STANDARD SECTOR INDICATOR CODE: HE-068	**Schools with Functional New or Rehabilitated Latrines:** Number of schools with functional new or rehabilitated latrines.	
HEALTH SECTOR	**Sector Schematic Alignment** • **Project Area:** Environmental Health • **Project Activity Area/Training Package:** WASH: Water, Sanitation, Hygiene	
Type: Short-term Outcome	**Unit of Measure**: Schools	**Disaggregation:** **Type of Latrine:** New, Rehabilitated

To be counted for this indicator, all of the following criteria must be met:

- The school has a designated latrine (new or rehabilitated), **and**
- The latrine is functional, **and**
- The latrine is hygienic, **and**
- The latrine meets the criteria for an improved latrine.

Latrine: a safe private place to be used for defecation that hygienically separates human excreta from human contact.

Functional latrine – is defined as latrines that are operational, in other words, there is a door for privacy, the hole or pit is not blocked up, there are no major holes in the structure, the structure is physically safe.

Rehabilitated – is defined as to bring to a condition of useful and functional activity.

Hygienic: 1) Confinement of feces (no excrement on the floor), 2) Some kind of blocking of flies and other insect vectors thereby breaking the cycle of disease transmission, and 3) Ventilated and odor is not offensive

Improved latrine must ensure separation of human excreta from human contact, They consists of three parts:

- **Above ground -** consists of roof, frame and walls.
- **On the ground –** A slab covers the pit, and lid to cover the hole. It can be made of any material
- **Underground -** A pit or underground hole of any shape, but a round pit is the strongest. Maximum depth depends on the soil conditions and groundwater levels in the rainy season. In unstable soils, the pit may have to be fully or partly lined with woven bamboo, bricks, concrete rings

Examples of Improved sanitation facilities include:

- Flush toilet uses a cistern or holding tank for flushing water, and a water seal (which is a U-shaped pipe below the seat or squatting pan) that prevents the passage of flies and odors. A pour flush toilet uses a water seal, but unlike a flush toilet, a pour flush toilet uses water poured by hand for flushing (no cistern is used).
- Piped sewer system is a system of sewer pipes, also called sewerage, that is designed to collect human excreta (feces and urine) and wastewater and remove them from the household environment. Sewerage systems consist of facilities for collection, pumping, treating and disposing of human excreta and wastewater.
- Septic tank is an excreta collection device consisting of a water-tight settling tank, which is normally located underground, away from the house or toilet. The treated effluent of a septic tank usually seeps into the ground through a leaching pit. It can also be discharged into a sewerage system.
- Flush/pour flush to pit latrine refers to a system that flushes excreta to a hole in the ground or leaching pit (protected, covered).
- Ventilated improved pit latrine (VIP) is a dry pit latrine ventilated by a pipe that extends above the latrine roof. The open end of the vent pipe is covered with gauze mesh or fly-proof netting and the inside of the superstructure is kept dark.
- Pit latrine with slab is a dry pit latrine that uses a hole in the ground to collect the excreta and a squatting slab or

platform that is firmly supported on all sides, easy to clean and raised above the surrounding ground level to prevent surface water from entering the pit. The platform has a squatting hole, or is fitted with a seat.

- Composting toilet is a dry toilet into which carbon-rich material (vegetable wastes, straw, grass, sawdust, ash) are added to the excreta and special conditions maintained to produce inoffensive compost. A composting latrine may or may not have a urine separation device.

Unimproved sanitation facilities do not ensure hygienic separation of human excreta from human contact.

Examples of unimproved sanitation facilities include:

- Flush/pour flush refers to excreta being deposited in or nearby the household environment (not into a pit, septic tank, or sewer). Excreta may be flushed to the street, yard/plot, open sewer, a ditch, a drainage way or other location.
- Pit latrine without slab uses a hole in the ground for excreta collection and does not have a squatting slab, platform or seat. An open pit is a rudimentary hole.
- Bucket refers to the use of a bucket or other container for the retention of feces (and sometimes urine and anal cleaning material), which are periodically removed for treatment, disposal, or use as fertilizer.
- Hanging toilet or hanging latrine is a toilet built over the sea, a river, or other body of water, into which excreta drops directly.
- No facilities include defecation in the bush, field or ditch; excreta deposited on the ground and covered with a layer of earth (cat method); excreta wrapped and thrown into garbage; and defecation into surface water (drainage channel, beach, river, stream or sea).

Guidance and minimum standards for human excreta disposal *(based on Sphere Standards[1]) :*

- **Public Toilets – In** public places, toilets are provided with established systems for proper and regular cleaning and maintenance. Disaggregated population data are used to plan the number of women's cubicles to men's using an approximate ration of 3:1. Where possible, urinals should be provided. If building public toilets/latrines in schools, the minimum number to build is 1 toilet to 30 girls and 1 toilet to 60 boys. For information on the minimum numbers of toilets at public places and institutions, please check the Sphere Handbook (http://www.spherehandbook.org/en/appendix-3/)
- **Family/Household Toilets –** Family/household toilets are the ideal. One toilet for a maximum of 20 people should be the target.
- **Shared Facilities –** Households should be consulted on the siting and design, and the responsible cleaning and maintenance of shared toilets. Generally, clean latrines are more likely to be frequently used. Efforts should be made to provide people living with chronic illnesses such as HIV and AIDS with easy access to a toilet as they frequently suffer from chronic diarrhea and reduced mobility.
- **Safe Facilities –** Inappropriate siting of toilets may make women and girls more vulnerable to attack, especially during the night. Ensure that women and girls feel and are safe when using the toilets provided. Where possible, communal toilets should be provided with lighting, or households provided with torches. The input of the community should be sought with regard to ways of enhancing the safety of users
- **Use of local building materials and tools –** The use of locally available material for construction of latrines is highly recommended. It enhances the participation of the target population to use and maintain the facilities.
- **Handwashing -** Users should have the means to wash their hands with soap or an alternative (such as ash) after using toilets, after cleaning the bottom of a child who has been defecating, and before eating and preparing food. There should be a constant source of water near the toilet for this purpose.

[1] The Sphere Handbook, Excreta disposal standard 2: Appropriate and adequate toilet facilities (http://www.spherehandbook.org/en/excreta-disposal-standard-2-appropriate-and-adequate-toilet-facilities/)

- **Menstruation -** Women and girls of menstruating age, including schoolgirls, should have access to suitable materials for the absorption and disposal of menstrual blood. Women and girls should be consulted on what is culturally appropriate. Latrines should include provision for appropriate disposal of menstrual material or private washing facilities

Rationale: According to the World Health Organization and UNICEF, in 2010, only 63% of the world's population used improved sanitation facilities, with Sub-Saharan Africa and Southern Asia having only 30% and 41%, respectively [1]. An estimated 2.5 billion people are still without improved sanitation. About 15% of the world's population lives without any form of sanitation and practice open defecation.

Latrines provide a barrier to diseases carried in fecal matter thereby reducing sanitation related diseases, especially diarrhea, incidence of worms and other parasites and improving sanitation, hygiene and the water supply. Use of latrines improves safety, especially for women who do not need to go out in the fields alone to defecate. Lack of adequate sanitation facilities at schools prevents girls from attending. Latrines produce compost and biogas that can be used to fertilize fields or for energy.

Measurement Notes:

1. **Sample Tools and/or Possible Methods (for Peace Corps staff use):** Volunteers should use data collection tools to measure progress against project indicators. For this Standard Sector Indicator, Peace Corps post staff can access a sample tool on the intranet page through **this link** and adapt it at the post level for their Volunteers' use. Once a tool has been developed, post staff should have a few Volunteers and their partners pilot it, and then distribute and train Volunteers on its use.

2. **General Data Collection for Volunteer Activities:** All Volunteer activities should be conducted with the intention of achieving outcomes – knowledge change (short-term), skills demonstration (intermediate-term), and behavioral changes (intermediate to long term) as defined by the progression of indicators within the objectives of a project framework. The progression of measurement for all Volunteer activities should begin with baseline data being conducted prior to the implementation of an activity (or set of activities), followed by documenting any outputs of the activities and then later at the appropriate time, measurements of specific outcomes (see the bullet on "frequency of measurement").

3. **Activity-Level Baseline Data Collection:** Activity-level baseline data should be collected by Volunteers/partners before or at the start of their activities with an individual or group of individuals. It provides a basis for planning and/or assessing subsequent progress or impact with these same people. Volunteers should take a baseline measurement regarding the outcome(s) defined in this data sheet using the sample tool. Volunteers should collect baseline information early in their work with schools and may use their judgment to determine timing because the information will be more accurate if the Volunteer has built some trust with the school faculty first. The information for the baseline measurement will be the same or very similar to the information that will be collected in the follow-on measurement (see the bullet on "frequency of measurement") after the Volunteer has conducted his/her activities and it is usually collected using the same data collection tool to allow for easy management of the data over time.

   Because Volunteers are expected to implement relevant and focused activities that will promote specific changes within a target population (see the "unit of measure" above), taking a baseline measurement helps Volunteers to develop a more realistic snapshot of where individuals within the target population are in their process of change instead of assuming that they are starting at "0." It also sets up Volunteers to be able to see in concrete terms what influence their work is having on the individuals they work with during their service. Please note that data

collection is a sensitive process and so Volunteers will not want to take a baseline measurement until they have been able to do some relationship and trust-building with the person/people the Volunteer is working with, and developed an understanding of cultural norms and gender dynamics.

4. **Frequency of Measurement:** For reporting accurately on this outcome indicator, Volunteers must take a minimum of two measurements with members of the target population reached with their activities. After taking the baseline measurement (described above), Volunteers should take at least one follow-on measurement with the same school to assess how many have actually constructed or rehabilitated latrines. This measurement is taken typically after completing one or more activities focused on achieving the outcome in this indicator and once they have determined that the timing is appropriate to expect that the outcome has been achieved. Please note that successful documentation of a behavior change or new practice may not be immediately apparent following the completion of activities and may need to be planned for at a later time. Once Volunteers have measured that at least one school has achieved the indicator, they should report on it in their next VRF.

   Volunteers may determine to take more than one baseline and one follow-on measurement with the same individual (or group of individuals) for the following valid reasons:

   - Volunteers may want to measure whether or not any additional individuals initially reached with activities have now achieved the outcome in the indicator, particularly for any activities that are on-going in nature (no clear end date);
   - Volunteers may want to enhance their own learning and the implementation of their activities by using the data collected as an effective monitoring tool and feedback mechanism for the need to improve or increase their activities;
   - A Peace Corps project in a particular country may choose to increase the frequency of measurement of the indicator and Volunteers assigned to that project will be required to follow in-country guidance.

   In all cases, any additional data collection above the minimum expectation should be based on the time, resources, accessibility to the target population, and the value to be gained versus the burden of collecting the data. Following any additional measurements taken, Volunteers should report on any new individuals achieving the outcome in their next VRF.

5. **Definition of Change:** The minimum change to report against this indicator is a school has functional new or rehabilitated latrines as compared to what was measured initially at baseline. In the case of this indicator, if the school the Volunteer/partner works with already had functional latrines before beginning to work with the Volunteer/partner, then the Volunteer would not be able to count him/her for this activity because the Volunteer's work did not actually lead to the desired change. However, if as a result of working with the Volunteer/partner, the school decided to construct a new latrine or rehabilitate an existing latrine that would count because the Volunteer's work influenced this change.

6. **General Reporting in the VRF**: The "number achieved" (or numerator) that Volunteers will report against for this indicator in their VRFs is the number of schools that, after working with the Volunteer/partner, now have functional new or rehabilitated latrines. The "total number" (or denominator) that Volunteers will report on for this indicator in their VRFs is the total number of schools that participated in the activities designed to meet this indicator.

7. **Reporting on Disaggregated Data in the VRF:** This indicator is disaggregated by "Type of Latrine". When reporting in the VRF, a Volunteer should disaggregate by new or rehabilitated.

Data Quality Assessments (DQA): DQA are needed for each indicator selected to align with the project objectives. DQAs review the validity, integrity, precision, reliability, and timeliness of each indicator. For more information, consult the Peace Corps MRE Toolkit.
Alignment with Summary Indicator: WASH access