



SHARE Annual Report

July 2011 - June 2012

Submitted to DFID: July 2012



Table of Contents

1. Executive Summary	4
2. Introduction	7
3. Research Activities	8
4. Research into Use	17
5. Capacity Building	27
6. Highlights of Main Projects	30
7. National Research Platforms	38
8. Monitoring and Evaluation	49
9. Management	71
10. Finance	74
11. Value for Money	79
12. Adaptive Strategies	88

Annexes

1. Research into Use Strategy	91
2. SHARE PhD Candidates	92
3. SHARE M&E Operational Manual	98
4. SHARE Logframe	111
5. National Research Platform Monitoring Forms	141
6. Monitoring Project Management – Financial Information	143
7. Progress against Performance Markers for Key Projects	146
8. National Platform Members	156
9. Follow up on Actions from 2011 Annual Report	158
10. Tripartite Letter Agreement	159

ACRONYMS

AfricaSan	Africa Conference on Hygiene and Sanitation
AIPH	Asian Institute of Public Health
AMCOW	African Ministerial Council on Water
AusAID	Australian Agency for International Development
BMGF	Bill and Melinda Gates Foundation
BRAC	Bangladesh Rehabilitation Assistance Committee
CAG	Consortium Advisory Group
CCI	Centre for Community Initiatives
CCP	Critical Control Points
CCODE	Centre for Community Organisation and Development
DFID	United Kingdom Department for International Development
EHG	Environmental Health Group
EIB	European Investment Bank
EUWI	European Water Initiative
FC	Faecal Coliforms
FGD	Focus Group Discussion
GIS	Geographic Information Systems
GLAAS	Global Analysis and Assessment of Sanitation and Drinking Water
GSF	Global Sanitation Fund
HACCP	Hazard Analysis and Critical Control Points
ICDDR,B	International Centre for Diarrhoeal Disease Research, Bangladesh
IIED	International Institute of Environment and Development
JMP	Joint Monitoring Programme
KIIT	Kalinga Institute of Industrial Technology
LFA	Logical Frame Approach
LSHTM	London School of Hygiene and Tropical Medicine
M&E	Monitoring and Evaluation
MHM	Menstrual Hygiene Management
MoU	Memorandum of Understanding
NIMR	National Institute for Medical Research
OM	Outcome Mapping
PLUMS	Passive Latrine Use Monitors
RBF	Results Based Finance
RCT	Randomised Controlled Trial
RIU	Research into Use
SDI	Shack/Slum Dwellers International
SHARE	Sanitation and Hygiene Applied Research for Equity
SHEWA-B	Sanitation, Hygiene Education and Water Supply in Bangladesh
STH	Soil Transmitted Helminths
SWA	Sanitation and Water for All
UN	United Nations
UNC	University of North Carolina
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VfM	Value for Money
WASH	Water, Sanitation and Hygiene
WEDC	Water, Engineering and Development Centre
WHO	World Health Organisation

1. Executive Summary

This Annual Report gives an overview of the key achievements of the Sanitation and Hygiene Applied Research for Equity (SHARE) consortium for the year July 2011 to June 2012. The report also marks the mid-point in programme activities of the consortium. In the past year, we have initiated significant research projects, launched national 'Research into Use' platforms, and strengthened programme management systems, including monitoring and evaluation. As results from research and knowledge synthesis become available, we are increasingly focusing our efforts on translating these into more effective, equitable, and sustainable sanitation and hygiene interventions at a national and global level.

Research portfolio

During the past year SHARE has completed a final open research call and initiated research projects in all focus countries (Bangladesh, India, Malawi and Tanzania). In addition, results of the first research projects are becoming available for publication and dissemination to key audiences. The portfolio includes research related to four thematic pillars (health, equity, sanitation markets, urban sanitation), with many projects integrating two or three themes. The research is increasingly focused on solutions in contrast to the exploratory nature of early research.

With most of the research budget now allocated, and most projects underway, priorities for the coming year are to ensure that projects result in rigorous and timely research outputs and to identify ways to develop new partnerships to sustain SHARE's work.

Research Highlights

1. Randomised controlled trial of sanitation - India

This collaborative project is the largest rigorous evaluation of sanitation impact through a cluster randomised control design. The project will further understanding of the health impact of improved sanitation, including a better understanding of how environmental and programmatic factors influence exposure and health improvements. During the past year, WaterAid India and their partners have completed implementation in communities, and researchers from the London School of Hygiene and Tropical Medicine (LSHTM) have begun surveillance of health outcomes. Partners continue to research how sanitation affects the transmission of pathogens and how programmatic factors influence household behaviour change – these are critical questions for policy makers and practitioners at national and global levels.

2. Impact of food hygiene on contamination of weaning food - Bangladesh

Contaminated weaning foods account for a substantial proportion of diarrhoeal diseases among infants and young children in developing countries with up to 70% of diarrhoeal episodes possibly due to pathogens transmitted through food. A quick-start study was carried out by microbiologists at the International Centre for Diarrhoeal Disease Research,

Bangladesh (ICDDR,B) to assess the effectiveness of hygiene promotion in reducing weaning food contamination. The survey of 60 households demonstrated that weaning foods in both study arms were contaminated before intervention. After a programmatic intervention, both the faecal coliform and faecal streptococci counts in study households were reduced significantly. Attention now turns to developing scalable interventions and to increasing awareness of the problem.

3. City-wide sanitation in four cities – Malawi, Tanzania, Zimbabwe, Zambia

This exciting and complex project, led by the International Institute of Environment and Development (IIED), originated in response to the past failures of techno-centric and conventional approaches to urban sanitation, as well as to critical obstacles to scaling up appropriate sanitation in urban areas. Four urban centres in Malawi, Tanzania, Zambia and Zimbabwe have been selected. A situation analysis and community mapping project is underway in all four cities with completion due by the end of September 2012.

4. Inequities in sanitation risk and impact – Asia and Africa (10 countries)

While there is growing awareness of disparities in access to sanitation, there is limited understanding of how this translates into disparities in health burden and in the health impact of improvements among different socio-economic and geographic groups. Analysis of data from 10 low-income countries in Sub-Saharan Africa and South Asia show that improving sanitation for the poor, especially the urban poor, results in significant health gains. These findings have already had an influence on sector planning, investment and monitoring.

Research into Use (RIU)

There has been significant progress in engaging boundary partners in research and synthesis. These actors have been successfully convened at global, regional and national levels. There were, for example, well-attended sessions at the Stockholm World Water Week, the AfricaSan ministerial conference held in Rwanda and the Global Sanitation Forum in India. Research findings have been translated into various formats for different audiences and policy reports co-published with leading sector agencies. A number of pieces of demand-led research or synthesis responding directly to immediate policy or practice concerns have been undertaken. One such example is the Evidence Review on water, sanitation and hygiene (WASH) that served as the foundation for the Department for International Development's (DFID) Portfolio Review exercise.

SHARE continues to use online media in order to reach wide audiences globally. Media outreach around global hand-washing day in particular was successful, with stories in national media in Bangladesh and the UK as well as global outlets.

In 2012/2013, we will focus on building on successful partnerships to increase the impact of SHARE's work; supporting RIU activities of the country platforms; providing targeted support for high impact research findings; working with WaterAid to support uptake of findings internally; and on building national sector and agency capacity to interpret and use evidence for decision-making.

Capacity building

SHARE employs a number of strategies to build capacity. The training of 6 PhD students from Asia and Africa is a core component. Many of them have now begun designing and

carrying out their field research. SHARE core researchers continue to work closely with national researchers to strengthen the quality of research. This integration of capacity building and applied research will continue to develop in the coming years. In addition to building capacity through training and mentoring, one SHARE research project conducted by WaterAid directly assesses the effect of low sector human resource capacity on sector performance in Tanzania. SHARE is seeking to strengthen capacity to use existing evidence and knowledge to improve the effectiveness and impact of sector investments. This includes working closely with focus country research groups.

National Platforms

SHARE's national research platforms in India, Bangladesh, Tanzania and Malawi are designed to engage national sector actors, identify critical knowledge gaps, generate knowledge, and translate evidence into improved sanitation and hygiene policy and programming.

While the four research platforms have been established, progress has been somewhat slower than expected. Some of the challenges have included establishing the necessary institutional arrangements for the supervision and funding of national research projects, ensuring the quality of research proposals, and bringing together divergent groups from government, NGOs, research institutions, and funders.

Research priorities have been identified in all countries and specific projects have been identified for funding in three of the four. Research priorities include: contamination of ground drinking water due to poor sanitation (Bangladesh), the impact of poor sanitation and hygiene on girls and women throughout the lifecycle (India), the rigorous evaluation of effective community sanitation and hygiene strategies (Tanzania), and effective models for safe disposal of human waste in urban areas (Malawi).

Over the coming year, additional effort will be focused on strengthening capacity of national researchers to carry out rigorous projects, creating multi-actor partnerships between researchers and practitioners, and building capacity for using existing evidence to support policy and programmatic changes.

Adaptive Management

SHARE has proactively sought to identify opportunities and strategies to improve economy and efficiency in carrying out rigorous and relevant research, as well as strategies to improve the uptake of research in sector practice. This has included management changes to streamline contracting and invoicing – a challenge identified in earlier reports. We have refined and implemented a monitoring and evaluation system, which allows us to track activities and outputs, and critically assess whether our approaches are reaching the goal of catalysing change among sector actors. This report identifies changes to strategy that have arisen from this process. These include expanding efforts to strengthen the national research platforms; building capacity for using evidence to inform policy and programmes; increasing efforts to ensure the uptake of key research results; and developing new RIU and research efforts to increase the value for money from SHARE's efforts.

2. Introduction

The SHARE Annual Report provides an overview of the Consortium's progress from July 2011 to June 2012 based on the logframe and work plan.

Sections 3-5 provide a description of our three main activity areas: research, research into use, and capacity building. These three components are designed to identify knowledge gaps that hold back progress in sanitation and hygiene; address those gaps through knowledge generation and synthesis, communicate knowledge to key sector partners and build their capacity to develop more effective policy or programmes. Progress on seven projects is shown in section 6.

Section 7 describes the development of the national research platforms in India, Bangladesh, Tanzania, and Malawi. These are intended to coordinate the different elements of SHARE's work at the national level.

Section 8 revisits our theory of change and relates this closely to monitoring and evaluation. This includes the tracking of progress against the logframe indicators as well as our effort to track our contribution to changes in sector performance through outcome mapping.

Section 9 on Management and section 10 on Finance record the progress made over the past year in these areas. It shows the level of funding committed to research projects to the end of 2014 and provides a brief description of the monitoring system for SHARE's financial management.

The last two sections (11 and 12) are new areas not covered in past reports. Section 11 describes SHARE's efforts to monitor, quantify and maximise the value for money from the consortium's work. This includes efforts to adjust strategies to improve economy, efficiency and effectiveness in the short-run and to develop quantitative estimates of increased impact and cost-savings. Section 12 concludes the report by summarising adaptations that are being made in response to our successes and challenges over the past years.

3. Research Activities

3.1 Research Portfolio

3.1.1 Research Strategy

Research activities are central to efforts to transform sector performance. Research is intended to better characterise problems, develop solutions, or demonstrate benefits. Research outcomes are expected to enable other sector actors and ‘boundary partners’ to change their actions by investing, planning, monitoring, targeting, or researching differently. Research priorities are based on knowledge gaps that hold back change at a national or global level.

There have been 3 funding rounds for research proposals. Figure 1 below shows the overall theory of change and the relative balance between research strategy areas for the research proposals included in calls A, B, and C.

SHARE Research Calls A, B, and C and Theory of Change

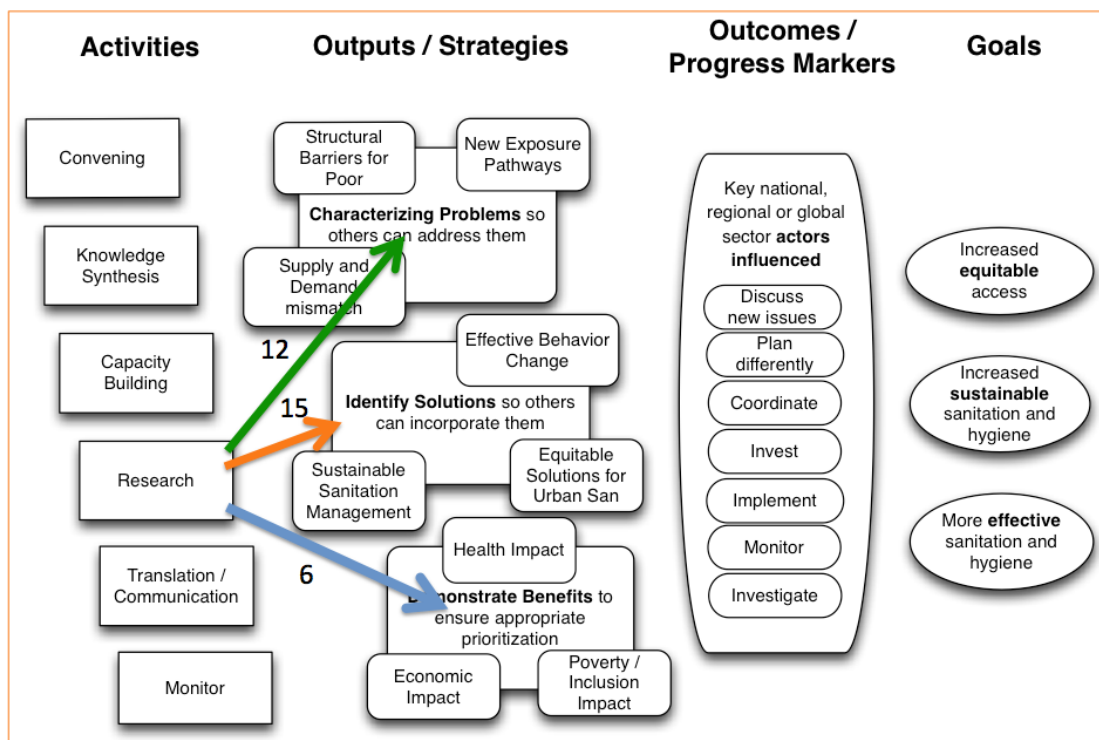


Figure 1: SHARE research projects and Theory of Change

The largest category of research was that designed to identify and test solutions, followed by those designed to characterise problems, and finally those that demonstrate benefits. One of the challenges for SHARE has been establishing balance across the wide range of applied

research needs on sanitation and hygiene. This includes balance across the four pillars (Health, Equity, Sanitation Markets, and Urban Sanitation), between sanitation and hygiene, and across the four focus countries and beyond. We have used a combination of competitive calls and priority strategic investments to strike this balance, while attempting to avoid spreading our efforts too thinly.

Figure 2 below shows the distribution of research projects across the SHARE pillars, including research from Calls A-C, but not research projects funded via national platforms. Most of the research projects funded under these calls relate to at least two and sometimes three pillars. Figure 3 shows the geographical distribution of projects.

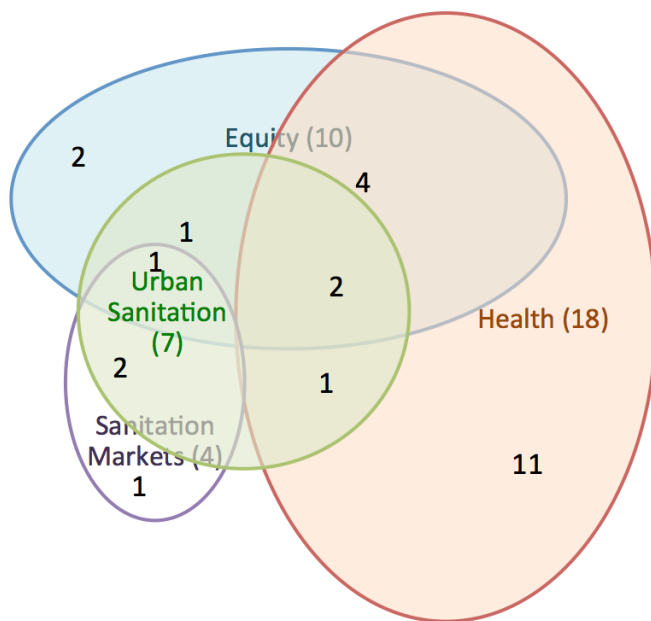


Figure 2: Distribution of SHARE research from Calls A, B, and C by pillar

The pillar with the largest number of projects is 'Health'. Many of these projects focus on developing effective and sustainable strategies for hygiene behaviour change. This has been identified as a key knowledge gap by many of the national platforms, as well as by key global partners. It is also an issue that has been raised by the Consortium Advisory Group (CAG). Sanitation Markets is a thematic research area with comparatively low investment from SHARE. SHARE investments in this area have leveraged much larger commitments from other donors and sector partners. We will continue to invest in this area but are mindful of the presence of other, larger funders focusing on this issue.

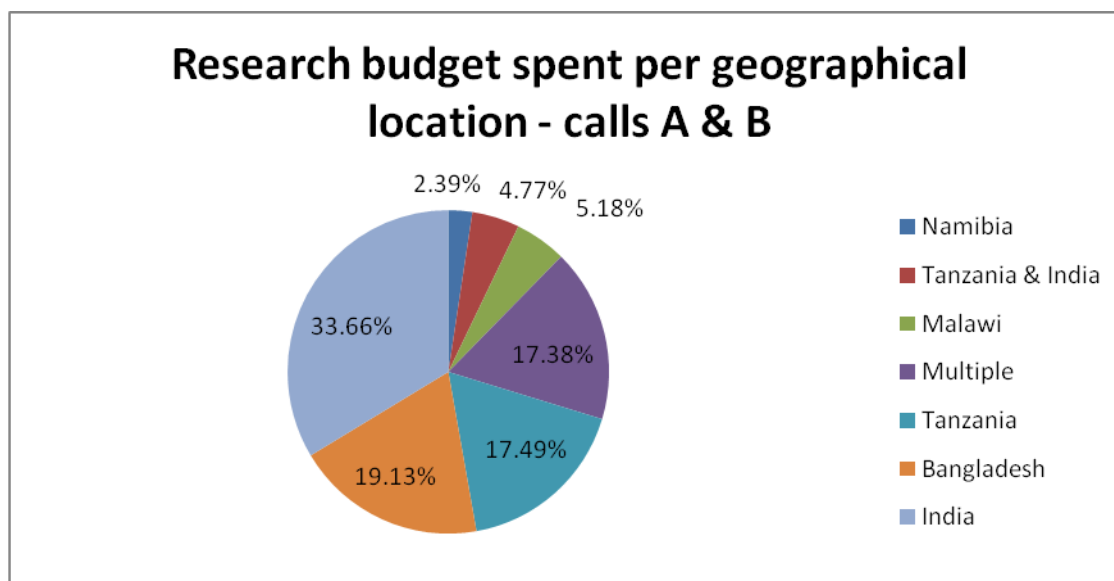


Figure 3: Geographical allocation of SHARE budget

SHARE's research activities are implemented through three strategies: 1) open research calls to SHARE researchers and collaborators, 2) national research activities in four focus countries, and 3) influencing the global research agenda. The research projects funded under the distinct research calls are described in this section. The national research activities are described in Section 7. SHARE's growing efforts to influence the global research agenda are addressed below and in the section on research into use.

3.1.2 Research Project Progress (Calls A and B)

Table 1 provides a brief overview and progress of the consortium research projects.

Project name and partner	Objectives	Progress of activities	Timeframe	Budget (GBP)
Choose Soap Dr Val Curtis, LSHTM	To encourage hand-washing with soap through hygiene promotion at the local level in India	<ul style="list-style-type: none"> Review of research into hygiene behavior change Choose Soap toolkit developed and available for practitioners on-line at www.choosesoap.org 	April – July 2010	66,894
Impact of food hygiene on the reduction of the contamination of weaning food and water in a 10obilize-endemic area in Bangladesh Dr Sirajul Islam, ICDDR, B	To explore the impact of food hygiene interventions on contamination of weaning food and water	<ul style="list-style-type: none"> Baseline survey conducted Weaning foods collected and examined for contamination. Journal paper submitted 	May – November 2010	60,368

<p>Randomised Controlled Trial of Sanitation in Orissa, India Dr Tom Clasen, LSHTM</p>	<p>To investigate and assess the impact of the construction and use of latrines in rural settings on diarrhoeal disease, intestinal nematode infections and nutritional status</p>	<ul style="list-style-type: none"> Cluster-randomised, controlled trial conducted in 100 villages 2022 latrines constructed Follow-up rounds for health surveillance and environmental sampling Qualitative and quantitative research on gender 1 journal paper published and 1 under review 	<p>April – December 2010</p>	<p>113,262</p>
<p>The impacts of menstrual hygiene management on health and education outcomes for adolescent girls Therese Mahon, WaterAid</p>	<p>To develop a research proposal to understand the impacts of menstrual hygiene management on adolescent girls in South Asia</p>	<ul style="list-style-type: none"> Expert Roundtable held in November 2010, Key research issues identified in the workshop have been subsequently taken forward through a systematic review of the health impacts and a synthesis of operational best practice 	<p>November 2010</p>	<p>8,460</p>
<p>Testing alternative “Best practice” handwashing interventions Dr Bob Aunger, LSHTM</p>	<p>To test innovative methods and materials to encourage handwashing with soap in a rural environment.</p>	<ul style="list-style-type: none"> Evidence generated on the effectiveness of interventions in increasing handwashing with soap Implementation of interventions identified as most effective Impact on behaviour assessed through a randomised controlled trial of hand washing with soap 	<p>January 2011 – March 2012</p>	<p>31,420</p>
<p>Gender and sanitation: the experiences of Shack Dwellers Federation of Namibia Dr Diana Mitlin (IIED)</p>	<p>To investigate sanitation coverage, practices and perceptions in informal urban settlements of Namibia.</p>	<ul style="list-style-type: none"> In-depth qualitative research in communities and with major stakeholders in the sector Key issues identified relating to sanitation in urban slums. Report submitted to SHARE and peer reviewed, 	<p>November 2010 – November 2011</p>	<p>15,000</p>
<p>An investigation of the strengths and weaknesses of ecological sanitation in Malawi: opportunities to improve the system Richard Chunga and</p>	<p>To assess current practices linked to ecological sanitation (composting toilets)</p>	<ul style="list-style-type: none"> Data collected and analysed Final report submitted and peer reviewed 	<p>November 2010 – May 2012</p>	<p>32,561</p>

Phaniso Kaluwa (WaterAid)				
Outcome & impact monitoring for scaling up the Mtumba sanitation and hygiene participatory approach Dr Richard Carter (WaterAid)	To measure the outcome of the Mtumba approach in terms of behaviour change, demand creation and cost implications of implementing the approach	<ul style="list-style-type: none"> Data collected and analysed Results submitted as a report and peer-reviewed 	November 2010 – May 2012	31,932
Exploring the potential for microfinance in sanitation Sophie Tremolet (LSHTM)	To investigate the research needs relating to the use of microfinance for sanitation	<ul style="list-style-type: none"> Synthesis of the current knowledge on microfinance for sanitation Identification of implementing actors, research partners and donors 	November 2010 – March 2011	9,950
Determination of risk factors linked to distance of sanitation from tubewells Dr Sirajul Islam (ICDDR,B)	To investigate how sanitation facilities and practices can lead to the contamination of tubewells, and what geological, physical and behavioural factors play a role in water contamination.	<ul style="list-style-type: none"> Tubewell scoring tool developed and tested Data collected for baseline and the 3 seasons Analysis and reporting underway Manuscript in preparation 	March 2011 – August 2012	29,994
What environmental, physical and behavioural factors make a latrine hygienic? Dr Jeroen Ensink (LSHTM)	To investigate how well different types of latrines succeed in hygienically separating human excreta from human contact	<ul style="list-style-type: none"> Observation of physical conditions and measurement of contamination Data collected during the wet season, data collection in dry season underway Partial results analysed, Paper submitted 	March 2011 – December 2012	31,500
Sanitation Mapper: an investigation into district level sanitation monitoring interventions as tools for empowerment, advocacy & evidence based decision making Joseph Pearce (WaterAid)	To develop a low cost and participatory sanitation monitoring tool known as the Sanitation Mapper	<ul style="list-style-type: none"> Mapper piloted in Bangladesh and adjustments made. A journal paper is currently being drafted 	April 2011 – July 2012	50,090
Study to review current human resource capacity and costs of scale up for sanitation and hygiene in Tanzania	To evaluate the current human resource capacity, needs and expected costs, in	<ul style="list-style-type: none"> Roundtable held with sector stakeholders to discuss research aims and process Final report submitted 	January 2011 – May 2012	46,500

Dr Sue Cavill (WaterAid)	order to achieve the objectives of the National Campaign for Sanitation and Hygiene	<ul style="list-style-type: none"> and peer-reviewed. Final report ready for publication later this year by Govt of Tanzania – available on request 		
<i>Faecal contamination of commuters hands in Dhaka, Bangladesh</i> Dr Sirajul Islam (ICDDR,B)	To identify faecal pathogens present on the hands of commuters. This will inform future hygiene promotion interventions and provide a picture of the diversity of faecal pathogens in circulation	<ul style="list-style-type: none"> Data collected for all seasons Data analysis under way Manuscript being prepared 	March – August 2012	29,876
<i>Analysis of disparities in sanitation coverage</i> Dr Rick Rheingans (LSHTM)	To investigate the disparities in the burden of diseases linked to poor sanitation and estimate the potential impact of targeting sanitation sector investments	<ul style="list-style-type: none"> Data analysis completed for 10 low-income countries Full research report published Policy briefings notes published in English and French 3 journal papers prepared; one submitted. 	June 2011 – June 2012	50,000
<i>Microfinance for sanitation: evaluating experiences, learning the lessons</i> Sophie Tremolet (LSHTM)	A 2-country case study (India and Tanzania) to investigate how household financing for sanitation could be mobilised via microfinance	<ul style="list-style-type: none"> Case study for Tanzania completed and final report submitted Data collection for India completed, report under preparation Synthesis report published jointly with EUWI 	March 2011 - May 2012	30,000
Total				637,807

3.1.3 Call C

In November 2011, Call C was opened for research proposals only and a budget limit was imposed. In the call for proposals it was made clear that for those research proposals with budget requests exceeding £50,000, SHARE expected to see a leveraged contribution (i.e. co-financing or contribution in kind). Proposals could be submitted with respect to all four SHARE themes (Health, Urban Sanitation, Sanitation Markets and Equity) but proposals that focused on the following topics were especially welcomed:

- Building demand for sanitation (catalysing uptake)

- Transmission and control of excreta-related infections in the domestic and public domains
- Transmission and control of excreta-related infections in outbreaks
- The complementary impact of hygiene and sanitation interventions on other health and development interventions

Thirty-two proposals were received, totalling 2.9 million GBP. Seventy per cent of the proposals focussed on one or more of the four SHARE focus countries (Figure 4).

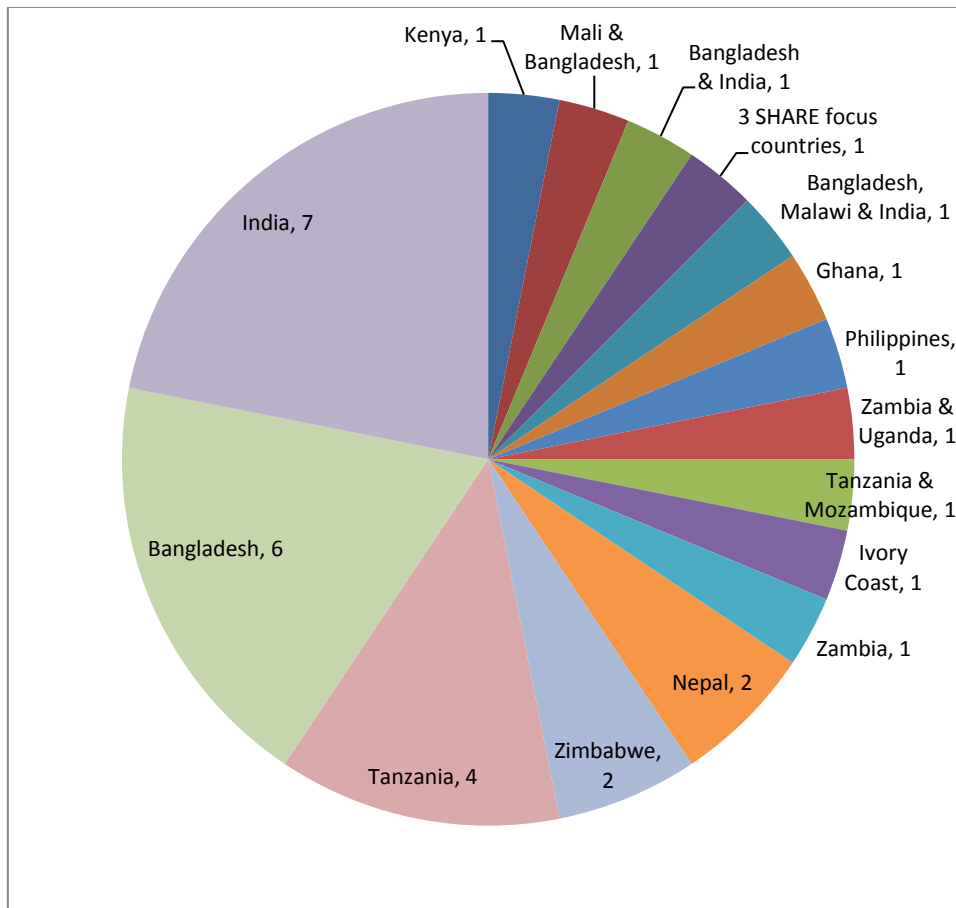


Figure 4: Geographical Distribution of Call C proposals

The quality of the proposals was generally very good. Eight proposals were rejected either because they were considered of insufficient quality; not appropriate for SHARE, or more appropriate for the capacity building fund. An additional 14 proposals were considered of interest, though more appropriate for support under the country platforms or from the communication/research into use fund. A proposal on the impact of randomised sanitation and hygiene interventions on vaccine response in rural Zimbabwean children was considered to be highly relevant, but its budget of 212,000 GBP was too high and thus beyond the scope of Call C. The panel recommended that SHARE would actively seek funding from different sources for this research. The remaining eight proposals were funded under Call C, though recommendations were made to combine some proposals while others were split into two separate projects. One of the split proposals (field testing the Menstrual

Hygiene Management Manual) was recommended for funding under the communication budget. The funded proposals are presented in Table 2.

Table 2: Proposals funded under Call C

	Title	Principal investigator	Budget (GBP)	Leveraged & In Kind (GBP)
1	Assessing the sustainability of behaviour change following a hygiene promotion intervention	Katie Greenland (LSHTM)	27,235	-
2	Assessing the role of hands in ascariasis transmission among school children	Aurelie Jeandron (LSHTM) + Prof A. Dalsgaard (Copenhagen)	17,656	-
3	Food hygiene intervention to improve food hygiene behaviours, reduce food contamination and diarrhoeal diseases burden in Nepal	Om Prasad Gautam (LSHTM)	44,706	21,883
4	Undoing inequity: inclusive sanitation and hygiene programmes that deliver for all	Louisa Gosling (WaterAid) + Leonard Cheshire Disability and Inclusive Development Centre (UCL) + WEDC	85,000	607,000
5	Towards smarter sanitation: understanding disparities in risk, disease burden and impacts	Oliver Cumming (WaterAid)	174,000	74,030
6	Understanding menstrual hygiene behaviour and practices amongst adolescents in Bihar, India.	Rick Rheingans (University of Florida)	47,661	12,105
7	Effect of School and Household Sanitation and Hygiene Access on Reinfection of Soil-Transmitted Helminths Following School-based Deworming	Matt Freeman (Emory University) + Simon Brooker (LSHTM)	48,114	10,760
8	Courtyard contamination in Bangladesh, the importance of soil, latrines and hands in the transmission of helminth infections	Sirajul Islam (ICDDR,B) + Aurelie Jeandron (LSHTM)	80,000	6,500
		Total	524,372	732,278

Each principal investigator has been asked to prepare and submit a detailed protocol for the research to be conducted. These protocols will be peer-reviewed and are the first deliverable and requirement before a contract can be signed. The first projects under Call C should start by the end of July 2012.

3.2 Opportunities and Way Forward

As we reach the halfway point for the SHARE programme, most of the research funding has been allocated. We are now focusing on:

- Ensuring the production of quality research outputs

Over the past year SHARE researchers have produced the first reports and manuscripts from research projects. Our ability to create timely changes in practice depends on our ability to quickly translate research activities into quality outputs that can be disseminated. We will closely monitor the production and delivery of reports and manuscripts and actively look for situations where research outputs can be strengthened and accelerated through targeted support. We will look for opportunities to strengthen the capacity of focus country researchers to produce quality outputs and high impact publications.

- Peer review publications

SHARE is currently on track to exceed its target of peer-review publications. This includes work that was initiated by SHARE and publications where SHARE contributed support. Based on this progress, there is an opportunity to increase our targets.

- Strategic new ventures

We continue to develop and support proposals for external funding of priority research initiatives. Findings from a number of SHARE's on-going research projects raise important questions that require further work. For example, research on weaning food contamination, new hygiene behaviour change methods and menstrual hygiene management have generated the need for rigorous evaluations of appropriate interventions at scale.

There is a particular need to follow up at a national level within our focus countries. This will involve developing new priority research questions, capacity, and interest from applied research funders. Priority questions for future research are:

- Understanding the contribution of sanitation to investments in de-worming and helminth control;
- Identifying the role of sanitation in affecting the impact of investments in vaccination;
- Testing scalable strategies to reduce contamination of weaning foods; and
- Identifying effective strategies to target high risk poor populations.

4. Research into Use (RIU)

4.1 RIU Strategy

The Communications Strategy has been updated and renamed as 'Research into Use' (see Annex 1). The new name better describes the activities and reflects the broader approach of SHARE both globally and nationally.

The four original objectives remain:

- Assess and generate demand for research into use
- Influence and inform sector decisions
- Establish and strengthen national RIU platforms
- Monitor SHARE's influence on policy and practice

Progress is described below for the following key SHARE RIU activities:

1. Convening boundary partners for research uptake
2. Translation of research for boundary partners
3. RIU-led research or synthesis
4. Projection of SHARE work through online platforms
5. Supporting national platform activities (see section 7)

The RIU strategy ensures that activities are adjusted on the basis of information generated by monitoring of SHARE's influence on sector policy and practice. This monitoring also helps to ensure that SHARE RIU activities are responsive to both (internal) progress and external changes in the sector.

4.2 RIU Staffing

In July 2011 and as part of the restructuring of the SHARE Management Group, the Policy and Communications Manager's job title and job description were adjusted to better reflect the full scope of his responsibilities. The title of this position was changed to Policy Research Manager and his job description expanded to include the management of a number of pieces of RIU-led research.

In April 2012, the Policy and Communications Officer took up another position and a new post-holder was recruited. In line with the updated Research into Use Strategy, the post was advertised as a Research into Use Officer with a greater emphasis on direct engagement of internal stakeholders and (external) boundary partners. This post was successfully filled in May 2012 with a minimal interim. The work-plan for the new RIU Officer will prioritise national RIU platform support and dedicated support to high impact SHARE research findings that have been prioritised at a global level.

The recruitment of national RIU Anchors is described in section 7. They will serve as key liaisons for global RIU team members along with the country-leads. In addition to liaison, capacity support will be provided as and when required by the Anchors or requested by country leads.

4.3 RIU Progress of activities

Progress is reported here according to the five sets of activities set out above. Although some information is given on the national platform activities, the wider work of SHARE in developing the platforms is reported in more detail in section 7.

4.3.1 Convening boundary partners at different levels

The following sub-sections give key examples of RIU convening activities at global, regional and national levels. Two examples of where SHARE has actively engaged boundary partners around particular outcomes are:

Post-2015 MDG process

SHARE has participated in the post-2015 process for developing new goals on water and sanitation. Following SHARE participation in the first meeting of the expert group convened by the World Health Organisation (WHO) and the Government of Germany in Berlin, SHARE experts from different partners now sit on both the sanitation and hygiene working groups and have contributed to the meetings. LSHTM was funded by USAID to prepare a background paper to inform the discussions around the possible inclusion of a hygiene target(s) in the post-2015 framework. This background paper will be published by USAID later in the year. SHARE will host the post-2015 sanitation working group meeting in London, convening a group of global experts.

Equity and pro-poor targeting

Equity is central to the SHARE research agenda and to our engagement with boundary partners. In particular, the findings of the recently published work to model the distribution of sanitation-related risks and impacts have been used to engage boundary partners. These activities have ranged from agency-specific meetings¹ to discuss the implications for internal planning and investments, to larger formal presentations at gatherings of policy or decision-makers e.g. Sanitation and Water for All, SWA².

Global level convening

The following are examples of SHARE's efforts to target global boundary partners with influence over national level progress in developing countries with low levels of sanitation coverage:

UK WASH Forum (London)

Together with the Overseas Development Institute (ODI), SHARE convened the sixth UK WASH Forum to debate the key research needs and evidence for WASH in development – from food security to education, and from nutrition to gender equality – and the challenges and benefits of private sector involvement.³ The Minister of State for International Development, Alan Duncan MP gave the keynote address followed by a presentation by the SHARE Research Director.

¹ For example with UNICEF, USAID and DFID

² An example of this is the Sanitation and Water for All meeting with more information available at: <http://www.sanitationandwaterforall.org/>

³ More information: <http://www.odi.org.uk/events/docs/4592.pdf>

World Water Week (Stockholm, Sweden)

SHARE convened two sessions at the Stockholm World Water Week in 2011. A workshop on 'Small-scale Financing for Sanitation' was co-convened with the European Union Water Initiative (EUWI) Finance Working Group and provided an opportunity to present SHARE work on micro-finance for sanitation⁴. The success of this workshop has subsequently led to the joint publication with EUWI of a series of reports. A second SHARE session on 'Making Urban Sanitation Fair' was led by IIED and SDI⁵ where the SHARE Pathfinder Papers on Equity and Urban Solutions were launched and the City Wide Sanitation project was announced.

University of North Carolina Water and Health Conference (North Carolina, USA)

In partnership with the University of North Carolina (UNC) Water Institute, SHARE convened a workshop, entitled 'Towards Evidence-Based Decisions: Do we need better research or better policy?'⁶ In addition to this session, SHARE research on the monitoring of the use of facilities, the health impacts of sanitation, and menstrual hygiene management was also presented.

Regional and national level convening

AfricaSan III – Regional Ministerial Conference on Sanitation (Kigali, Rwanda)

SHARE convened two sessions at the AfricaSan III Conference hosted by the Government of Rwanda and attended by ministers and policy-makers from over 50 African countries⁷. The session on 'Health Impacts of Sanitation' was jointly organised with WHO, with speakers from LSHTM, the Gates Foundation, 3ie, Johns Hopkins University and Amnesty International. The second session considered the role of behaviour change in sanitation with presentations from African governments combined with recent research in this area. SHARE has subsequently been requested to author two chapters for the AfricaSan Book that will be published by the World Bank and African Ministerial Conference on Water (AMCOW).

Global Sanitation Forum – held in South Asia (Mumbai, India)⁸

SHARE used the Forum to build capacity and as an opportunity to successfully engage policy and practice audiences around SHARE research. New SHARE research findings on handwashing with soap and food hygiene featured in the plenary sessions, and SHARE work on financing was presented in the seminars.

SHARE/BMGF Impact Evaluation Workshop – South Asia (Dhaka, Bangladesh)

Building on the randomised controlled trial for sanitation in Orissa jointly funded by SHARE and the Bill and Melinda Gates Foundation (BMGF), a meeting was held to bring together implementers, researchers and policy-influencers. The meetings had two objectives: (1) to build understanding of impact evaluation study design and (2) to create capacity to use impact evaluation data in decision-making. SHARE research from India (LSHTM) and from Bangladesh (ICDDR,B) was presented and used as the basis for discussion.

⁴ More information: http://www.shareresearch.org/NewsAndEvents/Detail/worldwaterweek_finance

⁵ More information: http://www.shareresearch.org/NewsAndEvents/Detail/worldwaterweek_urbansanitation

⁶ More information: http://www.shareresearch.org/NewsAndEvents/Detail/SHAREsession_UNCconference

⁷ More information: <http://www.shareresearch.org/NewsAndEvents/Detail/AfricaSanSessions>

⁸ More information: <http://www.shareresearch.org/NewsAndEvents/Detail/GlobalForum>

Health and Hygiene workshop (Dhaka, Bangladesh)⁹

SHARE's national partners in Bangladesh organised this meeting to bring together government, international agencies and the private sector to discuss how to improve hygiene promotion in Bangladesh. The meeting led to important cross-sectoral dialogue and plans for collaboration, including work submitted to SHARE's Call C for research. The event received a high level of national media interest.

Human capacity needs and costs workshop (Dar es Salaam, Tanzania)

With SHARE support, a study has been launched to assess human capacity needs and costs of scaling up sanitation and hygiene coverage. A kick off workshop, held at WaterAid offices in Tanzania in February 2012. The stakeholders attending the workshop included the Ministry of Health and Social Welfare, UNICEF, Ministry of Education and Vocational Training, Prime Minister's Office for Regional Administration and Local Government, Ministry of Water, SNV, WSP, Ardhi University and WaterAid. The purpose of the meeting was to consult key actors on the proposed approach for the study, its main research questions, scope and timeframe.

4.3.2 Translation of SHARE research for boundary partners

Translation of SHARE research for different audiences has been carried out in collaboration with the relevant Principal Investigators and is informed by the RIU Summaries that are developed at the start of all SHARE research projects¹⁰. For many of these publications, SHARE has actively sought to co-publish with external partners with the objective of increasing the potential reach and influence of the documents. Below are examples of SHARE translation for the reporting period with the targeted boundary partners indicated:

Results-based Financing for sanitation – policy report¹¹

This report was co-published with the World Bank & the Gates Foundation and informed by research done by SHARE and the outcomes of a meeting convened with those partners at DFID in 2011. This has subsequently been disseminated and presented at a number of international conferences focused on development finance.

Boundary partners targeted: international agencies investing in sanitation or seeking to influence national financing policy

Use of Impact Evaluations for urban WASH programmes – policy report¹²

This report was co-published with Water and Sanitation for the Urban Poor (WSUP) and argues for more health impact evaluations of urban programmes to be done using lower cost and more realistic study designs. Following this publication, WSUP have secured funding from the Gates Foundation to carry out a health impact evaluation of an urban sanitation programme and will collaborate with SHARE researchers on the design of this.

Boundary partners targeted: donors seeking to evaluate the impact of sanitation programmes to improve effectiveness of investments

⁹ For more information: http://www.sharesearch.org/NewsAndEvents/Detail/hygieneeting_Bangladesh

¹⁰ These provide concise summaries of the value, need, and potential use of each research project and are all made publicly available on the SHARE website as well as the DFID R4D website.

¹¹ Available at: <http://www.wsp.org/wsp/sites/wsp.../WSP-Tremolet-Results-Based-Financing.pdf>; and <http://sharesearch.org/resource/Details/b846025b-95c6-43d4-898a-9f8a011a06bb>

¹² Available at: <http://www.wsup.com/sharing/DiscussionPaper1.htm>

Exploring inequities in sanitation-related risks – policy report¹³

This policy brief is a summary of the full research report published by SHARE and was requested by UNICEF for circulation in the briefing pack for ministers attending the SWA High Level meeting in Washington in April 2012. It was also translated into French for francophone African ministers attending.

Boundary partners targeted: national government and donors seeking to improve equity performance of their investments; also NGOs seeking to improve targeting of programmes to identify and reach the most at risk

Small-scale finance for sanitation and water – policy report¹⁴

This report was co-published with European Union Water Initiative (EUWI) based on SHARE research investigating the use of micro-finance in the sanitation sector. The report was launched and presented by EUWI at the Africa Water Week in 2012.

Boundary partners targeted: national government and donors looking for alternative financing models for sanitation that enable household investment

Menstrual Hygiene Management – Resource Book¹⁵

WaterAid has led the compilation of resources that bring together current best practice for use by agencies and practitioners. The manual has been produced in partnership with a number of large agencies – including UNICEF – and will be launched in August 2012.

Boundary partners targeted: operational agencies seeking to incorporate menstrual hygiene management within WASH or other sector programmes

4.3.3 RIU-led research or synthesis

Resources have been allocated to enable rapid response to opportunities for research uptake among both policy and practice groups. Where these opportunities are identified – either through internal analysis or as a result of expressed external demand – SHARE is able to respond with synthesis of existing research or in some cases with new research. This work includes technical advice and briefings which require synthesis of existing evidence. Work is only undertaken where it aligns strategically and can be demonstrated to be contributing to the SHARE outcomes.

Demand-led synthesis

The following are a selection of synthesis and research pieces that have been undertaken to fill critical gaps relating to policy or in response to expressed demand from policy-makers or agencies.

DFID WASH Evidence Paper¹⁶

A major piece of work undertaken at the request of the DFID Water Policy Team was the preparation of a WASH Evidence Paper for the WASH Portfolio Review undertaken in December 2011. This paper provided the evidence base that informed a UK government

¹³ Available at: <http://www.sharesearch.org/resource/Details/f0db5cb6-ce77-4f1b-a696-a00b010714e9>

¹⁴ Available at: <http://www.sharesearch.org/resource/Details/4a0919b7-cf00-45b1-9d1d-a07601134a23>

¹⁵ The RIU summary for this work is available at: http://www.sharesearch.org/.../RIU_B2_MenstrualHygieneManagement.pdf

¹⁶ DFID has the Evidence Paper but it can be provided on request. It is summarised in the published Portfolio Review document available at: <http://www.dfid.gov.uk/Documents/DFID%20WASH%20Portfolio%20Review.pdf>

decision to double aid for WASH¹⁷. Following submission of the paper, DFID's Team Leader for WASH requested that the scope of the paper be expanded (to include systematic searches for a number of health outcomes) with a view to publication as a DFID Evidence Paper. This additional work has been completed and is currently undergoing a peer review.

Nutrition Systematic Review¹⁸

SHARE identified childhood under-nutrition – as a consequence of poor sanitation and hygiene – as a priority area following consultation with a number of global and national boundary partners. In order to establish the current state of the evidence, a systematic review for the effect of sanitation and hygiene (and water) on childhood nutrition was undertaken. The protocol was accepted and published by the Cochrane Group following review (Dangour et al, 2011) and the final manuscript will be submitted to review in August. A wide group of boundary partners have been engaged and the findings have been requested by a number of agencies wishing to incorporate these in policy¹⁹.

Trachoma Evidence Summary²⁰

Following a request by the DFID WASH Policy Team, SHARE produced an Evidence Summary for WASH and trachoma. This paper fed into DFID's strategy development on Neglected Tropical Diseases and was also used by other organisations²¹. The authors have been invited to submit the review as a journal paper.

WASH in Emergencies literature review²²

DFID requested SHARE to prepare a peer-reviewed evidence review for WASH in Emergencies to identify priority areas for future DFID investment. This was completed in February 2012, and circulated to a wide circle of in-country advisors. It was published as a journal paper and submitted as an abstract for the forthcoming Emergency Environmental Health Forum. There has been interest in publishing a separate paper in a Humanitarian journal.

Systematic Review for Shared Sanitation Facilities²³

As part of the partnership formed between SHARE and the UN Joint Monitoring Programme (JMP), SHARE is undertaking a systematic review of the effect of shared sanitation on health and other outcomes. This work responds to an identified need to better understand the relative safety associated with shared sanitation facilities which are currently excluded from the JMP definition of 'improved' facilities. This work is co-financed by JMP and will contribute to the on-going policy discussions around the post-2015 MDG target for sanitation. It is scheduled for publication in December 2012. The partnership between SHARE and the JMP has now been finalised in a tripartite letter of agreement between WHO, UNICEF and LSHTM signed in May 2012 (Annex 10).

¹⁷ <http://www.dfid.gov.uk/Documents/publications1/press-releases/20120420-watsan.pdf>

¹⁸ Available at: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009382/abstract>

¹⁹ USAID and DFID have requested the review findings in relation to policy formulation. Others have publicised the review as a useful exercise with forthcoming findings, for example, http://www.who.int/elena/titles/wsh_diarrhoea/en/index.html

²⁰ DFID has this paper but it is available on request. The journal paper will be submitted in July 2012

²¹ As well as WaterAid (a SHARE partner) the paper was requested by and shared with Sightsavers International and Emory University who are working with the International Trachoma Initiative.

²² The journal paper was published in March 2012 and is available at: <https://practicalaction.org/waterlines-31-1-and-2-contents>

²³ This work is scheduled to be completed in December 2012 and a full protocol is available on request

Demand-led research

In addition to synthesis, SHARE has identified pieces of research where an external opportunity has been identified for uptake. The following three projects have been identified as RIU priorities and funded through the Communications Fund:

Maternal Health

Links between sanitation and hygiene, and maternal health were identified early on as a priority by both SHARE partners (LSHTM & WaterAid) and external boundary partners. Some initial scoping work was done by SHARE in this area in 2010, and SHARE supported DFID with inputs to their maternal and reproductive health strategy. SHARE is now collaborating with a leading academic in this field²⁴ to jointly design a research project. This research will produce a systematic review along with cross-sectional analyses of the prevalence and influence of sanitation in birth settings. A roundtable is planned for policy-makers and researchers in early 2013 to present and discuss the findings.

Integration of hygiene within routine vaccinations

WaterAid in collaboration with LSHTM undertook research to consider the institutional potential for integrating hygiene promotion within routine vaccination programmes²⁵. The research was conducted in Nepal using focus group discussions and semi-structured interviews. A journal paper is under preparation and a meeting is planned to bring together key stakeholders in the vaccine sector to present findings.

Evaluation of Menstrual Hygiene Resource Book national piloting²⁶

The Menstrual Hygiene Management manual funded under Call B and led by WaterAid in partnership with UNICEF and other agencies has been completed and will shortly be made available publicly. It will be disseminated for local implementation and adaptation. RIU resources have been awarded to WaterAid in collaboration with Emory University to pilot the Resource Book, leading to the development of more concise guidelines.

Ad hoc briefings and technical advice

Where aligned with SHARE strategy, SHARE provides ad hoc technical support and briefings for policy and practice actors. It is not economic to respond to all requests but where opportunities arise to influence or inform sector decision-making SHARE will respond. In October 2011, the DFID WASH Team circulated the Evidence Paper prepared by SHARE for the Portfolio Review to DFID country offices to support the development of country office business plans. Following this, SHARE has supported a number of DFID country offices with technical inputs to their plans and policy. Examples of this include the Vietnam office and the Democratic Republic of Congo office.

SHARE has provided advice and support on the use and interpretation of evidence for other international agencies. These are detailed in the logframe but include the Dutch Ministry of Foreign Affairs, UNICEF and WHO, and USAID.

²⁴ See: <http://www.lshtm.ac.uk/aboutus/people/campbell.oona>

²⁵ More information available at: http://www.sharesearch.org/NewsAndEvents/Detail/vaccination_hygiene_promotion_Nepal

²⁶ This work is scheduled to begin in August 2012 but the project proposal that was approved in May 2012 is available on request.

4.3.4 Projection of SHARE work through online platforms

Online media

SHARE continues to project its work through online media in order to reach wide audiences globally. The SHARE website continues to perform well (Figure 5)²⁷. Visits to the site are increasing, with increased usage visible when significant research pieces have been published. On average, over the reporting period, 57% of visits are from new users, while 43% are returning. The number of visits is in excess of the milestones set in the log frame and reflects the web-based interest in SHARE's work.

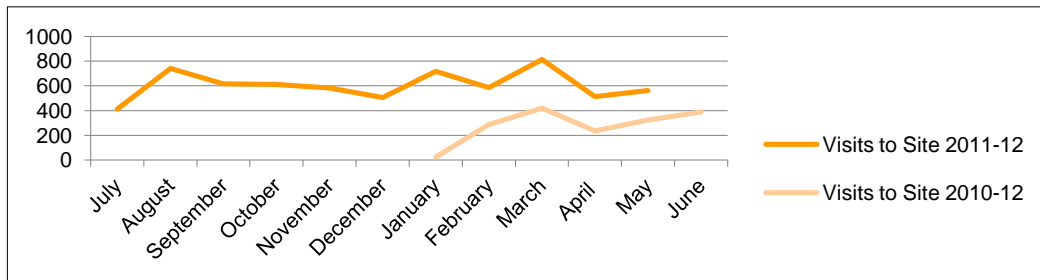


Figure 5: SHARE website visits

The podcast series is an effective way of communicating SHARE's work and listenership figures are high (Figure 6).

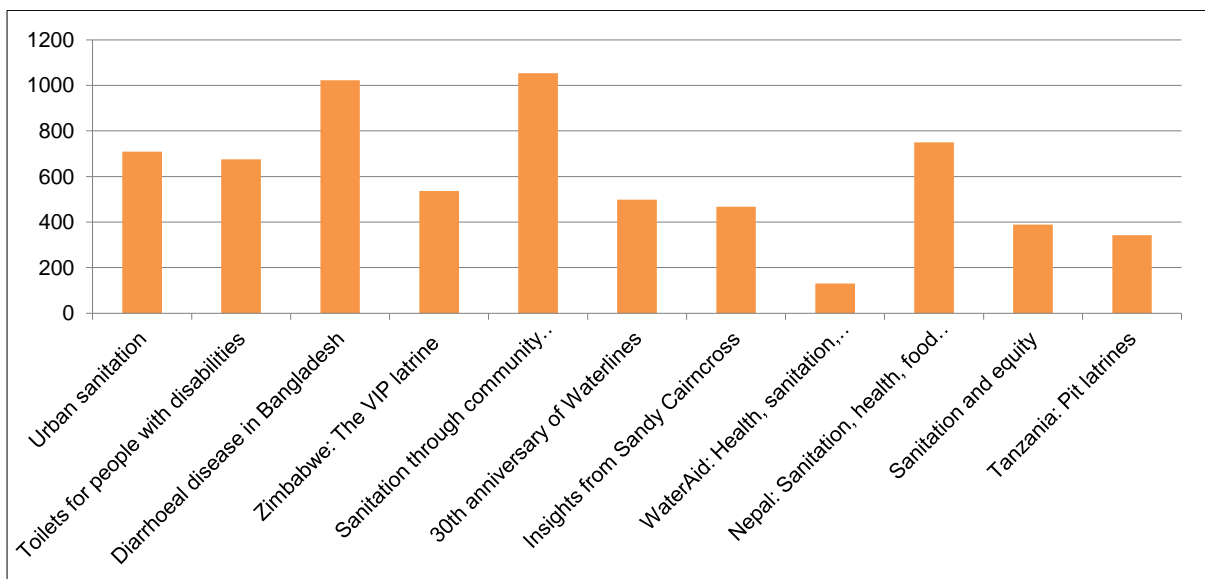


Figure 6: SHARE podcasts downloads

Subscribers to the monthly SHARE newsletter have been rising steadily during the reporting period (Figure 7).

²⁷ There was an error in the figures reported in 2011-2012 that has now been corrected and the historical figures amended with DFID. All statistics on website visits are gathered using Google Analytics.

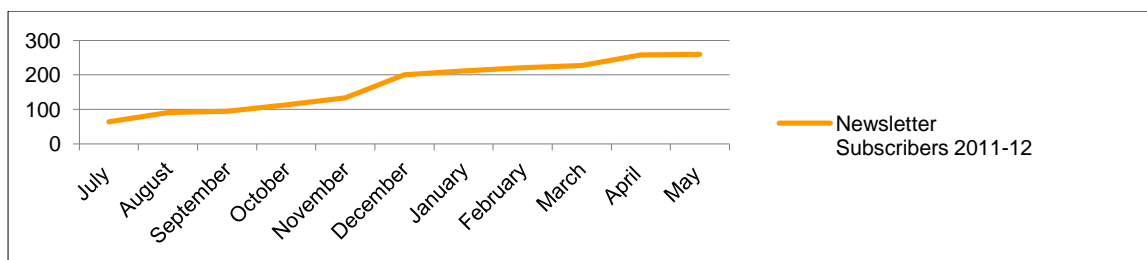


Figure 7: SHARE newsletter subscribers

The SHARE twitter account is used to build online profile and alert followers to new research stories. As well as the SHARE online media, we work with partners to ensure activities are disseminated through their own respective online media to increase the reach and capitalise on the strengths of our partners²⁸. SHARE also works with other partners to promote SHARE research, for example with the International Water Association and Swedish International Water Institute (SIWI)²⁹.

Media outreach

SHARE has worked with the media to generate public awareness of sanitation and hygiene issues and to disseminate the findings from SHARE research and synthesis. Media outreach around global hand-washing day in particular was very successful with stories in national media in Bangladesh and the UK³⁰ as well as global outlets. As the SHARE country platforms are strengthened and the research produces findings, there will be a greater focus on supporting national media outreach in the focus countries.

4.4. Opportunities and way forward

RIU activities are monitored and adjusted on an on-going basis to ensure effectiveness and progress towards desired outcomes. The following areas have been identified as priorities for the coming year:

Building on successful partnerships to extend reach and influence

SHARE has successfully worked in partnership with policy, practice and research partners. Going forward, SHARE will seek to deepen and streamline these partnerships around shared strategic objectives. We will work with these different types of partners to support research uptake through various activities; these include: working with policy actors to convene research users, working with leading research organisations to coordinate research efforts and maximise the impact of findings and working with delivery organisations, including WaterAid, to support the use of research findings in practice. We have already begun this work – and examples have been given above – but we aim to deepen our engagement with certain key partners based on successful work to date. One example of how we are doing this is formalisation of a tripartite agreement with WHO and UNICEF in May 2012 (see Annex 10)

²⁸ Examples of this include WaterAid's highlighting of SHARE work:

http://www.wateraid.org/uk/what_we_do/how_we_work/the_gutter_press/9879.asp; as well as IIED: <http://www.iied.org/fair-ideas-sanitation-key-helping-cities-their-communities-achieve-sustainable-development>

²⁹ See: <http://www.iwaterwiki.com/xwiki/bin/view/Articles/SHARE+Events>; and also: <http://blip.tv/watercube/guy-collender-research-on-hygiene-for-better-policies-5496425>

³⁰ See: <http://www.bbc.co.uk/news/health-15313085>; and: <http://www.firstnews.co.uk/news/today-is-global-handwashing-day-i6113>

Supporting national research into use through country platforms

Progress on the country platforms has been slower than anticipated but they are now reaching a point where RIU support is needed to engage and influence national sector policy and practice. SHARE will prioritise support to the country leads (see section 7) and national platforms to support the convening of boundary partners, translation of research for different audiences, and commissioning of synthesis where opportunities for uptake are identified.

Boosting high impact SHARE research globally

The SHARE programme is now generating research findings that are important to policy-makers and practitioners. SHARE will boost support to identified priority research projects/issues where the findings offer high potential for shifting sector decisions. These projects are identified in section 11 on Value for Money. They include: menstrual hygiene management, 'Choose Soap' (effective handwashing behaviour change), pro-poor sanitation, improving the effectiveness of helminth control through sanitation and hygiene, and assessing and improving sanitation human capacity.

Working with WaterAid to support uptake of research findings

Beyond its role as a research partner in the SHARE consortium, WaterAid is the largest international NGO working exclusively on WASH. WaterAid invests resources directly through its own programmes but also has a track record of influencing wider sector investment through its policy and advocacy work. SHARE will support WaterAid with activities designed to encourage uptake of important research areas e.g. the Orissa RCT and Menstrual Hygiene Manual. SHARE will also support WaterAid to influence programme design and policy-making for those priority research areas where WaterAid has helped to build the evidence base through SHARE e.g. nutrition, vaccines and maternal health.

Building national and agency capacity to interpret and use evidence

SHARE has provided support to a number of agencies – most notably to DFID with the Evidence Paper – in synthesising and interpreting evidence for decision-making. However, the translation of results into improved programme design or decision-making is not always straightforward. We will address this critical gap by developing a series of evidence translation activities. These will include workshops, analytical tools, and case study documentation. The major resourcing implications for the above will be in the use of core SHARE staff time.

5. Capacity Building

5.1 Capacity Building Strategy

The SHARE Consortium's approach to capacity building involves strategically designing research projects to build capacity within collaborating organisations. This is being achieved through action research with advisory support for local organisations, where needed, from LSHTM, WaterAid, ICDDR,B and IIED. Ideally, this capacity building will also carry over to national governments as they begin to engage in the process.

In terms of specific training activities, our approach to capacity building and strengthening comprises:

- Structured mentoring integrated into our research, administration, financial management, and communication activities;
- Specific training to address immediate gaps in skills, and;
- A PhD programme designed to build lasting research capacity within Southern institutions (including both NGOs and universities).

The structured mentoring has been an on-going activity in support of proposal development. To further strengthen the Consortium's research capacity, we have included external peer-review of the research protocols. Examples of other forms of mentoring include time spent with in-country partners to discuss training, project costing, financial management and procedures.

5.2 Capacity building fund

Specific training activities are arranged through the capacity building fund. The fund has a rolling application and all SHARE partners and those affiliated to SHARE can apply for funding for capacity building activities. Students planning to undertake research projects under one of the four pillars of SHARE can apply for funding on the condition that they have a supervisor with a close association to SHARE. Capacity building funds are available for the following: Exchange visits (to a maximum of 5,000 GBP), MSc student research (to a maximum of 1,500 GBP), short courses (to a maximum of 25,000 GBP) and research and management training (to a maximum of 10,000 GBP). Proposals will be reviewed by a representative of ICDDR,B, WaterAid and SHARE. Criteria for review include:

- i) ability to contribute towards SHARE's goals and deliverables
- ii) value for money
- iii) quality of the proposal
- iv) involvement of SHARE partners and/or sanitation and hygiene practitioners

The capacity building fund has supported the WSSCC Global Forum meeting on Sanitation and Hygiene, which ran from 9-14 October, 2011 in Mumbai, India. This was done through providing funding for 30 participants from sub-Saharan Africa. Preference was given to participants from countries which would otherwise not be represented.

Over the past year the SHARE capacity building fund has committed 25,000 GBP towards training carried out by WaterAid entitled "Improving documentation in the WASH sector for

policy, programmes and publication”. In addition, the fund supported four students in their MSc research (Table 3).

Table 3 Students supported by SHARE capacity building fund

Name	Topic
Sally Piper Pilliteri	Toilets are not enough: addressing menstrual hygiene management in secondary schools in Malawi
Kerren Massey	Sanitation, Safety and Shame: a qualitative study examining the impact of inadequate sanitation on women in the urban slums of Kampala, Uganda
Laura Cordier	Hand contamination patterns among female caregivers in urban Dhaka, Bangladesh
Shirley Lennon	Exploring the Link Between a Lack of Access to Water and Sanitation Facilities and Sexual Violence Against Women in Delhi, India.

PhD scholarships

In the original proposal five PhD scholarship positions were created. Six candidates were eventually selected as a further position was created with financial help from WaterAid and the sanitation trial study in Orissa.

The candidates enrolled at LSHTM at the end of September. More detail is provided in Annex 2. Most of the candidates have now completed six months of course work, have worked on their research proposals and have completed pilot work in their country of origin. In September 2012 they are expected to defend their research proposals in front of an upgrading panel at LSHTM.

5.3 Opportunities and way forward

During the course of the next year SHARE’s capacity building will take the following forms:

On-going support for PhD students

We will continue to closely monitor the progress of PhD students, ensuring that they have the necessary mentoring and resources to successfully carry out their fieldwork.

Strengthening national research projects

The quality of research products and the sustainability of SHARE’s efforts in the focus countries can be improved by strengthening the capacity to carry out rigorous applied research among national researchers. While all four countries have national research partners with critical research skills, there are opportunities to enhance the skills of researchers and other organisations including NGOs. SHARE will link senior SHARE researchers with national researchers, within the context of specific national research projects. This may be supplemented by more general training on research methods in the future.

Supporting paper and report writing

Writing – whether field notes, reports or manuscripts – is an essential component of applied research. Support for technical writing has been identified as a priority and will be given by pairing senior SHARE researchers with junior researchers to support the production of manuscripts and reports. We will also assess the need for more general training and respond accordingly, for instance WaterAid and RWSN will be running a SHARE-funded course on **Improving Documentation in the WASH Sector for Policy, Programmes and**

Publication due to take place in July 2012, the outcomes of which will be described in the next Annual Report.

Translating research in use

The RIU and national platform sections of the report have identified the need to enhance capacity for translating and interpreting research into policy or practice. This includes interpreting individual pieces of research, and also systematic evidence reviews such as that prepared by SHARE for DFID. SHARE partners must also be able to understand the systematic evaluation of research, combine general evidence with information on country conditions, and weigh the potential cost-effectiveness of alternative strategies. These skills are needed both to select approaches and to advocate for them. During the coming year, we will develop plans for short-term training for national research groups as well as for specific institutions (such as national offices of bilateral organisations). We will explore partnerships with other global sector actors who have also identified this as a critical sector need.

6. Highlights of Main Projects

The following sub-sections present a more in-depth overview of those SHARE projects which have the potential to impact sector policy and practice.

6.1 Assessing the effectiveness of improved sanitation on diarrhoea and helminth infection: A cluster-randomised, controlled field trial in Orissa, India

Background

In India, 450,000 deaths per year are attributable to diarrhoeal disease and 69 per cent of the rural population practise open defecation. Systematic reviews have revealed a lack of rigorous evidence on the contribution of sanitation interventions to prevent diarrhoea in young children. To address this knowledge gap a cluster-randomised, controlled trial has been conducted among 100 villages (including approximately 2,500 households and 15,000 people) in Puri district, Orissa, India. It aims to assess the impact of the construction and use of latrines in rural settings on diarrhoeal disease, intestinal nematode infections and nutritional status. The study is also exploring the cost and cost-effectiveness of the intervention and its impact on lost days at school and work as well as on expenditures on drugs and medical treatment. The research will document how the intervention affects exposure to human excreta along principal transmission pathways by evaluating the impact on (i) faecal contamination of drinking water, (ii) the presence of mechanical vectors (flies) in food preparation areas, and (iii) presence of faeces in and around participating households and villages. It will also explore the extent to which different levels of acquisition and use of on-site sanitation among households impacts on disease throughout the community.

Progress to date and outcomes

- Latrine construction has continued in intervention villages and is being regularly assessed. A total of 2,022 latrines have now been constructed.
- Under a new “Tap to Toilet” project by the government, all villages will be provided with piped water supply to the household during the next 10 years, partly in order to motivate latrine construction and encourage latrine use. Implementation of the water supply project is through the district water and sanitation department.
- Health surveillance and environmental sampling are continuing in accordance with the study schedule.
- The programme is investigating the role of gender in sanitation practices in the context of the RCT. The work involves extensive qualitative and quantitative research, the results of which are expected to lead to the development and piloting of gender-sensitive promotional interventions designed to optimise latrine use.
- After installing 157 third generation passive latrine use monitors (PLUMs) in a pilot round in December and January, it was determined that, as a result of continuing problems with devices, an alternative device would be used developed by the SWEETSense Labs at Portland State University starting in July 2012. These results will be supported by data on latrine construction and condition, observations of use and self-reported use. In addition, the study will compare these methods with direct observation and key village informants.
- Two MSc students from LSHTM will be conducting research projects during the summer of 2012. The first project is designed to assess latrine use in villages that

have had latrines in place for 3-5 years. This complements the existing study, which follows the study population for only 2 years following latrine construction. The second project aims to understand practices associated with the collection and disposal of child faeces.

- Working with UC Davis, the Asian Institute of Public Health (AIPH) will coordinate the collection and processing of faecal samples to confirm the human and animal specific genetic assays; they will also coordinate the water sampling and extraction of DNA for processing by UC Davis. The Biotechnology Centre at the Kalinga Institute of Industrial Technology (KIIT) will assist with the *Crypto/Giardia* IMS/DFA/PCR analysis of faecal and water samples.
- The project aims to develop, pilot and then implement two additional tests to examine more generalised (non-point) sources of exposure. This involves assessing the extent of faecal contamination on the hands of children and their caretakers. Assessment methods will be piloted among up to 25 households in up to 20 representative villages outside the main trial population before being implemented in the main trial.

6.2 Impact of food hygiene on contamination of weaning food – Bangladesh

Background

Contaminated weaning foods account for a substantial proportion of diarrhoeal diseases among infants and young children in developing countries. Up to 70% of diarrhoeal episodes could be due to pathogens transmitted through food. Shortly before SHARE's inception, a study in peri-urban Bamako, Mali found that a small-scale hygiene intervention developed on the basis of the Hazard Analysis and Critical Control Points (HACCP) approach was effective in reducing the contamination of weaning foods. One of the quick-start studies has drawn on the microbiological expertise of the scientists at ICDDR,B to find out whether hygiene promotion could be as effective in reducing weaning food contamination in Bangladesh.

Progress to date and outcomes

A total of 60 households were selected, 30 for the intervention, and 30 as control. Weaning foods were collected from all 60 and examined for microbial contamination using standard procedures. After cooking, the food was cooled down and normally used for feeding 3 times. Food samples were collected each time before feeding the child as well as just after cooking. The temperature of the foods was also measured after cooking and before feeding.

Following HACCP procedures, critical control points (CCP) were determined. Mothers in the study households were then trained to achieve and monitor the CCPs for a period of 4 weeks. Food samples from both control and intervention households were collected and examined for microbiological contamination.

In the baseline survey, weaning foods from both the study and control households were contaminated by faecal coliforms (FC), with 0.86 log₁₀cfu/g in the control group, and more than double that in the intervention group. After the intervention, both the FC and faecal

streptococci (FS) counts in study households was reduced to 0.10 log₁₀cfu/g or less during first feeding. The difference is statistically highly significant (p<0.0001).

Thus the hygiene intervention reduced the faecal contamination of weaning food substantially. Building awareness among mothers about weaning food hygiene could be an important intervention for preventing secondary contamination of weaning foods, with a view to reducing morbidity and mortality. The intervention tested in Mali and Bangladesh is still far from being affordable or able to be taken to scale. The training was given in intensive one-to-one sessions over a full three-week period, by a small team of highly motivated hand-picked graduates, and followed up by fortnightly visits for months. The trainees, though of modest socio-economic status, were volunteers from among a group already interested in the topic. Nevertheless, there is a serious lack of good trials with objective outcome measures providing evidence of the effectiveness of hygiene promotion. The positive result from this trial opens up the possibility for new types of intervention.

A proposal to take forward this work in Nepal will be funded under Call C and carried out by one of the SHARE PhD students.

6.3 Building city-wide sanitation strategies from the bottom up - an action research project across four cities in four countries

Background

The City Wide Sanitation project, led by IIED, originated as response to the past failures of technocentric and conventional approaches to urban sanitation, as well as to critical obstacles to scaling up appropriate sanitation in urban areas of low-income countries. Drawing on existing research, a preliminary list of obstacles to city sanitation was identified, notably lack of community organisation, insufficient account of poverty in project implementation, unaffordable technologies and payment schemes and poor government-community relationships, which affect systems sustainability. This project seeks to address these (and other) obstacles through the use of Action Research and community-driven models.

Four urban centres in Malawi, Tanzania, Zambia and Zimbabwe have been selected. Within each centre, there are three main research activities: a situation analysis (year 1), precedent setting in selected communities (year 2), and the development and initiation of city-wide strategies (year 3).

Progress to date and outcomes

In January 2012 a situation analysis and community mapping with GIS was conducted in all four cities with plans for completion by end of September 2012. In Malawi, the case study city was moved from Lilongwe to Blantyre. Blantyre was chosen due to the work experience and contacts that the Federation has within the city. In Tanzania, the situation analysis work has successfully advanced with enumeration in three settlements. The federation members and CCI (Centre for Community Initiatives) staff will participate in SDI training on the use of GIS in their current enumeration activities. In Zambia, Kitwe Federation has completed the enumeration in Kamatipa and city-wide profiling of slums in the city. Ten informal settlements

have been agreed with the city council for inclusion in this first phase. Meetings have been planned with the Council to finalise responsibilities allocation and recruit other stakeholders such as Nkana Water and Sewerage Company (local utility company), Copperbelt University and University of Zambia. In Zimbabwe a project steering team with the city council has been established and a Memorandum of Understanding (MoU) is being finalised. Eleven of the 34 informal settlements have been prioritised for profiling. The federation has been holding community meetings to prepare residents and begin the informal gathering process.

6.4 Exploring inequities in sanitation-related health risk and impact estimating the potential impacts of pro-poor targeting

Background

There is growing attention to disparities in global and national progress in improving access to sanitation. Recent work by UNICEF and the WHO/UNICEF Joint Monitoring Programme (JMP) has shown significant variation in progress in improving access to sanitation across quintiles in many low-income settings, which UNICEF argues could decelerate progress across all the Millennium Development Goals (MDGs). The UN Water 2012 Gliaas Report also highlights how inequity between allocation of resources – with the poorest often not benefiting - and the consequences of inequitable investment are an obstacle to achieving the MDG targets by 2012. Research has shown significant variance in disease burden and impacts across socio-economic groupings. However, there is a gap in the research regarding how the health burden and potential benefits associated with sanitation vary across sub-populations in low-income settings. To address this gap, SHARE researchers undertook an analysis of relevant data from 10 low-income countries in Sub-Saharan Africa and South Asia in order to estimate:

- Distribution of sanitation-related health burden by wealth quintile,
- Likely distribution of health benefits for targeting sanitation improvements at different wealth quintile groups, and
- Spatial distribution of sanitation–related health burden and benefits.

Progress to date and outcomes

While the analysis has some limitations, conclusions indicate that:

- The health burden of poor sanitation falls disproportionately on children living in the poorest households
- This increased health burden is the result of both greater exposure to infection and increased susceptibility among children in these households
- The increased exposure among these children is a function of their increased likelihood of having no access to a private facility, having to use shared facilities and being more likely to live in an area with a high density of people without sanitation
- Children in poor households are more likely to be susceptible (resulting from lower nutritional status) to diarrhoeal diseases and suffer higher mortality
- Improvements in sanitation for households in the poorest quintile may bring significantly greater health benefits than improvements in the richest quintiles

- While rural populations generally have lower levels of access, the sanitation-associated risk may be greater for the urban poor due to the increased likelihood of these households being in areas with a high density of people without sanitation

SHARE has published the findings as a full research report and as a policy brief and is now preparing three journal papers. These findings have been used to engage a range of SHARE ‘boundary partners’ to influence sector planning, investment and monitoring. A number of these agencies, including UNICEF, USAID, and Plan, have expressed interest in using this work in planning and evaluating their national sanitation programmes. DFID included summary findings in their ministerial submission as part of the WASH Portfolio Review process and the Sanitation and Water for All Secretariat within UNICEF requested a background paper be prepared for the High Level Meeting chaired by the former President of Ghana John Kufuor. SHARE is co-funding with partners a study entitled *Towards smarter sanitation: understanding disparities in risk, disease burden and impacts* from June 2012 to June 2014. This study will test the assumptions and conclusions made in this initial research by investigating whether the impact of sanitation is mediated by disparities in exposure and susceptibility influenced by socio-economic status and location.

6.5 Menstrual Hygiene Management

Background

Recognising that menstrual management represents a challenge which affects most women in low-income countries, SHARE/WaterAid Menstrual Hygiene Management (MHM) project explores women’s menstrual hygiene awareness and practices and successful approaches with a view to improving well-being, knowledge and dignity.

Progress to date and outcomes

Primary and secondary data collected by WaterAid with support from country offices (Tanzania, Bangladesh, India and Malawi) have been synthesised into a comprehensive publication entitled *Menstrual Hygiene Matters: A resource for improving menstrual hygiene around the world*. The resource, targeted primarily at WASH practitioners and policy makers, provides a menu of good practices which can be replicated and promoted in low-income countries and is complemented with a catalogue of existing MHM resources and toolkits which enable the replication of the approaches in a culturally sensitive way. The resource brings together the existing body of knowledge and practice on menstrual hygiene for the first time. The resource provides guidance on menstrual hygiene management in several scenarios: within communities, schools, the workplace, emergencies and within situations of vulnerability. It suggests methods to evaluate the appropriateness of sanitation and water sources available to women and girls, as well as guidance for training in menstrual hygiene management. The MHM resource book has been peer reviewed by key WASH sector organisations including UNICEF, World Vision, WASH plus, Save the Children, Action Against Hunger and the World Health Organisation. In the next phase, WaterAid will pilot the MHM resource book with Emory University as well as evaluate uptake, with support from the SHARE M&E team.

6.6 Choose Soap – an evidence-based hygiene intervention

Background

Handwashing with soap is one of the most cost-effective ways of preventing the spread of diarrhoeal diseases. It is claimed the practice could save up to one million lives a year worldwide. The benefits of handwashing with soap extend beyond health and include knock-on economic and social benefits, including improved school attendance and productivity. However, handwashing with soap is not common at critical moments, including after going to the toilet and before handling or eating food. The Choose Soap resource has been developed by creative professionals and can be delivered through social networks, mass media, community action and schools in a cost-effective manner. The toolkit was designed to be used by practitioners in rural India, but can be adapted to any local context. The resource is available at www.choosesoap.org

Progress to date and Outcomes

During 2010-11, SHARE funded the development of the 'Choose Soap' toolkit of activities. This toolkit was developed by a creative agency', and SHARE partners LSHTM and WaterAid, and drew on ideas and best practices from different fields including hygiene and health promotion, behavioural sciences and marketing.

An Indian creative agency adjusted the toolkit to the local context, and SHARE funded the testing of materials. This version of the Choose Soap toolkit was used in a large-scale Wellcome Trust-funded randomised controlled trial in Andhra Pradesh in October 2011. The data are being analysed, but preliminary results indicate a 16% uptake of behaviour change when measured six weeks after the intervention.

Health improvements will only be achieved if behaviour change is sustained. For this reason, it is important to investigate how long behaviour changes are sustained post-intervention. The Choose Soap trial offers a rare opportunity to do this. SHARE is funding an observational visit to the Choose Soap study site in July 2012, six months after the data were collected from the randomised controlled trial, to determine the sustainability of the results.

The Choose Soap material used during the Wellcome Trust-funded trial will be modified later this year, incorporating feedback from the original intervention and the observations conducted after six months.

6.7 Sanitation Financing

Background

Financing is a critical dimension of sanitation provision and a determinant of demand. For solutions to go to scale, they have to blend different sources of financing including savings, subsidies and loan finance. Solutions should be responsive to the needs of local communities (savings) have a capacity to include the lowest-income households (subsidies) and be able to go to scale (loan finance). The financial design of sanitation programmes has

not been evaluated in sufficient detail to date; and yet this can be a critical determinant of the sustainability and scalability of particular programmes. Nor has the sector been able to mobilise sufficient public financing for increasing sustainable access. Hardware subsidies in the sector have often been discredited (either due to capture or wastage, when hardware subsidies fund service levels that people simply do not want) and the costs of software activities (including for demand promotion, sanitation marketing, capacity building, etc) are not adequately accounted for, resulting in a lack of clarity on how much such activities cost and how they can be scaled up.

Progress to date and Outcomes

Key research questions were identified in the SHARE Markets Pathfinder Paper on Sanitation Markets and in response SHARE has invested in the following pieces of research:

- Small-scale finance for sanitation
- Results-based financing for sanitation

Figure 8 shows the progress of these two research projects. The identified boundary partners for this research include microfinance institutions, sanitation agencies and international funders. Two key publications have been produced: (1) a report entitled 'Small-scale finance for water and sanitation'³¹ co-published with the European Union Water Initiative; and (2) a report entitled 'Identifying the Potential for Results-Based Financing for Sanitation'³² co-published with the World Bank. Following these successful research projects, the Tanzania country platform will support an action research project to identify, train and support selected water and sanitation programmes and microfinance institutions.

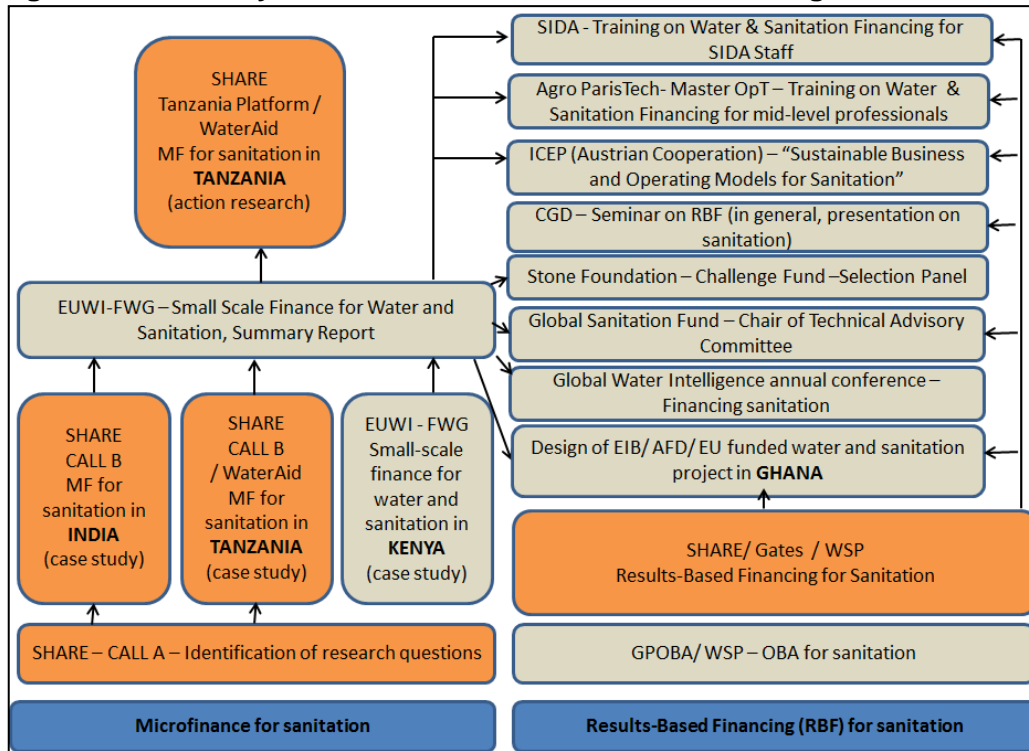
³¹ Available here:

<http://www.wsp.org/wsp/sites/wsp.org/files/publications/WSP-Tremolet-Results-Based-Financing.pdf>

³² Available here:

http://www.sharereseach.org/LocalResources/EUWI_and_SHARE_report_on_small_scale_finance_in_WATSAN_April_2012.pdf

Figure 8 - Summary of SHARE work on sanitation financing



The findings from this research have been communicated at a number of high profile meetings, including Africa Water Week and the Centre for Global Development Workshop on development finance.

7. National Research Platforms

SHARE's national platforms are underpinned by the theory of change in the context of four focus countries: Bangladesh, India, Tanzania, and Malawi. The strategy in each is to identify key knowledge gaps that hold back progress in the sector; prioritise issues where SHARE can make a realistic contribution to closing the gaps; carry out the necessary applied research, and translate results and other research to create changes in sector performance.

Although the platforms differ from one country to the next, all undertake the following core activities:

- Identifying priority research into use needs that are critical for the national sector
- Carrying out research through a combination of national and international researchers, using a grant from SHARE of up to £250,000
- Translating findings from SHARE research and other sources to promote changes in policy and practice
- Enhancing capacity for research and research into use to increase the long-term sustainability of SHARE investments

The sections below describe on-going efforts in each of the four countries. The final section identifies adjustments that have been made or need to be made in order to ensure research quality and the translation of evidence into sustainable change.

7.1 Bangladesh

Overview

As part of SHARE's inception activities, a visit was made to Bangladesh to meet with local partners (WaterAid Bangladesh and ICDDR,B) as well as to consult a broad range of sector stakeholders including the Government of Bangladesh. Demand was expressed for a research platform by a number of these stakeholders.

SHARE committed £250,000 for research identified by the platform. In addition, it was agreed that resources would be made available for the recruitment of a research coordinator as well as for research into use activities. ICDDR,B agreed to convene the Research Group and Advisory Group meetings. To provide support and ensure coordination with SHARE's global work, Rick Rheingans (University of Florida) was appointed as the Executive Group liaison for Bangladesh. Dr Sirajul Islam (ICDDR,B) was appointed as the lead for SHARE in Bangladesh.

Progress to date

An initial meeting of the SHARE Research Group was convened by ICDDR,B in February 2012. The meeting involved SHARE partners, key national research institutions, UNICEF, Government of Bangladesh, NGO representatives, and international organisations. The full list of participants is included in Annex 8.

The main purpose of the meeting was to introduce SHARE and discuss priority sanitation and research questions for the group's initial focus. While a number of research opportunities were discussed, two issues emerged as priorities: 1) weaning food hygiene

and 2) contamination of groundwater wells through poorly sited sanitation facilities. These two areas were chosen in part because it was felt that they were areas where SHARE could make a unique contribution, without duplicating work by other sector partners. This is particularly important given that organisations such as BRAC, ICDDR,B and others are already engaged in substantial sanitation and hygiene research. The two selected areas also build on existing work by SHARE collaborators.

As a part of the 'quick start' projects SHARE funded preliminary research on the contamination of complementary food prepared for weaning infants (see section 6.2).

The second key research area relates to the impact of onsite sanitation on the contamination of groundwater wells through movement of faecal pathogens through the soil. This stems from an information need identified by several sector partners in the initial SHARE scoping visit in 2010 and pilot research conducted by WaterAid Bangladesh and ICDDR,B in recent years. An initial proposal was submitted to the main research fund Call A in 2010. Although it was not funded in that call, SHARE provided capacity building funding to further develop the proposal with support from Dr. Peter Ravenscroft of the UNICEF Bangladesh as well as support from Professors Cairncross and Carter. The revised proposal is a collaboration between ICDDR,B, WaterAid Bangladesh and University of Dhaka, UNICEF and others. It focuses on the factors which affect the rate of movement of faecal contamination between on-site sanitation and nearby wells, with the specific purpose of influencing guidelines from government, UNICEF and NGOs on the safe distance between water and sanitation in different soil and hydrogeological settings within the country. These guidelines could reduce illness from the siting of wells too close to sanitation and reduce the costs associated with having to site them too far away.

While both issues were considered to be priorities, the group recommended the funding of the well contamination project. Additional co-funding support from WaterAid Bangladesh allowed the proposal to be funded with the resources available to the platform. SHARE partners will continue to seek funding for additional collaborative research.

Challenges and adaptive strategies

One of the challenges faced by the Research Group has been how to choose a research focus in country with expensive needs in sanitation and hygiene research and the existence of on-going applied research. Research institutions, NGOs, international partners, and government actors are all actively involved in sanitation and hygiene research. The group felt that it was important to identify research focus areas where SHARE could provide a unique contribution without duplicating the efforts of others. Related to this was recognition that the allocation for the national research activities (£250,000) was relatively small compared to the magnitude of the problem and the investments of other actors in the sectors.

The group decided to address these two related issues by focusing the research investment on contamination of groundwater sources for drinking, and addressing other issues such as weaning food contamination through research into use activities.

A second challenge has been ensuring the quality of the proposed research. Understanding groundwater contamination from on-site sanitation requires a multi-disciplinary team including hydrologists, microbiologists, and others. SHARE has reached out to experts within

the consortium and outside to review and refine the proposed work over time in order to ensure its rigour and relevance. This has resulted in delays in the initiation of the work but will hopefully contribute to long-term impact, particularly through the involvement of UNICEF Bangladesh.

Next steps

- Implementing the agreed research proposal (July 2012 onward)
- Meeting of the Research Group (August 2012)
- Developing a work plan for research into use activities around the priority issues of weaning food contamination and hygiene and groundwater contamination of drinking water from onsite sanitation (August 2012)
- Hiring of a part time research coordinator (September 2012)
- Finalising contracts with ICDDR,B and WaterAid Bangladesh for research (July 2012) and research into use activities (August 2012)

7.2 India

Overview

As part of SHARE's inception activities, a visit was made to India to meet with local partners - WaterAid India and NSDF/SPAARC - as well as to consult a broad range of sector stakeholders including the Government of India. A full trip report was submitted to DFID as part of the inception report but demand was expressed for a research platform by a number of these stakeholders and WaterAid India committed to leading the platform. As well as prioritising research relevant to India under SHARE's competitive Research Calls, SHARE committed £250,000 for research identified by the platform. In addition, it was agreed that resources would be made available for the recruitment of a research coordinator as well as for supporting research into use activities.

WaterAid agreed to convene the Research Group and to host the Research Coordinator in their offices. Activities to establish the Research Group were initiated in June 2011. To provide support and ensure coordination with SHARE's global work, the SHARE Policy Research Manager (Oliver Cumming) was appointed as the Executive Group liaison for India. Dr Indira Khurana (WaterAid India Director of Policy and Research) was appointed as the lead for SHARE in India.

Progress to date

An initial visit was made in June 2011 to meet with colleagues in WaterAid India to plan the objectives and composition of the Group and to consult with sector stakeholders. Stakeholders consulted included the Government of India's Department for Drinking Water and Sanitation (DDWS), DFID-India and the South Asia Research Hub, UNICEF, the World Bank's Water and Sanitation Programme (WSP), the Bill and Melinda Gates Foundation (BMGF), Jameel Latif Poverty Action Lab (J-PAL) and the Global Sanitation Fund (GSF) as well as a number of NGOs active in the WASH sector. These initial consultations that built on the scoping visit undertaken earlier informed the development of a draft Memorandum of Understanding (MoU) for the Group and the identification of members.

WaterAid India approached potential members and convened the first meeting of the Group in September 2011 with the objective of formalising the MoU for the group and identifying priority research questions. Presentations were made by a number of agencies on both the challenges facing the sector and research that might contribute to progress. Organisations already active in supporting or undertaking research in the area presented their portfolios to mitigate the risk of duplication.

Six priority questions were identified:

1. How does sanitation impact girls and women?
2. How can improved menstrual hygiene management impact the health, education and development opportunities of girls?
3. How do state-level factors (socio-economic, institutional, political) affect progress between states?
4. What are the additional health and development benefits of improving uptake/reducing open defecation among the poorest?
5. What at-scale behaviour change strategies are effective?
6. What is the environmental impact of low cost onsite sanitation systems on soil and water systems and what are the health consequences?

Questions 1, 3 and 5 above were identified as the most important on the basis of their potential to accelerate progress in the sector but also taking account of other research efforts planned or underway. For example, on menstrual hygiene (2), health benefits of reducing open defecation (4) and the environmental impacts (6) existing research activities both within and external to SHARE were identified that are addressing these questions.

The meeting report and shortlisted questions were finalised in January 2012. Following advice from the SHARE CAG (December 2011) and DFID, it was agreed that the research funds should be channelled in a way that minimised the administrative burden by funding fewer larger pieces of research and transferring block funds to national partners.

Challenges and adaptive strategies

There have been two challenges encountered in relation to the establishment and administration of the Research Group. The first challenge that has led to significant delays is the result of negotiations within WaterAid to agree a financial channel for the transferring the £250,000 in research funds from London to Delhi. After a period of negotiation it was agreed by WaterAid that these funds could not be transferred internally (from WaterAid UK to WaterAid India) and be governed by the existing core contract between WaterAid and London. The second has been the challenge of maintaining momentum in light of competing pressures within national partners and also at the central level within SHARE. These problems are in part due to inevitable difficulties in identifying clear and realistic roles and responsibilities and are also related to the delays in deciding how to transfer funds, which stalled other activities such as recruiting a coordinator.

It has been agreed that LSHTM will directly contract the lead research organisation for work commissioned with the £250,000. Project oversight and supervision will though be retained by WaterAid India, and payments made by LSHTM to the contracted organisation only with their authorisation. To some extent the second challenge of maintaining momentum has been mitigated with release of the research funds as it is now possible to convene the group

again and critically to recruit the coordinator. As agreed at the outset, regular communication is being maintained between the Executive Group liaison at LSHTM and the Group Chair at WaterAid India with regular teleconferences.

There is a need to limit the number of pieces of research in order to reduce the administrative transaction and focus on larger strategic pieces means being more selective. Also, due to the delays described above, it is important that projects are initiated quickly. The adaptive strategy is that 'quick starts' will be identified through the Call C process that meet criteria for Research Group funding: (a.) that they address priority questions of the Group; (b.) they involve Indian research partners; (c.) they are ready to start immediately; (d.) they are endorsed by majority consensus by the Research Group. These projects are detailed below and respond to two of the three top priority questions described above (3 and 5).

Furthermore, the major research question (1) requires both the involvement of different research disciplines and will require some formative development with the Research Group. As an adaptive strategy, it has been decided that a more directive approach is appropriate where researchers are brought together to jointly discuss and agree the best methods and approach to address this question with participation from the Group members. To facilitate this, a contract will be prepared to commission a senior academic in the field of maternal and reproductive health to lead this process starting with a workshop in August involving Indian researchers from across different fields.

Next steps

The following are the immediate next steps for the Research Group and reflect the narrative summary above on progress, challenges and adaptive strategies:

1. Recruitment of Research Coordinator

- Job description has been drafted and agreed
- Post will be advertised June 2012
- Post filled by August 2012

2. Research Group meetings convened:

- September - next meeting of the Group
- Calendar of events to be agreed for 2012/13
- Presentations of existing SHARE research findings

3. Contracting of quick-start projects (budget £75k):

- Protocols submitted for endorsement by Group for proposals:
- State disparities for Total Sanitation Campaign
- Sustainability of HWWS interventions
- Presentation by researchers at September meeting

4. Initiating major research project of Research Group (budget £175k):

- Appoint senior academic lead from maternal/repro health field
- September cross-disciplinary workshop to identify methods

- Formative work undertaken October – December
- Research launch January 2013

7.3 Malawi

Overview

The Malawi Research Group Platform leader, Dr Martin Mulenga, has made two trips to Malawi to help set up the platform. In the first trip, which took place in July 2011 in Lilongwe, he had an opportunity of meeting with representatives of the development partners - DFID, AusAid, JICA, UNICEF and DFID and members of the National Sanitation Technical Working Group – Ministry of Irrigation and Water Development, Ministry of Health, Ministry of Education, NGOs, CBOs, Development Partners. Other meetings were held with officials from WaterAid, DFID, Bunda College of Agriculture and University of Mzuzu officials.

The aim of the July 2011 trip was to introduce the SHARE Research Group initiative to the stakeholders in the country and to devise the best way to form the research platform. Other issues that were looked into included the modalities for the identification of research questions, the approval of terms of reference, research team composition and research contract and the MOU. Initially, it was hoped that WaterAid Malawi would coordinate the formation of the research team as well as the day to day running but after detailed discussions it became clear that they were not in a position to play that role due to staffing changes that were going on at the time. WaterAid then suggested that the National Sanitation Technical Working should be given the responsibility of coordinating the research work due to the representative nature of the Group under the supervision of the Ministry of Irrigation and Water Development. WaterAid, however, offered to coordinate the initial stages of the research platform but this did not work out as planned due to the same staffing problems the organisation faced until fairly recently.

Progress to date

After concluding that little progress was being made, the SHARE lead made another trip to Malawi in February 2012 and since that trip significant progress has been made. A draft MOU and a programme of action have been prepared and circulated to all key stakeholders. WaterAid has also managed to resolve most of their staffing problems and have since offered to play a more prominent role in the research platform by coordinating the work and hosting a research coordinator.

It has also been concluded that the National Research Group for the research platform will be made up of the National Sanitation and Hygiene Coordinating Unit (NSHCU) and the Technical Working Group on sanitation and hygiene promotion (TWG). The NSHCU is made of representatives – from the Ministry of Health, Ministry of Irrigation and Water Development, Ministry of Education, Science and Technology, Ministry Gender, Ministry of Environment and Climate Change, District Commissioners, Local Government, Water utilities, UNICEF, WaterAid, Global Sanitation Fund. The TWG is made up of representatives of - Ministry of Health, Ministry of Irrigation and Water Development, UNICEF, WASH and NGOs through CCODE.

Challenges and adaptive strategies

The greatest challenges to date have been successfully establishing the SHARE research group and institutional arrangements for funding research projects and carrying out research into use activities. Over the past six months great progress has been made in engaging both SHARE national partners (WaterAid Malawi) and the National Sanitation and Hygiene Coordinating Unit. Having the full participation of both groups has taken time, which leaves less time to carry out research and RIU activities. At the same time, embedding SHARE activities with core sector actors greatly increases the likelihood of success in creating and sustaining impacts. The coming 3-6 months will be critical. As reflected in below, it is urgent that institutional arrangements are finalised for funding projects. The research group will be meeting in July to finalise the research priorities.

In May 2012 the SHARE Executive Group discussed the possibility of reducing funding for the Malawi platform based on the delays to date. However, given recent progress, it was agreed to review progress in Autumn 2012 to determine whether resources should be reallocated. It was also decided that additional time is required from the core SHARE team to work with national partners. In addition, SHARE will work with the national partners to develop their RIU plans and outcome mapping during the research group meeting in July.

The final adaptive strategy is to work with national research group to accelerate the process of research proposal development. The initial plan was to do a completely open call for proposals, which would then be evaluated. Instead, the SHARE liaison and national group will consider the strategies used by the other three national research groups, including directly developing a single collaborative and identifying 'quick start' projects that are ready for immediate funding. These will be addressed in the July meeting.

Next Steps

In the second week of June 2012, WaterAid officials met with Mr Mpsa (Director of Sanitation) to discuss how best to move the research platform forward. The issues discussed are listed below and Mr Mpsa will now have to get approval from the Principal Secretary at the Ministry of Irrigation and Water Development and other key sanitation players.

- Finalisation of the MoU
WaterAid suggested amendments to the MoU which among others include the inclusion of WaterAid as one of the MoU signatories to reflect the role they will undertake in hosting a Research Coordinator and as a channel for the project's funds.
- Mutual expectations
The role of the Research Coordinator in relation to how the position will relate to the National Coordinating Unit and the fact that WaterAid is only a channel for the funds, the disbursement of which will be informed by the project's work programme.
- Terms of Reference
WaterAid also indicated that they expected the national Sanitation and Hygiene Coordinating Unit, or at least the Ministry to be actively involved in the clarification of the TORs, the selection of key research questions and identification of the Research Coordinator. They would also like to manage ownership issues right from the start.

Once the MoU has been signed, WaterAid will go ahead with the recruitment process for the Research Coordinator/Anchor. The recruitment process will run simultaneously with the project roll out, meaning that in the absence of the Research Coordinator, while s/he is being recruited, WaterAid and the Ministry will institute a mechanism between themselves to manage the initial project research processes.

7.4 Tanzania

Overview

SHARE committed £250,000 for research identified by the platform. In addition, it was agreed that resources would be made available for a research coordinator as well as for supporting research into use activities. The National Institute for Medical Research (NIMR) agreed to coordinate the Research Group, and WaterAid is to provide support and technical advice. Activities to establish the Research Group were initiated in June 2011.

Progress to date

In June 2011, CCI and WaterAid were approached to assess their interest in chairing and coordinating the SHARE Research Group. Although CCI were keen to explore the possibility of providing the coordination function, WaterAid expressed the willingness to perform both roles.

Late September/early October 2011, WaterAid's East Africa Regional Desk in London became concerned that Tanzania Country Programme was overcommitted and requested that the Country Programme reprioritise its workload. Unfortunately this meant no longer being able to fulfil its commitment to the SHARE Research Group.

Whilst looking for alternative arrangements for hosting the group, in October 2011 contact was made with the Global Sanitation Fund (GSF) regarding the synergies between their programme for Tanzania and the SHARE research work. In November 2011, it was agreed that the GSF's Programme Coordinating Mechanism (PCM), would also serve as the SHARE Research Group. NIMR was proposed as the coordinator of the Group. Elias Chinamo, Assistant Director for Environmental Health, Hygiene and Sanitation services in the Ministry of Health and Social Welfare agreed to chair the Group.

Challenges and adaptive strategies

The key challenges encountered in establishing the Tanzania Research Group were the false start in finding the Group Chair and Coordinator together with all the delays in finalising contracts and MoUs (it took around eight months to agree a MoU between LSHTM and NIMR. We are still to sign the contract). The consequences of which are that several trips to Tanzania have been necessary to maintain interest in the SHARE initiative and momentum around the Research Group as well as to develop an effective working relationship with partners (August 2010; June 2011; November 2011; February 2012; March 2012; May 2012). It is proposed that two 'quick starts' meet the criteria for Research Group funding: (a) that they address priority questions of the Group; (b) they consolidate previous pieces of SHARE funded research; (c) they are priorities for the Tanzania SHARE research partners; (d) they are ready to start immediately; (e) they are endorsed by majority consensus by the Research Group.

The development of a country platform adaptive strategy has been intensively discussed among SHARE management team and the M&E unit to face identified challenges and maximise outputs in the agreed timeline.

Next steps

The following are the immediate next steps for the Research Group:

- Agree the Job Description and work plan of Research Coordinator
- Sign a contract between LSHTM and NIMR for the Research Coordination Function
- Convene the Research Group - August 2012
- Calendar of events to be agreed for 2012/13
- Presentations of existing SHARE research findings in Tanzania
- Contracting of quick-start projects (budget £120k)
 - Microfinance for sanitation
 - Mtumba approach for urban areas
- Call for proposals for research project(s) (budget 130k)
- Research launch January 2013

7.5 National Platforms – securing progress

Over the past two years SHARE has invested in developing research platforms in four focus countries. The purpose of the groups mirrors that of SHARE as a whole: to convene key sector actors, identify critical knowledge or information gaps that hold back sector progress, generate new knowledge to fill the gaps, and translate new or existing knowledge into changes in sector performance. In all countries the initial strategy was to build on SHARE core partner national activities. However, in each country the strategy has varied slightly based on how SHARE partners felt we could best complement and strengthen existing sector actors and efforts.

With two years of experience, we are able to assess progress and challenges in each country and suggest adaptive strategies to increase our potential impact and value for money. Several challenges and lessons are highlighted below:

- Need for an institutional home.

The initial plan was the for national platforms to be hosted by nationally based SHARE partners such as WaterAid and ICDDR,B. In Bangladesh, these partners are taking the lead, however it has taken time to establish the institutional arrangements and get SHARE activities into the workplans of the partner organisations. In Tanzania and Malawi, WaterAid offices have gone through transitions, making it hard for them to have the staff to host the SHARE national groups. In the short run this has resulted in delays in getting the platforms going. SHARE has had to develop partnerships with other sector actors to host the national groups. This has resulted in further delays but has created new opportunities by embedding SHARE activities in national institutions that are central to research (in the case of Tanzania) and in sanitation policy (in the case of Malawi). In all four countries we will need to closely monitor whether the hosting institutions are effectively supporting the research and research into use activities for the platform and assessing where they might need additional support.

- Making an impact with scarce resources.

In the initial inception workshop there was extended discussion of how much of SHARE's resources should be targeted for research led by the national platforms. It was decided to earmark £250,000 for research by each group, with additional staff support and budget for research into use activities. The decision was made in an effort to balance competing considerations including: providing a critical mass of resources sufficient to make substantial impact, providing an amount that can be effectively managed and absorbed, and weighing alternative uses of the scarce research funding for other SHARE activities. All of the four countries have been slow to begin spending their budget allocation. India and Bangladesh have now identified the specific research plans and are beginning the steps to put contracts in place. Tanzania has identified initial priorities and start up projects for much of the resource allocation. Malawi is expected to settle on a question and plan for a portion of the budget at their upcoming group meeting. In the short-run, we have underestimated the time necessary to push national research plans forward, as well as the amount of time needed from centrally based national leads. We have adapted by increasing support from Executive Group members, Sue Cavill and Martin Mulenga, dedicated to the Tanzania and Malawi platforms respectively. This corresponds with accelerated progress over the past months. We will closely monitor the progress of this work in all four countries, in particular Malawi and Tanzania. The SHARE Executive Group discussed whether there was enough progress to warrant continued work on all of the platforms in May 2012. It was agreed that this would be monitored closely over the coming months before making any reallocations of funding.

- Need to build applied research capacity.

In all countries SHARE has identified an ongoing need to enhance national capacity for applied research on sanitation and hygiene. The nature of this need differs between countries but includes methods for conducting rigorous evaluations of interventions to specialised knowledge for specific research projects. This includes working with research and implementing partners on developing research questions and research designs. For all countries, we will increase efforts to pair international researchers with national research groups to develop their plans. This was done for the main research project in Bangladesh and will be used to develop specific research projects in the other three countries (as described above).

- Translating evidence to strengthen sector decision-making.

In addition to developing new knowledge, the national research platforms are intended to enhance the use of evidence and data to improve the effectiveness and efficiency of national sector investments. In addition to enhancing capacity for conducting research, SHARE will also work to enhance the capacity for using evidence and data for national decision-making. These skills would be important for government, sector implementing partners, and donors (including bilateral funders). Over the course of the next year SHARE will begin the development training and analytical tools to strengthen these capacities. We will pilot their use in national groups and with specific boundary partners at the national level (and potentially beyond).

- Sustaining vibrant sanitation and hygiene research.

Although SHARE's activities are scheduled to run for five years, the intent is to create a sustained influence at national level, continuing beyond the lifetime of SHARE. This requires creating linkages, networks and capacity for identifying critical questions, designing research to answer them, and effectively translating evidence into improved practice. We will also seek to identify sustainable models for funding national applied research efforts.

8. SHARE Monitoring and Evaluation Strategy

8.1 SHARE Theory of Change

SHARE's Monitoring and Evaluation (M&E) approach is grounded in its Theory of Change and underlying strategy. SHARE activities include convening, synthesising existing knowledge, generating new knowledge through research, translating research into use and, building capacity. These activities focus around three critical knowledge gaps relating to:

- 1) characterising problems
- 2) identifying solutions
- 3) demonstrating benefits

Activities are targeted at 'boundary partners', actors who can directly influence policy and practice at local, national or global levels. Changes in the practices of boundary partners can increase the effectiveness, equity and sustainable of sanitation and hygiene efforts.

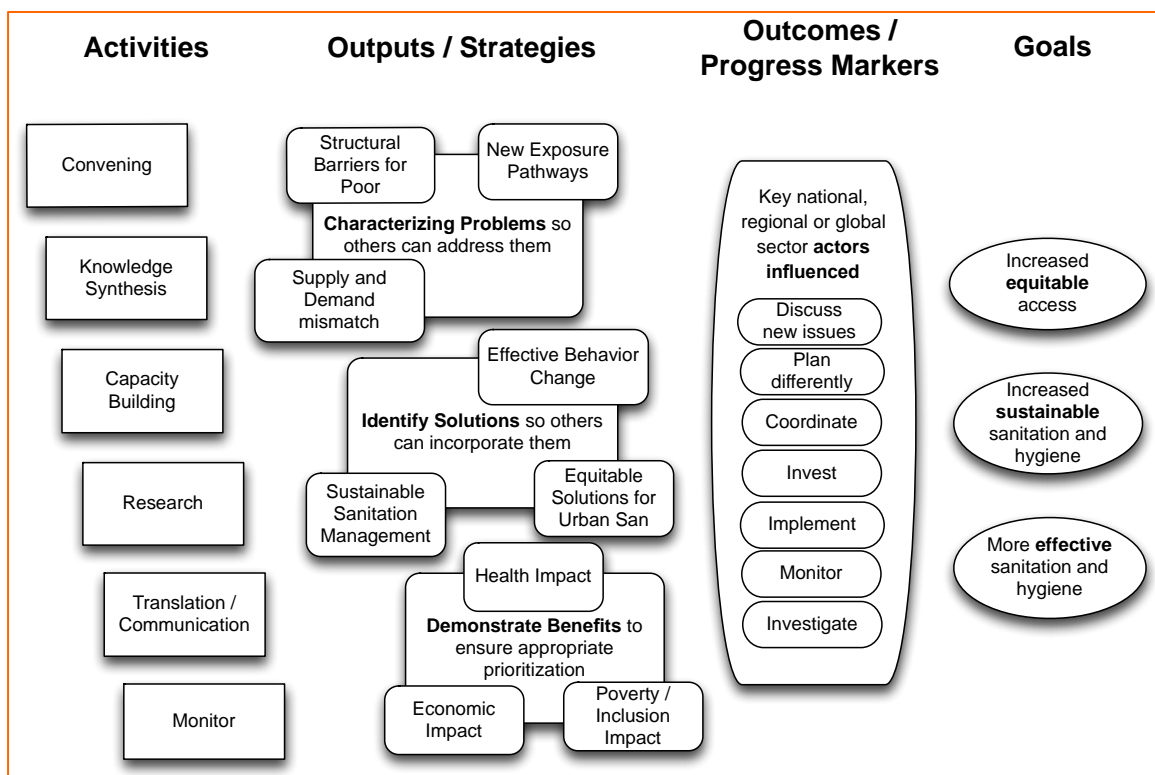


Figure 9: SHARE Theory of Change

8.2 M&E Strategy

There are four main components to the SHARE M&E approach. These are:

1) Monitoring for adaptive management

Focuses on regular monitoring of activities and outputs. It is intended to provide timely assessment of on-time delivery, quality and strategic balance. Its main focus is to identify problems and delays in the delivery of activities and outputs in order to take corrective action.

2) Outcome mapping

A participatory and learning-oriented methodology used to assess outcomes. Outcomes are here defined as change in the behaviour, relationships and activities of the people, groups and organisations with whom the programme works directly i.e. boundary partners. Outcome Mapping acknowledges that multiple and non-linear events are often responsible for change. The purpose of using the outcome mapping approach is to:

- Assess changes in behaviours, relationships actions or activities of the people, groups and organisation with which SHARE works (directly/indirectly).
- Learn and support boundary partners' requirements over SHARE life cycle.
- Assess SHARE strategies and organisational practices to enhance understanding of how SHARE contributes to change.

3) Value for money (VfM)

An analysis which focuses on documenting and quantifying the impact of SHARE's influence either through measureable changes in sector performance in terms of cost-effectiveness or cost savings. It also requires assessments of economy in carrying out activities and efficiency of outputs.

4) Logical Framework Approach (LFA)

The LFA is employed to measure the consortium's progress towards planned deliverables, outcomes and impact. The purpose of using a LFA approach is to:

- Improve SHARE performance by feeding learning into the project cycle.
- Supply information for the SHARE evaluation strategy.
- Stress equity findings obtained throughout SHARE projects.
- It includes indicators that capture the outcome mapping evaluations and the value for money analysis.

The assumption at the basis of SHARE M&E strategy is that change is a complex process where multiple and non-linear events take place. The SHARE M&E framework therefore combines an encompassing approach that is based both on programmatic (Logframe) and participatory methodologies (Outcome Mapping), including both quantitative and qualitative measurements.

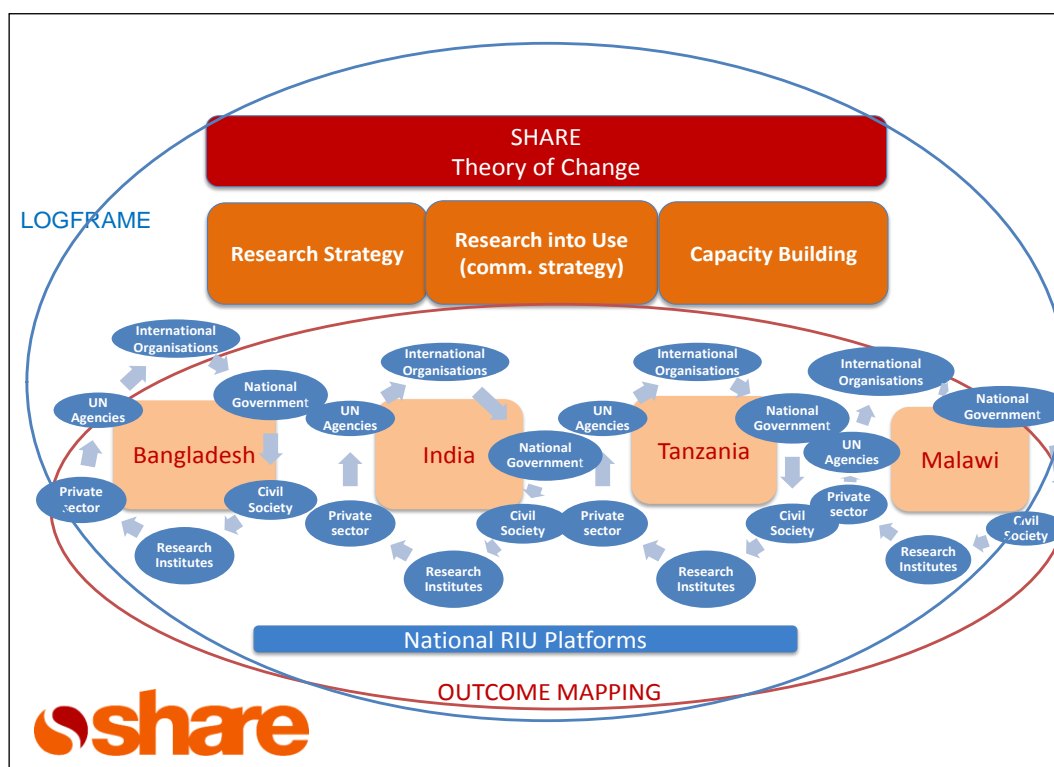


Figure 10: SHARE M&E strategy

SHARE has also identified some projects, which will be subject to more in-depth monitoring and evaluation, notably the MHM Resource Book (Section 8.7.1) and City Sanitation (Section 8.7.2). In the coming months further consultation will be conducted to identify more high impact projects, which will be subject to in-depth evaluation.

Finally, SHARE M&E approach will be used as an opportunity for social learning. The process of monitoring and evaluation seeks to enable collective learning within the consortium, build adaptive strategies and empower the country partners and collaborators, creating a sense of partnership and building capacity.

8.3 Progress against the Logical Framework

The following sub-sections illustrate the progress achieved by SHARE against key Output/Indicators in the Logical Framework. Data were collected by the M&E team with support from country platform leaders, principal investigators and the SHARE management group. Output/Indicators' show high, medium and low performance.

SHARE consortium has achieved high performance in most of the Logframe indicators, with Medium performance in a few other cases. Whilst highlights of the most important indicators are reported here, progress against all indicators is provided in the full Logframe in Annex 4.

Output 1: *National & global sector-relevant knowledge synthesised and disseminated, to help to a) characterise problems; b) identify solutions; and c) demonstrate benefits*

Indicator 1: *Number of manuals/handbooks/other major resource materials created*

SHARE is on track in the indicator 1 meeting our targets in the production of manuals, compendiums and dissemination materials. We have also met our targets for media dissemination, such as podcasts and other web related activities.

Indicator 2: Development and use of national RIU strategies.

SHARE national platforms RIU strategies have been agreed upon by stakeholders in India, Bangladesh and Tanzania. In Malawi an MOU has been agreed and discussions are taking place to finalise the RIU strategy with a meeting taking place in 16th and 17th July 2012. Thus, on the basis of this information SHARE is on track with indicator 2, having three RIU strategies in place.

Indicator 3: Number of knowledge sharing events organised or supported by SHARE

SHARE achieved considerable results in providing support and organisation to seminar, training and conferences, scoring high in the Logframe Indicator 3. More details are provided in Annex 4.

Output 2: New knowledge generated by relevant and rigorous sanitation research that a) characterises problems; b) identifies solutions; and c) demonstrates benefits

Indicator 1: Publications in peer-reviewed journals arising from SHARE research

SHARE produced 12 peer-reviewed papers by the end of 2011 and another four by June 2012 scoring high in this indicator. Of these publications, 50% belongs to SHARE direct work, whilst another 50% belongs to SHARE inspired research in the WASH sector. At this stage of the consortium several papers have still to be produced, for example, the Orissa trial research aims to produce over 30 peer-reviewed publications

Indicator 2: Number of programmes using research findings

SHARE is achieving considerable progress in Indicator 2. Examples of programmes, which have been initiated as a result of SHARE research are:

- Pre-existing training material developed by WaterAid and WEDC is being operationalised by all staff members of WaterAid offices through a SHARE co-funded training course.
- The Menstrual Hygiene Management Resource Book has been endorsed by several boundary partners, among which Water for People, Oxfam GB, UNICEF, Action Against Hunger.
- The SHARE/WaterAid Mtumba approach, which was assessed for implementation in Tanzania, has been used in a UNICEF programme and will be one of the approaches promoted during the National Sanitation Campaign. Its application in urban areas of Tanzania is likely to be a research project undertaken by the country platform.

Output 3: Key sector actors engaged around evidence for change

Indicator 1: Number of consultations initiated by SHARE

Several consultations for collaborations have been initiated by SHARE on the basis of Outcome Mapping. Examples of SHARE influence and change boundary partners are the following:

- SHARE/WaterAid Menstrual Hygiene Management Resource Book will be employed by WaterAid country programmes to improve menstrual management in Tanzania and Bangladesh.
- SHARE Disability Round Table led to the development of a project proposal submitted to Call C in collaboration with the Leonard Cheshire Disability and Inclusive Development Centre of University College London.
- Discussion of results of EcoSan project in Malawi has triggered development of a research priority as part of Malawi country platform, investigating opportunities and constraints related to the management of faecal sludge.

Indicator 2: Number of country platforms established and active

To monitor Indicator 2, there are five criteria that define an active research platform. Based on these criteria, illustrated in Table 4 below, the platforms have been making good progress to achieve Indicator 2.

Table 4: Research Platforms progress

Research Platforms					
	Bangladesh	India	Malawi	Tanzania	Total
Research group formed	✓	✓	✓	✓	4
Initial stakeholder meeting took place	✓	✓	✓	✓	4
Work plan in place (research priorities set)	✓	✓	✓	✓	4
MOU is agreed	✓	✓	✓	✓	4
Contract signed		✓		✓	2
Total	4	5	4	5	
% of achieved indicators	80%	100%	80%	100%	

Research groups have been formed in all four countries, scoring 'High' against this milestone. Furthermore, initial stakeholder meetings have taken place in four countries, showing a High performance against this Milestone.

Indicator 3: Number of non-SHARE agencies participating in SHARE research.

SHARE has successfully engaged non-SHARE agencies in research (Figure 11). This has included participation from national and global research partners as well as collaborations under the four research pillars. For more details see the Logframe in Annex 4.

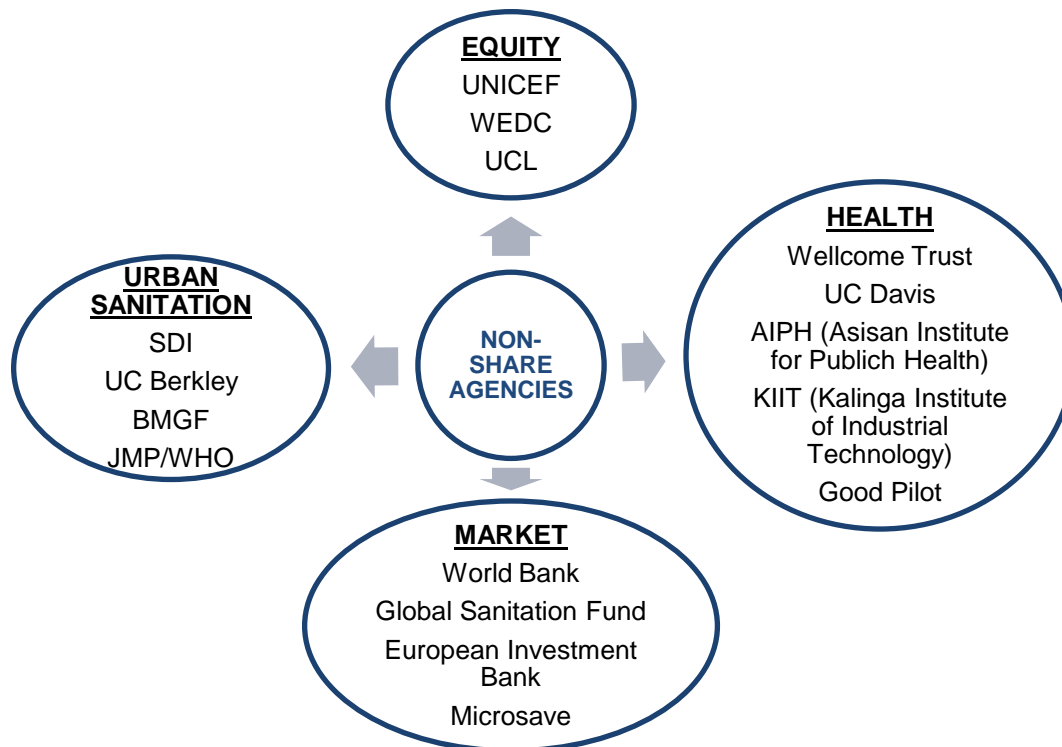


Figure 11: Non-SHARE partners taking part in SHARE research

8.4 Outcome Mapping Progress: Global and Country Level

Since June 2011, SHARE has achieved mapped outcomes at global and country level. Outcome challenges for each of the identified boundary partner categories were successfully developed to capture partners' behavioural change (See Annex 3 for more details). Progress markers were developed for each outcome challenge. These provide evidence towards the achievement of each of the above-outlined outcome challenges. The progress markers vary in degree, with the lowest level of desired change being represented by a) *expect to see* (no more than four are recommended), followed by *like to see* (no more than eight are recommended) and *love to see* (no more than three are indicated). See Annexes 3 and 7 for a list of progress markers per each country and scores against these markers. At this stage the Outcome Mapping at country level has focused primarily on SHARE research projects which have taken place in the four focus countries. As country platforms mature, the OM activity will focus on monitoring achievement of progress markers related to the country's Research into Use (RIU) strategies, (identified in Section 4). Those leading the national research projects and the national research groups will be central to refining these specific strategies and objectives. These may include translating SHARE synthesis projects or research in other SHARE focus countries or capacity building efforts. For example, in Bangladesh the findings from the Choose Soap projects will provide important insights into hygiene programme design. In all countries we will seek to strengthen the use of evidence to make informed sector decisions.

Country Level Outcome Mapping

The following sub-sections present the results of baseline OM studies. A series of interviews with each of the identified boundary partners will be conducted to monitor and evaluate change. We expect the first wave of data collection to take place during Autumn/Winter 2012, to be followed up periodically until the end of the programme.

Tanzania

In Tanzania, three main research projects have been approved in the course of Call A and B: City-Wide Sanitation, Mtumba Approach and Human Resources. A summary of the projects and the progress achieved (outputs/outcomes), as well as the boundary partners are provided in Figure 12. Progress markers are included in Annex 7 along with a description of what has been achieved.

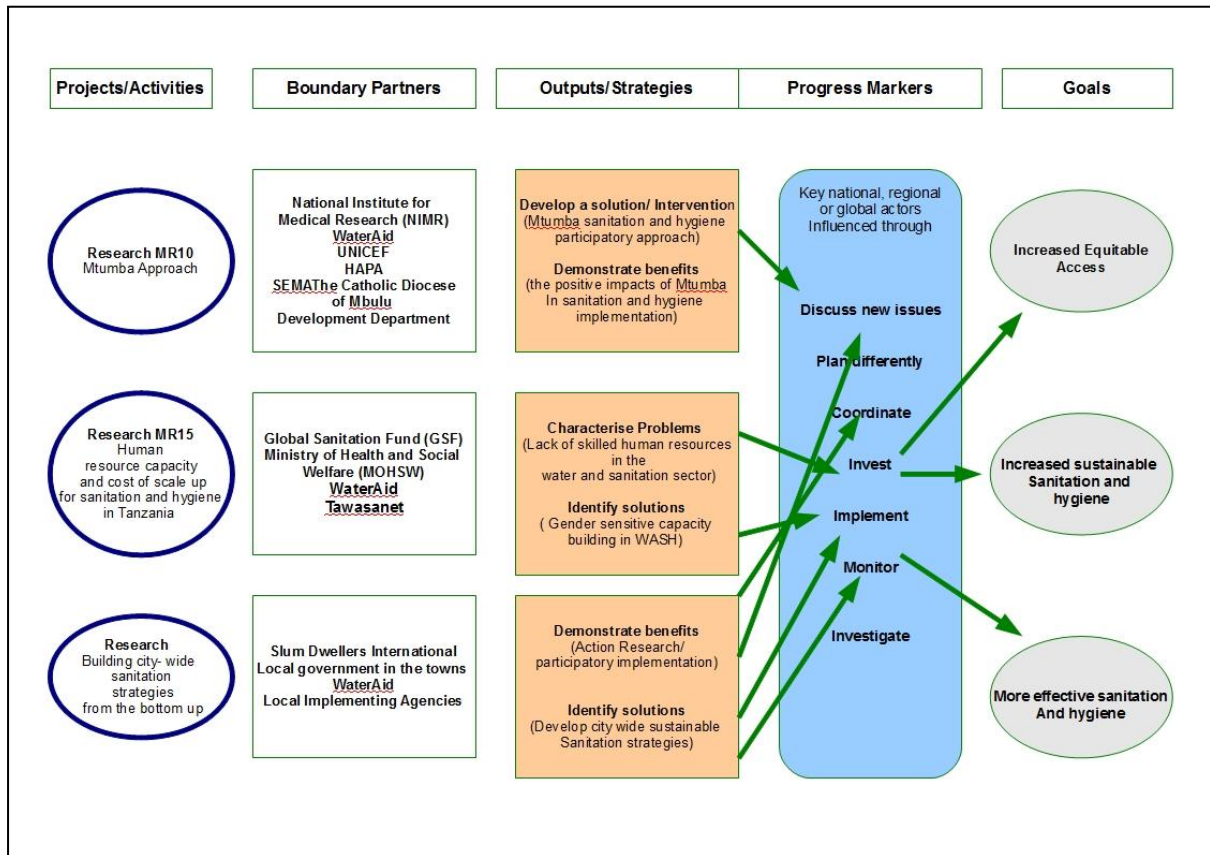


Figure 12: Tanzania Outcome Mapping of main projects

Bangladesh

In Bangladesh, two main projects have been selected for close monitoring: Weaning food contamination (MR02), and Safe distance of sanitation systems from water supply sources (MR12). This section presents the projects flow of activities (Figure 13). Progress against performance indicators is included in Annex 7.

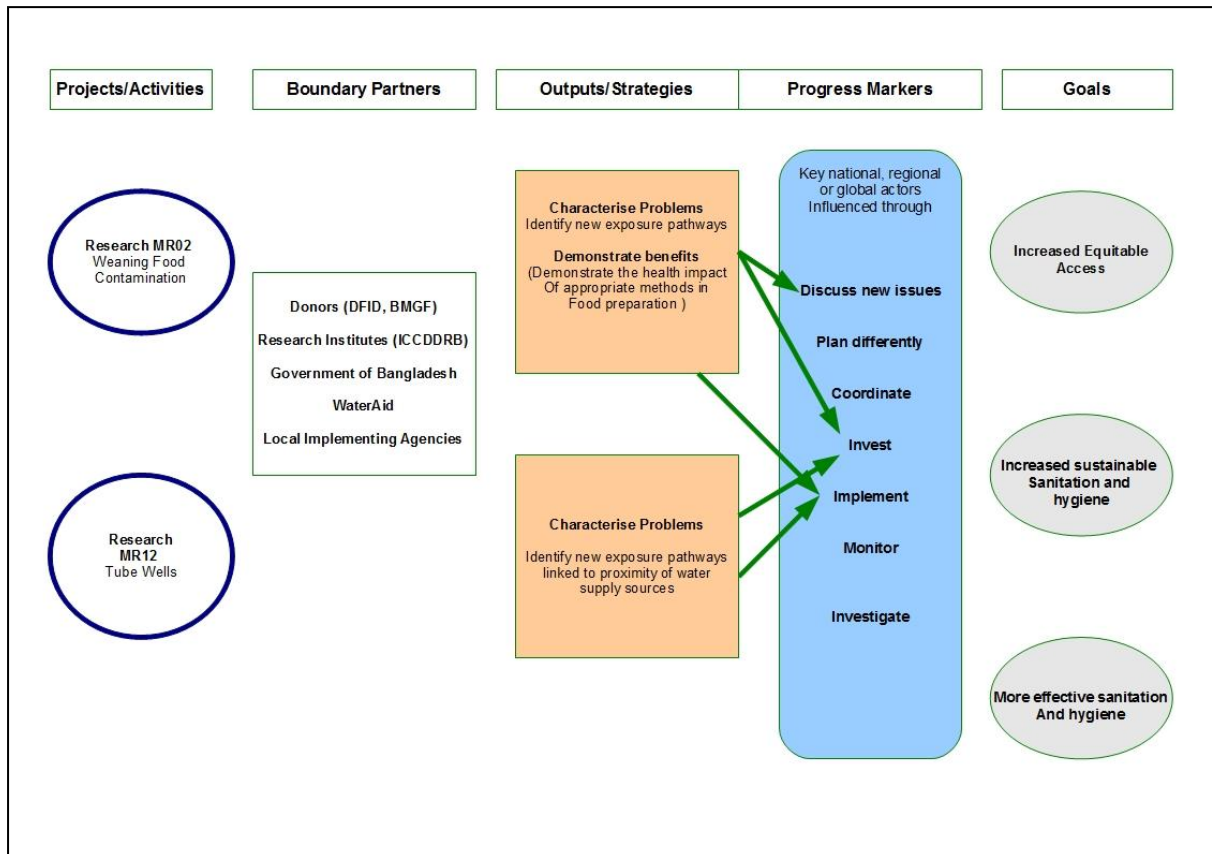


Figure 13: Outcome Mapping of Bangladesh main projects

India

In India two main projects, both implemented under Call A, have been identified for mapping outcomes. These are the Orissa Trial (MR03) and Choose Soap (MR01). Figure 14, below, describes the outcome mapping for the main projects. Performance against progress markers is detailed in Annex 7. Further investigation will be conducted through fieldwork and interviews to explore impact on and behaviour change of boundary partners.

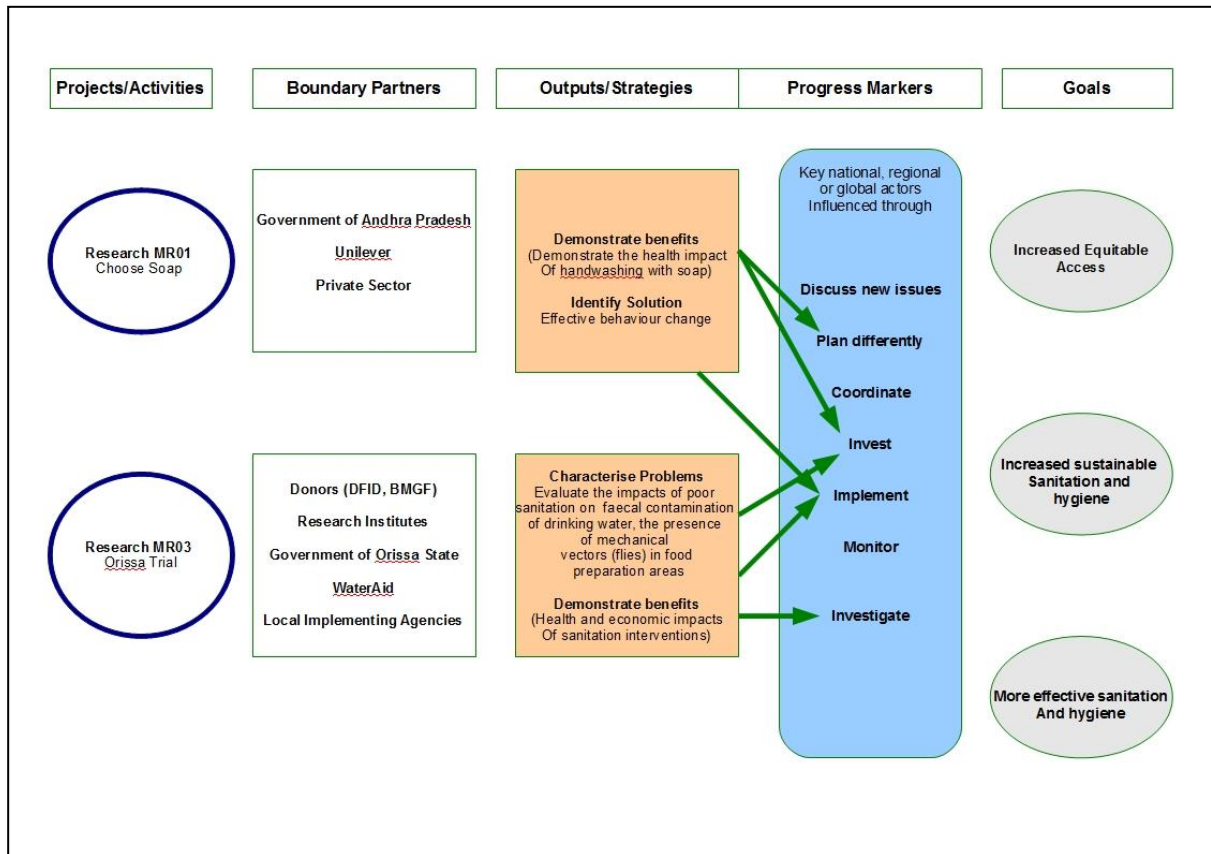


Figure 14: Outcome Mapping of India Projects

Malawi

Two important projects have been identified for Outcome Mapping in Malawi. These are: An Investigation of the Strengths and Weaknesses of Ecological Sanitation in Malawi: Opportunities to Improve the System (MR09) and the City Wide Sanitation Strategies project (MR23). Figure 15 illustrates the boundary partners and progress markers for both projects. A more detailed analysis of performance against progress markers is provided in Annex 7.

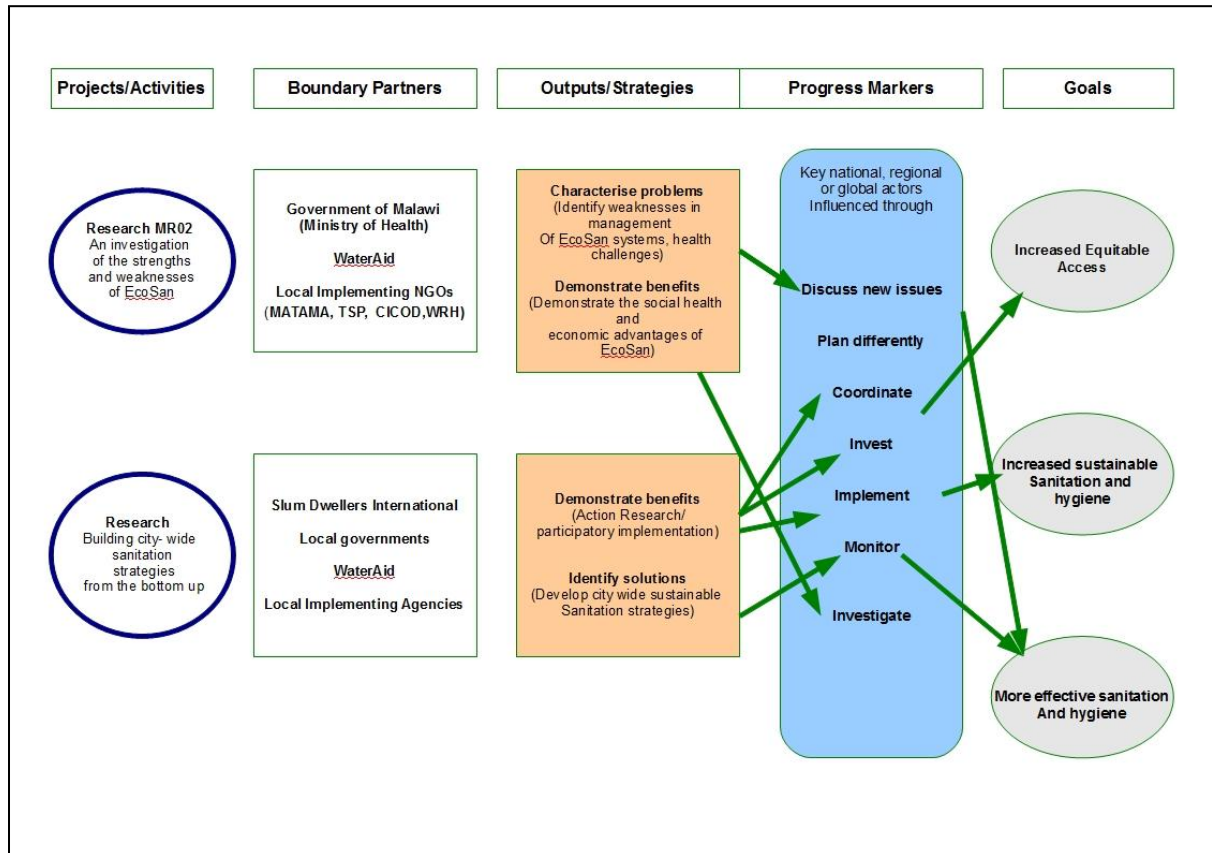


Figure 15: Outcome Mapping of Malawi Projects

Global Level Projects and Outcome Mapping

This section presents a list of the global level boundary partners for three of the most important projects: a) Analysing Disparities in Sanitation coverage (MR17), b) Menstrual Hygiene Management (CM07), c) WASH Nutritional Review (CM09) and d) Sanitation Mapper (MR14).

The Analysis of Disparities in Sanitation Risk and Impact (MR17), (see below) has provided SHARE with several opportunities to influence key stakeholders in the WASH sector to obtain more effective and equitable sanitation interventions. To cite an example, the output of this research were presented at a meeting in Washington DC to ministers, politicians and other decision makers gathered in 2012. Figure 16, below, provides an overview of the outcome mapping.

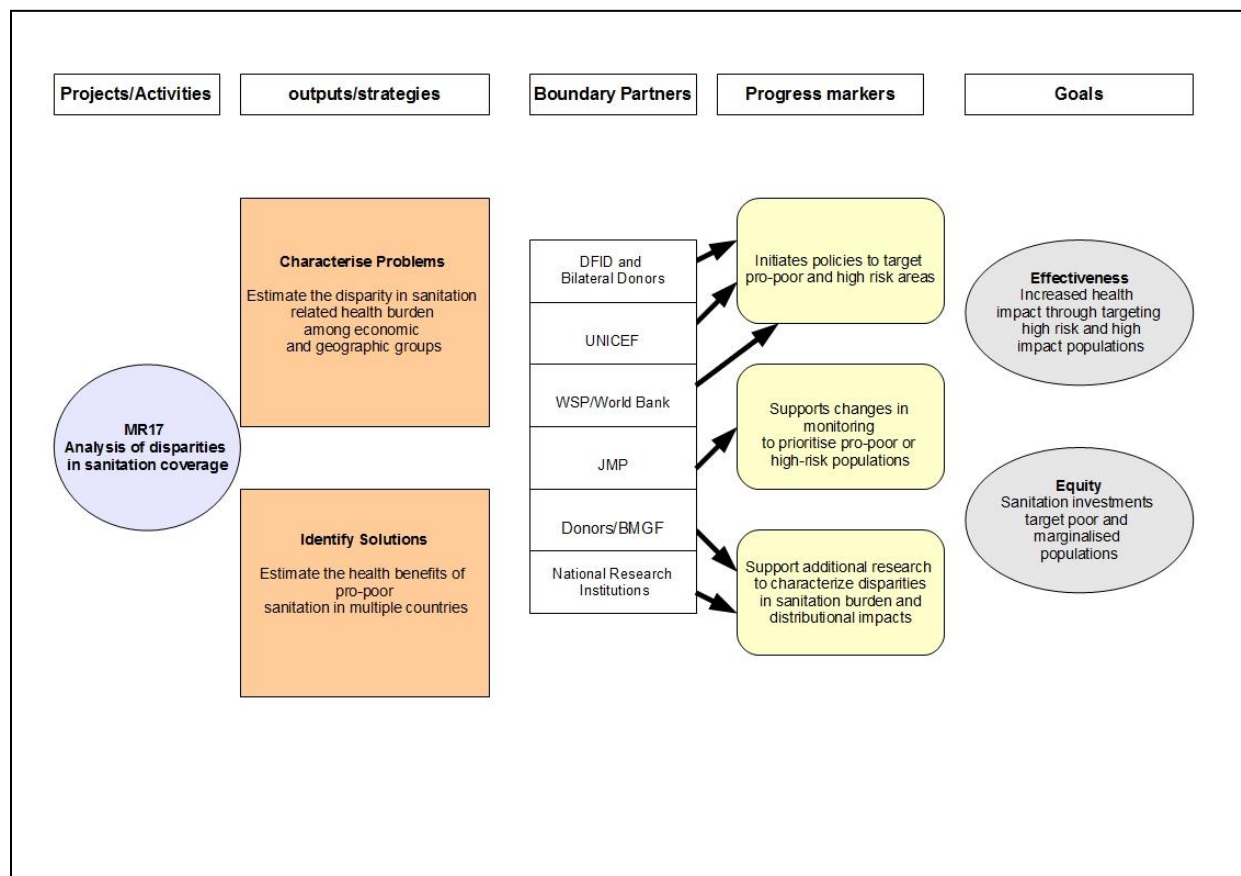


Figure 16: Analysis in Disparities of Access (MR17) Outcome Mapping

The recently completed Menstrual Hygiene Management Resource Book (CM07) has synthesised previous efforts to address the problem of menstrual hygiene management for girls and women in low-income settings.

Figure 17 presents the OM results for this project, however, a more in depth evaluation of the impact and influences of the MHM Resource Book will be conducted by SHARE in collaboration with WaterAid.

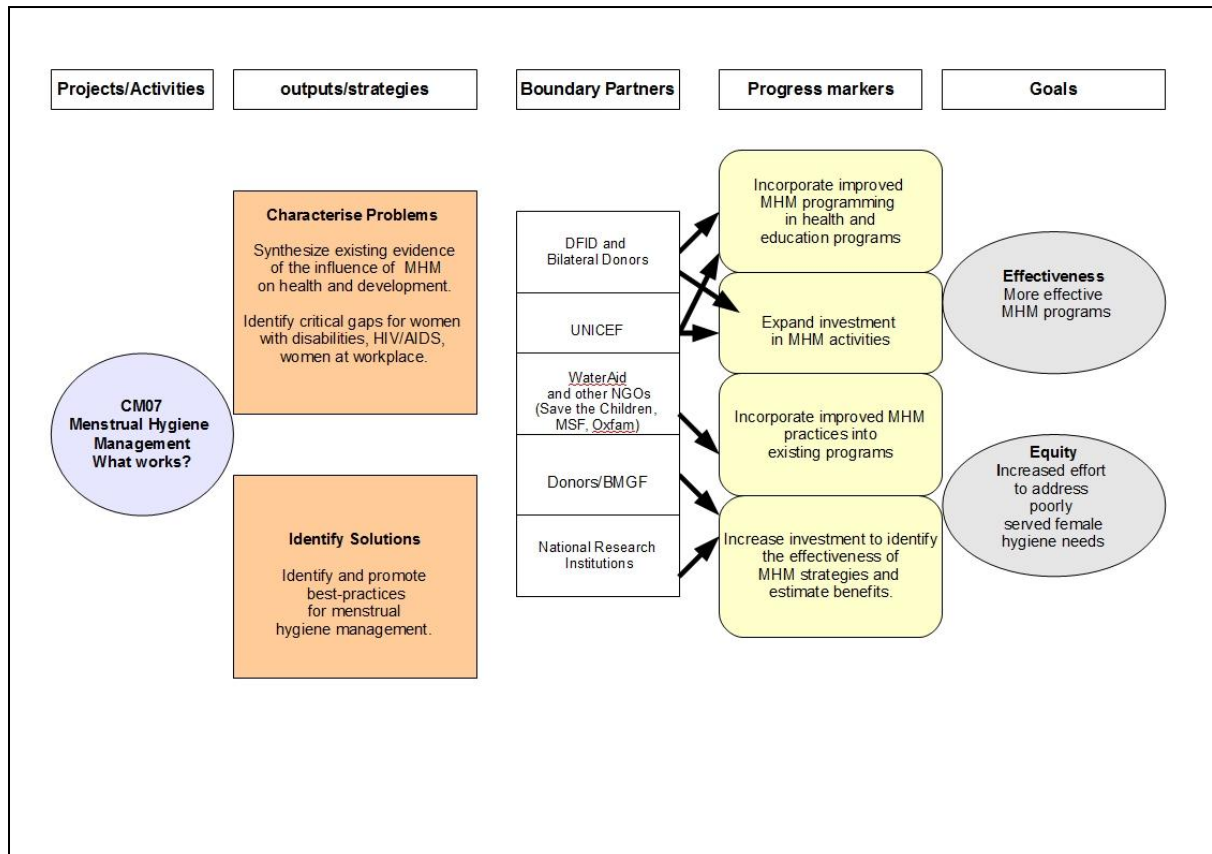


Figure 17: Menstrual Hygiene Management (CM07) Outcome Mapping

The WASH nutrition project (CM09) (Figure 18) provides a review of the evidence of linking WASH interventions with childhood nutritional status. Evidence for the effectiveness of WASH interventions in preventing nutrition by the following three causal pathways will be considered: via associated repeated bouts of diarrhoea; via associated parasitic infections; and via associated sub-clinical disorders of the gut.

The synthesis aims to influence several boundary partners to support uptake by key actors in the nutrition, health and WASH sectors, among which WHO’s Department of Child and Adolescent Health and World Bank; UNICEF to cite a few). Secondary audiences will include researchers working in this field, from both nutrition and WASH communities. This work aims to inform policy on nutrition, health and WASH as well providing foundation for future research in the area.

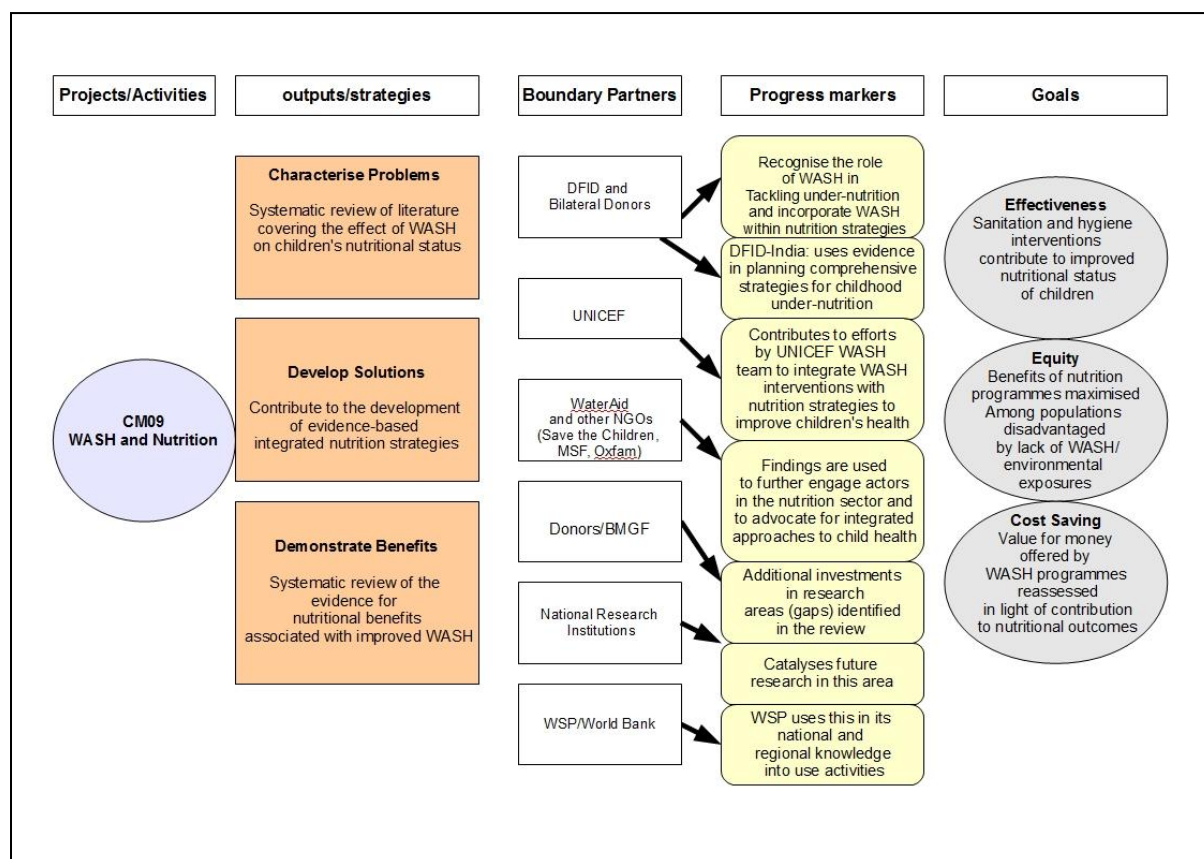


Figure 18: WASH Nutrition Project (CM09) Outcome Mapping

A final project that deserves mention for its influence on WASH sector is the Sanitation Mapper (MR14) (Figure 19). Poor quality and availability of sanitation data in low income countries often affects governments' ability to effectively design policies, plan interventions and allocate budget, resulting on inequitable access to, and scarce provision of basic services. To address this knowledge gap SHARE/WaterAid has developed a Sanitation Mapper, which can be used to monitor the distribution and status of sanitation facilities in rural and urban areas.

The Sanitation Mapper is based on the same principles of the Water Point Mapper, which was launched by WaterAid and endorsed by several non-governmental organisations and institutions operating in low-income countries. As for the previous water mapping tool, Sanitation Mapper produces maps based on a Microsoft Excel spreadsheet, which instantly converts water point data into Google Earth compatible maps.

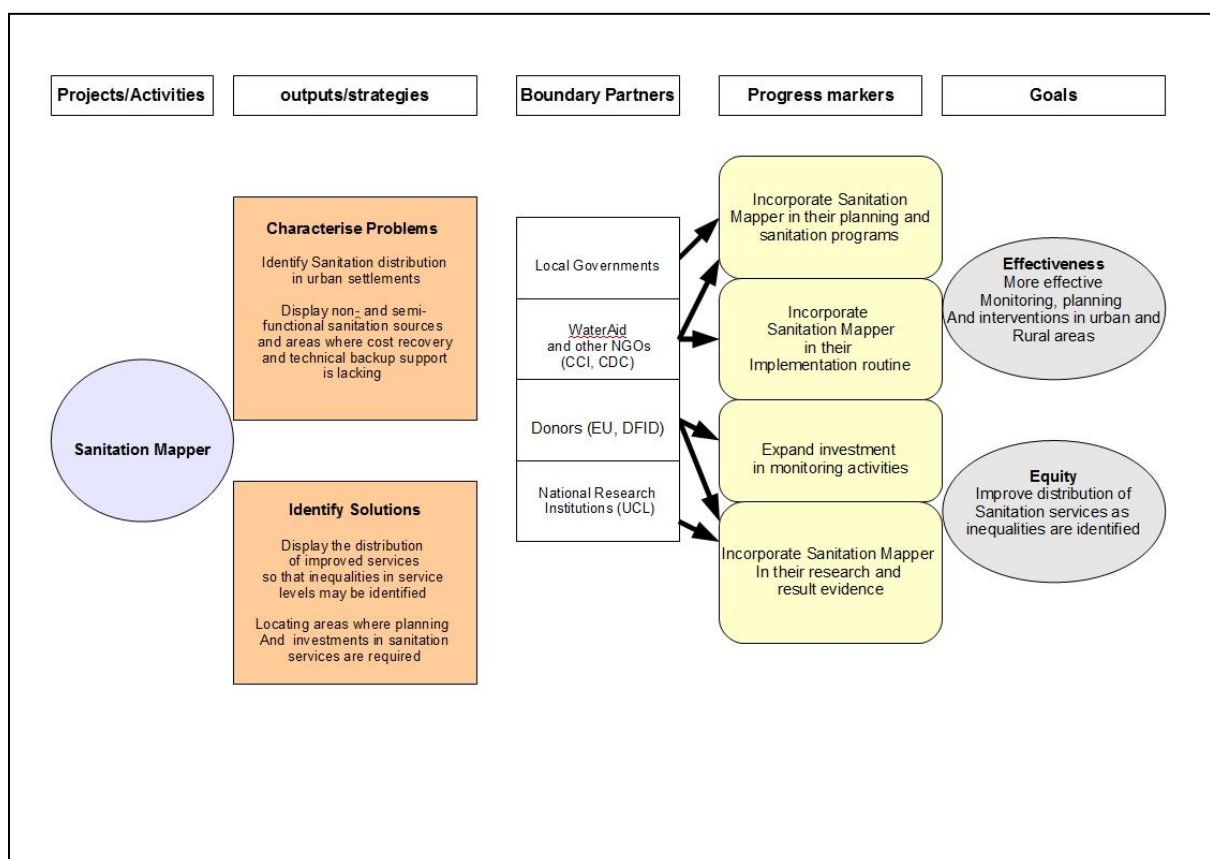


Figure 19: Sanitation Mapper (MR14) Outcome Mapping

8.5 National Platforms: Progress Report

This section reports on the progress made in each of the country platforms and discusses relevant adaptive strategies. As part of SHARE M&E strategy, a periodic review of country platform progress is provided by the platform leader, who is responsible for tracking progress and identifying challenges where they arise. Periodic meetings will also be held by the country platform leaders and the SHARE M&E team. We have developed five criteria to monitor the progress of the national research platforms:

- Members of platform are consolidated and agreed upon
- Initial stakeholder meeting has taken place
- A work plan is in place with set research priorities
- Memorandum of Understanding is approved
- Contract has been signed

Based on these criteria an assessment of the progress of the country platforms was conducted (Table 5, below).

Table 5: Country Platform progress

Research Platforms					
	Bangladesh	India	Malawi	Tanzania	Total
Research group formed	✓	✓	✓	✓	4
Initial stakeholder meeting took place	✓	✓	✓	✓	4
Work plan in place (research priorities set)	✓	✓	✓	✓	4
MOU is agreed	✓	✓	✓	✓	4
Contract signed		✓		✓	2
Total	4	5	4	5	
% of achieved indicators	80%	100%	80%	100%	

Bangladesh Platform

Bangladesh has achieved good progress with the implementation of a National Research Platform. A Memorandum of Understanding (MOU) is in place and although a contractual agreement has not been approved yet, part of the platform's work is covered by the main contract between LSHTM and ICDDR,B. Platform participants as well as the Research Coordinator have been identified. For Bangladesh Country Platform Members, see Annex 8.

The Bangladeshi Research Platform was convened in February 2012 to discuss and identify the country research priorities. The main research priorities revolve around weaning food hygiene and safe distance of groundwater sources from sanitation sites. In addition to these proposals, a number of issues were discussed, although not selected as SHARE research

priorities at this stage. These are urban rainwater harvesting and recharging of underground aquifer in Dhaka, where pilot initiatives from WaterAid Bangladesh have been undertaken.

India Platform

India a Memorandum of Understanding (MOU) has been agreed upon and country partners and contract has been signed. The Indian National Research Group is characterised by members and representatives of the following organisations:

- WaterAid India
- National Slum Dwellers Federation
- Department for Drinking Water and Sanitation,
- WSP
- UNICEF
- USAID

This list is not exhaustive as the National Research Platform aims at engaging with other stakeholders who currently invest in research in this area to prevent duplication of efforts and strengthen coordination on research activities, for instance Bill and Melinda Gates Foundation, 3ie and JPAL. The platform coordination will be performed by an elected chair, Dr Indira Khurana, who is the Director of Policy and Research at WaterAid India. Research priorities were identified in the course of a partner meeting in September 2011.

Among the most relevant country priorities are:

- Assessing of the cumulative (life-long) impacts of poor sanitation on girls and women.
- This research will seek to explore what subjects are disproportionately affected by unsafe sanitation, and what types of shared facilities are effective in ensuring use by women and girls considering their needs.
- Investigate the impacts of state-level factors (socio-economic, institutional, political) on progress discrepancies between states. This research will explore the effects of a modified subsidy structure on equity and cost-effectiveness and explore ways of measuring sanitation and hygiene interventions/improvements to reflect equity.

Malawi Platform

The platform convened in Lilongwe on two separate occasions to identify members and research priorities. The platform members are listed in Annex 8. In terms of research priorities, national stakeholders have agreed on the importance of focusing on results and knowledge gaps identified in previous projects i.e. MR09 “An investigation of the strengths and weaknesses of Ecological Sanitation in Malawi”, and on the need to prioritise research on faecal waste management options, which links with the attempt to develop city wide sanitation strategies within the urban context.

Tanzania Platform

Tanzania has achieved significant progress in the past year with the establishment of its National Research Platform. An initial stakeholder meeting was held in December 2011. A Memorandum of Understanding (MOU) has been agreed upon and a contract is currently being finalised. Platform members are listed in Annex 8.

Research priorities have been outlined in consultation with members of the research platform and the other boundary partners. The research priorities identified are the following:

- Water Sanitation and Hygiene for schools in Tanzania (in collaboration with UNICEF)
- Micro-finance for sanitation
- The Mtumba approach
- Comparative analysis of different sanitation promotion approaches

8.6 Risk Assessment

The M&E team proposed an analytical exercise to investigate the risks involved in the development of the country platforms by means of a four-stage process. This process will be further defined in the next months through consultation with country platform leaders and research coordinators.

The first stage concerns the identification of the potential risks involved in the effective and sustainable development of each country platform, using a combination of brainstorming and review of standard risk lists (DFID, 2002). Two types of risks are categorised:

- Internal risks, namely those risks that arise from factors, which depend on our control.
- External risks, those risks which are outside our sphere of control and influence.

Table 6, below, illustrates a preliminary list of risks identified by the M&E team.

Table 6: Country platform risk identification

COUNTRY PLATFORMS Risks to successful development and sustainability	External Risks
	a. Political unrest at country level or other unforeseen events (natural disasters)
	b. Lack of political will and weak prioritisation of sanitation and hygiene issues from governments
	c. Existing law and regulations limit the scope of the platform
	d. Lack of enabling policy environment
	e. Infrastructural failures that prevents normal functioning
	Internal Risks
	f. Weak capacities and lack of suitable people to conduct research in country platform.
	g. Lack of cooperation from local partners.
	h. Inefficient management of country platforms
	i. Poor research design
	j. Projects are embarked upon without associated risks being assessed
	k. Ethical issues not considered

The potential risks are then assessed according to two dimensions: likelihood of occurrence and the magnitude of impact. Table 7 provides a definition of the two dimensions.

Table 7: Risk dimensions

Probability of occurrence	Descriptor	
1	Rare	An extremely unlikely occurrence but theoretically possible
2	Unlikely	The event is not expected to occur
3	Possible	The event might occur at some time
4	Likely	The event will probably occur at some time
5	Almost certain	The event will probably occur at least once
Magnitude of the impact	Descriptor	
1	Insignificant	Delay up to one week
2	Minor	Delay up to one month
3	Major	Delay up to three months
4	Critical	Delay up to six months
5	Extreme	Delay of more than six months

Table 8 shows a matrix with the identified risks, assessed against the two dimensions of probability of occurrence and magnitude.

Table 8: Risk categorisation

Probability of occurrence	5					
	4			C	F	
	3		A	B, D, G	I, J	
	2			K		A
	1				H	
		1	2	3	4	5
		Magnitude of Impacts				

	Unacceptable risk
	Risk as low as reasonably practicable
	Acceptable risk

The third step of risk assessment concerns the identification of strategies for responses. These are the following:

- *Avoiding the risk:* doing something to remove the risk.
- *Transfer the risk:* making someone else responsible.
- *Mitigate the risk:* taking action to lessen the impact or likelihood of the risk occurring.
- *Accepting the risk,* if it is small.

The response strategies will be discussed in details with country platforms leaders and risks will be continuously monitored to assess changes in status and magnitude or to identify new ones.

The highest level of risk is associated with capacity for conducting research and incorporating research into practice. This is identified as a critical element of the capacity building activities and particularly important within the country platforms.

Another risk being monitored is the quality of research. The SHARE has taken additional steps to strengthen the design of national research projects by pairing international experts with country researchers.

8.7 Opportunities and way forward

In-depth evaluations of high impact projects

Some projects funded by SHARE have the potential to produce high impact at the global level and have been selected for more in-depth evaluations. These are discussed below. Further investigations will be conducted to identify other potential projects to evaluate in depth.

1. Menstrual Hygiene Management Resource Book Evaluation

The purpose of the MHM Resource book evaluation is to assess the extent to which the Resource Book:

- Enhances interactions on MHM among health and hygiene practitioners in SHARE countries (Bangladesh, India, Malawi and Tanzania).
- Increases effectiveness of interventions relating to menstrual hygiene management.

The evaluation will seek to gather feedback from partners, beneficiaries and stakeholders using the MHM resource book. The framework illustrated in Figure 20 below, presents the evaluation process and the expected outcomes from the assessment.

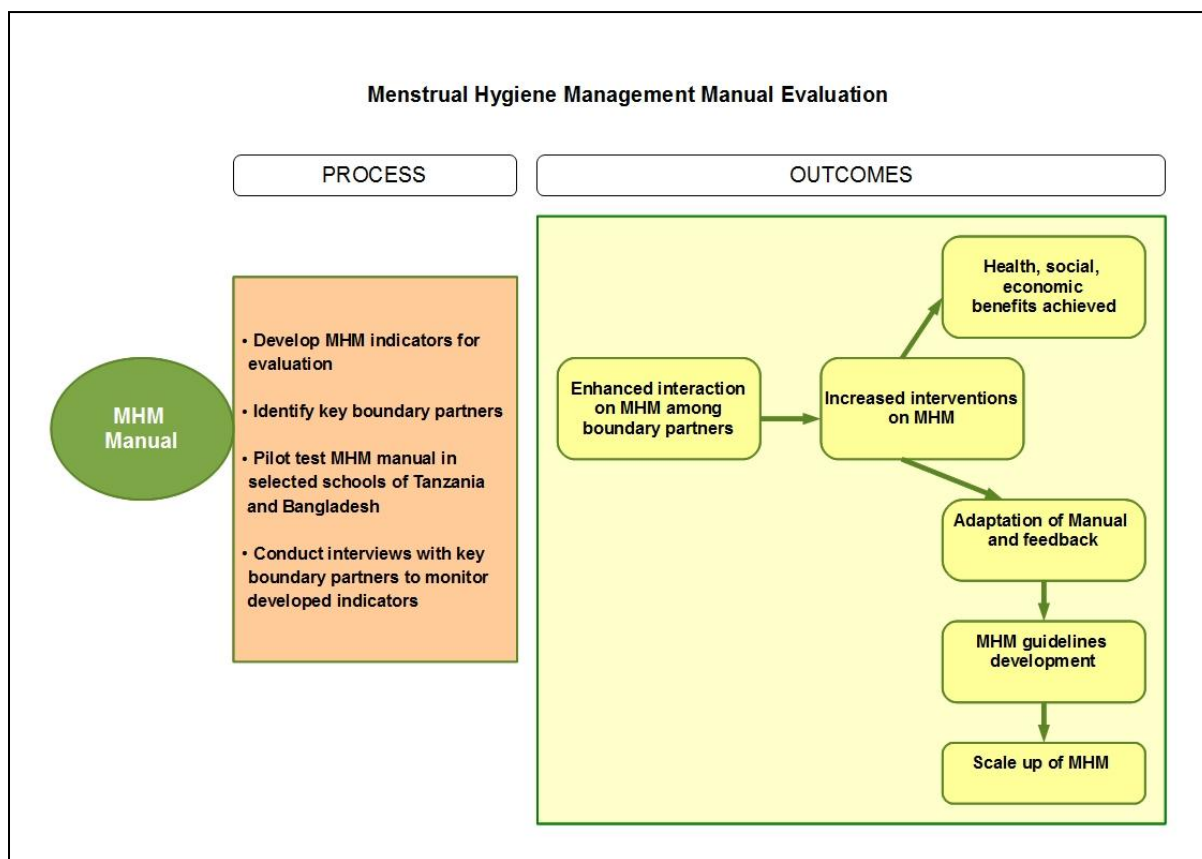


Figure 20: MHM Evaluation

SHARE MHM evaluation will take place at the same time as the MHM Resource Book piloting in selected schools within two target countries (Tanzania and Bangladesh). During the preparatory phase (July - September 2012) participatory workshops will be conducted with WaterAid to identify indicators for evaluation, as well as boundary partners. The piloting and data collection with key boundary partners will take place at the beginning of the new school year. We expect the fieldwork evaluation process to be completed in December 2013. This will be characterised by ongoing data analysis, which will feed back into the development of guidelines.

2. City-Wide Sanitation Strategy Evaluation

SHARE M&E team, together with IIED and SDI will develop a participatory evaluation of the City-Wide sanitation project. With this evaluation, SHARE aims to support the main learning objectives of the City Sanitation project; to assess and document the project impacts; and to evaluate the extent to which Action Research can contribute to building urban sanitation programmes, which are sustainable and accepted by communities.

The evaluation of the City Sanitation project is structured in two parts: an Outcome Mapping (OM) activity and a more in depth evaluation of the impact of Action Research on the obstacles identified by IIED. The OM evaluation will explore the following questions:

- a) What are the elements of action research that are most effective in addressing the identified barriers to effective and sustainable urban sanitation?
- b) To what extent is the Federation model scaled up/diffused to other communities, cities and organisations?

Outcome Mapping will be conducted in a participatory manner in collaboration with IIED/SDI by means of focus group discussions and face-to-face interviews with key boundary partners. The OM evaluation will follow the framework illustrated in Figure 21.

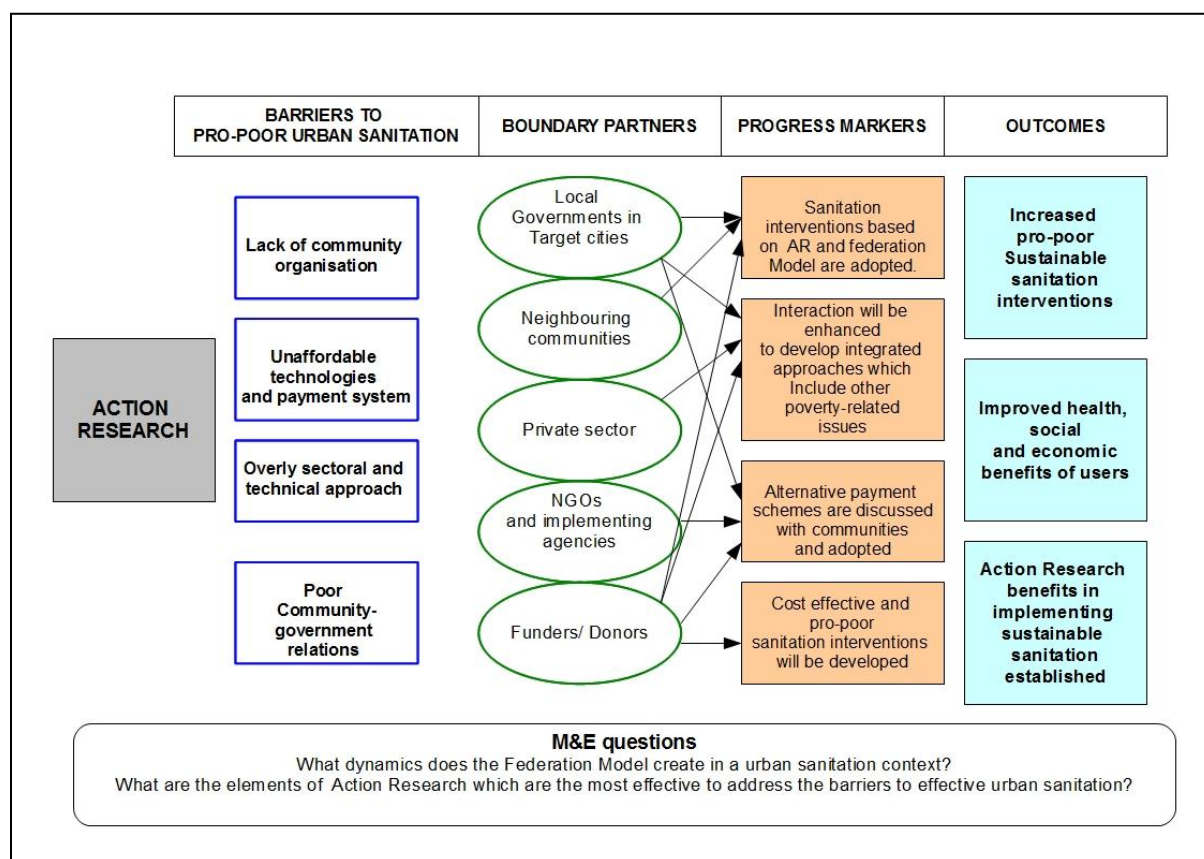


Figure 21: Evaluation of City Wide Sanitation Strategy project

Additional questions for the evaluation have also been proposed:

- To what extent does the sanitation sector structure generate a challenge to collective action?
- How does Action Research help to overcome the collective action problem?

Data will be collected with support from SDI and local partners using both qualitative (focus groups) and quantitative methodologies (social network analysis).

8.8 Next Steps

The M&E strategy will be further developed in coming months through:

- a) Country platform visits to further develop Outcome Mapping strategies and engage with boundary partners.

The M&E team has planned two country platform visits (Malawi and Tanzania in July and August 2012) to assess the progress in accelerating the work of the research platform and if necessary contribute with capacity in initiating the process. During the country platform visits participatory workshop will be held with platform members to further identify boundary partners and map the desired and expected change.

- b) Development of standardised data collection methods for outcome mapping. Appropriate data collection instruments will be developed on the basis of preliminary discussions with country platform members.
- c) Development of Outcome Mapping database for monitoring and collecting SHARE data. A database for SHARE internal use will be further investigated for development. A research has been conducted among existing options and Planning Monitoring Evaluation and Communication system developed by Stockholm Environment Institute and which can be adapted by SHARE.
- d) Development of continuous M&E dialogue with consortium partners and other non-SHARE stakeholders to inform each other of progress achieved and keep track of new advances and challenges. This will be obtained through:
- Regular M&E workshops with SHARE partners and other stakeholders (CAG representatives, non SHARE members).
 - Development of Outcome Mapping database for monitoring and collecting SHARE data. Initial investigation for adopting an OM database for SHARE internal use has been conducted by the M&E unit. Among existing options and Planning Monitoring Evaluation and Communication system developed by Stockholm Environment Institute and which can be adapted by SHARE.
 - Establishment of a common dialogue arena among Country Platforms to exchange experiences, best management practices and liaise to develop further research proposal. An example would be:
 - Monthly conference calls/meetings arranged by the M&E unit with leaders and platform members, followed by quarterly follow-up visits.

9. SHARE Management

9.1 Staffing

The staff changes identified in the 2011 annual report have now had a year to take effect and the management group has worked well during that time to stabilise the structure.

Rick Rheingans' change of role to Impact Director has strengthened the development of SHARE's Outcome Mapping and Theory of Change. The role of Policy Research Manager (Oliver Cumming) reflects the broader responsibilities of identifying and managing research synthesis and representing SHARE externally.

The new Monitoring and Evaluation Officer has built on this work in preparation of the M&E strategy. Elisa Roma was appointed to the post on 1st March 2012. Elisa had previously worked as the principal investigator of international water and sanitation projects at the University of KwaZulu-Natal in South Africa and is now based at the London School of Hygiene & Tropical Medicine.

The role of the SHARE Policy and Communications Officer has also been changed to Research into Use Officer to better reflect the focus of this post in supporting researchers and country research groups. Isabelle Pugh joins SHARE and has previously worked for universities and other NGOs in media, communications and advocacy roles. SHARE's Capacity Building Manager (Jeroen Ensink) has been assisted by Aurelie Jeandron who joined SHARE on 1st October 2011 as the Research Assistant in Sanitation and Hygiene.

The Research Director (Sandy Cairncross) and Chief Executive Officer (Eileen Chappell) have continued in their roles, with Sandy Cairncross providing high-level research input and liaison with key stakeholders as well as the SHARE partnership; he is currently preparing to write an updated edition of the volume, *Environmental health engineering in the tropics: an introductory text* which was first published in 1993.

Michael Lawrence was appointed to the role of LSHTM Business Manager for the Environmental Health Group on 1st September 2011. The Environmental Health Group (EHG), under the direction of Sandy Cairncross, has the SHARE contract among its portfolio of projects and consortia. The Business Manager ensures that the contract details are correct before they are issued and that they are signed and returned by all parties in a timely manner.

The SHARE Consortium is running a complex programme that requires an appropriate level of management and support. In order to meet this need, the role of SHARE Finance Officer will be recruited as a permanent position as soon as possible.

9.2 Financial Monitoring

SHARE holds 68 discrete projects that are accounted for separately and then accumulated into a Fund Account (Research, Research into Use or Capacity Building). In addition there are five core budgets. A description of arrangements for financial monitoring can be found in Annex 7.

9.3 Consortium Advisory Group (CAG)

Meetings

The Consortium Advisory Group has met 3 times in the reporting period. The next meeting has been set for 8th January 2013 in the UK.

Membership

Following the resignation of Arif Hasan, Meera Mehta was formally accepted at the interim CAG telephone meeting in May 2012. Helen O'Connor (DFID) has taken over from David Woolnough as the DFID project officer responsible for SHARE.

Discussions

In all three meetings since the last Annual Report, CAG members have supported, encouraged and advised the Consortium on management, technical and financial issues. Their recommendations have been given serious consideration by the Management and Executive Groups. Some of the key issues addressed by the CAG are:

- The balance between providing enough resources to manage the programme whilst keeping the cost to a minimum. Spend on management is currently low (16% of the overall budget) in comparison with the technical and project budgets and this has been addressed (see section 10). Gaps within the project portfolio which have been addressed through improved monitoring.
- The balance between projects which serve to characterise problems and those seeking to identify solutions and demonstrate benefits. Review of proposals submitted to Call C
- The need for more resources within LSHTM Central Services to facilitate the contracting process.

9.4 Changes

SDI

As agreed in 2011, SDI is no longer acting as a SHARE management partner. Instead SDI is administered through IIED. The two organisations have worked this way before and the transition went smoothly. There has been a considerable benefit to the SDI Secretariat in time saved. However, the absence of SDI from the Executive and Research Review meetings has been felt, as we no longer have an African institution's voice at the table.

9.5 Resources

Three main challenges have been identified:

Organisational

Multiple submissions by organisations to the research proposal calls is desirable, however, that success can stretch the ability of an organisation to deliver if everything does not proceed according to plan. As a result, approval of Call C proposals is made conditional on delivery of previous projects by the same group of researchers. All partners will be encouraged to use their administration budgets to the full to ensure that invoicing is submitted on time.

Technical

Part of SHARE's technical role is to support the development of good quality research in the core countries. The four National Research Platforms have raised challenges in each country (see section 7). The nature and intensity of technical support required in this case is currently being discussed.

Management

During the past nine months permanent staff have been recruited to reach our full complement This will enable us to support the partners and technical staff to successfully achieve SHARE's ambitious programme.

Proposed Activities from the 2011 Annual Report

Annex 9 details progress against action points identified in SHARE's Annual Report at the beginning of July 2011.

10. SHARE Finance

The aim of the financial summary is to provide: 1) Provide an overview of the management of the grant funds; 2) Present the current situation in each funding area; 3) Outline potential risks; 4) Outline progress and plans

10.1 Overview of Grant Fund Management

DFID's grant to SHARE of £10,000,000 is divided into three funding streams for presentation in the quarterly invoicing.

	GBP
Project and Consortium Management	1,555,030
Technical Expertise	3,311,089
Research Calls and Project Funds	5,133,881
Total	10,000,000

Table 9: Share invoicing from the start of the programme to the end of March 2012

	Management	Technical	Projects	Total Invoice
Jan-Mar 10	17,330	69,876	26,979	114,185
Apr-Jun 10	17,893	141,884	32,827	192,604
Jul-Sep 10	32,302	200,371	106,628	339,301
Oct-Dec 10	58,305	97,480	327,915	483,700
Jan-Mar 11	49,629	133,960	583,693	767,282
Apr-Jun 11	47,130	124,898	74,484	246,512
Jul-Sep 11	45,630	190,435	82,930	318,995
Oct-Dec 11	77,490	227,084	189,591	494,165
Jan-Mar 12	44,583	196,287	274,752	515,622
Ave/Qtr to date	43,366	153,586	188,867	385,818
Ave/Qtr needed	97,062	175,347	286,174	543,970
Budget GBP	1,555,030	3,311,089	5,133,881	10,000,000

10.2 Fund Status as at the end of March 2012

Project and Consortium Management

Consideration of the need for value for money resulted in initial caution in providing resources for administration, this has resulted in an under spend on this budget of 25% to date. Whilst mindful of possible savings in this area, the need for more resources for finance and contract administration is evident. Work on correcting this balance started in the last quarter of 2011 and will continue over the next six months.

Technical Expertise

Expenditure is running at 42% of the total budget of £3,311,089. After a considered start, the need for more input from technical staff around developments with ongoing projects will result in a gradual increase of expenditure in this area over time. The result is a small rise in expenditure predicted for the third quarter of the current financial year plus a sustained rise in the first three quarters of the financial year beginning April 2014.

Research Calls and Project Funds

Of the £5,133,881 budget for project funding, 91% has been committed to projects within the three areas of:

	Budget GBP	Committed Value GBP
a. Capacity Building	765,124	688,612
b. Research into Use	541,597	541,597
c. Research Fund	3,827,160	3,437,312
Total	5,133,881	4,667,521

a. Capacity Building Project Fund (Figure 23a)

There are currently 19 projects on the register accounting for 90% of the budget available. The largest portion of the funding (70%) is being used to train six PhD students (see section 5.2 and Annex 2). Of the rest of the budget, 12% has been used to provide technical courses and develop partners' research skills, whilst a further 7% provided for significant input into the Global Forum on Sanitation and Hygiene. One percent was allocated to assisting students with project work with SHARE partners. Ten percent remains unallocated. To date, 11 projects have been completed and a further two are expected to finish soon. The six PhDs will run for a further two years with an expected drop in expenditure during their period in country (second half of 2012 to the fourth quarter of 2013), picking up again for their last year.

b. Research into Use Project Fund (Figure 23b)

Allocating funding for projects in this category has been both strategic and opportunistic (see Research into Use section 4). To date, 24 pieces of work have been funded through the RIU budget. Seven projects will run for the duration of SHARE and account for over half of the available budget. Within this amount are included RIU activities within the four country research groups. This totals £200,000, which is 37% of RIU project budget and includes part of the seven long running activities. Nine projects are currently open with closure dates between now and March 2013, though expenditure within these is weighted towards the last quarter of 2012 and the first quarter of 2013. There are also eight smaller projects covering various activities within the RIU Fund.

c. Research Fund (Figure 23c)

Six projects of the 25 funded require special mention as they account for 68% of the Research Fund budget. The first is a contribution of £500,000 to the SPLASH programme run by the Swiss Agency for Development and Cooperation, which was made in March 2011. This honours a commitment made by DFID at the start of the SHARE programme and covers research into water and sanitation <http://www.splash-era.net/index.php>. Four projects of £250,000 each provide for projects within the National Research Platforms in Bangladesh, India, Malawi and Tanzania (Section 7). The last is the City-wide Sanitation

Strategies project which covers four cities and costs £1,100,000 (Section 6.3). With the exception of SPLASH, these projects will run for the duration of SHARE and start up has been slow. Expenditure for City-wide Sanitation is likely to continue slowly through the initial phases and should pick up as the project progresses. Spending is likely to occur in blocks at the start and end of each phase of work rather than in a steady stream, this is due to the developmental nature of programme but should become more predictable once the various sanitation scenarios have been tested.

Of the £3,437,712 committed research funds, projects totalling £1,031,314 (30%) have been completed. Of the remainder, 61% will be on-going for the duration of SHARE and ten projects totalling 9% of the allocated funds are currently due to be completed by the end of 2012.

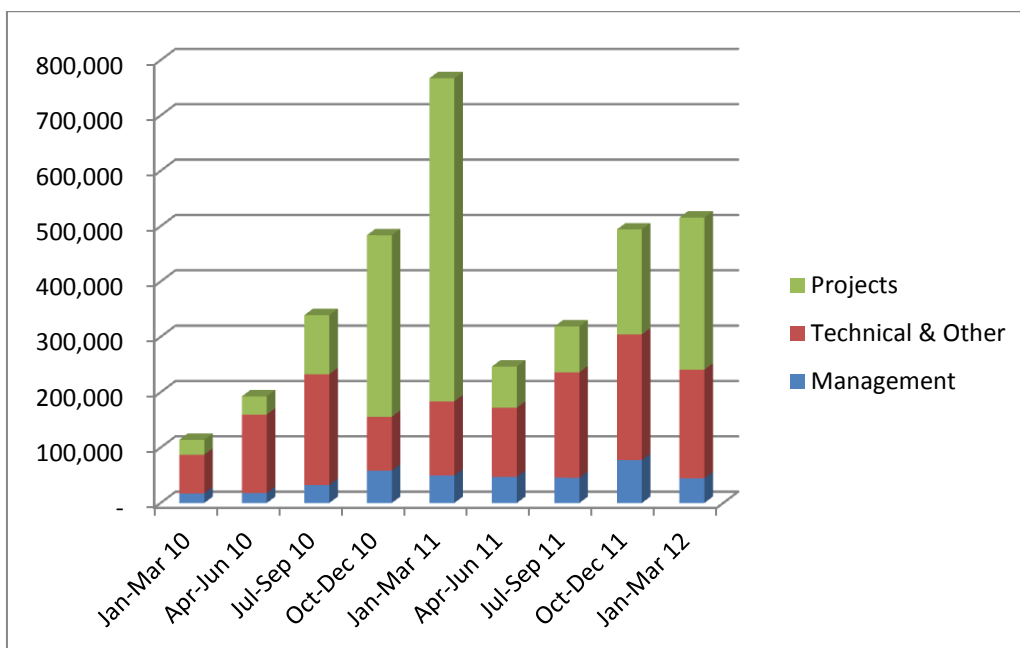


Figure 22: SHARE Expenditure by Funding Stream, January 2010 to March 2012

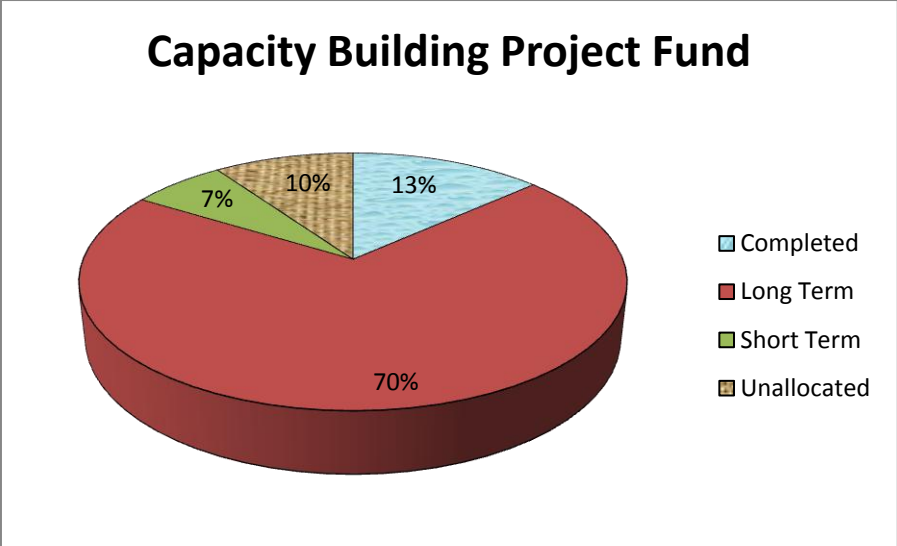


Figure 23a: Status of Projects Funded by Project Status a) Capacity Building

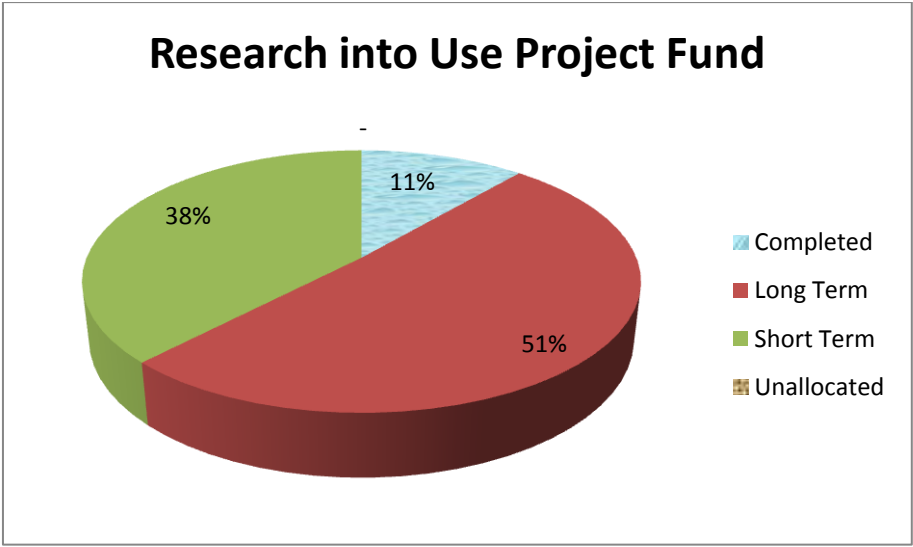


Figure 23b: Status of Projects Funded by Project Status b) Research into Use

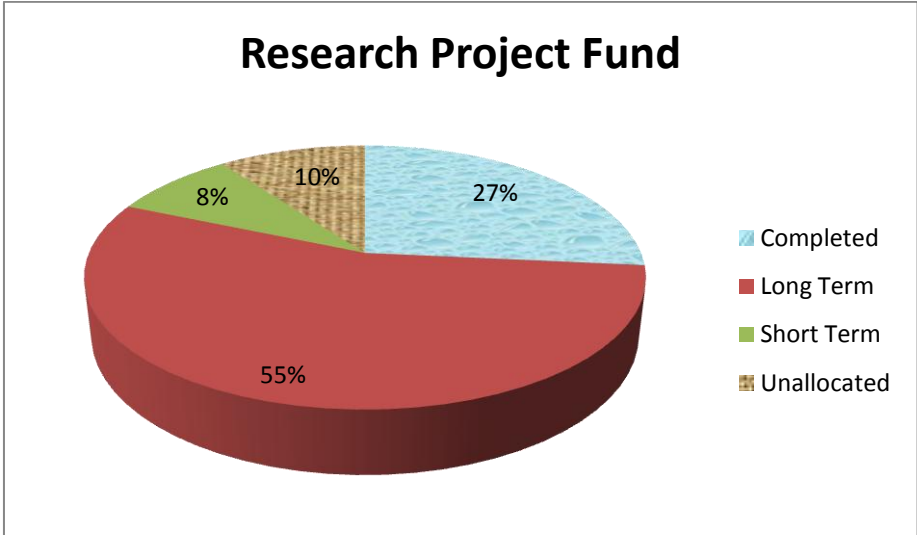


Figure 23c: Status of Projects Funded by Project Status

10.3 Potential Risks

- a. Contract negotiation and execution has been variable. Some contracts have been fully signed off within a few days; others are not so quick, particularly with institutions outside of the UK where negotiations can become protracted.
- b. Considerable amounts of SHARE financial data are recorded on a weekly basis by EHG Office staff not working on SHARE. Mistakes will invariably occur but monthly reconciliations of the entire SHARE grant are designed to catch these as soon as possible.
- c. Through the competitive process that produced many of the small and medium sized projects, institutions were encouraged to submit multiple bids. Where more were successful than anticipated, the result has been to shift the timelines for a number of projects, producing a backlog of work and invoicing.

10.4 Progress and Plans

The introduction of extra resources at LSHTM has been a key factor in improving the response time on sub-contracts with SHARE's partners. The lessons learned from Calls A and B help guide the allocation of funds for Call C. Principal investigators whose proposals have successfully passed the review processes for relevance and rigour will be questioned for assurances over resource allocation and work planning. Where necessary, changes may be suggested or other resources considered.

Allocation of the remaining research project funds through Call C will enable administrative and financial staff to spend more time concentrating on monitoring the progress of outputs and expenditure. The resultant improvement in financial progress-chasing will enable swifter analysis and better response to the Management and Executive Groups.

The dynamic nature of the consortium presents on-going challenges for resource management. Over half of the total budget is allocated to project work with an average project budget of £34,750 for capacity building, £20,050 for research into use and £68,920 for the main research fund (excluding MR23 the City Sanitation project £1,100,000 and SHARE's £500,000 contribution to SPLASH). We are also seeking to continuously improve the efficiency of financial management to ensure that we utilise resources as economically as possible. This includes the implementation of regular tracking of project level finances and the development of new metrics to monitor and address finance-related delays in projects e.g. lag time between allocation and contracting, contracting and invoicing. We will continue to explore opportunities to reallocate funding in order to maximise SHARE's impact.

11. SHARE Impacts and Value for Money

11.1 Introduction: SHARE Value for Money (VfM) Approach

During the past year SHARE has pushed the development of an approach for measuring value for money to ensure that we are maximizing the impact of the resource investment and to quantify this impact in terms economic savings or increases in cost-effectiveness. While the final assessments of value for money are likely to come later in the project cycle, it is important to establish indicators and methods for measuring them, as well as to identify indicators that can be monitored prospectively. The proposed approach is based on reviews of other VfM measurements in similar DFID funded projects, to the extent that they are available.

We start by defining several basic concepts of VfM analysis and translate them into the context of SHARE activities and goals. Within VfM, three distinct types of indicators are identified: economy, efficiency, and effectiveness. In some interpretations equity is a fourth category. For our purposes we will include equity measures as one aspect of effectiveness. In the context of a typical project cycle, economy refers to the wise use of financial resources in the procurement of resources needed for the execution of activities. Efficiency refers to the wise use of resources in translating inputs into quality outputs. Effectiveness refers to how outputs are translated into outcomes. Cost-effectiveness spans the entire process from inputs through to impacts. Figure 24 below shows these in general, along with suggestions of how they translate for the sanitation and hygiene sector.

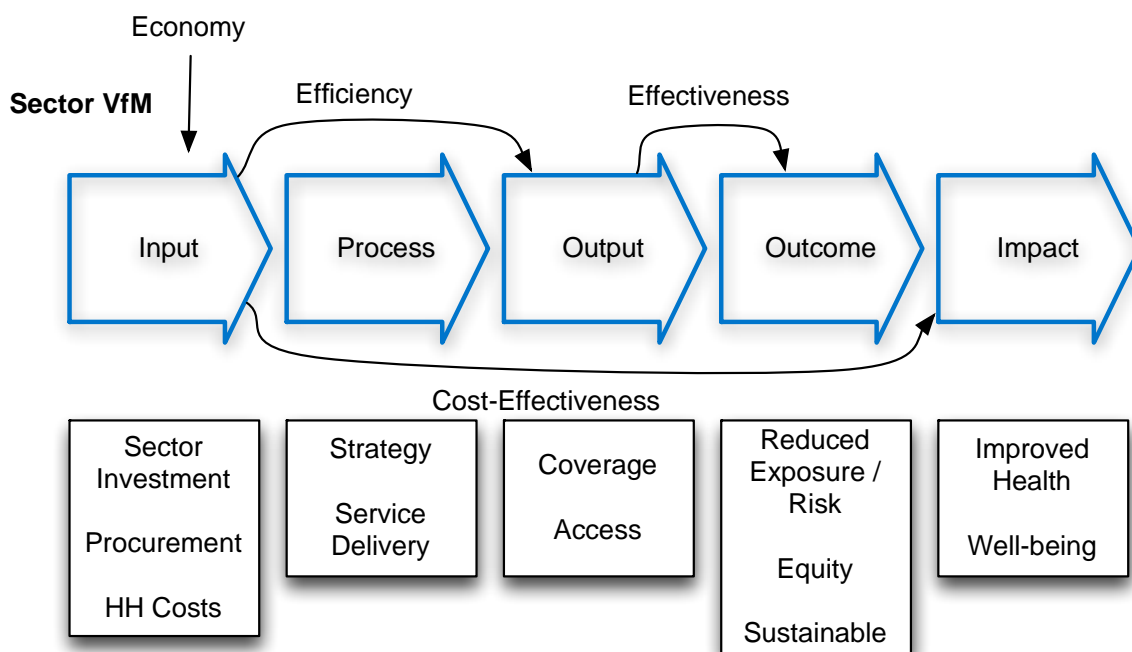


Figure 24: Value for money elements within the WASH sector

One of the challenges for SHARE is that SHARE does not directly implement sanitation and hygiene interventions (as discussed in the theory of change above). Instead, SHARE works to catalyse change among key sector partners. As such, we chose to redefine economy, efficiency, and effectiveness in the context of SHARE's own work. This is shown in Figure 25. In this framework, SHARE's effectiveness in a VfM definition is based on translating research or RIU outputs into changes in sector performance through other actors. SHARE's

VfM is dependent upon increasing the economy, efficiency, effectiveness, cost-effectiveness of others. However, this framework also allows us to monitor SHARE's own economy and efficiency.

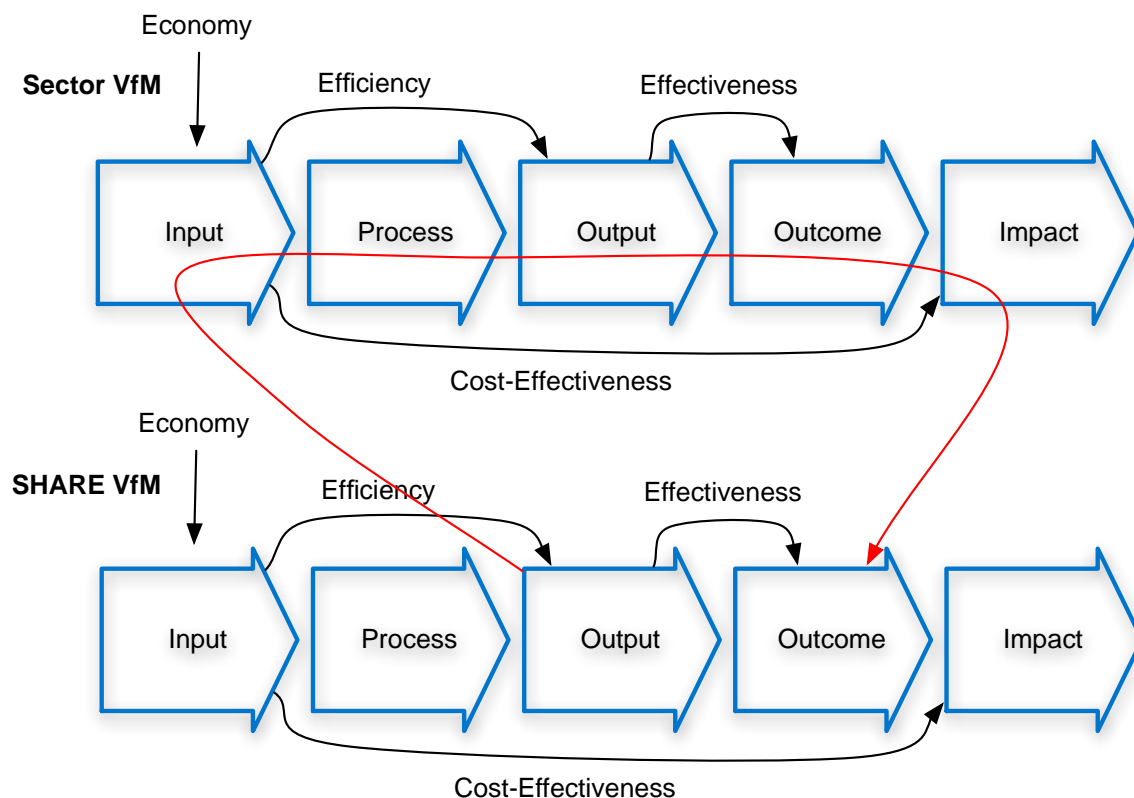


Figure 25: SHARE Value for money in the context of the WASH sector value for money cycle

In developing indicators and methods for measuring economy, efficiency and effectiveness we distinguish two purposes to for the VfM analysis. One purpose is to ensure that processes are in place in order to ensure that SHARE is actively looking for opportunities to improve economy, efficiency, or effectiveness. This objective corresponds to a version of enhanced results-based management. Potential process measures were identified by modifying those used in a DFID governance project (see table 10 below). These steps will be incorporated into management practices to increase value for money of SHARE efforts.

Table 10. Value for Money Process Steps and Indicators

	Indicator	Criteria Elements	Potential SHARE Incorporation and Action
Economy	Procurement	Costs properly monitored and managed	Internally assess how well we monitor and manage our procurement Identify bottlenecks / barriers regarding contracting, spending and financial monitoring Develop adaptive responses for identified bottlenecks
	Unit costs	Costs compared to benchmarks	Current lack of benchmarks for most SHARE inputs. Could explore comparisons
	(Funding leverage)		Tracking funding from other external partners leveraged for SHARE activities
Efficiency	Productivity	Costs per output Good management of timing and process Optimisation of outputs	Compare cost per main output (paper, manual) Track % on-time and completed projects Review opportunities to increase outputs, increase quality, or improve timeliness
	Risk analysis	Proper risk and conflict analysis conducted Follow up planning	Regular (bi-annual?) review of progress in production of main outputs – identify progress, risks and mitigation strategies
Effectiveness	Replication / Leverage	Evidence of uptake and replication of others through practice or investment Evidence of impact of replication	Compare to logframe targets on uptake over time Compare to logframe targets over time
	Theory of change	Evidence that outputs are sufficient to deliver on purpose Appropriate assumptions and incorporation of externalities	Review % of outputs (by category) that have had influence Identify gaps or barriers to outputs creating purpose Develop response to barriers
	Relevance and robustness of indicators	Indicators are relevant Indicators are robust and data based	Review measures for validity and reliability Review measurement issues and challenges with indicators

The second purpose of VfM analysis is to quantify the impact that SHARE activities are likely to have on costs, health or cost-effectiveness within the sector. This second objective is more challenging but essential. There are two particular challenges to consider. First, it requires carefully tracking changes in the actions of other sector actors over potentially long periods of time. The outcome mapping component of SHARE's M&E captures part of this process by tracking changes in the actions of boundary partners (through 'Process' in the sector VfM chain in Figure 25 above).

To go further and estimate VfM as 'Impacts' in the figure, we need to translate these into changes in access or coverage and then into health or economic benefits. The potential lag time and other issues make it difficult to directly measure changes in sector impact (e.g. lives saved, economic productivity lost). In order to understand how this has been done for other VfM analyses of DFID projects, we examined the case of transportation project in Mozambique. In that example, analysts used an existing quantitative cost-benefit model

developed by the World Bank to estimate the impacts associated with observed changes in outputs and outcomes.

At this point in time there is no similar reliable model for estimating the economic, health and development impacts of changes in sanitation or hygiene in specific contexts (see WASH Evidence Review). As a result, we will take a two-tiered approach to making these quantitative estimates. First, we will develop quantitative estimates for specific projects where there is a strong likelihood that SHARE research or RIU activities will result in changes that can be quantified as changes in the number of people with access to a particular intervention or service. We will then develop estimates of the resulting changes in economic and health outcomes. Where appropriate, cost savings will also be estimated. The section below describes the initial approach being taken to develop these quantitative VfM estimates for selected projects.

This project specific approach to quantifying economic and health gains will also be used to begin developing a more general model of impact and cost-effectiveness of various sanitation and hygiene interventions. Such a model would facilitate the estimation of impacts of changes catalysed by SHARE research or synthesis, and eventually it could be used to complement efforts like the WASH Evidence Review in guiding national WASH investment decisions. As that review points out, the lack of reliable information for estimating impacts and cost effectiveness reduce the ability of national decision-makers to maximise the value for money of their investments. In addition to estimating VfM, such a model could contribute to improving it.

11.2 Selected VfM projects

This section is designed to lay out expected approaches to quantifying VfM in the context of specific SHARE projects. It should be emphasised that the impact of individual projects is expected to develop over a period of time, based on the natural cycle of research into use projects. Information gaps are identified, research is conducted, information is disseminated, actions of others are transformed, and finally changes in economic, health and development impacts occur. While we are only halfway through this process for many projects (and just starting for others), we recognise the need to begin measuring the potential impacts early in the process. Identifying and estimating these potential impacts can also help inform strategic decisions about how to maximise the impacts.

Choose Soap (MR01)

Inputs: Research budget: 25, 489 GBP

Outputs: Choose Soap is an evidence-based hand-washing with soap intervention which provides easy to use toolkit to improve An open source set of materials for use by NGOs, local governments and field practitioners has been made freely available from: www.choosesoap.org.

Outcomes: This research project has contributed to extraordinary achievement in leveraging huge investments in the sectors and delivering effective research that contributes to behaviour change. SHARE in collaboration with Wellcome Trust SHARE has provided a rigorous test and evaluation of the toolkit that provides scientific justification for uptake of the

methods by governments in developing countries. These results will be targeted toward key boundary partners (including funders, implementers, and governments) to incorporate these new approaches into programmes and investment strategies.

Measuring VfM: The potential value of these findings comes from successfully incorporating them into programmes. The value will be estimated in two ways. First, we will estimate the financial benefit of avoiding investments in behavior change approaches that do not work. This will be based on expanded interviews from key boundary partners who are likely to take up results. Given the focus of research in India and past SHEWA-B experience in Bangladesh, this will initially focus on quantifying investment changes in south Asia.

While avoiding ineffective investments is an element of VfM, we expect the real gains to come from investing the same or additional resources to *effective* behaviour change strategies like those developed in Choose Soap. This will be quantified by first estimating the financial value of programme investments that are influenced by the findings and then quantifying the health and economic gains from the improved approach. Value for Money can then be expressed as both a total health gain and an estimated cost-effectiveness.

Maximising VfM: The key to realising VfM gains is translating results into improved practice. As a result, translation of Choose Soap findings is identified above as a key RIU objective going forward. We can build on these findings through additional target applied research. Call C includes funding for a follow up study to test the sustainability of behaviour change through this approach, which would further increase its impact on health. Last, standardized estimates of cost-effectiveness of intervention approaches would help boundary partners make informed investment decisions regarding the type of hygiene behaviour change to invest in.

Exploring inequities in sanitation-related health risk and impact estimating the potential impacts of pro-poor targeting (MR17)

Inputs: Research budget: 50,000 GBP

Outputs: The MR17 research project has highlighted important findings in the sector's strive to achieve MDGs which reflect the needs of the poorest. Conclusions from the research show that: a) the health burden falls disproportionately on children living in the poorest households. b) These children are more likely to be susceptible to diarrhoeal diseases and mortality. c) Improvements in sanitation for households in the poorest quintile will bring great health benefits than in the richest quintile. SHARE has published the findings as a full research report (<http://www.shareresearch.org/LocalResources/EquityResearchReport.pdf>) and as a policy brief

(http://www.shareresearch.org/LocalResources/ExploringInequities_PolicyBriefingFINAL.pdf) and is now preparing three journal papers. The research findings have been played a key role in a number of high-level policy processes, including: by DFID, in the WASH Portfolio Review process (December 2011); the Post-2015 WASH MDG process (February 2012); and, the Sanitation and Water for All (SWA) High Level Meeting³³ at the World Bank Spring Meetings (April 2012).

³³ See <http://www.sanitationandwaterforall.org/highlevelmeeting2.html>

Outcomes

Criteria for allocating resources in relation to wealth quintiles and understanding urban-rural discrepancies enables decision makers to quantify differences in return of investment. This research will enable DFID as well as other key decision makers in the sector to improve the effectiveness of their financial efforts by investing in improvements with the highest health and social impacts. Preliminary findings were incorporated into the DFID portfolio review. Initial conversations have begun with key boundary partners (USAID, Plan International, Ministry of Public Health and Sanitation in Kenya, and State Government of Bihar, India) to use these results to modify their investment, programming and monitoring approaches.

Measuring VfM

Our approach to measuring the VfM for this work depends on demonstrating how the results concretely contribute to change in the investments of partners, which will be captured through the outcome mapping activities. VfM will then be quantified in two ways. First, we will estimate the financial value 'ineffective' investments that are reduced. While this is a useful way to think about the value of the research, our real expectation is not that these investments will be reduced, but rather that they will be shifted to investments that better target poor and vulnerable populations. The impact of this change will be quantified by comparing the estimated return (health and economic) of the previous profile of beneficiaries to that for the modified profile. The current model and report already provide a preliminary approach for estimating the health gains from different profiles of beneficiaries. This will be expanded into a more comprehensive model of cost-effectiveness which accounts for who is reached.

Maximising VfM

The strategy for quantifying impacts also suggests critical factors for maximizing the impact of the findings. First, additional RIU work is needed to work with boundary partners to incorporate the findings into their specific investment and programme decisions. Second, testing and adapting the model to specific contexts will make it easier to transform the decisions of boundary partners. This is being done through a follow up project in Call C. Thirdly, more information is needed on the effect of disparities on the cost-effectiveness of sanitation and hygiene interventions. Better evidence will contribute to further changes in investment strategies of donors, governments and implementing partners.

Menstrual Hygiene Management Resource Book (CM07)

Inputs: Research budget: 14,950 GBP

Outputs: The main outputs of this project include: 1) Menstrual Hygiene Management Resource Book synthesising existing evidence and providing best practices and 2) a publication arising from testing effectiveness of the MHM Resource Book.

Outcomes: The SHARE Menstrual Hygiene Management Resource Book, which has been endorsed by UNICEF, Save the Children and other international organisations, will improve the effectiveness of DFID's strategy to support schooling and women empowerment right from the onset of puberty. Furthermore, evidence from application of the Resource book will support governments and implementing agencies' decision making in prioritising equity and gender in their agendas. Preliminary themes from the manual were presented at the World

Water Forum in March 2012 and there will be a formal launch in collaboration with the partner agencies in July 2012. The expected outcome of the work is contributing to the development of improved intervention strategies for addressing menstrual hygiene management among key boundary partners.

Measuring VfM:

Value for Money gains from this effort can be seen as having two components. First, the manual and additional knowledge synthesis is expected to result in the development of more effective school WASH interventions. The health and educational gains can be estimated in financial terms. Second, the value of resulting improvements in MHM can also be assessed in terms of increasing the efficiency and VfM of existing education and gender investments. At present, these investments are not achieving their full potential due to constraints related to poor MHM. Both of these approaches require quantitative estimates of the gains from improved MHM. There are currently no rigorous evaluations that conclusively provide these quantitative estimates.

Maximising VfM:

The VfM from initial MHM work can be enhanced through the following actions.

- Additional piloting of the Resource Book to facilitate its uptake by boundary partners
- Working with high-impact partners developing MHM interventions
- Better estimating the impact of improved MHM through a rigorous evaluation

The first two of these are being addressed through new projects from the RIU fund and Call C, respectively. SHARE will continue to seek funding for the third element from external funding sources.

Assessing the Soil Adjacent to Latrines as Focus for Soil-transmitted Helminth Transmission (MR13)

Inputs: Research budget: 13, 539 GBP

Process: During Call B SHARE funded MR13 to assess the effect on site sanitation to control of STH in soil. Although improved facilities are meant to separate human waste from human contact in a hygienic manner, there lacks evidence to classify risk to human health of various sanitation facilities. The research provides a scale of hygienic sanitation that contributes to redefine risk classification in relation to sanitation facilities.

Outputs: Scientific publication and policy recommendation for WHO/JMP.

Outcome: This project will support DFID decision making in prioritising sanitation investment towards effective and highly hygienic technologies increasing the value for their financial efforts. Furthermore, through a redefinition of hygienic sanitation this project adds significant value to other developmental efforts that are often constrained by poor hygiene and sanitation conditions. In addition, MR13 serves as a starting point for further investigation into how improved sanitation and hygiene contribute to the improving the effectiveness of de-worming efforts. This has resulted in two additional research projects being funded in Call C. The first estimates the impact of handwashing on helminths exposure. The second directly addresses the added contribution of improved sanitation on

improving the effectiveness of de-worming. Taken as a whole, SHARE expects that the findings will contribute to mainstreaming of improved sanitation and hygiene within de-worming efforts. This mainstreaming could include increased funding of recurrent costs, explicit monitoring of sanitation and hygiene to create accountability for hygienic conditions, and enhanced behavior change efforts.

Measuring VfM:

The VfM associated with these related projects will be estimated based on their potential to improve the effectiveness of other investments in health and education. In addition to documenting the potential effect of the research on sanitation and hygiene conditions in schools (done through outcome mapping), this requires quantifying the incremental benefit of improved sanitation on de-worming and educational investments. This will include two elements. First, improved sanitation is expected to reduce the worm loads and prevalence within areas receiving mass treatment for STH. This will reduce the negative effects of STH, effectively improving the effectiveness of de-worming and educational investments. Second, improved sanitation and hygiene is expected to reduce the time required for STH elimination through de-worming. Relying primarily on chemotherapy is expected to result in the need for additional years of treatment, potentially resulting in resistance or loss of political will. While there are uncertainties in quantifying these cost savings and efficiency improvements, we will provide initial estimates.

Maximising VfM:

Maximizing the potential VfM from this work requires additional research and RIU activities. In particular, there is a need to work closer with communities of practice working on STH and neglected tropical diseases. This includes translating research findings; identifying effective ways to improve school sanitation and hygiene; and filling existing research gaps. This has been identified as a priority (as discussed above in the RIU and research sections).

Other projects

As SHARE projects mature, we will continue to develop approaches for estimating VfM. Several existing research areas are likely to yield findings that will lead to VfM gains that can be quantified.

City-wide Sanitation:

Large investments continue to go towards urban infrastructure improvement, but few strategies have been shown to be effective in sustainably reaching the urban poor with improved sanitation. If such a model is developed and transferred to other settings through this SHARE funded work, it would translate into quantifiable health and economic gains.

Orissa Sanitation Trial:

While the trial is still ongoing, the results (whether positive or negative) will have important implications for sector investment and VfM. In particular, the trial is expected to identify programmatic and environmental factors that affect the level of health benefits from sanitation. This in turn can result in a reallocation of investment from less effective strategies to more effective ones. The health and economic gains from this could be quantified using an improved model of impact and cost-effectiveness.

WASH sector human capacity:

SHARE research in Tanzania in collaboration with UNICEF and Global Sanitation Fund is assessing human resource capacity in the WASH sector. Currently, a significant portion of ODA for sanitation goes unutilised due to limited capacity. If human capacity assessments lead to strategies to improve, it would result in more efficient utilisation of existing external funding. This could be estimated in financial or health terms.

12. Adaptive Strategies

This report marks the halfway point in SHARE's planned 5-year programme. As such, it provides an important opportunity to assess progress, identify problems and opportunities, and set down new strategies to maximize impact over the remaining years. Throughout the report we have identified opportunities in each section. Here we identify several recurring issues and priorities. The adaptive approaches fall roughly into two categories: 1) those that seek to identify, anticipate, and react to problems, and 2) those that seek to take advantage of strategic opportunities.

The previous annual reports, CAG meetings and periodic monitoring have identified challenges in getting basic institutional arrangements, contracts, and activities in place. The responses to these have been laid out above, resulting in problems being effectively addressed. In particular, past problems with contract backlogs have been significantly reduced, as well as the resulting delay in spending on research activities. This will continue to be closely monitored to ensure that the time between approval and initiation of work is reduced. This includes monthly reporting on the current status of contracts and expenditures for individual projects within Management Group meetings, to be prepared under the supervision of the CEO.

Addressing problems

One area where institutional arrangements and contracting continue to lag is for the country platforms. This includes convening functioning groups, putting contracts in place with host organisations, initiating research activities, and initiative communication and RIU activities. As described above, several steps have already been taken to address these continued delays. In Tanzania and Malawi, additional core SHARE staff effort will be dedicated to accelerating the activities of country partners in reaching the RIU objectives. We have also accelerated the process of selecting research projects by allocating a portion of each country's resources to 'quick start' projects. We have also instituted a new quarterly tracking report to be prepared by each country lead that focuses on movement towards logframe, outcome mapping, and value for money indicators. These will be reviewed regularly by the group of country leads to re-evaluate the need for more remedial action. For several of the countries, the coming 6 months will be critical if they are to produce the requisite outcomes during the course of the programme. We have reason to believe that the corrective actions will accelerate progress, however if they do not, then the Executive Group will assess the need to re-allocate resources accordingly.

A third area of weakness identified in the past annual report has been monitoring and evaluation. During the past year, especially the past five months, we have accelerated the design and implementation of the different elements of the M&E approach. This becomes critically important as SHARE moves from producing outputs to generating outcomes and impacts by influencing the actions of others. In particular the outcome mapping and value for money evaluations become central in documenting and quantifying benefits, but also in refining our strategies. At the country level and for specific projects, we now have (or soon will have) products that can influence the actions of boundary partners and others in the sector. We are now beginning data collection to measure these influences and to quantify their impacts in financial, health and development terms.

One challenge that we anticipate and are taking steps to address is the production of quality research outputs. As identified above, this is linked to all of our core activity areas of research, capacity building and research into use. It is critical in the focus countries and more generally. We need to assess our product pipeline and constantly assess what research outputs are in the pipeline and whether there is a need to accelerate their production. Given the potential lags between research completion and publication, and between publication and uptake, this is a potential concern. We will need to redouble efforts to ensure the timely production of quality, high impact outputs. Above we have identified steps including revised monitoring, more challenging targets, and additional efforts to build capacity for producing quality applied research among partners.

Strategies for improving impacts

Although addressing the problems above can improve impacts of SHARE research, there is also a need to adjust our strategy to maximise our impact. This strategic adjusting comes in response to research findings, changing conditions, and learning what works in translating research in use. Several opportunities for strategic adjustments are highlighted below.

In SHARE's Theory of Change, the value and impact of research and synthesis depends on getting the information to key boundary partners in a way that ensures that they can use it to change policies and practices. As SHARE research outputs are now becoming available we need to ensure that we maximise their impact among key boundary partners. The main opportunity to adjust this aspect of our strategy is through the outcome mapping process for individual projects and for the focus countries more generally. This requires more than disseminating findings and includes identifying other potential users, creating new product versions to target specific audiences, and prioritising based on potential impacts. This approach is reflected throughout the report, but particularly in the Research into Use section. For a number of areas such as weaning food hygiene, menstrual management, and handwashing behaviour change, SHARE's early efforts have produced important results. However additional outputs and activities are likely to be needed to generate programmatic changes.

A second related area for improving strategic impact is through the value for money analysis. While one purpose of these analyses is to document and quantify the contribution of SHARE research to the impact and cost-effectiveness of sector investments, it also provides an opportunity to identify areas where appropriate knowledge could be particularly impactful. That is, it allows us to keep asking how new information could help sector actors select more effective approaches or more cost-effective interventions. It also helps identify ways in which sanitation and hygiene research may increase the impact of development investments in other sectors, including health and education. Some of these strategic opportunities are identified in the research and value for money sections. Over the next year we will incorporate this value for money lens as part of our process for selecting research and research into use activities.

For both of these areas more information and effort is needed in order to understand and strengthen the process by which boundary partners use evidence for making decisions.

While SHARE reaches its midpoint in time it is important to look forward to maximising the long-term impact and sustainability of its efforts. In general sustainability could include sustained sector investment in research or sustained uptake of SHARE's findings. However SHARE may have a unique opportunity to influence how research and practice come together within the sector in critical ways. These might even be framed as translational questions. First, can national partnerships be created to define, execute and translate applied sanitation and hygiene research? Second, what enhances the capacity of implementing organisations to carry out applied research and incorporate research findings into their programmes? Third, can communities and their organisations engaging in action research catalyse change in urban sanitation conditions? Different SHARE activities are actively addressing these questions and trying to make them work. It is not a foregone conclusion that all of them will, but it provides an important opportunity to develop new models to link research and use.

Annex 1: SHARE Research into Use Strategy

(attached as separate electronic file)

Annex 2: SHARE PhD Candidates

1. Richard Chunga (Malawi)

Supervisor

Joe Brown

Curriculum

Richard got his first degree from Bunda college of agriculture in Malawi, and then completed an MSc in Project planning and management at Bradford University, followed by an MSc in Water Management from Cranfield University. He has over seven years experience in the planning and implementation of nutrition and WASH programmes for a number of international NGOs.

Title

Modelling Household Sanitation Technology Choices in Peri Urban Areas in Blantyre and Lilongwe, Malawi: A Revealed Preference Approach.

Background

Demand for sanitation is often assessed through a survey whereby respondents are presented with hypothetical but realistic sanitation technology options to choose from (stated preference e.g. contingent valuation method, discrete choice experiment). In this study, demand for sanitation will be assessed by observing actual sanitation technology choices that households demanding sanitation services would make (revealed preference). A sanitation marketing intervention will be implemented in Blantyre and Lilongwe City in Malawi. The intervention will involve developing sanitation technology catalogues, recruiting sales agents (community hygiene promoters, small shop owners, telephone airtime sellers, school pupils) and distributing the catalogues to the sales agents. The role of the sales agents will be to identify sanitation customers and linking the customers with masons.

The objectives of the study are:

- i) To understand household sanitation technology preferences
- ii) To assess the attitude of urban households towards ecological sanitation
- iii) To assess the attitude of urban households towards other alternative sanitation technologies
- iv) To establish the role of sales agents in sanitation marketing and
- v) To identify effective sales agents

So far no data has been collected but a pilot study will be conducted from June to July 2012. This will focus on formative research in Blantyre and Lilongwe City in Malawi, which will inform the design of the market intervention.

Courses followed: Principles of Social Research, Research Design and Analysis, and Health Economics.

2. Tarique Md. Nurul Huda (Bangladesh)

Supervisor

Adam Biran

Background

Tarique got his first degree in Physiotherapy from the University of Dhaka in Bangladesh. Then he completed a Masters in Public Health (MPH) with an award for best overall performance, from James P Grant School of Public Health (JPGSPH), BRAC University, Bangladesh. He has more than seven years experience in teaching and managing research projects. He has worked for BHP Institute, JPGSPH in BRAC University, and most recently for ICDDR,B in Bangladesh.

Title

Role of sanitation in preventing contamination of the domestic environment and protecting health.

Summary of the proposed study

There are two important questions in relation to improving sanitation, answers to these questions are critical for future sanitation policy, but have so far remained elusive. Firstly, what is the minimum sanitation technology to prevent environmental contamination? There is very little available evidence, to support the different rungs of the sanitation ladder, both in terms of preventing environmental contamination, as well as guaranteeing better health. Secondly, do the benefits of sanitation critically depend on neighbourhood level sanitation coverage?

The study aims to address the above mentioned questions through an observational study using a combination of analysing secondary data from an existing study, as well as collection of additional primary data. Secondary data analysis will be done to assess the effect of moving up the sanitation ladder from one rung to the next one, on diarrhoea in <5 children. The primary data collection will include formative research to identify suitable measures of environmental contamination, followed by piloting of the measures of environmental contamination. Then the main study will be conducted to assess the effect of sanitation access (sanitation ladder) in the household and in the neighbourhood, on household environmental contamination.

Progress on study

So far no data has been collected, but the feasibility study (formative research and piloting) will be conducted from July-Sep 2012 in Bangladesh. Study protocol has been submitted for ethical approval. Initial secondary data analysis is planned during July-Sep.

Courses followed: Extended Epidemiology, Statistical Methods in Epidemiology, Statistics for EPH and Advanced Statistical Methods in Epidemiology.

3. Sheillah Simiyu (Kenya)

Supervisor

Robert Aunger

Background

Sheillah completed her first degree in Environmental studies from Kenyatta University (Kenya), and later in 2009 completed a Masters degree in Public Health from the same University. Before joining LSHTM, Sheillah was a lecturer in Kenyatta University's Public Health Department. Besides teaching, she has worked on various research projects in the fields of Public health, Water and Sanitation, HIV/AIDS and Nutrition with various organisations including the African Medical Research Foundation (AMREF), World Vision, Compassion International and Action Against Hunger

Title

Households preference for, and willingness to pay, for 'better' sanitation in the urban slums of Kisumu, Kenya.

Background

Kisumu city has, and still is, experiencing a high rate of urbanisation. This has put pressure on the available water and sanitation facilities. In the past efforts have been directed at improving the existing water supplies, and for the past two years, local organisations have been developing sanitation interventions in order to improve the wretched sanitation situation in the slums of the city.

The slums in Kisumu have different characteristics from the slums in other parts of the country, mainly because some of the households are actual land owners. This research study aims to understand the factors that determine the households' choices of sanitation, and their preference for 'better' sanitation. In addition, the study will seek to understand the households' willingness to pay for this form of 'better' sanitation. An economic evaluation model (a hybrid model that includes latent and observable variables) will be used to understand these factors; and the households' willingness to pay for sanitation.

A first (qualitative) phase of the research has been done. These findings will be used to design the main research study, which will be conducted later in the year. The findings from this research will be of benefit to program developers, policy makers, local organisations, and researchers in general; through proposing alternative avenues of improving the sanitation situation in the slums of Kisumu city, and if applicable, slums in other areas with similar characteristics.

Courses followed: Principles of Social Research, Statistics for Epidemiology and Public Health, and Statistical methods in Epidemiology.

4. Parimita Routray (India)

Supervisor

Wolf Peter Schmidt

Background

Parimita is qualified in Master's of Commerce from Ravenshaw University. Followed by this, she completed a postgraduate Diploma in Journalism from the Indian Institute of Mass Communication (IIMC), followed by an MA in Development Journalism and Electronic Communication from Utkal University. She has more than six years work experience in programme management, and monitoring and evaluation of disaster risk reduction programmes. In addition she has two years work experience in research on sanitation and health. Parimita has served as a United Nation's Volunteer (UNV) with UNDP, and has worked for Catholic Relief Services, Xavier Institute of Management - Bhubaneswar, Sphere India, and LSHTM

Title

Gender and sanitation in Orissa: implications for intervention strategies.

Background

The Indian government is making sanitation facilities available to the poor however this does not ensure its uptake in large parts of rural India. As a result, unused latrines lie scattered in and around villages. These "latrine cemeteries" represent a missed opportunity for social and public health improvements in the target populations, and represent a substantial loss of investments made by the Indian government and NGOs. The programmes have focussed too much on hardware only, and lacked software interventions like behaviour change campaigns, and many programmes failed to address gender concerns. Those that did proved to be successful in raising the sanitation demand and increased toilet use uptake.

In this study, the various roles played by women and men in sanitation interventions will be determined, and the gender specific gaps that constrains acceptance and sustainability of sanitation efforts carried out under Indian Government's Total Sanitation Campaign (TSC) will be identified. This will be done through formative research, with the ultimate aim of developing a communication intervention to increase sanitation demand and use. As of this date eight FGDs were conducted, and analysed to inform the process of making the model suitable for the study aims. Twenty-five ethnographic case reports have been collected from households having private or a subsidised latrine.

Courses followed: Qualitative Methodologies, Tropical Environmental Health, Epidemiology & Control of Communicable Diseases (ECCD), and Research Design and Analysis (RDA).

5. Prince Antwi-Agyei (Ghana)

Supervisor

Jeroen Ensink

Background

Prince has a degree in Civil Engineering and an MSc in Water Supply and Environmental Sanitation from the Kwame Nkrumah University of Science and Technology (KNUST), Kumasi – Ghana. He has over seven years professional experience in WASH development projects and worked with Networking and Development (TREND) in Kumasi and Accra and KNUST.

Title

Wastewater use in urban agriculture in Ghana: Comparison of the relative health between the private, public and occupational domains.

Background

Urban agriculture has become more important in Ghana. Urban farmers gain economic benefits as a result of the use wastewater in agriculture, but besides benefits, wastewater use in agriculture holds clear risks to human health and the environment. What remains unknown is: how important is disease transmission with the occupational domain (wastewater irrigation) compared to the transmission of human pathogens within the household (domestic) and neighbourhood (public) domains. This study aims to quantifying and compare the health risk associated with wastewater use in the occupational, with those risk that 'normally' occur within the public and domestic domains. It follows various at-risk populations (farm workers, market vendors, street food vendors and the farmers' households) along the farm-to-fork pathway. The risk of infection attributable to *E. coli*, norovirus and helminth ova will be analysed using a combination of Hazard analysis critical control points (HACCP) and Quantitative Microbial Risk Assessment (QMRA) assessment.

The objectives of the study are:

- a) To identify critical exposure pathways associated with faecal disease transmission in the occupational, public and domestic domains.
- b) To quantify contact time with the critical exposure pathways in the three domains.
- c) To quantify pathogen concentration in (waste) water, excreta, soil and agricultural produce in the three domains.
- d) To calculate disease risk scenarios, using QMRA and
- e) to develop a decision making model for faecal contamination risk assessment for Ghana, particularly Accra.

Courses followed: Statistics for Epidemiology and Public Health, Extended Epidemiology, Statistical Methods in Epidemiology and Tropical Environmental Health. In addition several in house courses were followed.

6. Om Prasad Gautam (Nepal)

Supervisor

Valerie Curtis

Background

Om is a public health professional with over ten years of work and research experiences in the Child Health and WASH sectors. He holds a Master's Degree in Public Health and Social Sciences. He has worked in various international organisations such as WaterAid, the WHO and the Programme for Immunisation of Preventable Diseases. He worked as a coordinator for the Association of International NGOs (AIN), the Health Working Group and supported the establishment of the functional and strategic relationship between Health, WASH INGOs and Health sectors in Nepal.

Title

Food hygiene intervention to improve food hygiene behaviours, reduce food contamination and diarrhoeal diseases burden in Nepal.

Background

Food-borne diseases are easily preventable but still are a major source of illness in developed and developing countries. A simple and easily replicable food hygiene intervention has therefore great potential, especially when it can be implemented by the WASH, health and nutrition sectors. In this context, this study will be conducted with a primary aim to develop and assess the effect of a simple and easily replicable food hygiene intervention focusing on mothers. The study will consist of two phase: a formative research phase into food hygiene practices, following which a food hygiene intervention will be developed which will be assess through a randomized controlled trial. The objectives of the study are:

- i) To document current food hygiene behaviours, and its environmental and psychological determinants among mothers,
- ii) To assess levels of microbiological contamination in food fed to young children (6-59 months),
- iii) To identify the critical control points of food contamination,
- iv) To design, test and introduce a simple, focused and replicable food hygiene intervention targeting mothers with a young child,
- v) To measure compliance with and effect of the intervention on food hygiene behaviour/practices as a primary outcomes,
- vi) To measure the effect of food hygiene intervention on the levels of microbiological contamination in food and diarrhoeal diseases burden as a secondary outcome.

So far, a detail research proposal has been developed, a systematic literature review was conducted to justify the relevancy of the research work, and a detail protocol plus study instruments were developed. For more details: <http://soasradio.org/content/nepal-investigating-sanitation-health-and-food-hygiene>.

Courses followed: Extended Epidemiology, Analysis & Design of Research Studies, Statistical Methods in Epidemiology and Tropical Environmental Health.

Annex 3: M&E Operational Manual

Outcome Mapping for SHARE is sub-divided into three stages:

- a) Intentional Design
- b) Outcome and Performance Monitoring
- c) Evaluation Planning (Figure 26).



Figure 26: Outcome Mapping Steps (Source: Earl *et al.*, 2001)

INTENTIONAL DESIGN

The Intentional Design stage aims to identify the vision to which SHARE helps to contribute and its boundary partners, determine the changes that are being sought and the procedures by which SHARE contribute to the change. As illustrated in Figure 26, this Phase is characterised by seven steps, the explanation of which is provided thereafter.

STEP 1: SHARE Vision

SHARE statement of vision describes long-term progress as well as the boundary partners' behavioural change that it is encouraging. More specifically, **SHARE's vision** is the following:

SHARE aims to accelerate progress towards the Millennium Development Goal (MDG)7 specifically Target 10 focused on sanitation, as well as other health related MDG targets. SHARE focus is on four low-income countries in Sub-Saharan Africa and South Asia which are not on track to achieve their targets. SHARE aims to achieve significant improvements in the sanitation and hygiene coverage in Sub-Saharan Africa and South Asia through selected approaches to sanitation and hygiene. SHARE will improve sector performance through influencing policy and practice through rigorous research, management of knowledge gaps

and synthesis. Through research and capacity building in the realms of equity, health, urban sanitation and sanitation marketing, SHARE consortium aims at increase equitable access to sanitation and hygiene in low-income countries, improve sanitation and hygiene sustainability and provide more cost effective sanitation and hygiene interventions.

STEP 2: SHARE mission

The mission statement describes how SHARE intends to support its vision. It states the area in which the programme will work toward the vision and how the programme will support the achievement of outcomes by its boundary partners but also how it will help to be effective, efficient and relevant.

In support of its vision, *SHARE will work to characterise sanitation and hygiene problems so that partners and other organisations can address them and identify appropriate solutions that can be incorporated to benefit the poor. In so doing SHARE will contribute to enhance specific research expertise, capacity building in the field of sanitation and hygiene as well as influencing policy and partners through behavioural change by means of effective communication and research. SHARE will contribute to the development of an active network of sanitation and hygiene experts, and encourage partnership and collaboration among these, through multiple partner research contracts.*

STEP 3: Identifying SHARE boundary partners

Outcome Mapping defines *boundary partners* as those individuals, groups or organisations with whom the SHARE interacts and whom it influences directly and helps improve. SHARE can influence boundary partners by providing access to new resources, ideas and opportunities. A single boundary partner may be represented by multiple individuals, groups, or organisations, if a similar change is sought by all. If there are other actors which the programme works with but does not intend to change, they will be listed as strategic partners.

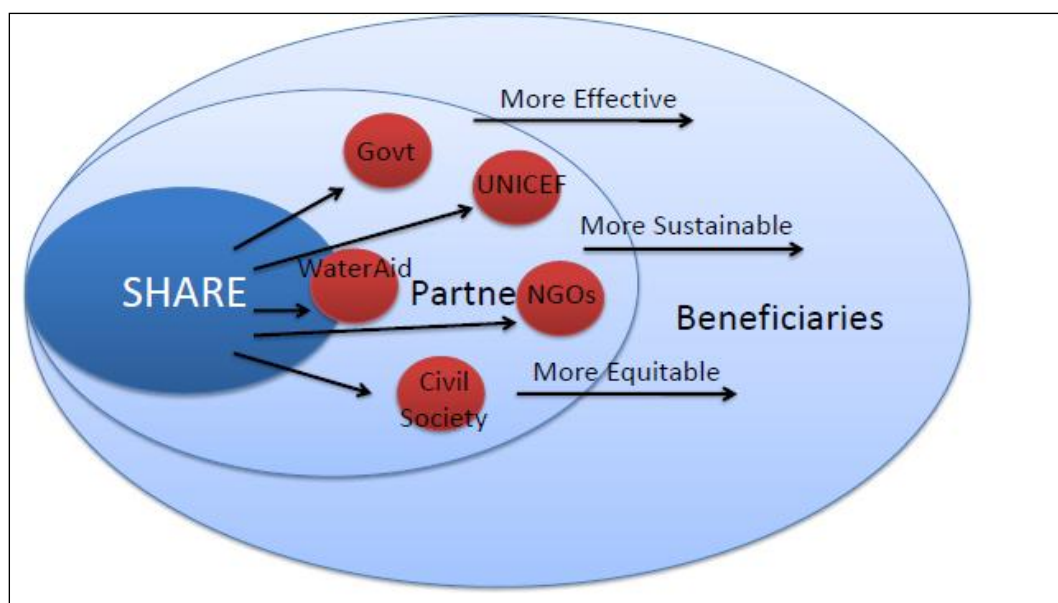


Figure 27: SHARE boundary partners

During the inception phase of SHARE, boundary partners have been identified in the course of management meetings and consultations. A list of SHARE boundary partners is provided in Table 11.

Table 11: SHARE Boundary Partners

	Boundary Partners	Description
National level	<i>National Government and local municipal authorities in target countries</i>	Sanitation and hygiene ministries and municipal authorities. Other ministries that have a significant role in the sanitation sector such as ministry for health or education from the target countries.
	<i>Non-governmental Sector</i>	
	<i>National Research Institutes</i>	International Institute for Environment and Development (IIED), International Centre for Diarrhoeal Disease Research (IDDRC).
	<i>Civil society</i>	
	<i>Private sector</i>	Professional groups directly involved in delivering or sanitation, health and marketing services in the target countries
At global/ international level	Bilateral donors	USAID, JICA, KFW among others.
	DFID	Water and sanitation country advisors – including infrastructure, health and education professionals.
	International funders and philanthropic organisations	Bill and Melinda Gates Foundation (BMGF) Wellcome Trust
	UN Agencies	Water and Sanitation Programme (WSP) World Health Organisation (WHO) UNICEF UN-Water WSSCC
	Development Banks	World Bank African Development Bank Asian Development Bank
	International Programme	Joint Monitoring Programme (JMP)
	International organisations	WaterAid

STEP4: Identify the Outcome Challenges

For each of the identified boundary partners, an outcome challenge statement has been developed. Outcome challenges are developed to capture the partners' behavioural change and how they relate to each other if the programme has achieved its potential for change (Table 12).

Table 12: Share Programme Framework

SHARE PROGRAMME FRAMEWORK	
Vision	
<p>SHARE aims to accelerate progress towards the Millennium Development Goal (MDG)7 specifically Target 10 focused on sanitation, as well as other health related MDG targets. SHARE focus is on four low-income countries in Sub-Saharan Africa and South Asia which are not on track to achieve their targets. SHARE aims to achieve significant improvements in the sanitation and hygiene coverage in Sub-Saharan Africa and South Asia through selected approaches to sanitation and hygiene. SHARE will improve sector performance through influencing policy and practice through rigorous research, management of knowledge gaps and synthesis. Through research and capacity building in the realms of equity, health, urban sanitation and sanitation marketing, SHARE consortium aims at increase equitable access to sanitation and hygiene in low-income countries, improve sanitation and hygiene sustainability and provide more cost effective sanitation and hygiene interventions.</p>	
Mission	
<p>SHARE will work to characterise sanitation and hygiene problems so that partners and other organisations can address them and identify appropriate solutions that can be incorporated to benefit the poor. In so doing SHARE will contribute to enhance specific research expertise, capacity building in the field of sanitation and hygiene as well as influencing policy and partners through behavioural change by means of effective communication and research. SHARE will contribute to the development of an active network of sanitation and hygiene experts, and encourage partnership and collaboration among these, through multiple partner research contracts</p>	
Boundary Partner 1: National Governments in the target countries (India, Bangladesh, Malawi and Tanzania)	Outcome Challenge 1 SHARE intends to see national government and local authorities to prioritise Sanitation and Hygiene in their policy agenda.
Boundary Partner 2 National Research Institutes	Outcome Challenge 2 SHARE intend to see national research institutes with a better understanding of the aspects which contribute to efficient, effective and sustainable sanitation and hygiene for all. National research institutions treasure SHARE research findings and capacity building
Boundary Partner 4 Civil society	Outcome Challenge 4
Boundary Partner 5 Private Sector	Outcome Challenge 5 SHARE intends to see the private sector to use the consortium research findings to experiment with new business ideas and ventures which effectively and sustainably use local resources.
Boundary Partner 6 Bilateral Donors	Outcome Challenge 6 SHARE intends to see bilateral donors prioritising SHARE research themes and adopting the innovations identified.
Boundary Partner 7 DFID	Outcome Challenge 7 SHARE expects to see DfID's receptivity and awareness to sanitation and health prioritized in its research strategies and business plans. SHARE expects to see DFID funding sanitation and hygiene research which emerged from SHARE results.
Boundary Partner 8 International funders and philanthropic organisations	Outcome Challenge 8 SHARE intends to see funds for research and interventions directed to the themes of equity, market, urban and health related aspects of sanitation.

Boundary Partner 9 UN Agencies	Outcome Challenge 9 SHARE intends to see the generation of advocacy and policy programme to promote sanitation and hygiene and the development of a global network to intensify efforts towards the achievement of global sanitation and health for all.
Boundary Partner 12 International Organisations (WaterAid) and NGOs	Outcome Challenge 12 SHARE intends to evolve and improve strong sustainable partnerships with these institutions to facilitate accountability and sustainability of sanitation and health implementation in the target countries.

Source: Table adapted from Earl *et al.* 2011

STEP 5: Development of progress markers

Progress markers are identified for each outcome challenge set by SHARE. The progress markers show the evidence towards the achievement of each of the above-outlined outcome challenges. They progress in degree with the lowest level of desired change being represented by a) *expect to see* (no more than four are recommended), followed by *like to see* (no more than eight are recommended) and *love to see* (no more than three are indicated). See Table 13 below.

Table 13: Boundary partners' progress markers

SHARE Boundary Partners and Progress Markers	
Boundary partner	Outcome Challenge
National Research Institutes	SHARE intends to see national research institutes with a better understanding of the aspects which contribute to efficient, effective and sustainable sanitation and hygiene for all. National research institutions treasure SHARE research findings and capacity building
	<p>Expect to see Provides feedback and advice on SHARE research priorities Requests SHARE support for research efforts.</p> <p>Like to see Supports and disseminates SHARE research. Collaborate on the development of new research efforts.</p> <p>Love to see Support, fund, or bid for new research efforts in the field of sanitation and hygiene.</p>
Private Sector	SHARE intends to see the private sector use SHARE research findings to experiment with new business ideas and ventures which effectively and sustainably use local resources.
	<p>Expect to see Like to see Love to see</p>
Bilateral Donors	SHARE intends to see bilateral donors prioritising SHARE research themes and adopting the innovations identified.
	<p>Expect to see Recommend and request SHARE research on development issues. Country offices identify and recommend priority research areas.</p> <p>Like to see Support SHARE research to strengthen their own investments.</p>

	<p>Love to see Change targeting approaches and investment areas based on SHARE research and findings. Change monitoring approaches to improve safe sanitation and hygiene coverage for the poor and marginalised, based on SHARE research and synthesis.</p>
DFID	<p>SHARE expects to see DFID's receptivity and awareness to sanitation and health prioritised in its research strategies and business plans. SHARE expects to see DFID funding sanitation and hygiene research emerge from SHARE results.</p> <p>Expect to see Country offices request SHARE support for strengthening investment and business cases. Sector advisors request SHARE research and synthesis on cross-cutting issues.</p> <p>Like to see Country offices adapt and adopt sanitation and hygiene strategies based on SHARE research (intervention types or targets) Water, health and education sectors are incorporated into investment prioritisation.</p> <p>Love to see Country health and education offices support increased investment in sanitation and hygiene Increased investment in high need areas based on SHARE research Adapt their investment strategies based on SHARE research findings. Strengthen and support monitoring that increases targeting of marginal and high risk population.</p>
International funders and philanthropic organisations	<p>SHARE intends to see funds for research and interventions directed to the themes of equity, market, urban and health and hygiene related aspects of sanitation.</p> <p>Expect to see Recommend and request SHARE research on key issues. Request SHARE support for research efforts.</p> <p>Like to see Support and disseminate SHARE research. Collaborate on the development of new research efforts.</p> <p>Love to see Support and fund new collaborative research within SHARE. Collaborate with SHARE to change research direction in the sanitation and hygiene sector.</p>
UN Agencies	<p>SHARE intends to see the generation of advocacy and policy programmes to promote sanitation and hygiene and the development of a global network to intensify efforts towards the achievement of global sanitation and health for all.</p> <p>Expect to see Recommend and request SHARE research on key issues. Country offices identify and recommend priority areas for research and investments.</p> <p>Like to see Collaborate on the development of new research efforts. Revises and adapt guidelines or sanitation and hygiene.</p> <p>Love to see Support and fund new collaborative research with SHARE. Invest in new interventions based on SHARE research.</p>

	Actively disseminate SHARE research results to change programme and policy approaches of others.
Development Banks	Outcome Challenge
	<p>Expect to see Recommend and request SHARE research on key issues. Country offices identify and recommend priority research areas.</p> <p>Like to see Support and disseminate SHARE research. Collaborate on the development of new research efforts</p> <p>Love to see Support and fund new collaborative research with SHARE. Collaborate with SHARE to change research directions in the sector.</p>
International monitoring programmes	Outcome Challenge 11
	<p>Expect to see Recommend and request SHARE research on key issues.</p> <p>Like to see Incorporate SHARE research and synthesis into policy efforts. Support and disseminate SHARE research. Collaborate on the development of new research efforts. Fund collaborative research with SHARE.</p> <p>Love to see Change global monitoring approaches to improve safe sanitation and hygiene coverage for poor and marginalised, based on SHARE research and synthesis.</p>

Step 6: Strategy Map

A strategy map illustrates the approach necessary to achieve the outcome challenges identified for each boundary partners. The strategy types devised may be directed to individuals, groups and organisations (labelled I) and to the environment where these operate (labelled E). Both I and E strategies are subdivided into three categories: causal, those relying on persuasion and those based on building supportive networks. An example of the strategy map for the first boundary partner is reported in Table 14.

Table 14: Strategy Map

STRATEGY MAP			
Outcome challenge: SHARE intends to see national government and local authorities to prioritise Sanitation and Hygiene in their policy agenda.			
	CAUSAL	PERSUASIVE	SUPPORTIVE
	I1	I2	I3
I (Strategies and activities aimed at specific individual or group)	What will be done to produce an immediate output? e.g. Involve local and national government in targeting countries in decision making related to SHARE themes	What will be done to build capacity? e.g. Advocacy, awareness campaigns engagement and visibility of SHARE research and results.	How guidance and support will be provided to boundary partners? By whom? e.g. capacity building through SHARE consortium members.
	E1	E2	E3
E (Strategies and activities aimed at individuals or groups' environment)	What will be done to change the political environment?	How will the media or publications be used to promote SHARE work?	What networks or relationships will be established or used?

Source: Table adapted from Earl *et al.* 2011

STEP 8: Monitoring priorities

Once the boundary partners have been selected, the second stage provides a framework for the ongoing monitoring of actions and progress towards the achievement of outcomes, based on a self-assessment process and data collection tool. OM seeks to understand the changes in the settings within which it is working but also to monitor the strategies employed to encourage change on the boundary partners and on the programme itself. Thus OM monitors:

The progress of external partners towards the achievement of outcomes reported in the *Outcome Journal*.

The internal performance of SHARE, reported in the *Strategy Journal*.

SHARE functioning as an organisational unit, reported in the *Performance Journal*.

To identify SHARE monitoring priorities a monitoring plan is provided which takes into consideration time, human and financial resources (see Table 15).

Table 15: OM Monitoring Plan

SHARE OUTCOME MAPPING MONITORING PLAN							
Monitoring Priority	Who will use information	Purpose of the information	When is the information needed	Who will collect the information?	How often will it be collected?	How will it be collect?	Monitoring tool
Boundary partners achievement of outcome	M&E officer RIU officer Research Managers SHARE CEO DFID	Assess the progress towards progress markers	Periodically. First wave of data collection in June 2012 then after 3 months	Project principal investigators M&E officer Research into Use officer	Every three months	Self assessment by boundary partners. RIU from principal investigators Interviews by M&E officer Interviews by communication officers	Outcome Journal
SHARE strategy	Boundary partners Research Managers SHARE CEO CAG DFID	Assess whether SHARE strategies are encouraging the predicted change	Periodically First Wave of data collection in June 2012	M&E officer with cooperation from: Project principal investigators SHARE staff members.	Periodically (every 6 months)	Informal meetings with SHARE staff. Electronic sheet to fill out by staff when changes in boundary partners are recorded. face to face interview. Recorded interviews with boundary partners by M&E officer.	Strategy journal
Organisational practices	Boundary partners Research Managers SHARE CEO CAG	Assess if SHARE consortium is fulfilling its mission	Periodically. First wave data collection June 2012	M&E officer with cooperation from: Project principal investigators SHARE staff members.	Periodically (every 6 months)	Quantitative and qualitative indicators	Performance journal

Source: Table adapted from Earl *et al.* 2011

STEP 9: Outcome Journal

To track progress over time an Outcome Journal is prepared for each boundary partner that SHARE has identified as a priority. The Outcome Journal is characterised by the progress markers established in the previous section, a description of the level of change as low, medium, high and place to record who among the boundary partners exhibit the change. Further details include information on the reasons for the change, the people and circumstances that contributed to the change a record of unexpected and unanticipated change and the people and circumstances that contributed to the change and lessons for the programme. Values for High (H), Low (L) and Medium (M) ratings should be determined so that outcomes are measured consistently. When a finite group of boundary partners exist then a rating scheme based on percentages (high= 80-100%, medium 50-79 and low=0-49%) can be created. Data collection methods should be decided among the following options:

Regular face to face meetings with the principal investigators of projects.

Electronic data sheets to be completed by boundary partners and Principal investigators (adapted from the “Main Research Fund Activity and Progress form” and SHARE project tick list for principal investigator”)

Interviews and/or focus groups with boundary partners conducted by the M&E officer.

To this purpose, the Research team at LSHTM will select 4-5 projects, important for their innovative approach and impact, which will be analysed more in depth. Among the projects proposed for selection are:

- Urban Sanitation in Tanzania
- Menstrual Hygiene Management (Water Aid)

Table 16: Example of Outcome Journal for WaterAid

OUTCOME JOURNAL FOR WATERAID		
Work Dating from/to	January-June 2012	
M&E contributor	M&E team	
Outcome challenge	SHARE intends to evolve and improve strong sustainable partnership with WaterAid and its country offices to facilitate accountability and sustainability of sanitation and health implementation in the target countries.	
Low= Medium= High=		
		WHO?
EXPECT TO SEE		
LMH		
	Request SHARE research and synthesis results	
LIKE TO SEE		
LMH		
	Discuss implications of SHARE research results on programme delivery.	
	Develop and support collaborative research efforts to strengthen programmes and monitoring.	

	Disseminates SHARE research to strengthen sector performance	
LOVE TO SEE		
LMH		
	Incorporates SHARE funding into programme and policy proposals to enhance performance.	
	Incorporate SHARE intervention and policy approaches in WaterAid programmes	
Description of change		
Contributing factors and actors		
Source of evidence		
Unexpected changes (included description, contributing factors and sources of evidence)		
Lessons/Required programme change/reactions		

Source: Table adapted from Earl *et al.* 2011

Step 10: Strategy journal

Outcome Mapping is based on the premise that the programme has to be prepared to change to meet its boundary partners' needs. Thus, the Strategy Journal records data on the strategies employed to encourage such change. The generic format includes the inputs (resources allocated), the activities undertaken, a judgment on their effectiveness, the output and any required follow up. This information allows understanding as to whether the programme is making contributions to achievement of outcomes. Data collection answers the following questions:

- What is SHARE doing well and what should SHARE continue doing?
- What is SHARE trying to improve?
- What strategies or practices does SHARE need to add?
- What strategies/practices does SHARE need to remove?
- How should SHARE respond to boundary partners' change in behaviour?

Table 17 below provides an example of a strategy journal for SHARE.

Table 17: Strategy Journal

SHARE STRATEGY JOURNAL	
Work from/to:	January-June 2012
Contributors to monitoring update:	M&E Team
Strategy to be monitored:	SHARE expects to see DFID's receptivity and awareness to sanitation and health prioritized in its research strategies and business plans. SHARE expects to see DFID funding sanitation and hygiene research emerged from SHARE results.
Description of activities (What did you do? With whom? When?)	Informal meetings with Research Managers and SHARE RIU officer on March 15 th 2012.

Effectiveness (How did you influence Change in boundary partners)	DFID evidence paper on WASH requested to SHARE, which is being incorporated into DFID business plan.
Programme follow-up and required changes	Continuing to exert influence on DFID through awareness and advocacy activities.
Data of next monitoring meeting	

Source: Table adapted from Earl *et al.* 2011

STEP 11: Performance journal

In line with OM core assumptions, the SHARE consortium is likewise prepared to adapt to the process of change undergone by its boundary partners. A Performance Journal records the extent to which SHARE is operating to fulfil this role. Outcome Mapping sets out a set of quantitative indicators, qualitative or a combination for the collection of data on operational performances. Examples of quantitative indicators are provided:

Prospecting for new ideas, opportunities and resources

Number of new ideas shared

Number of new ideas integrated in the work of the plan

Seeking feedback from key informants

Number of key informants from whom the programme seeks feedback

Number of changes made to the programme because of feedback.

Obtaining the support of your next highest power

Number of strategic contracts with the next highest power

Checking on those already served to add value.

Number of boundary partners for whom additional services were provided.

Timing of checking up on those already served

Sharing the programme's wisdom with the world

Number of requests for the programme to diffuse and share its wisdom

Number of events/activities where the programme's wisdom was shared

Experimenting to remain innovative

Number of new ventures in an area without previous experience

Number of experimental areas that proved successfully repeated and/or and institutionalised.

Engaging organisational reflection

Number and frequency of opportunities for the programme to reflect

Number of adjustments to the programme due to reflection.

The completion of these areas is not compulsory or in a logical order. This is to be filled out by the M&E officer with cooperation from partners and principal investigators. An example of a Performance Journal is provided in Table 18:

Table 18: Example of Performance Journal

PERFORMANCE JOURNAL	
Work dating from/to:	October 2011- February 2012
Contributors to monitoring update:	SHARE RIU officer
Practice 1: Prospecting for new ideas, opportunities and resources	
Example of indicators	
Sources of evidence:	
Lessons:	
Practice 2: Seeking feedback from key informants	
Example of indicators	Feedback on the Water Supply Sanitation collaborative council was sought through interviews conducted by SHARE communication officer.
Number of key informant whom the programme seeks feedback from	
Sources of evidence:	Interviews Transcripts
Lessons:	
Practice 3: Obtaining the support of your next highest power	
Example of indicators	
Sources of evidence:	
Lessons:	
Practice 4: Checking on those already served to add value	
Example of indicators	
Sources of evidence:	
Lessons:	
Practice 5: Sharing the programmes' wisdom with the world	
Example of indicators	Requests of help to answer daily problems from public health institutions, universities, governments.
Sources of evidence:	Email filed by M&E and RIU officers
Lessons:	Prepare a Q&A on the website?
Practice 6: Experimenting to remain innovative	
Example of indicators	
Sources of evidence:	
Lessons:	
Practice 7: Engaging organisational reflection	
Example of indicators	
Sources of evidence:	
Lessons:	

Source: Table adapted from Earl *et al.* 2011

Annex 4: Logical Framework

A Logical Framework Approach (LFA) is adopted to monitor the overall progress of the SHARE consortium towards the achievement of outcome (formerly outputs) and impact (formerly goal) (DFID, 2010). The LFA is a nine-step logical approach to monitoring and evaluation which also provide a clear description of how the programme is expected to work.

- Analysis of project context
- Stakeholder analysis
- Problem analysis
- Objective analysis
- Plan of activities
- Resource planning
- Indicators
- Risk Analysis
- Analysis of the assumptions

During the programme's inception period, SHARE's partners plus one CAG member undertook field visits to explore and analyse the context and the main stakeholders in the four target countries (Tanzania, Malawi, Bangladesh and India), the results of which are reported in the SHARE scoping visit country analysis (see Inception Report).

A **problem analysis** was conducted to understand was developed to identify the focal problem that SHARE is trying to solve, its main causes and effects. A problem tree methodology was employed to characterise the problem. The possibilities of solving the focal problem are higher the further down in the tree the causes are tackled by the activities.

Table 19: SHARE Problem tree

Problem tree					
EFFECTS	Faecal contamination	High incidence of diarrhoea and other water borne and related diseases	Unsustainable sanitation and hygiene interventions	Stigmatisation and inequitable access to sanitation interventions	Poverty
FOCAL PROBLEM	Scarce progress towards universal sanitation and safe hygiene practices in Sub-Saharan Africa and South Asia				
CAUSES	Lack of institutional coordination and poor sanitation capacities / solutions	Knowledge gaps in urban sanitation and disease transmission routes	Disparities and inequity in access to appropriate sanitation and hygiene services	Poor financing mechanisms to promote sanitation markets	Rapid population growth and urbanisation in low income countries

Once the problem addressed by SHARE is identified, the analysis of the objectives that it seeks to achieve is conducted. An **objective tree** is generated, which is characterised by three levels of objectives:

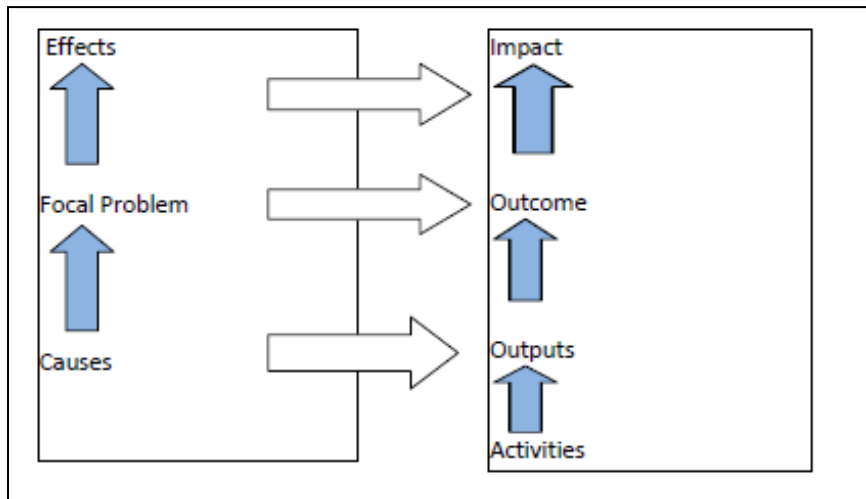


Figure 28: Link between problem and objective analysis

Source: Adapted from Örtengren, 2004

SHARE Impact: the long-term results that SHARE aims to achieve. It usually takes between 5-10 years to achieve the programme goal and vision (Örtengren, 2004).

SHARE Outcome: the reason why SHARE is in place. It describes the situation that is expected to prevail if the project delivers the expected results and the assumptions made are true. The outcome is the objective that should be achieved between 1-3 years.

SHARE Results/Outputs are the direct results of the activities that are implemented within the programme. They are actual and tangible results that are direct consequences of the project activities. The programme results should be SMART (Specific, Measurable, Approved, Realistic and Time-bound).

Table 20 presents the **objective tree** for SHARE consortium.

Table 20: Objective tree

<p>SHARE Impact (formerly GOAL) Wider problem the project will contribute to resolving</p>	<p>Accelerate progress towards universal safe sanitation and hygiene coverage in Sub-Saharan Africa and South Asia</p>				
<p>SHARE Outcome (formerly PURPOSE) Identifies what will change and who will benefit.</p>	<p>The number of sanitation and hygiene interventions promoting equitable access, sustainability and cost effectiveness are increased Improving sanitation and hygiene sector performance in terms of equitable access, sustainability and cost-effectiveness</p>				
<p>SHARE Outputs These are the delivered results expected from the programme in order to achieve its outcome</p>	<p>New knowledge in health sanitation market and equity and opportunities are generated and effectively communicated by relevant research which characterise problems identify solutions and demonstrates benefits</p>	<p>National and global partners will change the way they plan implement and monitor sanitation and hygiene interventions</p>	<p>Key sector actors are engaged to contribute to change</p>	<p>Capacity strengthened to conduct relevant collaborative research and implementation and apply the results.</p>	<p>Diarrhoea incidence, morbidity and mortality are reduced</p>

The problem analysis allowed us to develop a logical framework for the SHARE programme.

The SHARE Logframe is illustrated on the following page.

PROJECT TITLE	Sanitation & Hygiene Applied Research for Equity (SHARE) Research Programme Consortium					
IMPACT	Indicator 1	Baseline + year	Milestone 1	Milestone 2	Target + year	According the most recent JMP (2012), the annual number of people gaining access to improved sanitation in the four focus countries is 42.1 million.
Accelerated progress towards universal sanitation and hygiene coverage in Sub-Saharan Africa and South Asia	The annual number of people gaining access to improved sanitation in the four focus countries	(JMP 1990-2008) 14.4 million	End or 2011 (H) 15 million (M) 14.7million (L) 14.4 million	End of 2013 (H) 17 million (M) 15.5 million (L) 14.7 million	End of 2014 (H) 20 million (M) 17 million (L) 15.5 million	
		Source				
		UNICEF/WHO Joint Monitoring Programme and official country data www.wssinfo.org				
Indicator 2	Baseline + year	Milestone 1	Milestone 2	Target + year		
	The child (<5) mortality rate in the four focus countries (# deaths/year)	(2008) 2.24 million	2011 -	2013 -	2014 (H) 2.14 million (M) 2.17 million (L) 2.21 million	
		Source				
		www.childinfo.org				

OUTCOME	Indicators	Baseline + year	Milestone 1	Milestone 2	Target + year	Progress to June 2012
National & global sector partners change the way they plan, implement or monitor in order to increase i) equitable access, ii) sustainability, and iii) cost-effectiveness of sanitation and hygiene	Evidence of SHARE catalysing change on the four barriers to progress in sanitation & hygiene: a) low priority, b) weak policy and programming, c) inadequate and poorly targeted resourcing, d) Poor monitoring for equity & sustainability. Boundary partners' progress markers met (#%)	2009 None	End of 2011 (H) 20% (M) 12% (L) 5% (Global level only in initial year)	End of 2013 (H) 50% (M) 20% (L) 12%	End of 2014 (H) 80% (M) 50% (L) 20%	<p>SHARE is performing well in monitoring boundary partners' progress.</p> <p>Below a list from each country platform is provided.</p> <p><u>Tanzania</u> UNICEF: 14% WaterAid: 58% Local NGOs: 8% Government of Tanzania: 36%</p> <p><u>Bangladesh</u> UNICEF: 36% WaterAid: 21% Local NGOs: 17% Government of Bangladesh: 14%</p> <p><u>India</u> UNICEF: 25% WaterAid: 0% Local NGOs: 0% Government of India: 0%</p> <p><u>Malawi:</u> Government of Malawi: 14% WaterAid: 17% Local NGOs: 17%</p>

	<p>Concrete examples of change, influenced by SHARE (a) that can directly impact safe sanitation & hygiene for # million people (b) # of such 'success stories'.</p>	<p>a) None</p> <p>b) None</p>	<p>a) (H) 1 million (M) 0.5 million (L) 0.25million</p> <p>b) (H) 1 (M) 0 (L) 0</p>	<p>a) (H) 5 million (M) 2 million (L) 0.5 million</p> <p>b) (H) 5 (M) 3 (L) 1</p>	<p>a)(H) 15 million (M) 7 million (L) 2 million</p> <p>b) (H) 15 (M) 9 (L) 3</p>	<p>SHARE is scoring Medium /High in this indicator, providing at least three successful stories of direct impact on several millions of people. These are:</p> <ul style="list-style-type: none"> • Mtumba Approach funded by WaterAid and SHARE was incorporated in the National Sanitation Campaign in Tanzania, which will have the potential to help 40 million people in the country who live without improved sanitation facilities. • MHM was endorsed by Water for People, UNICEF, Oxfam GB to develop a concrete programme, which has can help millions women who suffer from poor menstrual hygiene management practices. • SHARE Evidence Review (together with other efforts) contributed to an expansion of DFID commitment and investment to sanitation and hygiene, pledging to impact on 60 million people.
--	--	-------------------------------	---	---	--	--

	Leveraged funds: a) invested by other funders in SHARE's research (£# million) b) invested in sanitation & hygiene projects influenced by SHARE (£# million)	a) Nil b) Nil	a) (H) £ 1 million (M) £0.5 million (L) £0.25 million b) (H) £ 2 million (M) £1 million (L) £0.5 million	a) (H) £ 3 million (M) £1 million (L) £0.5 million b) (H) £ 10 million (M) £ 5 million (L) £ 1 million	a) (H) £ 5 million (M) £ 3 million (L) £1 million b) (H) £ 30 million (M) £ 15 million (L) £ 5 million	a) <ul style="list-style-type: none"> BMG: A randomised controlled trial on sanitation and diarrhoea – Orissa, India. Total leveraged funds 1.5 Million GBP. BMGF leveraged further 2 million GBP for microbial assessments in the Orissa Trial. Wellcome Trust: leveraged 250,000 GBP for the Handwashing Trial. c) Joint Monitoring Programme provided 32,000 GBP (50,000 USD) to collaborate with SHARE on a "Systematic Review for Shared Sanitation Facilities".
		Source				
		Focus country & partner agency reports; SHARE monitoring, case studies				
INPUTS (£)	DFID (£)	Govt (£)	Other (£)	Total (£)	DFID SHARE (%)	
	10,000,000					
INPUTS (HR)	DFID (FTEs)					

OUTPUT 1	Indicator 1	Baseline + year	Milestone 1	Milestone 2	Target + year	Progress to June 2012
National & global sector-relevant knowledge synthesised and disseminated, to help to a) characterise problems; b) identify solutions; and c) demonstrate benefits	# of manuals, handbooks & other major resource materials created or rendered accessible	Nil in 2009	End of 2011 (H) 2 items (M) 1, (L) 0	End of 2013 (H) 6 items (M) 3, (L) 1	End of 2014 (H) 10 items (M) 5, (L) 3	<p>SHARE has achieved good progress in the production of manual, handbooks and other dissemination material, meeting the 2014 Milestone. Below a list of main products of SHARE (July 2011-June 2012).</p> <p>MANUALS, DISCUSSION PAPERS and HANDBOOKS</p> <ol style="list-style-type: none"> 1. Menstrual Hygiene Management - What Works? Synthesising existing knowledge to develop guidelines and an online forum for practitioners (2012). (COM 07) 2. Trémolet, S. (2012) <i>Small-scale finance for water and sanitation</i>. Report prepared for EUWI and SHARE. Available from: www.euwi.net/files/EUWI_SHARE_final.pdf 3. Rheingans, R., Cumming, O., Anderson, J. & Showalter, J. (2012) <i>Estimating inequities in sanitation-related disease burden and estimating the potential impacts of pro poor targeting</i>. SHARE Research Report, pp 1-49. Available from: www.shareresearch.org/LocalResources/EquityResearchReport.pdf 4. Schmidt, W-P. & Normann, G. (2011). <i>Evaluating the health impact of urban WASH programmes: an affordable approach for enhancing effectiveness</i>. Discussion Paper, pp 1-32. WSUP and SHARE. Available from: www.shareresearch.org/resource/Details/f74b7940-b0e6-496a-97b7-9f9700eb56de 5. Trémolet, S. (2011) <i>Scaling up rural sanitation: Identifying the potential for results-based financing for sanitation</i>. Working Paper, Water and Sanitation Program, 1-28, WSP and SHARE. Available from: www.wsp.org/wsp/sites/wsp.org/files/publications/WSP-Tremolet-Results-Based-Financing.pdf 6. DFID-Evidence Paper Water, Sanitation and Hygiene. Written by Sandy Cairncross, Sally Baker, Joe Brown, Sue Cavill, Oliver Cumming, Jeroen Ensink, Rick
		Source				
		SHARE publications & annual reports.				

			<p>Rheingans and Wolf Schmidt (submitted in September 2011).</p> <p>7. WASH in Emergency Literature Review. Paper prepared for DFID (2012).</p> <p>8. Trachoma Evidence Summary. Prepared by SHARE for DFID Policy Team (2012).</p> <p>MEDIA</p> <p><u>Podcasts</u></p> <p>1. Menstrual hygiene: Breaking the silence 28/05/12 http://soasradio.org/content/menstrual-hygiene-breaking-silence</p> <p>2. Health, sanitation and advocacy: The WaterAid perspective 13/04/12 http://soasradio.org/content/health-sanitation-and-advocacy-wateraid-perspective</p> <p>3. Tanzania: Sampling and improving pit latrines 21/03/12 http://soasradio.org/content/tanzania-sampling-and-improving-pit-latrines</p> <p>4. Equity matters: Policy-makers need to improve sanitation for the poorest in developing countries 05/03/12 http://soasradio.org/content/equity-matters-policy-makers-need-improve-sanitation-poorest-developing-countries</p> <p>5. Nepal: Investigating sanitation, health and food hygiene 24/02/12 http://soasradio.org/content/nepal-investigating-sanitation-health-and-food-hygiene</p> <p>6. Mozambique and beyond: Insights from a career at the forefront of sanitation 03/02/12 http://soasradio.org/content/mozambique-and-beyond-insights-career-forefront-sanitation</p> <p>7. Sanitation, subsidies and sewers: Debate marks 30th anniversary of Waterlines 09/12/11 http://soasradio.org/content/sanitation-subsidies-and-sewers-debate-marks-30th-anniversary-waterlines</p> <p>8. Slum life: Improving sanitation through community action 01/09/11 http://soasradio.org/content/slum-life-improving-sanitation-through-community-action</p>
--	--	--	--

					<p>9. Zimbabwe: The clean and revolutionary VIP latrine explained by its inventor 22/07/11 http://soasradio.org/content/zimbabwe-clean-and-revolutionary-vip-latrines-explained-its-inventor</p> <p><u>Videos</u></p> <p>10. Bacterial recontamination after handwashing in rural India 05/12/2011 http://www.sharerresearch.org/resource/Details/676b9ece-86bc-4b41-8a41-9fb0010d0c5d</p> <p>11. Global Forum on Sanitation and Hygiene 2011, Mumbai 26/10/2011 http://www.sharerresearch.org/resource/Details/6b384bb0-538c-4393-b484-9f880102bcf8</p> <p>12. Researching sanitation solutions in Dar es Salaam, Tanzania 26/10/2011 http://www.sharerresearch.org/resource/Details/a5bf83a3-2ef1-4e46-8741-9f880101f994</p> <p>13. Clean toilets transform lives in Dhaka slum, Bangladesh 26/10/2011 http://www.sharerresearch.org/resource/Details/7b74f4be-f785-4fef-8f06-9f8801016218</p> <p>14. Global Handwashing Day: Handwashing demonstration and interview 26/10/2011 http://www.sharerresearch.org/resource/Details/0f46c310-390a-4cae-9f88-9f880100072f</p> <p>15. WaterAid Bangladesh: Improving sanitation and hygiene for the excluded 26/10/2011 http://www.sharerresearch.org/resource/Details/e70fde14-e83a-47ec-b4bf-9f8800fe94ed</p> <p>16. World Water Week 2011, Stockholm 26/10/2011 http://www.sharerresearch.org/resource/Details/434ef826-c7bf-42c4-a588-9f8800cd0ec6</p>	
	Indicators 2, 3, 4	Baseline + year	Milestone 1	Milestone 2	Target + year	SHARE is on track with the development of National RIU Strategies.
	Development and use of national	Nil in	# agreed by	Strategies being	Legacy arrange	Three RIU strategies have been agreed and identified in

RIU strategies	2009	stakeholder fora by end 2011 (H) 4 (M) 2, (L) 1	implemen ted in # of focus countries by end 2013 (H) 4, (M) 3, (L) 2	nts agreed by stakeholder s 2014	Tanzania, India and Bangladesh. Four Research Into Use papers have been produced: 1) Sanitation and Hygiene Research in Bangladesh. (Published August 2011). Available from: http://www.shareresearch.org/LocalResources/FocusCountry_Bangladesh.pdf 2) Sanitation and Hygiene Research in Malawi. (Published August 2011). Available from: http://www.shareresearch.org/LocalResources/FocusCountry_Malawi.pdf 3) Sanitation and Hygiene Research in India. (Published August 2011). Available from: http://www.shareresearch.org/LocalResources/FocusCountry_India.pdf 4) Sanitation and Hygiene Research in Tanzania. (Published August 2011). Available from: http://www.shareresearch.org/LocalResources/FocusCountry_Tanzania.pdf
	Source				
	Country RIU anchors' reports, DFID desk feedback				
# no of knowledge sharing events including seminars, technical meetings and conferences organised or supported by SHARE	Nil in 2009	Total (H) 5 (M)3 (L) 1	Total (H) 20 (M) 15 (L) 10	Total by end 2014 (H) 30 (M) 20 (L) 15	SHARE showed great success in organising training events, workshop and supporting conferences. <u>Workshops and Meetings</u> a) CM3- Roundtable Meeting to Discuss the Data Available for Monitoring Access to Sanitation in Slums b) CB11- Equality and inclusion in Water and Sanitation and Hygiene: A technical training course and workshop (July-November (workshop 21-25 th November) 2011-Uganda) c) CM13-Bangladesh Hygiene Workshop September 2011. See: http://www.shareresearch.org/NewsAndEvents/Detail/hygienemeeting_Bangladesh d) CM16- Impact Evaluation Workshop – Dhaka e) SHARE convened a workshop, entitled 'Towards Evidence-Based Decisions: Do we need better

						<p>research or better policy?’ at the University of North Carolina (UNC) Water Institute,</p> <p>Conference support</p> <p>f) AfricaSan, Rwanda, 17th July 2011 (CM17)</p> <p>http://www.sharesearch.org/NewsAndEvents/Detail/AfricaSanSessions</p> <p>g) SHARE support the WSSCC Sanitation and Hygiene Forum in (Mumbai October 2011).</p> <p>Conference participation.</p> <p>h) SHARE workshop 26th March 2012 Malawi. Workshop to disseminate the findings of “An investigation of the strengths and weaknesses of Ecological sanitation in Malawi: Opportunities to improve the system”</p> <p>i) CEO / Directors’ Management Meetings</p>																																																																
	% female participants at those events	23% in 2009	(H) 30% (M) 25%, (L) 20%	(H) 40% (M) 30%, (L) 25%	In 2015 (H) 50% (M) 40%, (L) 30%	<p>Female presence was captured for the following events.</p> <table border="1"> <thead> <tr> <th rowspan="2">Event</th> <th colspan="2">Female Participants</th> <th colspan="2">Male Participants</th> <th rowspan="2">Total</th> </tr> <tr> <th>n</th> <th>%</th> <th>n</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>A</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>B</td> <td>17</td> <td>43.5%</td> <td>22</td> <td>56.5%</td> <td>39</td> </tr> <tr> <td>C</td> <td>3</td> <td>15%</td> <td>17</td> <td>85%</td> <td>20</td> </tr> <tr> <td>D</td> <td>4</td> <td>27%</td> <td>15</td> <td>73%</td> <td>19</td> </tr> <tr> <td>E</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>F</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>G</td> <td>3</td> <td>30%</td> <td>7</td> <td>70%</td> <td>10</td> </tr> <tr> <td>H</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>I</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Event	Female Participants		Male Participants		Total	n	%	n	%	A						B	17	43.5%	22	56.5%	39	C	3	15%	17	85%	20	D	4	27%	15	73%	19	E						F						G	3	30%	7	70%	10	H						I					
Event	Female Participants		Male Participants		Total																																																																	
	n	%	n	%																																																																		
A																																																																						
B	17	43.5%	22	56.5%	39																																																																	
C	3	15%	17	85%	20																																																																	
D	4	27%	15	73%	19																																																																	
E																																																																						
F																																																																						
G	3	30%	7	70%	10																																																																	
H																																																																						
I																																																																						
		Source																																																																				

IMPACT WEIGHTING	Indicator 5	Baseline + year	Milestone 1	Milestone 2	Target + year	
30%	# of requests for advice from SHARE generating response.	Nil in 2009	2011 requests/yr (H) 7, (M) 5, (L) 3	2013 requests/yr (H)10, (M)7, (L)5	2014 requests/yr (H)15, (M)10, (L)7	<p>SHARE has achieved High progress in Indicator 5, addressing 7 requests of advice from national and global stakeholders.</p> <p>1) Support provided by Sandy Cairncross and Val Curtis in September 2011 to develop hygiene promotion messages in BRAC project funded by Gates, DGIS and IRC in Bangladesh.</p> <p>2) SHARE Evidence Review provided to DFID, prepared by Sandy Cairncross, Oliver Cumming et al for DFID WASH Policy Team</p> <p>3) Trachoma Evidence Summary. Prepared by Oliver Cumming, Aurelie Jeandron et al for DFID WASH Policy Team (2012).</p> <p>4) WASH in Emergency Literature Review. Paper prepared for DFID (2012) by Joe Brown, Oliver Cumming et al</p> <p>5) Dr Rheingans was requested to review UNICEF document "Pneumonia and Diarrhoea: Tackling the deadliest diseases for the world's poorest children". http://www.unicef.org/media/files/UNICEF_P_D_complete_0604.pdf</p> <p>6) Professor Sandy Cairncross provided the WASH component of a WHO course on Health Emergencies as requested by Natasha Howard, London School of Hygiene & Tropical Medicine (March 2012).</p> <p>Consortium Management support to Dfid RPCs at LSHTM</p>

		Source				RISK RATING
		SHARE annual reports				
INPUTS (£)	DFID (£)	Govt (£)	Other (£)	Total (£)	DFID SHARE (%)	
	£1,700,000					
INPUTS (HR)	DFID (FTEs)					
OUTPUT 2	Indicators 1, 2	Baseline + year	Milestone 1	Milestone 2	Target + year	Progress to June 2012
New knowledge generated by relevant and rigorous sanitation research which a) characterises problems; b) identifies solutions; and c) demonstrates benefits	Publications in peer-reviewed journals arising from SHARE research	Nil in 2009	By end 2011 (H) 5, (M) 3, (L) 1	By end 2013 (H) 10, (M) 5, (L) 3	By end 2014 (H) 20, (M) 10, (L) 5	<p>SHARE has produced a high number of publications, scoring HIGH on this indicator.</p> <p>a) Clasen, T., Fabini, D., Boisson, S., Taneja, J., Song, J., Aichinger, E., Bui, A., Dadashi, S., Schmidt, W.P., Burt, Z. & Nelson, K.L. (2012) Making sanitation count: developing and testing a device for assessing latrine use in low-income settings. <i>Environmental Science and Technology</i>, Vol. 46 (6): 3295–3303.</p> <p>b) de Barra, M. & Curtis, V. (2012) Are the pathogens of out-groups really more dangerous? <i>Behavioural Brain Science</i>, Vol. 31:25-26.</p> <p>c) Brown, J., Cavill, S., Cumming, O. & Jeandron, A. (2012) Water, sanitation, and hygiene in emergencies: summary review and recommendations for further research. <i>Waterlines</i>, Vol. 31(1-2):11-29.</p> <p>d) Touré, O., Coulibaly, S., Arby, A., Maiga, F. & Cairncross, S. (2012) Piloting an intervention to improve microbiological food safety in Peri-Urban Mali. <i>International Journal of Hygiene and Environmental Health</i> (in press).</p> <p>e) Touré, O., Coulibaly, S., Arby, A., Maiga, F. & Cairncross, S. (2011) Improving microbiological food safety in peri-urban Mali; an experimental study. <i>Food Control</i>, Vol. 22 (10):1565–1572.</p>

						<p>f) Schmidt, W.P., Genser, B., Luby, S.P. & Chalabi, Z. (2011) Estimating the effect of recurrent infectious diseases on nutritional status: sampling frequency, sample-size, and bias. Journal of Health Population and Nutrition, Vol. 29 (4):317-26.</p> <p>g) Schmidt, W.P., Arnold, B.F., Boisson, S., Genser, B., Luby, S. P., Barreto, M.L., Clasen, T. & Cairncross, S. (2011b) Epidemiological methods in diarrhoea studies--an update. International Journal of Epidemiology, Vol. 40(6):1678-92.</p> <p>h) Burton, M., Cobb, E., Donachie, P., Judah, G., Curtis, V. & Schmidt, W.P. (2011) The effect of handwashing with water or soap on bacterial contamination of hands. International Journal of Environmental Research and Public Health, Vol. 8(1):97-104.</p> <p>i) Curtis, V., de Barra, M. & Aunger, R. (2011) Disgust as an adaptive system for disease avoidance behaviour. Philosophical Transactions of the Royal Society B: Biological Sciences, Vol. 366(1563): 389-401.</p> <p>j) Curtis, V., Schmidt, W.P., Luby, S., Florez, R., Touré, O. & Biran, A. (2011) Hygiene: New hopes, new horizons. The Lancet Infectious Diseases. Vol. 11(4):312-21.</p> <p>k) Collender, G. (2011) Urban sanitation: An unprecedented and growing challenge. Waterlines, Vol. 30(4): 289-291.</p> <p>l) Dangour, A.D., Watson, L., Cumming, O., Boisson, S., Velleman, Y., Cavill, S., Allen, E. & Uauy, R. (2011) Interventions to improve water quality and supply, sanitation and hygiene practices, and their effects on the nutritional status of children. The Cochrane Library, Issue 10, pp.1-11. Available from: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009382/pdf</p>										
	Citations by other authors of those publications	0	0.5	(H) 1 (L) 0	(H)- Average 2 per article per annum	<table border="1"> <thead> <tr> <th>Article</th> <th>Citations 2012</th> </tr> </thead> <tbody> <tr> <td>a) Clasen et al.2012</td> <td>0</td> </tr> <tr> <td>b) De Barra and Curtis 2012</td> <td>0</td> </tr> <tr> <td>c) Brown et al 2012</td> <td>0</td> </tr> <tr> <td>d)Touré et al. 2012</td> <td>0</td> </tr> </tbody> </table>	Article	Citations 2012	a) Clasen et al.2012	0	b) De Barra and Curtis 2012	0	c) Brown et al 2012	0	d)Touré et al. 2012	0
Article	Citations 2012															
a) Clasen et al.2012	0															
b) De Barra and Curtis 2012	0															
c) Brown et al 2012	0															
d)Touré et al. 2012	0															

					(M) Average 1 per article /yr (L) Average 0.5 per article/yr	<table border="1"> <tr><td>e) Touré et al. 2011</td><td>1</td></tr> <tr><td>f) Schmidt et al. 2011</td><td>1</td></tr> <tr><td>g) Schmidt et al. 2011</td><td>1</td></tr> <tr><td>h) Burton et al. 2011</td><td>4</td></tr> <tr><td>i) Curtis et al 2011</td><td>23</td></tr> <tr><td>j) Curtis et al 2011</td><td>7</td></tr> <tr><td>k) Collender 2011</td><td>0</td></tr> <tr><td>l) Dangour et al 2011</td><td>0</td></tr> </table> <p>Source: Google Scholar</p>	e) Touré et al. 2011	1	f) Schmidt et al. 2011	1	g) Schmidt et al. 2011	1	h) Burton et al. 2011	4	i) Curtis et al 2011	23	j) Curtis et al 2011	7	k) Collender 2011	0	l) Dangour et al 2011	0
e) Touré et al. 2011	1																					
f) Schmidt et al. 2011	1																					
g) Schmidt et al. 2011	1																					
h) Burton et al. 2011	4																					
i) Curtis et al 2011	23																					
j) Curtis et al 2011	7																					
k) Collender 2011	0																					
l) Dangour et al 2011	0																					
		Source				As illustrated in the table presented above the citation record is high.																
		Published literature; Science Citation Index; SHARE annual reports																				
	Indicator 3	Baseline + year	Milestone 1	Milestone 2	Target + year																	
	No. of programmes embodying research findings established and documented for replication and/or study visits	Nil in 2009	By end 2011 (H) 2 under way (M) 1, (L) 0	In 2013 (H) 2 under way (M) 1, (L) 0	By 2014 (H) 4 under way (M) 2, (L) 1	<ul style="list-style-type: none"> Val Curtis Speaker at Sydney Festival Launch of Unilever Sustainable Living Plan 2012. Unilever's Global Plan has been widely influenced by outcomes of Choose Soap. Val Curtis speaker at launch of Lifebouy Active Natural Shield in Bangalore, India 2012 																
		Source																				
		SHARE annual reports,																				
IMPACT WEIGHTING	Indicator 4	Baseline + year	Milestone 1	Milestone 2	Target (date)																	
35%	Successful completion of SPLASH component funded via	Nil allocated in 2009	By end 2011 (H) 5 projects started	By end 2013 (H) 5 project reports	Policy-relevant appraisal of outputs produced	<p>SPLASH Management Report (January 2007 to end of December 2011)</p> <ul style="list-style-type: none"> SPLASH has developed tools to enable better coordination among water research projects in developing countries. 																

	SHARE		(M) 3, (L)1	submitted (M) 3, (L)1	by SHARE by end of 2014	<ul style="list-style-type: none"> • SPLASH has produced Water for Development Yellow Pages, a country based overview of online resources for development-related water research. • SPLASH has arranged research coordination and training workshops around the issues of water management in several countries, such as Uganda, Ethiopia, Laos, to cite a few. • Results have been disseminated to a wider audience at numerous events in Africa, Asia and Europe: Newsletters, workshops, publications in Innovation & Research Focus.
		Source				RISK RATING
		SPLASH secretariat				
INPUTS (£)	DFID (£)	Govt (£)	Other (£)	Total (£)	DFID SHARE (%)	
	£3,812,655					
INPUTS (HR)	DFID (FTEs)					

OUTPUT 3	Indicators 1, 2, 3	Baseline + year	Milestone 1	Milestone 2	Target + year	Progress to June 2012
Key sector actors engaged around evidence for change	# of consultations initiated by SHARE on the basis of outcome mapping	Nil in 2009	By end 2011 (H) 4 consultations (M) 2, (L) 0	In 2013 (H) 4 consultations (M) 2, (L) 1	In 2014 (H) 4 consultations (M) 2, (L) 1	<p>SHARE has achieved the target set in Milestone 3 (2014) featuring 6 consultations initiated on the basis of SHARE OM. These are the following;</p> <p>a) <u>Workshop on Results Based Aid, Bonn, April 2012</u>: Sophie Trémolet was invited by the Centre for Global Development and the German Development Institute to take part to a workshop on Results-Based Aid in Bonn. This invitation built on earlier communication with William Savedoff of CGD during the organisation of a seminar on Results-Based Financing for Sanitation, co-sponsored by SHARE and the Gates Foundation and held at DFID's offices in April 2011.</p> <p>b) <u>Annual planning workshop of Taking Sanitation to scale, 30th – 31st May 2012</u>. The workshop conducted in Tanzania with government representatives and local SHARE partners highlighted the importance of developing a plan for scaling up Mtumba Sanitation and Hygiene Participatory approach as part of the national effort to prioritise sanitation.</p> <p>c) Stone Family Foundation are funding WaterAid Tanzania to build on the success and learning that has been generated in the Mtumba approach over the past three years. The grant will enable WaterAid to increase the number of people accessing improved latrines in rural areas of Tanzania through Mtumba participatory approach in partnership with Government, NGO and alliances. The SHARE funded research on Mtumba is contributing to the evidence base for this work to scale up.</p> <p>d) <u>Stone Foundation Challenge Fund – Selection panel, London, June 2012</u>: Sophie Trémolet was invited to take</p>

						<p>part to the Stone Family Foundation expert panel to select the entrepreneurs that will benefit from a Stone Foundation award for their innovative work in water and sanitation. This built on earlier contact made with the Stone Family Foundation at the Stockholm Water Week in August 2011, following presentation of the small-scale finance work co-funded by SHARE and the European Union Water Initiative. This will give a good opportunity to review and influence innovative ideas in the water and sanitation sector which are adopting approaches to results-based financing and microfinance.</p> <p>e) In Tanzania, CCI (partner of SDI in the city sanitation project) requested training for Sanitation Mapper in order to apply the methodology to slum mapping.</p> <p>f) Menstrual Hygiene Management Material from WaterAid Resource Book would be piloted in community interventions in Tanzania and Bangladesh.</p>																								
	# of country platforms established and active	Nil in 2009	Research groups formed (H) 4,(M) 2, (L) 0 initial stakeholder meetings (H) 4 (M) 2, (L) 0	Country plan of action agreed (H) 4 (M) 2 (L) 1	platforms active (H) 4 (M) 3 (L) 2	<p>Research groups are formed in all four countries, scoring High. Furthermore, initial stakeholder meetings took place in three out of four countries, scoring high in the Milestone.</p> <table border="1"> <thead> <tr> <th colspan="6">RIU Platforms</th> </tr> <tr> <th></th> <th>Bangladesh</th> <th>India</th> <th>Malawi</th> <th>Tanzania</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Research group formed</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>4</td> </tr> <tr> <td>Initial stakeholder meeting took place</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>4</td> </tr> </tbody> </table>	RIU Platforms							Bangladesh	India	Malawi	Tanzania	Total	Research group formed	✓	✓	✓	✓	4	Initial stakeholder meeting took place	✓	✓	✓	✓	4
RIU Platforms																														
	Bangladesh	India	Malawi	Tanzania	Total																									
Research group formed	✓	✓	✓	✓	4																									
Initial stakeholder meeting took place	✓	✓	✓	✓	4																									

						Work plan in place (research priorities set)	✓	✓	✓	✓	4
						MOU is agreed	✓	✓	✓	✓	4
						Contract signed		✓		✓	2
						Total	4	5	4	5	
						% of achieved indicators	80%	100%	80%	100%	
# of hits/downloads on SHARE website	Nil in 2009	Website active	downloads per month (H) 10 (M) 5 (L) 1	Hits/month (H) 1,000 (M) 750, (L) 300 Downloads/mth (H)100, (M) 50 (L)25	July 2011-May2012: Total visits to the site overall (average per month): 605 Unique visitors to the site (average per month): 395 Total page views (average per month): 1724						
	Source										
	M & E tracking; SHARE annual reports; web page analysis										
Indicator 4	Baseline + year	Milestone 1	Milestone 2	Target + year	SHARE has offered several pieces of advice to international organisations and research institutions, so that the final Milestone has already been achieved. Below is a collection of the most important ones.						
# of external requests for SHARE technical support to implement implications of	Nil in 2009			By end 2014 (H) 4, (M) 2, (L)1	Requesting Organisation		SHARE Contact (Date)		Input		
	Source					DFID DRC (Phoebe		LSHTM June 2012		LSHTM provided advice around four	
	Ongoing M & E tracking; SHARE annual reports										

	SHARE research		White)		questions relating to community and female organisation and empowerment in delivery of sanitation and hygiene interventions. In response to the request for advice from DFID DRC, SHARE conducted an exploratory review using the OvidSP search engine.
			Mark Harvey, Senior Infrastructure Adviser / Vietnam Sanitation Adviser, DFID Vietnam	Oliver Cumming March 2012	Responded to request for advice regarding revising the DFID Vietnam WASH programme logframe, in particular the Impact OVI on incidence of diarrhoea and the proposed addition of an OVI on nutrition.
			Lily Ryan-Collins, Infrastructure Adviser, Water, Sanitation and Hygiene Team, Policy Division DFID UK	Oliver Cumming January 2012	Responded to request of providing synthesis of existing methods and Measurement of Hygiene Promotion Activities
			Eduardo Perez,	Sandy	Responded to request

			Senior Sanitation Specialist, WSP World Bank	Cairncross February 2012	for views on the first rigorous evaluation of a large scale WASH program; 'Elbers et al (2011) Effectiveness of Large Scale Water and Sanitation Interventions: the One Million Initiative in Mozambique'
			DFID Vietnam Mark Harvey, Senior Infrastructure Adviser / Vietnam Sanitation.	Sandy Cairncross May 2012	Adviser request for advice on the role of animals in human disease
			Virginia Roaf, Assistant to the Independent Expert of the Right to Water	Oliver Cumming February 2012	Responded to request for the 'Exploring Inequities in Sanitation-related Disease Burden' paper to present at a Post-2015 expert meeting in Lisbon. This paper served to inform ideas of a post-2015 target to ensure access to sanitation for the poorest quintile and marginalised groups.
			Lily Ryan-Collins, Infrastructure Adviser, Water,	Oliver Cumming February	Responded to request for evidence on the links between WASH

			Sanitation and Hygiene Team, Policy Division DFID UK	2012	and Immunosenescence to present at a DFID Health and Education Advisers' CPD Conference in Bangladesh.
			D.C. van Ginhoven, Senior Advisor Water and Sanitation, Directorate General for International Cooperation (DGIS), Netherlands Ministry of Foreign Affairs	Oliver Cumming and Sandy Cairncross February 2012	Responded to request for advice on responding to an enquiry conducted by the Evaluation Department (IOB) into five DGIS-funded national rural water programmes in Tanzania, Yemen, Egypt, Mozambique and Benin from 1990 to 2011. The IOB study will influence DGIS future WASH policy and funding potential, as well as shaping post-MDG development targets and criteria.
			Rochelle Rainey, Senior Advisor on Environmental Health, USAID Global Health Bureau	Oliver Cumming February 2012	Responded to request for references regarding WASH and nutrition to input into the draft USAID Water Strategy.

			Dr Wendy Harrison, Deputy Director of Schistosomiasis Control Initiative, Imperial College London	Sandy Cairncross February 2012	Responded to request for technical assistance on project development.
			John Collett, Senior Adviser on Hygiene Promotion/ Behaviour Change, Global Centre WASH Team, World Vision East Africa Regional Office	Sandy Cairncross January 2012	Responded to request for advice and input into a research evaluation of World Vision 'Village Community of Practice Clubs' in Zambia.
			Kathleen Shordt	Sandy Cairncross January 2012	Sent SHARE report for DFID, <i>Water, Sanitation and Hygiene (WASH) and maternal and reproductive health</i> as input to a background paper for a proposed SIMAVI-funded programme on the WASH aspects of pregnancy, delivery and maternal and neonatal mortality/morbidity in the weeks after birth.
			Peregrine Swann and Simon Bibby, DFID	Sandy Cairncross	Kept informed of SHARE's input into discussions regarding

										the updated figures for the Global Burden of Disease.		
										Mark Harvey, Senior Infrastructure Adviser / Vietnam Sanitation Adviser, DFID Vietnam	Sandy Cairncross May 2012	Responded to request for advice on the role of animals in human disease.
										Rebecca Engell engellr@uw.edu; pruessa@who.int	Sandy Cairncross May 2012	Gave feedback on an analysis
										Helen Poulsen, Social Development Adviser, DFID DRC	LSHTM June 2012	Responded to request for technical assistance for input into the DFID DRC WASH business case.
IMPACT WEIGHTING	Indicators 5, 6	Baseline + year	Milestone 1	Milestone 2	Target (date)							
15%	# of cases of non-SHARE agencies participating in SHARE research	Nil in 2009	By end 2011 (H) 2, (M) 1, (L) 0	By end 2013 (H)5, (M) 2, (L) 1	By end 2014 (H)7, (M) 5, (L)2							SHARE performed extremely well in engaging with agencies and institutions outside the consortium. By mid 2012 SHARE has engaged with the following groups: <u>Health Pillar:</u> Wellcome Trust UC Davis AIPH (Asian Institute for Public Health) KIIT (Kalinga Institute of Industrial Technology) Good Pilot BRAC <u>Sanitation Markets Pillar:</u> World Bank Global Sanitation Fund European Investment Bank

						<p>Microsave</p> <p><u>Equity Pillar:</u> UNICEF WEDC UCL(Leonard Cheshire Disability and Inclusive Development Centre)</p> <p><u>Urban Sanitation:</u> SDI (Slum Dwellers International) UC Berkley BMGF (Bill and Melinda Gates Foundation)</p>
	Skills and competencies of # key individuals responsible for planning, managing, implementing and monitoring WASH programmes – especially women – developed and upgraded.	Nil in 2009	By end 2011 (H) 8 (M) 6 (L) 4	By end 2013 (H)20 (M)12 (L) 6	By end 2015 (H) 40 (M) 20 (L) 10 (> 50% women)	<p>SHARE is on track with provision of training and skills development to key actors.</p> <p>Examples are provided below:</p> <ul style="list-style-type: none"> • CB11: Equity and Inclusion in Water, Sanitation and Hygiene Programmes: a technical training course. Total number of participants trained: 46, of which 17 were female. • Research Method Workshop WaterAid (London) • Training of menstrual hygiene management in emergencies in more than 20 low-income countries by WaterAid consultant, Sarah House. • Sanitation Mapper Training conducted in Bangladesh in May 2012 by Joseph Pearce (WaterAid) • Sanitation Mapper Training conducted to CCI in Tanzania in June 2012.
		Source				RISK RATING
		SHARE annual reports; DFID desk feedback				
INPUTS (£)	DFID (£)	Govt (£)	Other (£)	Total (£)	DFID SHARE (%)	
	£1,678,404					
INPUTS (HR)	DFID (FTEs)					

OUTPUT 4	Indicator 1	Baseline + year	Milestone 1	Milestone 2	Target + year	Progress to June 2012
Capacity strengthened to conduct relevant collaborative research and apply the results	%of proposals ready for consideration on first submission	< 25% in 2010	By end 2011 (H) 40% (M) 30%, (L) 20%	By end 2013 (H) 60% (M) 45%, (L) 30%	By end 2014 (H) 80% (M) 60%, (L) 40%	Call B (June 2011) SHARE has met Milestone 2 with Call B, where 50% (12 out of 24) of the submitted proposals were funded. Details presented below: Total proposal submitted: 24 Number of proposals funded with none or small modifications: 12 Number of proposal required major changes: 8 (to be reconsidered for call C) Number of proposals not considered appropriate for SHARE:4
	Indicator 2	Baseline + year	Milestone 1	Milestone 2	Target + year	
	# of PhD students trained	Nil in 2009	selected 2011 (H) 3, (M) 2, (L) 1	all selected 2013 (H) 5, (M) 3, (L)1	completed by 2014 (H) 5, (M) 3, (L) 2	6 PhD students have been chosen and are currently preparing for their 9 month upgrading, a test to confirm that they can pass to the next stage of their PhD.
	Indicator 3	Baseline + year	Milestone 1	Milestone 2	Target (date)	
	# of exchange visits organised	Nil in 2009	By end 2011 (H) 2, (M) 1, (L)0	By end 2013 (H) 4, (M) 2, (L)1	By end 2014 (H) 4, (M) 2, (L)1	Not planned any for this year. Not viewed as top priority as getting projects and platforms running.
IMPACT WEIGHTING	Indicator 4	Baseline + year	Milestone 1	Milestone 2	Target (date)	
10%	# of training courses organised (on research methods, management, etc.) annually	Nil in 2009	By end 2011 (H) 2, (M) 1, (L)0	By end 2013 (H) 4, (M) 2, (L)1	By end 2014 (H) 4, (M) 2, (L)1	SHARE has already achieved milestone 2 which sees by the end of 2013 at least 4 training courses organised. The following courses have been conducted:

						<ul style="list-style-type: none"> • Research Method Workshop WaterAid (London) • Training of menstrual hygiene management in emergencies in more than 20 low-income countries by WaterAid consultant, Sarah House. • Sanitation Mapper Training conducted in Bangladesh in May 2012 by Joseph Pearce (WaterAid) • Sanitation Mapper Training conducted to CCI in Tanzania in June 2012.
		Source				RISK RATING
		SHARE Annual Reports				
INPUTS (£)	DFID (£)	Govt (£)	Other (£)	Total (£)	DFID SHARE (%)	
	£1,375,949					
INPUTS (HR)	DFID (FTEs)					

OUTPUT 5	Indicator 1	Baseline + year	Milestone 1	Milestone 2	Target + year	Assumptions
Effective management of the consortium, including M & E of impact and value for money	Monitoring; % of indicators assessed and reported annually	Nil in 2009	By end 2011 (H) 50% (M) 30%, (L)10%	By end 2013 (H)80% (M)50%, (L)30%	By end 2014 (H) 100% (M) 75%, (L) 50%	The percentage of Logframe indicators monitored is 96% (26 out of 27 indicators)
	Source					
	Executive Group Minutes; M & E Officer's annual reports, SHARE Annual Reports; boundary partner interview notes					
	Indicator 2	Baseline + year	Milestone 1	Milestone 2	Target + year	<p>The following four projects have been identified by our VFM evaluation as those that can avoid wasteful expenditure by SHARE and other boundary partners.</p> <ul style="list-style-type: none"> EcoSan project in Malawi would be supported by country Platform strategy and M&E team to synthesise, evaluate results and implement findings. MHM Resource Book: improve DFID strategy in supporting schooling and women empowerment. Equity programme: improve efficiency in resource allocation by stressing wealth and urban discrepancies. Choose Soap: catalysed funds from other organisations and private sector in researching behaviour change.
	Value for money; wasteful expenditure on: - ineffective hygiene promotion, - unused latrines, and - superfluous evaluations avoided by following SHARE advice or implementing SHARE findings (£)	Nil in 2009	2011 –saved (H)- £ 100,000 (M)- £ 70,000 (L) - £ 45,000	2013- saved p.a. (H)- £1 million (M)- £ 500,000 (L)- £ 200,000	2014 – saved p.a. (H)- £ 5 million (M)- £ 1 million (L) - £ 500,000	
Source						
Success stories in Standing Brief; DFID desk feedback						a) Two research Management Groups were formed by the end

IMPACT WEIGHTING	Indicator 3	Baseline + year	Milestone 1	Milestone 2	Target + year	
						of 2011, and Malawi and Tanzania have been set up in June 2012.
10%	Monitoring country research groups (platforms) and evaluation of activities a) # local research management groups set up b) £value of research proposals submitted for funding and approved c) % research projects completed on time	Nil in 2009	By end 2011 a)(H) 4, (M)2, (L)1 b) (H) £100k, (M) £50k (L) £25k c) n/a first likely to end in 2012	By end 2013 a) (H) 4 (M)2, (L)1 b) (H) £500k, (M) £250k (L) £125k c) (H) 100% (M) 75% (L) 50%	By end 2014 a) (H) 4 (M)2, (L)1 b) (H) £1m, (M) £500k (L) £250k c) (H) 100% (M) 75% (L) 50%	<ul style="list-style-type: none"> b) Value of research proposal submitted: <ul style="list-style-type: none"> • India: 50,000 GBP • Bangladesh:250,000 GBP • Malawi: • Tanzania:50,000 GBP c) No research projects have begun yet.
		Source				RISK RATING
		M&E Officer's annual reports, SHARE annual reports, minutes of individual country research management groups				
INPUTS (£)	DFID (£)	Govt (£)	Other (£)	Total (£)	DFID SHARE (%)	
	£1,462,992					
INPUTS (HR)	DFID (FTEs)					

Annex 5: National Research Platform - Progress Monitoring Forms

NATIONAL RESEARCH PLATFORM – MONITORING FORM
Monitoring Period
Questions
Is there an agreed MOU? If so, please provide evidence of the MOU as Appendix to this form If not, please explain why.
Is the Platform's contract in place? If contract is not in place, what are the constraints encountered? When do you expect contract to be in place?
Are Platform members identified? Please provide a short bio of identified members (including the organisation they are affiliated with).
Has the platform agreed upon a coordinator? Please provide a short bio. If not please explain the constraints met.
Has the platform agreed upon research priorities? If so, provide an attachment/description of research priorities. If not, please explain what constraints have been found.
Have research priorities changed since inception? If so why?
Has the platform agreed upon research approaches? If so, provide an attachment/description of research approaches. If no, please explain why.
How have resources been allocated?
Is there a work plan in place? Please provide a copy of Gantt Chart.
What is the Platform's strategy for sustainability?
What type of change is expected?
What are the sectors' key actors whom the research intends to influence? (please identify specific names)
What are the intended outputs of the research platforms? (Please provide expected numbers) Workshops Project reports Peer-reviewed papers Policy briefs Conferences Other please specify
Have the platform experienced any delay in delivering the outputs? What were the causes of the delay?
Does the platform have conducted a risk assessment?
Does the platform have adaptive strategies to face risks?
Has the platform been able to convene representatives of the research population?
Have country's Knowledge anchor been identified?
Has the recruitment process been formalised? If so explain contractual agreement.
Have Knowledge Anchor's responsibilities been identified? If so please illustrate If not can you explain why?
Any other comment

COUNTRY PLATFORM	Bangladesh	India	Tanzania	Malawi
Monitoring Period	June 2011- June 2012	June 2011- June 2012	June 2011- June 2012	June 2011- June 2012
Questions	Comments	Comments	Comments	Comments
Agreed MOU				
Is the Platform's contract in place?				
Are Platform members identified?				
Has the platform agreed upon a coordinator?				
Has the platform agreed upon research priorities?			Not as a group - however initial consultation of individual members revealed that School WASH, microfinance, and a comparative analysis of difference sanitation promotion approaches would be useful research topics	No – but this will be done as soon as the research platform is up and running.
Has the platform agreed upon research approaches?			No - we had an initial meeting to present SHARE and to agree that the Global Sanitation Fund Group would also act as the SHARE research Group - but we haven't set the research priorities as a group	Not yet but the SHARE Country report does identify some key research priorities which include Ecosan and faecal waste management.
Have resources been allocated?				
Is there a work plan in place?				
Does the platform have conducted a risk assessment?				
Does the platform have adaptive strategies to face risks?				

Annex 6: Monitoring for Project Management – Financial Information

Introduction

The Environmental Health Group at the London School of Hygiene & Tropical Medicine manages a number of programmes and consortia for a variety of funders. Some of these have complex budgets and reporting requirements, however, none has as many sub-grants or projects as SHARE. To handle this particular requirement, a sub-system based on LSHTM's management reporting and EHG's prime data register (Voucher Register) was developed by the SHARE Finance Officer. SHARE's financial information is included on the Voucher Register together with the other programmes and projects managed by the Environmental Health Group. This can be interrogated through pivot tables, filters etc but further manipulation is limited. To be able to answer the project related questions posed by principal investigators and to provide sufficient information for management and the funder, the new sub-system allows for conversion between institutional, project, programme and sub-contractor budgets. In summary form it monitors the expenditure and budget progress of each project and sub-section and provides forecasting for non-exceptional items. By showing the pattern of expenditure, combined with project monitoring undertaken by the M&E staff, it can be used to predict delayed project completion and inform potential areas for budget realignment.

Methodology

Project Spreadsheets

Data from the Voucher Register is exported using Microsoft Excel. To keep the size of the spreadsheets manageable, each project is recorded on a separate sheet, the aim being to provide simple, clear reports that could be printed onto one A4 page for each project or sub-section. See Figure 29 for an example of the project spreadsheet for a capacity building activity CB10.

Each financial transaction is recorded in a table that allows access to the following information:

- The month the primary data was recorded (entered on the Voucher Register)
- The name of the organisation generating the transaction
- The area of expenditure (analysis code) e.g. fees, travel, meetings etc.

The table is recorded by month and then, grouped by quarters and year. The percentage of the project spent to date against budget is recorded in a separate field.

As the transaction analysis above is based on the LSHTM analysis codes, a summary box is provided at the top of each project sheet with the areas of expenditure recorded in a way that mirrors the budget break-down recorded in each project or core sub-contract. The summary box automatically updates from the full analysis and shows at a glance the spend against budget with available balance. To accommodate collaborative projects, each sub-contractor (including LSHTM if it is involved) has its own summary box.

Master Register (Inventory)

Each project's quarter totals are linked to the Master Register. This is the inventory of all the projects allocated under each Fund. It is here that the overall monitoring and forecasting takes place.

Projects Summary

While each project sheet is crucial for recording detailed transactions, a simpler presentation is useful to display salient information on each project in one place without needing to refer elsewhere. The Project Summary page holds five tables, each linked to the individual project so that every new entry causes the summary tables to be updated automatically. Each table shows different information at a glance and is linked to pie charts and graphs giving a visual representation for ease of assimilation.

More analytical tools are currently being developed to provide further information for reporting.

Annex 7: Progress against performance markers for selected projects

*= Progress Markers not achieved

Tanzania

		MR10 (Mtumba)	PM Met	MR15 (Human Resources)	PM Met
WATERAID	Expect to see 1) Request SHARE research and synthesis results	Description: Results from Mtumba approach have been requested by WaterAid Tanzania to feed into Stone Family Foundation funds.	✓	Description: WaterAid at the request of the Tanzanian Government has developed a proposal to conduct the study	✓
	Like to see 1) Discuss implications of SHARE research results on programme delivery	1) *		1) Description: WaterAid expects that study findings are used to develop sector capacity building strategy so as to take sanitation to scale in the country.	✓
	2) Develop and support collaborative research efforts to strengthen programmes and monitoring	2) Description: WaterAid Tz, with NIMRI, has planned to scale up evaluation of the Mtumba Approach in urban settings as part of country platform.	✓	2) Description: WaterAid has collaborated with UNICEF and Plan International to conduct this study.	✓
	3) Disseminates SHARE research to strengthen sector performance.	3) Description: Mtumba approach will be disseminated as part of a document prepared by WaterAid S. Cavill	✓	3) *	
	Love to see 1) Incorporate SHARE funding into programme and policy proposal to enhance performance. 2) Incorporate SHARE interventions and policy approaches into programme.	1) * 2) Description: WaterAid Tanzania advocates focus on water quality and sanitation marketing as well as hygiene promotion as part of their programmes foundations.	✓	1) * 2) *	
WATERAID TOTAL PROGRESS MARKERS MET:			7/12 (58%)		
UNICEF	Expect to see 1) Recommends and requests SHARE research on key issues 2) Country offices identify and recommend priority areas for research and investment.	1) Description: UNICEF is implementing Mtumba Approach via implementing agency SEMA	✓	1) *	
		2) *		2) *	

	Like to see 1) Collaborates on development of new research efforts 2) Revises and adapts guidelines on sanitation and hygiene emerged from SHARE research.	1) *		1) *	
		2) *		2) Description: Findings will be used to design interventions to address those gaps and the identified financing gaps for optimal prioritization of the available resources and focused, well-informed fundraising efforts to bridge the gaps.	✓
	Love to see 1) Supports and funds new collaborative research with SHARE 2) Invests in new interventions based on SHARE research 3) Actively disseminates SHARE research results to change programme and policy approaches of others	1) *		1) *	
		2) *		2) *	
		3) *		3) *	
	UNICEF TOTAL PROGRESS MARKERS MET:			2/14 (14%)	
Local NGOs (SEMA, HAPA, DMDD)	Expect to see Requests SHARE research and synthesis results	1) Description: Local implementing partners have requested guidelines on how to implement Mtumba Approach.	✓	1) *	
	Like to see 1) Discusses implications of SHARE research results on programme delivery. 2) Develops and support collaborative research efforts to strengthen programmes and monitoring 3) Disseminates SHARE research to strengthen sector performance.	1) *		1) *	
		2) *		2) *	
		3) *		3) *	
	Love to see 1) Incorporates SHARE funding into programme and policy proposal to enhance performance. 2) Incorporates SHARE interventions and policy approaches into programme.	1) *		1) *	
2) *			2) *		
LOCAL NGOS TOTAL PROGRESS MARKERS MET:			1/12 (8%)		

Government of Tanzania (NMRI and MOHWS)	Expect to see 1) Discusses and considers implementation of SHARE research findings	1) Description: NIMR (with CCI and WaterAid) has discussed to introduce Mtumba approach evaluation in urban areas as part of country platform research.	✓	1) Description: Results from HR and finance study have fed into National Sanitation campaign launched in June 2012.	✓	
	Like to see 1) Supports and disseminates results of SHARE research within country to strengthen sector performance. 2) Collaborates on the development of new research efforts which scale up SHARE research 3) Requests and incorporate SHARE results into programme development and improvement.	1) *			1) Description: The study results helped identify human resources and financial gaps which informed the national sanitation campaign.	✓
		2) Description: NIMR is leading the country platform and Mtumba is on the research projects that the platform wants to fund.	✓	2)*		
		3) Description: NIMR contracted WaterAid to conduct an evaluation of Mtumba approach in urban settings.	✓	3) *		
	Love to see 1) Supports and funds new collaborative research with SHARE 2) Incorporates SHARE research into policy 3) Adapts interventions and policy approaches based on SHARE research findings	1) *			1) *	
		2) *			2) *	
		3) *			3) *	
GOVERNMENT OF TANZANIA TOTAL PROGRESS MARKERS MET			5/14 (36%)			

Bangladesh

		MR02 (Weaning Food Contamination)	PM Met	MR12 (Contamination of Tube Wells)	PM Met
WATERAID	Expect to see 1) Request SHARE research and synthesis results	1) *		1) *	✓
	Like to see 1) Discuss implications of SHARE research results on programme delivery. 2) Develop and support collaborative research efforts to strengthen programmes and monitoring 3) Disseminates SHARE research to strengthen sector performance.	1) *		1) Description: SHARE national research group facilitated discussion on how tube well and safe distance results could be incorporated into policies of implementers	✓
		2) Description: Preliminary results discussed with south Asian WA offices, resulting in collaborative research in Nepal	✓	2) Description: Collaborative research on safe distance developed and co-funded by WaterAid	✓
		3) *		3) *	
	Love to see 1) Incorporate SHARE funding into programme and policy proposal to enhance performance. 2) Incorporate SHARE interventions and policy approaches into programme.	1) *		1) Co-funded SHARE research on safe distance as follow-up	✓
		2)*		2) *	
WATERAID TOTAL PROGRESS MARKERS MET:			5/12 (36%)		
UNICEF	Expect to see 1) Recommends and requests SHARE research on key issues 2) Country offices identify and recommend priority areas for research and investment.	1) *		1) Description: Results collaboratively developed and discussed	✓
		2) *		2) Description: Suggested in initial scoping visit and reaffirmed through SHARE national research group meeting and follow up discussion of further research	✓
	Like to see 1) Collaborates on development of new research efforts	1) *		1) Description: Peter Ravenscroft serving as advisor on follow up research on safe distance	✓

	2) Revises and adapts guidelines on sanitation and hygiene emerged from SHARE research.	2) *		2) *	
	Love to see 1) Supports and funds new collaborative research with SHARE 2) Invests in new interventions based on SHARE research 3) Actively disseminates SHARE research results to change programme and policy approaches of others	1) *		1) *	
		2) *		2) *	
		3) *		3) *	
UNICEF TOTAL PROGRESS MARKERS MET:			3/14 (21%)		
Local NGOs (DUET, BRAC, PLAN)	Expect to see Requests SHARE research and synthesis results	1) Description: Results presented and discussed at SHARE national research meeting	✓	1) *	
	Like to see 1) Discusses implications of SHARE research results on programme delivery. 2) Develops and support collaborative research efforts to strengthen programmes and monitoring 3) Disseminates SHARE research to strengthen sector performance.	1) Description: Results presented and discussed at SHARE national research meeting	✓	1) *	
		2) *		2) *	
		3) *		3) *	
	Love to see 1) Incorporates SHARE funding into programme and policy proposal to enhance performance. 2) Incorporates SHARE interventions and policy approaches into programme.	1) *		1) *	
		2) *		2) *	
LOCAL NGOS TOTAL PROGRESS MARKERS MET:			2/12 (17%)		

Govt of Bangladesh	Expect to see 1) Discusses and considers implementation of SHARE research findings	1) Description: Results presented and discussed at SHARE national research meeting	✓	1) Description: Results presented and discussed at SHARE national research meeting	✓	
	Like to see 1) Supports and disseminates results of SHARE research within country to strengthen sector performance. 2) Collaborates on the development of new research efforts which scale up SHARE research 3) Requests and incorporate SHARE results into programme development and improvement.	1) *		1) *		
		2) *		2)Description: Collaborated in refinement of follow up proposal on safe distance	✓	
		3) *		3) *		
	Love to see 1) Supports and funds new collaborative research with SHARE 2) Incorporates SHARE research into policy 3) Adapts interventions and policy approaches based on SHARE research findings	1) *		1) *		
		2) *		2) *		
		3) *		3) *		
	GOVERNMENT OF BANGLADESH TOTAL PROGRESS MARKERS MET			3/14 (21%)		

India

		Orissa Sanitation Trial	PM Met	Choose Soap (MR01)	PM Met
WATERAID	Expect to see 1) Request SHARE research and synthesis results	Description: Ongoing discussion regarding preliminary research findings to inform programme refinement		*	

	Like to see 1) Discuss implications of SHARE research results on programme delivery. 2) Develop and support collaborative research efforts to strengthen programmes and monitoring 3) Disseminates SHARE research to strengthen sector performance.	1) Description: Ongoing discussion regarding preliminary research findings to inform programme refinement	✓	1)*		
		2) Description: Ongoing collaboration in research implementation and interpretation	✓	2) *		
		3) *		3) *		
	Love to see 1) Incorporate SHARE funding into programme and policy proposal to enhance performance. 2) Incorporate SHARE interventions and policy approaches into programme.	1) Description: Ongoing collaboration in research implementation and interpretation	✓	1) *		
		2)*		2) *		
	WATERAID TOTAL PROGRESS MARKERS MET:			3/12 (25%)		
UNICEF	Expect to see 1) Recommends and requests SHARE research on key issues 2) Country offices identify and recommend priority areas for research and investment.	1) *				
		2) *		2) *		
	Like to see 1) Collaborates on development of new research efforts 2) Revises and adapts guidelines on sanitation and hygiene emerged from SHARE research.	1) *		1)		
		2) *		2) *		
	Love to see 1) Supports and funds new collaborative research with SHARE 2) Invests in new interventions based on SHARE research 3) Actively disseminates SHARE research results to change programme and policy approaches of others	1) *		1) *		
		2) *		2) *		
		3) *		3) *		
	UNICEF TOTAL PROGRESS MARKERS MET:			0/14 (0%)		

Local NGOs	Expect to see Requests SHARE research and synthesis results	1) *		1) *	
	Like to see 1) Discusses implications of SHARE research results on programme delivery. 2) Develops and support collaborative research efforts to strengthen programmes and monitoring 3) Disseminates SHARE research to strengthen sector performance.	1) *		1) *	
		2) *		2) *	
		3) *		3) *	
	Love to see 1) Incorporates SHARE funding into programme and policy proposal to enhance performance. 2) Incorporates SHARE interventions and policy approaches into programme.	1) *		1) *	
2) *			2) *		
LOCAL NGOS TOTAL PROGRESS MARKERS MET:			0/12 (0%)		
Government of India	Expect to see 1) Discusses and considers implementation of SHARE research findings	1) *		1) *	✓
	Like to see 1) Supports and disseminates results of SHARE research within country to strengthen sector performance. 2) Collaborates on the development of new research efforts which scale up SHARE research 3) Requests and incorporate SHARE results into programme development and improvement.	1) *		1) *	
		2) *		2) *	✓
		3) *		3) *	
	Love to see 1) Supports and funds new collaborative research with SHARE 2) Incorporates SHARE research into policy 3) Adapts interventions and policy approaches based on SHARE research findings	1) *		1) *	
2) *			2) *		
3) *			3) *		
GOVERNMENT OF INDIA TOTAL PROGRESS MARKERS MET			0/14 (0%)		

Malawi

MR02 (An Investigation of the Strengths and Weaknesses of Ecological Sanitation in Malawi)			PM Met
WATERAID	Expect to see 1) Request SHARE research and synthesis results	Description: WaterAid has been actively involved in dissemination and discussion of the study's results	✓
	Like to see 1) Discuss implications of SHARE research results on programme delivery. 2) Develop and support collaborative research efforts to strengthen programmes and monitoring 3) Disseminates SHARE research to strengthen sector performance.	1) *	
		2) *	
		3) *	
	Love to see 1) Incorporate SHARE funding into programme and policy proposal to enhance performance. 2) Incorporate SHARE interventions and policy approaches into programme.	1) *	
2) *			
WATERAID TOTAL PROGRESS MARKERS MET:			1/6 (17%)
Local NGOs (MATAMA, TSP, CICOD, WRH)	Expect to see Requests SHARE research and synthesis results	1) Description: Local NGOs discussed results from EcoSan Project at Dissemination Workshop conducted in Malawi in March 2012.	✓
	Like to see 1) Discusses implications of SHARE research results on programme delivery. 2) Develops and support collaborative research efforts to strengthen programmes and monitoring 3) Disseminates SHARE research to strengthen sector performance.	1) *	
		2) *	
		3) *	
	Love to see 1) Incorporates SHARE funding into programme and policy proposal to enhance performance. 2) Incorporates SHARE interventions and policy approaches into programme.	1) *	
2) *			
LOCAL NGOS TOTAL PROGRESS MARKERS MET:			1/6 (17%)
Government of Malawi (MOH)	Expect to see 1) Discusses and considers implementation of SHARE research findings	1) Description: Ministry of Health participated into the Workshop for dissemination of results held in March 2012	✓
	Like to see 1) Supports and disseminates results of SHARE research within country to strengthen sector performance. 2) Collaborates on the development of new research efforts which scale up SHARE research 3) Requests and incorporate SHARE results into programme development	1) *	
		2) *	
		3) *	

	and improvement.		
	Love to see	1) *	
	1) Supports and funds new collaborative research with SHARE	2) *	
	2) Incorporates SHARE research into policy	3) *	
	3) Adapts interventions and policy approaches based on SHARE research findings		
GOVERNMENT OF MALAWI TOTAL PROGRESS MARKERS MET			1/7 (14%)

Annex 8: National Platform Members

Bangladesh

Platform Participant	Organisation
Dr. Khairul Islam	Wateraid Bangladesh
Dr. Zahid Hayat Mahmud	ICDDR,B
Ms. Hasin Jahan	WaterAid Bangladesh
Md. Kolim Ullah Kilo	WaterAid Bangladesh
Aftab Opel	WaterAid Bangladesh
Md. Yakub Hossain	VERC
Md. Masud Hassan	VERC
Md. Aminur Rahman	BRAC University
Dr. AHM Zulfiquar Ali	University of Dhaka
Dr. Anwar Zahid	Bangladesh Water Development Board
Dr. Ganesh Chandra Saha	Dhaka University of Engineering and Technology
Dr. Peter Ravenscroft	UNICEF Bangladesh
S.M.A. Rashid	NGO Forum for Public Health
Shaikh A. Halim	VERC
Dr. Fuad Hasan Mallick	BRAC University

Malawi

Platform Participant	Organisation
Mr Noah Silungwe	Ministry of Health - Chair (NSHCU)
Mr. McLawrence Green Mpsa	Ministry of Irrigation and Water Development – Secretary (NSHCU & TWG)
Mr J.M Kayira	Ministry of Education, Science and Technology Member (NSHCU)
Mr. H Chidengu Gama	Ministry Gender - Member (NSHCU)
Mr. K D Dakamau	Ministry of Local Government and Rural Development (NSHCU)
Mr. B Msiska	Ministry of Environment and Climate Change Member (NSHCU)
Mr W Mtopi	District Commissioner – Rumphi (NSHCU)
Mr K C Gondwe	District Commissioner – Kasungu (NSHCU)
Mr Vitto Mulula	Director of Health and Social Services – Lilongwe City Council (NSHCU)
Mr Gabriel Gonani	General Manager of Lilongwe Water Board Member (NSHCU)
Mr Chimwemwe Nyimba	UNICEF, Malawi (NSHCU)
Mr John Sprowson	Entrepreneur – Four Seasons Nursery (NSHCU)
Mr Wellington Mitole	Programme Manager – Water Aid (NSHCU)
Mr Ulemu Chiluzi	Programme Manager - Global Sanitation Fund (NSHCU)
Dr P. Kumambala	Lecturer - Bunda College of Agriculture (NSHCU)
Mr Noah Silungwe	MoH (TWG)
Mr S Matamula	MoIWD (TWG)
Thabitha Mnolo	CCODE (TWG)
Chimwemwe Nyimba	UNICEF (TWG)
Hudgeson Muheziwa	WASH Coordinator (TWG)
Tisaiwale Sumani	MoIWD (TWG)

Tanzania

Platform Participant	Organisation
Mr. Elias B.M. Chinamo	MoHSW Chairperson
Ms. Astrid van Agthoven	UNICEF
Mr. Jason Cardosi	WSP
Ms. Nyanzobe Malimi	WSP
Dr. Khalid Massa	MoHSW
Mr. Marko Msambazi	WaterAid
Ms. Susan Kayeta	WASH Coalition
Mr. Ben Taylor	TAWASANET
Dr. E.O. Chaggu	Ardhi University
Mr. Amani Mafuru	MoW
Ms. Theresia Kuiwite	MoEVT
Mr. Dismas Teti	PMO-RALG
Mr. Anyitike Mwakitalima	MoHSW
Dr. Hamisi M. Malebo	NIMR
Dr. Tim Ndesi	CCI
Dr. Julius J. Massaga	NIMR
Dr. Robert Ntakamulenga	NEMC
Mr. Robert Mussa	MoHSW

Annex 9: Follow up on actions from the 2011 Annual Report

Appoint full-time Monitoring & Evaluation Officer at LSHTM	Elisa Roma appointed 1 st March 2012
Establish some of the research groups based in the four core countries	On-going – see Annual Report section 6
Allocate funding to the established research groups	India funds contracted. Bangladesh funds agreed, MoU prepared. Tanzania MoU accepted and contract funding terms agreed.
Complete and publish 4 pathfinder papers	Urban Sanitation completed Equity completed Sanitation markets completed. Health replaced by the DFID Evidence Paper to be published by DFID later this year.
Present Evidence paper to DFID Investment Committee	Submitted September 2011 and included in DFID Portfolio Review reviewed by Investment Committee in December 2011
Start IIED/SDI sanitation project if approval is received from DFID	Started January 2012
Outcome Mapping plan to be drafted for presentation to the CAG	Presented to CAG December 2011
Identify gaps in the research programme; plan strategic response	Two documents were prepared on this and discussed by the Executive Group and the CAG. These informed the priorities for Call C
New stage 2 (effectiveness) food hygiene study	This is being funded under Call C and being led by the SHARE PhD student, Om Prasad Gautam
RIU – Present two sessions at AfricaSan; participate in WSSCC Mumbai forum	Three sessions were convened at AfricaSan; and SHARE participated in and presented at the Global Sanitation Forum Book based on AfricaSan in preparation.
<u>Years 3-5</u>	
Increasingly delegating research to national stakeholders	
NEW – Environmental Health Engineering in the Tropics: An Introductory Text, Third Edition	Manuscript to be prepared

Annex 10: Tripartite Letter Agreement



**World Health
Organization**

20, AVENUE APPA – CH-1211 GENEVA 27 – SWITZERLAND – TEL. CENTRAL: +41 22 791 2111 – FAX CENTRAL: +41 22 791 3111 – WWW.WHO.INT

Tel. direct: +41 22 791 3555
Fax direct: +41 22 791 4159
E-mail: busr@who.int

In reply please
refer to: WSH

Your reference:

Professor S. Cairncross
Research Director for the SHARE
Consortium
London School of Hygiene and
Tropical Medicine
Keppel Street
London WC1E 7HT

5 March 2012

Dear Professor Cairncross,

Tripartite exchange of letters between WHO, UNICEF and SHARE

Based on earlier discussions with the WHO/UNICEF Joint Monitoring Programme (JMP) team of WHO and UNICEF, in particular our telephone conference of 8 November 2011, we agreed to move ahead on the collaboration between the WHO/UNICEF JMP and SHARE, with the exclusive focus on studies regarding the characterization of the shared versus individual household latrines.

We agreed on the following points:

1. The JMP agreed to provide a financial contribution to this study of US\$50K based on an equal contribution of US\$50K from Sanitation and Hygiene Applied Research for Equity (SHARE), thus ensuring the total amount of US\$100K required for the study is adequately covered.
2. To get all deliverables within a 12-month timeframe, starting from March 2012.
3. The key administrative documents of the collaboration include this tripartite agreement between SHARE, WHO and UNICEF and the revised Project Cooperation Agreements (PCA) between UNICEF and London School of Hygiene and Tropical Medicine (LSHTM), to be completed separately between UNICEF and the LSHTM.
4. As reflected in the concept note of the study, the three deliverables are (as specified in detail in the proposal): a systematic literature review, a functional risk assessment model and a full proposal for the research on the characterization of shared versus individual household latrines.

cc: JMP team at WHO, Geneva and UNICEF, New York
Director, PHE

منظمة الصحة العالمية • 世界卫生组织

Organisation mondiale de la Santé • Всемирная организация здравоохранения • Organización Mundial de la Salud