



Introduction

A Baseline is “A set of quantitative and qualitative data gathered early in the life of a programme for the purpose of establishing a bench mark against which to measure change”.

The use of baseline data is to enable Impact assessment at the end of the project and see how things have changed as a result of the project intervention. Baselines are also useful for planning at the local level and provide us with an understanding of target group and health issues to be addressed. The baseline survey should be undertaken at the start of the project before any activities are undertaken such as training.

Both Quantitative and Qualitative data will be collected. Quantitative data will be collected by surveys and observation. Qualitative data will be collected using Participatory methods and is descriptive, measures beneficiary perceptions and attitudes.

Methods

The baseline study should be done using participatory methods and with full involvement of the community. The methods used could include Focus Group Discussions; Interviews; Participatory Rural Appraisal (PRA); Surveys; Village Meetings; Observation; Water testing and taking photographs.

It is unusual to collect information from all members of the community (expensive, time consuming, unethical use of resources). So, it is better to collect data from a representative sample of the population than the whole population.

The sampling frame specifies who makes up the “sub population” from which the sample will be drawn. There are a number of methods that can be used and include random sampling; stratified sampling; cluster Sampling and systematic Sampling. A Census includes the whole population. Please contact the M&E team at RWSSP if you need help with sampling frames.

Community Health Outcomes

One of the most important set of data to collect is an assessment of the Diarrhoea & Scabies/skin diseases at the very start of the project. This involves collection of data over a three month

period and is fully explained in TAN 3.2 “Monitoring and Evaluating Health in RWSSP”. The same exercise will be completed at the end of the project to measure the changes to determine the impact of the project.



Additionally Hygiene Behaviour at the outset has to be measured to provide the baseline situation. This will be done using a pocket chart methodology on a sample of the population and look at hand washing; defecation and household drinking water storage practices. The methodology is detailed in TAN 3.2 “Monitoring and Evaluating Health in RWSSP”

Reporting

All the data collected should be compiled onto the RWSSP Scheme Monitoring & Verification Form and submitted electronically to the PMU.

The results of the baseline study should be discussed with all key stakeholders both in the community and in the NSA. Any changes in the project should be documented and new indicators written out. It is expected that as a result of the baseline a greater understanding of the local situation will have resulted and this should lead to improved implementation of the project.



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