*Note: This PIRS reflects an Accelerator Behavior indicator for which data are readily available through The Demographic and Health Surveys (DHS) Program. The Accelerator Behavior that can be measured using this indicator is shown in the "Name of Result Measured" field below, and can be updated as needed. Data for this indicator are displayed for maternal and child survival priority countries at* [*acceleratorbehaviors.usaid.gov*](https://acceleratorbehaviors.org/index)*. Should a USAID Mission wish to adopt this indicator for its performance monitoring plan, this PIRS should be updated according to the needs of each Mission*.

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| **USAID Performance Indicator Reference Sheet** |
| **Name of Indicator*:*** Households with improved, non-shared toilet facilities |
| **Name of Result Measured (DO, IR, sub-IR, Project Purpose, Project Outcome, Project Output, etc.):**  Family members safely dispose of human feces |
| **Is This a Performance Plan and Report Indicator?** No  Yes for Reporting Year(s)\_\_\_\_\_\_\_  **If yes, link to Foreign Assistance Framework:** |
| **DESCRIPTION** |
| **Precise Definition(s):** Percentage of households with improved, non-shared toilet facilities  Calculated:   * Numerator: Number of households that report members usually use improved, non-shared toilet facilities * Denominator: Total number of households   According to the Joint Monitoring Programme (JMP), improved sanitation facilities include:   * flush/pour flush to piped sewer system, septic tanks, or pit latrine * ventilated improved pit latrines * composting toilets * pit latrines with slabs |
| **Unit of Measure:** Percentage of households |
| **Data Type:** Percentage |
| **Disaggregated by:** |
| **Rationale for Indicator** *(optional):*This indicator represents a key behavior known to accelerate reduction of child mortality (<https://acceleratorbehaviors.org/feces_disposal>). Safe disposal of feces could prevent over 800,000 deaths a year due to sanitation-related diarrhea (<http://www.wateraid.org/~/media/Publications/human-waste.pdf>). This is a habitual behavior that applies to adult, child, and baby feces and must be practiced on all occasions. |
| **PLAN FOR DATA COLLECTION BY USAID** |
| **Data Source:** Demographic and Health Survey Program (DHS), indicator ID: WS\_TLET\_H\_IMP. Data are readily available through the DHS Stat Compiler website: <https://www.statcompiler.com/en/>. Data from DHS and other sources such as Multiple Indicator Cluster Survey (MICS) may also be accessed through the Joint Monitoring Programme: <https://washdata.org/> |
| **Method of Data Collection and Construction:** DHS Household survey, Household Questionnaire. Available here: <https://dhsprogram.com/publications/publication-dhsq7-dhs-questionnaires-and-manuals.cfm> |
| **Reporting Frequency:** Approximately every 5 years |
| **Individual(s) Responsible Data at USAID:** |
| **TARGETS AND BASELINES** |
| **Baseline Timeframe:** |
| **Rationale for Targets** *(optional):* |
| **DATA QUALITY ISSUES** |
| **Date of Data Quality Assessments (DQA) and Name(s) of Reviewer(s):** |
| **Date of Future Data Quality Assessments** *(optional)****:*** |

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| **Known Data Limitations***:*  Validity: Use of an improved latrine does not eliminate fecal contamination risk, as this indicator does not capture cleanliness of facilities or ability of flies to enter an uncovered pit and spread contamination.  Reliability: As this is self-reported information, respondents may be inclined to over-report use of improved facilities or lack of sharing, as these are known to be desired behaviors. In addition, DHS does not include latrine observation to confirm whether a latrine is of improved design, which may also lead to incorrect recording of this indicator.  Timeliness: DHS survey timing may not align with program cycles and may be too infrequent for planning. However, data from MICS and DHS surveys combined may sufficiently bridge data gaps, as their timing alternates to provide more consistent data. USAID Missions may also wish to incorporate the same DHS questions and methodology into their own population-based surveys to ensure timeliness, though results may not be fully comparable to DHS and MICS. |
| **CHANGES TO INDICATOR** |
| **Changes to Indicator:** |
| **Other Notes** *(optional)***:** |
| **This Sheet Last Updated On:** December 22, 2017 |