



Report of WOBA Viet Nam latrine and water verification (July 2019 - Oct 2021)

Women-Led Output-Based Aid (WOBA) Vietnam

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1. Introduction

WOBA Vietnam is a project designed and implemented by Thrive Networks /East Meets West Foundation aimed to bring equitable water and sanitation services and hygiene practices to marginalised households in five rural provinces of Vietnam, and to improve women's empowerment in the WASH sector. It is funded by the Australian Department of Foreign Affairs and Trade (DFAT) through the Water for Women Fund over 4.5 years (June 2018 to December 2022).

To address the program's two objectives, and align with the Fund's goal of improved health, gender equality and wellbeing of Asian and Pacific communities through inclusive sustainable WASH, WOBA Vietnam has four implementation components and targets:

- WATER: 7,100 poor/GESI households (HHs) connected to piped water schemes with connections co-financed through a competitive output-based subsidy fund.
- SANITATION: Improved access to hygienic sanitation in rural communities, with latrines constructed by 3,000 poor and GESI households, 15,000 poor households and 2,000 non-poor households;
- FECAL SLUDGE MANAGEMENT (FSM): A FSM pilot in Ben Tre province
- COVID-19 response: Distribute handwashing devices and water tanks and hygiene promotion in project communes.

WOBA Vietnam is implemented in rural areas of five provinces across different geographies and with different socio-economic conditions. These provinces are: Hoa Binh, Thanh Hoa, Nghe An, Ha Tinh and Ben Tre.

In relation to the first two components, the monitoring of results is done by conducting HH surveys, using Akvo Flow, a mobile-based monitoring system. In Vietnam, the following verifications were conducted as of 30 October 2021:

- EMW and CDC completed 7,871 verifications for HH's newly built latrines.
- EMW and PCERWASS completed 3,437 verifications for HHs' piped water connections
- WUs in Nghe An, Ha Tinh and Ben Tre completed 156 customer satisfaction surveys (CSS) of HHs after they had been using piped water service for 3 to 6 months.

This report presents the results of these verifications in Vietnam.

2. Data cleaning and analysis

2.1. Extract from Akvo Flow

Verification is conducted using Akvo Flow to record survey results. All verification results are extracted from Akvo Flow. Prior to being cleaned and input into SPSS software for analysis, the Vietnam datasets are translated to English.

2.2. Cleaning of data

The following process was undertaken as part of data cleaning For latrine verification:

- Removed 1,196 duplicated HHs (those that were verified by both EM and CDC, 15% of 7,871)

- Removed 71 cases of which the conclusion to whether HHs pass the verification question was revoked (i.e. difference between real-time verification results and results that were later finalised and approved by M&E).
- After removal of duplicated HHs and those with disapproved verification results, the final dataset contains 6,604 HHs (n=6604).
- Data on HH's economic status, WOBA beneficiary group, GESI type, and ethnicity were added to the dataset by mapping HHs' unique IDs with baseline data of five provinces.
- Additional variable was added to distinguish HHs with at least a person with disability (PwD) from those without PwD by filtering GESI type data and checking for comments from verifiers.
- Data on relationship of survey respondent with head of HHs were recoded into the following categories: Head of HH; First-degree relative; Spouse; Second-degree relative; In-law; Relatives with unknown degree of consanguinity; Other relationships. All other responses were treated as missing data.
- Data on latrine cost were recoded into ranges: 5 or under 5 million VND; From above 5 to 10 million VND; From above 10 to 20 million VND; From above 100 to 500 million VND; From above 20 to 50 million VND; From above 50 to 100 million VND; Above 500 million VND. Other responses with incorrect denominator were treated as missing data.
- Data on HHs' amount of personal saving were grouped into the following: 1 or under 1 million VND; From above 1 to 5 million VND; From above 5 to 10 million VND; From above 10 to 20 million VND; From above 20 to 50 million VND; From above 50 to 100 million VND; From above 100 to 500 million VND; Above 500 million VND. Other responses with incorrect denominator were treated as missing data.

For water verification:

- Removed duplicated HHs (those that were reverified during a spot check conducted by M&E in Thanh Hoa in April 2021, and those that EMW reverified after PCERWASS).
- Removed cases of which the conclusion to whether HHs pass the verification question was revoked (i.e. difference between real-time verification results and results that were later finalised and approved by M&E).
- After removal of duplicated HHs and those with disapproved verification results, the final dataset contains 2,933 HHs (n=2933)
- Data on HHs' family size were recoded into three categories: Under 5 people; From 5 to 10 people; More than 10 people.
- Data on HH's economic status was added by mapping HHs' unique IDs with verification results finalised and issued by M&E (F2 dataset).
- A column on whether HHs have PwD was added to denote the GESI type.
- Data on the person who proposed piped water connection was cleaned by going through the OTHER responses and recoded into the correct options.
- Data on the person who was the decision maker on installing piped water connection was cleaned by going through the OTHER responses and recoded into the correct options.

For CSS:

- Questionnaires used by three provinces, Nghe An, Ha Tinh and Ben Tre have some different questions and different order of questions, leading to some questions being asked by two provinces and some by one. To compile a CSS dataset, the questions were reordered prior to merging of the three data sets.
- Removed duplicated HHs. The final CSS dataset consists of 146 HHs (n=146).

- Data on HH's economic status and GESI type was added by mapping HHs' unique IDs with available information in the F2 dataset.

2.3. Statistical tests

Five separate sets of analyses are carried out on each of the cleaned datasets:

- Frequency counts for each question in the verification survey (variable) to determine their distribution within the sample.
- Bivariate analysis (cross tabulations) to identify differences between economic status of HHS and some variables
- Bivariate analysis (cross tabulations) to identify differences between types of beneficiary groups and some variables
- Bivariate analysis (cross tabulations) to identify differences between types of GESI and some variables
- Chi-square independent test to determine whether there are any statistically significant association or group differences for some variables

2.4 Limitations

The verification of outputs was manual conducted during EMW's and its partner's personal visits to HHs. Respondents were any person of the family who was available to answer. The lack of a robust quality assurance checks, as well as inherent limitation of this method of data collection, presents some data integrity and validity risks. The results should be interpreted with caution.

3. Demographic information

The demographic data of each verification type is summarised as below. Total percentage may not add up to 100 due to rounding.

Table 1. Demographic information of respondents, Vietnam latrine verification (n=6604)

	Number of respondents	Percentage of total respondents %
Sex of the respondent		
Female	3,414	52
Male	3,190	48
Total	6,604	100
Economic status		
Near poor	3,488	53
Non-poor	756	11
Poor	2,360	36
Total	6,604	100
WOBA beneficiary group		
Poor/near poor	4,715	71
GESI	1,521	23
SANOBA	368	6
Total	6,604	100
Ethnicity		
Kinh	3,862	58
Dao	1	0

	Mường	1,707	26
	Thái	683	10
	Thổ	134	2
	Missing data	217	3
	Total	6,604	100
GESI type			
	Children under 16 without parents or foster care	15	0
	Individuals who are of 16 years of age, without parents or foster cares and are pursuing education ¹	4	0
	Children living in poor households and contracted HIV/AIDS	3	0
	Poor single parent	157	2
	The elderly	576	9
	Individuals with disabilities	956	15
	No GESI	4,893	74
	Total	6,604	100
HH with PwD			
	Yes	1,019	15
	No	5,585	85
	Total	6,604	100

Of the 1,019 HHs with PWD, 43% are near poor, 36% are poor, and 21% are non-poor. Of the 5,585 HHs without PWDs, 55% are near poor, 36% are poor, and 10% are non-poor. In this sample, poor and near poor HHs with PwD represent a larger share than non-poor HHs with PwD.

Table 2. Demographic information of respondents, Vietnam water connections verification (n=2933)

	Number of respondents	Percentage of total respondents %
Head of household		
	Husband/Father	1,498 51
	Wife/Mother	1,368 47
	Son	37 1
	Daughter	6 0
	Other people	3 0
	Missing data	21 1
	Total	2,933 100
Family size		
	Under 5 people	2,246 77
	From 5 to 10 people	684 23
	More than 10 people	3 0
	Total	2,933 100
Economic status		
	Near poor	971 33
	Non-poor	1,085 37
	Poor	877 30
	Total	2,933 100

¹ Individuals who are of 16 years of age, without parents or foster cares and are pursuing formal education, vocational education, professional secondary education, college education or first higher education degrees

GESI type			
	Children under 16 without parents or foster care	8	0
	Individuals who are of 16 years of age, without parents or foster cares and are pursuing education ²	1	0
	Poor single parent	40	1
	The elderly	675	23
	Individuals with disabilities	764	26
	No GESI	1,445	49
	Total	2,933	99
HH with PwD			
	Yes	780	27
	No	2,153	73
	Total	2,933	100

Of the total sample size of 2933, 780 HHs reported to have at least one PwD, of which 566 HHs are non poor. Nearly half of 780 HHs live in Nghe An (41.5%), followed by Thanh Hoa (37.7%).

Table 3. Demographic information of respondents, Vietnam CSS (n=146)

		Number of respondents	Percentage of total respondents %
Sex of the respondent			
	Female	84	58
	Male	62	42
	Total	146	100
Economic status			
	Near poor	51	35
	Non-poor	46	32
	Poor	49	34
	Total	146	101
Family size			
	5 or less than 5	115	79
	6 - 10 people	31	21
	Total	146	100
GESI type			
	Poor single parent	2	0
	The elderly	26	18
	Individuals with disabilities	44	30
	No GESI	74	51
	Total	146	99
HH with PwD			
	Yes	44	30
	No	102	70
	Total	146	100

² Individuals who are of 16 years of age, without parents or foster cares and are pursuing formal education, vocational education, professional secondary education, college education or first higher education degrees

4. Results of analysis for latrine verification

Previous type of latrine before joining WOBA

There is a diversity of answers HHS gave about the type of latrine they used prior to their hygienic latrine adoption under WOBA scheme. In 93% (6,152 out of 6,604) of verified HHS, single pit latrine was reported to be the most common latrine type (2,106 HHS, 34%), followed by open pit latrine (1,294 HHS, 21%). A much lower proportion of HHS (788 HHS, 13%) had no latrine ownership. Of these, 51% were poor, 36% were near-poor, and 13% were non-poor.

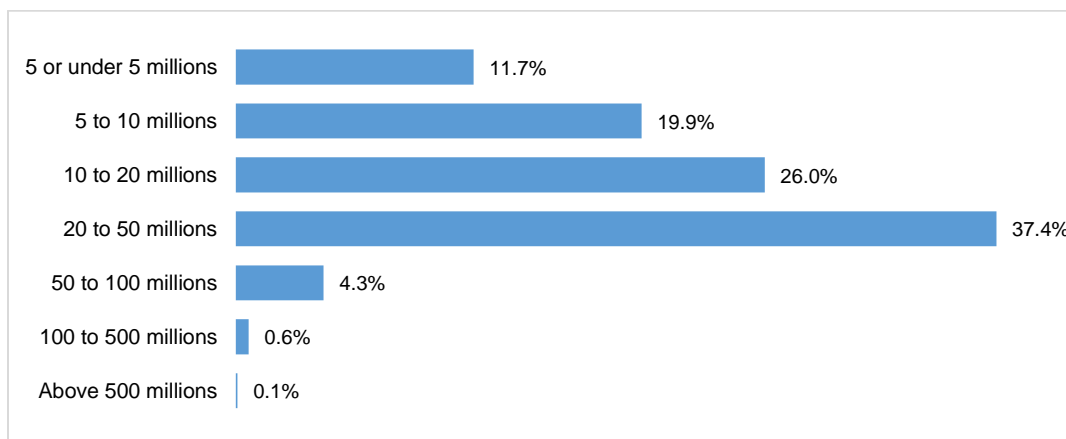
Design of latrine

Of the 6,178 HHS (out of 6,604 HHS, 94%) that provided information about their built latrine designs, 66% built combined latrine and bathroom, 29% built only latrine, and 6% built latrine and bathroom as part of housing construction. There is no apparent difference between economic groups among these model choices, which may suggest that these HHS tend to build latrine when they plan to build bathroom or the house.

Cost and source of finance

The cost of a latrine can vary between less than five million to above 500 million VND depending on whether they built as latrine only or in combination with bathroom. For the 3,774 HHS that responded to the cost of building latrine question, 37% spent between 20 to 50 million VND; 26% spent between 10 and 20 million VND; 22% spent up to 10 million VND, 0.7% spent 100 million VND or more. See Figure 1.

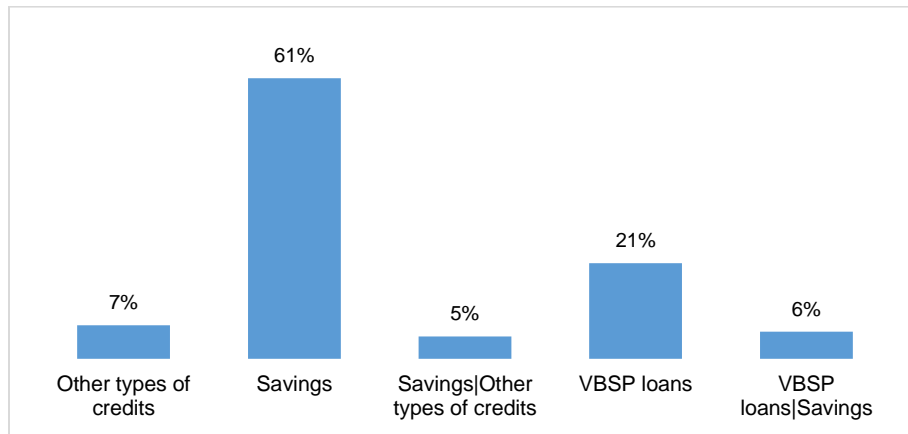
Figure 1. Amount spent on building latrine, in VND



Of the HHS who built latrines in combination with bathroom, four in ten (1,673 out of 4,067 HHS, 41%) spent between 20 to 50 million VND. In contrast, there is a considerable variation in the reported cost of building a single latrine. Nearly three in ten (27%) spent five or less than five million. Almost as many (26%) spent between five and ten million and a slightly smaller proportion (23%) spent between ten to 20 million.

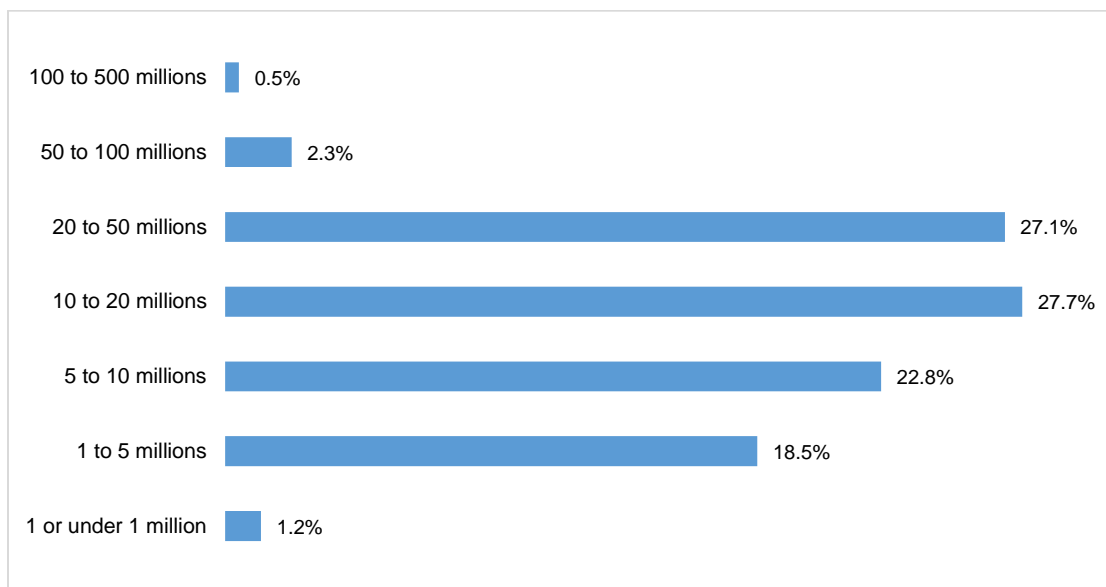
Household savings is the largest source of funding for latrine with 61% of total HHS that reported on source of funding, followed by VBPS loans with 21%. See Figure 2.

Figure 2. Source of finance to build latrine



Where the information of HH's amount of saving was disclosed (3,774 out of 6,604 HHs, 57%), 28% (1,044 HHs) reported they were able to save 10 and 20 million, and a similar proportion (1,021 HHs, 27%) saved between 20 to 50 million. See Figure 3.

Figure 3. Savings amounts, latrine verification



Decision making

Of 6,176 HHs that responded to the question of who the main decision maker in latrine building is, 3,508 (57%) reported that husband and wife jointly decided. Of the remaining answers, the top three are wife or mother (949, 15%), husband or father (940, 15%), and son(s) or daughter(s) (668, 11%). Numbers are small for other cases, such as sole decision making where head of HHs live alone, siblings, and in-laws.

Latrine likes and dislikes

In the 6,180 cases (94%) where HHs listed what they appreciate about their latrines:

- 7% reported a combination of two following options: (1) Clean and airy and (2) Odourless

- 5% reported a combination of five following options: (1) Beautiful, modern, private and comfortable, (2) Clean and airy, (3) Odourless (4) Convenient and close to home, and (5) Easy to access, avoiding rain and heat
- 5% reported a combination of three following options: (1) Clean and airy, (2) Odourless, and (3) Convenient and close to home
- 4% reported latrines being clean and airy
- 4% reported latrines being beautiful, modern, private and comfortable

The majority of HHs (5,286 out of 6,089 HHs, 87%) don't dislike anything about their latrines when asked about their dissatisfaction. The breakdown of complaints among the remaining respondents is as follows:

- 3% cited "waste cannot be used for composting"
- 2% cited "expensiveness"
- 2% reported long distance between their latrines and homes
- 1% considered having to use water to flush their latrines a problem.

Handwashing facility and practice

Where handwashing stations on HHs' premises can be sighted (6,210 out of 6,604 HHs, 94%), about 85% of HHs have a handwashing station either in the shape of a bathroom's sink or a tap located outside the bathroom.

Of 6,195 HHs (out of 6,604, 93.8%) who provided an answer when asked whether they wash their hand after defecation, 5,260 HHs (79.6%) said yes.

There are no apparent group differences and availability of handwashing station and handwashing.

5. Results of analysis for water connection verification and after 3 – 6 months of using service

5.1. Water connection verification

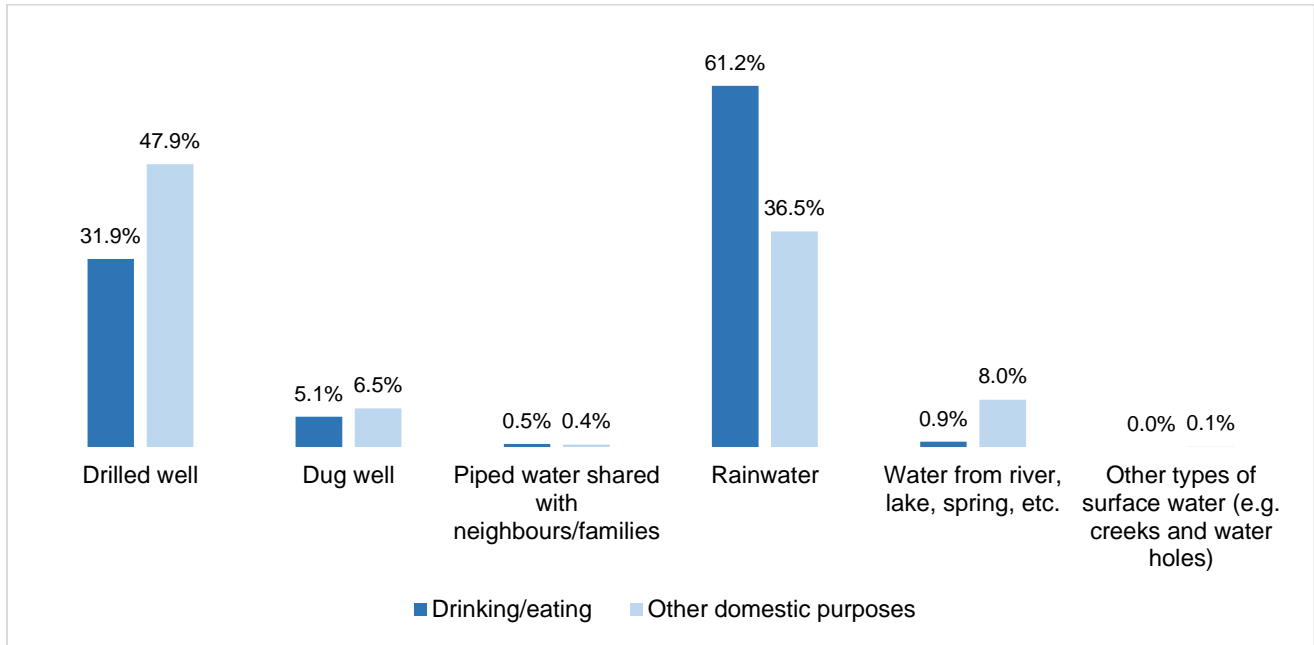
Water sources

Prior to connecting to piped water,

- The most common source of water that HHs use for consumption was rainwater (61% of respondents) followed by drilled well (32%).
- For other domestic uses, the most common source of water was drilled well (48%) followed by rainwater (37%). See Fig 4.
- There is no apparent difference between HH's economic status and choice of water source for both consumption and other domestic uses.
- Of all HHs who had used rainwater for drinking/eating, 600 HHs (33%) are poor, 601 HHs (34%) are near poor and 594 (33%) are non poor.
- Of all HHs who had used drilled well for other purposes, 451 HHs (32%) are poor, 465 HHs (33%) are near poor, and 489 HHs (35%) are non poor.
- There is no group difference between HHs with and without PwD and their choice of water sources for both consumption and non-consumption.

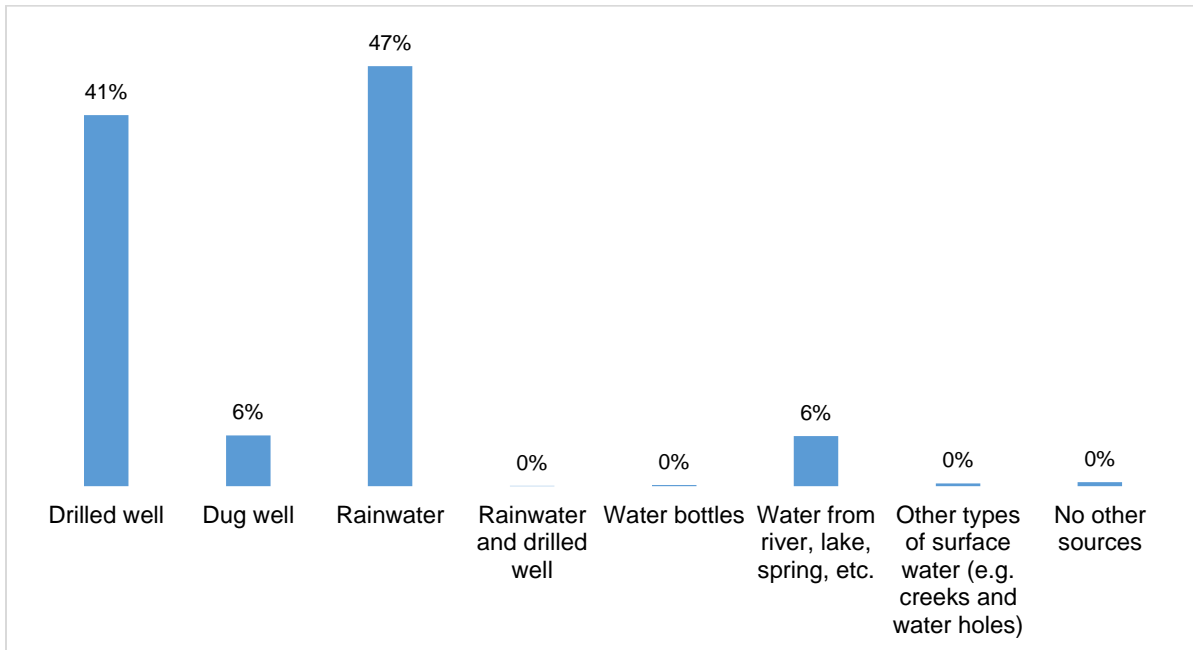
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Figure 4. Source of water before pipe installation



After connecting to piped water service, rainwater and drilled well continue to be most preferred alternative sources of water³ that are used in parallel with piped water, with 1,365 HHs out of 2,926 (47%) using rainwater in and 1,206 HHs (41%) using water from their drilled well. See Figure 5.

Figure 5. Sources of water used in conjunction with piped water



After connection to piped water, the majority of HHs use piped water for drinking/eating (85%, 2,486 out of 2,933 HHs).

³ The question does not specify for what use

Economic status influences HH's consumption of piped water. Of these 2,486 HHs, 41% (1,014) are non-poor, 34% is near poor, 26% is poor. Of the 477 HHs that don't use piped water for drinking/eating, 53% is poor, 32% is near poor and 16% is non poor. A chi-square test of independence showed that there is a significant relationship between the two variables ($p < .01$).

Time fetching water

Half of verified HHs spent less than ten minutes on fetching water (1,674 out of 2,931 HHs with known information, 57%)

Decision maker

In terms of who holds the decision-making power over HH connections, 47% of HHs (1,385 out of 2,928 HHs) reported husband or father being the primary decision maker; 45% of HHs (1,305 HHs) reported wife or mother.

Quality of water

Almost all HHs reported no problem with their piped water quality, with only 1% described it as cloudy and 1% found the water pressure not strong enough.

Treatment of water for drinking

Of HHs with known information on water treatment method (2,900 out of 2,933 HHs, 99%), nearly four-fifths only boil water before consumption (2,290 out of 2,900 HHs, 79%). Of the 2,290 HHs who solely rely on boiling, one-fourth are poor (26%) compared with two-fifths who are non-poor (39%).

The second most common disinfection method is using water purifier in combination with boiling (187 out of 2,900 HHs, 6%). Each of other combined methods account for less than 5% of the sample.

Of the 187 HHs who could afford water purifiers and use them in tandem with boiling method, half of them are non-poor (52%) compared with only one-fifth of them who are poor (18%). Poor HHs are more likely to turn to bottled water and boiling or only buy bottled water as treatment methods than non-poor HHs (64% compared with 11%).

Type of latrine used

HHs who were verified for their piped water connection were also asked what type of sanitation facility they are currently using (the response rate is 100%). Nearly three-quarters (2,132 out of 2,933 HHs, 73%) of HHs reported they were using cistern flush toilets, of which there are more non-poor HHs than poor HHs (28% compared with 38%). Of 216 HHs with no toilet or unsanitary toilet (e.g. fish pond and open pit), there are more poor HHs than non poor HHs (55% compared with 21%). This pattern is consistent with the finding that more poor HHs reported to have no latrine before joining WOBA than non poor HHs, suggesting that economic status influences HHs' access to basic sanitation service.

Table 4. Number and proportion of HHs by current sanitation facility type and economic status

			Dry toilet (with vent pipe)	Fish pond	Flush/pour flush to pit	Flush/pour flush to septic tank	No toilet	Open pit	Single pit/ Bucket latrine	Twin pit	Total
Economic status	Poor	Count	17	53	48	596	54	12	4	93	877
		% within Economic status	1.9%	6.0%	5.5%	68.0%	6.2%	1.4%	0.5%	10.6%	100.0%
		% within HH's current sanitation facility	60.7%	52.5%	30.8%	28.0%	60.7%	46.2%	28.6%	24.0%	29.9%
	Near poor	Count	8	37	57	727	11	4	6	121	971
		% within Economic status	0.8%	3.8%	5.9%	74.9%	1.1%	0.4%	0.6%	12.5%	100.0%
		% within HH's current sanitation facility	28.6%	36.6%	36.5%	34.1%	12.4%	15.4%	42.9%	31.3%	33.1%
	Non-poor	Count	3	11	51	809	24	10	4	173	1,085
		% within Economic status	0.3%	1.0%	4.7%	74.6%	2.2%	0.9%	0.4%	15.9%	100.0%
		% within HH's current sanitation facility	10.7%	10.9%	32.7%	37.9%	27.0%	38.5%	28.6%	44.7%	37.0%
Total	Count	28	101	156	2,132	89	26	14	387	2,933	
	% within Economic status	1.0%	3.4%	5.3%	72.7%	3.0%	0.9%	0.5%	13.2%	100.0%	
	% within HH's current sanitation facility	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Handwashing facility

74% HHs (2,163 out of 2,933 HHs) had a handwashing station with soap on the premises. Of these 2,163 HHs, there were more non poor HHs than poor HHs.

For the HHs that had neither handwashing station of soap, 54% (242 HHs out of 444) were poor, 11% (111 HHs) were near poor and 8% (91 HHs) were non-poor.

Table 5: Number and proportion of HHs by availability of handwashing station with soap and economic status

			Not having a handwashing station with soap	Has a handwashing station and soap	Has a handwashing station but without soap	Total
Economic status	Poor	Count	242	545	90	877
		% within Economic status	27.6%	62.1%	10.3%	100.0%
		% within HH's current hygiene status	54.5%	25.2%	27.6%	29.9%
	Near poor	Count	111	740	120	971
		% within Economic status	11.4%	76.2%	12.4%	100.0%
		% within HH's current hygiene status	25.0%	34.2%	36.8%	33.1%
	Non-poor	Count	91	878	116	1,085
		% within Economic status	8.4%	80.9%	10.7%	100.0%
		% within HH's current hygiene status	20.5%	40.6%	35.6%	37.0%
Total	Count		444	2,163	326	2,933
	% within Economic status		15.1%	73.7%	11.1%	100.0%
	% within HH's current hygiene status		100.0%	100.0%	100.0%	100.0%

5.2. Vietnam CSS

Decision maker

Consistent with the pattern recorded in the water connections verification (see Section 5.1), the largest proportion of HHs taking part in the CSS reported males being main decision makers (54 out of 142, 37%). Female decision makers represent 32% of the sample. Decision making that involved both husband and wife, and children equally represent 11% of HHs.

Treatment of water

Of the 142 cases where water treatment methods were stated, 51% only boil water prior to consumption, 20% used a combination of using purifier and boiling water, and 15% simply let the water stand and settle. Boiling was HH's most common option, followed by using purifier, which are consistent with water verification data. The largest proportion of HHs who let the water stand and settle without filtering or using any disinfectant are poor HHs (15 out of 21, 71%) while the largest proportion of HHs who use purifier before boiling water are non-poor (14 out of 28, 50%).

HH's experience of water schemes' service quality

Of the 142 cases where information on how many hours per day piped water is available for use was known, the majority reported that water is available 24/7 (96 out of 142, 68%). Nearly one-third of HHs reported that water is available for 8 or less than 8 hours (43 out of 142, 30%).

HHs' experience of water outage was recorded in 98% of the sample (143 out of 146). Nearly six out of ten HHs reported water supply interruptions (84 out of 143, 59%). Of the three provinces, Ben Tre reported the highest interruption rate (26 out of 35, 74%), whilst Nghe An reported the lowest rate (54 out of 105, 51%). 81% of HHs said they were informed before outage took place, the rest did not receive any notice or did not know if there was one. Of 74 HHs with data on the monthly frequency of outage, six out of ten HHs experienced no water once or twice per month (45 out of 74, 61%).

In 51% (74 out of 146) of surveyed HHs, information of the duration of repair to the water supply network was captured. Of these, 86% reported that repair lasted less than a day, whilst 11% reported the repair time to be somewhere between one and six days.

HH's knowledge of water schemes' service

Of 133 HHs (out of 146, 93%) who could name the manager of the water provider, 67% answered PCERWASS, 29% answered private enterprise, and 5% answered Commune-level People's Committee.

73% of HHs were able to recognise the water scheme service provider type.

Of 143 HHs (out of 146, 98%) who actively answered if they know who to contact when there are water faults, 87% said yes.

HH's satisfaction with water service

Overall, HHs were satisfied with their piped water. Of 143 HHs (out of 146, 98%) who reported their satisfaction level, 61% were satisfied and 39% were highly satisfied.

The top three reasons for which HHs were satisfied their piped water were:

- Convenient and Good for family's health (28 out of 143, 20%)
- Good for my family's health (27 out of 143, 19%)
- Convenient, Time-saving, Good quality, and Good for family's health (23 out of 143, 16%)

Where information on ways to improve water supply service was known (142 out of 146, 97%), the vast majority of HHs reported that there is no need for any improvement as the service is good (122 out of 142, 86%). Whilst the number of HHs with suggestions for improvement were generally low – less than 10 for each suggestion – lowering the tariff is the most common suggestion (7 out of 122, 5%).

Water quality

98% (143 out of 146) of HHs actively answered questions on their perception of water quality. Of the cases where opinions were recorded (including “don't know”), 97% described their water as pure and colourless, 89% reported no odour, 94% described the taste of water as sweet, and 97% indicated there are no seasonal change to the water quality. The question on the smell of water was added for CSS but not asked when connections were verified. There is a small increase of complaint about the colour of water (1% to 2%) and about the taste of water (1% to 4%).

6. Discussion

Although Water for Women's project has a clear gender and socially inclusive (GESI) approach to WASH, WOBA Vietnam routinely relies on secondary data (i.e. official statistics from the government) to disaggregate beneficiary results by gender for reporting. This represents an accuracy risk in ascertaining the number of women reached at output level. Further, although the verification questionnaires examine individual perceptions of WASH benefits, thus demonstrating a potential for highlighting gender differences in relation to WASH interventions, it doesn't include question on the gender of respondent.

Data of HH's economic status is captured in both baseline survey and verification, allowing equity to monitor. As noted in the mid-term review, some HHs eligible for the government's list of poor/near poor have been removed to meet the New Rural Development Program targets of reduced number of poor HHs. Since WOBA accepts HHs who, at the time of completing their latrine buildings, were no longer recognised as poor or near poor as they had been during baseline survey, some HHs were able to receive support for their WASH needs. At the same time, there have been cases in which verifiers (i.e. field staffs) do not approve HH's eligibility for subsidy due to the size of their newly built house. There is no widely accepted definition of how still “poor” HHs should look once they become officially non-poor nor there is any guidance issued to inform verifiers' decision, leading the monitoring data to be sometimes reviewed on a case-by-case basis.

7. Recommendations for future verification

- Questionnaires should be standardised for each verification purpose. Out of all verification forms, CSS suffers the most from inconsistent wording and lack of clarity as many questions differ province to province, which affects interpretation of collected data.
- All verification forms should be developed with the gender focus, allowing for disaggregation of their output results by gender and economic status.
- With regards to economic status, a question about the current status of HHs should be added to allow for more insights on HHs who move in and out of poverty.
- Verification teams should be trained to ask the questions in the same way.