal que repara as fontes de água avariadas?	[1] PEDREIRO INDEPENDENTE [2] ONG [3] GOVERNO [77] OUTRO [99] NÃO SABE
A27	Há alguma cadeia de acessórios disponíveis para peças de substituição para pontos de água?	[0] NÃO [1] SIM [99] NÃO SABE
A28	Quais são os principais desafios que você enfrenta para garantir que a fonte de água esteja funcionando adequadamente em todos tempo?	
UTILIZAÇÃO DE ÁGUA. Por favor, forneça sua melhor estimativa para o seguinte:		
A29	Quantos agregados familiares usam essa fonte de Ogumaniha? (estimativa se não tiver certeza):	|__|__|__|__| [99] NÃO SABE
A30	Quanto tempo as pessoas normalmente têm que esperar na fila para obter a água?	|__|__|__|__| MINUTOS [99] NÃO SABE
A31	Até que ponto os membros da comunidade usam a fonte de água OGUMANIHA em comparação com outras fontes de água? a. APROFUNDAR: Para quais fins eles usam essa fonte de água? Por quê? b. APROFUNDAR: Para quais fins eles usam outras fontes de água? Por quê? c. APROFUNDAR: Como esta fonte de água pode ser comparada a outras fontes de água em sua comunidade?	
QUANTIDADE DE ÁGUA		
A32	Em todas as fontes de água, as pessoas conseguem obter água suficiente para suas necessidades? a. APROFUNDAR: Por quê /por quê não?	[0] NÃO [1] SIM [99] NÃO SABE
A33	Em geral, a quantidade de água da fonte de água Ogumaniha é suficiente para todo ano?	[0] NÃO [1] SIM [99] NÃO SABE

A33a	a. APROFUNDAR: Quando/sob quais circunstâncias a quantidade de água é insuficiente? Por quê? b. APROFUNDAR: Quando/se não for suficiente, o que as pessoas fazem? I. Até que ponto as pessoas precisam viajar para obter água de outras fontes? II. Através de todas as fontes, as pessoas são capazes de obter água suficiente para suas necessidades?	
QUALIDADE DE ÁGUA		
A34	Em circunstâncias normais, você considera que a água dessa fonte Ogumaniha é consistentemente segura para beber?	[0] NÃO [1] SIM [99] NÃO SABE
A34a	a. APROFUNDAR: Por que ou por que não? b. APROFUNDAR: Alguém na comunidade trata sua água que bebem dessa fonte? Se sim, como? Eles tratam da água que bebem de outras fontes?	
A35	Quantas vezes a qualidade da água é avalida para essa fonte de água?	[1] PELO MENOS 12 VEZES POR ANO [2] PELO MENOS QUATRO VEZES POR ANO, MAS MENOS DE 12 HORAS [3] MAIS DE UMA VEZ POR ANO, MAS MENOS DE QUATRO [4] UMA VEZ POR ANO [5] MENOS QUE UMA VEZ POR ANO [6] QUALIDADE NÃO É TESTADA -> PASSA PARA **A39.** [99] NÃO SABE → PASSA PARA **A39.**
A36	Quem avalia a qualidade da água?	
A37	O que é avaliado? SELECIONE TODOS QUE SE APLICAM.	[1] E.COLI [2] ARSÊNICO [3] FLUORETOIRON [4] CONDUTIVIDADE [5] PH [77] OUROS, _____ [99] NAO SABE
A38	O que acontece se o teste de qualidade mostrar que há valores fora da norma (como presença de bactérias fecais, altos níveis de flúor ou arsênico, etc.)? a. APROFUNDAR: Quem é responsável pelo acompanhamento?	

A39	Qualé o nível de satisfação você acha que a comunidade tem com essa fonte de água?	[1] MUITO SATISFEITO [2] UM POUCO SATISFEITO [3] INSATISFEITO [4] MUITO INSATISFEITO
A40	Você tem registos de testes passados de qualidade da água para eu ver?	[0] NÃO -> PASSA PARA **A41** [1] SIM
ENTREVISTADOR: TIRE UMA FOTO OU UMA FOTOCOPIA SE POSSÍVEL. DESCREVER OS ANOS QUE OS REGISTROS ESTÃO DISPONÍVEIS, QUE CARACTERÍSTICAS FORAM TESTADAS, A FREQUÊNCIA DOS TESTES (E.G. MENSAL, ANUAL), ETC. SE VOCÊ NÃO PODE TIRAR UMA FOTO PREENCHE O FORMULARIO ABAIXO		
REFLEXÃO SOBRE MUDANÇAS / RESILIÊNCIA		
A41.	O seu comitê gere a fonte de água de forma diferente em comparação quando a fonte de Ogumaniha foi construída / reabilitada? a. APROFUNDAR: Como isso mudou? b. APROFUNDAR: Tem sido para melhor ou para pior?	
A42.	Desde que o projecto de água foi construído / reabilitado sob Ogumaniha, algum outro grupo veio para melhorar a fonte de água ou para fazer outros trabalhos de água e saneamento em sua comunidade? Se sim, quando e o que eles fizeram? a. Aprofunda: Liste todos as fontes de água adicionais construídas.	
A43	A orientação é fornecida em áreas de alto risco de inundação e onde os pontos de água estão localizados? A sua comunidade tem orientações sobre como identificar áreas de alto risco de inundação onde as latrinas estão localizadas e podem representar um risco para o abastecimento de água? Por exemplo. planejamento de segurança	[0] NÃO [1] SIM [99] NÃO SABE
A44	Durante eventos climáticos recentes (nos últimos 6 meses), os pontos de água potável da comunidade foram afectados?	[0] NÃO → PARA PARA 47 [1] SIM [99] NÃO SABE → PASSAPARA 47
A45	O abastecimento primário de água potável das comunidades foi contaminado?	[0] NÃO [1] SIM [99] NÃO SABE
A46	a. APROFUNDAR: Quais foram as fontes de contaminação? Por exemplo. latrina, agricultura, deserção aberta, fezes de animais, etc. b. APROFUNDAR: Como eles responderam a desafios de o abastecimento de água potável? c. APROFUNDAR: Foram oferecidas soluções temporárias de água potável em sua comunidade? Camião tanque.	

A47	Que papel tem o comitê da água para ajudar a limitar o impacto de desastres naturais e para respondê-los quando eles ocorrem?	
A48	Desde os recentes eventos climáticos (nos últimos 6 meses), alguém trabalhou para melhorar o abastecimento de água potável em sua comunidade desde o abalo?	[0] NÃO [1] SIM [99] NÃO SABE
A49	Todos os testes de qualidade da água foram feitos após os recentes eventos climáticos?	[0] NÃO [1] SIM [99] NÃO SABE
A50	Há mais alguma coisa que você gostaria de partilhar comigo sobre essa fonte de água ou a organização que a instalou?	[0] NÃO [1] SIM
A51	Além dos recentes eventos climáticos (nos últimos seis meses) que discutimos, houve outras grandes questões / problemas em sua área (por exemplo, grandes secas, violência / **insegurança, desastres naturais (enchentes, terramotos), instabilidade política, etc.) que afetaram sua** comunidade? a. Aprofunda: Por favor, discuta o evento ou eventos e seu impacto na infraestrutura de água, saneamento e higiene de suas comunidades.	
A52	Você tem algumas perguntas para nós	[0] NÃO [1] SIM

Não esqueça de registar a hora do término da entrevista!

8. Debates de grupos de interesses específicos com os membros da comunidade sobre os resultados e práticas de Água, Saneamento e Higiene (WASH)

Localda Entrevista: _____

Data da entrevista [DD/MM/AA]: |__|__|/|__|__|/|__|__|

Nome do Entrevistador: _____
Nome do anotador: _____
Nome de uma outra pessoa presente: _____
Número do Registrador e Local da Pasta _____
Hora de Inicio da Entrevista [HH:MM]: |__|__|:|__|__|
Hora do Fim da Entrevista [HH:MM]: |__|__|:|__|__|

NOTA DE RECRUTAMENTO: Por favor, convide 5 a 10 membros da comunidade. Sempre que possível, garanta uma participação equatativa femenina

NOTA:

- **Se for em uma comunidade com a componente água, realizar a reunião perto da fonte de água, se possível, para que você possa referenciá-la.**
- **Para cada entrevistado, preencha os dados no formulário de controle qualitativo de qualidade.**

DEVE LER A DECLARAÇÃO DE CONSENTIMENTO E OBTER CONSENTIMENTO DE TODOS OS ENTREVISTADOS ANTES DE CONTINUAR

Geral

Agora vamoslhe fazer perguntas sobre Água, Saneamento e Higiene e os comites de saúde comunitários. Entendemos que algumas comunidades foram impactadas pelos ciclones recentes, por ex. inundação. A maioria das perguntas que vamos fazer serão em torno de como eram as coisas antes das inundações e depois perguntaremos sobre as diferenças que causaram.

Água

10. Antes de eventos climáticos recentes, até que ponto você acha que esta comunidade tinha acesso adequado a fontes de água potável?
    a. APROFUNDA: Quais fontes de água as pessoas têm disponíveis? Tipos de fontes?

11. No seu ponto de vista, alguma das fontes normalmente (não durante / após uma emergência ou desastre natural) fornece água potável?
    a. APROFUNDA: Se sim, quais? A fonte OGUMANIHA está incluída?
    b. APROFUNDA: Alguma coisa mudou durante os eventos climáticos recentes? Se sim, como os membros da comunidade lidaram com isso?
12. Na sua opinião, quão eficiente é o comitê de água na gestão das necessidades de água (especialmente água potável) em sua comunidade?

    a. APROFUNDA: Como as pessoas usam fontes de água em sua comunidade, por exemplo, uso múltiplo?

    b. APROFUNDA: Funcionalidade de infraestrutura,manejo e manutenção, capacidade de resposta à comunidade, etc. O que eles devem fazer de forma diferente?

    c. APROFUNDA: Desempenharam algum papel durante os eventos climáticos recentes?

13. Até que ponto as mulheres particpam do comité de água?
    a. APROFUNDA: gestão, governança, papéis de liderança
    b. APROFUNDA: Impacto das mulheres?

14. Antes dos eventos climáticos recentes, houve algum problema com a funcionalidade da fonte de água OGUMANIHA?
    APROFUNDA: Se sim, quais problemas?
    a. APROFUNDA: Como esses problemas foram tratados, por quem e quanto tempo após o problema ter ocorrido?

15. Até que ponto e de que maneira os eventos climáticos afectaram o acesso à água potável nessa comunidade?
    a. APROFUNDA: A infraestrutura de água continuou funcionando? Porque/ porque não?
    b. APROFUNDA: O que as pessoas fizeram em resposta a essas questões?

c. APROFUNDA: Algum problema de contaminação da água surgiu após os eventos climáticos (por exemplo, inundação nas latrinas , etc.)?
    i. APROFUNDA: O que sua comunidade fez para resolver o problema?
d. APROFUNDA: Que impacto essas questões tiveram sobre as mulheres e meninas em particular?
e. APROFUNDA: Que papel, se algum, o comitê de água desempenhou ao lidar com questões de água após os eventos climáticos? E o Comitê de Saúde Comunitária e outras estruturas comunitárias ou governamentais?

7. Há mais alguma coisa que você gostaria de compartilhar sobre fontes de água em sua comunidade, especialmente a fonte de água OGUMANIHA ou como ela é gerida?

Saneamento

8. Você ou alguém que você conheça construiu uma latrina com o apoio (por exemplo, Saneamento Total Liderado pela Comunidade do projeto OGUMANIHA (2009-2014)?

a. APROFUNDA: Por que eles não as construíram?
b. APROFUNDA: Em caso afirmativo, você pode falar sobre o processo, por exemplo, quem as construiu (os donos de latrinas, um artesão local, outro)?
c. APROFUNDA: Qual apoio foi recebido do projeto?Exemplo, suporte técnico?
d. APROFUNDA: Você pode comentar sobre a qualidade das latrinas construídas? Por que você acha isso?

9.Antes de eventos climáticos recentes, pensando em sua comunidade, quantas famílias tinham a sua própria latrina?

a. APROFUNDA: E depois de eventos climáticos recentes?

Antes do evento climatico	APROFUNDA: Depois do evento climatico
a. A maioria b. Cerca de metade c. Menos de metade d. Muito poucos ou nenhum	e. A maioria f. Cerca de metade g. Menos de metade h. Muito poucos ou nenhum

10. Por que razão alguns agregados familiares não tem a sua própria latrina? Quais são os desafios ?

11. Pensando em outras pessoas em sua comunidade, com que frequência você acha que outras pessoas usam uma latrina em vez de praticar fecalismo ao ceu aberto? Porquê?
    a. APROFUNDA: Se as pessoas não usam sempre uma latrina, aonde mais elas fazem as suas necessidades?
12. Quais são algumas das razões pelas quais as pessoas m na comunidade nem sempre usa uma latrina?
    a. APROFUNDA: O que a comunidade faz sobre essas razões / problemas?

13. . Agora quero falar sobre eventos climáticos recentes que aconteceram. Como e de que forma os recentes eventos climáticos afetaram o acesso das pessoas ao saneamento básico?
    a. APROFUNDA: Os eventos climáticos causaram algum problema as latrinas das pessoas? Em caso afirmativo, quais problemas foram vividos?
        i. APROFUNDA: O que as pessoas fizeram em resposta a esses problemas?
    b. APROFUNDA: Que impacto isso teve sobre as mulheres e meninas, em particular?
    c. Que papel, se algum, o Comitê de Saúde Comunitária desempenhou com relação ao saneamento após o evento climático? E quanto a outras estruturas comunitárias ou governamentais?
    d. Alguém teve que defecar ao céu aberto como resultado dos impactos? Porque/ porque não?
    e. APROFUNDAR APENAS PARA SANEAMENTO E HIGIENE COMUNITÁRIA: Alguma latrina em sua comunidade contaminou as fontes de água? (por exemplo, inundação de latrinas) de latrinas com

Higiene / Lavagem das Mãos

14. Haviam estações de lavagem de mãos construídas pelos agregados familiares em simultâneo com latrinas durante a atividade de Ogumaniha?
    a. APROFUNDA: Se sim, o que você acha sobre as mesmas? foram úteis? Porquê?
    b. APROFUNDA: Como a comunidade lidou? Por exemplo. eles as construíram?
    c. APROFUNDA: Os membros da comunidade usam estações de lavagem de mãos como as do projeto OGUMANIHA ainda hoje? Por quê? Por que não?
    d. APROFUNDA: Discuta a substituição de qualquer tipo de estação de lavagem de mãos e outros modelos

15. Pensando em outros membros da comunidade, com que frequência você acha que as pessoas lavam as mãos com sabão / cinza e água depois de ir a casa de banho, antes de comer ou outro momento crítico / chave?
    a. APROFUNDA: Porquê?
    b. (além de perguntar por quê, também marque uma opção para cada categoria)

Depois de usar a casa de banho

    i. A maioria das vezes
    ii. Algumas vezes
    iii. Raramente / nunca

Antes de comer uma

    iv. A maioria das vezes
    v. Algumas vezes
    vi. Raramente / nunca

16. Até que ponto e de que maneira (se foi o caso) os recentes eventos climáticos afetaram o grau em que os membros da comunidade lavam as mãos com sabão?

a. APROFNDA: O evento climático teve algum efeito nas estações de lavagem de mãos das pessoas? Se sim, que efeito?
    i. APROFUNDA: Se as estações de lavagem de mãos das pessoas estragrassem ou não estivessem a funcionar, o que elas faziam?
b. APROFUNDA: Que papel, se algum, desempenhou o comitê de saúde da comunidade em relação à lavagem das mãos após os eventos climáticos? E quanto a outras estruturas comunitárias ou governamentais?

17. **Geral / Encerramento**

Você tem algumas perguntas para nós?

Não se esqueça de registar ahora de término da entrevista!

9. Entrevista com informantes-chave / Entrevistas em grupos - funcionários do governo na área de Água, Saneamento e Higiene (WASH)

Local da Entrevista: _____

Data da entrevista [DD/MM/AA]: |__|__|/|__|__|/|__|__|
Nome do Entrevistador: _____
Nome do anotador: _____
Nome de uma outra pessoa presente: _____
Número do Registador e Local da Pasta _____
Hora de Inicio da Entrevista [HH:MM]: |__|__|:|__|__|
Hora do Fim da Entrevista [HH:MM]: |__|__|:|__|__|

Entrevistados **Gênero**
Nome(s): _____ **Posição (s):** _____ **M / F**
Nome (s): _____ **Posição (s):** _____ **M / F**
Nome (s): _____ **Posição (s):** _____ **M / F**
Nome(s): _____ **Posição (s):** _____ **M / F**

DEVE LER A DECLARAÇÃO DE CONSENTIMENTO E OBTER CONSENTIMENTO DE TODOS OS ENTREVISTADOS ANTES DE CONTINUAR

Geral

20. . Qual é o seu papel no Ministério / Gabinete do Governo de _____?

21. Que papéis você e / ou seu e gabinete desempenham no apoio à água, saneamento e higiene (WASH) em sua área?

22. Você está familiarizado com as atividades do Ogumaniha/SCIP WASH que foram realizadas de 2009-2015?
    a. APROFUNDAR: Se sim,qual é a sua opinião sobre a implementação das actividades e a sustentabilidade dos resultados?

23. O Ogumaniha/SCIP visava integrar muitas actividades (por exemplo, saúde, WASH, crianças órfãs e vulneráveis e agricultura). Qual é a sua opinião sobre a integração do Ogumaniha/SCIP?
    a. APROFUNDAR: Algumas actividades do SCIP receberam atenção reduzida devido às necessidades de gestão de outras áreas de actividade?

Água

24. Quais são as medidas que o seu gabinete/ governo localtoma medidapara garantir que a água é segura para beber?
    c. APROFUNDA: Como é que a qualidade da água é testada ou confirmada para furos, poços e outros?
        i. Com que frequência a qualidade da água é testada?
        ii. Quais são as principais dificuldades que você enfrenta para testar a qualidade da água?
    d. APROFUNDA: Onde é que isto é registado /guardado? Podemos ver esses dados no final da reunião? Se possível, podemos ter um arquivo electrónico com os dados?

25. Na sua opinião, qual a eficácia dos comités rurais de água na gestão de fornecimento de água potável (por exemplo, pontos de água) nas suas comunidades / áreas de influência?

    d. APROFUNDAR: Porquê foram ou não foram eficazes?
    e. . APROFUNDAR: Você pode falar especificamente sobre a eficácia deles em relação a:
        a. Funcionalidade de infrastrutura?
        b. Manejo e manutenção?
        c. Suficiência de cobrança de taxas?

    c. : Qual é o papel das mulheres nas estruturas do comité de água?

26. De que forma você interage com os Comités de Saúde Comunitária e / ou comités de água que geremsistemas de água?
    e. APROFUNDA: Com que frequência vocês interagem?
    f. APROFUNDA: Quem do vosso gabinete interage com eles?
    g. APROFUNDA: Vocês fornecem algum apoio aos comitês? Se sim, que tipo?
    h. APROFUNDA: Qual, se existir algum, tipo de treinamento vocês dão aos comités?

8. Como é que são definidas as taxas de água nesta área?

    a. APROFUNDA: Quem tem autoridade para definir as taxas de água?
    b. APROFUNDA: Qual é o critério usado para definir as taxas de água?

    9. Quais são os principais desafios para assegurar que a população tenha acesso adequado a água potável em _____ (a sua área, Zambézia)?
    c. APROFUNDA: O que está sendo feito para resolvê-los?
    d. APROFUNDA: Como é que os desastres (por exemplo, ciclone Idai) influenciaram o acesso à água potável?

Saneamento

10. De que forma, se for o caso, o seu gabinete apoia infra-estruturas de saneamento e / ou a mudança de comportamento em relação a saneamento para impactar o saneamento dos agregados familiares ?

c. APROFUNDA: Que tipo de atividades o seu ministério realiza para apoiar?

11. Do seu ponto de vista, quais são os principais desafios para fazer com que as pessoas construam, usem, substituam e mantenham as latrinas no nível doméstico?

c. APROFUNDA: Como são abordados os desafios?
d. APROFUNDA: Como é que os desastres, como os desastres naturais, influenciaram as decisões das pessoas para construir, usar, substituir e manter as latrinas?

12. O seu gabinete rastreia as taxas de cobertura de latrinas na sua área?

b. APROFUNDA: Você tem os dados de desagregados por distrito?
   i. Se sim, qual é a taxa atual de cobertura?
   ii. Em caso afirmativo, você poderia compartilhar esses dados connosco? (IDEALMENTE COLECTA DE DADOS DE ANTES DE 2009 ATÉ HOJE)

Lavagem de mãos

13. De que forma o seu gabinete apoia a mudança de comportamento em relação alavagem de mãos (com sabão) e as infra-estruturas em sua área?

b. APROFUNDA: Que tipo de atividades seu gabinete realiza para apoiar isso?

14. Você acompanha ou realiza estudos de comportamento em relação a lavagem das mãos em sua área?

b. Em caso afirmativo, você poderia compartilhar esses dados connosco?

Água, Saneamento e Higiene (WASH) Geral

15. Você está familiarizado com o modo como o Ogomaniha/SCIP variou sua abordagem de WASH em diferentes comunidades, por exemplo, focando apenas em saneamento e higiene em algumas comunidades, mas incluindo a construção de pontos de água (água como incentivo) em outras?

c. APROFUNDA: Você sabe quais abordagens foram implementadas em seu distrito? Se sim, quais são?
d. APROFUNDA: Na sua opinião, qual é a abordagem mais sustentável? Porquê?

16. Acha que a actividade do SCIP/Ogumaniha teve algum impacto sobre a resiliência da comunidade na Zambézia a desastres como os ciclones, chuvas fortes ou outros? Porque / porque não?

a. APROFUNDA: Qual o papel dos Comités de Saúde da Comunidade para recuperação de tais desastres?
b. APROFUNDA: O que aconteceu com as infraestruturas em relação a de lavagem das mãos, mudança de comportamento, água e saneamento de 2009 - 2015?

17. Nos últimos 10 anos, como você / o seu gabinete incentiva a boa governança relacionada a WASH nos agragados familiares, na comunidade e no governo local?

a. APROFUNDA: Quais são as políticas, os estatutos, planeamento ou financiamento disponíveis para apoiar essas iniciativas ? Quão eficazes são eles?
b. APROFUNDA: Nas áreas rurais, que desenvolvimento de infra-estrutura, arranjos institucionais para provisão de serviços e regulamentações existem para apoiar isso? Quão eficazes são eles?
c. APROFUNDA: Nas áreas rurais, que papéis as mulheres desempenham (ou pretendem desempenhar) nas estruturas de gestão comunitária de água e saneamento? E quanto aos Comitês de Saúde da Comunidade?

18. Qual é a sua opinião sobre o papel do governo no setor de WASH desde 2009? Por exemplo, o que está funcionando bem, o que poderia ser melhorado, quais são os desafios?

a. APROFUNDA: Existe alguma diferença entre o nível nacional e a Zambézia especificamente?

19. Há mais alguma coisa que você gostaria de abordar comigo?

Não se esqueça de registar a hora de término da entrevista

10. SCIP Avaliação de Contaminação

Distrito: _____

Posto Administrativo: _____

Localidade: _____

Comunidade: _____

ID da Comunidade: | __ | __ | __ |

Localização da entrevista:

_____

Questões sobre o projecto Ogumaniha

Alô, sou da Forcier. Gostaríamos de lhe fazer algumas perguntas sobre o projecto Ogumaniha que aconteceu na sua comunidade em algum período de 2009-2015. Tens tempo para falarmos agora? Eu gostaria de fazer algumas perguntas sobre as actividades de Ogumaniha. Se não sabes as repostas, por favor, ajude-me a encontrar alguém que saiba

1. O projeto Ogumaniha / SCIP construiu pontos de água entre 2009-2015?
0. Não skip to 3
1. Sim
[99] NÃO SABE

2. Numero de fontes de água construídas ou reabilitas como resultado de Ogumaniha nesta vila.

1. |_|_|

[99] NÃO SABE

3. Existe um comité de água (WC) que administra as fontes de água?

0. Não

1. Sim

[99] NÃO SABE

4. Existem outros comités na comunidade no activo para além dos comités das fontes de água de Ogumaniha?

0. Não

1. Sim

[99] NÃO SABE

5. O projeto Ogumaniha incentivou a construção de latrinas entre 2009-2015?

0. Não

1. Sim

[99] NÃO SABE

6. O projeto Ogumaniha incentivou a higiene entre 2009-2015?

0. Não

1. Sim

[99] NÃO SABE

7. Existe um CHC / CLC em sua comunidade que esteja ativo?

0. Não

1. Sim

[99] NÃO SABE

8. Alguém da vila foi treinado como pedreiro ou outro empreendedor pelo projeto? Se sim, quais são seus nomes?

0. Não

1. Sim

[99] NÃO SABE

INSTRUÇÕES: O OBJETIVO DAS SEGUINTES PERGUNTAS É COLETAR OS DETALHES DE CADA ATIVIDADE DE *WASH* QUE OCORREU NA COMUNIDADE DESDE 2009 ATÉ AGORA. SE O LIDER DA COMUNIDADE NÃO PODER RESPONDER A ESTE TIPO DE QUESTOES PEDE A ELE PARA ENCONTRAR ALGUÉM QUE POSSA (POR EXEMPLO, O LIDER DE CHC OR ALGUÉM DO COMITE DE ÁGUA, ETC.)

PRIMEIRO PROJECTO

Houve alguma actividade ou projecto de água, saneamento ou higiene (ASH) em sua comunidade entre os anos de 2009 e 2019?

2. Nao → Fim
3. Sim

1. Nome do Projecto: _____
2. Nome da entidade de execução: _____
3. Que tipo de organização implementou este projeto?
    1. Organização não governamental local (ONG)
    2. Governo
    3. ONG internacional
    4. Não sabe
4. Que tipo de projeto foi? [ASSINALA TODAS AS QUE SE APLICAM]

    1. Abastecimento de Água
    2. Saneamento
    3. Higiene
    4. Governança e associações participativas
    5. Mudança de comportamento de lavagem de mãos (por exemplo, marketing, etc.)
    6. Outros _____

5. Qual foi o ano inicial e final do Projecto?
    3. Inicio [YYYY]
    4. Fim [YYYY]

6. Houve alguma outra atividade ou projecto de água, saneamento ou higiene (ASH) na sua comunidade entre os anos de 2009 e 2019?

2. Nao → Fim
3. Sim

SE HOUVER MAIS DE UM PROJECTO, RECOLHA OS DADOS PARA TODOS OS PROJECTOS ATÉ QUE NÃO HÁ MAIS.

SEGUNDO PROJECTO

7. Nome do Projecto: _____
8. Nome da entidade de execução: _____
9. Que tipo de organização implementou este projeto?
   1. Organização não governamental local (ONG)
   2. Governo
   3. ONG internacional

10. Que tipo de projeto foi? [ASSINALA TODAS AS QUE SE APLICAM]

    1. Abastecimento de água
    2. Saneamento
    3. Higiene
    4. Governança participativa e associações
    5. Mudança de comportamento de lavagem de mãos (ou seja, marketing, Etc)
    6. Outros _____

11. Qual foi o ano inicial e final do projecto?

    5. Inicial [YYYY]
    6. Final [YYYY]

12. Houve alguma outra atividade ou projecto de água, saneamento ou higiene (ASH) na sua comunidade entre os anos de 2009 e 2019?

    4. Nao → Fim
    5. Sim

TERCEIRO PROJECTO

13. Nome do Projecto: _____
14. Nome da entidade de execução: _____
15. Que tipo de organização implementou este projeto?
    1. Organização não governamental local (ONG)
    2. Governo
    3. ONG internacional

16. Que tipo de projeto foi? [ASSINALA TODAS AS QUE SE APLICAM]

    1. Abastecimento de água
    2. Saneamento
    3. Higiene
    4. Governança participativa e associações
    5. Mudança de comportamento de lavagem de mãos (ou seja, marketing, Etc)
    6. Outros _____

17. Qual foi o ano inicial e final do projecto?

i. Inicial [YYYY]
ii. Final [YYYY]

18. Houve alguma outra atividade ou projecto de água, saneamento ou higiene (ASH) na sua comunidade entre os anos de 2009 e 2019?

6. Nao → Fim
7. Sim

11. Discussão em Grupos Focais com Membros da Comunidade sobre Resultados e Práticas de *WASH*

Distrito: _____

Posto Administrativo: _____

Localidade: _____

Comunidade: _____

ID da Comunidade: | __ | __ | __ |

Localização da Entrevista: _____

Data da Entrevista [DD / MM / AA]: | __ | __ | / | __ | __ | / | __ | __ |

Nome do Entrevistador: _____

Nome do Anotador: _____

Nome de qualquer outra pessoa presente: _____

Número do gravador e localização na pasta: _____

Hora Iniciada da Entrevista: [HH: MM]: | __ | __ |: | __ | __ |

Hora Finalizada da Entrevista: [HH: MM]: | __ | __ |: | __ | __ |

ENTREVISTADOS

1. Nome(s): _____
   Função/Funções do Membro:_____
   M / F |__|__|
   Idade _____
   Motivo da seleção como respondente do KII:
   - **a. Proprietário de uma latrina apoiada pelo projecto**
   - **b. Foi observado a retirar água na fonte de água do projecto**
   - **c. Recebemos o contacto dele/a de um profissional de saúde local ou outra pessoa**
   - **d. Outros:** _____

2. Nome(s): _____
   Função/Funções do Membro:_____
   M / F |__|__|
   Idade _____
   Motivo da seleção como respondente do KII:
   - **a. Proprietário de uma latrina apoiada pelo projecto**
   - **b. Foi observado a retirar água na fonte de água do projecto**

c. Recebemos o contacto dele/a de um profissional de saúde local ou outra pessoa
d. Outros: _____

3. Nome(s): _____
Função/Funções do Membro:_____
M / F |__|__|
Idade _____
Motivo da seleção como respondente do KII:
a. Proprietário de uma latrina apoiada pelo projecto
b. Foi observado a retirar água na fonte de água do projecto
c. Recebemos o contacto dele/a de um profissional de saúde local ou outra pessoa
d. Outros: _____

4. Nome(s): _____
Função/Funcões do Membro:_____
M / F |__|__|
Idade _____
Motivo da seleção como respondente do KII:
a. Proprietário de uma latrina apoiada pelo projecto
b. Foi observado a retirar água na fonte de água do projecto
c. Recebemos o contacto dele/a de um profissional de saúde local ou outra pessoa
d. Outros: _____

5. Nome(s): _____
Função/Funcões do Membro:_____
M / F |__|__|
Idade _____
Motivo da seleção como respondente do KII:
a. Proprietário de uma latrina apoiada pelo projecto
b. Foi observado a retirar água na fonte de água do projecto
c. Recebemos o contacto dele/a de um profissional de saúde local ou outra pessoa
d. Outros: _____

6. Nome(s): _____
Função/Funcões do Membro:_____
M / F |__|__|
Idade _____
Motivo da seleção como respondente do KII:
a. Proprietário de uma latrina apoiada pelo projecto
b. Foi observado a retirar água na fonte de água do projecto
c. Recebemos o contacto dele/a de um profissional de saúde local ou outra pessoa
d. Outros: _____

7. Nome(s): _____

Função/Funcões do Membro:_____
M / F |__|__|
Idade _____
Motivo da seleção como respondente do KII:

a. Proprietário de uma latrina apoiada pelo projecto
b. Foi observado a retirar água na fonte de água do projecto
c. Recebemos o contacto dele/a de um profissional de saúde local ou outra pessoa
d. Outros: _____

8. Nome(s): _____
Função/Funcões do Membro:_____
M / F |__|__|
Idade _____
Motivo da seleção como respondente do KII:

a. Proprietário de uma latrina apoiada pelo projecto
b. Foi observado a retirar água na fonte de água do projecto
c. Recebemos o contacto dele/a de um profissional de saúde local ou outra pessoa
d. Outros: _____

INSTRUÇÕES: AS SEGUINTES QUESTÕES SÃO QUANTITATIVAS E SE APARECEM NO GUIÃO QUALITATIVO. **POR FAVOR, ASSINALE A RESPOSTA APROPRIADA.**

9. Antes dos eventos climáticos recentes (dos últimos 6 meses) e pensando em sua comunidade, quantas famílias tinham sua própria latrina? Como foi depois dos eventos climáticos recentes?

Antes de eventos climáticos	Depois de eventos climáticos
b. A maioria c. Cerca da Metade d. Menos de Metade e. Poucos ou nenhumas	f. A maioria g. Cerca da Metade h. Menos de Metade i. Poucos ou nenhumas

15. Pensando em outros membros da comunidade, com que frequência você acha que as pessoas lavam as mãos com sabão / cinza e água depois de ir a casa de banho, antes de comer uma refeição ou em outra momento chave?

b. APROFUNDA: Por quê?
c. ALÉM DE PERGUNTAR POR QUÊ, TAMBÉM MARQUE UMA OPÇÃO PARA CADA DOS SEGUINTES CATEGORIAS:

Depois de usar a casa de banho

i. A maior parte do tempo

ii. Algumas vezes

iii. Raramente / nunca

Antes de comer uma refeição

iv. A maior parte do tempo

v. Algumas vezes

vi. Raramente / nunca

12. SCIP FORMULÁRIO DE ACOMPANHAMENTO DE PROBLEMAS:

NOME(S):

_____

DATA: |__|__|/|__|__|/|__|__|__|__|
NOME DA COMUNIDADE:

_____

ID DA COMUNIDADE: |__|__|__|

INSTRUÇÕES:

1. USE ESTE FORMULÁRIO QUANDO ADMINISTRANDO INSTRUMENTOS DE RECOLHA DE DADOS.
2. REGISTE AS INFORMAÇÕES NOS CAMPOS ABAIXO PARA NOS AJUDAR A SEGUIR E ATUALIZAR OS INSTRUMENTOS DE RECOLHA DE DADOS.
3. ENVIE AO SEU SUPERVISOR (OU OUTRO LÍDER DA EQUIPE) NO FINAL DA ATIVIDADE PARA ELES ABORDAR ESTAS OBSERVAÇÕES.

Instrumento de coleta de dados	**Número da pergunta (Número e letra)**	**Descreva o problema**

13. Formulário de Supervisão Piloto

INSTRUÇÕES: Preencha este formulário junto com o Formulário de acompanhamento de problemas e entregue-o no final do dia. Este formulário deve ser preenchido para cada pessoa que você observar.

Comunidade:_____

Nome do Supervisor:_____

Atividade / Instrumento Observado: _____

Nome da pessoa sendo supervisionada: _____

12. Você observou toda a atividade de coleta de dados?
    a. Sim
    b. Nao
13. Se não, por quanto tempo você observou a atividade: _____ (minutos)

14. Classifique a qualidade da explicação que foi dado sobre a avaliação e por que os dados estão sendo coletados [em uma escala de 1 a 5 onde 1 é o melhor e 5 é o pior]:
    [
    1 2 3 4 5

15. Se você observou o processo de consentimento, comentar sobre algum ponto que pudesse ser melhorado?

16. O que a pessoa que você observou fez bem?

17. O que poderia ser melhorado em relação ao que foi feito pela pessoa que você observou?

18. Existem alterações recomendados ou problemas com as pesquisas ou com as guias de entrevista que poderiam melhorá-los? [Preencha o Formulário de Acompanhamento de Problemas]

Supervisão de Coleta de Qualidade de Água

1. A técnica estéril (por exemplo: usando luvas, não tocando o interior do saco de thio, etc.) foi seguida?

2. Assina-la os detalhes que eles escreveram no saco da amostra e no frasco. *[Se eles perderem um, por favor, lembre-os].*
    a. ID do sistema de água
    b. ID do ponto de água
    c. Data
    d. Iniciais

3. Lavaram a garrafa três vezes antes de coletar a amostra?
    a. Sim
    b. Nao

4. Comentários gerais sobre a coleta da qualidade da água

5. Em relação à logística, o que poderia ser melhorado?

14. Controlo de Qualidade - Questionário do Agregado Familiar e Observações Estruturadas

MÓDULO A: LOCALIZAÇÃO DO AGREGADO E INFORMAÇÃO DE CONSENTIMENTO		
1.	DATA DA OBSERVAÇÃO (DD/MM/AA)	|__|__|/|__|__|/|__|__|
2.	NOME DO OBSERVADOR 1: /_____/ /_____/ /_____/ (NOME 1) (NOME 2) (NOME DA FAMÍLIA)	
3.	**POSTO ADMINISTRATIVO:**	[4]
4.	**LOCALIDADE:**	[1] /_____ _____/
5.	**NOME DA COMUNIDADE:**	[1] /_____ _____/
6.	**ID DA COMUNIDADE:**	|__|__|__|
7.	**ID DO AGREGADO FAMILIAR/ENTREVISTADA:**	|__|__|__|__|
8.	**Alguém da Forcier veio a sua casa_____ (PERÍODO DE TEMPO DESDE DA VISITA) para falar contigo ou com um membro do seu agregado familar?**	[0] NÃO [1] SIM [99] NÃO SABE
9.	**Qual é gênero da pessoa que veio conversar contigo ou com um membro do seu agregado familiar?**	[1] MASCULINO [2] FEMININO [99] NÃO SABE
10.	**Você se lembra do nome da pessoa que veio à sua comunidade para perguntar sobre o Projeto Ogumaniha?**	[1] SIM [2] NÃO -> SKIP PASSA PARA 12 [99] NÃO SEI -> PASSA PARA 12
11.	**Qual é o nome?**	/ _____ / / _____ / (NOME 1) (NOME DA FAMÍLIA)
12.	Quanto tempo eles aproximadamente levaram no seu agregado familiar?	[1] MM|__|__| [2] HH|__|__|

	ESCOLHA HORAS OU MINUTOS	
13.	Você ou um membro do seu agregado familiar concordou falar com a pessoa de Forcier?	[0] NÃO [1] SIM -> PASSA PARA 15 [99] NÃO SABE -> PASSA PARA 15
14.	Se não, porque não?	_____ _____ → TERMINAR
15.	Desde quando _____ [ESCOLHAVOCÊ OU A PESSOA COM QUEM FALARAM] viveu nesta comunidade?	| __ | __ | MESES | __ | __ | ANOS
16.	Qual é a relação da pessoa que falou com Forcier com o chefe do agregado de famíliar?	[1] ESPOSA [2] TIA [3] IRMÃ [4] FILHA [5] NENHUMA RELAÇÃO [6] MÃE [77] OTHER_____
17.	O agregado familiar tem uma mesa?	[1] NÃO [2] SIM
18.	O seu agregado familiar tem um local onde lava regularmente as mãos?	[1] NÃO [2] SIM [99] NÃO SABE
19.	Você ou um membro do seu agregado familiar permitiram a pessoa da Forcier para ver a sua latrina?	[1] NÃO [2] SIM [99] NÃO SABE
20.	PERGUNTE AS SEGUINTES QUESTOES SOBRE AS FONTES DE ÁGUA PRIMÁRIA	
		C. Fonte Primária
	Qual é a **principal** fonte de água potável para os membros do seu agregado familiar?	**<u>Água Canalizada</u>** [18] Água canalizada dentro da habitação [19] Água canalizada no quintal/recinto [20] Água canalizada do vizinho [21] Torneira pública/Fontenário [22] Furo ou poço tubular (Não tem uma outra abertura para coletar agua quando a manivela estaraga) **<u>Poço</u>** [23] Poço protegido (coberto para sujidade nao entrar; tem uma outra abetura para coletar agua quando a manivela estiver estragada) [24] Poço desprotegido(Sujidade pode entrar) **<u>Água da nascente</u>** [25] Nascente protegida (coberto para a sujidade não entrar)

		[26] Nascente desprotegida (sujidade pode entrar) **<u>Outro</u>** [27] Água da Chuva [28] Camião-tanque [29] Carrinho com pequeno tanque/tambor [30] Quiosque de Água [31] Águas Superficiais (Rio/Riacho/Barragem/Lago/Lagoa/Ribeira/Canal/Canal de irrigação) [32] Água Engarrafada [33] Saqueta de Água [34] Outro_____ [99] Não sabe

15. Controlo de Qualidade - Observações nas fontes de água construídas

MÓDULO A: LOCAL DA FONTE DA ÁGUA		
A26.	DATA DA OBSERVAÇÃO (DD/MM/AA)	 |__|__|/|__|__|/|__|__|
A27.	NOME DO SUPERVISOR 1: /_____/ /_____/ /_____/ (NOME 1) (NOME 2) (NOME DA FAMÍLIA)	
A28.	**Posto Administrativo:**	
A29.	**Localidade:**	/_____/
A30.	**Nome da Comunidade:**	 /_____/
A31.	Identificação da Comunidade:	|__|__|__|
A32.	**Identidade da Fonte de Água:**	|__|__|__|__|__|

MÓDULO B: PERMISSÃO DA FONTE DE ÁGUA & CONTACTOS		
B1.	Qual é o seu nome? NOME DE CONTATO LOCAL: /_____/ /_____/ /_____/ (NOME 1) (NOME 2) (NOME DA FAMÍLIA)	
B2.	Qual é o seu papel/cargo nesta comunidade?	[1] Chefe [2] Representante do posto de saúde [3] Agente Comunitário de Saúde [4] Representante da Associação dos Usuários da Água

		[77] Outro(a), especifique:_____
B3.	Alguém da Forcier veio à sua aldeia e conversou com você sobre o projeto Ogumaniha	[0] NÃO -> PASSA PARA END SURVEY [1] SIM [99] NÃO SABE -> PASSA PARA END SURVEY
B4.	Qual é gênero da pessoa que veio conversar contigo ou com um membro do seu agregado familiar?	[1] MASCULINO [2] FEMININO [99] NÃO SABE
B5.	Você se lembra do nome da pessoa que veio à sua comunidade para perguntar sobre o projeto PEPAM/USAID?	[1] SIM [0] NÃO -> SKIP PASSA PARA B7 [99] NÃO SEI -> PASSA PARA B7
B6.	Qual é o nome?	/ _____ / / _____ / (NOME 1) (NOME DA FAMÍLIA)
B7.	Você deu permissão para observar a fonte de água?	[0] NÃO [1] SIM ☐ PASSA PARA B9
B8.	Se não, porque não?	_____ ☐ PASSA PARA TERMINE LEVANTAMENTO
B9.	No dia em que a pessoa de Forcier visitou a sua comunidade, a fonte de água que eles visitaram estava funcionar?	[0] NÃO [1] SIM [99] NÃO SABE
B10.	Eles levaram água na fonte de água (por exemplo, em um saco ou garrafa)?	[0] NÃO [1] SIM [99] NÃO SABE
B11.	Você os viu conversando com / entrevistar outras pessoas na sua aldeia?	[0] NÃO [1] SIM

		[99] NÃO SABE
B12.	Esta fonte de água foi construída ou reconstruída durante o projeto Ogumaniha (entre 2009-2014)?	[0] NÃO [1] SIM [99] NÃO SABE
B13.	Qual é a entidade gestora principal dessa fonte de água? SELECIONE TUDO QUE SE APLICA SE AS FONTES DE ÁGUA SÃO GERIDAS SEPARADAMENTE, LISTE OS ÓRGÃOS DE GESTÃO PARA CADA FONTE.	[1] Comitê de Água [2] Comitê Comunitário de Saúde [77] Outros, ESPECIFIQUE: _____ [99] NÃO SABE

ANNEX C: LIST OF RESPONDENTS

TITLE	ORGANIZATION	STAKEHOLDER TYPE
Former COR for SCIP	USAID	USAID
Former Deputy Chief of Party	World Vision International (WVI)	IP/NGO
Formerly responsible for WASH implementation	IRD	IP/NGO
Head of Water and Sanitation Department (DAS)	Department of Public Works (DPOPHRH), Zambezia	GoM, Provincial
Director	Centro de Higiene Ambiental e Exames Médicos (CHAEM), Quelimane	GoM, Provincial
District WASH Representative	Ile District	GoM, District
District WASH Representative	Luabo District	GoM, District
District WASH Representative	Maganja da Costa District	GoM, District
District WASH Representative	Morrumbala District	GoM, District
District WASH Representative	Namarroi District	GoM, District
District WASH Representative	Quelimane District	GoM, District
Water Committee	Geral: 4 participants	Community WASH Leaders
Water Committee	Lacota 2: 4 participants	Community WASH Leaders
Water Committee	Majaua: 4 participants	Community WASH Leaders
Water Committee	Mitulane: 1 participant	Community WASH Leaders
Water Committee	Moibo: 4 participants	Community WASH Leaders
Water Committee	Mucoe: 1 participant	Community WASH Leaders
Water Committee	Muliquela: 2 participants	Community WASH Leaders
Water Committee	Ndengoma: 4 participants	Community WASH Leaders
Water Committee	Sao Tome: 4 participants	Community WASH Leaders

Community Health Committee	Agale: 3 participants	Community WASH Leaders
Community Health Committee	Bento: 4 participants	Community WASH Leaders
Community Health Committee	Geral: 4 participants	Community WASH Leaders
Community Health Committee	Mepinha: 4 participants	Community WASH Leaders
Community Health Committee	Mponha: 3 participants	Community WASH Leaders
Community Health Committee	Mutuela: 4 participants	Community WASH Leaders
Community Health Committee	Nahano: 4 participants	Community WASH Leaders
Community Health Committee	Pacane: 3 participants	Community WASH Leaders
Community Health Committee	Sao Tome: 2 participants	Community WASH Leaders
Community Health Committee	Temane: 4 participants	Community WASH Leaders
Community Health Committee	Unknown location: 1 participant	Community WASH Leaders
Community Members	Bento: 8 participants	Community
Community Members	Lacota 2: 7 participants	Community
Community Members	Majaua: 8 participants	Community
Community Members	Mepinha: 8 participants	Community
Community Members	Mitulane: 7 participants	Community
Community Members	Moibo: 8 participants	Community
Community Members	Muliquela: 5 participants	Community
Community Members	Mutuela: 8 participants	Community
Community Members	Nahano: 8 participants	Community
Community Members	Ndengoma: 4 participants	Community
Community Members	Pacane: 7 participants	Community
Community Members	Temane: 6 participants	Community

ANNEX D: DOCUMENTS REVIEWED

African Development Bank Group. December 2017. *National Rural Water Supply and Sanitation Program (PRONASAR) in Nampula and Zambézia Provinces Project Completion Report.*

Boyd, L. 2012. *Ogumaniha SCIP-Zambézia Project, ADRA Mozambique Quarterly Report (October – December 2011).* ADRA Mozambique. USAID.

Francisco, A. and Sales, A.M. April 2013. Post 2015 Development Agenda. Country Consultation Report of Groups and Organizations' voices and perceptions in Mozambique. United Nations in Mozambique and Foundation for Community Development. Retrieved from http://www.mz.undp.org/content/dam/mozambique/docs/Millennium_Development_Goals/UNDP_MOZ_POST2015_CONSULTATION%20REPORT%20-%20MOZAMBIQUE.pdf

"History – Mozambique." December 2018. USAID. Retrieved from https://www.usaid.gov/mozambique/history.

IDNIL Professional Consultants. January 2017. External Evaluation of COSACA I, Response to Emergency Project Final Report. Retrieved from http://www.careevaluations.org/wp-content/uploads/Mozambique-COSACA-1-External-Evaluation.pdf

International Business and Technical Consultants, Inc. (IBTCI). January 2014. USAID/Mozambique Strengthening Communities Through Integrated Programming Performance Evaluation.

Moon, T., Blevins, M., Green, A., Gonzalez-Calvo, L., Ndatimana, E., Lopez, M., & Olupona, O. May 2015. Endline Survey Report, SCIP – Ogumaniha: Improving health and livelihoods of children, women, and families in the Province of Zambézia, Republic of Mozambique. Vanderbilt University Institute for Global Health. Retrieved from https://www.vumc.org/global-health/files/global-health/public_files/Ogumaniha-Endline-Survey-Report_final_20160106.pdf

"Namanjivira Development Program." Noida. Retrieved from https://ngoaidmap.org/projects/1457

Pathfinder International. March 2016. Final Report: Strengthening Communities through Integrated Programming (SCIP).

Progress on Drinking Water, Sanitation and Hygiene: 2017 Update and SDG Baselines. Geneva: World Health Organization and the United Nations Children's Fund. Retrieved from https://www.unicef.org/publications/files/Progress_on_Drinking_Water_Sanitation_and_Hygiene_2017.pdf

"Project Fact Sheet for YW102." Official Development Assistance to Mozambique Database. Retrieved from http://www.odamoz.org.mz/projects/494984

The World Bank. September 2015. MZ – Emergency Resilient Recovery Project. Retrieved from http://projects.worldbank.org/P156559/?lang=en&tab=overview.

UNICEF. March 2015. International Development Agency Funds the Promotion of Rural Small Town Water and Sanitation.

UNICEF. 2017. Annual Report 2017: Mozambique. Retrieved from https://www.unicef.org/about/annualreport/files/Mozambique_2017_COAR.pdf

Vergara, A., Blevins, M., Vaz, L., Manders, E., Gonzalez-Calvo, L., Arregui, C., Green, A., & Olupona, O. December 2011. Baseline Survey Report, SCIP – Ogumaniha: Improving health and livelihoods of children, women and families in the Province of Zambézia, Republic of Mozambique. Phase I and II: Zambézia-wide. Vanderbilt University Institute for Global Health. Retrieved from https://www.vumc.org/global-health/global-health/global-health/global-health/global-health/global-

health/global-health/global-health/global-health/global-health/global-health/global-health/sites/vumc.org.global-health/files/public_files/phase1and2_report.pdf

Water and Sanitation Program. 2011. Water Supply and Sanitation in Mozambique: Turning Finance into Services for 2015 and Beyond. The World Bank. Retrieved from https://www.wsp.org/sites/wsp.org/files/publications/CSO-Mozambique.pdf.

World Health Organization. 2017. Guidelines for Drinking Water Quality. 4th Edition. WHO.

World Health Organization and UNICEF. 2017. "Progress on Drinking Water, Sanitation and Hygiene: 2017 Update and SDG Baselines." Retrieved from https://www.unicef.org/publications/files/Progress_on_Drinking_Water_Sanitation_and_Hygiene_2017.pdf

World Vision. August 2018. Overview of Nutrition and Health Program and Insights for USAID programming. USAID.

World Vision. 2015. Ogumaniha- Strengthening Communities Through Integrated Programming (SCIP) Project, Zambézia, Mozambique, Cost-Extension Period Annual Report: October 2014 – September 2015. USAID.

World Vision. 2014. Ogumaniha- Strengthening Communities Through Integrated Programming (SCIP) Project, Zambézia, Mozambique, End of Phase I Report (July 2009 – August 2014). USAID.

World Vision. 2013. Ogumaniha Strengthening Communities Through Integrated Programing (SCIP) Project, Zambézia, Mozambique. Annual Report: October 2012 - September 2013. USAID.

World Vision. 2013. Ogumaniha Strengthening Communities Through Integrated Programing (SCIP) Project, Zambézia, Mozambique. Q1, FY13 Quarterly Report. USAID.

World Vision. 2012. Ogumaniha Strengthening Communities Through Integrated Programing (SCIP) Project, Zambézia, Mozambique. Annual Report: October 2011 - September 2012. USAID.

World Vision. 2012. Ogumaniha Strengthening Communities Through Integrated Programing (SCIP) Project, Zambézia, Mozambique. Q2, FY12 Quarterly Report. USAID.

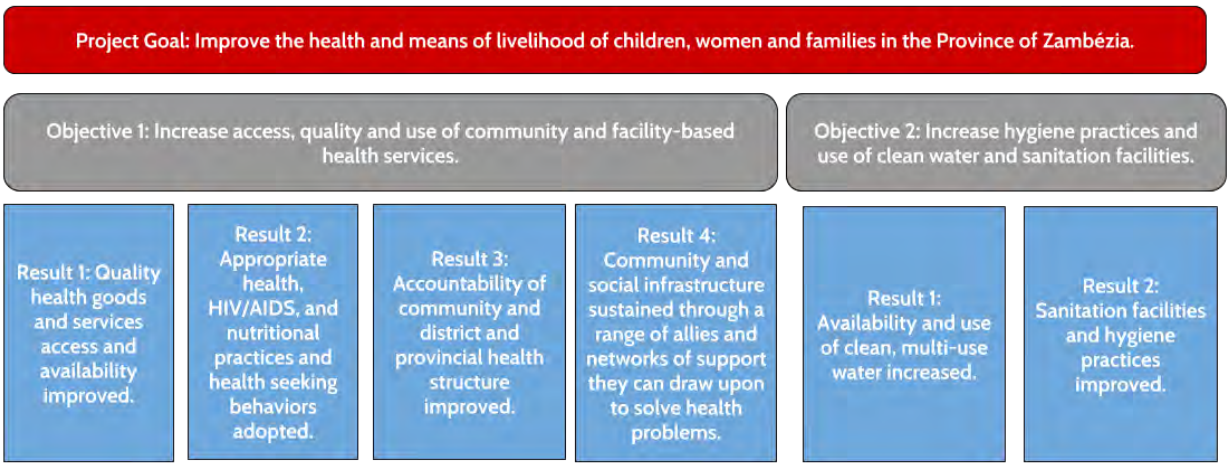
World Vision. 2012. Ogumaniha Strengthening Communities Through Integrated Programing (SCIP) Project, Zambézia, Mozambique. Q3, FY12 Quarterly Report. USAID.

World Vision. 2011. Ogumaniha Strengthening Communities Through Integrated Programing (SCIP) Project, Zambézia, Mozambique. Q2, FY11 Quarterly Report. USAID.

World Vision. 2011. USAID-Funded SCIP Zambézia Program (Ogumaniha): Performance Management Plan. USAID.

World Vision. 2010. Ogumaniha Strengthening Communities Through Integrated Programing (SCIP) Project, Zambézia, Mozambique. Q2, FY10 Quarterly Report. USAID.

ANNEX E: SCIP ACTIVITY RESULTS FRAMEWORK[112]

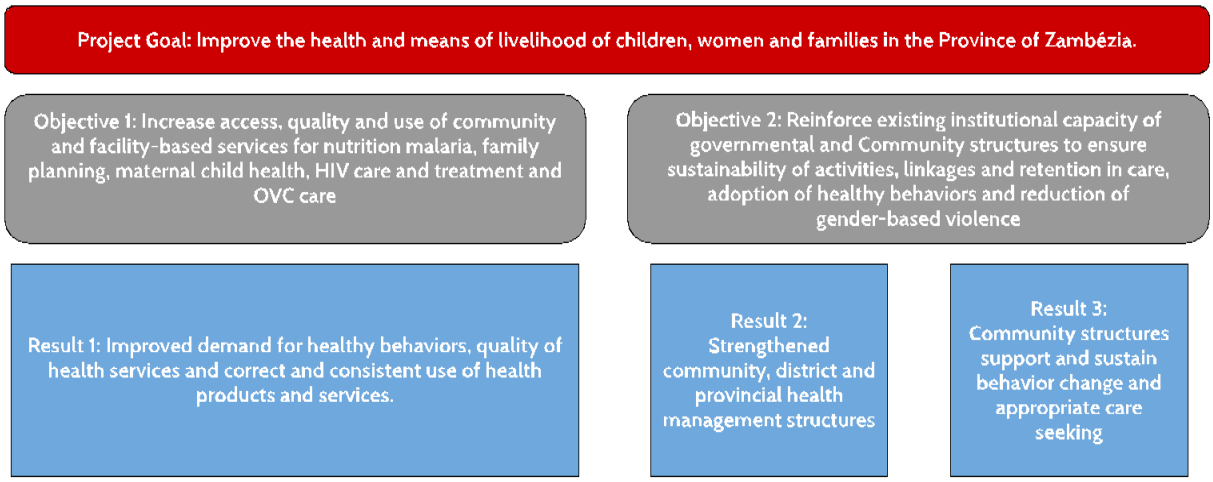


In order to achieve the project objectives set out in the SCIP Results Framework, SCIP included two key components, each of which was respectively envisioned to lead to one of the six results:[113]

- ***Intermediate Result 1. Improve access and availability to quality health goods and services:*** Provide community health infrastructure and goods and services. Equip community health structures with the knowledge and skills to care for vulnerable populations.
- ***Intermediate Result 2. Adoption of appropriate health, HIV/AIDS, nutritional practices and health seeking behaviors:*** Encourage the use of health facilities by the community for care of children, antenatal care, and care for orphans and vulnerable children (OVCs). Promote healthy sexual practices through community education and behavior change messages.
- ***Intermediate Result 3. Improved accountability of community, district, and provincial health structures:*** Improve organizational capacity of health committees, ensure quality of health services, and strengthen linkages between communities and health facilities.
- ***Intermediate Result 4. Sustained community and social infrastructure through a range of allies and networks of support they can draw upon to solve health problems:*** Provide economic strengthening activities to OVC households and support livelihood development of Women's First groups and young farmers groups.
- ***Intermediate Result 5. Increased availability and use of clean, multi-use water:*** Provide improved water supply facilities according to the needs and priorities identified by water users along with technical support in terms of technology choice. Construction and rehabilitation of protected water sources and training of water committees.
- ***Intermediate Result 6. Improved sanitation facilities and hygiene practices:*** Provide improved sanitation facilities according to the needs and priorities identified by users, including construction of household latrines and installation of tippy-tap systems. Train on best practices on hygiene and sanitation as well as nutrition (Years 4 and 5).

[112] There was a third objective, to enhance and protect livelihood capabilities, but this was dropped in 2011.
[113] World Vision, December 2011, *USAID Funded SCIP Zambézia Program (Ogumaniha) Performance Management Plan.*

ANNEX F: SCIP ACTIVITY EXTENSION PERIOD RESULTS FRAMEWORK [114]



[114] World Vision. 2015. *Ogumaniha- Strengthening Communities Through Integrated Programming (SCIP) Project, Zambézia, Mozambique, Cost-Extension Period Annual Report: October 2014 – September 2015. USAID.*

ANNEX G: ASSESSMENT OF SITE CONTAMINATION

The Water CKM team conducted a detailed desk review of potential contamination and has flagged a number of implementers' interventions for follow-up research by a local consultant on the ground. This research will ensure the ET identifies other interventions located in the same areas of SCIP activities that may "contaminate" the evaluation sampling frame. The aim of this research is to understand other interventions' activity at the village level to aid in understanding the types of contamination to assist in contextualization of results.

Through desk research, Water CKM identified other interventions in Mozambique carried out from 2009 to present day focusing on access to water and sanitation, specifically those that related to: promoting participatory governance and associations, WASH behavior change, CLTS approaches to sanitation, expanded access to sanitation at the HH and community level, training of artisans, expanded access to water, and improved drinking water quality, or WASH governance and policy. The ET searched online for activities funded by USAID, DFID, JICA, UNICEF, and the World Bank, as well as for other WASH activities in the regions shared on ODAMOZ.org.mz, NGOAidMap.org, and WASHFunders.org. Water CKM also searched for follow-on activities conducted by SCIP's seven implementing partners and local partners in the evaluation regions.

These searches found that 15 organizations coordinated at least 41 WASH projects with 113 WASH activities in Zambézia between 2009 and present day. Most implementers did not report their projects at the community level, so it was difficult for the ET to determine contamination at that level. However, for the information that was available, the most contamination was found at the district level in Mocuba (6 activities); followed by Cidade de Quelimane (5 activities) and followed by Gurué (2 activities). Although some implementers also did not report their projects at the district level, the most contamination was in Quelimane (7 activities) and Mocuba (7 activities); followed by Gurué (5 activities); and Gilé (2 activities), Lugela (2 activities) and Nicodala (2 activities).

In cases where locations of other sanitation and hygiene promotion interventions were not specified in documents obtained by the ET team, ET will reach out to implementers to request location information. The evaluation team will use this information to inform the sampling frame. As noted in the text above, new water service interventions are not necessarily considered contamination because water point infrastructure is not always meant to meet the needs of an entire community in most cases, and cases in which other implementers repaired broken infrastructure provides important data on sustainability. In contrast, the distinct effects of SCIP versus other donors' sanitation and hygiene promotion activities are more difficult to parse out. To the extent possible, communities with known sanitation and hygiene contamination will be excluded from the sampling frame. However, given the large number of projects in the region and the Cyclone Idai, it is likely many of the communities have received additional interventions. Thus, there may not be sufficient communities meeting the sampling criteria that are completely free of contamination. Thus, it may be necessary to assess the extent of contamination, with the aim of including communities with either no contamination or the least amount of contamination possible.

To the extent that the ET is able to obtain community-level details about follow-on sanitation and hygiene interventions in evaluation communities we will do so. However, there may be cases where we arrive in a community for data collection and learn of an additional sanitation and hygiene intervention. In those cases, we will obtain details about the follow-on intervention and include it in the analysis. The ET will keep USAID apprised of the contamination assessment throughout the evaluation process.

EXAMPLES OF ONGOING WASH ACTIVITIES IN MOZAMBIQUE

The CKM team researched WASH activities that USAID, GoM, or other donors implemented in the Zambézia Province during SCIP and after it closed.

Since the conclusion of SCIP activities in 2015, USAID has not funded a WASH project in Zambézia. However, UNICEF is active in the province. In 2012, UNICEF launched a WASH program to support GoM initiatives aimed at ensuring equitable and sustainable access to, and use of, safe water and sanitation services, and promoting improved hygiene practices. The program supports the government in strategic coordination and implementation. The program designed multi-use water supply systems for rural areas,[115] drilled boreholes, installed handpumps in rural communities and schools, and trained community water committees on their management. Moreover, UNICEF supported the Ministry of Health in promoting the adoption of key healthy behaviors (including latrine adoption and use, and handwashing with soap) through CHCs and health workers. The integrated WASH-nutrition program included training on best practices for infant and young child feeding along with CLTS and hygiene promotion to reduce stunting.[116]

World Vision supported development programs in Zambézia's Derre, Mugeba, and Namanjivira districts since 2000. This work entailed installing and rehabilitating water points (WPs) in order to increase access to clean water for vulnerable populations.[117] World Vision also has active WASH projects in Zambézia's Mocuba, Morrumbala and Namacurra districts where they are building and rehabilitating WPs, training WASH committees, and building and rehabilitating household latrines and handwashing facilities.[118]

A consortium led by CARE International responded to the 2015 flooding in Zambézia that hit low-lying agricultural areas. Activities supported communities in flood preparation and response, including supplying emergency tool kits for shelter and latrine construction.[119]

The above details indicate that there have been WASH activities in the province and in some cases the ET is aware of work in specific districts. However, village level data is not available for the above-mentioned WASH activities. The ET will gather as much detail as possible about village level WASH activities before and during data collection. See Contamination Section for further detail.

The GoM has also supported several WASH initiatives. The GoM received a loan from the World Bank in 2015 to implement an emergency resilient recovery project in the northern and central regions through 2020 to finance rehabilitation of drinking water supply in Mocuba and drinking water supply infrastructure in Zambézia Licungo river. The GoM also partnered with the African Development Bank to launch the PRONASAR in Nampula and Zambézia provinces from 2010 to 2017. The program's development objective was to increase sustainable access to water supply and sanitation in support of the government objective of achieving MDG targets for rural water supply access (70 percent) and for rural sanitation access (50 percent). The program consisted of capacity building for government, private sector, and non-governmental organization (NGO) staff, as well as building water and sanitation infrastructure. The program exceeded nearly all of its output targets providing water access to 224,000 people in rural areas and improving sanitation to 496,030 people in rural areas. By the end of 2016, the program increased access to rural water supply from 27 percent to 42.2 percent and access to rural sanitation from 13 percent to 20.7 percent, but ultimately the country fell short of 2015 MDG targets

[115] Construction was scheduled to begin at the end of 2018; no updated information on this has been found.
[116] "UNICEF Annual Report 2017: Mozambique". UNICEF. Retrieved from https://www.unicef.org/about/annualreport/files/Mozambique_2017_COAR.pdf
[117] "Namanjivira Development Program." NGOAidMap. https://ngoaidmap.org/projects/1457
[118] World Vision Mozambique, August 2018, *Overview of Nutrition and Health Program and Insights for USAID programming.*
[119] IDNIL Professional Consultants, January 2017, *External Evaluation of COSACA I, Response to Emergency Project Final Report.* Retrieved from http://www.careevaluations.org/wp-content/uploads/Mozambique-COSACA-1-External-Evaluation.pdf

for rural water supply and sanitation.[120] Upon agreement with USAID, the ET does not consider GoM WASH activities as a source of contamination; however, being aware of their activities is important for interpretation of evaluation findings.

Tropical Cyclone Idai struck Mozambique on March 14, 2019. It caused severe flooding in Zambézia and left at least 6,542 people displaced and 31 percent of the road network was damaged. The GoM requested assistance, and there will likely be new WASH activities as a result.[121] The ET will work to assess any additional WASH activities in the communities evaluated.

[120] African Development Bank Group, January 2014, *National Rural Water Supply and Sanitation Program (PRONASAR) in Nampula and Zambézia Provinces Project Completion Report.* Retrieved fromhttps://www.afdb.org/fileadmin/uploads/afdb/Documents/Project-and-Operations/MOZAMBIQUE_-_National_Rural_Water_Supply_and_Sanitation_Program__PRONASAR__in_the_Nampula_and_Zambezia_Provinces_-_PCR.pdf

[121] United Nations, Office of the Resident Coordinator – Flash update No. 3. Mozambique: Flooding. https://reliefweb.int/sites/reliefweb.int/files/resources/Floods%20Tete%20and%20Zambeiza_%20Flash%20update%203.pdf Via Relief Web Updates https://reliefweb.int/disaster/tc-2019-000021-moz