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# PROGRESS REPORT

Championing sustainable sanitation  
and hygiene for all



## About WSSCC

The Water Supply and Sanitation Collaborative Council (WSSCC) is at the heart of the global movement to improve sanitation and hygiene, so that all people can enjoy healthy and productive lives. Established in 1990, WSSCC is the only United Nations body devoted solely to the sanitation needs of the most vulnerable and marginalized people. In collaboration with our members in 141 countries, WSSCC advocates for the billions of people worldwide who lack access to good sanitation, shares solutions that empower communities, and operates the Global Sanitation Fund (GSF), which since 2008 has committed over \$117 million to transform lives in developing countries.

## About GSF

GSF invests in collective behaviour change approaches that enable large numbers of people in developing countries to improve their access to sanitation and adopt good hygiene practices. Established in 2008 by WSSCC, GSF is the only global fund solely dedicated to sanitation and hygiene.

WSSCC gratefully acknowledges the donors that, through its lifetime, have made GSF's work possible: the Governments of Australia, Finland, the Netherlands, Norway, Sweden, Switzerland and the United Kingdom.

## Note to reader

This publication provides a comprehensive overview and analysis of GSF's activities and performance in 2016, as well as over the period of WSSCC's 2012-2016 Medium-Term Strategic Plan. The latest information on GSF's structure and concepts at the date of publication of this report is also provided, as they relate to the GSF's work in 2016.

Through regular reporting, WSSCC aims to provide a clear impression of GSF's current and planned impact. WSSCC encourages support for the GSF and welcomes critical analysis of GSF's key results and activities. All publicly available information on GSF is published on [wsscc.org/global-sanitation-fund](http://wsscc.org/global-sanitation-fund).

©2017 Water Supply and Sanitation Collaborative Council (WSSCC), hosted by the United Nations Office for Project Services (UNOPS).

## Acknowledgements

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# FOREWORD



**A NEW ERA FOR WSSCC**  
**Christopher Williams, PhD**  
 EXECUTIVE DIRECTOR, WSSCC

Last year, a new era began for the international development community – 17 Sustainable Development Goals (SDGs) came into force, which nations aspire to achieve by 2030. SDG 6 focuses on ensuring access to water and sanitation for all, with target 6.2 specifically addressing sanitation and hygiene.

WSSCC established the Global Sanitation Fund (GSF) in 2008 to respond to the global sanitation and hygiene crisis. With the advent of the SDGs, WSSCC is aligning its work to support countries to achieve SDG 6.2 and to do so in ways that enable governments to also achieve associated outcomes on health, education, women’s empowerment, climate change adaptation, and urban development.

WSSCC’s 2017-2020 Strategic Plan provides a vision for how the organization will align its support to governments and various non-state actors in Africa and Asia to facilitate policy reforms, sector coordination, large-scale programming, and public investment. Emphasis is placed on ensuring people achieve the dignity, privacy, health and comfort that comes with sustainable sanitation and hygiene behaviour change.

The Strategic Plan positions GSF as central to WSSCC’s efforts to provide support to countries at all levels, particularly at the subnational level where local governments and organized community actions are crucial to success.

The international community has identified global funds as an important tool to enable countries to achieve their national development targets and the SDGs. As a multi-donor trust fund, GSF plays a central role in financing the sanitation sub-sector in ways that leverage community savings, private capital and public investment, and better align the support of development partners. The institutional arrangements, delivery mechanisms and the large-scale social movements now prominent in sanitation and hygiene improvement programmes supported by GSF, provide governments with the tools they need to achieve results at scale.

Since 2008, WSSCC has established through GSF a solid track-record. What was once an unknown investment vehicle, GSF is now a viable global fund available to Member States to achieve SDG target 6.2. Moreover, an effective resource mobilization strategy is required to secure funds for WSSCC to enable GSF to reach the ambitious targets set out in the Strategic Plan.

With your support, we aspire to help tens of millions of people to achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women, girls and those in vulnerable situations.



Sanitation and hygiene are linked to most SDGs. The SDGs marked above are specifically identified in WSSCC’s Strategic Plan 2017-2020.

**SUPPORTING**  
**SDG 6.2 and**  
**related Sustainable**  
**Development Goals**

# INTRODUCTION



## ENSURING THE GLOBAL SANITATION FUND IS FIT FOR PURPOSE IN THE ERA OF THE SUSTAINABLE DEVELOPMENT GOALS

**David Shimkus**

PROGRAMME DIRECTOR,  
GLOBAL SANITATION FUND

The annual GSF Progress Report provides a comprehensive overview and analysis of the activities and performance of GSF in 2016. It describes the tools and mechanisms that communities, civil society, local governments, and myriad other stakeholders have used successfully in 13 countries in Africa and Asia to end open defecation, improve access to sanitation, and adopt good hygiene practices. Additionally, the Report assesses how results achieved at the subnational level have informed the decisions of national policy makers in areas such as public investment, capacity building, coordination, and monitoring.

The Progress Report also captures GSF's performance during the period of WSSCC's 2012-2016 Medium-Term Strategic Plan (MTSP). At the end of 2016, our three key outcome targets for sanitation access and use, as set in the MTSP, were met and exceeded. WSSCC learned a great deal in 2016 about sustainability, in terms of both behaviour change and institutional sustainability. This has led to continued GSF support for rolling out effective methods to reinforce behaviour change that have been developed by on-the-ground practitioners, local champions and Natural Leaders. The Fund has also redoubled its efforts to ensure sanitation improvement programmes leave

no one behind – including women, the very poor, people with limited mobility, and otherwise marginalized populations.

In anticipation of WSSCC's 2017-2020 Strategic Plan and its call for sustainable and equitable sanitation for all, the Council and a range of stakeholders in 2016 developed a GSF Theory of Change. This document articulates fully how GSF supports achievement of national sanitation and hygiene objectives, with a focus on community-led sanitation and hygiene efforts, while also strengthening enabling environments at the national and local levels.

WSSCC's 2017-2020 Strategic Plan captures the outcomes that the Council seeks to achieve over the next four years. The continued, successful implementation of GSF-supported, nationally driven sanitation improvement programmes are central to the realization of the Strategic Plan. For this purpose, a new GSF Results Framework was developed. The Results Framework will help governments and Implementing Partners to monitor and report not only on their efforts to achieve sustainable behaviour change, but also on how local and national systems and institutions are being strengthened. Furthermore, evidence will be generated on how GSF-supported programmes impact the lives of women, girls, and those in vulnerable situations. Robust in its scope, the Framework will track our contributions to making schools, health facilities and other public places more sanitary. Furthermore, we will be better able to strengthen our support to making technologies, services and behaviours more resilient and adaptive to climate change.

With the support of our partners, stakeholders and donors, GSF-supported programmes have empowered 15 million people to live in open defecation free environments, and over 12 million to access improved toilets. Together, we can reach tens of millions more.



A FACILITATOR BEGINS A COMMUNITY-LED TOTAL SANITATION FOLLOW-UP SESSION IN MADAGASCAR. ©FAA



## EXECUTIVE SUMMARY

*In 2016, the Sustainable Development Goals (SDGs) came into force, and the GSF network actively worked to ensure it was well-equipped for the new era. Across 13 supported countries, partners reported significant increases from 2015 in the number of people living in open defecation free (ODF) environments as well as accessing improved toilets and handwashing facilities. This was thanks to essential donor contributions and the tireless efforts of over 120,000 stakeholders driving sanitation and hygiene movements.*

**Aiming for sustainable and equitable sanitation and hygiene for all:** In 2016, GSF undertook an exercise to develop an overarching Theory of Change that sets out its vision and role in the WASH sector during the SDG era. Under the new framework, GSF will support countries to achieve SDG 6.2, focusing on adequate and equitable sanitation for all, starting with entire administrative areas within GSF-supported countries, and building a movement to do the same nationally and globally.

**Research on equity, Value for Money and sustainability:** In 2016, GSF launched an in-depth two-part diagnosis of its approach to equality and non-discrimination (EQND), which aims to identify strengths, gaps and areas for improvement across GSF-supported programmes. The diagnosis will also propose tools, instruments and guidelines for a deliberate and more systematic integration of EQND across the GSF network. In addition, a multi-country Value for Money study was published, which provides recommendations on how GSF can better understand the economy and the cost-efficiency of its supported programmes and the resources invested by communities, governments and other partners.<sup>1</sup> In addition, GSF-supported programmes drove various research activities to enhance EQND and sustainability aspects.

**Global learning event to boost impact and innovation:** Implementing Partners, WASH experts, and high-level government representatives from across the globe gathered in Madagascar for the 2016 GSF Learning Event. The week-long event provided a forum for stakeholders to exchange ideas, lessons and best practices for scaling up and sustaining improved sanitation and hygiene through collective behaviour change programmes. At the end of the event, all GSF-supported

programmes committed to tangible follow-up actions, and a comprehensive reflection paper on the lessons, conversations and questions generated during the event was later shared.<sup>2</sup>

**Championing peer-to-peer learning and documentation:** In 2016, 10 inter-country learning exchanges took place, involving 12 GSF-supported programmes. These exchanges helped build new CLTS skills and provided fresh ideas and emerging best practices for country programmes. In Madagascar, the programme developed and refined the Follow-up MANDONA approach to rapidly achieve and sustain ODF status. Through in-depth country exchanges and a comprehensive manual, the approach is being adapted in seven other country programmes. Best practice from Madagascar in facilitating Institutional Triggering was also disseminated and adopted through these exchanges. Adopting these approaches has helped boost results in some programmes. In addition, staff from Madagascar trained peers in Niger in Institutional Triggering, and the learning from this approach will feed into the development of a new GSF-supported programme in Niger.

Real-time and emergent learning approaches have also been developed in several programmes, with the Cambodia programme leading the way. Moreover, a range of learning products were released, discussed and well-received by stakeholders, including a reflection paper on slippage and sustainability and a gender and CLTS study.

<sup>1</sup> Read more about the EQND diagnosis, Value for Money findings and other research activities on page 12 and 14.

<sup>2</sup> WSSCC. (2016). *Catalytic programming for scale and sustainability: Conversations, reflections and lessons from the 2016 Global Sanitation Fund Learning Event*. Retrieved from <http://wsscc.org/resources-feed/catalytic-programming-for-scale-and-sustainability-conversations-reflections-and-lessons-from-the-2016-gsf-learning-event>

## Expanding programmes and contributing to the Sustainable Development Goals

In line with WSSCC's Strategic Plan, GSF stakeholders continued to develop comprehensive strategies and plans to ensure that supported programmes are well equipped to achieve SDG 6.2. The focus on SDG 6.2 will also support contributions to associated SDG goals and targets on education, health, women's empowerment, climate change and urban development. With many programme grants ending between 2016 and 2017, stakeholders actively collaborated to develop new programme expansions for the SDG period. These expansions are set to focus on sustaining programmes, scaling up results, strengthening enabling environments and national capacities, and leaving no one behind.

## Strategic Plan targets achieved

By December 2016, GSF met all three of its key targets set out in WSSCC's 2012-2016 Medium-Term Strategic Plan (MTSP). Cumulative results from the start of the Fund to 31 December 2016 are as follows:

**15.2 MILLION PEOPLE** have been empowered to live in ODF environments, just over the MTSP target of 15 million.

**12.8 MILLION PEOPLE** have gained access to improved toilets, 16 percent more than the MTSP target of 11 million.

**20 MILLION PEOPLE** have gained access to handwashing facilities, 81 percent more than the MTSP target of 11 million.

**OVER \$117 MILLION** has been committed for 13 country programmes, since GSF was established.

In **Benin**, partners began community-based activities in 14 communes, and the programme recorded its first key results verified by national systems.

In **Cambodia**, the programme completed phase one, with follow-up responsibilities formally transferred to the Ministry of Rural Development. The programme also further developed its Context-Driven Adaptive Approach to scale and speed up learning, inclusion and quality; its Real-Time Learning approach; its Participatory Social Assessment and Mapping methodology; and an equality and non-discrimination strategy.

The **Ethiopia** programme completed and shared various evaluations, studies and surveys, including an independent outcome evaluation of Ethiopia's sanitation and hygiene improvement programme in regions supported by the programme and UNICEF.

In **India**, two GSF-supported blocks in Bihar were certified ODF, demonstrating the viability of the GSF model. Piprasi Block became one of the first ODF blocks in Bihar, and it was followed by Rajgir Block. The programme reports that Government stakeholders are now using these and other ODF blocks as evidence and learning to achieve more ODF blocks.

The **Kenya** programme supported WSSCC, the Ministry of Health and UNICEF to organize the first National Training of Trainers on Menstrual Hygiene Management. In Wajir County, the first ever ODF villages were declared, thanks to innovative approaches from GSF-supported partners.

The **Madagascar** programme continued to scale up innovations for climbing the sanitation ladder, developing low-cost technologies, establishing financing mechanisms and addressing extra-household sanitation. An expansion phase was approved, which will focus on scaling up to new geographical areas, sustaining results and strengthening the enabling environment for WASH actors.

In **Malawi**, strong collaboration led to 14 Traditional Authorities being certified ODF. Building on this momentum, the programme facilitated conferences in all six supported districts to secure commitments from leaders towards achieving ODF districts.

The **Nepal** programme continued to support the coordinated national strategy to revive and sustain sanitation in the country, following the 2015 earthquake. In addition, an independent sustainability study was carried out, confirming that household sanitation practices and community behaviours have greatly improved in ODF declared communities since the start of the programme.

In **Nigeria**, Obanliku Local Government Area (LGA) was verified as the first of the 774 LGAs in the country to achieve ODF status, as a result of community-led efforts to change behaviours and address sanitation challenges.

The **Senegal** programme worked to ensure that local support systems – including village development associations, hygiene committees and mason associations – were established in all target communities. The programme also championed menstrual hygiene management in communities and schools by developing a training curriculum, facilitating training sessions and developing indicators to monitor progress across all target regions.

After a long startup phase, the **Tanzania** programme has accelerated the rate at which supported communities achieve ODF. Among several factors contributing to this has been shifting Triggering activities from the village to the sub-village level, due to the large number of sub-villages in many villages. The number of ODF communities increased from four in 2015 to 41 in 2016, covering 197,250 people.

The **Togo** programme rolled out its Institutional Triggering strategy in all target regions, which led to local government ODF commitments and action plans. In addition, a comprehensive handover plan was developed by all key stakeholders, under which UNICEF will progressively hand over management responsibilities to the Ministry of Health and Social Protection.

The **Uganda** programme developed a comprehensive expansion plan to increase geographical coverage, ensure sustained and inclusive progress, and enhance the enabling and institutional environment for sanitation. Thanks to the programme's demonstrated success, the Government of Uganda committed to match GSF's new investment, in a step towards increased government funding.



A TRIGGERING SESSION IN TANZANIA, AS PART OF THE COMMUNITY-LED TOTAL SANITATION (CLTS) PROCESS. TRIGGERING INVOLVES A JOURNEY OF SELF-REALIZATION WHERE A COMMUNITY IDENTIFIES FAECES IN THE OPEN ENVIRONMENT. THROUGH A FACILITATED UNDERSTANDING THAT THEY ARE UNKNOWINGLY INGESTING FAECES, COMMUNITY MEMBERS TAKE ACTION TO END OPEN DEFECACTION AND IMPROVE THEIR SANITATION AND HYGIENE BEHAVIOUR. ©WSSCC





# 1

## GSF: HOW IT WORKS

Access to adequate water, sanitation and hygiene (WASH) is both a human right and daily need for everyone, everywhere, at all times throughout the day. Yet, 2.4 billion people still live without access to adequate sanitation facilities, including nearly one billion people who still practice open defecation. According to the World Health Organization (WHO), inadequate water, sanitation and hygiene claims approximately 842,000 lives yearly, exacerbates malnutrition, and hinders economic growth and development (WHO, 2016). Inadequate WASH is also linked to the transmission of several diseases including cholera and diarrhoea, the latter of which is among the leading causes of death worldwide (WHO, 2017).

In addition to preventing a significant amount of diseases, improved sanitation and hygiene are closely associated with human dignity and safety, especially for women and girls, while also affecting school attendance, particularly among girls (UNICEF, 2016). Furthermore, a WHO study calculated that for every \$1 invested in sanitation, there was a return of \$5.50 in lower health costs, more productivity and fewer premature deaths (WHO, 2016). Effective tools and participatory methods to improve sanitation and hygiene behaviour are readily available, but the world still faces a prevalent sanitation crisis. It is therefore necessary to scale up and roll out these models.

Together with partners and stakeholders, the Global Sanitation Fund (GSF) addresses the global sanitation crisis and remains the only global fund dedicated solely to sanitation and hygiene. GSF aims to contribute to achievement of the global vision of universal access to sustainable sanitation and hygiene, as described in Sustainable Development Goal target 6.2. It does so by investing in collective behaviour change programmes and strengthening enabling environments that are conducive to achieving large-scale results. By demonstrating that sustainable and equitable access to sanitation and hygiene is possible at a large scale, GSF serves as a catalyst to attract additional attention and resources so that nobody is left behind.

\*See page 69 for the sources of the data highlighted above.

# THEORY OF CHANGE

*GSF invests in large-scale collective behaviour change programmes and enabling environments, to drive the achievement of adequate and equitable sanitation and hygiene for all. The GSF Theory of Change takes Sustainable Development Goal (SDG) 6.2 as its point of departure, with stakeholders working at three principal levels: subnational, national and global. This work aims to: achieve entire administrative areas that are open defecation free; support local stakeholders to gradually achieve SDG 6.2 for everyone in these areas; and ignite and support movements aimed at nationwide coverage followed by global achievement of adequate and equitable sanitation and hygiene for everyone.*

## Key components

**The Theory of Change can be summarized as follows:** Country-led design for scale: GSF-supported programmes are designed by in-country stakeholders with the deliberate intent to address sanitation at scale with quality. Moreover, all programmes include central roles for country governments and are designed to be catalytic in nature. Success in targeted administrative areas is intended to serve as a proof of concept that can be replicated and scaled up beyond the original GSF intervention areas. This success can also influence national programmes to accelerate towards nationwide sanitation coverage. Moreover, these results make the political case for public investment in behaviour change programmes and help elevate the sanitation subsector as a government policy priority.

An administrative area can be a commune, municipality, district, woreda, or any other nationally recognized administrative unit. It should be an area in which local actors and governments have clear accountability for hygiene and sanitation. Often, it is a principal unit of decentralized/local government that encompasses scale, and it can be further sub-divided into lower levels of local government, including communities.

**Collective behaviour change activities at scale in entire administrative areas:** GSF-supported programmes empower communities to end open defecation and radically change their sanitation situation in a sustainable manner. This is done by facilitating collective behaviour change and action – first within communities and then across entire administrative areas.

Implementation strategies are dynamic, innovation-driven, and context-specific. Managed by Executing Agencies, GSF-supported programmes use a range of approaches. This includes but is not limited to Community-Led Total Sanitation,

carried out by Implementing Partners in collaboration with community actors, civil society, local governments and private sector actors.

Carefully phased supply-side activities reinforce behaviour change by triggering communities to continuously climb the sanitation ladder. Well-implemented collective behaviour change actions are inclusive and aim to meaningfully involve potentially disadvantaged individuals or groups, especially women and girls and people with reduced mobility or disabilities.

Open defecation free (ODF) status is merely an entry point for eventually achieving SDG 6.2. Some programmes may target higher levels of service from the start, such as the pour-flush requirements in some Asian countries. GSF-supported programmes promote innovative strategies towards equitable access to safely managed sanitation and hygiene. This may include supply-side and value chain development – including in urban areas – menstrual hygiene management, climate change adaptation, and water hygiene.

**Nurturing national movements:** A cornerstone of successful achievement and maintenance of ODF or total sanitation communities is the creation of a collaborative movement. Through this movement, actors in an administrative area converge around the conviction that achieving and sustaining full sanitation coverage is a shared responsibility, requiring actors to complement each other. This vision is often formalized in an action plan or roadmap defining how the area will achieve and sustain ODF and/or achieve SDG 6.2. To catalyze this process, GSF-supported entities engage in a range of advocacy activities. In general, a GSF-supported programme operates in multiple administrative areas within a country, and it is aggregated success in these areas that serve as the basis for creating the momentum and drive for a broader national movement.

**Vision: Universal access to adequate and equitable sanitation and hygiene, as envisioned in SDG 6.2**

By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.

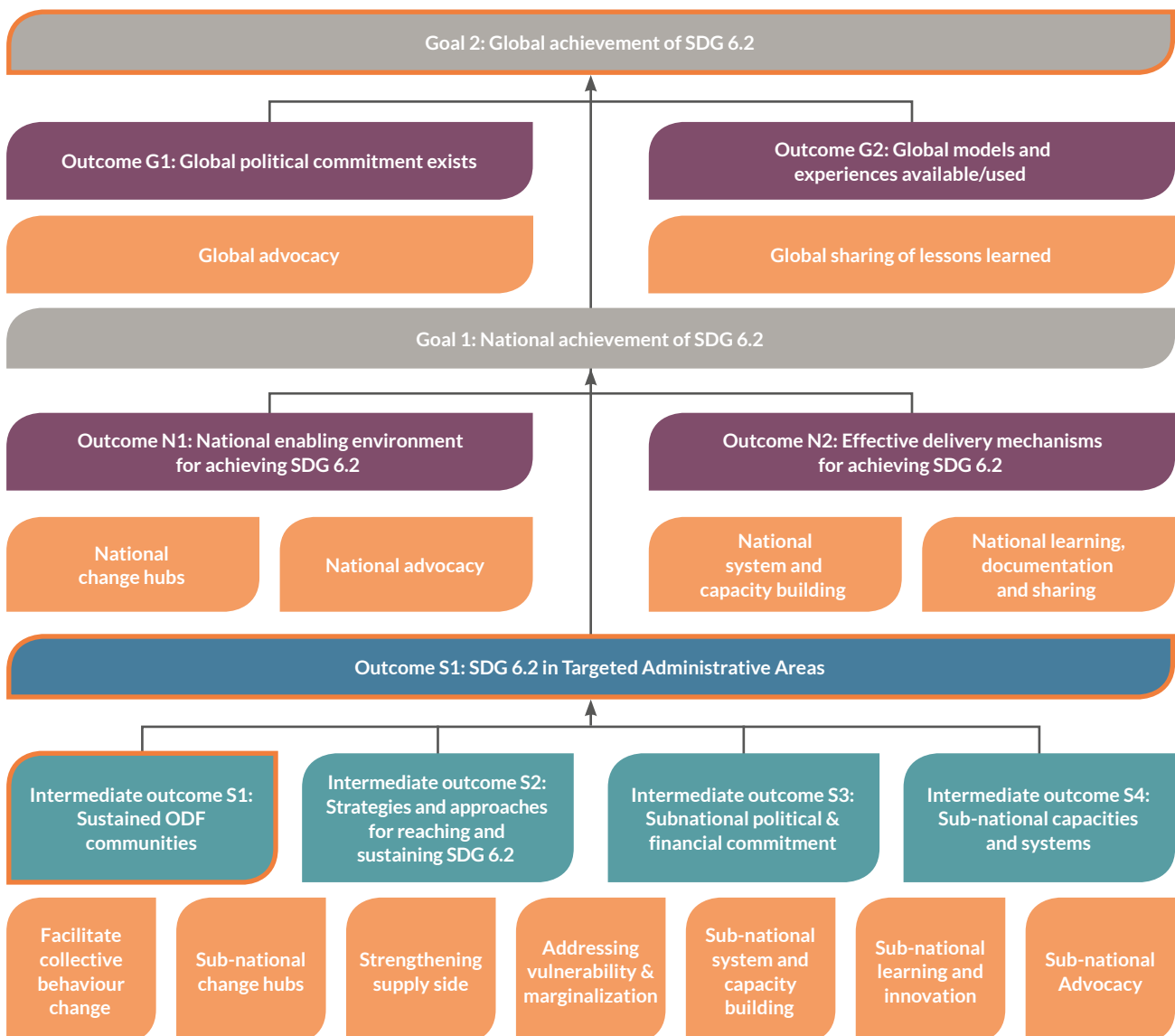
**Capacity building and change hubs:** GSF-supported programmes aim to accompany administrative areas in their journeys to achieve and sustain SDG 6.2. To this end, programmes provide dynamic and tailor-made capacity building services, targeting those actively involved in the movement – Implementing Partners, government entities, civil society partners, and private sector and community actors. Support to subnational change hubs, or interactive learning platforms where partners review progress, assess approaches and constructively challenge and learn from each other, also contributes to sustaining achievements over time.

**Scaling up to support national achievement of SDG 6.2:** Through national movements, capacity building, and advocacy efforts at the local and national levels, GSF-supported programmes aim to ensure that systems, structures and resources are in place to replicate programme models. Once programme areas have reached and sustained ODF status and are on track to achieving SDG 6.2, these results then inspire geographical scale-up, policy change, costed national roadmaps, and resource commitments.

**Supporting SDG 6.2 at the global level:** By showcasing subnational and national achievements, GSF and WSSCC can provide a meaningful contribution to advancing SDG 6.2 globally. With their community-centred and holistic approaches, deliberate aim for scale and universal access, and focus on hard-to-reach and vulnerable populations, GSF-supported programmes can be seen as concrete models for programming in the SDG era.

**Dynamic learning and exchange:** GSF and WSSCC contribute to the global learning agenda through real-time learning, publications, presentations and engagement in various sector learning fora using empirical data from communities, Implementing Partners and government actors. The GSF family and its 13 supported programmes provide a dynamic platform for South-South and peer-to-peer exchange, an exciting alternative to more conventional North-South technical assistance schemes. These exchanges also inform the design of new country programmes.

**Figure 1: GSF Theory of Change**



Note: orange boxes are major groups of activities

# REFLECTIONS: PERFORMANCE AGAINST WSSCC'S 2012-2016 MEDIUM-TERM STRATEGIC PLAN

2016 marked the final year of WSSCC's 2012-2016 Medium-Term Strategic Plan (MTSP).<sup>3</sup> This section reflects on how GSF delivered against the five outcome areas that shaped the MTSP, and discusses some of the achievements, challenges, and lessons learned that will shape GSF going forward. These five outcome areas were access and use; equity; involvement; knowledge and skills; and delivery.

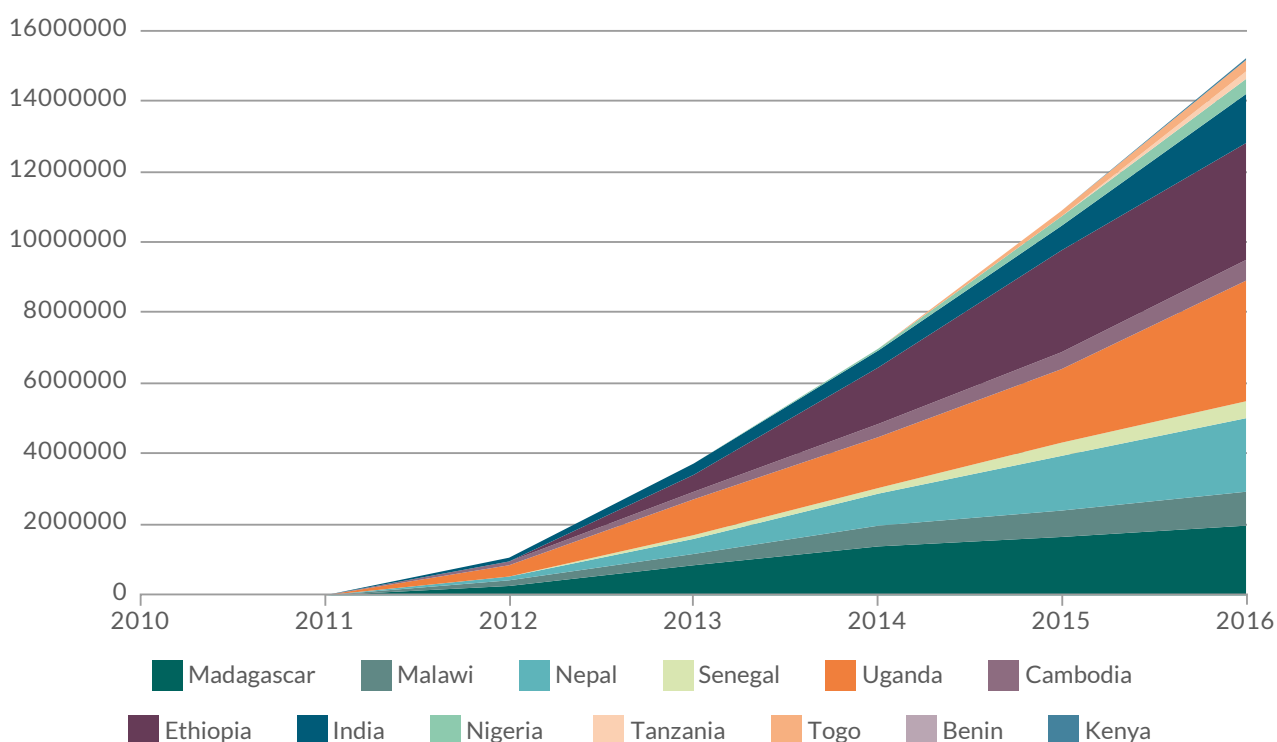
## Access and use

As the MTSP Outcome 1 states, between 2012 and 2016 and primarily through the mechanism of the GSF, WSSCC aimed for “tens of millions of previously unserved people in 10-25 sanitation-needy countries [to] gain access to and sustainably use improved sanitation and adopt safe hygienic behaviours.” As per the Results Dashboard on page 21, the GSF achieved the specific targets associated with this outcome area. As Figure 2 shows, by the end of 2016, 15.2 million were reported to be living in ODF environments thanks to GSF-supported interventions.

These people are spread across the 13 programme countries, with Ethiopia and Uganda contributing the largest numbers. These are currently the only two countries where the programme is fully implemented through local government channels, with the Ministry of Health serving as Executing Agency. While more detailed analysis is required, it is clear that the ability of these programmes to mobilize large amounts of existing, mandated human resources through the health extension services has played a large role in achieving scale, and in the pace with which they have been able to do so.

<sup>3</sup> WSSCC. (2012). *Medium-Term Strategic Plan 2012-2016*. Retrieved from [http://wsscc.org/wp-content/uploads/2015/08/wsscc\\_medium\\_term\\_strategic\\_plan\\_2012-2016.pdf](http://wsscc.org/wp-content/uploads/2015/08/wsscc_medium_term_strategic_plan_2012-2016.pdf)

**Figure 2:** Number of people living in ODF environments achieved over time by each GSF-supported programme



At the same time, these programmes' reliance on national systems and processes, and the scale at which they operate, may also present risks and challenges. For example, a 2016 outcome evaluation of the Community-Led Total Sanitation and Hygiene (CLTSH) programme in Ethiopia indicated particular challenges in ensuring that the national guidelines are available, understood and applied equally and with quality in all regions and at all levels.

Interestingly, the 'runner-up' countries in terms of results include Madagascar, where the programme is almost entirely implemented through civil society channels. They also include Nepal, where the programme is managed by a UN entity and implemented through civil society channels, but under strong leadership and coordination from national and decentralized government entities. This underscores the need for further analysis of programme delivery modalities and country con-

texts, which vary heavily across GSF's 13 supported countries. It must also be understood that scale is only one potential element of success, as are quality, sustainability, equality, and the overall ability of programmes to strengthen the enabling environment.

GSF's ultimate raison d'être is to support people to gain access to improved services and this is reflected through the Results Dashboard's focus on a set of key access outcomes (see page 21). However, GSF-supported country programmes are also designed to address the wider systems, processes, capacities and commitments required to achieve and sustain community-level results at scale. This becomes clear from reading the narrative country pages (see pages 24-49), but GSF acknowledges that these secondary outcomes have not always been monitored and reported on as systematically as they could be. The Fund has set out to redress this imbalance through its new Theory of Change and Results Framework (see pages 8 and 20).

### Sustaining results

GSF has placed considerable efforts in the last two years on understanding the conditions that can shape or affect the sustainability of programme results, leading to key learning and innovation across supported programmes. Examples of these efforts are included below:

#### Learning

In 2016, GSF published a reflection paper on slippage and sustainability,<sup>4</sup> sharing substantial evidence from Madagascar and other supported countries. A paper on catalytic programming for scale and sustainability<sup>5</sup> was also published, which was the result of a global GSF Learning Event and compiled key learning from all GSF-supported programmes.

#### Innovation

Strategies, approaches and tools have been developed and refined across GSF-supported programmes, to drive scale and sustainability. For example, the Madagascar programme developed Follow-up MANDONA, which helps communities rapidly achieve and sustain ODF status (see page 67). This approach has since been rolled out across seven other GSF-supported programmes, and a comprehensive manual was published in 2016.<sup>6</sup>

The programme has also demonstrated and shared its success in using Institutional Triggering (see page 67) to foster enabling environments for scale and sustainability at the local and national levels.

In addition, the Cambodia programme has shown how its Real-Time Learning approach can help solve complex implementation problems and address sustainability issues as they occur. Real-time learning is gaining traction

across several countries. The programme's Equality and Non-Discrimination Framework was also cited by the 2016 GSF equality and non-discrimination study as an excellent example of how to comprehensively implement and monitor inclusive approaches, which are key to sustainability.

*See examples of learning and innovation in each GSF-supported programme on pages 24 to 49.*

#### Sustainability surveys

In 2016, the GSF-supported Nepal programme commissioned a sustainability study to identify whether households, institutions and communities in ODF declared areas have continued to use and properly maintain improved toilets and hand washing facilities. Despite very positive findings overall (see page 39), approximately six percent of households were found to have one or more member who were practicing open defecation, increasing to 10 percent in vil-

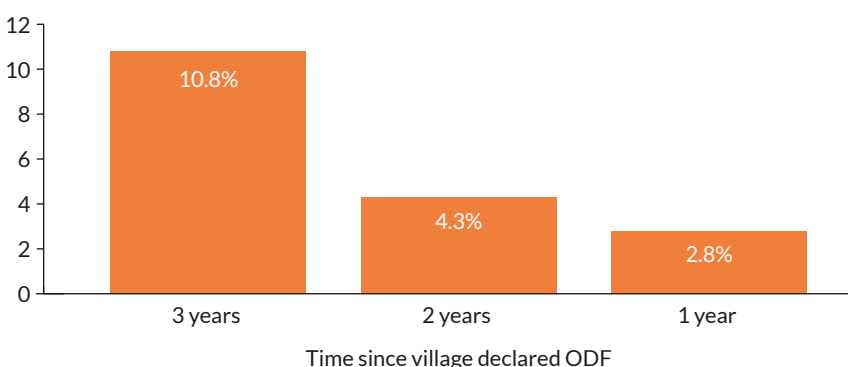
lages that had been declared ODF for longer. The results have critical implications on future programming and post-ODF follow up mechanisms in Nepal.

#### Sustainability checks

Building on the Nepal study methodology, in 2016 GSF began working with the University at Buffalo to develop a standardized outcome survey methodology. The survey will measure the sustainability of programme outcomes on a sample of GSF targeted areas across all programmes on a regular basis. Moreover, the findings will help inform programme design and follow-up actions.

GSF has worked closely with IRC International Water and Sanitation Centre to ensure that indicators, which measure the sustainability of programmes at the community, subnational and national level, are embedded into the new GSF Results Framework (see page 20 for more details).

**Figure 3: Percentage of households in ODF declared villages with one or more members practicing open defecation, Nepal GSF Sustainability Study 2016**



4 WSSCC. (2016). *Sanitation and hygiene behaviour change at scale: Understanding slippage*. Retrieved from <http://wsscc.org/resources-feed/sanitation-hygiene-behaviour-change-at-scale-understanding-slippage>

5 WSSCC. (2016). *Catalytic programming for scale and sustainability: Conversations, reflections and lessons from the 2016 Global Sanitation Fund Learning Event*. <http://wsscc.org/resources-feed/catalytic-programming-for-scale-and-sustainability-conversations-reflections-and-lessons-from-the-2016-gsf-learning-event/>

6 WSSCC. (2016). *Follow-up MANDONA: A field guide for accelerating and sustaining open defecation free communities through a Community-Led Total Sanitation approach*. Retrieved from <http://wsscc.org/resources-feed/follow-mandona-fieldguide-accelerating-sustaining-open-defecation-free-communities-community-ledtotal-sanitation-approach>



A DISABLED MAN DEMONSTRATING HIS HANDWASHING STATION DURING A FOLLOW-UP MANDONA SESSION. ©RUSHPIN/CLIFFORD OGAN

## Equity

Among those who gained access to sanitation and hygiene, the MTSP set out to ensure that “poor and marginalized people and groups are identified and preferentially supported” (Outcome 2). At the outset, GSF lacked appropriate tools and systems to address equality and non-discrimination (EQND), and EQND was not adequately embedded throughout the programme cycle. This was noted in most of the 10 mid-term evaluations of country programmes that were carried out between 2013 and 2015. With time however, capacity has emerged through implementation. GSF is steadily strengthening EQND considerations in programme design, institutional arrangements, coordination mechanisms, selection criteria for Executing Agencies, the composition of Implementing Partners, and indicators in its monitoring framework. For example, the 2013-14 Country Programme Proposals for Cambodia, Senegal and Kenya all included a deliberate and resourced emphasis on EQND, as do the 2016 expansion proposals for Madagascar and Uganda.

The new GSF Theory of Change (see page 8) and its emphasis on reaching SDG 6.2 in entire administrative areas explicitly requires a more deliberate focus on EQND. In 2016, GSF recruited an independent team of experts to undertake an in-depth two-part diagnosis of the GSF’s approach to equality and inclusion. The diagnosis aims to pinpoint gaps and areas for improvement as well as propose tools, instruments and guidelines for a deliberate and more systematic integration of EQND perspectives in GSF-supported programmes.

The first part of the diagnosis – an assessment comprising of visits to six countries and a review of documentation across all supported programmes – was completed in 2016. Among other findings, the forthcoming report of this assessment finds that the GSF has considered EQND in the initial identification of countries and in prioritizing poorer and underserved

geographical areas. Many people who may be considered disadvantaged have benefitted positively from GSF-supported programmes, particularly in ODF verified areas; and a range of positive outcomes and impacts were reported by people who may be considered disadvantaged across the communities and countries visited. These relate to safety, convenience, ease of use, self-esteem, health, dignity, an improved environment and, in a few cases, income generation. Moreover, the study acknowledges an increasing awareness and interest within programme teams to increase the consideration on EQND.

However, the study also concludes that the GSF has not yet systematically integrated EQND into its work within communities and throughout the components and stages in all of the programmes it funds. More proactive attention is needed throughout the programme cycle to build on current successes and ensure that people do not fall through the net or come to harm through the actions or omissions of supported programmes.

The report notes that simple programme adaptations to systematically incorporate those who are potentially disadvantaged will go a long way to ensure that the process effectively responds to EQND. Adapting plans, guidance and training tools, codes of conduct and monitoring, evaluation and learning tools will help increase the benefits for and protect those who need it most. The study provides several concrete recommendations in this regard, and GSF is in the process of putting these into practice.

Moreover, under WSSCC’s new Strategic Plan, the GSF will benefit from the Council’s emphasis on aligning various EQND initiatives at the country level, to strengthen the enabling environment necessary for achieving SDG 6.2. These include the Council’s policy advocacy, menstrual hygiene management and Leave No One Behind initiatives.

## Involvement

WSSCC set out to ensure “more individuals, organizations and businesses become involved in sanitation and hygiene work” (Outcome 3). The MTSP states: “In line with the WSSCC core mandate and aimed at addressing a significant barrier to sector progress, GSF’s programmes are designed collaboratively to strengthen Government-led coordination and achieve sector agreed targets. GSF’s programmes are implemented in a manner that draws in a wider pool of actors and attracts more funds through demonstrating cost-effective wide-scale and inclusive approaches” (MTSP, p10).

GSF contributed strongly to all outputs under this outcome area through its emphasis on working with Programme Coordinating Mechanisms and ensuring that they are responsible for design, reorientation, expansion of programmes as well as overseeing implementation. This has not only ensured the country-led character of GSF-supported programmes but has also engaged and brought together leaders and contributors from various sectors, organizations and backgrounds. Moreover, this approach has contributed to strengthened WASH sector coordination in many countries.

By the latest count, GSF-supported programmes work through over 300 Implementing Agencies and engage – formally and informally – a network of over 120,000 individuals across the 13 active programme countries. These individuals include local, national and international civil society actors, Natural Leaders, local and national government representatives, academics, private sector actors, and UN and international organization staff.

## Knowledge and skills

WSSCC and GSF continuously work to ensure that “individuals and agencies working in sanitation and hygiene improve their knowledge and skills” (Outcome 4). Throughout, GSF has placed a strong emphasis on innovation, creativity and quality. Some key lessons learned from the 2016 GSF Learning Event pertained to the best ways to build an ‘army’ of effective CLTS facilitators. GSF has found that this cannot be achieved through endless rounds of cascade training but requires hands-on learning by doing. This is achieved through dynamic methods such as coaching and pairing, peer-to-peer review and exchanges, engaging local and Natural Leaders, and regular exchange and ‘pause and reflect’ activities among partners.

Much has been learned on effective ways to facilitate collective sanitation behaviour change, mechanisms for sustainability, ways to strengthen EQND, effective sector coordination, Institutional Triggering and much more. One area that requires more attention is effectively promoting handwashing behaviour change. Between 2014 to 2016, a major intervention and study in partnership with the London School of Hygiene & Tropical Medicine in the GSF-supported programme in Nigeria was carried out on this theme. The study found that even where an additional layer of handwashing promotion was custom-built into an ongoing CLTS process, this still did not result in

In addition, there are the millions of people who have taken control of their own sanitation situation, and many national and local government champions and leaders who have been triggered and are committed to being enablers and supporters in a myriad of ways. GSF is more convinced than ever of the importance of building a movement of individuals, organizations and institutions committed to defining, implementing and achieving national agendas towards sanitation and hygiene for all. Moreover, all those engaged must be clear on their role within these movements.

### *Contributing to SDG 6.2 and associated goals*

GSF’s work not only supports the sanitation-focused goal and targets of the SDGs, but a whole host of associated goals, including goals 3, 4, 5, 10, 11 and 13. The Fund believes that more structural collaboration and partnerships across traditional development sectors are essential to move the collective of goals forward. For example, improving sanitation and hygiene is one of several key adaptation measures needed to address the expected impacts of climate change – especially on public health. Development actors must ensure that those that bear the biggest burden of climate impacts due to gender, poverty, age, disability, or other vulnerabilities, are not made worse off. In its new Results Framework, the GSF will therefore more systematically measure its contributions related to health, education, climate change and other key themes.

significant handwashing behaviour change. A publication on the study will be published in 2017. As an essential behaviour for a complete rupture of the faecal-oral infection chain, handwashing remains an essential area for further learning.

The MTSP emphasized the importance of skills and knowledge for entrepreneurs and small businesses and their role in sanitation service delivery. A key critique of GSF in the mid-term evaluations is its emphasis on and prioritization of behaviour change over the supply chains required to support and sustain that behaviour.

Based on experience, it is GSF’s position that in the quest for sustainable access and use, people’s resolve to change their behaviour must come first and that careful sequencing of behaviour change and supply chain activities is essential. Also, if well-facilitated, communities’ own knowledge, skills and resources can generate creative, innovative and appropriate technological designs and models for improved sanitation. That being said, GSF recognizes supply-side activities as an important area for further learning and has scheduled an in-depth assessment of GSF-supported activities in this area for 2017.

## Delivery

To achieve the four aforementioned outcome areas, WSSCC needed to be “adequately resourced and effectively governed and managed” (Outcome 5), and GSF needed to demonstrate that it is “a successful, efficient and cost-effective fund for accelerating sanitation and hygiene access and use” (MTSP, p30).

As the graph on page 10 shows, delivery rates increase as programmes mature. Executing Agencies and Implementing Partners perfect their systems and procedures, solidify their knowledge and skills, and increase the number of Natural Leaders, Community Consultants and other committed individuals engaged, to the point where growth becomes exponential. At this point, the cost per person reached drops dramatically.

At the same time however, the required investments and continued follow-up to ensure that the acquired behaviours and services are sustained, increase. In addition, the areas left to reach might be those with a more difficult context, requiring more programme resources. With limited funds available, GSF

## Value for Money

GSF commissioned a multi-country Value for Money study in 2015, carried out by Oxford Policy Management.<sup>7</sup> The study aimed to better understand the economy and the cost-efficiency of GSF-supported programmes and the resources invested by communities, governments, and other partners.

As could be expected, the study demonstrated significant cost variations between the six countries analyzed. But more importantly, the study provided GSF with the seeds for a methodology that can be applied more systematically in future, to build up a more detailed overview of Value for Money over time.

<sup>7</sup> White, Z. and Burr, P. (2016). *Value for Money Study in Global Sanitation Fund Programmes – Synthesis Report*. Retrieved from <http://wsscc.org/resources-feed/value-money-study-global-sanitation-fund-programmes-synthesis-report>

therefore needs to make strategic choices regarding the balance between ensuring equality and sustainability in existing programme areas, and expansion into new programme areas and new results.

In this light, Table 1 highlights the planned budgets foreseen in the MTSP, and the real disbursements and commitments GSF has been able to make between 2012 and 2016.

**Table 1: MTSP planned budget vs. expenditure and new investments**

MTSP Budget (million USD)	2012	2013	2014	2015	2016	Total
GSF Planned Annual Budget (target)	24	30	38	48	60	200
GSF Annual Expenditure (disbursements)	13.75	23.82	25.18	25.41	22.40	110.55
GSF New Investments (commitments)	46.15	29.00	29.00	11.10	10.30	125.55

Notably, the total available resources were lower than what had been projected in the MTSP. With \$125 million committed, some \$15 million of these funds are still due to be disbursed. But since 2012, annual investment in new programmes, extensions or expansions has decreased by 75 percent, and GSF has not been able to increase the number of active programme countries beyond 13. This is on the low end of the “10 to 25 countries” target set by the MTSP.

In most countries, it has been necessary to make large allocations of funds upfront, to establish the enabling environment and GSF machinery needed to deliver on key indicators. The lack of new resources flowing into GSF in recent years has meant GSF has not been able to make similar commitments to new programme countries. Furthermore, existing programmes will need to channel more and more of their available resources towards sustaining already achieved results, which will affect the growth of results in the future.

Nevertheless, GSF-supported programmes have provided proven models to reach results at scale. For example, the programmes in Nigeria and Uganda have generated commitments

from national governments and sector partners to build on successes (read more on pages 40 and 48). GSF’s monitoring framework will place more emphasis on tracking its ability to leverage additional fund flows into the sector. Furthermore, new and expansion programmes are now negotiated with a cost-sharing element, where governments and other sector partners are increasingly committing resources to GSF-supported programming modalities and approaches.

WSSCC and GSF have struggled in recent years to mobilize the level of resources the Fund requires to continue to deliver and sustain results at a similar level achieved so far. To a certain extent, this struggle has been shared by the entire WASH sector and is related to broader geopolitical, economic and social processes. Notwithstanding, WSSCC recognizes that the national sanitation and hygiene programmes it has supported through GSF have exceeded the MTSP targets. A fully resourced GSF can significantly build on these results and enable geographic expansion, as would be expected by a global fund. GSF will continue to work with its stakeholders, donors and broader WSSCC partners to not only raise the funds required, but also better understand and fulfil its full potential as a WASH sector resource.



# PROGRAMME RESULTS (2008-2016)

*At the end of 2016, the three key outcome targets for sanitation access and use, as set in the MTSP, were met and exceeded. 2016 proved to be GSF's most successful year in achieving these key results, reflecting the payoff from earlier efforts and investments made to ensure mechanisms are now up and running for successful programme delivery.*

In the 'Results Overview' dashboard on page 21, combined results across the 13 GSF-supported programmes accrued from GSF's launch to 31 December 2016 are presented. The dashboard also presents key MTSP targets ('MTSP 2016'). Country-specific cumulative results and targets are presented in the country profiles (from page 24).

From the outset however, it needs to be emphasized that the impact of GSF-supported programmes goes far beyond the results presented in this dashboard. For example, it is estimated that programmes have reached over 15,000 schools with sanitation and hygiene behaviour change interventions. Programmes have contributed considerably to broad-based sector collaboration and learning, enhancing local and national capacities, strengthening national policies, strategies, tools and guidelines, and strengthening the enabling environment needed to ensure the sustainability of gains achieved. Many of these achievements are presented in the country profiles, but systematically

and quantifiably measuring these results remains a challenge. These challenges will be addressed through the rollout of the new GSF Results Framework (see page 20).

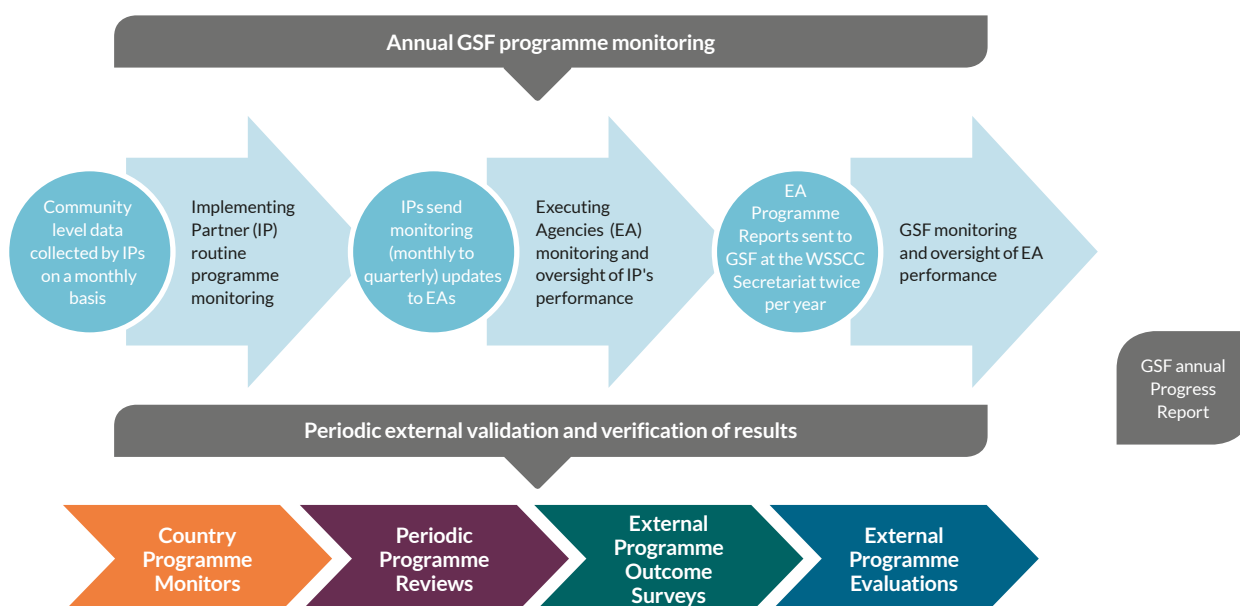
Up until 2016, GSF-supported programmes have been focused on the regular reporting of programme results against three key outcome indicators and two intermediate indicators. The data presented in the dashboard for these indicators derives from country-specific routine monitoring systems and is verified through various mechanisms described in the following section. Reports are submitted by Executing Agencies (EAs) to GSF, which is based in the WSSCC Secretariat. These reports are based on information provided to the EAs by Implementing Partners (IPs). EAs are required to report these results to GSF every six months. Some results presented in the overview are pending additional verification by Country Programme Monitors. Data on results may be revised as needed, and any revisions will be presented in subsequent reports.

## Monitoring and evaluation of programme results

GSF stresses the importance of monitoring and evaluation to ensure that GSF-supported programmes are able to: (1) review progress and report results based on reliable data and sound evidence, and (2) take necessary course correction when

required, based on this evidence. To achieve this, GSF has established a monitoring and evaluation framework which is centred on country-specific routine monitoring systems. These are in turn supported by internal and external exercises to

**Figure 4: GSF monitoring, evaluation and reporting framework**



validate information and identify what is contributing to or impeding programme success.

Each GSF-supported programme has established a country-led routine monitoring system, which manages the flow of programme data from the community level up to the WSSCC Secretariat on a systematic basis. The flow of data is presented in Figure 4.

Several activities and mechanisms are inbuilt to the framework, in order to validate the accuracy and reliability of data reported through these systems, as well as to systematically review programme progress. These include community level spot checks, data quality reviews and internal programme reviews with EAs and IPs. For most countries, GSF recruits an independent Country Programme Monitor (CPM) who also verifies programme results, assessing that necessary data quality checks and systems are being adhered to.

Country-specific routine monitoring systems are developed in the context of the GSF-supported programme. Many programmes function within and actively support wider in-country WASH sector monitoring mechanisms and ODF verification protocols. In practice, this means that many programme results are also being verified through WASH sector ODF verification processes, often through third-party verification mechanisms.

To verify the data from the routine monitoring system with further statistical rigour, GSF commissions externally conducted outcome surveys. These surveys also serve to monitor the sustainability of the results achieved and to allow for deeper analysis of whether programmes are reaching the most marginalized and vulnerable populations. To date, outcome surveys have been scheduled to take place at the baseline, mid and end points of the programme periods. While these surveys have proved to be very useful for validation of programme results, they have differed widely in their methodological approaches and quality across programmes. To overcome this, GSF began a partnership with the University at Buffalo in 2016 to develop a standardized outcome survey methodology. The methodology will also support GSF-supported programmes to monitor changes in social norms, as well as behavioural and slippage patterns. The proposed methodology will be tested in several countries in 2017.

Independent evaluations are also instrumental in ensuring that GSF-supported programmes remain on track to reach the programme goals set out in the Country Programme Proposals. mid-term evaluations were conducted in 10 GSF-supported programmes during WSSCC's 2012-2016 Medium-Term Strategic Plan period. The key issues and recommendations emanating from the evaluations were addressed in management responses, which included specific follow-up actions all parties are taking. Monitoring of these actions is ongoing.

### Key results indicators

**People living in ODF environments:** This indicator reports on the total number of people living in ODF declared communities within GSF targeted areas. This includes communities officially

certified as ODF by government bodies or verified by Executing Agencies and their partners. ODF criteria are defined according to national standards and programmes report results against this national ODF definition. Due to differences in national ODF definitions, results across countries are not strictly comparable. However, as part of the new GSF Results Framework (see page 20), from 2017 GSF-supported programmes will also be expected to report on results achieved against a minimum standard GSF ODF definition (see Table 2 for country-specific and GSF definitions of ODF).

**People with improved toilets:** This indicator reports on the new number of people living in households in GSF targeted areas with access to an improved sanitation facility. 'Improved toilets' are defined according to national standards, but it is noted that these standards meet or exceed the definition of improved facilities adopted by the Joint Monitoring Programme. It is also noted that targets set in the MTSP aimed to report on the use of improved facilities. However, as the GSF-supported programmes evolved it became clear that the routine monitoring systems were only able to collect data on access, due to practicalities of regular data collection. Therefore, results in the dashboard measure the number of people with access to improved toilets. Data on 'use' is collected through the outcome surveys, where it is possible to interview household members on the habit of latrine use.

**People with Handwashing Facilities:** People washing their hands at critical times is a key practice for improved hygiene. However, monitoring actual handwashing behaviour within programme monitoring systems is extremely challenging. Therefore, a proxy indicator is used which reports on the number of people living in households where there is a dedicated place for handwashing and water and soap (or an acceptable soap substitute, such as ash) are available.

### Intermediate indicators

Intermediate indicators lead to the achievement of key results. Communities are triggered before they can achieve ODF status. The output indicator linked to programme reach is presented as 'Communities Triggered'. The indicator related to ODF communities, either certified as ODF by government bodies or verified by Executing Agencies and their partners, is presented as 'Communities Declared ODF'. 'Communities', as presented in the global and country results dashboards, are village-related social groups, settlements or administrative divisions. These are as defined by national and GSF-supported programme criteria, varying considerably in size and structure.

### Financial indicators

The financial figures presented in the dashboard show the cumulative amount of GSF funds committed, disbursed and spent by the country programmes from the start of the country programme to the end of 2016. They serve as an indication of the progress of programme rollout at the country level.

The first three indicators represent the total burn rate for all active GSF-supported programmes. The indicators include

Country Programme Proposal costs, flows from GSF to EAs covering operational and management costs, Country Programme Monitor (CPM) costs, and Programme Coordinating Mechanism (PCM) costs.

‘GSF commitments to country programmes’ refers to the cumulative amount of funds that GSF has designated within multi-year agreements (or awards in the case of Kenya and Cambodia) for country programme implementation. ‘GSF disbursements to country programmes’ refers to the cumulative amount of funds already disbursed to EAs, CPMs and PCMs as required. ‘In-country expenditure’ refers to the cumulative amount of funds already spent against disbursements.

The second set of financial indicators show financial performance against the Country Programme Proposal outcomes. ‘In-country awards to IPs & for direct procurement’ is the cumulative amount of funds that EAs have designated to be transferred to Implementing Partners, and for other programme-related services, such as monitoring, capacity development, advocacy and learning. ‘In-country grant disbursements to IPs & for direct procurement’ is the cumulative amount of funds already transferred by EAs to IPs and for other programme-related services, as reported to GSF by EAs. ‘In-country expenditure for IPs & for direct procurement’ shows the expenditure of disbursed funds.

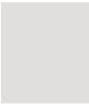


**Table 2:** National ODF criteria used in GSF-supported programmes

COUNTRIES	ODF CRITERIA					
	POLICY DOCUMENT / SOURCE OF NATIONAL DEFINITION	NO FAECES IN THE OPEN	EVERY HOUSEHOLD HAS ACCESS TO A LATRINE	LATRINE IS FLY-PROOF OR IMPROVED BY JMP STANDARD	LATRINE SQUAT HOLE IS COVERED	EVIDENCE OF CONTINUED LATRINE USE AND MAINTENANCE, CLEANLINESS
Benin	National Strategy Document for the Promotion of Basic Hygiene and Sanitation				Part of 'fly-proof' definition	
Cambodia	National Guidelines on ODF Verification, 2013	Dig and bury considered OD		At least 85% with access to pour-flush latrine		
Ethiopia	CLTS-H Implementation and Verification Guide		Implied			
India	Guidelines for ODF Verification, 2015		Use stipulated		Water seal requirement	
Kenya	National ODF Certification Guidelines, ODF 2020 Campaign Roadmap					
Madagascar	National guidance document pending					
Malawi	ODF Malawi Sanitation Strategy, 2015		Sharing acceptable			
Nepal	Sanitation and Hygiene Master Plan, 2011				Water seal requirement	
Nigeria	Protocol for certification and verification of ODF and total sanitation communities				Part of 'fly-proof' definition	
Senegal	No official government CLTS strategy at the present time					
Tanzania	National Guidelines for Verification and Certification of ODF Communities, 2016					
Togo	Politique nationale d'hygiène et d'assainissement 2016 et PANSEA 2016					
Uganda	No national guidance document at present		Implied		Part of 'fly-proof' definition	
GSF ODF definition, 2017-2030						

 Included in ODF definition.

*The ODF criteria mentioned in the headings of this table are summary versions - exact language may differ per country.*

 ODF 'plus' or stage 2 for countries with tiered approach. Currently, no countries report on ODF stage 2.

*Additional criteria specified occasionally: ash used inside the pit; anal cleansing material disposal; infant faeces disposal; safe management of waste.*

ODF CRITERIA						
PRESENCE OF HANDWASHING STATION WITH SOAP/ASH	SUPER-STRUCTURE / PRIVACY	SANITATION & HANDWASHING FACILITIES AVAILABLE IN INSTITUTIONS / PUBLIC PLACES	CLEANLINESS OF THE ENVIRONMENT	HOUSEHOLDS PRACTICE SAFE WATER HANDLING	WATER SOURCES PROTECTED FROM CONTAMINATION	COMMUNITY FORMULATES ACTION / COMMITMENTS AGAINST OD
		Gender-friendly institutional latrines; public areas				
Handwashing practice stipulated		Schools and health centres				
			Not core criteria, but taken into account			
		Schools (gender separated), child care, health centres, market centres, religious institutions				
Availability of soap and soap case for handwashing in all households		Schools, institutions, offices				
		Schools (gender separated), market places and health centres				
					Wells covered, raised pottery containers (some regions)	
		All institutions				
		Schools, health centres, market places, places of worship				

### GSF Results Framework (2017-2030)

All of the issues highlighted in this section were the motivation behind developing a new GSF Results Framework, to steer the new GSF Theory of Change.

The framework is designed to ensure that programmes are able to report on the entirety of their results, towards the achievement of SDG 6.2 by 2030, and beyond sanitation and hygiene access and use. The framework includes indicators that reflect new and emerging programme areas as well as indicators that serve to better capture and reflect ongoing work. These include:

- The enabling environment at both national and subnational levels
- The sustainability of results
- Equality and non-discrimination
- Extra household settings (schools and health facilities)

The framework will call for more disaggregated data and standardize the measurement of results across GSF-supported programmes. For example, programmes will be required to report on achievements against a GSF standard ODF definition, which includes improved sanitation and handwashing facilities.

The framework will be rolled out in 2017, but it is not expected that all programmes will be able to align with the new framework immediately. All programmes will be supported to adopt the new framework. In addition, rollout will also serve as an opportunity for programmes to rigorously review and strengthen monitoring systems in order to overcome challenges.

### Reflecting on 2016

2016 was GSF's most successful year in terms of achieving results against the key indicator, 'people living in ODF environments'. In 2016 alone, 4.3 million people created the conditions to live in ODF environments, a 40 percent increase from the cumulative results achieved by the end of December 2015.

**Country trends:** In addition, GSF-supported programmes in Uganda and Malawi almost doubled the number of people living in ODF environments in 2016 compared to 2015. For the first time, the youngest programmes – Kenya and Benin – were also able to report on results against the key outcome indicators. Programmes in Tanzania, Nigeria and India, which began between 2010 to 2012, also reported their highest annual results to date. The steep rise in results achieved through these programmes reflects the payoff from the efforts and investments made in their startup phases to ensure mechanisms were in place for successful programme delivery. For example, in Uganda particularly, and to some extent in Nigeria, Togo and Benin, investing in cross-programme learning and the adoption of new approaches was a key factor in boosting results.

Conversely, the number of people living in ODF environments verified in 2016 is not as large as in previous years across some of the programmes. In Ethiopia, for the first six months of the year the Federal Ministry of Health, which serves as the GSF EA, directed all attention towards the drought and high prevalence of acute watery diarrhoea. As a result, the GSF-supported programme was put on hold during this time. A slowdown in more

mature programmes such as in Cambodia, Nepal and Senegal, was also to be expected. This is because these programmes intensified efforts to ensure that equality and non-discrimination was more comprehensively incorporated into programme activities, and they also increasingly engaged in more challenging environments. Maintaining the results achieved in the earlier years of these programmes in terms of people living in ODF environments as per national standards is also an important focus. Moving forward, the rate of progress on achieving new results may slow down across all programmes as more efforts are directed towards sustaining achieved results.

**Key challenges:** Overall, the results achieved across GSF-supported programmes in 2016 is a momentous achievement that has been made possible through the tireless efforts of thousands of partners supporting 13 community-centred and country-led programmes. While these achievements should not be underestimated, GSF also recognizes that differences in how key results are measured and monitored across programmes also necessitates caution on how these results can be interpreted. One of GSF's strengths is that programmes are country-led, operating in line with government sector standards and monitoring and verification systems. However, this also presents a huge challenge in trying to standardize indicator definitions and measurement protocols across programmes, as is demonstrated by the differences in ODF definitions presented in Table 2.

In the dashboard, number of people with access to handwashing facilities is notably higher than the number of people living in ODF environments. Part of the explanation is that there may be villages where many households have access to handwashing facilities, while a few households do not. As a result, these communities as a whole cannot be declared ODF. A further reason is related to differences between how programmes count access to handwashing facilities. Certainly, it is recognized that the high numbers of people with access to handwashing facilities does not mean that actual handwashing behaviour has improved to the same extent. It is noteworthy that results achieved against this indicator slowed down in 2016. As part of the revision of its outcome survey methodology, GSF is supporting the development of monitoring tools that will be able to provide the much-needed insights into actual handwashing behaviour change.

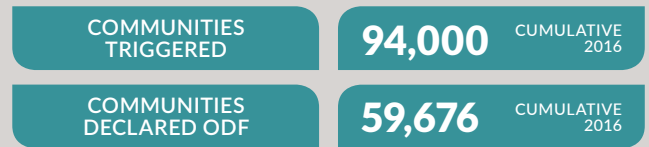
**Sustainability:** A further critical issue with interpreting these key results is the assumption that previous results achieved in earlier years are still standing. In many countries, the 'people living in ODF environments' indicator means that at one point in time this number of people lived in a community or village that was verified as ODF. The GSF-supported Madagascar programme is one notable programme that, based on survey data, has begun to factor in slippage rates within its results reporting each year. While indicators on continued use of sanitation facilities were included in the MTSP, it was very challenging for programmes to integrate these indicators into their monitoring systems. However, in recent years, the issue of slippage and how to monitor it has become much better understood. In 2016, the GSF-supported Nepal programme conducted a sustainability study generating valuable programme insights on the ability of households in ODF declared areas to continue to meet all ODF criteria and move up the sanitation ladder. See page 11 for more information on how GSF will ensure and monitor programme sustainability.

# RESULTS OVERVIEW

## KEY RESULTS



## INTERMEDIATE INDICATORS

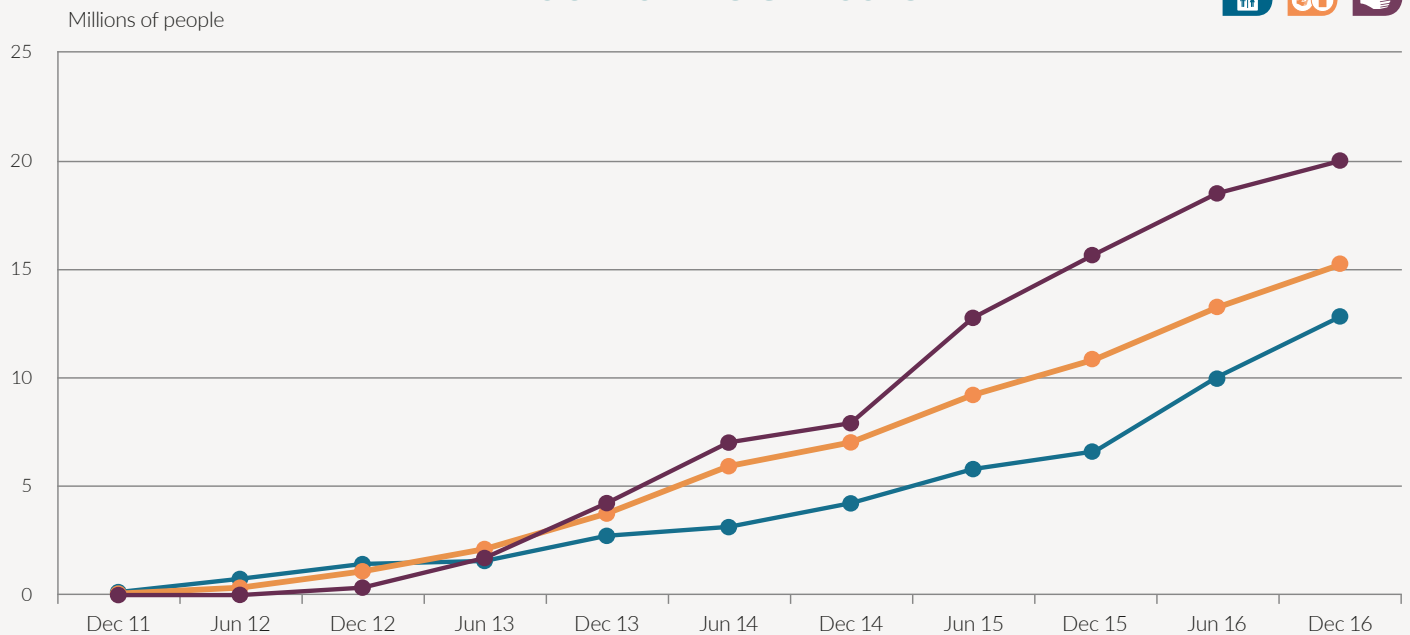


### LEGEND

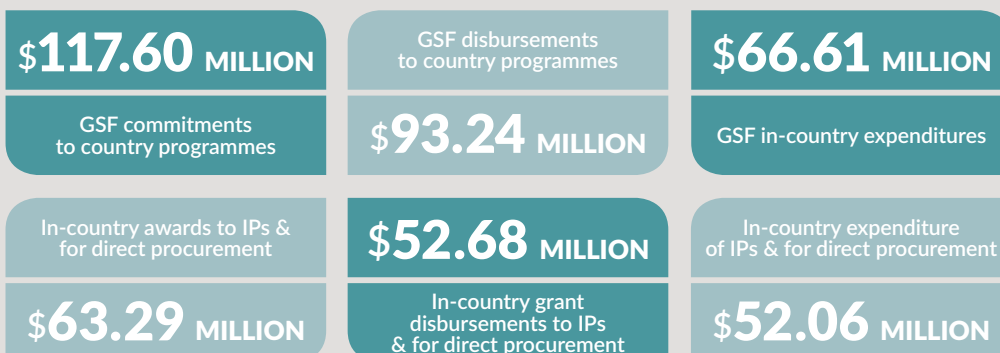
**Cumulative 2016:** Combined cumulative result for all 13 GSF-supported programmes, from GSF's launch to 31 December 2016.

**MTSP 2016:** Overall GSF target set by the WSSCC Medium-Term Strategic Plan 2012-2016, covering all programmes.

## RESULTS PROGRESSION

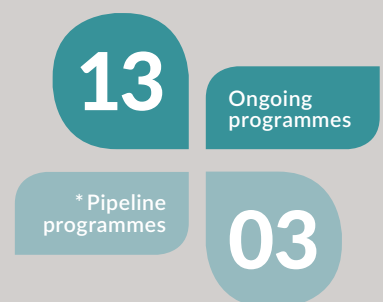


## FINANCIAL INDICATORS



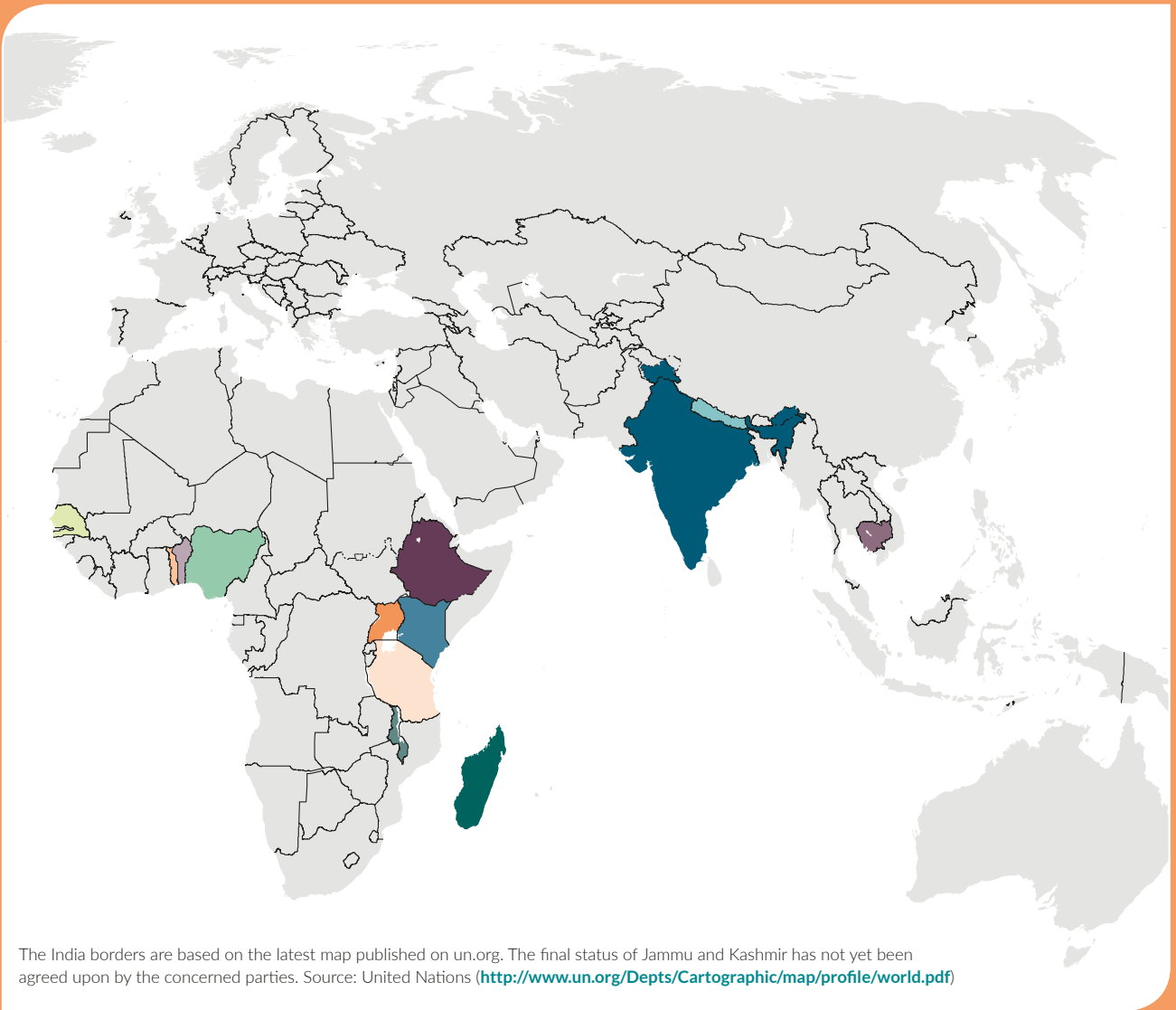
IPs refer to Implementing Partners

## PROGRAMMES



\* The potential GSF-supported programmes in the pipeline are in Niger, Laos and Pakistan, subject to funding availability.

# 2 SUPPORTING NATIONAL PROGRAMMES



The India borders are based on the latest map published on un.org. The final status of Jammu and Kashmir has not yet been agreed upon by the concerned parties. Source: United Nations (<http://www.un.org/Depts/Cartographic/map/profile/world.pdf>)

- BENIN
- CAMBODIA
- ETHIOPIA
- INDIA
- KENYA

- MADAGASCAR
- MALAWI
- NEPAL
- NIGERIA

- SENEGAL
- TANZANIA
- TOGO
- UGANDA



GSF supports national sanitation and hygiene programmes in 13 countries across Africa and Asia, through a range of key actors (see page 64). Within these countries, over 300 Implementing Partners work mainly in rural areas, but also in peri-urban environments, in communities ranging from hundreds to thousands of members. Many of these communities are located in remote areas with some of the highest sanitation needs. Each country is characterized by unique cultural, socio-political and environmental contexts, and GSF-supported approaches are catered to these contexts.

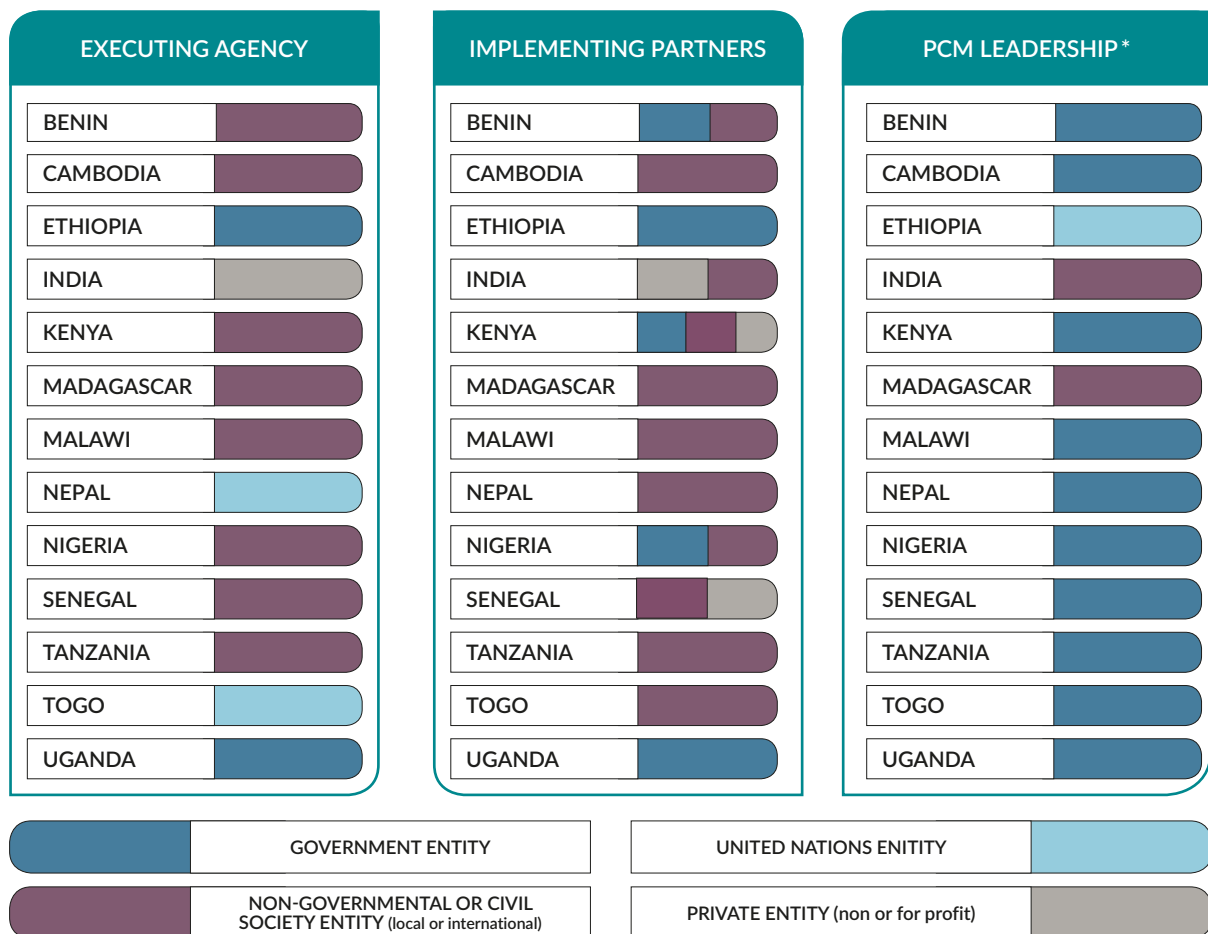
Nevertheless, GSF supports a set of common activities and approaches across all countries. This includes national and local ownership; WASH sector

collaboration and coordination; decentralized delivery; the strengthening of monitoring and verification systems; CLTS, behaviour change communication and sanitation marketing; and learning, sharing and innovation.

GSF-supported national programmes demonstrate that large-scale results can be achieved through a nationally-owned, cost-effective model of behaviour change programming. By doing so, these programmes aim to serve as catalysts for the achievement of sustainable sanitation and hygiene for all.

Read about individual country programme highlights, challenges and innovations in the following pages.

**Figure 5: In-country implementation structures**



\* This category refers to the type of entity that the Chair of the Programme Coordinating Mechanism (PCM) represents. Within each GSF-supported programme, PCMs typically include representatives from government, civil society and international organizations from across the WASH sector and related sectors.

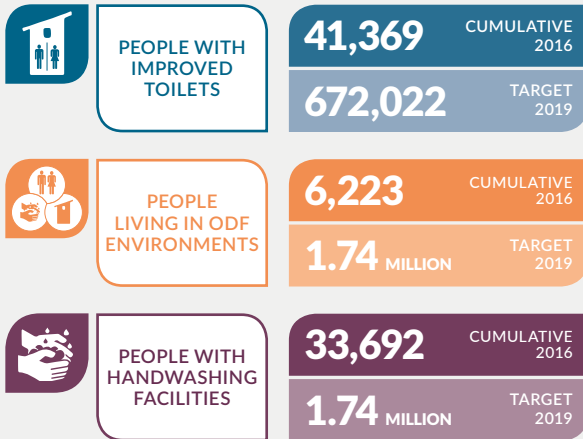
# BENIN



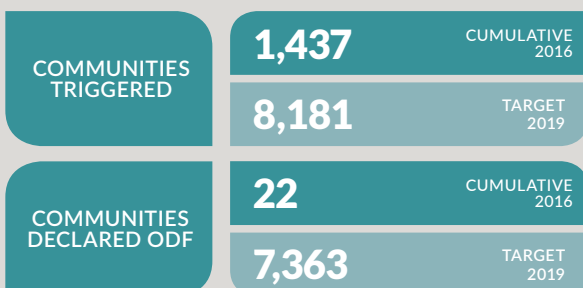
MORE THAN 33,000 PEOPLE HAVE ACCESSED HANDWASHING FACILITIES UNDER PAPHYR. ©WSSCC/ASU DURMUS

## RESULTS

### KEY RESULTS



### INTERMEDIATE INDICATORS



**Executing Agency:** Medical Care Development International

**Programme duration:** 2014-2019

**Programme Coordinating Mechanism:** Chaired by the National Directorate of Public Health (Ministry of Health)

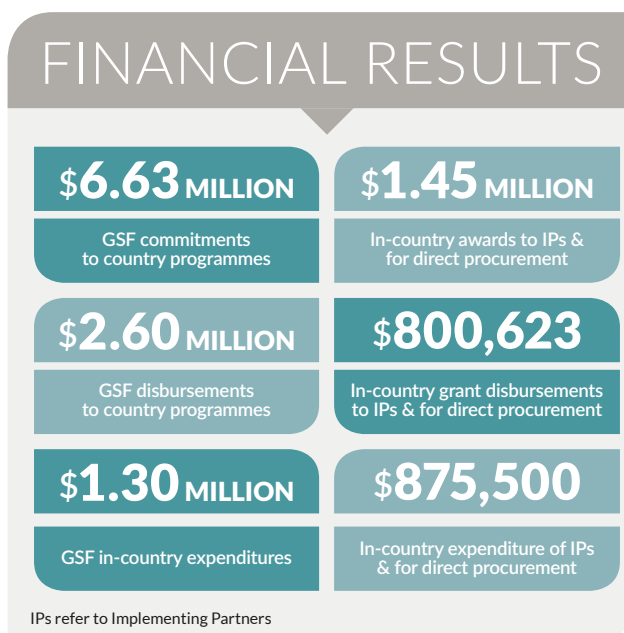
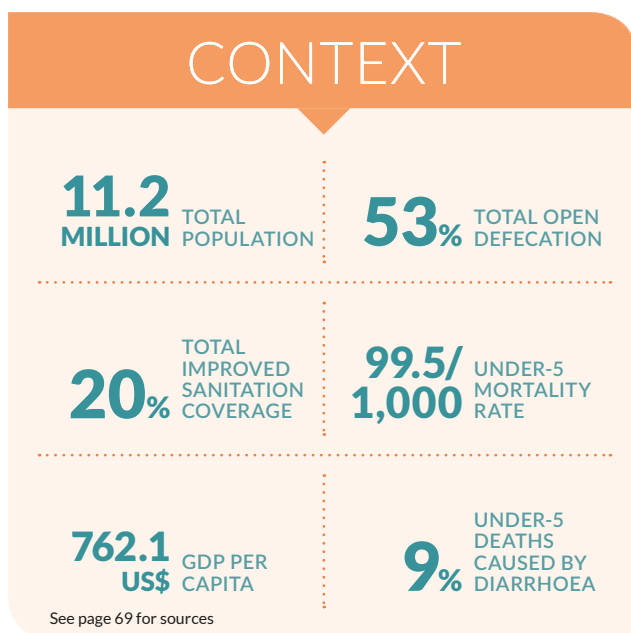
With a focus on sustainable and equitable sanitation and hygiene, the GSF-supported PAPHyR<sup>8</sup> programme aims to improve health and living conditions for disadvantaged rural communities. The programme directly implements Benin's national sanitation and hygiene strategy. Covering 27 communes in four departments (regions), the programme complements other WASH initiatives, aligns with Benin's decentralized system, and collaborates closely with the Ministry of Health. While commune local governments serve as official Implementing Partners, they delegate responsibilities to civil society organizations, which are known as delegated implementing partners.

#### 2016 Highlights

PAPHyR continued to build a foundation for empowering communities to achieve ODF status and eventually climb the sanitation ladder to achieve total sanitation. Delegated implementing partners began community-based activities in 14 communes under the programme's first funding round. The 14 partners were strategically selected through a demand-driven process led by mayors. By December 2016 the programme recorded its first key results: more than 6,600 people in 22 communes now live in ODF environments, as verified by the National Directorate of Public Health.

The programme also continued to work with the Ministry of Health to integrate sanitation into other community programmes focused on nutrition, child development and health.

<sup>8</sup> Programme d'amélioration de l'accès à l'Assainissement et des Pratiques d'Hygiène en milieu Rural or 'Improved Access to Sanitation and Hygiene Practices in Rural Settings Programme'.



Covering 1,689 communities, the programme conducted in-depth pre-triggering exercises to collect information on community sanitation, identify vulnerable groups such as people with physical and mental disabilities, and understand community dynamics.

Together with trainers from the GSF-supported Madagascar programme, PAPHyR organized a CLTS capacity building workshop for implementing partners. The programme also conducted 14 Institutional Triggering sessions for municipal councilors and participated in various learning activities. Overall, the programme recorded significant positive energy in communities as well as engagement from local authorities, confirming that behaviour change is taking root.

### Challenges

The prolonged post-election phase led to delays in appointing mayors, which contributed to delays in implementing the programme. Changes to leadership in the Ministry of Health also slowed the programme's momentum, due to the need to engage new stakeholders within this key institution. The programme has also faced challenges in some communities due to the rainy season, arid climates, and a lack of appropriate materials such as wood to construct sanitation facilities. These factors are being closely monitored and analyzed in order to build a more fit-for-purpose CLTS strategy in these communities.

### Learning and innovation

As the second generation of GSF-supported programmes, lessons learned from other countries have been directly fed into PAPHyR's design. In addition, the programme regularly exchanges lessons learned and best practices with other WASH actors in the country. With support from the Government, in 2016 PAPHyR and UNICEF established a learning platform for CLTS programmes in the country. The first exchange visit under this platform took place in the UNICEF-supported department of Zou, to learn how communities achieved and sustained ODF status.

At the end of the 2016 GSF Learning Event (read more on page 4) PAPHyR committed to making monitoring tools more participatory and developing an advocacy strategy to address institutions such as schools and churches. In addition, under the GSF's francophone learning exchange programme, PAPHyR, participated in exchanges with programmes in Madagascar and Togo. This led to stronger adoption of the powerful post-triggering Follow-up MANDONA approach (see 'key terms and concepts' on page 67).

### Looking ahead

Though the programme has already begun implementation, its official launch is scheduled for 2017. This is a strategic choice, inasmuch as the programme will be able to demonstrate a strong foundation of results at scale and a growing movement. PAPHyR will therefore be in a stronger position to effectively trigger institutional stakeholders. While commune governments continue to support PAPHyR in selecting, monitoring and evaluating delegated implementing partners, it is expected that they will take on more implementation responsibilities as the programme evolves, to ensure sustainability.

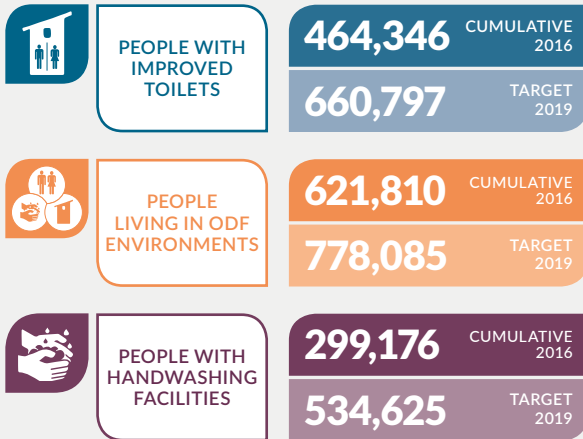
# CAMBODIA



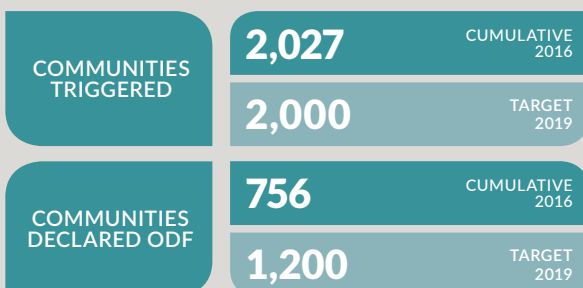
MORE THAN 299,000 PEOPLE HAVE ACCESSED HANDWASHING FACILITIES UNDER CRSHIP. ©WATERAID CAMBODIA

## RESULTS

### KEY RESULTS



### INTERMEDIATE INDICATORS



**Executing Agency:** Plan International Cambodia

**Programme duration:** 2011-2019

**Programme Coordinating Mechanism:** Chaired by the Secretary of State at the Ministry of Rural Development

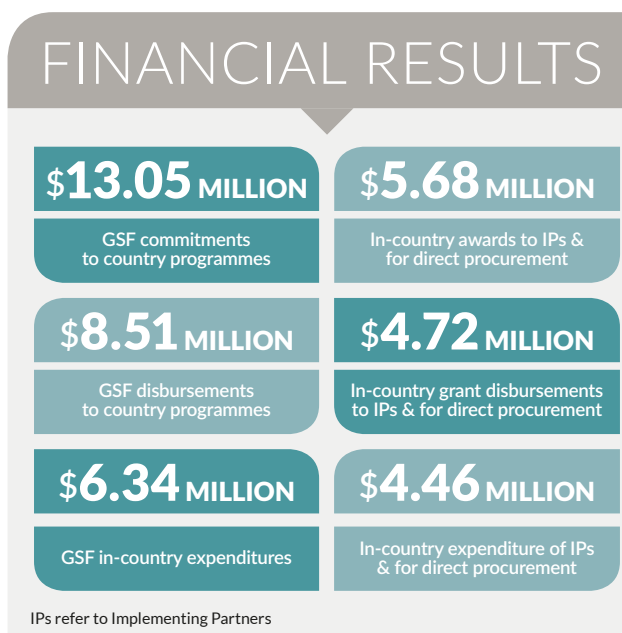
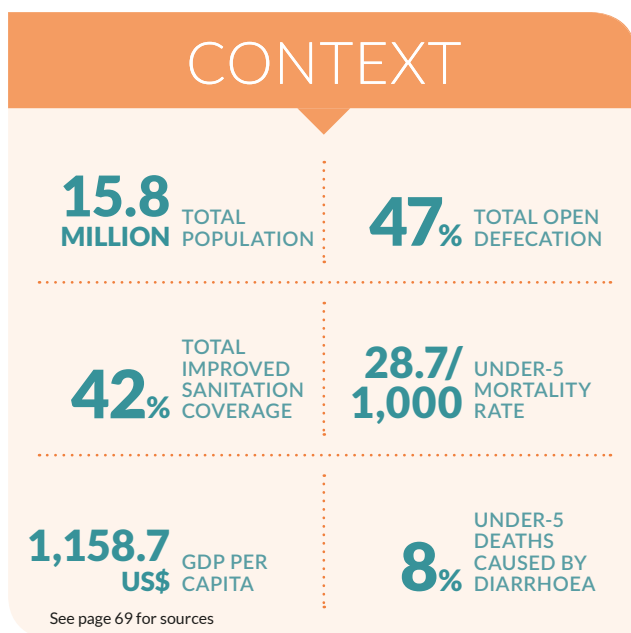
The Cambodia Rural Sanitation and Hygiene Improvement Programme (CRSHIP) works to increase sustained access to improved sanitation and promote good hygiene practices in rural communities. CRSHIP actively supports national WASH sector objectives and partner capacity building, placing learning at the centre of all of its work. Phase one targeted six provinces, and phase two, which began in 2015, targets an additional five. The programme works through local and international NGOs, with the Ministry of Rural Development leading the Programme Coordinating Mechanism.

#### 2016 Highlights

In 2016, CRSHIP completed phase one, with follow-up responsibilities formally transferred to the Ministry of Rural Development. The programme is now focusing on the five provinces under phase two (see map).

CRSHIP continued its focus on aligning activities with Sustainable Development Goal (SDG) 6.2 and the 2015-2019 National Action Plan for sanitation and hygiene. This included developing a framework and guidelines for incorporating equality and non-discrimination across the programme as well as supporting income generating activities, menstrual hygiene management and inclusive WASH for the elderly and people with disabilities.

The programme continued to train provincial and district level government staff in CLTS, hygiene promotion and school WASH, and it also supported efforts to update the national CLTS guidelines. In addition, CRSHIP worked closely with the Ministry of Rural Development to support advocacy activities aimed at increasing the budget and support for sanitation at the



provincial, district and commune levels. So far, estimates indicate that several commune councils have committed to increase their WASH budgets to 10 percent of their annual budgets. The model used for these advocacy activities has since received support from other donors and expanded to other provinces outside of the GSF-supported programme.

At the end of 2016, the programme reported supporting close to 622,000 people in 756 villages to live in ODF environments. The programme has also promoted WASH in over 760 schools. Although phase one has concluded, the spillover effect from the programme means that the provinces supported continue to report on new ODF villages and communes.

### Challenges

Most households in Cambodia prefer investing in pour flush latrines, but some do not have the cash, and there are limited opportunities to access financial support. CRSHIP is therefore supporting implementing partners to introduce community income-generating activities, to increase access to funds for WASH. In addition, adapting the programme and supporting a large, multistakeholder partnership to achieve SDG 6.2 and leave no one behind is highly challenging, time consuming and complex. To address this, the programme has redesigned its strategy and introduced tailor-made approaches (see 'learning and innovation' section).

### Learning and innovation

In CRSHIP, leaving no one behind has meant a redesign of its strategy and the introduction of tailor-made approaches, including the Context Driven Adaptive Approach to scale and speed up learning, inclusion and quality; the design of a Real-Time Learning approach; the Participatory Social Assessment and Mapping (PSAM) methodology; and a comprehensive equality and non-discrimination framework and guidelines.

CRSHIP began implementing PSAM in 2016. PSAM is a systems thinking, participatory methodology that is used to gain understanding of the local context, social norms and interac-

tions, vulnerabilities, key development issues, opportunities, and potential solutions. PSAM has been carried out by implementing partners in 274 villages. The information gathered has been used to adapt workplans, ensure the inclusion of the most vulnerable groups and monitor and evaluate equality and non-discrimination outcomes. The Ministry of Rural Development has recognized the innovativeness of the methodology, and has indicated that it can potentially influence national guidelines and practice.

In 2016, CRSHIP continued to develop its Real-Time Learning approach, through a multi-year learning and documentation grant. The approach helps generate learning in real-time to solve complex implementation problems as they occur. It also supports inclusive and adaptive programming through collective learning and capacity building (see page 62).

### Looking ahead

CRSHIP will continue to strengthen its focus on equality and non-discrimination. This will include training implementing partners in inclusive WASH, collecting disaggregated data, promoting sanitation for women and girls, and supporting income-generating activities. The programme will also work with government partners to update national CLTS and school WASH guidelines, improve processes and systems, enhance advocacy, and mobilize resources.

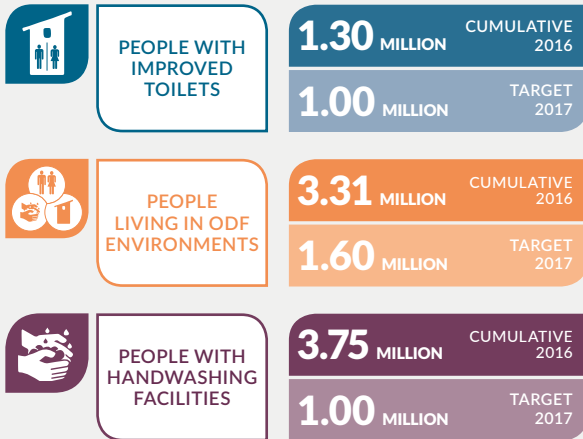
# ETHIOPIA



MORE THAN 3.7 MILLION PEOPLE HAVE ACCESSED HANDWASHING FACILITIES UNDER ESHIP. ©ESHIP

## RESULTS

### KEY RESULTS



### INTERMEDIATE INDICATORS



**Executing Agency:** Federal Ministry of Health

**Programme duration:** 2012-2017

**Programme Coordinating Mechanism:** Co-chaired by the World Bank Water and Sanitation Programme and UNICEF

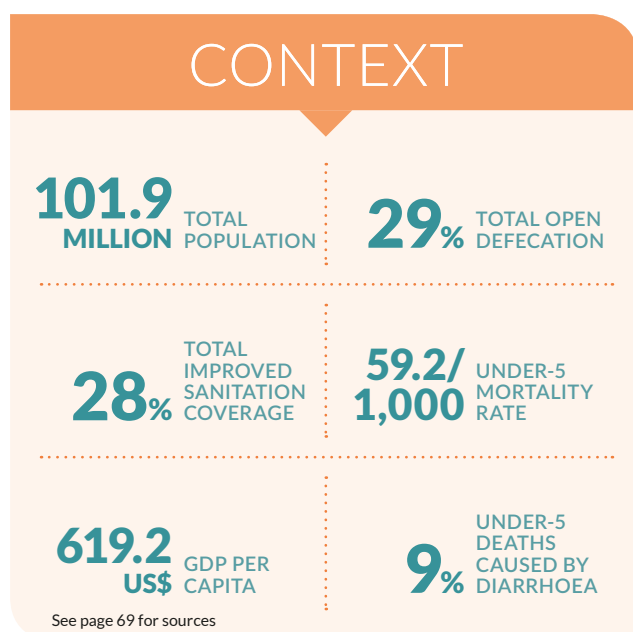
The Ethiopia Sanitation and Hygiene Improvement Programme (ESHIP) is integrated into the Government of Ethiopia's Health Extension Programme, aimed at providing universal access to essential health care services for the country's rural population. ESHIP aims to scale up sanitation and hygiene improvement across rural communities, health facilities, public spaces and schools. In line with the Government's decentralized health service delivery system, the programme works in 40 woredas (districts) across four regions. Implementing Partners are comprised of 44 government health offices at the regional and woreda level.

#### 2016 Highlights

In 2016, ESHIP completed and shared various evaluations, studies and surveys related to its strategies, operations and outcomes. This included an independent outcome evaluation of Ethiopia's sanitation and hygiene improvement programme in regions supported by ESHIP and UNICEF. The study underscores the significant progress made on collective behaviour change and the effectiveness of Community-Led Total Sanitation and Hygiene (CLTSH). It also provides a range of recommendations, including improving post-ODF follow-up, implementation quality, data collection and coordinating mechanisms.<sup>9</sup>

As a result of these assessment activities, ESHIP stakeholders began designing an extension of the programme beyond 2017. The extension phase is aimed at continuing ESHIP's work to align with and support the achievement of the Sustainable

<sup>9</sup> BDS-Center for Development Research. (2016). *Outcome Evaluation of Community-Led Total Sanitation and Hygiene*. Retrieved from [https://www.unicef.org/evaldatabase/files/Final\\_Report\\_of\\_CLTSH\\_Outcome\\_Evaluation-Designed\\_Ethiopia\\_2016-012.pdf](https://www.unicef.org/evaldatabase/files/Final_Report_of_CLTSH_Outcome_Evaluation-Designed_Ethiopia_2016-012.pdf)



Development Goals and 2015-2020 Health Sector Transformation Plan (HSTP).

Other highlights during the year included strengthening the Programme Coordinating Mechanism with new members and strengthening monitoring, reporting and learning activities through Implementing Partner review meetings, exchanges with other GSF-supported programmes and thematic workshops covering equality, rapid appraisal of CLTS and household water treatment and safe storage.

During the year, five woredas, with a population of over 637,000 people, were certified ODF. This achievement contributes to a cumulative total of 3.3 million people living in ODF environments and 1.1 million people with access to improved toilets under the ESHIP programme.

### Challenges

Drought and the acute watery diarrhoea outbreaks affected programme activities in some woredas covered by ESHIP, shifting the Government's focus to these issues. However, since the programme's activities are part of a larger package of health services offered to communities through the Federal Ministry of Health, the programme was able to integrate its behaviour change work into government response and relief activities. Other challenges faced included budget constraints and the absence of national guidelines and technology options for the disabled at the household level. The Ministry of Health and its government and civil society partners have since developed a manual for addressing the needs of the disabled.

### Learning and innovation

ESHIP travelled to Uganda for an exchange mission with the GSF-supported Uganda Sanitation Fund, where they learned more about pre- and post-ODF approaches, including Follow-up MANDONA and Institutional Triggering (see 'key terms and concepts' on page 67). Following the exchange, the programme began a transformative process of piloting new CLTS follow-up activities in various kebeles.<sup>10</sup> Implementing Partners also facili-

tated inter-kebele learning and sharing involving health actors, teachers and local governments.

ESHIPs activities are part of an innovative government programme that includes a package of health services offered to communities. As part of this package, Implementing Partners facilitate CLTS and train village-based Health Extension Workers (HEWs) in the approach. The HEWs then train grassroots women leaders who make up the 'Health Development Army'. ESHIP therefore strengthens the overall delivery of health services.

In 2016, community-led innovations promoted by the programme included using plastic bottles and bamboo to build vent pipes for latrines; using buckets and sticks to construct accessible latrines for the disabled; using radios and USB flash drives to disseminate sanitation and hygiene messages in school WASH clubs; installing drainage pipes at the bottom of seepage pits to water and grow trees and fruits; and developing manually controlled shower heads.

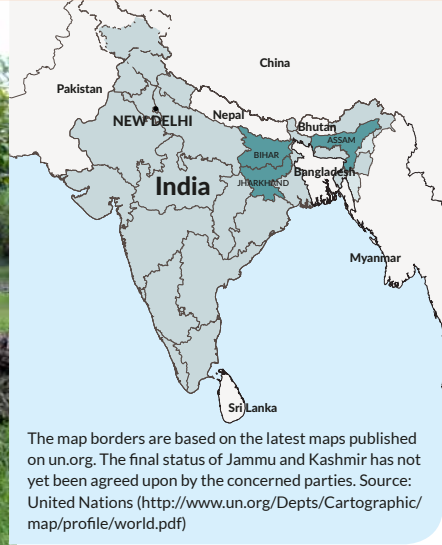
Implementing Partners have trained school WASH club members in preparing menstrual pads from local materials. They have also actively engaged religious leaders and held competitions among women's groups to mobilize communities to end open defecation and construct toilets, including for poorest community members.

### Looking ahead

As the first phase of the programme ends, ESHIP will work to transform hundreds of kebeles into primary and secondary ODF environments. The programme will also work to transform at least two kebeles per woreda into model communities exemplifying secondary ODF status. Plans are also in place to enable over a dozen woredas to achieve ODF status. ESHIP will also continue to explore programme extension plans with stakeholders.

<sup>10</sup> The smallest administrative unit in Ethiopia, consisting of 23 to 33 villages.

# INDIA

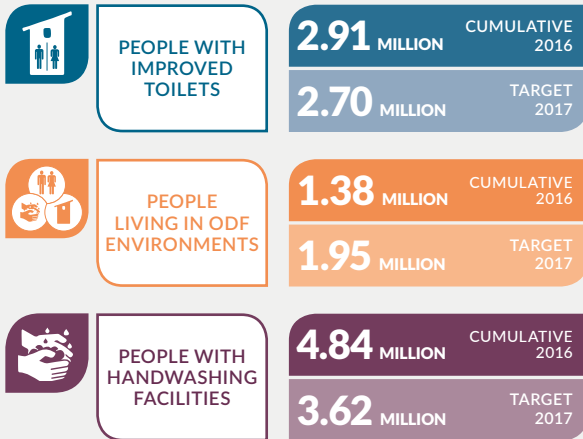


The map borders are based on the latest maps published on un.org. The final status of Jammu and Kashmir has not yet been agreed upon by the concerned parties. Source: United Nations (<http://www.un.org/Depts/Cartographic/map/profile/world.pdf>)

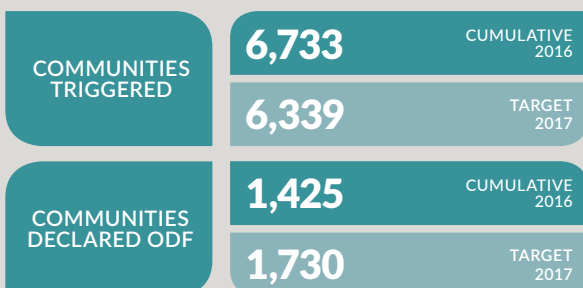
MORE THAN 1.3 MILLION HAVE ACCESSED IMPROVED TOILETS UNDER THE INDIA PROGRAMME. ©NRM INDIA PVT LTD.

## RESULTS

### KEY RESULTS



### INTERMEDIATE INDICATORS



**Executing Agency:** NRM India Pvt Ltd.

**Programme duration:** 2010-2017

**Programme Coordinating Mechanism:** Hosted by the India WASH Forum

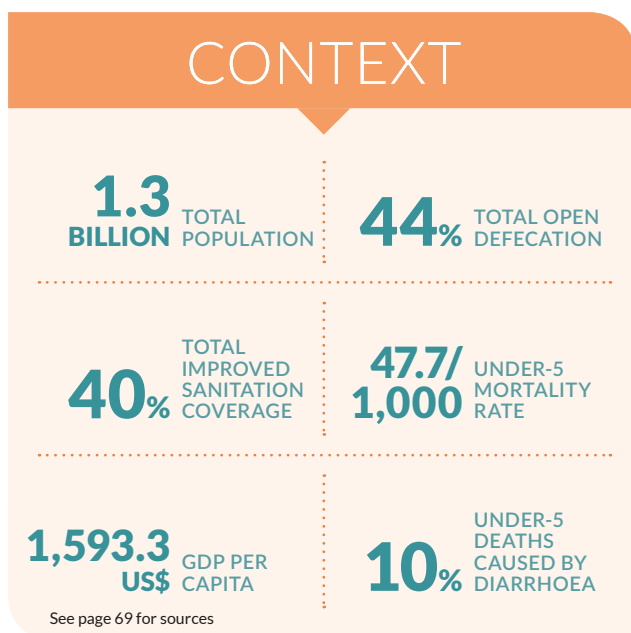
The GSF-supported programme aims to be a catalyst for large-scale change by demonstrating effective behaviour change approaches to help tackle the enormous sanitation challenge in India. The programme engages NGOs, private sector organizations and state networks as implementing partners in targeted blocks<sup>11</sup> in the states of Assam, Bihar and Jharkhand. The programme actively supports and ensures consistency with the Government of India's Swachh Bharat Mission, aimed at universal sanitation coverage by 2019. This includes supporting partners to effectively utilize available funds for collective behaviour change, infrastructure and other sanitation services.

#### 2016 Highlights

In 2016, two GSF-supported blocks in Bihar were certified as ODF, demonstrating the viability of the GSF model. They were Piprasi Block, which became one of the first in Bihar to achieve this milestone, followed by Rajgir Block. Close to 40,000 residents now have access to sanitation facilities and are reported to be actively using the facilities. Schools and health centres are also equipped with facilities. In addition, after 6,000 households were triggered in a one-month period, six thousand toilets were constructed within three months. This success story has helped raise the ambition of government planning and policy making stakeholders, who are using this evidence and learning to achieve more ODF blocks.

<sup>11</sup> In India, a block is a district sub-division consisting of gram panchayats, which are village-level administrative bodies.





Throughout the year, the programme actively engaged stakeholders to promote increased incorporation of sanitation and collective behaviour change in state and district annual plans. This has helped lead to the inclusion of distinct behaviour change components in state plans. Support was also provided to state and district partners to enhance their implementation of Swachh Bharat Mission activities. This included supporting the development of state guidelines in Bihar, supporting regional workshops and facilitating learning visits to GSF-supported communities.

### Challenges

Assam, Bihar – the most densely populated state in India – and Jharkhand have some of the highest levels of open defecation and most marginalized communities in the country. To address sanitation challenges, the programme works with all stakeholders to facilitate CLTS, influence policy, boost coordination and build capacity.

In Bihar, the responsibility for managing the sanitation campaign shifted to the Rural Development Department, slowing implementation due to the need to sensitize new partners. However, the move has provided an overall boost for rural sanitation work. In addition, the programme is working with government partners to address security risks related to extremist activity in Dumka district, Jharkhand.

### Learning and innovation

The programme supported a range of learning and advocacy events in 2016. This included a sanitation summit in Jharkhand, where the Chief Minister set October 2018 as the date for an ODF Jharkhand. The programme also facilitated menstrual hygiene management learning sessions and promoted the WSSCC-driven ‘Leave No One Behind’ campaign by facilitating discussions on its results.

In addition, the programme partnered with the Public Policy Research Center in New Delhi on a study exploring challenges around institutionalizing ODF status, which included

examining ODF sustainability and slippage. The study’s findings will be shared in 2017.

The programme also continued to share widely accessed documentation across all targeted states, including posters showcasing toilet options in Jharkhand and a checklist for households and communities to construct appropriate toilets in Assam.

Creative approaches in 2016 included engaging village self-help groups through state-run rural livelihoods programmes in Bihar and Jharkhand, and engaging religious leaders of various faiths as WASH ambassadors, to help drive community sanitation movements. In Jharkhand, the programme also supported a government-led campaign mobilizing school children to encourage their households and communities to end open defecation and build sanitation facilities.

### Looking ahead

Key focus areas in 2017 will include promoting technology options and supporting solid and liquid waste management. In addition, an independent outcome survey on the sustainability of the programme’s results will be carried out.

# KENYA



A LOCAL GOVERNMENT PARTNER PROMOTES MENSTRUAL HYGIENE MANAGEMENT IN KENYA. ©KSHIP

## RESULTS

### KEY RESULTS

<p>PEOPLE WITH IMPROVED TOILETS</p>	<p><b>63,534</b> CUMULATIVE 2016</p>
	<p><b>377,700</b> TARGET 2019</p>
<p>PEOPLE LIVING IN ODF ENVIRONMENTS</p>	<p><b>81,516</b> CUMULATIVE 2016</p>
	<p><b>755,400</b> TARGET 2019</p>
<p>PEOPLE WITH HANDWASHING FACILITIES</p>	<p><b>72,226</b> CUMULATIVE 2016</p>
	<p><b>755,400</b> TARGET 2019</p>

### INTERMEDIATE INDICATORS

<p>COMMUNITIES TRIGGERED</p>	<p><b>293</b> CUMULATIVE 2016</p>
	<p><b>400</b> TARGET 2019</p>
<p>COMMUNITIES DECLARED ODF</p>	<p><b>149</b> CUMULATIVE 2016</p>
	<p><b>400</b> TARGET 2019</p>

**Executing Agency:** Amref Health Africa in Kenya

**Programme duration:** 2014-2019

**Programme Coordinating Mechanism:** Chaired by the Director of Public Health at the Division of Environmental Health, Ministry of Health

The Kenya Sanitation and Hygiene Improvement Programme (KSHIP) works to reduce the disease burden resulting from poor sanitation and hygiene, while helping to improve health outcomes. KSHIP works in 11 sub-counties across 11 counties, through local NGOs, private companies, and community-based organizations. Through behaviour change programming and advocacy targeting local governments and stakeholders, KSHIP helps drive the national sanitation movement.

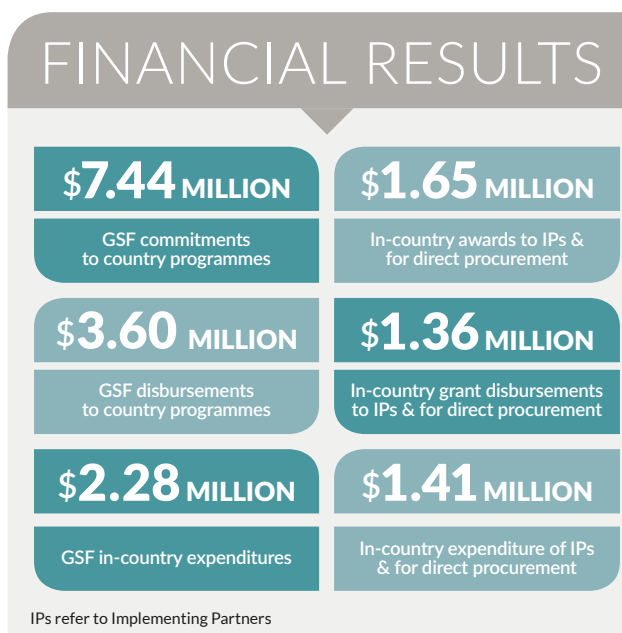
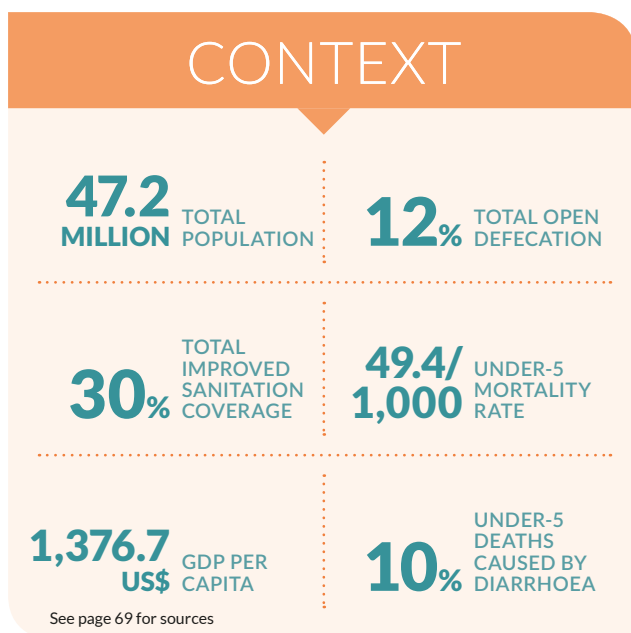
#### 2016 Highlights

The programme successfully completed its first year of implementation in 2016, aligning its work with the Sustainable Development Goals (SDGs). This included a focus on inclusive programming and addressing the needs of women, girls and people in vulnerable situations, as set in SDG 6.2.

KSHIP also provided technical support to national processes that led to the launch of key strategy documents such as the Kenya Environmental Sanitation and Hygiene Policy and the National ODF Kenya 2020 Campaign Framework. The programme will support county governments to customize these policy documents towards achieving national goals. KSHIP also worked with partners across its target sub-counties to develop delivery models capable of achieving ODF wards.<sup>12</sup>

The programme supported WSSCC, the Ministry of Health and UNICEF to organize the first National Training of Trainers on Menstrual Hygiene Management. The training helped break the silence on menstruation and empower government officials

<sup>12</sup> Government subdivision one level below the sub-county.



with knowledge and skills on MHM. Together with partners, the programme trained 30 Kenya Medical Training College lecturers in CLTS, as well as in WASH and nutrition. The programme expects that the CLTS knowledge gained will be incorporated into the lecturers’ training programmes. In addition, KSHIP helped organize the first Kenya Water Week. The event highlighted the important role that WASH plays in improving health, safety and dignity, while promoting MHM and the needs of people with disabilities.<sup>13</sup>

By the end of the year, the programme reported supporting over 81,500 people to live in ODF environments, and close to 49,000 to access improved toilets. In addition, 13 villages in Wajir County were declared ODF, which are the first ODF villages in the county. The programme has also engaged 54 schools with Triggering, MHM and other collective behaviour change activities.

### Challenges

Long periods of drought forced households in some areas to shift their priorities from sanitation and hygiene to food and water. The programme therefore worked closely with partners supplying water to communities, while engaging religious, traditional and natural leaders to continually promote sanitation and hygiene behaviour change.

To address the challenge of facilities collapsing during flooding in Wajir County, KSHIP held discussions with the County Executive Committee member focused on health and land issues. This led to a commitment to dig trenches to drain water from swampy areas.

In some counties, communities still rely heavily on subsidies because of drought and food shortages that affect livelihoods. Working with partners, KSHIP has used CLTS to encourage communities to champion sanitation and construct facilities, without relying on subsidies.

### Learning and innovation

KSHIP engages all implementing partners in interactive learning through physical and virtual exchanges, which include real-time learning to solve programmatic issues as they occur. In 2016, KSHIP was introduced to systems thinking at a reflection event with other GSF-supported programmes in Brighton, England, and it will work to incorporate this approach in its programming. The programme also participated in learning exchanges involving GSF colleagues from Uganda and Ethiopia, which helped build knowledge and skills in Follow-up MANDONA and Institutional Triggering (see ‘key terms and concepts’ on page 67).

KSHIP also co-facilitated a learning event in Kenya involving GSF colleagues from Cambodia, Ethiopia and Senegal. Engaging implementing partners on the ground, the event provided a platform to share experiences in implementing the Real-Time Learning and Participatory Social Assessment and Mapping approaches adopted in Cambodia, and an MHM orientation was also facilitated.

Implementing partners in Wajir County have used teachings from the Quran and Hadith to help sensitize people on the importance of sanitation and hygiene, and they worked with Imams to share these messages in mosques. This approach led to 13 villages declared ODF, the first ODF villages in the county.

### Looking ahead

Given the progress made, KSHIP will likely achieve several ODF wards in 2017. In 2017, KSHIP will focus on facilitating follow-up activities in triggered villages, engaging the most vulnerable groups, rolling out Follow-up MANDONA and Institutional Triggering, honing the skills of Natural Leaders and developing its real-time learning approach. The programme will also enhance its advocacy at the county level.

<sup>13</sup> Read more about the training of trainers and Kenya Water Week on [wsscc.org](http://wsscc.org).

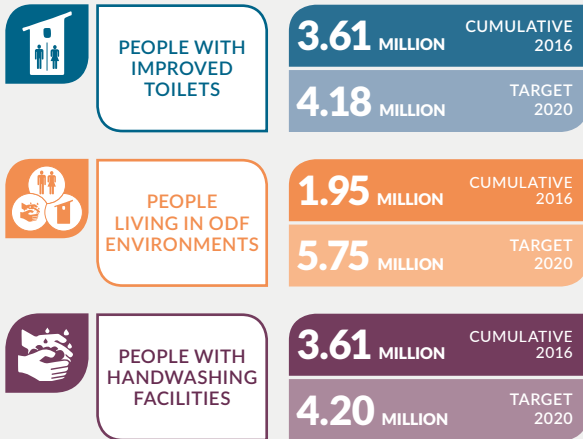
# MADAGASCAR



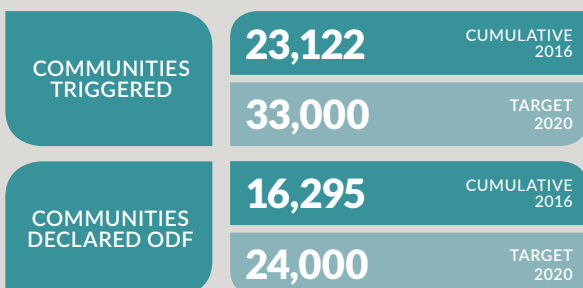
COMMUNITY COLLABORATION FOR IMPROVED SANITATION. ©FONDS D'APPUI POUR L'ASSAINISSEMENT

## RESULTS

### KEY RESULTS



### INTERMEDIATE INDICATORS



**Executing Agency:** Medical Care Development International

**Programme duration:** 2010-2020

**Programme Coordinating Mechanism:** Chaired by an independent scholar and member of the Diorano WASH coalition

As one of the leading programmes in Madagascar's WASH sector, 'Fonds d'Appui pour l'Assainissement' (FAA)<sup>14</sup> engages tens of thousands of actors in the national movement to eliminate open defecation and improve sanitation in communities. The FAA works in all 22 regions of the country through 27 Implementing Partners, and it is also part of the broader Diorano WASH coalition.

#### 2016 Highlights

The FAA focused on enhancing the quality of its implementation and sustainability of its gains across the communities it covers. This included supporting communities to ensure the sustainability of ODF status and achieve ODF in challenging contexts.

In addition, programme partners developed plans to expand the FAA's work, resulting in the approval of a four-year expansion (2017-2020). The expansion will focus on scaling up to new geographical areas and sustaining results, as well as fostering an enabling environment for WASH actors through enhanced learning, coordination and resource mobilization. The expansion phase will also focus on the implementation of a phase-out strategy and the gradual transfer of responsibilities and skills to various local actors, in order to ensure the sustainability of results to date. These actors will include decentralized institutions, national and regional chapters of Diorano WASH and community actors such as Natural Leaders, community consultants and community engineers.

<sup>14</sup> Translated to 'Sanitation Support Fund'.

## CONTEXT

**24.9**  
MILLION TOTAL  
POPULATION

**40%** TOTAL OPEN  
DEFECATION

**12%** TOTAL  
IMPROVED  
SANITATION  
COVERAGE

**49.6/  
1,000** UNDER-5  
MORTALITY  
RATE

**401.8**  
US\$ GDP PER  
CAPITA

**9%** UNDER-5  
DEATHS  
CAUSED BY  
DIARRHOEA

See page 69 for sources

## FINANCIAL RESULTS

**\$14.60** MILLION

GSF commitments  
to country programmes

**\$9.58** MILLION

In-country awards to IPs &  
for direct procurement

**\$12.79** MILLION

GSF disbursements  
to country programmes

**\$9.49** MILLION

In-country grant disbursements  
to IPs & for direct procurement

**\$10.98** MILLION

GSF in-country expenditures

**\$8.56** MILLION

In-country expenditure of IPs  
& for direct procurement

IPs refer to Implementing Partners

The programme also worked to strengthen monitoring and evaluation tools by focusing on quality assurance of data as well as the performance evaluation of implementing partners. 2016 was also characterized by learning – the FAA hosted the global GSF Learning Event and drove learning exchanges with other GSF-supported programmes.

To date, the FAA has reported enabling over 1.9 million people to live in ODF environments, and over 3 million to access improved toilets, including fly-proof toilets.<sup>15</sup> This includes over 16,000 communities declared ODF.

### Challenges

The FAA has actively worked to refine its tools and strategies to address and prevent slippage, particularly for the most vulnerable and hard-to-reach communities. The main strategy will be establishing networks and associations of local actors (which include Natural Leaders and Community Consultants), as a way to institutionalize their invaluable support in the sanitation movement and sustain progress. In addition, sector coordination and harmonization of approaches, including CLTS, is one of the major challenges faced in Madagascar's WASH sector. These and other challenges are addressed in the FAA's expansion plan.

### Learning and innovation

In 2016, the FAA continued to test, scale up and share several innovations to encourage communities to climb the sanitation ladder, develop low-cost technologies, establish financing mechanisms (particularly village savings and loan associations), and address sanitation beyond households.

<sup>15</sup> The national definition of fly-proof toilets requires that they have closed slabs and drop-hole covers, among other criteria. The national criteria for improved toilets were previously much stricter, stipulating that latrine slabs had to be made of cement. They therefore did not consider fly-proof toilets without cement slabs as improved, although these type of fly-proof toilets met the national criteria for ODF verification. In 2016, the improved toilets criteria was revised to include any fly-proof toilets. The improved toilets figure reported by the programme now incorporates these fly-proof toilets and has therefore significantly increased from 2015.

<sup>16</sup> Visit [wsscc.org](http://wsscc.org) to access both publications.

The FAA-hosted GSF Learning Event in April brought together all GSF-supported programmes, including government officials and sanitation sector practitioners. During the event the FAA programme presented their results and innovative approaches, which included launching a handbook on Follow-up MANDONA, a post-triggering approach helping communities rapidly achieve and sustain ODF status. Participants discussed the potential of applying and replicating these innovations and also provided recommendations for improvement.

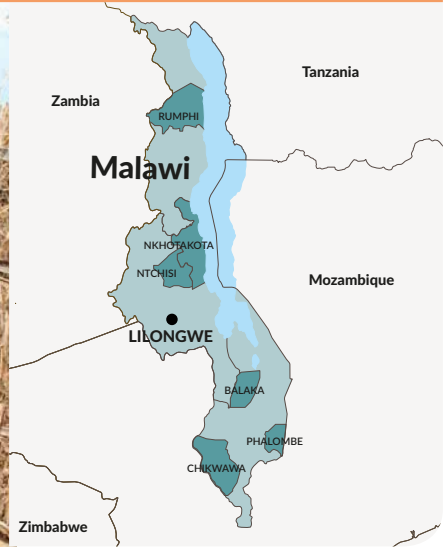
2016 was also characterized by several learning exchanges driven by the FAA involving GSF-supported programmes in Benin, Niger, Nigeria and Togo to share FUM and Institutional Triggering. The programme also exchanged learning with the Water & Sanitation for the Urban Poor partnership to identify opportunities for collaboration in urban areas. In addition, coaches have been mobilized from best practice Implementing Partners, to support other Implementing Partners around various themes.

Together with CLTS pioneer Kamal Kar, the FAA served as the core inspiration for a GSF slippage reflection paper. The programme also provided key inputs and support for a gender and CLTS study in Malagasy villages.<sup>16</sup> The FAA has since taken concrete actions to strengthen its approach to addressing slippage and inclusive programming. For example, its CLTS training curriculum has been revised to focus more on equality and non-discrimination and provide guidance on ensuring that women participate more meaningfully throughout the CLTS process. Sanitation Ladder Triggering has also been used to address the challenge of encouraging communities to climb the sanitation ladder.

### Looking ahead

Going forward, the FAA will focus on implementing its 2017-2020 expansion plan. This will include reinforcing approaches for implementation and sustainability, to ensure equal access to sustainable and safely managed sanitation.

# MALAWI



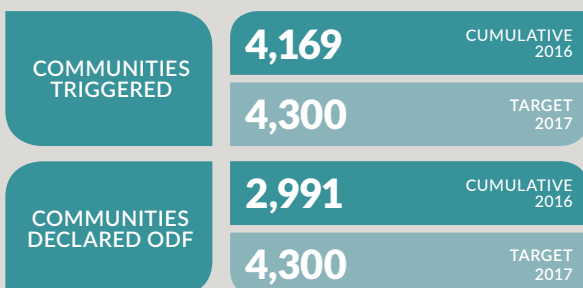
PROUDLY DISPLAYING AN IMPROVED TOILET. ©ASHPP

## RESULTS

### KEY RESULTS



### INTERMEDIATE INDICATORS



**Executing Agency:** Plan International Malawi

**Programme duration:** 2010-2017

**Programme Coordinating Mechanism:** Hosted by the National Sanitation and Hygiene Coordinating Unit and chaired by the Ministry of Health

The Accelerated Sanitation and Hygiene Practices Programme (ASHPP) supports national goals to eliminate open defecation, increase access to improved sanitation and promote safe hygiene practices in Malawi. The programme works in six out of 29 districts<sup>17</sup> through local and international NGOs, as well as local government actors.

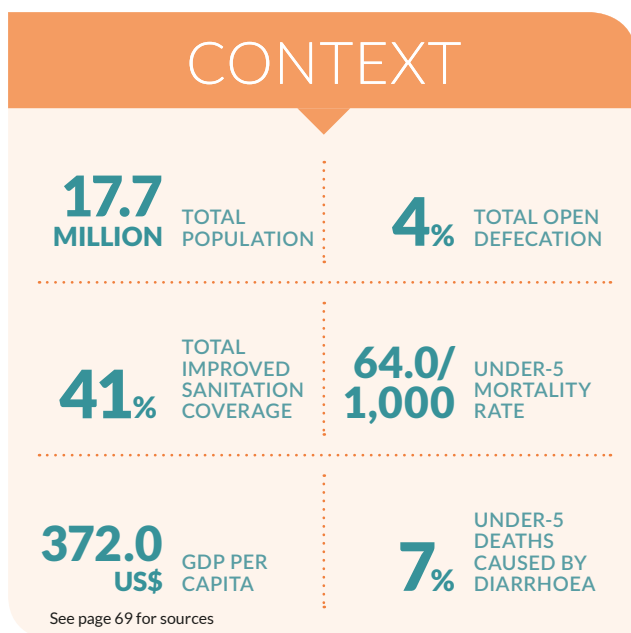
#### 2016 Highlights

Since its launch, ASHPP has helped foster a national sanitation movement through key national bodies. This includes the National Sanitation and Hygiene Coordinating Unit (NSHCU), chaired by the Ministry of Health and hosted by the Ministry of Agriculture, Irrigation and Water Development. ASHPP has supported the NSHCU to work with local government actors and ensure they are fully engaged in the national sanitation campaign. In addition, active participation in the multi-stakeholder National ODF Taskforce has helped create increased momentum for carrying out ODF verifications.

As a result of this strong collaboration, 14 Traditional Authorities (TAs)<sup>18</sup> were certified ODF in 2016, bringing the cumulative total to 18 TAs. Building on this ODF momentum, conferences were held in all six ASHPP-supported districts to secure commitments from leaders towards achieving ODF districts. By the end of 2016, the programme reported a cumulative total of over 952,000 people living in ODF environments.

<sup>17</sup> The official number of districts is 28, but under the national WASH monitoring system, Mzimba District is divided into two separate northern and southern districts.

<sup>18</sup> Traditional Authorities (TAs) are the third largest geographical sub-division in Malawi after regions and districts, comprising multiple villages.



In 2016, the programme established its ‘Three Pillar’ model. The model is aimed at increasing the number of people living in ODF environments, increasing the number of people with improved toilets and hygiene practices, and achieving sustainability within key institutions involved in sanitation and hygiene programmes. The programme’s Sanitation Business Model was also further rolled out, to support the WASH sector’s increased focus on moving households up the sanitation ladder. Through this initiative, 172 sanitation loans were granted to households, and construction of facilities also began.

### Challenges

The complexity of implementing the Sanitation Business Model made it difficult to find a partner with the necessary qualifications and skillset, delaying the project’s rollout. ASHPP eventually contracted a two-partner consortium, which has since led to solid progress. In addition, government investment in WASH is still low, and national sanitation bodies still require significant capacity building. In 2016, ASHPP continued to intensify learning and advocacy activities at all levels, to promote an improved enabling environment for the WASH sector. Furthermore, in some districts where ASHPP works, the programme has extended support to non-targeted TAs that have not received sufficient WASH support. This is helping to ensure that ODF districts can be achieved as soon as possible.

### Learning and innovation

ASHPP continued to champion learning by facilitating review and reflection activities with implementing partners and District Coordinating Teams. This included facilitating a partner workshop to discuss country findings and recommendations from a GSF equality and non-discrimination study (read more on page 12). The programme also shared case studies and other documentation with these and other partners through print and online channels.

As part of the Sanitation Business Model, ASHPP’s Sanitation Revolving Fund pilot project was further developed in 2016.

Through this project, selected Traditional Authorities in all target districts are supported to set up committees to manage seed funds, which provide loans to households and sanitation entrepreneurs through Village Savings and Loan Associations. With these loans, households can pay for improved facilities and entrepreneurs can provide services. The project is helping to enhance the demand and supply chain for improved sanitation. A Sanitation Technologies Catalogue has also been developed to encourage households to invest in improved sanitation technologies.

In addition, Area Sanitation Committees and ODF Taskforces were established in nine TAs, to conduct routine follow-ups, engage with and support village leaders, and reach out to households that are lagging behind. ASHPP also facilitates learning between these committees.

EcoSan toilets, which do not need water, have been promoted as a viable sanitation option in communities where water is scarce, such as those in Balaka District. These toilets are also effective for harvesting manure for agricultural activities.

### Looking ahead

ASHPP will continue to intensify efforts to achieve three ODF districts by mid-2017, by actively engaging the 11 TAs that have not yet achieved ODF status. The Sanitation Business Model will also be monitored, documented and strengthened, so that it can serve as a blueprint for further developing rural sanitation financing in Malawi. The programme will also continue to champion learning and support institutional strengthening particularly at the district level, so that local structures are empowered to coordinate sanitation initiatives beyond the programme’s duration.

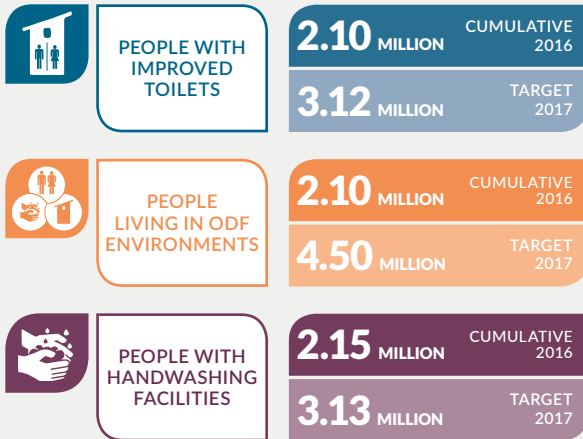
# NEPAL



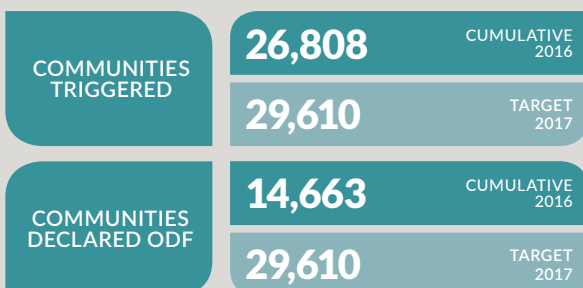
THE NEPAL PROGRAMME HAS ENABLED COMMUNITIES TO CONSTRUCT MORE THAN 2.1 MILLION IMPROVED TOILETS. ©UN-HABITAT NEPAL

## RESULTS

### KEY RESULTS



### INTERMEDIATE INDICATORS



**Executing Agency:** UN-Habitat

**Programme duration:** 2010-2017

**Programme Coordinating Mechanism:** Chaired by the Ministry of Water Supply and Sanitation

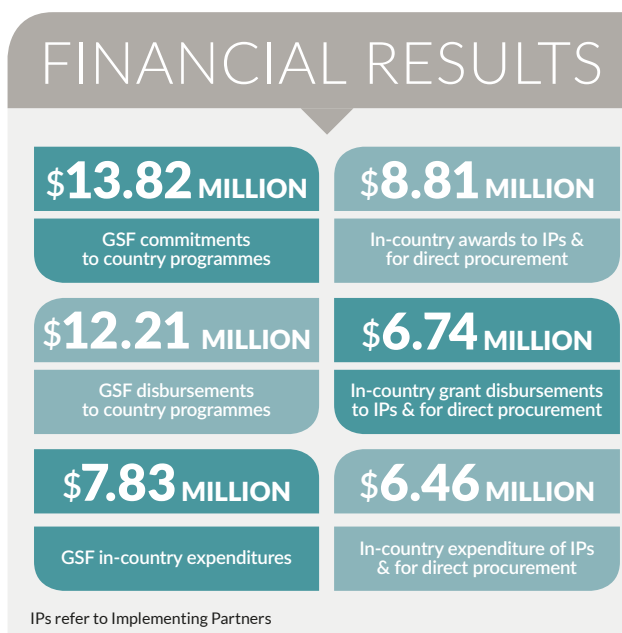
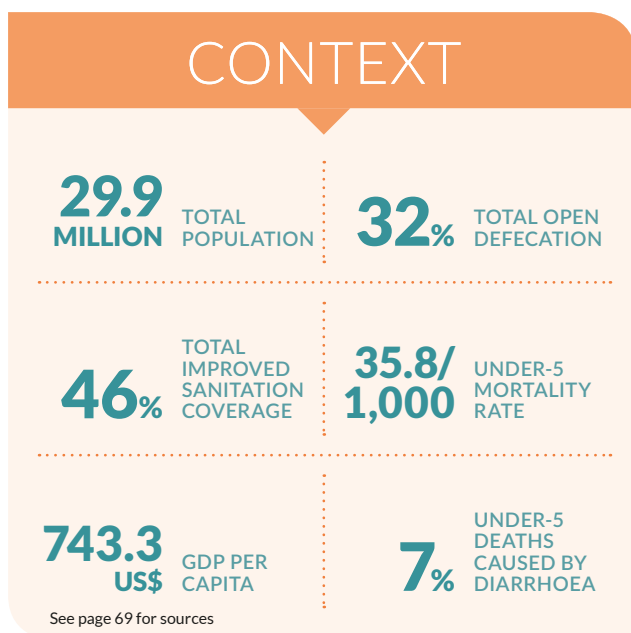
The Nepal programme supports the national campaign to achieve 100 percent sanitation coverage by 2017, with a focus on eliminating open defecation and promoting good hygiene practices. The programme works in 19 out of 75 districts, in close cooperation with a diverse WASH partners, including coordinating bodies at various administrative levels. In addition to its behaviour change focus, the programme supports WASH sector capacity development, planning and monitoring activities. Forty implementing partners deliver the programme, which are comprised of local NGOs and government entities.

#### 2016 Highlights

In 2016, the programme continued to support the coordinated national strategy to revive and sustain sanitation in the country, following the devastating 2015 earthquake. In addition, the programme and its partners participated in the Sixth South Asian Conference on Sanitation (SACOSAN-VI) held in Bangladesh. Following the conference and the resulting Dhaka Declaration, the programme has been supporting the Government of Nepal to align its sanitation action plan with the declaration.

At the end of the year, the programme reported supporting approximately 2.2 million people to live in ODF environments and access improved toilets since its launch. This includes 327 Village Development Committees (VDCs).<sup>19</sup> In addition, work continued to accelerate the southern Terai region during the year, despite political unrest, the high population density and sociocultural barriers. Between 2014 and 2016, sanitation coverage in the Terai has increased from 13 to 60 percent due to active, prioritized and focused support from country partners. The programme has also provided post-ODF support, including





technical support for the development of district total sanitation strategies and the recruitment of Implementing Partners to implement post-ODF activities in four districts.

### Challenges

In addition to continued relief and reconstruction challenges following the 2015 earthquake, political unrest in the Terai halted work in the area at the beginning of 2016. Implementing partners in the area have been granted no-cost contract extensions to complete planned activities. In addition, despite progress, ODF results in the Terai are not increasing at rates originally anticipated. The programme is thus analyzing the capacities of VDCs and devising appropriate strategies. To address post-ODF sustainability, the programme is supporting VDCs to develop post-ODF strategies to move communities up the sanitation ladder. In addition, the number of urban municipalities has recently grown from 58 to 217, creating an increasing need to address urban sanitation. The programme has therefore been increasingly engaging urban development agencies, providing capacity development support to district WASH coordinating bodies, and incorporating urban sanitation in its post-ODF support.

### Learning and innovation

#### Sustainability study

In 2016, the Nepal programme commissioned an independent sustainability study to identify whether households, institutions and communities in ODF declared areas have continued to use and properly maintain improved toilets and hand washing facilities.

The findings show that household sanitation practices and community behaviours have greatly improved in the ODF declared VDCs since the start of the programme. Over 97 percent of households surveyed in 2016 were found to have toilets, over 93 percent had access to improved latrines, and 97 percent reported using soap and water for handwashing. Very minor differences in access to improved toilets were observed between household wealth quintiles, which suggests that equity aspects

have been effectively addressed by the programme. The study provides evidence that the Nepal ODF campaign has developed into a strong movement with increasing involvement and support from government, civil society and private sector actors.

Despite these positive results, one in ten households were found to have reverted to open defecation, and this increased to 15 percent in villages that had been ODF for longer. The results have critical implications on future programming and post-ODF follow up mechanisms in Nepal. Following the publication of the study in 2017, the programme will reflect on these findings and devise strategies to incorporate the recommendations.

Innovative approaches used in the programme have included involving law enforcement in sanitation campaigns and mobilizing door-to-door individual donations to support the sanitation needs of the poorest community members. The programme has also facilitated 'ODF mission camps' through which triggering teams are stationed in communities over a seven-day period. In addition, through a 'sanitation card' system, implementing partners distribute red, blue and green cards to households without toilets, households with improved toilets and households with biogas-enabled toilets respectively. Households with blue and green cards can use them to obtain various services, such as passport processing. Those with red cards must build latrines before obtaining these services.

### Looking ahead

Going forward, the programme will continue to support post-earthquake recovery and increase its post-ODF focus to align with the Sustainable Development Goals. According to government data, improved sanitation coverage in the country is now at 87 percent, which includes ODF VDCs, access to improved toilets and access to handwashing facilities according to national standards. The programme will continue to support the Government's efforts to meet the 100 percent target, while also working to meet programme targets.

<sup>19</sup> Administrative areas comprising of approximately nine wards and between 500 to 5,000 households.

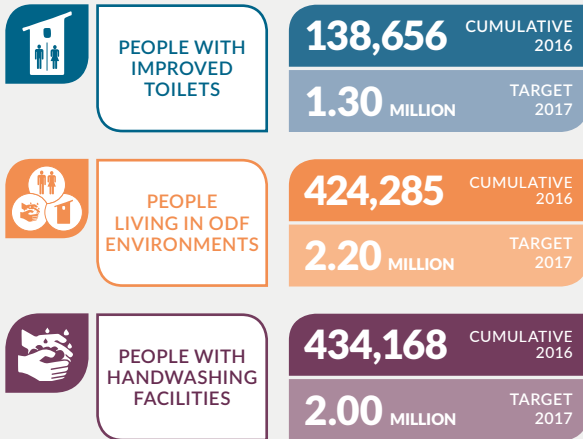
# NIGERIA



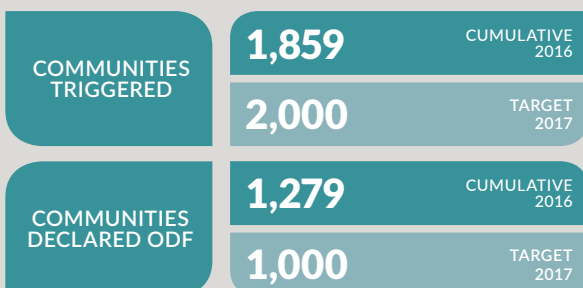
UNDER RUSHPIN, OVER 138,000 PEOPLE HAVE ACCESSED IMPROVED TOILETS. ©RUSHPIN

## RESULTS

### KEY RESULTS



### INTERMEDIATE INDICATORS



**Executing Agency:** United Purpose

**Programme duration:** 2012-2017

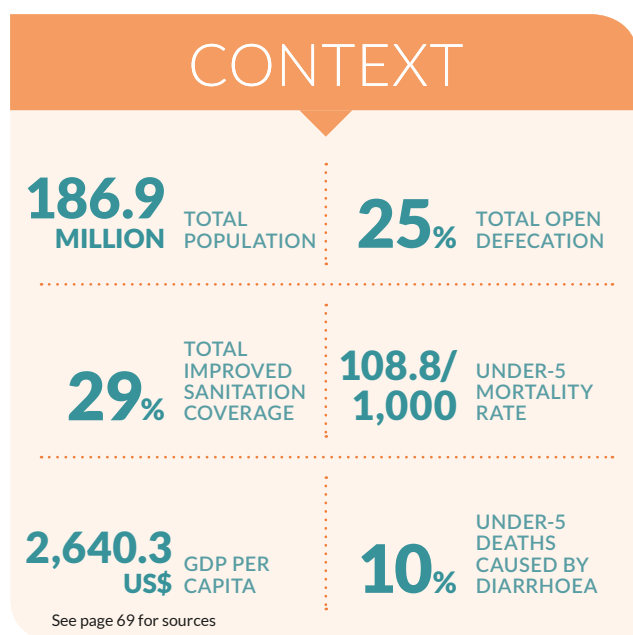
**Programme Coordinating Mechanism:** Chaired by the Federal Ministry of Water Resources, Department of Water Quality Control and Sanitation

The GSF-supported Rural Sanitation and Hygiene Promotion in Nigeria (RUSHPIN) programme covers six Local Government Areas (LGAs) in Cross River and Benue states. An additional six LGAs in these states are targeted through counterpart funding from the Government of Nigeria. Through joint implementation by state and LGA WASH bodies, as well as civil society organizations, RUSHPIN is intended to be a catalyst for achieving sustainable sanitation for all in targeted states.

#### 2016 Highlights

In 2016, Obanliku was verified as the first of the 774 LGAs in Nigeria to achieve ODF status. This landmark achievement in the RUSHPIN-supported LGA was the result of community-led efforts to change behaviours and address sanitation challenges. ODF status was verified through a rigorous process led by the Federal Ministry of Water Resources and National Task Group on Sanitation.

Overall, triggered-to-ODF community ratio steadily increased throughout the year. By December, the programme reported a cumulative total of over 424,000 people living in ODF environments, an 80 percent increase from December 2015. Having ended open defecation in many households, communities, and an entire LGA, the emphasis is shifting to sustaining behaviour change and moving communities up the sanitation ladder. To this end, 2016 saw the piloting of Sanitation Clinics, which are community platforms for exploring improved sanitation technologies and options. Once community members see how easy it is to move to improve latrines, local artisans can be called upon



by households to construct these facilities, providing income-generating and entrepreneurial opportunities.

In addition, the programme continued to build partnerships and secure additional funding to leverage and sustain its impact. This included the rollout of its sister programme in Cross River State, funded by the UK Department for International Development (DFID). The Community-Led Health Improvement through Sanitation & Hygiene Promotion in Nigeria programme is also managed by United Purpose, replicates the RUSHPIN model, and benefits from mutual learning with RUSHPIN.

### Challenges

In 2014, a memorandum of understanding was signed between the Government of Nigeria, the Cross River and Benue State Governments and WSSCC to match the GSF's funds and scale up RUSHPIN. This funding has not yet been released, delaying implementation in six additional LGAs. RUSHPIN will continue to help strengthen inter-ministerial coordination and drive state-level advocacy, to mobilize the release of funds. In addition, intercommunal conflict in parts of Benue State has compromised ODF achievements and put CLTS activities on hold. RUSHPIN continues to liaise with the State Government to monitor the security situation. To address data management capacity gaps among Natural Leaders, hands-on mentoring has been provided. Finally, the programme had to re-sensitize some Environmental Health Officers working as CLTS facilitators in the CLTS approach, after it was found that they had reverted to their previous methods of fining non-compliant households.

### Learning and innovation

RUSHPIN has proven itself to be a leader in Nigeria's WASH sector, driving learning and innovation. In 2016, the programme played a major role in Nigeria's National Round Table Conference on Community-Led Total Sanitation, supporting coordination and sharing key lessons and best practices at the event.

Two key innovations were introduced and tailored to the programme, as a result of a learning exchange with the

GSF-supported Uganda programme: Follow-up MANDONA and Institutional Triggering (see 'key terms and concepts' on page 67). Both have led to significant improvements. For example, during CLTS pre-triggering, the programme found that Institutional Triggering among ward leaders was more effective than only facilitating informational meetings for these leaders.

During the year, 1,657 teachers and school administrators were trained to establish Education Hygiene Clubs in schools, which focus on improving hygiene for children and empowering them as change agents. In addition, Natural Leaders have become a cornerstone of RUSHPIN, as they have proven crucial to supporting communities to achieve and sustain ODF status. Moreover, those that have led their communities to ODF status have been empowered to create groups of Natural Leaders that trigger and support other communities to achieve ODF. This approach has contributed to scaling up the programme.

### Looking ahead

RUSHPIN and its partners have begun developing a reorientation strategy for the programme, to gradually transition to an expansion phase over the next four years. This will include a focus on securing the release of counterpart funds, supporting counterpart-funded LGAs, and sustaining achievements.

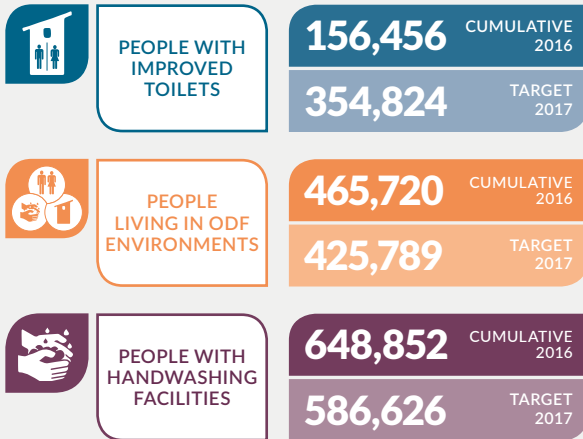
# SENEGAL



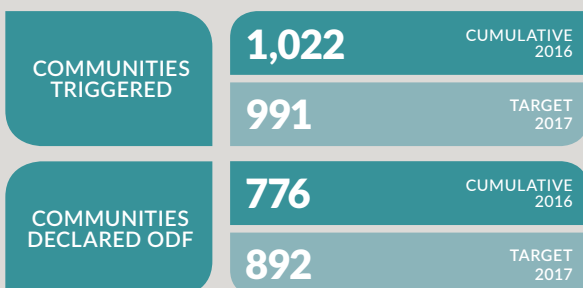
THE SENEGAL PROGRAMME WORKS TO ENHANCE OVERALL COMMUNITY DEVELOPMENT AND LOCAL SUPPORT SYSTEMS. ©AGETIP

## RESULTS

### KEY RESULTS



### INTERMEDIATE INDICATORS



**Executing Agency:** AGETIP

**Programme duration:** 2010-2017

**Programme Coordinating Mechanism:** Chaired by Sanitation Directorate (Ministry of Water and Sanitation)

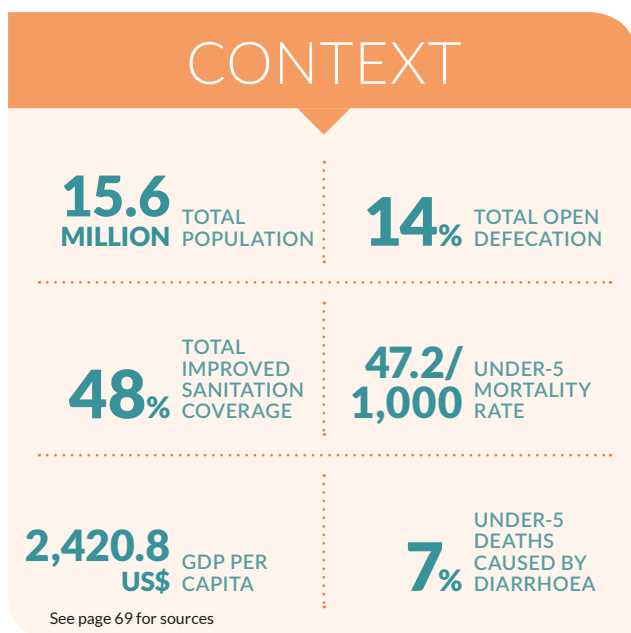
The Senegal programme aims to improve the living conditions and health of disadvantaged communities by helping them end open defecation, build and use toilets, and improve hygiene practices. Supporting national goals, the programme focuses on CLTS and social marketing approaches, targeting multi-family households, schools and public places in rural areas. Implementing Partners work in four regions and are comprised of local NGOs and private companies.

#### 2016 Highlights

To support the sustainability of results, the programme worked with partners to ensure that local support systems were established in all target communities. This included establishing village development associations, hygiene committees and mason associations, as well as identifying Natural Leaders (see 'key terms and concepts' on page 67).

Focused on overall community development, village development associations include solidarity funds that help the most vulnerable community members build sanitation facilities. Women, who chair these funds, have been able to access credit for income-generating activities, such as soap making, market gardening, and the production of enriched flour for children. In addition, these associations have begun to seek external funding.

Mason associations have worked to improve latrine construction techniques, develop accessible latrines for people with disabilities, and improve sanitation marketing activities. The associations have helped increase local entrepreneurship and the number of businesses focused on sanitation. Some of



these businesses are now competing for and accessing local contracts for the construction of latrines.

To strengthen outcomes, the programme championed menstrual hygiene management in communities and schools. This included developing a training curriculum, facilitating training sessions and developing indicators to monitor progress across all target regions. Male community members have been triggered to support these activities, and training has been provided for Implementing Partners and technical partners.

At the end of 2016, the programme reported a cumulative total of more than 465,000 people living in ODF environments across 776 villages, up by more than 85,000 people since December 2015. All villages covered by the programme in the Matam region have been declared ODF.

### Challenges

Key challenges have been faced in the Kédougou region, including gaining the support of local government actors and high turnover among implementing partners, resulting in implementation delays. The region is also hard to reach and mountainous, has some of the poorest communities in the country, and experiences extreme dry and rainy seasons. The programme has worked to address these issues through outreach, capacity building, monitoring and the promotion of appropriate sanitation technologies. To address capacity challenges among village development and mason associations, the programme has facilitated training in project management and marketing.

### Learning and innovation

As part of its overall learning and innovation approach, the programme established a real-time learning platform on Facebook for implementing partners, to share good practices and collectively solve programme challenges as they occur. The programme has also used community radio stations to share information on good and poor sanitation practices.

Through its learning process, the programme has been able to support a range of innovations. These include elevating community CLTS and hygiene committees to larger, legally-recognized village development associations trained in financial and organizational management; helping Natural Leaders form departmental and municipal associations to best utilize their skills; and supporting the creation of micro-enterprises.

In addition, women's hygiene committees supported by the programme have led the production and marketing of soap. In addition to using the soap to reach ODF status in communities, it is also sold at local markets to generate income. Some proceeds also support community development and help the poorest community members buy and construct latrines. The quality and design of the soap has also been improved to boost sales.

### Looking ahead

The programme will continue to support village development associations, community support funds and collective income generating activities in all target areas. This will include a focus on gender equality, women's empowerment and achieving SDG 6.2. Training will also be facilitated for mason associations in sanitation marketing, and for female students in MHM, the latter of whom will be able to effectively raise awareness among their peers. Discussions for continuing the programme will also continue.

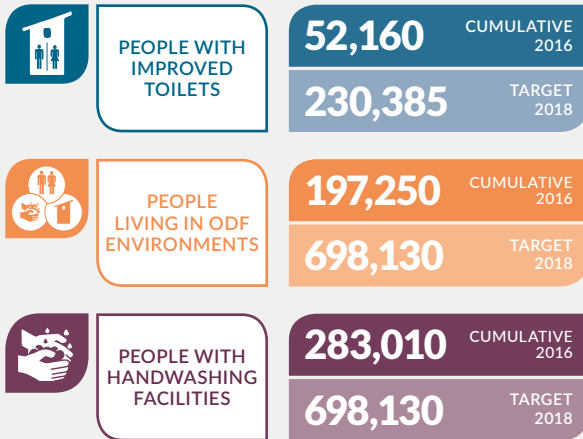
# TANZANIA



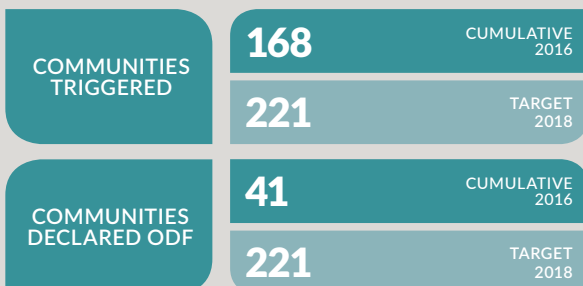
UMATA HAS ENABLED COMMUNITIES TO CONSTRUCT MORE THAN 52,000 IMPROVED TOILETS. ©UMATA

## RESULTS

### KEY RESULTS



### INTERMEDIATE INDICATORS



**Executing Agency:** Plan International Tanzania

**Programme duration:** 2012-2018

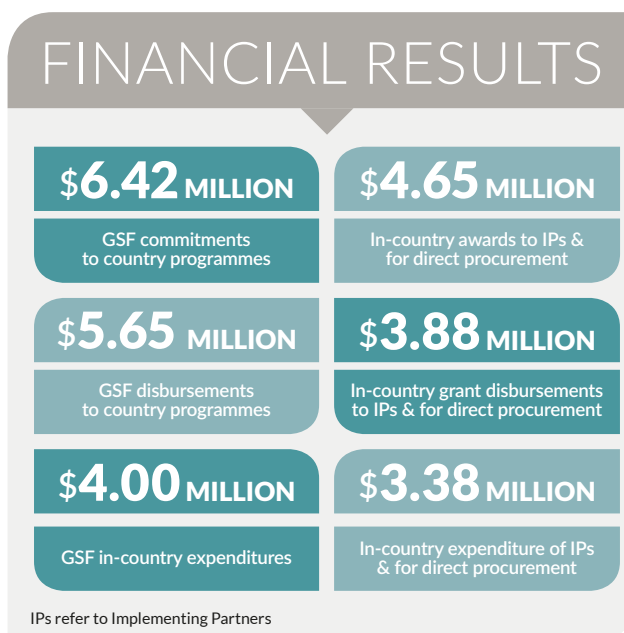
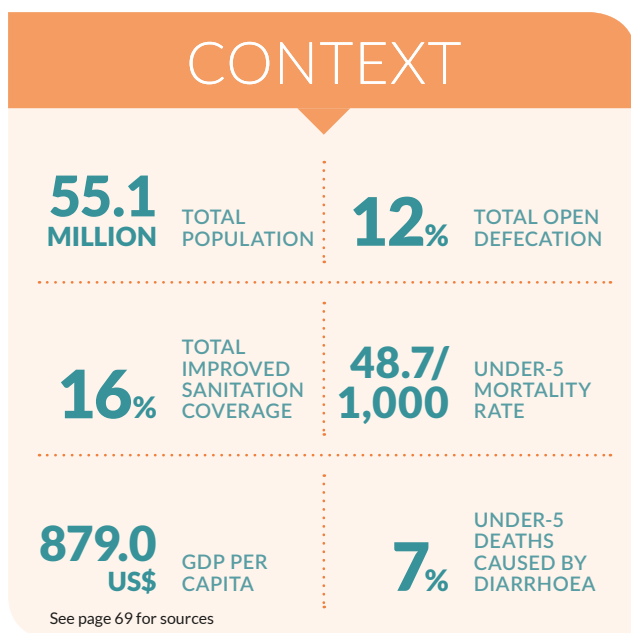
**Programme Coordinating Mechanism:** Chaired by the Ministry of Health, Community Development, Gender, Elderly and Children

Usafi wa Mazingira Tanzania (Sanitation and Hygiene Programme in Tanzania), or UMATA, supports the country's National Sanitation Campaign by helping communities improve their sanitation situation and adopt sustainable hygiene practices. The programme works in three districts (Bahi, Chamwino and Kongwa) in Dodoma Region, through local and international NGOs and in partnership with village, ward, district and regional actors.

#### 2016 Highlights

In 2016, UMATA revised its implementation strategy to accelerate and scale up results. Local ownership continued to be a major focus, with the programme driving increased engagement and leadership from District Commissioners and other key district officials in the sanitation movement. With a new government established, newly appointed officials were successfully triggered. In addition, more Natural Leaders were coached to support community leadership structures. They helped ensure that every member of their community took responsibility for sanitation and hygiene, resulting in fewer follow-up visits required per village by the programme.

In addition, progress was significantly accelerated on the number of communities achieving ODF status, increasing from four in December 2015 to 41 in 2016, covering 197,250 people. Achieving ODF communities was a key challenge in the first few years of the programme, due to a long preparatory period, institutional and normative issues, and the large number of sub-villages in many villages. The challenge has been addressed through an enabling environment developed over four years.



This includes a strengthened national programme with a clear focus on achieving ODF, support from the Government, clear roles and responsibilities for key government actors at all levels, and an appropriate model for implementation.

Following a learning exchange with the GSF-supported programme in Madagascar, post-triggering follow-up and Institutional Triggering were adapted at the ward<sup>20</sup> and village levels. Capacity building workshops were carried out for local government actors and Implementing Partners in these approaches, as well as in monitoring and school WASH.

During major sanitation-related national days and events, communities were reached through television, radio and newspapers. Menstrual hygiene management was also promoted through workshops, 144 school clubs and advocacy, leading to the construction of adequate facilities in eight schools. This brought the total number of schools in targeted areas meeting government standards for adequate sanitation to 52 out of 195 schools. In addition, the programme continued to roll out its sanitation marketing strategy, which promotes local tools and techniques to address unsustainable facilities, such as collapsing latrines. Implementing partners have trained stakeholders in 50 communities in these techniques.

### Challenges

Declaring, verifying and certifying ODF villages has been a challenge, due to planning and budgeting constraints as well as a highly complex and costly ODF certification process. UMATA is working with government partners and sector stakeholders to share experiences and ensure that the certification process is appropriate, with revisions proposed to make the process more efficient in 2017.

Slippage has been observed in some ODF villages, mainly attributable to heavy rains and the complexities of behaviour change. Institutional Triggering, post triggering follow-up, training in sustainable building techniques, and support to

local artisans and CLTS committees have all helped address this issue.

To address the low prioritization of sanitation by some local leaders, the programme used Institutional Triggering and mobilized action from senior district officials. In addition, unsafe water, sanitation and hygiene in non-programme communities affected three neighbouring programme communities, causing cholera outbreaks. UMATA worked with district leaders to support the affected communities. Preventative measures going forward will include facilitating inter-community learning visits, and triggering strategic villages that can effectively influence their neighbours to change behaviours.

### Learning and innovation

In 2016, learning generated from other GSF-supported programmes on Institutional Triggering and Follow-up MANDONA helped accelerate results and promote sustainability. In Itiso Ward for example, triggered leaders drove the construction and rehabilitation of 900 latrines in a one-month period.

In addition, implementing partners helped mobilize the construction of more resilient infrastructure. After latrines collapsed due to heavy rains in Bahi District, communities changed the shape of the pits from square to round, incorporated pit lining techniques using local materials, and fortified their roofs to prevent latrines from collapsing.

Implementing partners also learned from and collaborated with each other, including two organizations who held a learning event for microfinance groups, to exchange best practices and address challenges related to WASH microfinancing.

### Looking ahead

Increased momentum and accelerated results are expected in 2017, given the active involvement of local actors in the sanitation movement, established approaches and continuous learning. The programme will also roll out a sustainability strategy, to build local capacities in monitoring and reporting and support districts to develop sanitation roadmaps.

<sup>20</sup> Fourth-level administrative division comprised of several villages.

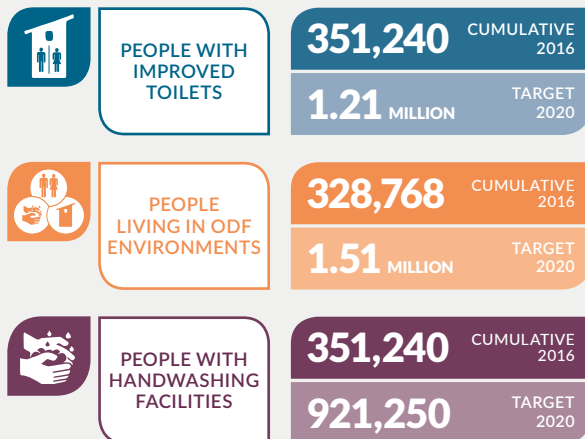
# TOGO



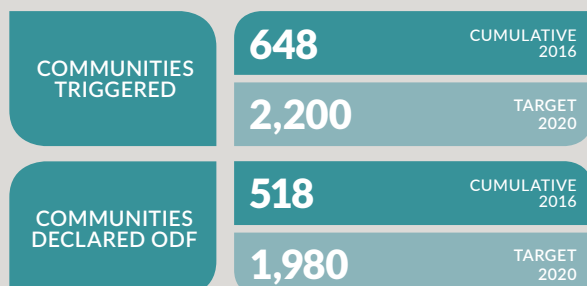
UNDER THE TOGO PROGRAMME, MORE THAN 351,000 PEOPLE HAVE ACCESSED IMPROVED TOILETS. ©WSSCC/ASU DURMUS

## RESULTS

### KEY RESULTS



### INTERMEDIATE INDICATORS



**Executing Agency:** UNICEF Togo

**Programme duration:** 2013-2020

**Programme Coordinating Mechanism:** Chaired by the Ministry of Health and Social Protection

The GSF-supported programme is a key contributor to the ‘Togo Sans Défécation à l’Air Libre’ (‘Open Defecation Free Togo’) or ‘Togo SANDAL’ national movement for an ODF Togo by 2030. Engaging all stakeholders around the movement, the programme works in rural communities to increase the use of latrines and promote good hygiene practices. UNICEF currently manages the programme, which is implemented by local and international NGOs. The programme covers 40 percent of Togo’s rural areas, facilitating CLTS and social marketing in the Savanes, Kara regions and Plateaux regions.

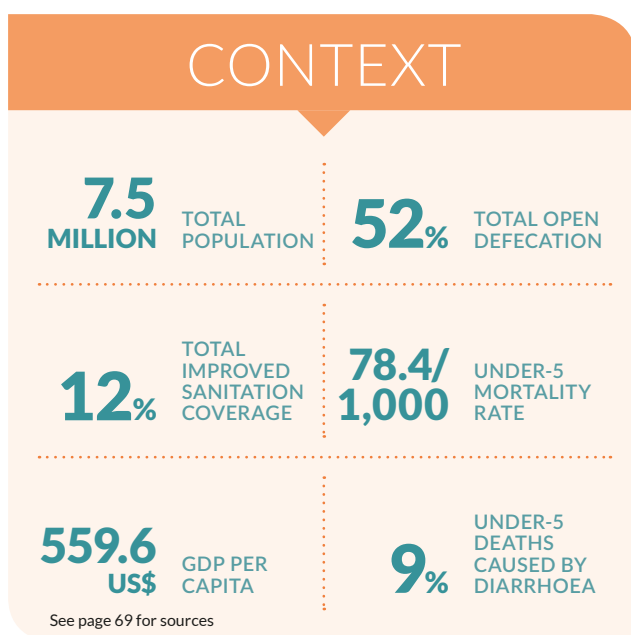
#### 2016 Highlights

Demonstrating GSF’s focus on national ownership, a gradual handover of programme management responsibilities from UNICEF to the Ministry of Health and Social Protection has been planned from the outset. To this end, a comprehensive handover plan was developed by all key stakeholders in 2016. Under the plan, the ministry will progressively take on more responsibilities in 2017 and 2018.

During the year, the programme rolled out its Institutional Triggering strategy in all target regions and prefectures,<sup>21</sup> which led to ODF commitments and action plans adopted by administrative, traditional and religious leaders. The programme also helped the Government complete its Togo SANDAL roadmap to mobilize additional support and funding to ensure that both rural and urban areas are ODF by 2030. The programme also supported the Government to launch a social marketing strategy that will help households and communities climb the

<sup>21</sup> Second-level administrative division in Togo, after regions.





sanitation ladder. The strategy will engage communities, supply-side actors, local governments and microfinance entities around a social financing mechanism for improving sanitation facilities.

To date, the programme has supported 22 cantons<sup>22</sup> to achieve ODF status, covering all communities in need in these cantons. Moreover, 330,000 people have been enabled to live in ODF communities. This is an unprecedented achievement in the country, as no other WASH initiative has reached this scale. In addition, close to 4,000 vulnerable people have gained access to and continue to use toilets at home.

### Challenges

The programme's prolonged inception phase and limited number of implementation partners has delayed geographical scale-up. For similar reasons, the programme management handover to the Ministry of Health and Social Protection was delayed. To address challenges, an additional 16 implementation partners will be brought on in 2017 to ensure that all target prefectures are covered. In addition, the programme team within the Ministry will be strengthened with additional staff, and all stakeholders have agreed to adhere to the handover plan.

### Learning and innovation

The programme has learned that engaging local institutions at the outset increases their involvement in CLTS, therefore increasing the speed at which ODF status is achieved. To this end, the programme fine-tuned its demand-led approach in 2016, which facilitates Institutional Triggering and the Madagascar-born U Approach for scaling up ODF achievement, prior to community Triggering.

The School-Led Total Sanitation (SLTS) approach was further developed, which triggers teachers, principals, educational advisors, school inspectors and other officials, who then develop and implement action plans for achieving ODF status

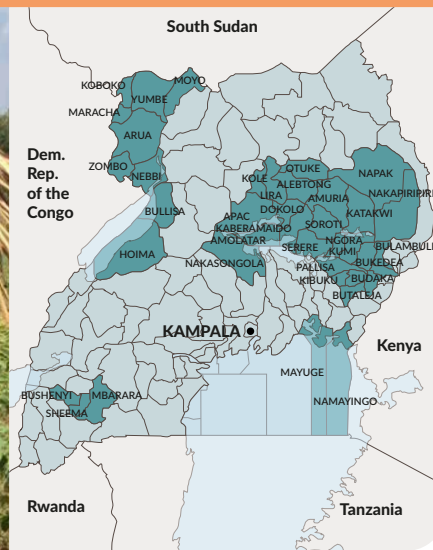
in schools and surrounding communities. The approach also engages children as sanitation champions in their schools and communities. The programme has reached close to 500 schools and has also been approached by WASH peers who are interested in adopting SLTS. In addition, community exchanges through Village Clinics were further facilitated, through which Natural Leaders from ODF villages meet with representatives from open defecation villages to create action plans for achieving ODF status.

### Looking ahead

In addition to increasing the number of implementing partners, the programme will intensify its support to Togo SANDAL in 2017, through strategic partnerships with key ministries and financial and technical actors. An independent mid-term evaluation of the programme will also be completed, and the programme's gradual handover process will continue.

<sup>22</sup> Third-level administrative division in Togo, after prefectures (districts) and regions.

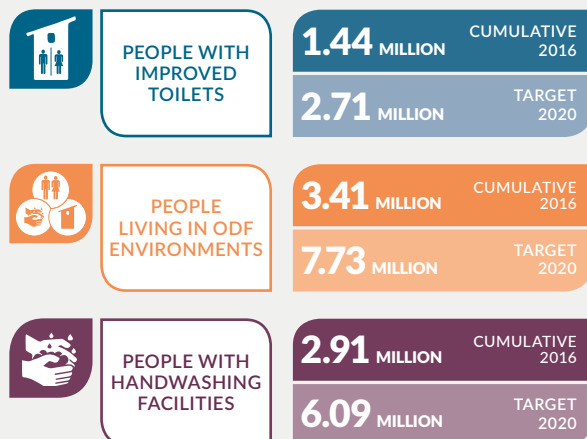
# UGANDA



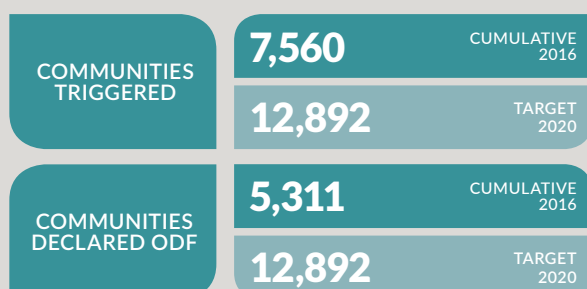
UNDER THE USF, MORE THAN 1.4 MILLION HAVE ACCESSED IMPROVED TOILETS. ©WSSCC/MATILDA JERNECK

## RESULTS

### KEY RESULTS



### INTERMEDIATE INDICATORS



**Executing Agency:** Ministry of Health

**Programme duration:** 2011-2020

**Programme Coordinating Mechanism:** Sub-group of the National Sanitation Working Group, chaired by the Ministry of Water and Environment

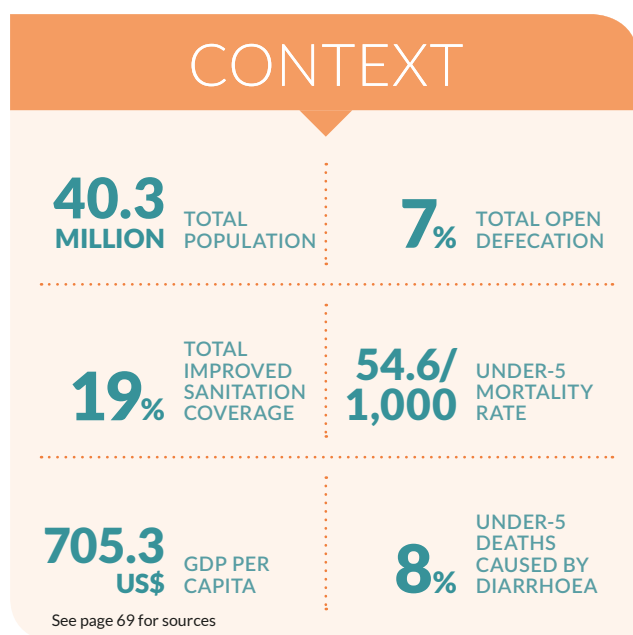
The Uganda Sanitation Fund (USF) is the largest sanitation programme in the country, directly contributing to the National Development Plan and embedded in Uganda's decentralized system of local governance. The USF enables communities to improve their access to and use of sanitation and hygiene facilities, while promoting improved sanitation as essential to preventing a range of diseases. Covering 38 districts, the USF is managed by the Ministry of Health, while District Local Governments serve as implementing partners.<sup>23</sup>

#### 2016 Highlights

The USF consolidated its progress as it prepared to shift into its transition phase. A four-year expansion plan was developed, for which WSSCC has allocated \$2 million. The plan focuses on increasing geographical coverage, ensuring sustained and inclusive progress, and enhancing the enabling and institutional environment for sanitation. It will also address recommendations from an independent mid-term evaluation of the USF, which include addressing slippage, supply-side activities and equality and non-discrimination, and enhancing partner capacities, learning and documentation.

Thanks to the demonstrated success of the USF, the Government of Uganda committed to match GSF's new investment, in a step towards increased government funding. While GSF funds will focus on strengthening the enabling environ-

<sup>23</sup> Read more about the USF's decentralized structure in: WSSCC. (2017). *Local governance and sanitation: Eight lessons from Community-Led Total Sanitation at scale through local governments in Uganda*. Retrieved from <http://wsscc.org/resources-feed/local-governance-and-sanitation-eight-lessons-from-uganda>



ment and sustaining results in existing districts, government funds will facilitate scaling up to eight additional districts. These new districts will include pastoral communities with some of the lowest levels of sanitation coverage in the country as well as hard-to-reach lakeside populations and communities prone to cholera.

During the year, the programme intensified its efforts to increase the visibility of sanitation programming at scale as an effective preventive healthcare strategy. To this end, the Minister of Health and the WSSCC's Executive Director participated in a field mission to witness the health benefits experienced by ODF communities supported by the USF. Other senior staff from the Ministry of Health have also continued to participate in the programme activities. At the end of 2016, the programme reported more than 3.4 million people living in ODF environments, a 64 percent increase from December 2015.

### Challenges

Ensuring sustainable behaviour change and measuring slip-page rates have been key challenges. To address these issues, the USF will increase capacity development for Institutional Triggering and Follow-up MANDONA, while increasing support to Natural Leaders and Community Consultants, to maintain and strengthen community-based structures. In addition, there has been delayed integration of the USF with other health-related activities in supported districts, such as nutrition and early childhood development. The USF is therefore reviewing its plans to ensure that its activities are fully harmonized with overall district health activities.

### Learning and innovation

Learning exchanges with other GSF-supported programmes and among internal stakeholders have become an integral part of the USF's approach to enhancing implementation, capacity building and community engagement. In 2016, the USF enhanced its knowledge of Follow-up MANDONA during the GSF Learning Event in Madagascar. The programme then went

on to help colleagues from Ethiopia and Kenya build skills in Follow-up MANDONA and Institutional Triggering (see 'key terms and concepts' on page 67). Widespread adoption of these approaches, coupled with enhanced capacity building for monitoring and evaluation, helped the USF significantly boost results in 2016. The programme also organized visits by leaders and champions from the Lango region to the West Nile region, which included learning on ways to improve sustainability and mobilize Natural Leaders.

In addition, the USF continued its innovative partnership with the international NGO Water for People to develop viable business models for marketing sanitation products and services. A key element of the partnership is the focus on reaching areas vulnerable to periodic flooding. A pilot project in Soroti District has led to households purchasing and installing the SaTo Pan, a plastic, pour-flush pan with an airtight seal, keeping latrines odor-free and preventing flies from getting out of the pit. The lessons generated from Soroti will be rolled out to the other USF-supported districts.

The USF has also observed reductions in sanitation-related diseases in supported districts. To gather concrete data and evidence, in 2016 the programme began the process of undertaking a correlational study to determine trends over the last five years.

### Looking ahead

While implementing its expansion plan, the USF will focus on ensuring realization of the Government's counterpart funding commitment. The programme will also support the development of a national investment plan for sanitation and hygiene in line with the Sustainable Development Goals. This will in turn be used as an advocacy tool to explore funding opportunities from sources outside GSF and the Government. The programme will also focus on scaling up behaviour change approaches, sustaining services and progress, improving the quality of facilities, enhancing inclusiveness, and supporting districts to develop roadmaps and strategies for improved sanitation.





# 3

## PEOPLE & PARTNERS



From design to implementation to transition, the role of champions and partners is central to the success of GSF-supported programmes. The diverse network across GSF-supported countries includes: households and community organizations; Natural Leaders, Community Consultants and Community Engineers; civil society actors and entrepreneurs; central, regional and local governments; National Coordinators and WASH coalitions; Programme Coordinating Mechanisms; Executing Agencies, Implementing Partners and Country Programme Monitors; and many more.



Sanitation is everybody's business. Poor sanitation and hygiene creates health risks for everyone in the community and hampers a nation's socioeconomic development. That is why GSF-supported programmes reach out to all sanitation and hygiene stakeholders to encourage them to participate and play their part. This approach spurs collaborative processes and nurtures champions at every level. Together, these champions help nations achieve sanitation and hygiene goals and build vibrant movements.

Read more about the work and value of our champions and partners in the following pages.



PHOTOS: FROM NEPAL TO TANZANIA, CAMBODIA TO ETHIOPIA, THESE ARE THE MANY DIVERSE PEOPLE AND PARTNERS ACROSS THE GSF NETWORK. ©WSSCC

## Achieving ODF status at scale and building momentum

### INDIA

In 2016, the GSF-supported Piprasi Block in West Champaran District was among the first blocks<sup>24</sup> in the state of Bihar to achieve ODF status, demonstrating behaviour change at scale. Close to 40,000 residents now have access to sanitation facilities in the most densely populated state with some of the highest levels of open defecation and most remote and marginalized communities in the country. This achievement was made possible through close collaboration with a range of actors and champions.

Working through a consortium partner, GSF Implementing Partner Plan India fully involved gram panchayats<sup>25</sup> in planning and implementation, including in the development of an Open Defecation Elimination Plan adopted by the District Government. They also secured financial support from the District Government for the construction of good quality sanitation facilities, based on the performance of gram panchayats in the

sanitation campaign. In addition, gram panchayats were supported to set up production centres, which ensured that people could purchase key sanitation

schoolteacher, Prasad took on the ODF challenge with vigour and determination. Covering all gram panchayats and together with partners, he carefully planned

“

*In the absence of a toilet I had to go to field. I had to depend on someone in the house for transit to the site. The rainy season added to my woes. It also affected my self-respect and confidence. Having toilet at home has been a great relief. The team suggested some technological adaptations, which are especially helpful. I Thank the BDO for taking up this mission and changing our lives.*

Sugriv Sharma, a disabled community member in Manjehria Panchayat Piprasi, West Champaran

materials near their homes, and over 800 West Champaran masons were trained.

Raghuvar Prasad has been Block Development Officer (BDO) of Piprasi since 2014, and in 2016 he was appointed as the Block Sanitation Officer. A former

out behaviour change activities, personally held meetings with key officials, and led information, education and communication campaigns.

Prasad also arranged a meeting between sanitation buyers and suppliers immediately after the triggering process. In addition, he convinced suppliers to provide materials to marginalized people via loan agreements and supported the training and employment of marginalized people as masons, which generated 48,000 person-days.

Prasad and partners also mobilized women's self-help groups and school children as champions. In addition, after identifying the needs of groups including the disabled, the elderly and pregnant women, Prasad and partners ensured that facilities were adapted to their needs using local innovations and materials.



COMMUNITY ENGAGEMENT IN PIPRASI BLOCK. ©NRMIC

<sup>24</sup> Administrative subdivision two levels below a district.

<sup>25</sup> Village-level administrative subdivision one level below blocks.

### BENIN

ALDIPE, a GSF-supported delegated implementing agency, covers the commune of Bantè, in the department of Collines. The NGO has achieved more ODF communities than its peers. Success has been achieved by harnessing the role of Natural Leaders, who actively cham-

pion improved sanitation. ALDIPE has also ensured effective collaboration with the commune council. The mayor and his team support the NGO by organizing community visits to hear and learn from community members and participate in ALDIPE's CLTS activities.

Where other organizations see the rainy season as a major obstacle, ALDIPE sees it as an opportunity. The organization encourages community members to construct facilities right after the rains, because the soil is soft, making it easier to dig and build latrines.

## MALAWI



TA SAWALI. ©STEVEN KAMPONDA

Under the GSF-supported programme, 14 traditional authorities (TAs)<sup>26</sup> were certified ODF in 2016, helping to fast-track the ODF Malawi strategy. All of the TA leaders have underscored the importance of coordination at all levels. “I sat down with my fellow chiefs, the District Coordinating Team and Area Development Committee, and we talked about our sanitation. We agreed to ensure

that our land has latrines so that we live a healthy life. Thereafter, I followed up with all the villages until we reached this far, said Senior Chief Malengachanzi from TA Malengachanzi.

The most prominent ODF celebration was held at the female-led traditional authority of Sawali, which was attended by the Minister of Health and WSSCC’s Executive Director.

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*Women have been encouraged to lead. We will continue to remind each other and make follow-ups, until the end of time!*

TA Sawali

In her speech, TA Sawali highlighted the great contributions made by her village heads, and extension workers. She also expressed how she is looking forward to getting all households in her area to climb the sanitation ladder by acquiring improved sanitary facilities that will not collapse during rainy seasons. At a later reflection meeting, she added: “Women have been encouraged to lead. We will continue to remind each other and make follow-ups, until the end of time!”

<sup>26</sup> Traditional Authorities (TAs) are the third largest geographical sub-division in Malawi after regions and districts, comprising multiple villages.

## MADAGASCAR

The GSF Implementing Partner Ampelamitraoke works in Androy, the poorest region in Madagascar. Located in the southernmost reaches of the country, Androy’s climate is characterized by severe drought and unreliable rainfall, and has some of the highest levels of malnutrition in Madagascar.

Despite these conditions, Ampelamitraoke was able to support two entire municipalities – made up of 273 villages – to achieve ODF status. This success was due to an in-depth understanding of the sociocultural context, high-quality CLTS facilitation respecting community-led initiatives at every stage, and involving all actors in the ODF movement, especially traditional leaders, mayors, teachers and health centre managers. The NGO also collaborated with other agencies working in the WASH sector, such as a water supply agency, and promoted local innovations for hand-washing and climate resilience.

Ampelamitraoke also strongly involved and developed local women’s associations through the Madagascar-born Follow-up MANDONA and Local Community Governance approaches. Seventy-one villages have set up local

community governance mechanisms to ensure the maintenance and sustainability of gains made. In addition, WASH activities were conducted in every school covered, and masons were trained in the manufacture of high-quality latrine slabs.



POST-TRIGGERING FOLLOW-UP WORK FACILITATED BY AMPELAMITRAOKE. ©FAA

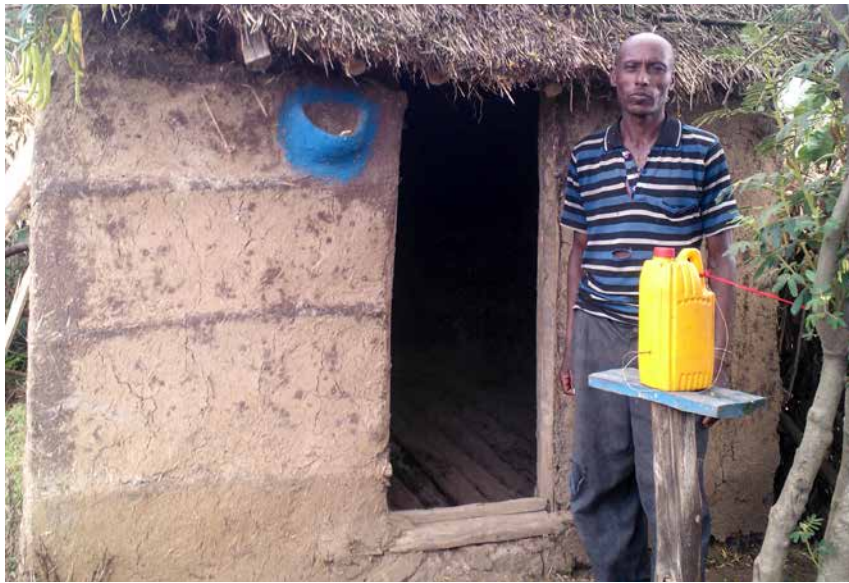
## Supporting healthy lives

### ETHIOPIA

The Ministry of Health manages the GSF-supported programme, and government health offices at the regional and woreda (district) level serve as implementing partners. The programme is aligned with the 2015-2020 Health Sector Transformation Plan, and activities are delivered through country's Health Extension Program, which provides a package of promotional and preventive health care services to communities. As part of this package, implementing partners facilitate Community-Led Total Sanitation and Hygiene and train village-based Health Extension Workers in the approach. The Health Extension Workers then train grassroots wom-

en leaders who make up the 'Health Development Army'.

In Chole woreda, Ato Fikre Gebre Medihin's ODF village serves as a model for this approach. Under his leadership, all 30 households have completed the 16 components of the health extension package, which cover hygiene and environmental health, disease prevention and control, and family health services. Achievements and innovations in his community have included constructing quality latrines complete with hand-washing facilities and soap, growing plants using liquid waste, constructing smokeless stoves, and safely treating and managing household water.



ATO FIKRE GEBRE MEDIHIN DISPLAYS AN IMPROVED SANITATION FACILITY. ©ESHIP

### SENEGAL

*We have all become our own doctors, because we understand the value of cleanliness, hygiene and health. Now, the only people who go to the health centre are women who are pregnant or about to give birth... Malaria and diarrhoea are no longer part of our lives. We're certain that you won't recognize our village three years from now.*

Ibrahima Konté, a mason from Mbakké Department, Senegal

### NEPAL

*Before, I would hear of many diarrhea-related death cases. And with the toilet construction movement, these deaths have greatly reduced.*

Binda Devi Ram, Siraha District, Nepal

### UGANDA

The programme is managed by the Ministry of Health and is the largest rural sanitation programme in the country. District Health Offices take the lead in implementing programme activities

*[The health inspector] told us that prevention is better than cure, and it is in our own interest to uplift people so that nobody can suffer from diseases. [...]*

Eneku Jimmy

and monitoring results, with health extension workers rolling out CLTS activities in close collaboration with Village Health Teams.

Eneku Jimmy, a Natural Leader from Maracha District, highlights the programme's health impact: "[The health inspector] told us that prevention is better than cure, and it is in our own interest to uplift people so that nobody can suffer from diseases, because treating disease is complicated and requires a lot of money. We no longer have sicknesses. We no longer go to hospitals disturbing nurses with stomach pain, headache, and vomiting."



## Championing the role of women

### UGANDA

Annet Birungi is a Health Assistant in Lira District who has emerged as one of the District Health Office's star facilitators. As the leader of her team, she has accompanied 12 communities on their journey to end open defecation.

She explains: "After I attended the Ministry of Health training, I made sure that once I got to the field, I would perform my best. As I love the communities that I work in, I wanted to deepen my knowledge on this new Community-Led Total Sanitation approach." Her enthusiasm for working with communities soon earned her a position as a team leader.

Annet uses songs, dances, and humour to build a strong bond with communities. For her, being an effective facilitator means, "having good listening skills, get-



ANNET BIRUNGI (CENTRE-LEFT) CELEBRATING ODF PROGRESS WITH COMMUNITY MEMBERS. ©WSSCC/USF

ting down to earth with communities by supporting the emergence of local technologies and initiatives, and using

flexibility and innovativeness to trigger behaviour change." She now supports her colleagues to build their own skills.

The Ministry of Health has asked her to help provide technical assistance for three other neighbouring districts. "My pride is seeing communities with a healthy environment, and my vision is to see not only an ODF Lira, but an ODF Uganda," she says.

“

*My pride is seeing communities with a healthy environment, and my vision is to see not only an ODF Lira, but an ODF Uganda.*

Annet Birungi

### SENEGAL

To support sustainable development, the GSF-supported programme has helped communities establish village development associations, which go beyond sanitation to focus on overall community development. The associations include solidarity funds that help women access credit for income-generating activities.

In the village of Darou Nahim, Mbacké Department, Maty Guèye heads one such association, comprising 174 women. Ever since the GSF-supported programme triggered her village, the 52-year-old mother of six has encouraged all women to join the association.

Through the GSF-supported programme, the association developed a revolving solidarity fund, through which each group member pays a membership fee to access 15,000 francs (\$26.30) repayable over three months. In addition,

every week Maty organizes collective income-generating activities involving disadvantaged groups. These include agricultural activities, animal breeding, market gardening to grow fruits and vegetables, and small-scale commerce such as selling roasted peanuts and cosmetics.

Maty reflects on her work: "The only thing I care about is developing Darou Nahim. And I know we can do

it with the GSF-supported Senegal programme. I feel invested in a mission to develop my community. I want Darou Nahim to become the premier village in Senegal."



©AGETIP

“

*We know that we are on the path towards empowerment. Thanks to GSF Senegal, our girls are better able to manage hygiene issues related to menstruation and we have stopped picking up waste from periods. [...]*

Maty Guèye

# PERSPECTIVES

How has GSF impacted and transformed lives? Read testimonials from some of our advocates below.

## BENIN



*The programme opened my eyes. I am a traditional healer and I get a lot of patients who spend some days with me. To defecate, they went into the teak plantations or behind my home where there is grass. My family and I also defecated in the open. In the rainy season, poo smells bothered us and made us feel uncomfortable. Flies frequently invaded our home and my children suffered from diarrhoeal diseases. When the delegated implementation agency began facilitation in my community, I understood the wisdom of having a latrine. I built my latrine out of solid materials and with a deep masonry pit, because I receive a large number of patients and carers. Now, my patients feel more confident, and several members of the community have followed my example.*

Sébastien Fagnon, traditional healer

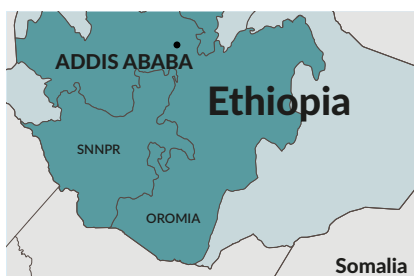
## CAMBODIA



*After my wife attended a CLTS triggering session, she shared a lot with me about the advantages of having our own latrine, and the effects of open defecation and drinking unsafe water. Now I have my own latrine at home. My family feels secure. Additionally, having a latrine at home is convenient for me as a disabled person, as I don't need to walk far as before. More importantly, my family members no longer have problems with diarrhoea since we started drinking filtered water.*

Mob Morn, 43, a disabled villager living in Pralay Village, Kampong Thom Province

## ETHIOPIA



*I now use latrines, thanks to the encouragement and behaviour change from the programme. Previously, when I went to Addis for personal business, my open defecation behaviour discouraged me from using the toilets in the building when I needed to defecate. Instead, I waited until I returned to my village later that day to run out to the bush and defecate! I'm thankful to the programme for raising awareness of the disgusting practice of open defecation and promoting the use of latrines.*

A resident of Liben Chuqala Woreda, Oromia Region.

## INDIA



*I was widowed and hence had to struggle for my livelihood. The ODF movement not only helped me and many others gain access to safe sanitation, but it also helped me to develop skills as a trained mason. Now I can earn for my livelihood and take care of my children.*

After she was triggered, Indu Devi, from Piprasi Block, Bihar, built her latrine and started working as an assistant to masons constructing improved toilets in her village. Her hard work soon caught the attention of local officials, who facilitated special masonry training for her. She now works as a professional mason in and outside her village, and has also trained family members.

## KENYA



*Never in my life had I thought of constructing a latrine in my compound, but I am glad I did. I am also glad that we don't have to hold our waste anymore [to avoid being spotted defecating during the day] or risk getting attacked at night while defecating in the open, especially for our women and girls. Now we are happy that every household has a latrine and relieving ourselves is not embarrassing anymore.*

Before he was triggered, Mohamed Adan, 40, resident of Qahira Village, Wajir County, would spend a significant amount of time every day looking for a spot to defecate, to avoid the embarrassment of being spotted. Now that his village is ODF, his children are not sick as often as they used to be and they experience fewer bouts of diarrhoea.

## MADAGASCAR



*What are we celebrating today? We are not rejoicing because of the end of open defecation in our community; we are celebrating because we are free at last, we have dared put behind us the bad practice that had kept us captive for millennia – the bad practice of open defecation.*

Part of a speech delivered by Mr. Fiandraza, Head of the Androy Region, during Ambovombe Commune's ODF celebration

## MALAWI



*At first, I didn't know that we could produce fertilizer from human waste. Now I will be able to produce more, since previously I was having some problems because I could not afford to buy a single bag of fertilizer because it is very expensive. Let me convey my sincere gratitude to [GSF implementing partner United Purpose] for their efforts in teaching us how to construct EcoSan<sup>27</sup> latrines. We believe that apart from preventing the occurrence of diarrhoeal diseases, ECOSANs will also assist us to realize bumper yields, which in turn will boost our nutrition.*

Mariana Banda, from Balaka District

## NEPAL



*We used to defecate in the open but couldn't go far away due to our old age. Because of this, we always had to deal with the bad smell around us. After the sanitation campaign conducted in our Village Development Committee, we learned how to construct toilets at a low cost. We decided to use our old age allowance to construct toilets, as we did not have any other income. We are now more comfortable after building the toilets. It's sad when we see people who can afford a satellite dish and mobile phone but still don't have a toilet at home!*

Kashiram Tamang, 84 and Fumagya Tamang, 79, Bhalchew VDC ward no 5, Drimtungkhor, Nuwakot District

<sup>27</sup> The EcoSan toilet is a closed system that does not need water. It is a viable sanitation option in places where water is scarce. The toilet is based on the principle of recovery and recycling of nutrients from excreta to create a valuable resource for agriculture (source: WaterAid).

## NIGERIA



*The [Local Government Area]-wide ODF is a unique accomplishment made possible through the efforts of United Purpose [...] This truly unique success represents a landmark transition from the traditional donor-recipient relationship of most development programmes and exemplifies the Federal Government's prioritized National Road Map, 'Making Nigeria Open-Defecation-Free by 2025'.*

Press release from Nigeria's Minister of Water Resources, Engineer Suleiman Hussein Adamu

## SENEGAL



*Before the GSF, we didn't even dare go out when we had our periods. The blood would drip down our legs because we used two or three loincloths or pieces of cloth that were not enough to catch it. Through your intervention, we have completely changed what we do. We now use sanitary towels that cost 500 CFA francs [\$0.85] a packet at the market or pieces of clean cotton cloth that we then soak in hot water with vinegar or lemon and salt for half an hour. After that, we wash them, dry them in the sun or iron them. Then we keep them in a clean bag ready for our next periods. Now, when I get my period I can wear white, go out and walk about without being afraid of getting my clothes stained. We are proud of what we've accomplished thanks to your programme.*

Aminata Seck, 20, Ndokal Village, Mbacké Department

## TOGO



*Before the village was triggered I used to relieve myself outside under a baobab tree. I used to end up standing in my own stool and bringing it into the house on my feet. It was really annoying, but I could not find a solution. When the village was triggered, I asked my children to build me a latrine, and they did. I feel comfortable now.*

Djassibe Bomboma, 75, from Déguimone Village, Savanes Region, lives with a visual disability.

## UGANDA



*I told [my community members] that if you have a latrine and your neighbor doesn't, you are eating your neighbor's faeces. I also told them that if your latrine doesn't have a squat-hole cover, flies will bring faeces to your food, and if you don't wash hands with soap or ash after defecating, you are eating your own faeces. Our plan is to not lag behind – everybody should have a latrine. We have organized the youth and selected disabled people and female-headed families, and we are going to construct latrines for them. Since we were triggered the sanitation standard has improved and the percentage of people without latrines is less than 20 percent.*

Eneku Jimmy from Kurwa Village, Ombachi Sub-County, Maracha District, became a Natural Leader after being triggered by the local health team.

## Local actors leading the way

### NEPAL

“

*He made stubborn people ashamed by digging their toilet pits himself [...]*

Rem Kala Pandey

Pushkar Nath Acharya, Chairperson of the ODF Thulapokhara Village Development Committee (VDC),<sup>28</sup> is a dynamic and unwavering champion driving the sanitation campaign in Arghakhanchi District. Supporting the GSF-supported programme, Acharya visited all 940 households in the VDC and personally requested that they build toilets and practice good hygiene behaviours. He even went some steps further: “He made stubborn people ashamed by digging their toilet pits himself,” recalls Rem Kala Pandey, a private school teacher. What’s more, he invited people that were lagging behind on toilet construction to his office,



PUSHKAR NATH ACHARYA. ©UN-HABITAT NEPAL

where he showed them sanitation video documentaries.

“I continued this for three weeks, after which all of the remaining households were ready to construct and use safe toilets,” he says.

Throughout the ODF journey, Acharya ensured that people with disabilities participated in the campaign. What’s next for Acharya? He plans on developing his VDC into a model community for WASH learn-

ing and innovation, demonstrating the links between sanitation and education, income generation, tourism, and dignity and nature conservation.

“I have a clear vision to develop nine model wards. I’ve drafted a plan, and I’m looking for financial partners to make it a reality.”

<sup>28</sup> Administrative area comprising approximately nine wards and between 500 to 5,000 households.

### NIGERIA



©WSSCC/JASON FLORIO

Chief Joseph Ikanshul, together with other chiefs in the Obanliku LGA, played a leading role in eradicating open defecation in Obanliku Local Government Area (LGA) – the first LGA in Nigeria to be certified ODF.

However, the journey was far from easy for Chief Ikanshul. When he first heard of CLTS, he did not see how it could work in the nine villages and 139-plus households he oversees. He would have to start from zero, as there was not one single latrine found in any of his villages. The prevalence of waterlogged areas was another worry, as it would complicate the construction of latrines, and he knew his people were generally resistant to change. Despite his apprehension,

when the LGA WASH Unit invited him for a meeting, he went. At the meeting, the stories about reduced diarrhoea and a healthier living environment in ODF communities triggered him.

He then proceeded to dig his own latrine, and after that he formed a task group of Natural Leaders. In one month, his villages were ODF. Ikanshul then went on to trigger other chiefs and chair a ward-level sanitation task group, which helped propel the remaining communities in his ward to ODF status. In another

ward, Natural Leaders called on him to convince their resistant community leaders of the benefits of ending open defecation – in three days, he made them believers. Ikanshul now works with partners to promote improved sanitation in other LGAs across Cross River State.

Ikanshul reflects on these achievements: “I am glad that I have taken this crusade to other LGAs after Obanliku achieved ODF, and hopefully we will have an ODF Cross River [State] if all hands are on deck.”

“

*It has been my push to see that people live healthy lives in our communities, and I can boldly testify that today diarrhoeal diseases have ceased in our communities, and we can now sit anywhere within our surroundings without feeling uncomfortable due to the smell of shit. [...]*

Chief Joseph Ikanshul

## Leaving no one behind

Access to safe sanitation and hygiene is a human right for everyone, everywhere. GSF-supported programmes promote equality and non-discrimination in several ways, from developing innovative

approaches such as Cambodia's EQND framework and Participatory Social Assessment and Mapping (see page 27), and Madagascar's Follow-up MANDONA (see page 67), to honing champions. This

section highlights some of the champions and activities involved in GSF's efforts to leave no one behind.

## PARTICIPATION AND EMPOWERMENT

### Leadership and role models

In Nepal's caste system, Dalits (or 'untouchables') face deep-rooted discrimination, exclusion, and extreme poverty. However, one Dalit community in Khana VDC, Arghakhanchi District, used the national sanitation campaign to break down caste stereotypes. To show that they would not be considered last, the community organized groups to help each other (4-5 households per group) to build latrines and support those who were not able. Working together, the community succeeded in completing their latrines before many people of traditionally 'higher' castes.

In Itoli community, Nigeria, Blessing Lebo recalled that people in her village used to defecate in the open so much that "the shit ran like rivers" into where the women fetch water for their families. When the men refused to build latrines for their families, Blessing rallied the women to lead by example. With their wives building toilets, she challenged the men: "What a man cannot do, a woman has done. So what are you men doing for this community?" The men have since joined the women in ensuring everyone has access to a latrine, and Itoli community has been ODF for over two years.

“

*What a man cannot do, a woman has done. So what are you men doing for this community?*

Blessing Lebo



A DALIT WOMAN AND HER DAUGHTER DISPLAY THEIR IMPROVED TOILET. ©SUE CAVILL

### Local innovations

Lamboni from Savanes region, Togo, is 65 and lives with a physical disability. Because he could not squat to defecate, Lamboni elevated the drop-hole in such a



ELEVATED DROP-HOLE IN PLATEAU REGION, TOGO. ©K. FAGNON



POTTY, SENEGAL. ©SUZANNE FERRON



MINI LATRINE IN NIGERIA. ©SARAH HOUSE

way that he can sit. He finds this position comfortable and does not need to worry anymore anytime he feels the need to go to the toilet. This improvement also allowed all family members to use the toilet without any form of discrimination.

Children often have difficulty using regular pit latrines, and they can even be dangerous. To address this, the GSF-supported programme in Senegal encouraged the use of children’s ‘potties’, which are now widespread, with some families having several different sizes and one for each child. In Nigeria, separate ‘mini latrines’ are built specifically for children’s use. These local technologies ensure that children can use the toilet safely, and helps support the development of good sanitation and hygiene habits at a young age.

### Mutual support

Razafindalana Raphael, also known as ‘Dadabe’ (‘Grandad’), is one of the oldest people in his village and had difficulties improving his latrine. He explained that: “It will be difficult for me; I can no longer dig, deal with the mud, or fetch water. Plus I cannot afford the materials!” Facilitated by the GSF-supported Madagascar programme, the community agreed that Dadabe needed help. Three energetic youths volunteered to fetch water, fill the latrine’s slab, and build a handwashing station and drop-hole cover. In only a few minutes, these Natural Leaders helped Dadabe make his own ‘model’ latrine. “And I had to pay nothing!”, he exclaimed. Led by these emerging Natural Leaders, the community split up to help other disadvantaged people.



DADABE AND NATURAL LEADERS DISPLAY HIS IMPROVED LATRINE. ©FAA/GRÉGOIRE RABENJA

## OUTCOMES AND IMPACTS

In Togo, Adjo, a mother of 5, explains that the sanitation situation in her village made life for her family very uncomfortable: “Our village used to have that shit stench and notably in our house: you could not even stay under the hut to rest and even eat there because we are just nearby the place where the whole neighbourhood used to defecate.” But after the first triggering meeting, the women organized themselves to clean up the village and transform former open defecation

areas into productive sources of income. Adjo continues: “Our neighbourhood was the very first to end open defecation. In the same year, my husband and I farmed the former open defecation plot near our house. As my children no longer fall sick, this money has allowed me to save regularly in my savings group and to educate our children.”

In Senegal, triggering constructive discussions on the gendered distribution of roles and responsibilities regarding

water, sanitation and hygiene, has led to the adoption of new attitudes and practices in many villages. A GSF-supported equality and non-discrimination study (see page 12) notes that men now accept to take their part in the cleaning of the village to reduce the prevalence of malaria and the risks of bushfires. In addition, menstrual hygiene management awareness raising has helped make it acceptable to hang up pads on a line to dry in front of male members of the household.

## Peer-peer learning for enhanced results

### CAMBODIA

“In CLTS we had a lot of participants – more than usual – because we learned how to build relations and engage with Village Focal Points before triggering,” says Veth Sinorn, Project Coordinator for Implementing Partner COCD, explaining how real-time learning has helped him achieve better results.

The GSF-supported programme in Cambodia uses real-time techniques to generate learning that enables Implementing Partners to solve complex problems as they occur.

Udom Sok Ek, Programme Coordinator for Sovann Phoum gives an example: “There is a case when I organized a community meeting. Only several people stayed until the end of the meeting. Without [real-time learning], I would have to wait until the quarterly meeting to discuss the issue. But now, as soon as our problems occur I can write

on the Learning Network Facebook page. Then I [can] receive a lot of suggestions from other partners regarding what they would do when facing similar problems.”

Building on renowned research, learning and documentation activities are designed to inform strategic and adaptive programming, while supporting the rigorous documentation of knowledge and evidence. Through the

continuous feedback and exchange generated through social media, pause and reflect sessions, field visits and workshops, implementing partners have been able to adjust their approaches rapidly and in real-time. This has facilitated better networking and relationship building, new ideas, and increased visibility for issues of common concern among stakeholders.



REAL-TIME LEARNING HAS HELPED IMPROVE THE PARTICIPATORY SOCIAL ASSESSMENT AND MAPPING APPROACH. ©SRER KHMER/SOVANARA HUN

### CROSS-COUNTRY

Cross-country exchanges have emerged as one of the GSF’s most successful methods to disseminate knowledge and build capacity across supported programmes. These exchanges are rooted in the power of peer-to-peer learning, where experienced practitioners from one country programme work intensively alongside practitioners from another to analyze gaps, demonstrate new approaches, and systematically transfer skills through hands-on learning.

The exchanges also facilitate two-way learning, as fresh ideas and emerging best practices are brought back home.

In 2016, 10 country exchanges took place involving 12 GSF-supported programmes.

Enureta Chebet, a project officer working with the Kenya programme, explains what made her exchange with colleagues from Uganda so unique:

“This exchange is quite different than other formal trainings I’ve attended be-

cause instead of just one facilitator, we are all equally involved in the learning. Unlike the other trainings, where you sit in a session the whole day and doze off, these hands-on sessions involved a lot of practical work in the field.”

A learning exchange between Madagascar and Uganda led to the Uganda programme’s adoption of Follow-up MANDONA. This contributed to a significant acceleration in villages declared ODF – between 2015 and 2016, there was an 89 percent increase in ODF villages. The Uganda programme is now supporting other programmes (Nigeria, Ethiopia, Kenya) to adopt and disseminate these proven approaches.



PARTICIPANTS FROM KENYA AND UGANDA DURING A LEARNING EXCHANGE IN KENYA. ©WSSCC/PATRICK ENGLAND

“

*We are all equally involved in the learning.*

Enureta Chebet, project officer



## Championing school WASH

### KENYA

Sheila Mwita, a standard six student at Ngisiru Primary School, vividly remembers how bad the latrines at her school were, before they were renovated. “The previous latrines had a strong smell, absence of doors, and dirty walls, which made us comfortably prefer defecating in the bushes. Finally, we are able to use the latrines because they are clean and neat.”

Ngisiru Primary School, in Migori County, is one of the schools that has benefited from the GSF-supported programme in Kenya. The school was identified together with Chuodho Women Group, a local advocate for the GSF-supported programme.

“We didn’t think that washing our hands after visiting the latrine was a key element in keeping us healthy,” says Jane, a friend of Sheila’s. I must admit that, after the sensitization session by Chuodho Women Group, together with the Public Health Officers in our school, we have been able to learn a lot on the need to take sanitation and hygiene seriously both in school and at home.”

“We appreciate the intervention in terms of the formed and functional health clubs, and the improved sanitation facilities in our school,” adds Mr. Kerata, who chairs the school’s management board. “It’s been shameful seeing our children suffer due to resource constraints to provide better sanitation facilities. Today, we boast, as our school has become the talk of the village.”

“  
The previous latrines had a strong smell, absence of doors, and dirty walls, which made us comfortably prefer defecating in the bushes.  
Sheila Mwita, student at Ngisiru Primary School



RENOVATED SANITATION FACILITIES AT NGISIRU PRIMARY SCHOOL. ©KSHIP

## Moving up the sanitation ladder through microfinance

### TANZANIA

In Zanka Village, Bahi District, the Wema microfinance group was triggered by a GSF-supported Implementing Partner to invest their funds in improving their sanitation and hygiene facilities.

After their community was triggered, some Wema members exemplified true behaviour change when they asked their Community Resource Person to link them up with an artisan who could help improve their latrines. An artisan was identified in a nearby village and brought to Zanka by the GSF Implementing Partner Community Development and Relief Trust. Wema supported the artisan’s stay in Zanka, during which he produced and sold latrine slabs to the members.

When other Wema members saw the improved latrines in their colleagues’ homes, they were mobilized to improve

their latrines – some with cement and others with slabs. Soon, other community members followed suit by forming new microfinance groups and improving their latrines.

Before the GSF-supported programme intervened, only about 30 percent of the

latrines in Zanka were improved, and 45 percent of households had no latrine at all. But in March 2016, the village achieved ODF status, which equates to all households having fly-proof latrines.



LATRINE BEFORE CLTS INTERVENTIONS. ©UMATA



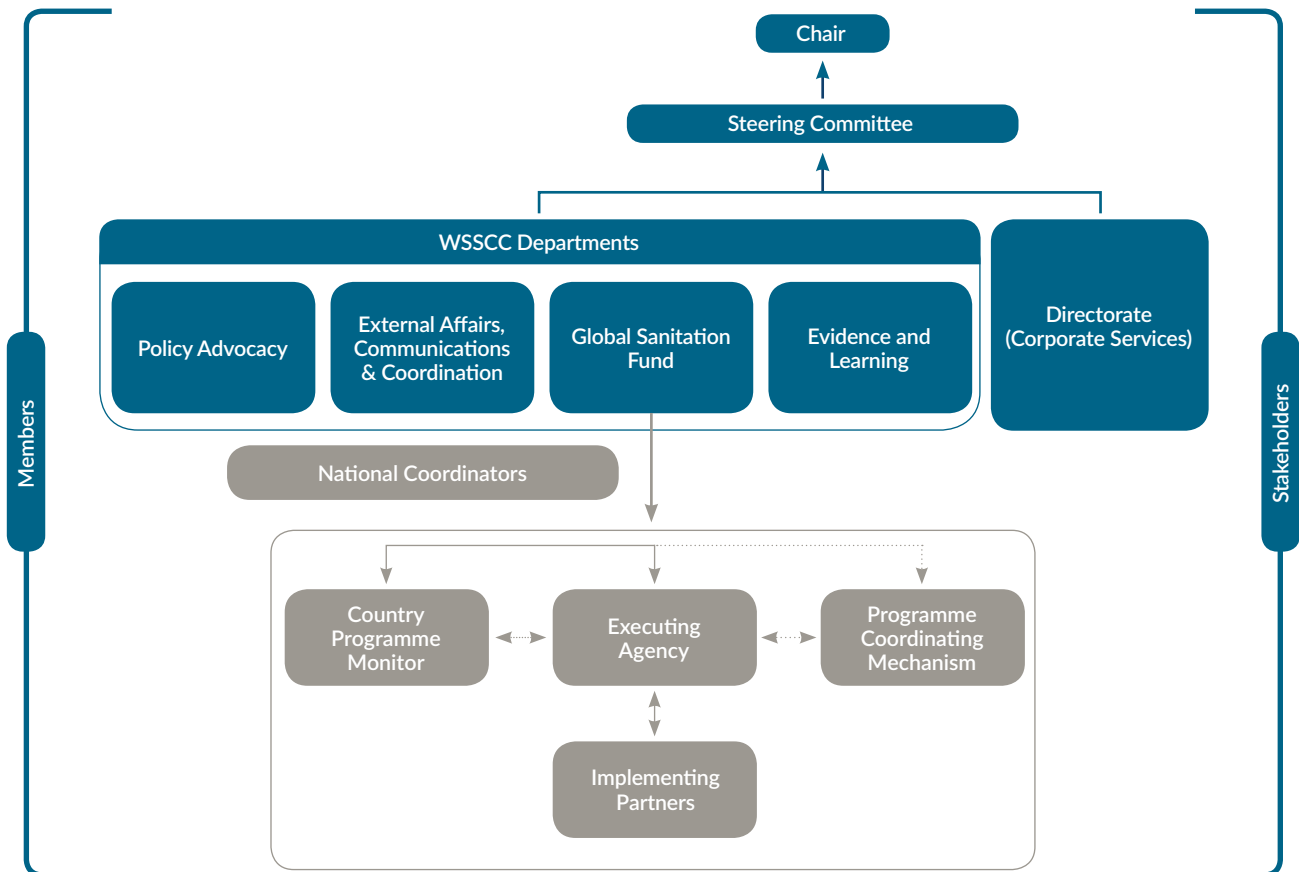
IMPROVED LATRINE AFTER CLTS INTERVENTIONS. ©UMATA

## Key actors

WSSCC, which is legally and administratively hosted by the United Nations Office for Project Services (UNOPS), operates GSF. The WSSCC Secretariat is governed by its Steering

Committee, which also oversees GSF operations. The WSSCC Secretariat consists of several programmes, one of which is GSF.

Figure 6: WSSCC Organizational Structure (Strategic Plan 2017-2020)



GSF is comprised of the following key actors:

### Global level

- **GSF** is based in the WSSCC Secretariat in Geneva, Switzerland, and is led by a Programme Director. The GSF team comprises grant management teams and technical staff supporting monitoring and evaluation, financial management, learning and documentation, and advocacy and communications.
- The **GSF Advisory Committee** provides advice on strategic GSF issues to enhance effectiveness and global impact.

### Country level

- **Central, regional and local governments** are the primary owners and endorsers of country programmes. They collaborate closely with the GSF-supported programmes on design, implementation, monitoring and transition, ensuring that programmes are in line with national policies and administrative structures. Moreover, they work with programmes to enhance their capacity and plans for achieving national sanitation and hygiene goals.

- **Programme Coordinating Mechanisms (PCMs)** are nationally-recognized, typically government-led coordinating bodies for sanitation and hygiene within GSF-supported countries. They set the vision and strategy of GSF-supported programmes. PCMs include representatives from government, civil society and international organizations from across the WASH sector and related sectors. In addition to leading the development of Country Programme Proposals, they also provide strategic guidance to Executing Agencies and ensure that the work supported by GSF is consistent with national policies and activities of National WASH Coalitions. Where possible, PCMs are sub-sections of existing national WASH sector coordination mechanisms. The existence, or creation, of a PCM is a requirement for GSF funding.
- **National WASH Coalitions** focus on advocacy and awareness raising, hygiene and sanitation education, sector coordination, policy development, monitoring progress, media collaboration and knowledge management. While some coalitions existed prior to WSSCC engagement, many have resulted from a WSSCC initiative.



*As a teacher, the best reward I can receive is to see a student surpass me and go on to fill positions of high impact and responsibility. Likewise, in my capacity as WSSCC member and Chair of the GSF Programme Coordination Mechanism, I derive my satisfaction from being able to join in the joy and triumph of the people and communities who through their own means and efforts, manage to become ODF.*

Michèle Rasamison Andriambahiny, PCM Chair, GSF-supported Madagascar programme

- **WSSCC National Coordinators<sup>29</sup>** are senior WASH sector professionals with a clear sanitation and hygiene focus, experienced and positioned to engage at a national, strategic level. A National Coordinator is currently active in 11 countries with active GSF-supported programmes, as well as three countries in the pipeline. On behalf of WSSCC, they carry out national and local level networking, knowledge management, advocacy and communications activities. They are PCM members, serving as focal points between the GSF-supported programmes and PCMs. Their work also involves facilitating preliminary engagements between the country and GSF, before the PCM is set up. National Coordinators are appointed by the Executive Director of WSSCC.
- **Executing Agencies (EAs)** are jointly appointed by GSF and the PCM, and are contracted by UNOPS. EAs receive grant funds and manage the GSF-supported country programme. A diverse range of EAs have been appointed, representing government entities, international NGOs, United Nations agencies and the private sector. The EA selects, supervises, and supports Implementing Partners.
- **Implementing Partners** generally implement the country programme activities within communities, and provide technical services in some cases. They are comprised of NGOs,

government entities, associations and private companies. GSF currently supports over 300 Implementing Partners.

- **Country Programme Monitors** conduct programmatic and financial verification of GSF-supported country programmes, and report directly to GSF.
- **Natural Leaders** are activists and champions who emerge and take the lead during CLTS processes, driving their communities to end open defecation and ensuring that everyone can access adequate sanitation and hygiene. Men, women and young people can all be Natural Leaders. Some Natural Leaders even carry their passion for ending open defecation beyond their own communities, and are involved in triggering sessions and follow-up activities in neighbouring communities.
- **A range of other actors** support country programmes and as a result, sanitation and hygiene movements. They include community engineers, women's and youth groups, entrepreneurs, religious leaders, technical experts, WASH sector organizations and academics.

<sup>29</sup> WSSCC. (2017). *Connecting the Dots: Advancing the WASH Agenda in 16 Countries with WSSCC's National Coordinators*. Retrieved from <http://wsscc.org/resources-feed/connecting-dots-advancing-wash-agenda-16-countries-wsscc-national-coordinators>



IMPLEMENTING PARTNERS TRIGGER STUDENTS IN NEPAL. ©UN-HABITAT NEPAL

## GSF and WSSCC

WSSCC established GSF in 2008 to address the global sanitation crisis. As a central part of WSSCC, GSF draws upon the Council's National Coordinators, utilizes its large network of partners, and benefits from its dedicated focus on equity, results and sustainability. GSF channels WSSCC's strengths in policy advocacy, networking and coordination. Furthermore, the GSF model is

designed on foundational principles rooted in WSSCC's VISION 21<sup>30</sup> and is central to WSSCC's 2017-2020 Strategic Plan. As WSSCC's funding arm for country-led and community-centred collective behaviour change programmes, GSF is central to WSSCC's vision for a world in which everyone, everywhere is able to practice safe sanitation and hygiene with dignity.

<sup>30</sup> WSSCC. (2000). *Vision 21: A Shared Vision for Hygiene, Sanitation and Water Supply and A Framework for Action*. Retrieved from <http://wsscc.org/wp-content/uploads/2016/04/Vision-21-A-Shared-Vision-for-Hygiene-Sanitation-and-Water-Supply-and-a-Framework-for-Action.pdf>

### Collaborating with National Coordinators

GSF-supported programmes and WSSCC National Coordinators (NCs) work together and collaborate with a range of partners to support national sanitation and hygiene programmes. Through a dynamic relationship, they help drive WASH initiatives throughout the programme cycle.

**Programme design:** The existence of an NC in a country is one of the pre-requisites for GSF to work there. During the design phase of a GSF-supported programme, leadership by the NC is essential to ensure that the programme is nationally-owned, sector-led, and plans for national coverage from the outset. In Benin for example, the NC used the prospect of GSF financing as a powerful catalyst to build relationships between WASH actors and provide a platform for achieving nationwide coverage. The potential for GSF funding triggered the

WASH sector to establish a government-led 'Steering Committee for Hygiene and Basic Sanitation' to replace an externally driven entity. A GSF Programme Coordinating Mechanism sub-committee sits within this steering committee, reporting directly to it.

**Evidence-based advocacy:** Using concrete evidence demonstrating nationally-led behaviour change at scale through GSF, National Coordinators work closely with GSF-supported programmes to advocate for replicating and scaling up the GSF model towards nationwide coverage. This includes mobilizing national governments to fulfill funding commitments and provide new investments, as well as mobilizing resources from other partners in the WASH sector and beyond. These efforts are starting to yield results in several countries, such as Madagascar, Nigeria and Uganda.

**Monitoring and verification:** In Malawi, the continued engagement of the National Coordinator in the implementation of the GSF-supported programme has improved the quality of results by the involvement of an active National ODF Taskforce, facilitated by the National Coordinator, which supports the programme's results verification.

**Promotion and visibility:** In Tanzania, the National Coordinator works with the GSF-supported programme to train media and facilitate field exposure visits for journalists to GSF-supported areas.

**Learning and documentation:** Through learning events and field visits, the National Coordinator is supporting the GSF-supported programme in Uganda to document and share innovation and best practice across 30 districts.

GSF AND WSSCC STAKEHOLDERS AT THE AT THE WSSCC NATIONAL CONSULTATION IN NIGERIA, WHICH FED INTO THE COUNCIL'S NEW 2017-2020 STRATEGIC PLAN. ©WSSCC



## Key terms and concepts

### Key acronyms

Throughout the report, acronyms are used for the following frequently mentioned terms:

- Community-Led Total Sanitation (CLTS)
- Executing Agency (EA)
- Programme Coordinating Mechanism (PCM)
- Global Sanitation Fund (GSF)
- Open Defecation Free (ODF)
- Water, Sanitation and Hygiene (WASH)
- Water Supply and Sanitation Collaborative Council (WSSCC)

### Frequently mentioned terms and approaches

**Community-Led Total Sanitation (CLTS)**<sup>31</sup> is an integrated approach to achieving and sustaining ODF communities. CLTS entails the facilitation of a community's analysis of its sanitation profile, including practices of open defecation and its consequences, leading to collective action to become ODF. CLTS focuses on igniting change in sanitation and hygiene behaviour within whole communities, rather than constructing toilets through subsidies. Approaches in which outsiders 'teach' community members are not considered as CLTS in the sense of this report.

**Triggering**, in the context of CLTS, refers to a journey of self-realization where a community identifies faeces in the open environment, and through a facilitated understanding that they are unknowingly ingesting faeces, community members take action to end open defecation and improve their sanitation and hygiene behaviour. Central to the triggering methodology is the provocation of disgust and shock. Within GSF-supported programmes, communities are triggered prior to other CLTS activities through a community meeting or event, using a range of tools and approaches. Triggering can also be facilitated throughout the CLTS process, to achieve and sustain behaviour change. Triggering is often preceded by pre-triggering. This phase aims to analyze and understand community dynamics and sanitation and hygiene practices, as well as identify potentially disadvantaged people and households, in order to inform the triggering and follow-up processes.

**Institutional Triggering** involves implementing the methods used in community triggering to ignite change at the institutional level, for example within national and local government entities. This can be a powerful advocacy approach to foster commitments among influential actors and decision makers to improve sanitation and end open defecation.

**Open defecation free (ODF)** refers to a state in which no faeces are openly exposed to the air. A direct pit latrine with no lid is a form of open defecation, but with a fly-proof lid it can qualify as an ODF latrine. In many countries, ODF criteria goes significantly beyond the absence of faeces in the open environment.

Within GSF-supported programmes ODF criteria is defined according to national standards (read more on page 18).

**Scale:** In the context of GSF-supported programmes, working 'at scale' refers to going beyond villages to facilitate sanitation and hygiene behaviour change at higher administrative levels. These levels range from local to regional administrative divisions, as defined by country governments. Determinants and definitions for working at scale vary according to the context. For GSF-supported programmes, planning to work at scale requires incorporating relevant approaches into the design of the programme.

Slippage refers to a return to previous unhygienic behaviours or the inability of some or all community members to continue to meet all ODF criteria. Types of slippage include: non-compliance with ODF criteria; community members returning to open defecation; seasonal slippage; members of ODF communities defecating in the open outside their own community; slippage caused by outside communities and communal conflict; and institutions contributing to a reversal in sanitation and hygiene gains.

**Follow-up MANDONA (FUM)** is an action-oriented approach to accelerate the end of open defecation after the initial CLTS triggering session. Based on CLTS principles, FUM involves a series of facilitated sessions with the entire community to reinforce behaviour change and collectively undertake small, immediate and doable actions to become ODF in the shortest time possible.

**Note on the terms 'toilet' and 'latrine':** Throughout the report, the term 'toilet' will be used to refer to both pit latrines and other sanitation fixtures. In some cases the term 'latrine' will be used to refer explicitly to pit latrines.

**Note on the terms 'community' and 'village':** The report uses the term 'community' to refer to any village-related social group, settlement or administrative division engaged by GSF-supported programmes. 'Village' is sometimes used to refer explicitly to villages, as defined by the national standards.

<sup>31</sup> Definitions for CLTS and ODF adapted from Kar, K. with Chambers, R. (2008). *Handbook on Community-Led Total Sanitation*. Retrieved from <http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/cltshandbook.pdf>

THROUGH BEHAVIOUR CHANGE APPROACHES,  
GSF-SUPPORTED PROGRAMMES ENABLE  
COMMUNITIES TO PRACTICALLY ADDRESS  
SANITATION CHALLENGES. ©WSSCC





## Sources

Photos and texts courtesy of the WSSCC Secretariat and GSF Executing Agencies

Core narratives in country profiles primarily based on information provided by GSF Executing Agencies

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FRONT COVER PHOTO: AMONG THE MANY ACTIVITIES WITHIN GSF-SUPPORTED PROGRAMMES ARE (FROM BOTTOM LEFT): FACILITATING CLTS FOLLOW-UP ACTIVITIES; ADDRESSING THE NEEDS OF GIRLS; PROMOTING EFFECTIVE HANDWASHING TO PREVENT DISEASES AND SAVE LIVES; EMPOWERING COMMUNITIES TO CONSTRUCT SANITATION FACILITIES; AND TRIGGERING COMMUNITIES TO CHANGE THEIR BEHAVIOUR. ©WSSCC

BACK COVER PHOTO: EFFECTIVE HANDWASHING SAVES LIVES. GSF HAS ENABLED 20 MILLION PEOPLE TO ACCESS HANDWASHING FACILITIES. ©CRSHIP

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