Request for Qualifications: Impact Evaluations of Sanitation and Hygiene Programmes

3ie Sanitation and Hygiene Thematic Window RFQ TW11.02

Issue date: 19 February 2015
Application submission Deadline: 23.59 GMT, 19 March 2015

1. Introduction

The International Initiative for Impact Evaluation (3ie) requests research organisations or consortia to submit qualifications for a proposal preparation grant (PPG) under 3ie’s Sanitation and Hygiene Thematic Window. This window is aimed at promoting innovation and rigorous evaluation in hygiene and sanitation policy and programming.

The preparation grant is to prepare a proposal for a rigorous impact evaluation of hygiene and/or sanitation projects and programmes. The impact evaluations must be of interventions undertaken in a priority country of the Water Supply and Sanitation Collaborative Council (WSSCC).

Impact evaluations quantify the net effects of hygiene and/or sanitation programmes on outcomes such as behaviour change, maternal and child health and survival, adolescent health, human development, gender empowerment, poverty and outcomes for marginalised groups.

2. Overview

The grant for an impact evaluation will be awarded in two phases.

Phase one: qualifications and proposal preparation

The first phase begins with this Request for Qualifications (RFQ). The qualifications will be reviewed and scored by at least one internal 3ie reviewer, two external reviewers, and one WSSCC representative. Interested applicants are requested to fill up the form for a proposal preparation grant (PPG).

The selected research team(s) will receive a PPG up to an amount dependent on the number of proposals submitted (see section 6.3 for budget). See the 3ie PPG agreement and grant administration templates for more details.
The PPG covers costs associated with proposal preparation activities, and costs of engaging with the implementing agency and 3ie. The requirements include a field visit and one or more visits to work with the relevant staff of the implementing agency and to conduct capacity-building workshops with their staff, including a post-award workshop at WSSCC offices in Geneva on 5 May 2015 (see also section 6.2). These activities ensure dialogue between implementing agency staff and the research team and sustain a process of engagement and communication for agreeing on interventions to be evaluated and the impact evaluation question(s) and design(s).

At the end of this period, the PPG grantee will submit full evaluation proposal(s), including proposed budget(s). Proposed design(s) is (are) due by 7 June 2015. More details are provided below.

**Phase two: full proposal and impact evaluation**

The full impact evaluation technical proposal and budget will be reviewed and scored by at least one internal and at least two external reviewers, including a representative of WSSCC. If more than one impact evaluation technical proposal is submitted, it is 3ie’s intent, although not guarantee, to fund at least one proposed evaluation, conditional on the proposal receiving adequate scores on all selection criteria (see section 6.5 for selection criteria). On proposals that do not receive adequate scores, 3ie may provide comments and/or suggest alterations in team composition and have a team resubmit a revised version, which will be reviewed for a final decision. 3ie reserves the right not to award any follow-on impact evaluation grant.

If the proposal is accepted, 3ie will award the research team a grant to conduct the impact evaluation under 3ie’s standard terms and conditions. Please see 3ie grant agreement for details.

### 3. The Sanitation and Hygiene Thematic Window

#### 3.1 Background on WSSCC

WSSCC was established in 1991. Its vision is of a world where everybody has sustained water supply, sanitation and hygiene. WSSCC, together with its members, staff, partners and donors, strives to achieve this vision. Such a vision is centred upon a belief that sanitation, hygiene and water supply coverage is a universal human right; that people and communities are catalysts of change and can be the focus of transformative action; and that the impact of sound sanitation and hygiene will positively benefit people’s health, dignity, security, livelihoods, as well economic status. WSSCC is focusing its efforts in 35 priority developing countries. To fulfil its mission, WSSCC undertakes global and national advocacy and coordinates international apparatus to promote sanitation and hygiene. It also provides grants to sanitation and hygiene programmes in these countries through the Global Sanitation Fund.
WSSCC was created to accelerate the achievement of sustainable sanitation and hygiene for people across the developing world. “The overall goal (of WSSCC) remains...that all people use, and continue to use, improved toilets and practice good hygienic behaviour” (Medium Term Strategic Plan (MTSP), WSSCC, 2012). Over its current strategy period for 2012-16, the WSSCC is committed to “contributing substantially to global efforts to improve sanitation and hygiene for poor and vulnerable people, predominantly in Africa and Asia.”

WSSCC has five practical outcomes outlined in its MTSP that are listed below:

- Access and use of improved sanitation and (aiding the) adoption of hygienic behaviour;
- Preferential support to the poor and marginalised;
- Encouragement to more individuals and organisations to become involved in sanitation and hygiene work;
- Improvement in the knowledge and skills of individuals and agencies working in hygiene and sanitation; and
- Effective provision of resources to and governance of WSSCC to deliver these outcomes.

WSSCC maintains a global network of stakeholders, including a coalition of 35 countries, individual members in more than 160 countries, and a Geneva-based secretariat hosted by the United Nations Office for Project Services (UNOPS).

WSSCC is focusing its efforts in 35 priority developing countries: Niger, Sierra Leone, Mali, Burkina Faso, Burundi, Zimbabwe, Mozambique, Ethiopia, Guinea, Liberia, Rwanda, Senegal, Zambia, Benin, Malawi, Togo, Nigeria, Uganda, Mauritania, Cameroon, Ghana, Tanzania, Sudan, Papua New Guinea, Kenya, Bangladesh, Madagascar, Nepal, Angola, Pakistan, Myanmar, Cambodia, Congo, India and Lao PDR.

A description of WSSCC’s areas of work can be found in the Annex.

3.2 Background on the 3ie Sanitation and Hygiene Window

3ie has been commissioned by WSSCC to undertake an evidence programme. The goal of the evidence programme is to inform and increase the evidence that supports the effective allocation of funds in sanitation and hygiene, improve accountability and enhance the likelihood that interventions addressing sanitation and hygiene are able to effectively reduce mortality and morbidity and increase the rights and dignity of people across the developing world. The evidence programme activities will include 3ie-managed requests for proposals and quality assurance for impact evaluations, systematic reviews and a mid-term review of the WSSCC MTSP 2012-16. In consultation with WSSCC, 3ie has established an advisory committee for this evidence programme, comprising experts in the water, sanitation and

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1 Ibid.
hygiene sector (WASH), evaluation and policy experts, donor constituency and senior staff from implementing agencies including WSSCC.

3ie’s Sanitation and Hygiene Thematic Window (TW11) is a grant-making component of the evidence programme. The programme aims to help bridge the knowledge gap of what works and why in sanitation and hygiene provision. The thematic window will award grants to fund impact evaluations of under-researched sanitation and hygiene interventions in WSSCC priority countries, with the purpose of contributing to better understanding of what works, why, through what channels and at what cost to maximise policy relevance and impact. 3ie will select up to two most promising impact evaluation proposals.

4. The effectiveness of sanitation and hygiene

Despite longstanding political commitments, the Millennium Development Goal target to “halve the number without access to sanitation by 2015” – or 77 per cent of the developing world population with access – has not been met. Over one-third of the world’s population, 2.5 billion people, still do not use improved sanitation (WHO/UNICEF, 2013). Of these, 1 billion people defecate in the open, and the remaining use either public or shared sanitation facilities (760 million) or unimproved facilities which do not meet minimum hygiene standards (695 million). Inadequate sanitation coverage and open defecation are concentrated globally among people living in Africa and South Asia (mainly India) and those living in rural areas.

Hygiene and sanitation conditions have important social and economic consequences for the world’s poorest people, with implications for environmental health, infectious disease morbidity, nutrition, child mortality, educational attainment, income poverty reduction, empowerment and dignity (Figure 1). Benefits of hygiene and sanitation interventions for young children’s health include evidence of reductions in diarrhoeal disease morbidity (Fewtrell & Colford, 2004), respiratory infections (Aiello et al., 2008), helminth infections (Ziegelbauer et al., 2012) and malnutrition (Dangour et al., 2013), among others. WASH may also have long-term social and economic implications, including for education attainment and labour market outcomes (Poulos et al., 2006). Furthermore, while all suffer loss of dignity from open defecation, some costs are borne disproportionately by women and girls, including the risks involved in defecating in unsafe places.

Figure 1: Possible effects of hygiene and sanitation provision

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and nutrition outcomes due to water-related diseases</td>
<td>• Diarrhoeal morbidity among children under five years of age</td>
</tr>
<tr>
<td></td>
<td>• Acute respiratory infection (cough and cold) among children under age five</td>
</tr>
<tr>
<td></td>
<td>• Other water-related diseases: helminth infections, trachoma</td>
</tr>
<tr>
<td></td>
<td>• Nutritional status and anthropometry</td>
</tr>
<tr>
<td></td>
<td>• Mortality among children under age five</td>
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## Outcomes

<table>
<thead>
<tr>
<th>Indicators</th>
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<tbody>
<tr>
<td>Maternal and newborn health</td>
</tr>
<tr>
<td>Gender-based violence and sexually-transmitted illness</td>
</tr>
<tr>
<td>Reproductive tract infections associated with menstrual hygiene</td>
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<tr>
<td>Dignity and level of privacy provided by access to sanitation</td>
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<tr>
<td>Social and psychological impact of limited sanitation access</td>
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### Education

<table>
<thead>
<tr>
<th>Indicators</th>
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<tbody>
<tr>
<td>School enrolment</td>
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<tr>
<td>School attendance</td>
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<tr>
<td>Teacher posting and attendance</td>
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### Income, consumption and poverty

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<th>Indicators</th>
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<tbody>
<tr>
<td>Household per capita income and consumption</td>
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<tr>
<td>Labour market outcomes</td>
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<tr>
<td>Household coping and averting costs</td>
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<tr>
<td>Expenditure on medical treatment</td>
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</table>

### Access, knowledge, attitudes and practices

<table>
<thead>
<tr>
<th>Indicators</th>
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</thead>
<tbody>
<tr>
<td>Access to WASH services by poor, minorities and vulnerable groups (e.g. time use by women and girls)</td>
</tr>
<tr>
<td>Knowledge (e.g. health consequences, appropriate use of technology)</td>
</tr>
<tr>
<td>Attitudes (e.g. hygiene beliefs, consumer satisfaction of amenities)</td>
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<tr>
<td>Practices (e.g. pathogen contamination in environment, measured use of soap and/or cess pit)</td>
</tr>
</tbody>
</table>

Source: Poulos et al. (2006).

The effectiveness of hygiene and sanitation programmes in improving these outcomes depends on the efficacy of the programme itself and its effectiveness in ‘real world’ settings due to effective implementation, intervention uptake and sustained adherence (Waddington et al., 2009). Rigorous impact evaluation studies are needed to quantify the difference made by hygiene and sanitation programmes. These studies need to use appropriate quantitative methods of outcomes data collection, survey timing (length of follow-up period) and sample size in order to detect effects on outcomes.

The evidence base from rigorous impact evaluations in low- and middle-income countries (L&MICs) has been collated in an evidence gap map of existing impact evidence undertaken by 3ie. This suggests the following deficiencies in the impact evaluation literature:

- The rigorous evidence base evaluating impacts of sanitation and hygiene is small, particularly in Sub-Saharan Africa.
- Impact evaluations of programmes that aim to change behaviour, such as community-led total sanitation (CLTS) and sanitation and hygiene advocacy including behaviour change communication, are almost absent.
Most rigorous evidence comes from small-scale hygiene projects measured over short periods. Very little evidence has been collected on sustained impacts of scaled-up hygiene and sanitation programmes, and of programmatic support such as decentralisation.

Important gaps exist in rigorous collection of data on gender and empowerment outcomes, time-use, nutrition, education, income poverty, child mortality, and value for money and cost-effectiveness of sanitation and hygiene delivery. In addition, self- and carer-reported data on health outcomes may be unreliable (Schmidt and Cairncross, 2009).

There is limited evidence on factors influencing movement up the sanitation ladder.

Very little rigorous evidence has been collected on spillover effects of sanitation and hygiene behaviours on environmental contamination, and possible threshold effects of provision. There is very limited rigorous evidence on appropriate sequencing of water, sanitation and hygiene interventions, and the impact of standalone WASH programmes versus multi-sectoral programmes.

5. Scope of the impact evaluation

Proposed impact evaluations must be of hygiene and/or sanitation intervention(s) conducted in WSSCC priority country or countries and preferably with WSSCC engagement (see section 3). The evaluations proposed should be well-motivated by a programme theory of change that includes full identification of assumptions and that is supported by past experience or by research or both. Outcome measures must assess uptake, adherence to sanitation and hygiene practices, sustainability of behaviour change, and/or health, economic, gender and social outcomes.

The study designs submitted at the end of the preparation grant period must meet 3ie’s definition of rigorous impact evaluation. They should measure net impacts against a counterfactual, which may be constructed experimentally or quasi-experimentally, using methods which are able to account for common threats to causal validity, including confounding, sample selection bias, performance biases including spillovers and contamination, as well as biases in outcomes data collection and reporting.

Experimental designs involve random assignment of the intervention at individual or cluster levels (randomised controlled trials). Quasi-experimental approaches employ statistical techniques to model the selection process when the intervention is not randomly assigned. This includes encouragement designs, instrumental variables estimation, discontinuity assignment, difference-in-differences and statistical matching approaches. 3ie promotes theory-based impact evaluation designs that examine the full causal chain, incorporating mixed methods of data collection and analysis, to enable the research to address the

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2 The Sanitation and Hygiene Applied Research for Equity (SHARE) DFID-funded research programme consortium and the WSSCC formed a research partnership in 2013 to investigate the specific impact of inadequate access to WASH facilities on women and girls in India and Bangladesh. The findings can be accessed at [http://www.shareresearch.org/LocalResources/Limited_Access.pdf](http://www.shareresearch.org/LocalResources/Limited_Access.pdf).
evaluation questions about how and why the intervention worked or did not work, and to assess unintended consequences. See 3ie’s principles for impact evaluation.

Grantees should plan to present baseline findings of their studies at the Community of Evaluators South Asia Evaluation Conclave in Kathmandu, Nepal (30 November-4 December 2015). The implementation of the intervention and endline data collection should be completed after all ethical approvals, where necessary, have been granted, and draft reports received by no later than 31 December 2016. Grantees will have two months to produce the final report after peer review, which must include all analysis and results.

The projects may be implemented in any WSSCC priority country. The impact evaluations should be designed with a view to producing evidence that is relevant to WSSCC and the WASH sector and it should be externally valid, that is, it can be applied to other countries and contexts.

6. Proposal preparation grant (phase one)

6.1 Eligibility

6.1.1. Only legally registered organisations and consortia of registered organisations, not individuals, may apply. The applicant organisation must be able to sign the 3ie grant agreement, which is available on the 3ie website. For-profit organisations are eligible to apply, but are restricted to the same indirect cost limits as non-profit organisations and may not charge a fee.

6.1.2. The lead grant-holding organisation may be located anywhere in the world. Qualifications must include at least one named PI. Each proposal must be submitted by a single organisation that may include others as sub-grantees or sub-contractors (subject to 3ie’s direct and indirect cost policies). Organisations may submit more than one proposal and may be included on more than one proposal. They should, however, have the capacity to implement any and all grants awarded to them under the window.

6.1.3. The research team must include at least one researcher who is a national of and resident in the country in which the intervention is being (or was) undertaken.

6.1.4. The research team may include other researchers who are not employees of the grant-holding organisation.

6.1.5. The intervention country must be a WSSCC priority country (see Section 3). Given the short timeline required for completion of studies (see Section 6.4), current and/or previous involvement in impact evaluation in the intervention country is a requirement.

6.1.6. The application for the PPG will also need to indicate how the proposed evaluation and the programme it is evaluating aligns with WSSCC’s objectives and priorities.
6.2 Preparation process

The study team should hold at least one post-award workshop to build capacity amongst the implementing agencies to increase understanding of impact evaluation amongst the staff of the implementing agency during the preparation grant period. This workshop can form part of the process of selecting interventions to be evaluated, developing the theory of change, and/or discussing possible designs, as applicable.

The selected study team should engage with WSSCC and associated implementing agencies at all levels to explain the rationale for conducting an impact evaluation, what will be learned from it and the implications for programme design, data collection, analysis and use of results. This must include at least a one-day post-award workshop with WSSCC staff, held in Geneva on 5 May 2015.

During the preparatory phase, the research team is required to ensure the cooperation and agreement of the in-country implementing agency programme staff for the chosen evaluation questions and study designs. The workshops for implementing partner staff and other key stakeholders should form the basis for an on-going dialogue between the implementing agency staff and the research team throughout the study.

The workshop(s) and discussions with the implementing agency staff should cover the following:

- Identify programmes to be evaluated;
- Determine evaluation questions and timeframes for evaluation;
- Discuss a feasible evaluation design including identification methods;
- Discuss data collection methods; and
- Carry out scoping and other background information needed to develop a policy engagement and research communication plan, using 3ie guidance and templates.

Research teams should take stock of administrative and existing survey and other data that may be of use for the evaluation.

Study teams must demonstrate their ability to conduct the study for which they win an award, and their availability to start and finish the study within the timeframe indicated in this RFQ.

For international teams, the study team will make at least one visit to the country during the preparation process, with one PI designated as the contact point with the implementing agency.

6.3 Budget

A preparation grant of up to US$30,000 will be made to the qualifying research team(s), as shown in the table below. The budget varies according to the number of proposals.
submitted. US$10,000 shall be paid on signing the grant agreement and the balance on submission of the proposal(s).

**Figure 2: Maximum allowable budget for preparation stage**

<table>
<thead>
<tr>
<th>Number of proposals for evaluation of separate interventions</th>
<th>One proposal</th>
<th>Two proposals</th>
<th>Three proposals</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>US$ 20,000</td>
<td>US$ 25,000</td>
<td>US$ 30,000</td>
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</table>

The proposal preparation grant will cover costs associated with the necessary activities for producing the impact evaluation designs. Eligible activities include a short and relevant literature review, formative field research, researcher time and travel to meet implementing partners, engagement workshops (inception and capacity building), preliminary checking of relevant administrative data and site visits and travel and stay for the one-day post-award workshop in Geneva on 5 May 2015. Researchers should also plan to spend an additional day either before or after the workshop to discuss the impact evaluation with relevant WSSCC staff.

3ie expects to fund two impact evaluation grants of up to US$200,000 each (including the cost of the proposal preparation grants). Each grant will fund the conduct of one rigorous impact evaluation. Teams are encouraged to use innovative methods, including follow-up surveys building on existing datasets and/or rigorous ex-post evaluation designs to meet the budget envelope and timeline. Grant money may not be used to fund implementation of the intervention itself.

### 6.4 Timeline

**Qualifications are due by 19 March 2015.** 3ie plans to announce prospective awards for PPGs in March 2015. 3ie and WSSCC will host a one-day post-award workshop held on 5 May 2015 for awardees to receive feedback from 3ie and the other awardees on draft proposals. At least one PI from the project team, someone who fully understands the impact evaluation design, must be available to attend the post-award workshop, if prospectively awarded the grant. The workshop will be held at WSSCC offices in Geneva, Switzerland.

Applicants should be prepared to submit their full proposal by 7 June 2015, including draft policy influence plans (template to be provided). Grant signing is contingent on attendance at the post-award workshop and approval of requested revisions to the full proposal. The grant signing process will take three to six weeks after submission of the full application, depending on the degree of revisions requested to the proposed research designs.

All studies should be completed with end-line data collected and draft final reports due no later than 31 December 2016. The activities timeline is given in the following table.
Activity or deliverable | Key dates (Deadline – 23:59 GMT)
---|---
RFQ is posted | 19 February 2015
Deadline for submitting queries | 3 March 2015
Deadline for posting responses to queries on the 3ie website | 6 March 2015
Deadline for submission of applications to RFQ | 19 March 2015
Decision about selection announced | 31 March 2015
Financial due diligence and proposal preparation grant agreements signed | 15 April 2015
3ie/WSSCC one-day post-award workshop in Geneva (plus additional day to engage with WSSCC staff) | 5 May 2015
Impact evaluation proposal is submitted to 3ie. This includes the primary evaluation question, the main outcomes, the identification strategy, a piloted survey instrument and a provisional overall budget for a full evaluation | 7 June 2015
Proposals reviewed and scored for impact evaluation grants | 22 June 2015
3ie decision on awarding full impact evaluation (provisional) grant | 30 June 2015
Financial due diligence and impact evaluation grant agreements signed | 11 August 2015
Presentation of study design and baseline findings at South Asian Conclave of Evaluators meeting in Kathmandu | 30 November-4 December 2015
Slide deck showing progress reports covering implementation for WSSCC Board meeting | November 2016
Draft report received | 31 December 2016
Final report received | 31 March 2017

6.5 Selection criteria

Qualifications will be reviewed and scored by one 3ie internal reviewer and at least two external reviewers, including one reviewer from WSSCC. It is 3ie’s intent, although not guarantee, to award the PPG, conditional on the applicant receiving adequate scores on all criteria. 3ie may provide comments and request applicants to make changes to the proposal. 3ie reserves the right to not award any grant in case no applicant meets the requirements.

A team applying for a grant may include consortia of multiple organisations, but a single organisation must apply for the grant as the prime grantee and then issue sub-awards to other team members. It is not required, however, that teams include multiple organisations. The organisation will need to describe the arrangements for maintaining independence from the implementers in their proposal.
Teams that demonstrate their commitment to equity and diversity are encouraged to apply. Team members should have excellent writing and verbal communication skills in English. Team members must have respect for the United Nations (UN) values that include respect for equality and diversity. For evaluations in Francophone countries, excellent writing and verbal communication skills in French are also required.

The following table provides the evaluation criteria and weighting for both the preparatory phase (phase one) and the full impact evaluation proposal phase (phase two).

<table>
<thead>
<tr>
<th>Preparation grant: Phase one</th>
<th>%</th>
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<tbody>
<tr>
<td>Credentials of PIs: previous experience in publishing high-quality research in sanitation and hygiene sector and demonstrated policy influence</td>
<td>40</td>
</tr>
<tr>
<td>Demonstrated commitment towards equity and diversity, including involvement of researchers and organisations in relevant developing country in the team and proposed work</td>
<td>20</td>
</tr>
<tr>
<td>Capabilities to undertake impact evaluation in the hygiene and sanitation sector and ability to manage and deliver impact evaluations on time</td>
<td>10</td>
</tr>
<tr>
<td>Country experience of the study team, including in working with policymakers and researchers in focus country</td>
<td>25</td>
</tr>
<tr>
<td>Associate membership of 3ie</td>
<td>5</td>
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<table>
<thead>
<tr>
<th>Full impact evaluation application: Phase two</th>
<th>%</th>
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<tbody>
<tr>
<td>Qualifications of research team</td>
<td>15</td>
</tr>
<tr>
<td>Demonstrated commitment towards equity and diversity, including substantive involvement of developing country researchers</td>
<td>15</td>
</tr>
<tr>
<td>Quality of technical proposal and internal validity</td>
<td>30</td>
</tr>
<tr>
<td>Quality of technical proposal and external validity (theory of change, contextual analysis, heterogeneity analysis)</td>
<td>15</td>
</tr>
<tr>
<td>Demonstrated relevance of research question to the needs of the implementing agency and potential for uptake of study findings</td>
<td>15</td>
</tr>
<tr>
<td>Cost</td>
<td>10</td>
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7. Instructions for applicants

RFQ applications must include the following information:

1. Completed application form, submitted through 3ie’s online grant management system.

2. Curriculum vitae (CV, not to exceed three pages each) of all proposed PIs, along with a signed letter from each indicating the share of working time during the two months of the preparation grant expected to be spent on the proposal preparation work and confirming availability for that expected share of working time. It is expected that these PIs will participate in the proposed impact evaluation. Applicants are required to provide only information relevant to the grant in their CV.
3. If applicable, include CVs (not to exceed three pages each) of additional researchers who will be involved in conducting the impact evaluation, if approved. Applicants need to provide only information relevant to the grant in their CV.

4. Copies of up to three impact evaluation reports or publications relevant for this call, with proposed PIs as named authors.

5. Proposed budget, not to exceed US$ 30,000, for the proposal preparation costs. The proposed budget must follow 3ie’s direct cost and indirect cost policies, including the cost of the one-day post-award engagement workshop in Geneva held on 5 May 2015.

8. Submission guidelines

Qualifications must be submitted through 3ie’s online grant management system no later than 23:59 GMT, 19 March 2015.

The signed letters from the PIs and sample impact evaluation studies relevant to the grant may be uploaded as separate pdf files.

The budget should be presented in 3ie budget format and follow 3ie budget guidelines. Budget notes and other supplementary information may be uploaded as a separate Microsoft® Word or .rtf file in font size equal to or larger than 11.

Please direct any questions related to this RFQ to tw11@3ieimpact.org by 23:59 GMT on 3 March 2015. By 6 March 2015, a single document with all questions and answers will be made publicly available on the impact evaluation call webpage.

This RFQ does not constitute a guarantee of an award.
References


Annex

WSSCC’s programmes and areas of work

1. **Global Sanitation Fund**

The Global Sanitation Fund is a pooled global fund established by the Water Supply and Sanitation Collaborative Council (WSSCC) and funded by its donors to provide funding to national programmes in up to 35 countries that are most in need of improved sanitation and hygiene. For each country, WSSCC facilitates the development of country programme proposals through a consultative process of over 6-9 months involving government and non-governmental organisations, as well as representatives of external support agencies. It then appoints an Executing Agency (EA) to administer grant funding and execute the country programmes. Each EA makes sub-grants to non-governmental organisations, private sector and local governments to implement the country programmes using methods of community-based total sanitation and sanitation marketing. The programmes are designed for scale, achieving total sanitation coverage in entire districts and reaching an average of 900,000 people per country. For more information, see – Global Sanitation Annual Progress Report, 2013 ([http://www.wsscc.org/resources/resource-publications/global-sanitation-fund-progress-report-2013](http://www.wsscc.org/resources/resource-publications/global-sanitation-fund-progress-report-2013)) and Global Sanitation Fund Progress Report 2014 Update.

2. **Equity and non-discrimination programme**:

This programme has a multi-regional approach to policy advocacy, policy implementation and monitoring on the issues of equity, including initiatives to promote menstrual hygiene management and disability. At the heart of this programme is the partnership with various UN agencies and the national government.

The India chapter: In India, the council works in partnership with the Government of India to modify and strengthen the country’s national sanitation and hygiene policy to address the issues of menstrual hygiene and disability and other aspects of equity. It also involves supporting training of trainers of officials at government training centres in 14 States to ensure effective monitoring of the guidelines. The work extends to the “Clean India” (Swachh Bharat) initiative of Prime Minister Modi.

The West Africa chapter: WSSCC applies a similar approach to policy reform and monitoring in West Africa through its partnership with UN Women with a focus on Senegal, Niger, Benin, and Togo. Joint programming with UN Women are intentionally confined to West Africa so that UN Women can apply similar programming in other sub-regions of the world while WSSCC can use finite resources to establish partnership agreements with other institutions.

The East Africa chapter: work in East Africa may involve collaboration with the International Labor Organization (ILO) with a specific focus on the workplace equity, gender and

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3 This annex has been provided by WSSCC and has only been formatted by 3ie for the purpose of including this information in this RFQ.
sanitation issues. It is expected that this partnership will focus on issues of sanitation and hygiene in the formal and informal sectors in line with the 2016 theme “Water and Jobs.”

An additional crosscutting activity of the Gender, Equity and Menstrual Hygiene programme will be inter-regional exchanges to strengthen national systems of monitoring.

3. **Technical and advocacy support to the Regional ministerial-level sanitation conferences**

Regional, ministerial-level sanitation conferences occurring in Africa, East Asia, South Asia, and Latin America encourage cross-regional dialogue and spur political action to improve sanitation for hundreds of millions of people. Ministers and other decision makers convene at regional sanitation conferences to make commitments to provide sanitation services for those living without them.

WSSCC’s plays an important leadership role to shape the agenda of regional conferences and commitments to ensure the civil society and voices of people and marginalised groups occupy the center-stage of these conferences and commitments.

4. **Post-2015 technical support for advocacy**

In the post-2015 international development target-setting discussions, WSSCC has worked with various partners to ensure that water, sanitation and hygiene are prioritised as one of 17 goals proposed by the Open Working Group (OWG) on Sustainable Development Goals of Member States. WSSCC played a key technical role as a part of the Equity and Non-Discrimination (END) working group (http://www.wssinfo.org/post-2015-monitoring/working-groups/equity-and-non-discrimination/). It was also appointed to lead the cross-sector Advocacy and Communications Working Group responsible for communicating the targets and indicators that have been agreed by the WASH sector as a result of an extensive consultative process (http://www.wssinfo.org/post-2015-monitoring/working-groups/advocacy-and-communications/).

5. **Communications support for the UN Deputy Secretary General’s (DSG’s) Call to Action on Sanitation**

Although there are important gains against poverty and disease, the sanitation target remains off-track. As a response, the DSG has launched a Call to Action on Sanitation, in particular, a call for ending open defecation. WSSCC is a key partner and coordinator for this United Nations global communications campaign on ending open defecation. The two fold objectives of this campaign are: (1) to support ongoing efforts in which ending open defecation and improving sanitation become prioritized in the post-2015 period; and (2) to enhance visibility and increase the dialogue about open defecation at different levels.

6. **Strategic Support to Sanitation and Water for All (SWA)**

WSSCC has been a key player in the Sanitation and Water for All since its inception. Currently, WSSCC’s involvement in SWA is threefold. First, the WSSCC Executive Director is a member of the SWA Steering Committee, and actively contributes to the strategic direction of the partnership. Second, the communications function of the SWA Secretariat is outsourced to WSSCC. Third, at national level, WSSCC works with its country partners to
ensure that their participation in SWA, particularly the High-Level Commitments Dialogue, is harmonized with national processes, and builds on lessons learned from GSF.

7. **Partnerships with non-WASH actors to take the sanitation and hygiene agenda forward**

WSSCC has worked with non-WASH actors (UN, academia as well as private sector players) to take the sanitation and hygiene agenda forward. Some of the examples include Accenture Development Partnership (ADP), *Svenska Cellulosa Aktiebolaget* (SCA), ILO, UN Women. Much work remains to engage governments and various non-state actors, both within and outside of the WASH sector. These programmes will enhance country engagement, coordination, membership and partnerships; strengthen the role of non-state actors; revitalize and widen the community of practice; and integrate advocacy at global, national and regional levels.

8. **Research, knowledge and normative agenda**

WSSCC works to identify and fill sector gaps in research and knowledge, an approach that brings together advocacy, knowledge, learning and research to advance the action. As a collaborative Council, it acts as a neutral agency that aims to facilitate a process to bring together sector agencies and networks to apply an agreed set of guiding principles to their capacity building, knowledge management and networking activities, and an agreed approach to use similar systems for events scheduling, platforms and knowledge sharing.

9. **Special Projects: Water for Sanitation and Hygiene (WAFSAH)**

This programme includes special projects and the Global Forum on Sanitation and Hygiene that will inform future directions for WSSCC as it prepares for its next Medium-Term Strategic Plan (2017-2021). Among the special projects is the Water for Sanitation and Hygiene (WAFSAH) initiative applied in 2013-2014 in Kenya, Uganda and Tanzania. The Council aims to extend this initiative's innovative mechanism of small grant funding to promote low-cost, local material solutions for rainwater harvesting and shallow pump technology to additional villages in East Africa.

**Enabling areas of work to strengthen the above programmes**

1. **Governance arrangements of WSSCC:**

The WSSCC Steering Committee consists of elected representatives from the 3,000 WSSCC member professionals in government and NGO networks, partner agencies and donor governments in over 100 countries who make up the Council. The WSSCC Secretariat, working closely with the Geneva-based office of UNOPS, is responsible for ensuring accountability to the Steering Committee in its role as the donor source by seeking strategic direction from them, abiding by decisions taken by the Steering Committee, implementing effectively the work plan and budget approved by the Steering Committee and by maintaining financial transparency.
2. Country Engagement mechanism and Membership:

This programme is aimed at strengthening the coherence of WSSCC by bringing together members and partners in a strategic manner in order to better support the efforts by countries to achieve their respective national sanitation and hygiene targets. At the country level, this includes the development of strategic engagement plans by WSSCC National Coordinators, working in close collaboration with WASH Coalitions, government focal points, Parliamentarians, as well as the GSF mechanisms - the EAs and the Programme Coordination Mechanisms (PCM). The programme also aims to foster integration of the departments of the WSSCC Secretariat so that members and partners in specific countries can interface more readily with staff members in Geneva.

3. Monitoring and Evaluation:

A relatively new arrangement in WSSCC, the M&E portfolio aims to promote results-based planning, monitoring and evaluation by facilitating better organizational plans, producing better evidence to inform and improve WSSCC’s relevance, effectiveness, efficiency and transparency. Biennial work plans with clear indicators and milestones, monitoring tools, management information systems and independent evaluations are few examples demonstrating M&E Unit’s modus operandi.

In addition, it also has a mandate to make significant contributions towards strengthening the sector monitoring and evaluation culture by generating evidence on what and what does not work. In order to take this agenda forward, WSSCC has commissioned 3ie to carry out the Mid-Term Review of its MTSP as well as conduct three impact evaluations and three systematic reviews. While the MTSP MTR will review the performance, achievements, non-achievements of WSSCC against the MTSP, the impact evaluations and systematic reviews will generate evidence to fill the evidence gap in the sector.

4. Knowledge management and learning systems:

This area of work concerns the management of knowledge and learning systems, with emerging MIS, to harvest, document, disseminate and apply information/learning from WSSCC programmes. The programme aims to introduce a system for learning and knowledge management that will facilitate opportunities within the Secretariat and among NCs, GSF affiliates, members and partners for sharing experience and improving performance.

5. Media and communications, including corporate Communications:

Corporate communications contribute to WSSCC’s ability to deliver on the work plan through unique positioning of WSSCC within the broader WASH and development sectors. In addition, this activity supports programmatic work by ensuring that all articles, brochures, newsletters, briefing notes, research summaries, membership materials and campaigns, reports, training guides, etc., as well as electronic and web-based communications tools and products, adheres to an editorial calendar which reinforces WSSCC’s key messages.
To support its advocacy and position, WSSCC informs and facilitates dialogue and messaging with the media, members, partners, stakeholders and the public. A newly developed and implemented communications strategy emanating from the 2014 Strategic Communications Review will guide implementation of outreach tactics to media, partner organizations, the WASH sector at large, current and potential donors, and others. It will have a global, regional and local focus.

For more information on WSSCC, please access the Annual Progress Report 2013, available at: