Progress Report 2012

6. Countries: working on the ground
NOTE TO THE READER

This is the Global Sanitation Fund Progress Report 2012 published by the Water Supply and Sanitation Collaborative Council (WSSCC).

This report provides the latest information on the Global Sanitation Fund (GSF), established by WSSCC in 2008 to inject finances into countries with high needs for sanitation. Currently operational in ten countries in Asia and Africa, GSF supports national programmes developed through a consultative process among representatives from governments, local nongovernmental organizations and their associations, private companies, and international development partners. All programmes supported by GSF address the problem of inadequate sanitation and hygiene by focusing on methods of changing behaviour. These include a combination of community-led total sanitation (CLTS), securing the active involvement of local governments and other institutions and supporting entrepreneurship in the marketing of sanitation solutions.

In this report, the reader will find the main results in ‘headline’ form for the Global Sanitation Fund programme as of 31 December 2012. Also presented are cumulative numerical results in dashboard form, for the Global Sanitation Fund as a whole and for each country with a contracted Executing Agency, and descriptions of the various results indicators. The country profiles also provide more detail on the national Global Sanitation Fund activities. Other sections present the Global Sanitation Fund’s further added value, some illustrative perspectives and case studies, and a full listing of Sub-grantees.

Through its regular reporting, WSSCC desires to give a clear impression of the current and planned impact of its Global Sanitation Fund programme and it also welcomes critical analysis of the Global Sanitation Fund’s key results, learning and sharing aspects, and approaches used to raise awareness and generate demand for good sanitation and sustainable hygiene practices.

All news, processes, decisions, actions and other information on the Global Sanitation Fund programme are publicly available in reports such as this (including earlier versions) and at WSSCC’s website, www.wsscc.org

A mid-year update to this progress report will be published in August 2013, covering the period up to 30 June 2013.

WSSCC gratefully acknowledges the donors that make the GSF work possible: the Governments of Australia, Finland, the Netherlands, Sweden, Switzerland and the United Kingdom.

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UN data, United Nations Statistics Division, Department of Economic and Social Affairs
# Table of Contents

1. HEADLINES AND HIGHLIGHTS .................................................. 2
2. GSF RESULTS ............................................................................. 4
3. GSF FURTHER ADDED VALUE .................................................. 6
4. INITIAL LEARNING AND CHALLENGES ................................... 10
5. GSF COUNTRIES ....................................................................... 12
6. COUNTRIES: WORKING ON THE GROUND ............................ 14
   • Cambodia ................................................................. 14
   • Ethiopia ................................................................. 16
   • India .......................................................................... 18
   • Madagascar .......................................................... 20
   • Malawi ................................................................. 22
   • Nepal .......................................................................... 24
   • Nigeria ........................................................................ 26
   • Senegal ................................................................. 28
   • Tanzania ............................................................... 30
   • Uganda ....................................................................... 32
7. COUNTRIES: STARTING GROUND WORK IN 2013 ................. 34
   • Burkina Faso .......................................................... 34
   • Togo ........................................................................ 35
8. COUNTRIES: NEXT IN THE QUEUE ....................................... 36
   • Bangladesh ............................................................ 36
   • Benin ................................................................. 36
   • Kenya ................................................................. 36
   • Pakistan ....................................................................... 36
9. PEOPLE AND PLACES .......................................................... 38
   • Cambodia ............................................................... 38
   • India .......................................................................... 39
   • Madagascar .......................................................... 40
   • Malawi ................................................................. 40
   • Nepal .......................................................................... 41
10. SUB-GRANTEES FROM A TO Z ............................................... 42
11. HOW IT WORKS: THE GLOBAL SANITATION FUND ............. 46
1. HEADLINES AND HIGHLIGHTS

2012 WAS THE YEAR IN WHICH THE GLOBAL SANITATION FUND (GSF) BUILT UPON INITIAL ACCOMPLISHMENTS TO ACHIEVE TANGIBLE PROGRESS IN A SIGNIFICANT NUMBER OF COUNTRIES. BETWEEN 2008 AND 2011, WSSCC WORKED INTENSIVELY TO DESIGN AND IMPLEMENT THE GSF MODEL GLOBALLY AND AT COUNTRY LEVEL.

While slow in coming, the investment is beginning to show measurable results, notably, the crucial milestone of 1 million persons with improved sanitation. Managing an expanding rate of delivery will require GSF to strengthen operating systems. Sustaining the momentum will also necessitate better processes of monitoring and evaluation. WSSCC has made these and related efforts a top priority for 2013, encouraged by what has been in 2012 a monumental year for GSF.

Through the Global Sanitation Fund, WSSCC had committed US$ 65 million by 31 December 2012 in ten national programmes to ensure that by 2016, 16.28 million people have improved sanitation and that 24.58 million people live in healthy and safe environments which are free of open defecation.

That commitment is rapidly yielding results in villages and communities across Africa and Asia. It is a commitment shared by national partners, the Water Supply and Sanitation Collaborative Council (WSSCC) and Global Sanitation Fund donors.

National programmes generating results

Key results of the Global Sanitation Fund country driven programmes by 31 December 2012 are as follows:

- 1.38 million people with improved toilets.
- 1.06 million people in nearly 4,000 communities now live in open defecation free environments.
- Almost 10,000 communities have participated in demand creation activities.
- 3.77 million people have heard about the importance of good hygiene through community activities and communications campaigns.

The Results Overview on page 5 gives a cumulative snapshot of the current status and targets for the 10 country programmes working on the ground as of 31 December 2012. Since the GSF is a sanitation financing mechanism, the flow of finances is also a key indicator of programme implementation, and thus presented. To date:

- US$ 65 million have been committed for 10 country programmes by the end of 2012, up from US$ 48.9 million for eight countries in mid 2012.
- US$ 9.1 million have been invested in the management and development of operations.
- US$ 39 million have been allocated to start programmes in six additional countries in 2013 and beyond.
- US$ 146.9 million have been committed and allocated to the 16 country programmes and management and development of operations to oversee the five year programmes.

- The amount committed for these 16 countries is 100% of the US$ 100 million pledged to WSSCC to date by its donors for the GSF. To fully fund these 16 country programmes over five years, an additional US$ 46.9 million are needed.
- US$ 15.56 million have been committed by Executing Agencies (EAs) to Sub-grantees and service providers.

- Around 100 sub-grants have been awarded by Executing Agencies for work on the ground, which together with current commitments and disbursements provides an indication of overall on-the-ground programme implementation.

- WSSCC continues to receive demand for GSF support in places where the sanitation needs are great. WSSCC’s Medium-Term Strategic Plan (MTSP) 2012-2016 identifies 35 priority countries in which the GSF could and should be working, which contain almost 1.5 billion people without sanitation. In order to meet this demand and fulfil the MTSP target of work programmes in 25 countries by 2016, additional funding of US$ 120 million is needed.

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1. Cambodia, Ethiopia, India, Madagascar, Malawi, Nepal, Nigeria, Senegal, Tanzania and Uganda
A good model for results

In sheer numbers, the impact of the Global Sanitation Fund has crossed a major threshold – that of reaching the first million people. Almost 1.4 million people now have good latrines thanks to community action resulting from national programmes financed by the Global Sanitation Fund.

The first step to crossing this threshold was taken in 2008 when WSSCC designed and began to set up the Global Sanitation Fund to inject extra finances into countries with high needs for sanitation.

Like other major global funds, the early stages of the GSF were devoted to developing the systems for an efficient, effective and transparent grant-based financing mechanism – systems at both the global level in WSSCC’s host agency UNOPS and at the national level in the first group of countries.

The tools developed for the Global Sanitation Fund to function as an international financing institution include systems for financial management, results-based operations, procurement, capacity development and learning, and monitoring and evaluation – which will undergo further adaption in 2013 in support of even better planning and implementation.

At the national level, in-country partnerships of government representatives together with civil society and development partners use Global Sanitation Fund financing to implement programmes that have been developed in line with national priorities, that are needs-based, and for which they are fully accountable in terms of results.

In each GSF-implementing country, an inclusive process has brought together around one table all development partners including governments, civil society, multilateral and other specialized agencies in an operational framework based on country ownership and performance-based funding.

The Global Sanitation Fund reflects WSSCC’s collaborative approach and often builds on its network of National WASH Coalitions and National Coordinators, who are active participants in the national programmes. This helps to generate better understanding and more consistent policies and programmes.

Since 2012 was the most vigorous year of implementation to date, with more than 100 organizations and thousands of individuals involved in the work, a number of early lessons are being harvested which should improve all programmes in future. For example, it became apparent that, at the local level, some Sub-grantee organizations lacked capacity in sanitation, hygiene and demand creation. Therefore during 2012 a considerable amount of work was required at the country level to support Sub-grantees to ensure their participation in the large-scale behaviour-change approach that is so fundamental to the GSF sanitation and hygiene approach.

As the Global Sanitation Fund programmes are responsive, they were able to adapt and evolve in accordance to the specific realities of each country context.

The Global Sanitation Fund is proving to be a viable financing model that can be applied to, and adapted within, many countries in need of assistance to fund sanitation and hygiene programmes. GSF has been designed in such a way as to have processes in place to meet service delivery challenges and can handle the logistics of large donor transfers in a single transaction.

WSSCC continues to receive substantial demand for financial support in places where the sanitation needs are great. It also remains vital for WSSCC to continually demonstrate the cost effectiveness of the Global Sanitation Fund as a model and inspiration for scaling up both funding and grant activity. The Global Sanitation Fund’s main aim is directly increasing the number of people with improved sanitation, and that is rightly the benchmark against which it will be judged.

GSF support

WSSCC gratefully acknowledges the donors to the GSF, which are the Governments of Australia, the Netherlands, Sweden, Switzerland and the United Kingdom. The major portion of Global Sanitation Fund resources come from the Netherlands. However in 2012, Sweden furnished an additional contribution to further the GSF’s work, making it the second largest donor of GSF. WSSCC proudly welcomes Finland as a new donor to its sanitation and hygiene work from 2013 and beyond.

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2. For more on Global Sanitation Fund governance, management and execution, see Section 11, ‘How it Works: The Global Sanitation Fund’.
2. **GSF RESULTS**

**Results Overview**

**indicator descriptions**

The descriptions below provide more information and background on Global Sanitation Fund results reporting as presented in the Results Overview on the opposite page.

**Key results**

The performance of the Global Sanitation Fund programme globally is defined by the results achieved on the ground and the efficiency with which they are delivered. Results reflect progress at the national and global scale. The results indicators in the dashboard represent three key measurable indicators drawn from the Global Sanitation Fund monitoring and evaluation system.

The single most important indicator reports the number of people with access to improved sanitation as per the numbers of people with improved toilets.

WSSCC considers the increase of the number of people living in open defecation free environments to be a crucial step in improving sanitation to achieve better health, particularly for women and children, reduce poverty and ensure environmental sustainability.

The externalities of sanitation mean that health and other benefits, though significant in the process, only truly accrue once 100 percent access to and usage of improved sanitation is achieved and sustained, which is the ultimate aim of the Global Sanitation Fund.

People washing their hands with soap at critical times is a key indicator to measure an improvement in hygiene practice, but WSSCC is keen to only measure sustained changes in behaviour. This behaviour change is definitively measured by GSF surveys during mid-term and final evaluations. Nevertheless, processes are being adopted so that more countries in the future will begin regularly reporting on handwashing at critical times.

**Intermediate indicators**

The intermediate indicators, like steps on a ladder, lead to the key results described above. For example, the number of communities where demand for sanitation has been created directly impacts how many are eventually declared open defecation free.

The indicators related to target areas and programme reach indicate the scale at which WSSCC is working through the Global Sanitation Fund. The number of people receiving hygiene messaging reflects a step towards use of latrines and washing of hands with soap.

**Financial pipeline indicators**

These show funds committed and disbursed to date and indicate progress of Global Sanitation Fund programme rollout in country. The pipeline shows financial flows from WSSCC to Executing Agencies and on to Sub-grantees and contractors that are competitively selected.

**Programme development indicators**

These show the pipeline of country programmes and country programme proposals. Based on available funding, WSSCC approves country programme proposals and initiates contracting processes to appoint an Executing Agency and Country Programme Monitor.

**Unit cost**

Projected unit cost is the average investment per capita of GSF programmes and is currently estimated as the five-year cost of the programme divided by the five-year target number of people with improved sanitation. These range between US$ 1 and US$ 20. Variations occur due to current or prior involvement of other stakeholders, topographic and demographic factors and the cost of resources in different countries and regions. Financial data and information related to unit cost form an area of focus for the GSF that is reflected in the design of its monitoring and evaluation system.

**Attribution and verification of results**

GSF-supported activities are always implemented within a wider (sector) environment. As the GSF is a relatively new sector programme, WSSCC acknowledges the work that has been done by other actors in previous years that had laid a foundation for GSF’s intervention.

In addition, in most countries the Global Sanitation Fund is one of a number of current interventions, all of which may contribute to the anticipated improvement of the sanitation situation on the ground. The data presented in the Results Overview on the opposite page currently represent the total number of additional people within programme focus areas that have been affected by changing sanitation and hygiene behaviour during the life of the GSF intervention. In the future, the GSF intends to conduct specific studies to try to better understand the various inputs of different actors and causal links with the jointly achieved outcomes.

The information presented in the Results Overview is based on reports submitted by Global Sanitation Fund Sub-grantees. Sub-grantees perform regular self-reporting and Executing Agencies report every six months according to country specific monitoring systems set up and managed by the respective EAs. Periodic spot checks by EAs and Country Programme Monitors have been carried out as per agreed regular monitoring procedures, and will be followed by independent mid-term and five-year evaluations of the data. Currently, this document includes communities reported as open defecation free, whilst verification and certification is ongoing.

**Reporting**

The Global Sanitation Fund aligns its systems and tools with the principles and procedures of Results-Based Management and the Paris Declaration for Aid Effectiveness. The main pillar of the programming approach is a framework consisting of results-driven planning, funding and reporting which would enable the Global Sanitation Fund to focus on and achieve its mission to deliver quality and sustainable results. Reporting is therefore aligned with those principles through what is designed to be a simple and streamlined approach to report cumulatively on programme achievements and accurately project what delivery and expenditure will be.

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3. The GSF prioritizes this indicator over and above others on the basis of two factors: (i) the belief that an improved toilet has the maximum positive impacts on its users and the wider community, and (ii) the fact that it is this indicator that through the UNICEF/WHO Joint Monitoring Programme (JMP), http://www.wssinfo.org, process will contribute to the achievement of the Millennium Development Goal target on sanitation which aims to halve by 2015 the proportion of people without sustainable access to safe drinking water and basic sanitation.
## Results Overview

### Key Results - To date and 5 year targets in 10 countries

<table>
<thead>
<tr>
<th>Item</th>
<th>31 December 2012</th>
<th>5 year targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>People with improved toilets</td>
<td>1.38 million</td>
<td>16.28 million</td>
</tr>
<tr>
<td>People live in ODF environments</td>
<td>1.06 million</td>
<td>24.58 million</td>
</tr>
<tr>
<td>People wash their hands with soap</td>
<td>1.38 million</td>
<td>16.73 million</td>
</tr>
</tbody>
</table>

*Data available at mid-term review*

### Intermediate Indicators - Results to date and 5 year targets in 10 countries

<table>
<thead>
<tr>
<th>Item</th>
<th>31 December 2012</th>
<th>5 year targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communities declared ODF</td>
<td>3,946</td>
<td>44,050</td>
</tr>
<tr>
<td>Communities triggered</td>
<td>9,621</td>
<td>76,818</td>
</tr>
<tr>
<td>People received hygiene messages</td>
<td>3.77 million</td>
<td>28.37 million</td>
</tr>
<tr>
<td>People live in target areas</td>
<td>12.46 million</td>
<td>29.79 million</td>
</tr>
</tbody>
</table>

### Financial Pipeline - 31 December 2012

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>GSF commitments</td>
<td>$65.19 million</td>
</tr>
<tr>
<td>GSF disbursements</td>
<td>$18.75 million</td>
</tr>
<tr>
<td>In-country awards to Sub-grantees</td>
<td>$15.56 million</td>
</tr>
<tr>
<td>In-country grant disbursements</td>
<td>$6.14 million</td>
</tr>
</tbody>
</table>

### Unit Cost

- $1 > ... < $20

*See indicator definition*

### Programme Development

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ongoing programmes</td>
<td>10</td>
</tr>
<tr>
<td>Programmes commencing in 2013</td>
<td>2</td>
</tr>
<tr>
<td>Proposed programmes</td>
<td>4</td>
</tr>
</tbody>
</table>
The Results Overview on the previous page presents one view of the Global Sanitation Fund's (GSF) impact to date, but the programme’s ‘footprint’ is much larger, as the GSF is showing early signs of helping change attitudes and influence policy within the sanitation sector in ways which lie beyond the formal indicator categories.

The Global Sanitation Fund engages governments and a diverse range of local stakeholders to implement national programmes in order to work at scale in a manner that is people-centred and oriented towards behaviour change appropriate in the national context.

Community-led total sanitation (CLTS) and other behaviour change practices for improved hygiene and sanitation are not unique to the Global Sanitation Fund. GSF is unique, however, in that its approach to behaviour change operates at scale, impacting upon large geographical areas of a country, and is directed at once to communities and their organizations, local governments and small-scale entrepreneurs. When aggressively pursued in cooperation with other development partners, the GSF model can add value to other sanitation and hygiene programmes by providing a behaviour change dimension. This could enhance programmes that are top-down or subsidy-driven, and complement initiatives that concentrate exclusively on technology or focus primarily on sanitation facilities at schools and health clinics.

The Global Sanitation Fund finances demand-driven programmes and offers support on the condition that programmes are managed by inclusive partnerships of communities, civil society government and multilateral development partners.

Global Sanitation Fund programmes operate in low-income countries and countries where the need to improve sanitation is huge. Specifically, the Global Sanitation Fund supports national programmes that are designed for countries where open defecation is a major development challenge in rural and peri-urban areas.

Working with hard-to-reach communities in countries with low levels of sanitation coverage has a disadvantage in that initial progress can be slow. The advantage, however, is that once change is achieved, the impact on health and development can be significant.

A comparative advantage of the Global Sanitation Fund is that it is able to systematically present the achievement of results. This also makes it possible to compare various hygiene and sanitation activities in different contexts.

Another comparative advantage is that GSF takes advantage of, and builds upon the firm foundation of the Water Supply and Sanitation Collaborative Council’s history, networks, experiences and principles. These principles include:

4. Results indicators, Intermediate indicators, Financial indicators and Programme development indicators.
Sector-led design processes and continued strategic oversight

Through the Global Sanitation Fund, WSSCC supports sector coordination and collaboration in programme delivery to ensure that results are achieved efficiently and in harmony with national and regional programming as well as global development targets. WSSCC acknowledges and appreciates that the success of the coordination processes is due to the hard work, commitment and previous actions by many partners.

By bringing actors together around the same table and working together on similar approaches to sanitation, the GSF is helping improve structures and systems, increasing stakeholder capacity, and fostering an enabling environment for successful and sustainable sanitation hygiene programming.

- The strategic oversight role of each country’s Programme Coordinating Committee (PCM) harnesses the skills and insights of a multi-stakeholder group for effective development of the Country Programme Proposal (CPP).
- The PCM can also play an advocacy role. In Madagascar the PCM was critical in lobbying the Government of Madagascar to create a Department of Sanitation within the Ministry of Water. The PCM in Senegal was made even more inclusive with the addition of the Japan International Development Cooperation Agency (JICA), the Red Cross and Plan Senegal.
- PCMs are helpful in identifying sector funding gaps and integrating Global Sanitation Fund financing into the national sanitation programming. This can lead to additional government resources being invested in sanitation as results become apparent. In Tanzania the Global Sanitation Fund is financing part of the National Sanitation Campaign which the African Development Bank is also funding.
- The programme in Ethiopia is designed to help the Government of Ethiopia achieve its Universal Access Plan in Sanitation and Hygiene.
- The programmes devised by PCMs can help in practical terms to eliminate doubling-up or incongruous programming, cutting down on additional reporting requirements and improving monitoring. An element of WSSCC’s work in Tanzania, Uganda and Madagascar is to support the development of governments’ national monitoring and evaluation systems, and their roll-out.
- In Cambodia, there is a good dynamic around the PCM, which has effectively brought together Government officials, development partners and international NGOs. The result of this successful collaboration contributed to the development of the national rural sanitation programme, now known as CR-SHIP.
- During 2012, the Government of India’s flagship sanitation programme was reviewed and modified. As a result the Total Sanitation Campaign was replaced by the new Nirmal Bharat Abhiyan (NBA) programme. Due to the close linkage between the GSF-supported India programme and the government’s sanitation programme, the GSF programme has aligned its strategies with the NBA and supported local partners and institutions to understand and transition to the new programme.

Achieving results at scale through collaborative and coordinated implementation

The Global Sanitation Fund invests in the integration of sanitation programmes within national programming. This streamlining of process is vital to avoid duplication of resources and to ensure efficient monitoring and evaluation of programmes. Thus, the GSF is a viable delivery model for achieving results at scale within national policy frameworks.

- The district-based approach is working in Uganda, as there is evidence that demand creation is reaching large numbers of people and covering whole sub-counties through outreach work performed by locally trained health assistants.
- In Ethiopia, support to the National Hygiene and Sanitation strategy maximizes existing potential of the Health Extension Worker network.
- The Global Sanitation Fund model allows for programme adjustments based on initial implementation experiences or changes to the wider sector landscape. In India, the plan to implement in one state was changed in order to implement in another state where capacity is good and large leaps in sanitation coverage are possible. As a result of GSF continued expansion into districts and blocks within other target areas, the number of people living within areas where the GSF supported programme is working has increased from 4 million to 6 million in the last 12 months.
- The geographic coverage of the programme in Ethiopia includes 40 local government districts or ‘woredas’ (where no other development partners are currently working) in four larger regional states.
- Fifteen Sub-Grantee organizations are currently working on the ground in 14 of Madagascar’s 22 regions.
- The Nepal programme meaningfully engaged in supporting a number of sector policy initiatives, including developing Master Plan Implementation Guidelines, formulating sanitation MDG Acceleration Frameworks and preparing a booklet on post-ODF campaigns. The Government of Nepal is also utilizing the expertise with the GSF supported programme for central level capacity development, knowledge management and district level strategic planning activities.
The November inception workshop in Nigeria started the process of fine-tuning the GSF Country Programme Proposal and was chaired by the WSSCC National Coordinator, Ms. Priscilla Achakpa.

In Uganda, the Sub-grantees, i.e. the District Local Governments planned and carried out consultations on sanitation to provide feedback on year one progress to the various stakeholders and draw up strategies for year two.

As part of the scaling up strategy, the Nepal programme initiated cascading triggering and training activities through the training of nearly 300 Master Triggers, predominantly Village Development Committee representatives, to lead and train further community-based mobilizers as sanitation triggers.

**People-centred approach focused on sustainable change**

The Global Sanitation Fund work is creating a massive corps of skilled Sub-grantee organizations, sanitation sector professionals and individuals who live and work in communities where there are significant needs to improve sanitation. All of them focus on behaviour change for better sanitation and hygiene.

GSF programmes are integrated into national strategies and supports existing programmes for decentralizing management of sanitation programmes to regions and local authorities.

- Behaviour change has long-term applications that transcend sanitation. One community in a cyclone-prone area in Madagascar was stimulated via community-led total sanitation to construct toilets. A cyclone struck, devastating the area. The community not only rebuilt its toilets but through this process, came together to address multiple challenges associated with the cyclone.

- Inclusive processes have been used in sub-national consultations to ensure a participatory approach to sanitation programmes supported by the Global Sanitation Fund. GSF programmes also promote civil society representation in meetings with government.

- Behaviour change communication programmes support messaging that is culturally relevant and sensitive to local needs. Traditional leaders are valued and their central role in the programmes ensures respect for local cultural traditions.

- In Cambodia, hygiene promotion training of Local Government, NGOs and Community Health Workers exceeded targets set by the Global Sanitation Fund programme. In particular, a high proportion of training of trainers within each Village Development Committee led to five times more people trained than originally planned.

- CLTS Coaching Programmes have been introduced in most of the country programmes. For example, in Madagascar, one coach was assigned to each Sub-grantee organization to augment its skills in this behaviour change approach. This has helped the Sub-grantees to work more effectively at scale.

- Cascading training schemes maximize impact of training. For example, in Malawi, District Coordinating Team (DCT) members provide Training of Trainers in demand creation approaches. Together with the Sub-grantees, they trained local government health extension workers who are responsible for triggering villages across the district. The DCTs are working hand in hand with Sub-grantees in conducting follow up visits and certifying communities as open defecation free.

**Learning by doing and sharing positive results**

The Global Sanitation Fund supports consistent collection and analysis of indicators on sustainable behaviour change and equity within national monitoring and evaluation systems. This adds significant value to the sector as a whole.

- Knowledge sharing is maximized throughout all country programmes. For example, in Uganda conducted capacity building of district, Sub County and NGO staff in 13 out of 15 targeted districts on community-led total sanitation (CLTS). A total of 177 staff was trained in CLTS.

- In Nepal, a research and implementation partnership now exists with iDE and UNICEF on sanitation marketing, building on their own experiences and successes in the country. Sanitation marketing activities were carried out in 2012 through a joint activity platform including a continuation of collaborative base line studies.

- The Nigeria programme has been primed to be part of a joint study carried out in partnership between WSSCC and the London School of Hygiene and Tropical Medicine. The study is scheduled to start in February 2013 and is expected to provide insight on the effectiveness of handwashing promotion interventions and whether such interventions result in sustainable handwashing behaviour change at scale.

- In Malawi, the GSF’s sanitation interventions at the district level are providing the field location and data for a long-term study through Imperial College London on the treatment of bilharzia, the parasitic disease borne by schistosomes. The research will examine the effectiveness of drug distribution in areas where sanitation and water coverage has been increased compared to areas with continued poor coverage.

- Global Sanitation Fund partners in Malawi together with the WSSCC Secretariat, hosted a ‘learning and sharing’ workshop in September 2012. Country partners shared experiences, increased their common understanding of sanitation programming and GSF procedures, and captured practical lessons learned from implementation to date in Sub-Saharan Africa, South Asia and Southeast Asia. One outcome is that the monitoring and evaluation framework for the Ethiopia Country Programme is based on the Malawi plan following an exchange at...
this event. The Cambodia participants decided to set up a provincial level coordination team, modelled on Malawi’s district level coordination approach.

- Representatives from GSF Sub-grantees and government officials from Nepal attended an exposure visit to Cambodia. Lessons learned and best practices for sanitation and hygiene behaviour change communication were shared as well as optimum operational procedures.

- In India, the GSF has supported, with other stakeholders, the creation of a Sanitation Network in Jharkhand. This is fostering greater collaboration in the sector in this state and helping to pool knowledge, drive lesson learning and sharing and push the sector to accomplish more as a whole. Linkages have also been made to media networks.

- The India country programme moved ahead with implementation of its learning strategy. This includes developing learning reports to be shared widely in early 2013. In addition, an exposure visit was organized for GSF partners, locally elected government officials and sanitation focal persons from within local government to the State of Himachal Pradesh, where sanitation initiatives have been a phenomenal success in recent years.

- The India programme is also embarking upon social media use as a programme communications tool, and is actively gathering human interest stories and other anecdotal evidence. It has published much of the latter in a new report titled Tracking Toilets on the Ground. Transparency of programming is being aided in Nepal by two publications featuring Global Sanitation Fund activities. SaniNews, targeting the sanitation sector, reports on results relative to objectives. A local Nepali Government news letter is profiling VDC successes and giving prominence to sanitation issues on the national agenda. Each VDC chief gets the newsletter quarterly, helping to put and keep sanitation on the local development agenda.

- Media organizations in Malawi have been integrated into the learning strategy to both contribute to the wider sanitation outcome of the programme and also capture and share lessons emerging from the programme.

Demand creation in Uganda is reaching large numbers of people through outreach work. With more people covered by improved sanitation, economic activity is improved.
4. INITIAL LEARNING & CHALLENGES

Capacity
From the first forays into programme implementation it became apparent that capacity at the country level was less than anticipated. This could be seen at the national level, where GSF often found weak or non-existent coordination mechanisms. An original premise of the GSF was to work through WASH Coalitions and WSSCC National Coordinators. In many countries, these were ineffective or did not function at all. In some cases PCMs were set up from scratch and were inexperienced in providing the leadership and coordination expected. The lack of local agencies capable of acting as EA has meant that generally GSF has had to choose from a smaller pool of international agencies. Often EAs selected required some time to build their own internal capacity to handle the complicated process of Sub-grantee identification and management. Where the lack of capacity was most keenly felt however was at the Sub-grantee level. Many SGs lacked experience in programming in an environment where behaviour change is the focus, and where demand and supply-side approaches are being combined to achieve results. Knowledge of effective approaches to achieve hygiene (handwashing) behaviour change at scale is also lacking. Inexperience in community-led behaviour change strategies was the major problem, but there were also issues around reporting, monitoring and evaluation, and finance management.

In countries that GSF is currently supporting, the challenges are being dealt with as they arise. Substantial capacity-building efforts have been made and the experience of programme implementation itself has led to an increase in capacity. The fruit of these efforts can be seen in the improved results. Increasing institutional and community capacity is the key factor in achieving the impact targeted by WSSCC/GSF in the MTSP. Going forward, the GSF has to make sure that these issues are anticipated in CPPs and programme planning and built into the plans. It will also be necessary to invest more money in capacity building. In future countries the GSF and Networking and Knowledge Management (NKM) Department of WSSCC plan to work together closely in a ‘country preparation’ phase that will try to assure that effective governance and coordination is in place from the outset of the programme.

Procedures
In its first four years (2008-11), GSF has been learning by doing. At the same time procedures were being put in place, grant agreements were being signed and programmes starting up. In 2012 programmes from early funding rounds have begun to deliver results on the ground. This is encouraging as it demonstrates that the basic principles and model of the GSF are sound. At the same time the implementation process has identified some weaknesses, omissions and inconsistencies in GSF procedures. This may be understandable given the pressure to rapidly intervene in targeted countries but as of 2013 the time has come to move into a more mature phase of implementation. A comprehensive review and reform will be carried out in 2013 that will look into GSF procedures from country identification through programme conclusion. Key aspects of the review will include CPP Guidelines, EA, PCM and CPM functions, standardized reporting, development of templates and formats, programme review and renewal procedures. The result of the review should be a comprehensive and user-friendly set of procedures that can be used across the portfolio. GSF has been a country-led model of bottom-up planning since its inception. It will be a major challenge to adapt and improve GSF procedures without infringing on that key component of the GSF Model.

Monitoring and evaluation
Monitoring and evaluation is a key feature of any successful programme, not only to provide the GSF and EAs the basis to manage programmes for more effective impact, but also to demonstrate and increase confidence in the effectiveness of programme interventions. GSF programmes have been designed around a solid results framework to ensure sound planning. In 2012 GSF developed M&E guidelines which are in use in some countries but have not yet been rolled out across all countries. While the ongoing monitoring of programmes until this point has been satisfactory and the results being reported are showing signs of emerging success, the fact that guidelines are not being consistently applied across all programme makes it difficult to compile data centrally and evaluate progress at a higher level. Lack of a central management information system (MIS) has also been a major impediment to systematic assembly of information and coherent analysis of results. The GSF has identified issues around indicator definition, data collection and verification. At the central level systems are not yet in place to gather input and issue regular and useful reports that can be acted on and disseminated. Once the guidelines are rolled out to the countries it will be necessary to conduct training and capacity building to assure that they are understood and applied consistently down to the Sub-grantee level. One step towards improving M&E in 2013, both at the Secretariat and in the field, is the recruitment of an M&E Officer. A challenge will be to make sure that GSF systems are feeding smoothly into the overall WSSCC results framework. GSF will also conduct the first round of mid-term evaluations in five countries in 2013. These evaluations will provide valuable verification on programme goals and objectives and will also identify further areas for improvement in M&E.

Financial management
The issues around Financial Management & Financial Reporting can essentially be divided into two: cash flow and programme finance. GSF needs improvement in both areas. Cash flow management includes income, commitments and disbursements to partners i.e. the EAs and CPMs and is essentially a relationship between UNOPS...
and the WSSCC. In order to properly manage programmes this information needs to be correct and reported in real time to inform WSSCC managers’ decisions concerning programme planning, funds allocation and staffing plans. WSSCC and UNOPS are currently working to refine and streamline these systems into a more effective management tool. For programme finance it is the goal of the GSF to be able to plan and report expenditure in country programmes in a way that will enable the GSF to link programme expenditure with results, with broader programme areas like demand creation, identify unit costs and to compare programmes across countries and regions. Up until this point GSF is not doing this in a comprehensive fashion. In 2011 extensive work was put into the development of the GSF Financial Guidelines which seeks to plan and report with accuracy. In order to put those guidelines into practice it is imperative that the proposed systems are compatible with those being used by EAs, that they are consistent across countries and that they align properly with UNOPS systems. GSF will take up this challenge in 2013.

Reporting
Reporting is the glue that binds together Implementation, M&E and Financial Management. As the number of GSF countries has expanded and as programmes have increased their implementation rate it has become readily apparent that more consistency and regularity is required of the GSF reporting system. In the absence of firm directives on report timing and format, reporting has evolved slightly differently across the countries. Part of this was the desire to allow countries to report in a way compatible to their existing reporting procedures. This has made it difficult to collate reports into an overview of the GSF progress as a whole. Due to variable signing dates the timing of reports is also not consistent across countries and six monthly reports come into the Secretariat at different times which also makes up-to-date reporting difficult. GSF has also questioned whether six monthly reporting is sufficient for programme management. Developing reporting formats and templates will be a focus of the GSF procedures reform. Another key element of reporting reform will be the development of an MIS system that can easily provide information for required reports for regular management, donor needs and special products such as the GSF Progress Report. Moving forward it will be important that the reporting burden on EAs and SGs is not overwhelming.

The sanitation agenda
Working within a development context that has so far underestimated the importance of sanitation is a key challenge facing the GSF.

In many GSF countries sanitation departments are within the water or rural development ministry and programme leaders are far removed from strategic policy and budgetary decision making. Linkages to the Health Ministry are often lacking. Demonstrating how improved health outcomes link to GSF programmes will be crucial for better political backing on future sanitation programmes.

GSF operations are hindered in many countries by a lack of political will driving coordination, collaboration and expansion of sector actors. Moving forward the WSSCC needs to identify and support existing coordinating mechanisms and partners and to entice others to join in the efforts. One area of potential improvement is encouraging the increased involvement of civil society and the private for-profit sector.

The sea change from the subsidy-driven hardware approach to a behaviour change approach is accepted as a given in theory. Yet on the ground in many countries there is still an entrenched attachment to subsidies, both with governments and within communities. This is slowly changing as more success comes from demand-driven programmness, whether supported by GSF or others, but has impeded progress of GSF supported efforts.

An added value of analysis of GSF programme result reporting is its contribution of knowledge to the WASH sector. Tapping that resource in the coming years needs to become an increasing focus of WSSCC.

Attitudes towards raising the profile of sanitation as a development issue have begun to change recently with the “push towards 2015” and the realization that the sanitation sector is well behind in achieving its MDG target.
In 2012, Global Sanitation Fund (GSF) supported national programmes operating in 10 countries, with advanced preparatory work laid for two more due to become operational in early 2013, and four others to be signed in 2013.

The 10 operational countries are Cambodia, Ethiopia, India, Madagascar, Malawi, Nepal, Nigeria, Senegal, Tanzania and Uganda. Each country programme is funded by WSSCC, has contracted Executing Agencies (EA) and Country Programme Monitors (CPM), an active multi-stakeholder Programme Coordinating Mechanism, and, for the most part, contracted Sub-grantees who are working on the ground. After five years of work in these countries, WSSCC expects to have helped more than 24.5 million people live in open defecation free environments and 16.3 million people using improved toilets.

Each of the above 10 countries has a two-page spread in this section. These spreads intend to give the reader a snapshot, in text form, of the country programme history, aims and activities, results, learning linked to challenges and opportunities, and the way forward for the programme beyond 2012, as well as interesting highlights and anecdotes. Also provided is a country Results Overview which disaggregates that country’s contribution to the cumulative Results Overview dashboard on page 5.

Global Sanitation Fund work is not limited to the 10 implementing countries. In addition, there are a number of countries preparing to deliver national programmes financed by Global Sanitation Fund. Advanced preparatory work has been done by stakeholders in Burkina Faso and Togo. These countries will become operational in 2013.

Bangladesh, Benin, Kenya and Pakistan are currently in the pipeline. They will be operational in 2013 depending upon local conditions, progress by GSF on new guidelines and procedures, and the availability of donor funding.

WSSCC aims to be supporting 25 countries by 2016. It will also increase the volume of its existing agreements in select countries, subject to funding availability, where implementing partners have demonstrated their capacity to scale up operations.

The Global Sanitation Fund programme model

Each programme financed through the Global Sanitation Fund is unique, and designed by national stakeholders to meet the specific needs of that country. Nonetheless, a number of features are common to all programmes, and essential to their success.

Common features for GSF programmes include achievement of open defecation free communities as a first step towards improved sanitation; improvement of capacity in local governments, Sub-grantees, and communities; increased sector collaboration and partnership; and sustained behaviour change that supports peoples’ own desire to ‘climb up the sanitation ladder.’

Global Sanitation Fund programmes in action

As well as sharing common features, GSF-funded programmes from country to country resemble each other in terms of the key activities undertaken. They all prioritize sound policy making relating to sanitation and hygiene; the implementation of demand-driven approaches and sanitation marketing; training and capacity building to strengthen essential skills; and a focus on robust monitoring and evaluation. The exact mix of these activities is tailored to meet the particular requirements of each country. Overall, programmatic activities are as follows:

1. Creating and/or working through a national sanitation sector coordination mechanism or committee.
2. Following an inclusive procedure and working closely with local governments.
3. Conducting rigorous monitoring and evaluation.
4. Fostering improved sanitation for development.
5. Expanding capacity at all levels from government to communities.
6. Creating demand by mobilizing regional and local government authorities, partners and communities.
7. Promoting supply side initiatives ready to respond to increased demand for improved sanitation.
8. Using behaviour change communication.
9. Working at scale to support comprehensive programmes, not projects.
CAMBODIA

Momentum building as training of professionals complements community-level work to inspire people to end open defecation

**Executing Agency:** Plan Cambodia  
Grant Agreement signed March 2011  
**Country Programme Monitor:** PricewaterhouseCoopers

**HISTORY:** The GSF programme known as the Cambodia Rural Sanitation and Hygiene Improvement Programme (CR-SHIP) is managed by Plan Cambodia, which was contracted as Executing Agency (EA) in 2011. Programme activities reached community level through Sub-grantee activity in early 2012.

Fieldwork triggering of communities through community-led total sanitation (CLTS) commenced in February 2012 in three of the five southern provinces of the country where CR-SHIP is active. All eight programme Sub-grantees are NGOs, working together with Government of Cambodia through the Ministry of Rural Development. By the end of 2012, all five targeted provinces had operational programmes.

**AIMS AND ACTIVITIES:** Through the CR-SHIP, the Global Sanitation Fund is supporting the government by mobilizing resources to undertake: advocacy work; CLTS programming; sanitation marketing; composition of information, education and communication (IEC) material; as well as development of critical tools, capacity and much more. The programme has been carefully designed to focus on promotion of behaviour change rather than construction of latrines.

Sanitation trainers are now working at the community level. More than 815 villages have been triggered. The five year programme aims to impact 200,000 households, approximately one million people in 2,000 villages, 250 rural communes and 53 districts. Base line data show half the households in the target area lack access to improved toilets.

Within the CR-SHIP framework, the Ministry of Rural Development is benefiting from a grant to set up the first national monitoring and evaluation system for sanitation and hygiene thanks to strong financial and technical support provided by GSF, UNICEF and the Water and Sanitation Programme of the World Bank (WSP). This synergy of efforts reflects the sector commitment to support the government in order to ensure sustainability beyond the grant duration.

**RESULTS:** Despite some delays incurred in 2011, the programme is back on track to meet its objectives. By August 2012, 9,785 people gained use of improved toilets and by end 2012 that number rose to 57,545. There are now 94,500 people living in ODF environments. More than 160,000 people have been reached by hygiene messages, around double the number reported at the end of 2011.

Sanitation groups in Cambodia are now working within a single national policy framework with improved financial means. Expectations are high due to the quantity and calibre of actors which has in some cases led to faster achievement of open defecation free villages.

**LESSONS LEARNED:** One of the challenges in rural Cambodia is the common practice of open defecation (around 70 percent) and the fact that public latrine usage is often limited to adults. Recent efforts to introduce new sanitation promotion and improved hygiene practices into communities show emerging indicators of behaviour change.

**THE WAY FORWARD:** The GSF through funding to the CR-SHIP supports the country’s aims to reach its Millennium Development Goal target of increased sanitation services for 30 percent of the rural population by 2015. In March 2013, the CR-SHIP will reach the end of its second year of implementation and accordingly an evaluation of the Executing Agency and the Country Programme Monitor will be undertaken.
**FACTS**

**TOTAL POPULATION**
14.1 million

**IMPROVED SANITATION COVERAGE**
Total: 31%, Urban: 73%, Rural: 20%

**TOTAL % POPULATION USING OPEN DEFECATION**
61%

**UNDER 5 MORTALITY RATE**
43/1000

**% OF UNDER 5 DEATHS CAUSED BY DIARRHOEA**
8%

**GDP PER CAPITA**
US$ 897

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**HIGHLIGHTS**

- The EA, Plan Cambodia, supports capacity building through a ‘train-the-trainer’ approach with an emphasis not just on quantity but on high quality of training. Hygiene promotion training of local government, NGOs and community health workers exceeded targets set by the Global Sanitation Fund programme. In particular, a high proportion of trained trainers within each Village Development Committee led to five times more people trained than originally planned.

- Advocacy work is an important component of the programme and focuses on prioritization and budgeting for sanitation.

- Among the Sub-grantees, there are a number of good performing organizations without prior sanitation and hygiene promotion experience. This indicates that the programme is reaching the interest of non-traditional WASH actors.

- There is a good dynamic around the Programme Coordinating Mechanism (PCM), which has effectively brought together government officials, development partners and international NGOs. There were two learning visits organized by the EA with collaboration from stakeholders in Cambodia. The first learning visit was by a team from GSF Nepal which occurred in May 2012 and the second was by a Chinese GSF delegation that came to Cambodia from 25 to 28 June 2012.

- The Cambodia participants in the GSF Learning and Sharing Event in Malawi in September 2012 came away with concrete lessons from the host country on improving coordination mechanisms.

- Through its own quarterly newsletters in country, and internationally via the WSSCC website, the programme is sharing regularly its successes and challenges.

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**KEY RESULTS**

**Results to date and 5 year targets**

<table>
<thead>
<tr>
<th>31 December 2012</th>
<th>5 year targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>People with improved toilets</td>
<td>57,500</td>
</tr>
<tr>
<td>People live in ODF environments</td>
<td>94,500</td>
</tr>
<tr>
<td>People wash their hands with soap</td>
<td>Data available at mid-term review</td>
</tr>
</tbody>
</table>

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**INTERMEDIATE INDICATORS**

**Results to date and 5 year targets**

<table>
<thead>
<tr>
<th>31 December 2012</th>
<th>5 year targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communities declared ODF</td>
<td>108</td>
</tr>
<tr>
<td>Communities triggered</td>
<td>815</td>
</tr>
<tr>
<td>People received hygiene messages</td>
<td>0.19 million</td>
</tr>
<tr>
<td>People live in target areas</td>
<td>0.49 million</td>
</tr>
</tbody>
</table>

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**FINANCIAL PIPELINE**

- **GSF commitments**
  $6.53 million

- **GSF disbursements**
  $2.28 million

**UNIT COST**

- **In-country awards to Sub-grantees**
  $2.38 million

- **In-country grant disbursements**
  $0.93 million
Support to local government and use of health extension worker network to deliver results at scale

**Executing Agency:** Ministry of Health  
Grant Agreement signed June 2012  
**Country Programme Monitor:** PricewaterhouseCoopers

**HISTORY:** The Global Sanitation Fund’s grant agreement was signed on 28 June 2012 and the national programme was launched formally by WSSCC and the Government of Ethiopia in August. This is a three year grant, whereas most Global Sanitation Fund financed programmes are five years in duration.

The Government of Ethiopia designated the National Hygiene and Sanitation Task Force to develop the Country Programme Proposal (CPP) and to define the parameters for the GSF’s work in the country. This task force, which serves as the Programme Coordinating Mechanism, developed an ambitious programme that aims far beyond what has previously been achieved in the sector through large-scale programme implementation.

**AIMS AND ACTIVITIES:** The national programme focuses on three main areas of hygiene promotion: toilet use, handwashing and keeping water safe. It also stresses a zero-subsidy approach toward household sanitation. The programme is focusing its activities across four regions, namely: Tigray, Amhara, Oromia and SNNPR (Southern Nations, Nationalities and People’s Region). In particular, the programme will support the Ethiopia Health Extension programme; 80 percent of Global Sanitation Fund Sub-grantees are Health Extension Workers. The geographic coverage of the programme will include 40 ‘woredas’ or local government (where no other development partners are currently working) in four bigger regional states out of an existing 837 woredas in the country.

In the past few years, advances toward the national sanitation goal have included formulation of the regulation for waste management, collection and disposal at the regional level; training and deployment of Health Extension Workers; better networks among health actors; and increased sanitation coverage.

**RESULTS:** The GSF programme is just getting underway in Ethiopia although sanitation is gaining more attention among decision-makers and good practices are being recognized. Open defecation free villages are being recognized and rewarded. Community-led total sanitation is gaining acceptance among many actors, including government. The programme supports the government’s National Hygiene and Sanitation Strategy, which seeks “to pave the path for all people to have access to basic sanitation and reach 82 percent coverage by 2015.”

**LESSONS LEARNED:** Ethiopian programme partners participated in a learning exchange on sanitation marketing with their colleagues in Cambodia.

**THE WAY FORWARD:** The programme will start implementation in the four target regions in 2013. Anticipated results are helping 1.7 million people to gain use of improved toilets, and 3.2 million people to be living in open defecation free environments.
Specific programme objectives include increasing access to and using of sanitation facilities at the household level in the programme woredas from the present 12% to 55%. The programme also aims to increase the proportion of schools and health posts with WASH facilities to 50% in the target areas.

The programme was signed in June of 2012 and is designed to help the Government of Ethiopia achieve its Universal Access Plan in Sanitation and Hygiene. It was formally announced on 15 August at a high profile event in the presence of senior dignitaries, decision makers and civil society representatives in the Ethiopian capital of Addis Ababa.

The Ministry of Health invited all Programme Coordinating Mechanism (PCM)/National Hygiene and Sanitation Task Force members and the Country Programme Monitor (CPM) representative to Adama, Ethiopia, in December 2012 to review the CPP and revised implementation plan. The meeting was also an opportunity to finalize the monitoring and evaluation plan in line with GSF guidelines, develop Sub-grantee management guidelines and agree on a disbursement schedule to each of the four regions.

**FACTS**

- **TOTAL POPULATION**: 83 million
- **IMPROVED SANITATION COVERAGE**:
  - Total: 21%, Urban: 29%, Rural: 19%
- **TOTAL % POPULATION USING OPEN DEFECATION**: 46%
- **UNDER 5 MORTALITY RATE**: 77/1000
- **% OF UNDER 5 DEATHS CAUSED BY DIARRHOEA**: 14%
- **GDP PER CAPITA**: US$ 357

**KEY RESULTS**

<table>
<thead>
<tr>
<th>31 December 2012</th>
<th>3 year targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>People with improved toilets</td>
<td>0</td>
</tr>
<tr>
<td>People live in ODF environments</td>
<td>0</td>
</tr>
<tr>
<td>People wash their hands with soap</td>
<td>Data available at mid-term review</td>
</tr>
</tbody>
</table>

**INTERMEDIATE INDICATORS**

<table>
<thead>
<tr>
<th>31 December 2012</th>
<th>3 year targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communities declared ODF</td>
<td>0</td>
</tr>
<tr>
<td>Communities triggered</td>
<td>0</td>
</tr>
<tr>
<td>People received hygiene messages</td>
<td>0</td>
</tr>
<tr>
<td>People live in target areas</td>
<td>0</td>
</tr>
</tbody>
</table>

**FINANCIAL PIPELINE** - 31 December 2012

- **GSF commitments**: $8.94 million
- **GSF disbursements**: $0.67 million
- **In-country awards to Sub-grantees**: $0
- **In-country grant disbursements**: $0

**UNIT COST**

- $5
INDIA

GSF includes Bihar in programme design; Jharkhand tops 500,000 people using improved toilets

**Executing Agency:** NRMC India Private Ltd
**Grant Agreement signed December 2010**
**Country Programme Monitor:** KPMG

**HISTORY:** The Global Sanitation Fund’s India programme has reached a key stage in its five-year life cycle: after two years of activity the Executing Agency (EA) and the Country Programme Monitor (CPM) were appraised and had their contracts renewed for the remaining three years of this programme.

The GSF supported programme in India aims to be a catalyst to support and improve the implementation of the Government of India’s national programme. During 2012, the Government of India’s flagship sanitation programme was reviewed and modified. As a result the Total Sanitation Campaign was replaced by the new Nirmal Bharat Abhiyan (NBA) programme. Due to the close linkage between the GSF-supported programme and the Government sanitation programme, the GSF supported programme has aligned its strategies with the NBA and supported local partners and institutions to understand and transition to the new government programme.

**AIMS AND ACTIVITIES:** The programme supported by the Global Sanitation Fund in India has three mutually reinforcing objectives: to contribute to sustainable sanitation use and hygiene behaviour at scale; to develop capacity for sustainable promotion of improved sanitation and hygiene; and to promote a culture of continuous learning among all stakeholders.

During 2012, GSF-supported Sub-grantees were mobilized across five districts in Jharkhand and have made solid progress. Due to the challenges of identifying appropriate organizations to implement at scale in Assam, the Programme Coordinating Mechanism (PCM) endorsed a modification to the GSF programme design during the year. This has resulted in a scaling back of planned investment in Assam, and the selection of Bihar as a third state for interventions in the coming year. During the year the process for identifying Sub-grantees in Bihar commenced, and in early 2013 the GSF programme will be operational in Bihar and Assam, and the remaining three target districts in Jharkhand. While there has been a change in the target areas, the overall planned results for the programme have not been modified.

**RESULTS:** From 25,000 people having attained improved toilets in January 2012, one year later more than 520,000 people are using improved toilets.

A year ago 41 communities were declared open defecation free, and at mid-year that rose to 70 and now a cumulative total of 238 communities have been declared open defecation free. From 25,000 people living in ODF environments a year ago, that figure has quadrupled to more than 100,000 people living in ODF environments by January 2013.

As a result of GSF continued expansion into districts and blocks within its target area, the number of people living within areas where the GSF supported programme is working has increased from 4 million to 6 million in the last 12 months. The programme expansion and reach during the year is well demonstrated by the growth in the number of people reached by hygiene messages through GSF-supported activities from 100,000 to almost half a million.

**LESSONS LEARNED:** The Global Sanitation Fund’s programme, with its focus on behaviour change communication (BCC), offers a strong complement to the national subsidy driven programme contained in the NBA. Knowledge sharing on BCC by the Global Sanitation Fund is aiming to ensure that the available government funding on BCC is used to good effect. The GSF-supported programme continues to develop strategies based on ground experience to achieve its behaviour change led outcomes in an environment where subsidies prevail as a significant incentive.

**THE WAY FORWARD:** Activities in Jharkhand are expected to continue to expand and build on the capacity put in place and momentum generated during 2012. Training Need Assessments (TNAs) reports and formative research on behaviour change communications supported by the GSF in 2012 will be harnessed in the ongoing programme. The data and information will be used in conjunction with the Government of Jharkhand, Assam and Bihar to support state level policy development and implementation in the areas of information, education and communications (IEC) strategy development and approaches to strengthen monitoring and verification of sanitation outcomes.
**HIGHLIGHTS**

- **Bihar** is the state with the highest population density in the country. It has low development indicators, but the sanitation sector there is well organized and the GSF expects to find good conditions for its work. An additional benefit is that there is a concentration of GSF target districts on either side of the Bihar and Jharkhand border, facilitating learning and sharing, as well as management efficiencies.

- Though investment in Assam is being reduced, it is not being overlooked. GSF support will now be focused at achieving total coverage in two Blocks. Based on the experience in these two Blocks, investment has been allocated to either scale up to achieve full district coverage or expand to additional blocks.

- The GSF has supported, with other stakeholders, the creation of a Sanitation Network in Jharkhand. This is fostering greater collaboration in the sector in this State and helping to pool knowledge, drive lesson learning and sharing, and push the sector to accomplish more as a whole. Linkages have also been made to media networks.

- The Executing Agency has moved ahead activity with the implementation of its learning strategy during the year. This has included the contracting two firms to provide external inputs into some of the programmes chosen GSF learning questions, and the resulting learning reports will be shared widely in early 2013.

- The India programme puts heavy emphasis on behaviour change communications (BCC) and sanitation marketing approaches. A knowledge, attitudes and practices study done by the EA has helped inform the Sub-grantees in their own work, and will be used to inform the State level strategy on IEC and BCC.

**Facts**

- **Total Population**: 1.2 billion
- **Improved Sanitation Coverage**
  - Total: 34%, Urban: 58%, Rural: 23%
- **Total % Population using Open Defecation**: 51%
- **Under 5 Mortality Rate**: 61/1000
- **% of Under 5 Deaths Caused by Diarrhoea**: 13%
- **GDP per Capita**: US$ 1528

**Key Results**

<table>
<thead>
<tr>
<th>31 December 2012</th>
<th>5 year targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>People with improved toilets</td>
<td>0.52 million</td>
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<tr>
<td>People live in ODF environments</td>
<td>104,780</td>
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<tr>
<td>People wash their hands with soap</td>
<td>Data available at mid-term review</td>
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**Intermediate Indicators**

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<tr>
<th>31 December 2012</th>
<th>5 year targets</th>
</tr>
</thead>
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<tr>
<td>Communities declared ODF</td>
<td>238</td>
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<td>Communities triggered</td>
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<td>People received hygiene messages</td>
<td>0.66 million</td>
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<tr>
<td>People live in target areas</td>
<td>6.17 million</td>
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**Financial Pipeline** - 31 December 2012

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<tbody>
<tr>
<td>GSF commitments</td>
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<td>GSF disbursements</td>
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<tr>
<td>In-country awards to Sub-grantees</td>
<td>1.36 million</td>
</tr>
<tr>
<td>In-country grant disbursements</td>
<td>0.43 million</td>
</tr>
</tbody>
</table>

**Unit Cost**

$1
MADAGASCAR

Milestones include 2,000 open defecation free villages

Executing Agency: Medical Care Development International
Grant Agreement signed March 2010
Country Programme Monitor: FTHM Consulting

HISTORY: Since the March 2010 launch of the programme, referred to nationally as the Fonds d’Appui pour l’Assainissement, the Programme Coordinating Mechanism has been successful in fostering sector collaboration to address the sanitation situation on a national scale and in providing continuous strategic guidance for the programme. The PCM includes representatives from three ministries, national and international NGOs, the private sector as well as bilateral and UN agencies.

Initially, nine regions were selected to receive large grants in phases designed to demonstrate the approach; the programme was scaled up to achieve broader national coverage programme with the objective to encourage all regions to implement their own programmes.

AIMS AND ACTIVITIES: The Madagascar programme focuses on hygiene education, raising awareness and demand-creation in order to have an impact on a national scale. The regional approach combines promotion of hygiene, community-led total sanitation (CLTS) and sanitation marketing. The vision for all selected regions is to attain ODF status, as well as for local governments in the targeted areas to maintain a designated sanitation budget, improve capacity for sanitation and hygiene promotion and promote access to a vibrant private sector providing improved sanitation.

RESULTS: In 2012, the Executing Agency launched and completed the third phase of the granting strategy covering an additional three large sub-grants and four extension grants to successful Sub-grantees from the previous phases. A number of smaller support grants have been awarded to organizations in adjacent regions in order to scale-up their existing activities and create a ripple effect in the country as a whole.

CLTS is strengthened in part through an EA-led capacity-building programme which has trained sanitation promotion workers. At the community level, these workers have helped to make 2,080 villages open defecation free, that’s up from slightly more than 1,000 in mid-2012.

Among key results, more than 73,000 people had improved toilets by 30 June 2012 thanks to Global Sanitation Fund-funded work, and a cumulative total of around 85,000 people had improved toilets by the end of 2012.

Fifteen Sub-grantee organizations are currently working on the ground in 14 of Madagascar’s 22 regions. In 2012 the Global Sanitation Fund carried out performance reviews of the Executing Agency and the Country Programme Monitor, following which contracts were extended for another three years.

LESSONS LEARNED: One key lesson learned in 2012 is that to scale up support to well-performing Sub-grantees, and to support weaker ones with capacity building is more efficient with regards to results delivery.

THE WAY FORWARD: In 2013, all contracted Sub-grantees will continue to implement activities on the ground in their respective zones of intervention as per agreed work plans and budgets. Additional key activities in 2013 include continued technical support to contracted Sub-grantees for CLTS, sanitation marketing, behaviour change communications (BCC) and strategies related to scaling up sanitation and hygiene activities. In addition, WSSCC together with the Executing Agency will embark on a project aiming at documenting lessons learned and progress to date in relation to the CLTS roll-out in Madagascar.

The Programme Coordinating Mechanism (PCM) will continue to foster sector collaboration to address the sanitation situation on a national scale and provide strategic guidance for the programme. In addition, the PCM, jointly with the Executing Agency and WSSCC, will look into appropriate strategies for programme expansion, should additional funds become available. Finally, in 2013 there will be a mid-term programme evaluation.
In 2012 the three additional regions selected to benefit from large grants in a third round of funding were Analamanga, Vatovavy Fitovinany and Sofia. Four well-performing Sub-grantees were selected for extension grants, namely NGOs Miarintsoa and CARITAS in the Vakinankaratra Region, the NGO Fandrosoana in the Alaotra Mangoro Region and the NGO SALFA in the High Matsiatra Region.

The PCM was critical in lobbying the Government of Madagascar to create a Department of Sanitation within the Ministry of Water.

The Ministry of Water of the Government of Madagascar is taking a lead role in sector coordination through the PCM, with support of the Diorano WASH Coalition, which WSSCC has partnered with for 10 years, prior to the GSF programme.

The Director of the Department of Sanitation is also a member of the PCM and took part in a CLTS workshop held in the Indian state of Jharkhand (another GSF implementation area) in December. The Madagascar programme’s challenges and successes were shared at the workshop.

CLTS Coaching Programmes have been introduced and developed. One coach was assigned to each Sub-grantee organization to augment its skills in this behaviour change approach. This has helped the Sub-grantees to work more effectively at scale. This pool of coaches will also be made available internationally.

Behaviour change works: one community in a cyclone-prone area was stimulated via CLTS to construct toilets. A cyclone struck, and the community rebuilt its toilets – and more besides.
Malawi

First Sub-grantees enabled 125,000 people to have access to toilets

**Executing Agency:** Plan Malawi
Grant Agreement signed December 2010

**Country Programme Monitor:** PricewaterhouseCoopers

**HISTORY:** The Global Sanitation Fund’s investment in Malawi passed the two-year milestone during 2012, and the Executing Agency (EA) and the Country Programme Monitor (CPM) were appraised and had their contracts renewed for the remaining three years. This provides continuity for the GSF’s district level-focused programme that is building partnerships between local Government and NGOs, thus increasing local capacity.

The National Sanitation and Hygiene Coordination Unit (NSCHU) guides the Malawi programme as Programme Coordinating Mechanism (PCM). The NSCHU, a multi-stakeholder group, was included in the Government of Malawi’s sector policy, and the Global Sanitation Fund programme has stimulated this multi-sector group to increase coordination and joint planning.

**AIMS AND ACTIVITIES:** The Global Sanitation Fund programme aims to reduce open defecation, increase access to improved sanitation, and promote the adoption of safe hygiene practices. It targets six of the 28 districts in Malawi. The District Coordination Team (DCT), led by the Government of Malawi, has taken a central role in planning and coordinating the implementation of Global Sanitation Fund-supported activities. DCTs have worked with Plan Malawi and the Global Sanitation Fund Sub-grantees to develop sanitation implementation plans and budget in each district. This has enabled the active engagement of community level health extension workers and other district-based staff in GSF supported activities implemented by the selected Sub-grantees.

**RESULTS:** The GSF programme is playing a critical role in making sanitation a national priority, building sanitation marketing capacity, and driving sanitation and hygiene behaviour change within communities. Local government, which feels a strong sense of programme ownership, has been provided thorough training of trainers on sanitation and hygiene demand creation by the Global Sanitation Fund Sub-grantees. Targeting some of the poorest and least covered areas, the joint working of local Government and civil society organizations supported by the Global Sanitation Fund is enabling increased reach, coordination and support to improved access to and use of sanitation and hygiene. This work contributes to the country’s strategy to end open defecation.

GSF-supported interventions have enabled 125,304 people to access improved toilets in GSF programme districts by the end of 2012, that’s up from 52,000 at the end of 2011.

153,008 people are living in ODF environments in Malawi through work funded by the Global Sanitation Fund, up from 21,600 at the end of 2011. The number of communities triggered rose in the same period from 208 to 1,156. The number of communities declared ODF increased 10-fold in a year from 41 to 461.

**LESSONS LEARNED:** Maximising the effectiveness of sanitation marketing requires sophisticated coordination in a context of limited capacity. Lessons learned were highlighted during a February 2012 workshop on sanitation marketing which facilitated the sharing of experiences and helped ensure a common understanding of the key concepts and implementation approaches. The new National Sanitation Marketing Strategy will provide increased clarity and direction for the sector, but increased awareness of this document will need to be facilitated at the sub-national level.

**THE WAY FORWARD:** The programme reach continues to grow with a second round of Sub-grantees that was signed by the EA in the middle of 2012. A third funding round, which will be finalized in early 2013, will take programme-funded work to new areas and build upon the partnerships, increased capacity and lessons learned in 2012.
**HIGHLIGHTS**

+ The programme is maximizing on the traditional local leadership network by mobilizing Village Chiefs to be sanitation champions within Traditional Authorities.
+ Sub-grantees and local government are strongly coordinated, and their activities are being institutionalized in a long-term programme which is working towards sustainability.
+ A cascading training scheme has seen DCT members provided training of trainers on demand creation approaches and in turn, together with the Sub-grantees, train local government health extension workers responsible for triggering the villages across the district. The DCTs are working hand in hand with Sub-grantees in conducting follow up visits and certifying communities open defecation free.
+ An initiative in 2012 used Global Sanitation Fund financing to build capacity on sanitation marketing. The capacity building was rolled out in six districts, and important lessons have been learned about the methodology, specifically on the sequencing of activities. Telecom firm AirTel even shared its specialized marketing knowledge during the sanitation marketing workshop in February.
+ On learning, a partnership was planned with Imperial College London on using GSF implementation areas to study the impact of sanitation and hygiene interventions on schistosomiasis prevalence. This partnership continues in 2013 with the aim to generate some initial results during the year.
+ Media organizations have been integrated into the learning strategy to both contribute to the wider sanitation outcome of the programme and also capture and share lessons emerging from the programme.
+ The Global Sanitation Fund programme coordinators have been able to engage with other partners in dialogue on the national sanitation marketing strategy. Within the national strategy, the GSF fits snugly at the intersection of a strategic CLTS approach and sanitation marketing.

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**FACTS**

*TOTAL POPULATION* 14.9 million

*IMPROVED SANITATION COVERAGE*

Total: 51%, Urban: 49%, Rural: 51%

*TOTAL % POPULATION USING OPEN DEFCATION* 8%

*UNDER 5 MORTALITY RATE* 83/1000

% OF UNDER 5 DEATHS CAUSED BY DIARRHOEA 7%

*GDP PER CAPITA* US$ 388

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**KEY RESULTS**

Results to date and 5 year targets

<table>
<thead>
<tr>
<th>31 December 2012</th>
<th>5 year targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>People with improved toilets</td>
<td>125,300</td>
</tr>
<tr>
<td>People live in ODF environments</td>
<td>153,000</td>
</tr>
<tr>
<td>People wash their hands with soap</td>
<td>Data available at mid-term review</td>
</tr>
</tbody>
</table>

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**INTERMEDIATE INDICATORS**

Results to date and 5 year targets

<table>
<thead>
<tr>
<th>31 December 2012</th>
<th>5 year targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communities declared ODF</td>
<td>461</td>
</tr>
<tr>
<td>Communities triggered</td>
<td>1,156</td>
</tr>
<tr>
<td>People received hygiene messages</td>
<td>192,000</td>
</tr>
<tr>
<td>People live in target areas</td>
<td>0.82 million</td>
</tr>
</tbody>
</table>

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**FINANCIAL PIPELINE** - 31 December 2012

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>GSF commitments</td>
<td>$6.34 million</td>
</tr>
<tr>
<td>GSF disbursements</td>
<td>$2.68 million</td>
</tr>
</tbody>
</table>

**UNIT COST**

|$6$
NEPAL

More than 440 communities declared open defecation free, demonstrating viability of large-scale behaviour change approach

Executing Agency: UN-Habitat
Grant Agreement signed October 2010
Country Programme Monitor: CSC & Co

HISTORY: In 2011, UN-Habitat, the Executing Agency, moved ahead to develop strong working relationships with the district and regional local government officials through active engagement with the District and Regional WASH Coordinating Committees. This involved a number of capacity development activities on total sanitation initiatives, supporting the formulation of district strategies and action plans on total sanitation, as well as the development of future strategies for the sanitation programme initiated by the Department of Water Supply and Sanitation. As a result, within Global Sanitation Fund working districts the WASH Coordination Committees are taking up a more active role in facilitating sector actors to target unserved areas.

The Global Sanitation Fund-supported programme in Nepal has reached an important stage in its five-year life cycle: the EA and the CPM selected for the initial two-year stage of the grant have been appraised and have had their contracts renewed for the next three years.

During the year, the Government of Nepal called for the support of all sector actors to declare Bhaktapur District open defecation free during 2013. The GSF supported programme has responded to that call and expanded its scope to contribute to this initiative. As a result the GSF-supported programme has responded to that call and expanded its scope to contribute to this initiative. As a result the GSF-supported programme has allocated funds to support the drive to open defecation free status in 2 municipalities and 10 Village Development Committees (VDC) in Bhaktapur.5

AIMS AND ACTIVITIES: The programme supports sanitation and hygiene promotion in five rural districts and several small towns using a combination of community-led total sanitation (CLTS) and sanitation marketing approaches. In addition, the GSF will also provide support to the sector activities in three other model districts.

The programme aims 1) achieve open defecation free status and adopt good hygiene practices in a programme target population of approximately 1,800,000; 2) to strengthen the capacity of district, VDC, municipality, school and non-governmental organization (NGO) personnel to promote sanitation and hygiene, through the approaches mentioned under the first aim; 3) to support the development of sector strategies and strengthened monitoring systems in all 75 districts in line with the government’s Master Plan on Hygiene and Sanitation 4) to record and use lessons learned to support the scaling up in other districts, and focus on strategies for accelerating progress towards the national and MDG sanitation targets.

RESULTS: The GSF-supported programme has enabled 441 communities to be declared open defecation free (ODF) in the target districts. A milestone was passed with the declaration of the first open defecation free Village Development Committees (VDC) in 2012. While only a small step towards the target of 220 VDCs that need to be declared ODF through the programme, the five VDCs that were declared ODF in 2012 demonstrate success can be achieved at scale and provide a great platform to build on for the remaining programme.

The GSF-supported programme in Nepal has now helped more than 95,000 people to benefit from an open defecation free environment and 62,000 people to have access to improved toilets. Corresponding numbers in mid-2012 were 7,540, and 5,800, respectively, and show a strong acceleration.

As part of the scaling-up strategy, the programme initiated cascading triggering and training activities through the training of nearly 300 Master Triggers, predominantly VDC representatives, to lead and train further community based mobilisers as sanitation triggers.

LESSONS LEARNED: The GSF-supported programme design aims to harness local government leadership and coordination to achieve its results at scale. However the ongoing political instability in Nepal continues to impact the effectiveness of local government institutions, with a regular turnover of staff and difficulties in realising Nepal decentralisation policies. This remains a significant challenge for the programme’s ambition of achieving results at scale and also the long term sustainability of sanitation and hygiene services that are achieved.

THE WAY FORWARD: A strong foundation exists for delivering results at scale in part because the first cadre of Sub-grantees is now complemented by 11 new Sub-grantees that started field work in the middle of 2012. A third funding round was completed in December 2012, enabling the expansion of activities in all target districts during 2013.

5. A VDC is a group of between 10 to 70 villages and is Nepal’s smallest elected administrative unit.
**KEY RESULTS**

Results to date and 5 year targets

<table>
<thead>
<tr>
<th>31 December 2012</th>
<th>5 year targets</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>People with improved toilets</strong></td>
<td><strong>62,140</strong></td>
</tr>
<tr>
<td><strong>People live in ODF environments</strong></td>
<td><strong>95,100</strong></td>
</tr>
<tr>
<td><strong>People wash their hands with soap</strong></td>
<td><strong>Data available at mid-term review</strong></td>
</tr>
</tbody>
</table>

**INTERMEDIATE INDICATORS**

Results to date and 5 year targets

<table>
<thead>
<tr>
<th>31 December 2012</th>
<th>5 year targets</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Communities declared ODF</strong></td>
<td><strong>441</strong></td>
</tr>
<tr>
<td><strong>Communities triggered</strong></td>
<td><strong>530</strong></td>
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<tr>
<td><strong>People received hygiene messages</strong></td>
<td><strong>244,657</strong></td>
</tr>
<tr>
<td><strong>People live in target areas</strong></td>
<td><strong>1.28 million</strong></td>
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</table>

**FINANCIAL PIPELINE**  - 31 December 2012

<table>
<thead>
<tr>
<th>Commitments</th>
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<tbody>
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<td>GSF commitments</td>
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<tr>
<td>GSF disbursements</td>
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<tr>
<td>In-country awards to Sub-grantees</td>
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<tr>
<td>In-country grant disbursements</td>
<td>$0.89 million</td>
</tr>
</tbody>
</table>

**UNIT COST**

- **$5**
NGERIA

Prelude to implementation: Executing Agency confirmed in late-2012 and key partners join inception workshop

**Executing Agency:** Concern Universal
Grant Agreement signed October 2012

**Country Programme Monitor:**
PricewaterhouseCoopers Nigeria

**HISTORY:** The programme started in October 2012 when WSSCC signed a Grant Agreement with the Executing Agency, Concern Universal, an international development organization established in the United Kingdom in 1976 and operational in Nigeria since 2001.

**AIMS AND ACTIVITIES:** Two states, Cross River and Benue, situated in the south easternmost corner of Nigeria, are targeted by the Global Sanitation Fund programme, known locally as Rural Sanitation and Hygiene Promotion in Nigeria (RUSHPIN).

The aim of RUSHPIN is to significantly increase sanitation coverage through scale up at state level and achieve a positive and sustained hygiene behavioural change. The Global Sanitation Fund programme is acting as a catalyst, targeting all households in six local government areas; three in each of the two targeted states. Government of Nigeria is agreed to match the work in an additional three local government areas in each state.

Special focus is given to reaching the poor and vulnerable populations with particular attention given to gender disparities in decision-making behaviour. One key aspect is to focus on scaling up existing successful sanitation approaches and to complement on-going sanitation and hygiene programmes.

RUSHPIN contains a strong element of capacity development and is dedicated to ensure sustainability of the results achieved. Through working closely with state and local government counterparts and building strong inter-institutional linkages between various stakeholders involved, the programme will create an enabling environment for achieving state-wide sanitation coverage.

**RESULTS:** In November 2012 the EA organized an inception workshop bringing together sanitation sector stakeholders, representatives from the Togo GSF Programme, representatives from WSSCC and Dr. Kamal Kar of the CLTS Foundation to kick-start the programme.

**LESSONS LEARNED:** The programme responds to the fundamental challenges in the Nigerian sanitation sector and seeks to contribute directly towards the possible achievement of MDGs on sanitation. Looking beyond the 2015 targets, the programme aims towards the achievement of first state-wide and then nation-wide sanitation coverage.

**THE WAY FORWARD:** Proven success of CLTS interventions in Nigeria, together with a favourable institutional framework and strong political will are determinants for scaling up existing behaviour-change focused sanitation work in the country. The Government of Nigeria is committed to match Global Sanitation Fund funds to cover at least three additional local government authorities (LGAs) in each state; and to provide funds to ensure the presence of sanitation facilities in all public places and institutions in the twelve LGAs targeted by the programme (six through GSF programmes and six through government programmes). The GSF country programme envisages reaching 2.2 million people living in open defecation free environments in the two target states. This model can eventually be replicated in other states of Nigeria.
In sheer population, Nigeria is second only to India amongst the ongoing GSF programme countries. Therefore, the GSF fund injection is small in comparison to the country’s overall resource needs for sanitation and hygiene work. The RUSHPIN approach is therefore very strategic to achieve increased improved sanitation coverage and hygiene behaviour through a targeted demand-led process that is empowering local communities to improve their sanitation and hygiene practices; and strengthen political commitment at all three tiers of Government to improve allocation of appropriate resources for sanitation and hygiene.

The November inception workshop started the process of turning the GSF Country Programme Proposal, as developed by the multi-stakeholder Programme Coordinating Mechanism, into action on the ground. The inception workshop included state, district and local Government representatives and was facilitated by the WSSCC National Coordinator, Ms. Priscilla Achakpa.

Nigeria has an active, independent WASH journalist network, which has shown keen interest in the GSF. In connection to the inception workshop, WSSCC officials and national partners were interviewed on Nigerian television and by national wire services.
SENEGAL

Early success for GSF-financed ODF activity, building on existing programmes

EXECUTING AGENCY: AGETIP
Grant Agreement signed May 2010
COUNTRY PROGRAMME MONITOR: PWC

HISTORY: The programme was the second GSF programme to be launched, in May 2010. The first Sub-grantees were signed in September 2011 with a second funding round of Sub-grantees launched in March 2012. The Programme Coordinating Mechanism (PCM) has strengthened its activities with the addition of Plan Senegal, the Red Cross, the Japan International Development Agency (JICA), and a more sustained engagement by the Ministry of Water and the Office National de l’Assainissement du Sénégal (ONAS), which is responsible for sanitation. Since its launch, the programme development has involved a number of national stakeholders, including PEPAM, UNICEF and WSP, as well as the national government.

AIMS AND ACTIVITIES: The Global Sanitation Fund financed programme centres upon creating an enabling environment, through partnership-building at the local, national and regional levels, not only to promote sanitation and hygiene practices, through advocacy and awareness building for local Government leaders as well as communities, but also through strengthening the sanitation supply chain.

Through AGETIP, the Executing Agency (EA), the Global Sanitation Fund will increase the use of participatory approaches to end open defecation, create demand for toilets and improve sanitation services for communities that have received little or non-existent sanitation. The impact of its work is expected to not only to be felt in terms of improved public health through reduction of diarrhoeal diseases, but also in education, particularly for girls.

RESULTS: Senegal’s programme builds on existing hygiene promotion programmes and focuses mainly in rural areas. By 31 December 2012, 110,008 people are now living in open defecation free environments and 17,303 are using improved toilets because of the GSF-financed work.

LESSONS LEARNED: There is a strong push on information, education and communications (IEC) work in the programme. To support Sub-grantees working in the field, an educational video on the community-led total sanitation behaviour change approach was produced. In addition, a comprehensive behaviour change communications strategy began development in 2012 and will be completed in 2013, along with the start of its implementation.

THE WAY FORWARD: A change in Country Programme Monitor during 2012 should strengthen the programme in 2013. With its predominant focus on rural areas and a further 25 percent focus on peri-urban areas, the Global Sanitation Fund-financed programme continues to step up its efforts in more than 200 villages to promote sound sanitation and hygiene practice.
6. Countries:

**HIGHLIGHTS**

- The Global Sanitation Fund grant to Senegal is already delivering good results as between 25% to 60% of the communities where Sub-grantees work achieved the open defecation free (ODF) status.
- The Programme Coordinating Mechanism was strengthened further in 2012 with broader participation of the key actors of the sector.
- To support Sub-grantees working in the field, an educational video on the community-led total sanitation behaviour change approach was produced. In addition, a comprehensive behaviour change communications strategy began development in 2012. This strategy will be completed in 2013, and implementation will commence.

**FACTS**

- **TOTAL POPULATION**: 12.4 million
- **IMPROVED SANITATION COVERAGE**
  - Total: 52%, Urban: 70%, Rural: 39%
- **UNDER 5 MORTALITY RATE**: 95/1000
- **GDP PER CAPITA**: US$ 1132
- **Total % population using open defecation**: 17%
- **% of under 5 deaths caused by diarrhoea**: 9%

**KEY RESULTS**

**Results to date and 5 year targets**

<table>
<thead>
<tr>
<th>Key Result</th>
<th>31 December 2012</th>
<th>5 year targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>People with improved toilets</td>
<td>17,300</td>
<td>300,000</td>
</tr>
<tr>
<td>People live in ODF environments</td>
<td>24,700</td>
<td>0.5 million</td>
</tr>
<tr>
<td>People wash their hands with soap</td>
<td>Data available at mid-term review</td>
<td>101,400</td>
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**INTERMEDIATE INDICATORS**

**Results to date and 5 year targets**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>31 December 2012</th>
<th>5 year targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communities declared ODF</td>
<td>62</td>
<td>250</td>
</tr>
<tr>
<td>Communities triggered</td>
<td>211</td>
<td>318</td>
</tr>
<tr>
<td>People received hygiene messages</td>
<td>118,100</td>
<td>1 million</td>
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<tr>
<td>People live in target areas</td>
<td>428,000</td>
<td>0.62 million</td>
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**FINANCIAL PIPELINE**

- **31 December 2012**

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
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<tbody>
<tr>
<td>GSF commitments</td>
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<tr>
<td>GSF disbursements</td>
<td>$1.89 million</td>
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</table>

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>In-country awards to Sub-grantees</td>
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<tr>
<td>In-country grant disbursements</td>
<td>$0.59 million</td>
</tr>
</tbody>
</table>

**UNIT COST**

$20
TANZANIA

Plan Tanzania confirmed as Executing Agency late in 2012; programme jump-started with small grant to UNICEF

Executing Agency: Plan Tanzania
Grant Agreement signed December 2012
Country Programme Monitor: INNOVEX

HISTORY: In 2011 the Country Programme Proposal (CPP) for Tanzania was submitted for funding by the Government-led Programme Coordinating Mechanism (PCM). In an effort to maintain momentum, an interagency agreement between WSSCC and UNICEF was put in place.

AIMS AND ACTIVITIES: The programmatic focus is on the Dodoma region, which has low water coverage and a high migratory population. Dodoma was selected because it is one of the poorest regions in the country; has low sanitation coverage; with high under five mortality rate due to poor sanitation, hygiene and unsafe water supply; and proximity to initial trials of the WSP-supported Total and Sanitation Marketing (TSSM) programme in two other districts of the region. Dodoma, which is both a region and the capital of Tanzania, was also selected because it is centrally located and thus allows easier replication to other parts of the country.

The overall goal of the programme is to see “Communities with increased access and use of improved sanitation facilities and with changed sanitation and hygiene behaviours at scale.” This goal it to be realized through interventions at two levels – i) Strengthening national knowledge, skills and systems to support further scale up of sanitation and hygiene; and ii) district level implementation at scale. The programme aims to have a significant impact on coverage and demonstrate a district wide approach, and will also provide a “magnifying glass” for learning on the process of taking to scale specific sanitation and hygiene interventions.

The country programme also supports the Ministry of Health and Social Welfare to develop and scale up improved monitoring systems and tools for the sanitation and hygiene sector.

Dodoma is expected to contribute to programme scalability, with its three districts becoming centres of learning for expanding the implementation for improved sanitation and hygiene at scale across Tanzania. In addition, the programme is designed to stimulate an increase in coverage in the remaining districts of Dodoma and neighbouring districts across the Singida, Iringa and Morogoro regions, through improved capacity and demonstration effect.

RESULTS: The agreement identified some initial programme activities set out in the CPP, in the area of capacity building, formative research and monitoring and evaluation systems development, which could be implemented prior to identifying an Executing Agency (EA) to implement the full programme. While UNICEF implemented these activities, the procurement process for identifying and contracting the EA and CPM was undertaken, and with these key partners now in place the Global Sanitation Fund programme is set to move into its implementation phase in 2013.

LESSONS LEARNED: Unlike in neighbouring countries, open defecation in Tanzania is not common, as many people have basic latrines. However, many latrines are either unused or unhygienic, as highlighted by a recent baseline district data which revealed that only 28 percent of the rural population have access to improved sanitation and less than 25 percent of the total population is estimated to have a designated place for handwashing with soap. According to the World Health Organization (WHO), 70 percent of the diseases in Tanzania are caused by poor access to safe water and hygienic sanitation services, and it is estimated that these cost Tanzania close to US$ 600 million annually. As such the case for proper sanitation and hygiene as an effective preventative intervention is strong and has gained political traction recently, as evidenced by a new National Sanitation Campaign.

THE WAY FORWARD: With the CPM and EA in place by the end of 2012, the inception phase of the Tanzania programme will be complete in early 2013, with the finalization of baseline research and identification of initial Sub-grantees. The first set of Sub-grantees will commence implementation of activities across three focus districts in Dodoma during the first half of 2013.
HIGHLIGHTS

On 5 June, the World Environment Day, WSSCC officially announced its support for a Sanitation and Hygiene programme by investing US$ 5 million from the GSF. Known as the Usafi wa Mazingira Tanzania (UMATA) in Kiswahili, the programme was unveiled as a key part of the country’s broader National Sanitation Campaign. The event was hosted by Dr. Jakaya Mrisho Kikwete, President of the Republic of Tanzania, in the presence of senior dignitaries, decision makers and civil society representatives, in Dodoma.

The African Development Bank has committed US$ 18 million to support the National Sanitation Campaign, which will provide important investment across the country to complement the Global Sanitation Fund support.

WSSCC’s funding to UNICEF in 2012 was designed to support three specific elements of the planned GSF programme.

The first component was a training of Government officials around sanitation approaches, mostly in Dodoma and at other national ‘training of trainers’ events.

The second element was a baseline mapping of school and health institution sanitation coverage. While the GSF programme will not fund infrastructure or hardware, it was important to understand what sort of sanitation infrastructure was already in those facilities in the target regions in order to optimize the GSF A

The third element was support to the Government of the United Republic of Tanzania’s national monitoring and evaluation system, and its roll-out at the national level.

FACTS

TOTAL POPULATION
44.8 million

IMPROVED SANITATION COVERAGE
Total: 10%, Urban: 20%, Rural: 7%

TOTAL % POPULATION USING OPEN DEFECACTION
12%

UNDER 5 MORTALITY RATE
68/1000

% OF UNDER 5 DEATHS CAUSED BY DIARRHOEA
9%

GDP PER CAPITA
US$ 526

KEY RESULTS

Results to date and 5 year targets

<table>
<thead>
<tr>
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<td>0</td>
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INTERMEDIATE INDICATORS

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</tr>
<tr>
<td>Communities triggered</td>
<td>0</td>
</tr>
<tr>
<td>People received hygiene messages</td>
<td>0</td>
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<tr>
<td>People live in target areas</td>
<td>0</td>
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FINANCIAL PIPELINE - 31 December 2012

<table>
<thead>
<tr>
<th>GSF commitments</th>
<th>$6.44 million</th>
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</thead>
<tbody>
<tr>
<td>GSF disbursements</td>
<td>$253,750</td>
</tr>
</tbody>
</table>

UNIT COST

| In-country awards to Sub-grantees | $150,000 |
| In-country grant disbursements    | $150,000 |
| **Total**                         | **$8**   |
GLOBAL SANITATION FUND

UGANDA

Half a million people with safe toilets through GSF-funded work

Executing Agency: Ministry of Health
Grant Agreement signed August 2011
Country Programme Monitor: Deloitte Uganda Ltd.

HISTORY: The Uganda Sanitation Fund (USF), as it is known locally, started disbursing funds to Sub-grantees in November 2011 and good results were reported as early as June 2012. Constrained for years by limited funding for sanitation and hygiene work, the Local Government Sub-grantees, working in partnership with NGOs, have benefited from the opportunity to access additional financing for sanitation through the USF and have accelerated implementation of the programme.

The USF programme is managed according to Uganda’s Long Term Institutional Arrangement for the management of all donor funds within the Ministry of Health, which is the Executing Agency (EA). The National Sanitation Working Group (NSWG) appointed a sub-committee specifically responsible for USF to act as the Programme Coordinating Mechanism (PCM).

AIMS AND ACTIVITIES: The programme targets approximately 6,000 villages across 15 districts and seeks to improve the lives of up to 3 million people.

The Uganda Sanitation Fund works with the Ministry of Health and the Ministry of Finance, Planning and Economic Development to implement a programme making maximum use of existing capacity at the central and district levels. The aim is to create robust demand for sanitation to the point that people seek out creative ways to install and improve toilets in their communities.

In particular, the work consists of government, NGO and private sector actors promoting demand-led approaches (including but not limited to community-led total sanitation), carrying out home improvement campaigns and sanitation marketing. The main purpose will be to scale up efforts to generate demand for improved sanitation and hygiene, and to strengthen the supply chain for appropriate sanitation products and services to meet this demand while creating an enabling environment for sustainable change.

RESULTS: By December 2012, the Ministry of Health reported that 508,085 people have improved toilets (up from 154,000 in mid 2012), and 333,600 people are living in ODF environments (up from more than 36,000 six months previously).

LESSONS LEARNED: Despite the success of water supply programmes in the country, the Government of Uganda has identified the sanitation sector as falling behind national development targets. Government has developed policies and personnel to address the challenge, but money had previously been lacking for implementation. The USF has provided a strong boost for behaviour changed-focused sanitation and hygiene work at community level.

THE WAY FORWARD: The Sub-grantees in Uganda are comprised of 15 district local governments, supported by NGOs active in their respective geographical areas. The USF programme area has a total target population of 3.8 million; the tide is turning in terms of the number of programme area villages being declared ODF (around 6,000 planned in total).
In general, the district-based approach is working, as there are strong results across the board in Uganda. Locally trained Health Assistants have had a crucial role reaching large numbers of people and covering whole sub-counties.

Although the USF started working on the ground in late 2011, the programme was officially launched on 16 March 2012 at Nyero Sub County’s primary school, located in Kumi district in eastern Uganda. Village leaders welcomed Ministers of State, community members and neighbours from surrounding Kumi District for the launch of the Uganda Sanitation Fund.

The Executing Agency conducted capacity building of district, Sub County and NGO staff in 13 districts on community-led total sanitation (CLTS). A total of 177 staff was trained in CLTS.

A draft management guide for capacity building combining several approaches (CLTS, Home Improvement Campaign/Competitions, Participatory Hygiene and Sanitation Transformation Tools) has also been developed.

Radio waves: all of the districts planned and implemented radio programmes i.e. radio talk shows and radio spots in the local languages understood by the community and managed by the District Health Educators (DHEs). Thirty-six radio talk shows and radio spots were aired in six months.

Ten districts out of 15 (Serere, Kumi, Ngora, Kibuku, Sheema, Katakwi, Pallisa, Bukedea, Dokolo and Amolatar) planned and carried out district sanitation fora to provide feedback on year one progress to the various stakeholders and draw up strategies for year two.
The process of establishing an Executing Agency (EA) resumed in earnest in 2012, and WSSCC expects that the Global Sanitation Fund (GSF) will sign an agreement for an Executing Agency by the second quarter of 2013. In addition, the grant-making process has been enhanced to allow the selected EA to develop an advanced work plan that will include pre-selected Sub-grantees to ensure rapid field implementation at the signing of the grant. The process to select a firm for the role of Country Programme Monitor (CPM) is under way, with the expectation that a CPM will be in place in advance of the EA.

The Global Sanitation Fund will concentrate its efforts in two regions of the country - Centre Nord and Cascades and seeks to improve sanitation and hygiene products and services, and community based sanitation and hygiene monitoring systems. The programme will also include behaviour change promotion focusing on key hygiene behaviours. The programme launch is planned for July 2013, and it will feature proven community-led approaches to stop open defecation.

Promotion and awareness-raising for sanitation and hygiene will be done through information, educational and communications (IEC) at the local, national and regional levels. For example, manuals and guidelines on methods to improve sanitation and hygiene, targeted at local and national Government actors, will be distributed to partners and sector stakeholders at national level meetings and elsewhere.

Through capacity development, the programme will support local government actors as well as small service providers to improve the range and quality of services offered to households. At the national level, activities are intended to support government agencies to mobilize additional resources for the sector and implement national sanitation and hygiene strategies in areas selected for transformative action.

Identification and dissemination of effective approaches will be an important programmatic outcome. The programme will monitor, document and evaluate all supported projects, assess the cost-efficiency of supported projects and disseminate the results of all evaluations. Programme coordinating and audits will include coordination and consultations amongst the National Programme implementer, the Country Programme Monitor, and other key stakeholders, particularly the national Government, and regular external audits of the programme.
In late 2012, WSSCC confirmed the availability of funds for a five-year, US$ 5 million programme proposed by the Programme Coordinating Mechanism (PCM) in Togo, which has developed a programme that targets more than a million people living in the most vulnerable regions of Togo. In the Kara, Plateaux and Savanes districts, sanitation coverage is as low as 10 percent, and very few people have adopted sound hygiene practices.

The main challenge facing the sanitation sector in Togo is the lack of funding and political commitment directed to sanitation. Funding for sanitation activities in Togo currently only meets about 1 percent of what is needed to reach the Millennium Development Goal (MDG) sanitation target. The GSF programme will hopefully play an important role in raising the profile of sanitation and contribute to the country’s efforts to achieve the MDG sanitation target.

Due to significant capacity gaps in the Togolese sanitation sector, UNICEF was proposed by the PCM to serve as the Executing Agency (EA) for the first three years of the programme. Present in Togo since 1949, UNICEF is a leading organization in sanitation and hygiene and recently introduced community-led total sanitation (CLTS) in the country. The Global Sanitation Fund programme will aim to scale up these efforts. Recognizing the need to proceed in the country despite the capacity gaps, the WSSCC Steering Committee exceptionally confirmed the PCM appointment of UNICEF in October 2012.

To ensure sustainability of the achieved results, capacity development is an inherent feature of the GSF programme. This is manifested through a planned handover of fund management responsibilities from UNICEF to the Ministry of Health (MoH) after three years of implementation. UNICEF will work closely with the Division of Hygiene and Sanitation of the MoH throughout the life cycle of the programme and will gradually transfer responsibilities thereto. A complete handover is planned for the beginning of year four when the MoH will be given full responsibility and take over the EA’s leading role in supervising and managing the programme and its funds, provided adequate capacity and systems are in place.

The Global Sanitation Fund programme strategy is to launch CLTS and behaviour change communication activities simultaneously in the three targeted regions. This will be done in a progressive manner and over three funding rounds. Initially, small-scale CLTS interventions will target clusters of villages; in a second phase the intervention will expand to cover a sub-district (a canton); and finally in a third phase full district coverage is aimed for and eventually total elimination of open defecation in Kara and Savanes regions and in half of the Plateaux region.

The Global Sanitation Fund programme will be part of a larger national framework: the SANDAL Initiative (Initiative Sans Défécation à l’Air Libre) with the objective to create a momentum enabling national level CLTS scale-up and eventually the complete elimination of open defecation in Togo. The initiative also contains advocacy efforts to influence other development partners to invest in the government-led initiative.
GLOBAL SANITATION FUND

BANGLADESH

The Global Sanitation Fund will re-engage in Bangladesh during 2013, with the Programme Coordinating Mechanism (PCM) leading the finalization of the Country Programme Proposal (CPP). The original work on the CPP will be reviewed based on lessons emerging from other GSF programmes and wider sector developments. During the first half of the year, GSF will commence the process of identifying an Executing Agency and a Country Programme Monitor. If successfully done, the inception phase of programme implementation should be completed in late 2013.

BENIN

In 2012, the Government of Benin established a Programme Coordinating Mechanism led by the Ministry of Health. The PCM thereafter proceeded to formulate a CPP for the GSF programme in Benin and submitted this to WSSCC for approval. The CPP will be reviewed by WSSCC in early 2013 and once approved, WSSCC will initiate the process of selecting an EA and a CPM and will work to have both structures will be in place by late 2013.

KENYA

In Kenya, the process of developing a Global Sanitation Fund country proposal resumed in early 2012 as a consequence of better funding prospects for WSSCC in 2013. A small technical working group has been formed under the leadership of the Ministry of Public Health and Sanitation to finalize the Country Programme Proposal. The technical working group includes the Ministry of Public Health and Sanitation, the Water and Sanitation Programme (WSP), UNICEF, the Dutch non-governmental organization SNV, Plan Kenya, African Medical and Research Foundation (AMREF) and the WASH Alliance among many mainstream actors. The programme start is expected to take place in the third quarter of 2013 based on the availability of funds.

PAKISTAN

WSSCC will re-engage with the Global Sanitation Fund country programme in Pakistan during 2013, with the PCM leading the re-development of the CPP to align the strategies with the changes to the sector environment and refocus the objectives based on new sector priorities. The programme design phase was previously been held back by a number of changes to the sector landscape in Pakistan. Significantly, the Ministry of Environment, which had responsibility for the sanitation sector, was dissolved in June 2011 by constitutional amendment. This amendment increases the authority of provincial and other local government structures for sanitation. The GSF programme will work with the National Government and PCM to identify an appropriate Provincial Government to support in the implementation of their sanitation and hygiene strategy and plan. If an EA and a CPM are identified in the first half of the year, the inception phase of programme implementation should be completed in late 2013.

WHERE DO WE GO FROM HERE?

The Global Sanitation Fund is now a reality and programmes can be replicated and rolled out to many countries. WSSCC continues to receive much demand for GSF support in places where the sanitation needs are great. WSSCC’s Medium-Term Strategic Plan 2012-2016 identifies 35 priority countries in which the GSF could and should be working, which contain around one and a half billion people without sanitation. The Global Sanitation Fund’s ability to meet this demand, and the MTSP target of work programmes in 25 countries by 2016, are impacted by funding availability. A major factor influencing that funding is the demonstration of cost-effective results at scale.

6. Including Mali, where the process of setting up the programme was put on hold in 2012 until the security situation has been favourably assessed.
GLOBAL SANITATION FUND

9. PEOPLE AND PLACES

The Global Sanitation Fund ‘family’ is extensive, and increasingly, success stories are being generated from implementation on the ground. The family includes Sub-grantees and the people in districts, villages, blocks or communities whose quality of life is improved through better sanitation and hygiene. This section gives voice to some of those people – the hopes, dreams and aspirations of just a few of the thousands of people impacted positively through the additional resources supplied by the Global Sanitation Fund, and the activities supporting them.

Cambodia: training of trainers on community-led total sanitation and school WASH

From April to June 2012, in Takeo, Svay Rieng and Kampong Cham provinces, a three-day community-led total sanitation training of trainers was conducted by the National Center for Health Promotion (NCHP).

“I am very happy to have attended this community-led total sanitation training, which is very helpful for me ... to effectively promote sanitation and hygiene in rural communities and encourage people to change their behaviour,” said Mrs. So Channy, Chief of Community Development Office for Takeo PDRD.

The training on CLTS, School Community Water, SC-WASH and Sanitation Marketing was conducted by the National Center for Health Promotion with the participation of staff from the District of Rural Development, Sub-grantees and international and local NGOs.

Learner-centred approaches, adult learning concepts, and field practices were applied. Each topic was explained with real examples and stories that linked to the concept and made it easy for participants to understand.

“At the end of this course, I got a good understanding on practical CLTS implementation through fieldwork and trainer methodology. I am now capable of transferring my knowledge to the Village Development Committee in order for them to promote communities to stop openly defecating and achieve their open defecation free status village in the near future. If there is any organization to support on this, it is better for me to cooperate with. But if not, I will try my best to use the government budget for community development activities,” added Mrs. Channy.

The purpose of the training of trainers was to build up capacity of the stakeholders and improve skills on hygiene and sanitation as a key for sustainable development.
India: from disability to ability

In his early childhood, Nirmal Rai was disabled by polio. As a young man growing up in the Deoghar district, his physical condition led to a fear of social rejection.

Nirmal has five brothers and two sisters. His father, Rajkumar Rai, owns three acres of land and farms during the rains; for the remaining year he works as daily wage labourer. Nirmal’s mother, Basanti Devi manages the entire household.

As a child, his family’s limited income discouraged him from continuing his schooling. His polio-affected state further restricted his social interactions. He confined himself to his home and avoided going out. This took a significant toll on his self-confidence and esteem.

For daily defecation, he dug a small hole in the premises of his house and started using it as a toilet instead of going out in the open like the other members of his family. This toilet was a successful temporary solution but he was wary of its long term sustenance.

Nirmal came to know about sanitation and low/no-cost toilet construction during a village meeting conducted by NGO Lok Jagriti Kendra (LJK) – the local Sub-grantee of the Global Sanitation Fund. The triggering exercise made him better understand the health hazards and other consequences of open defecation practices. At the same time it gave Nirmal a more sustainable solution for the structure of his existing toilet and reinforced in him the concept of toilet use that goes beyond the reason of his present disability.

Nirmal was inspired to construct a toilet in the house for his family members. His main challenge was, first, to convince his family and second, to get the toilet constructed as he was unable to undertake any digging, given his physical condition.

To get approval from his family, he first discussed the matter with his mother and managed to convince her, and then took her help to propose the plan to the entire family. After a few rounds of discussion, the family agreed but the challenge remained regarding the construction of the toilet. Rajkumar Rai was not in a position to spare a day for digging. Nand Kishore Rai, Niral’s younger brother, came forward to help. He also convinced a friend and fellow classmate at school, Muhammad Nazimuddin Ansari, to help. Both under the supervision of Nirmal constructed the toilet by using existing material. Nirmal’s father contributed a sack as covering for the toilet. At the end, there was a low-cost toilet with three feet pit and a bamboo enclosure.

It was a moment of pride for Nirmal when his entire family appreciated his efforts. Also, neighbours and friends applauded and acknowledged his thoughtfulness and efforts. Now his family members use the toilet at home instead of defecating in the open. Some of his neighbours too have been inspired to construct toilets in their homes and are in the process of doing so.

Nirmal’s enterprise has made him well-known in the village. Many people from outside the village visit him. This has helped him hugely in regaining his confidence and self-esteem.
In September, 40 professionals linked to Global Sanitation Fund work in Africa, South Asia, and Southeast Asia met in Lilongwe, Malawi, for the first ‘GSF Learning and Sharing Event’.

The process of starting up innovative, demand-led programmes which achieve sustainable results through sanitation and hygiene awareness raising, behaviour change programming, and more, has been instructive and fruitful. The meeting offered an opportunity to talk constructively and share initial learning and reflections on the GSF structure, systems and programmes. Specific programme topics included how to improve and make good use of results that come through regular programme monitoring and evaluation and how to link the knowledge gained to WSSCC’s wider organizational work.

Below, some of the meeting participants speak candidly about their participation.

**Alassane Beye,**
Programme Coordinating Mechanism, Senegal:

"Initially my expectation was to better understand GSF systems. Now after two days of this Learning Event, I can say that I have learned a lot and it is going to help me to better understand what could be done for the GSF programme in the future."

**Anand Shekar,**
Executing Agency, India:

"The first village we visited (during a site visit to the Malawi programme) is a classical example of using information and organizing a community for collective action. What is very important here is that people have chosen technology as per affordability, so we get a varied set of technological options. The handwashing arrangement is very interesting, and this is something we would like to take back to India. Plus the energy, the vigour, the pride of realizing their dignity is very inspiring."

**Ekene Ezeigwe,**
Country Programme Monitor, Nigeria:

"I want to know what the structure is of the Malawi programme, what their challenges are, what is working for Plan Malawi and how we can replicate it in Nigeria."

**Solomon Gizaw,**
Country Programme Monitor, Ethiopia:

"I am very excited about the work done here in Malawi and the people. The awareness of the people is very encouraging; they are aware of the problems caused by poor sanitation and hygiene. They have shown us how people’s behaviour completely changed and this is one of the most important things that the GSF team can learn from this visit."

6. *Jangoany,* a local term for defecation in the open air
Nepal: strengthened coordination and capacity building of stakeholders in Arghakhanchi

A district-level sanitation campaign financed by the Global Sanitation Fund programme has helped form Village WASH Coordination Committees in all 32 villages in the district of Arghakhanchi.

Orientation of V-WASH-CC members has been completed in 10 villages, which are developing their own action plans on sanitation. Sensitization has also been given to 320 teachers; 78 youth club staff; 600 Head Masters, School Management Committee members, Parents Teacher Association appointees; and 300 civil society members.

Mr. Mitramani Khanal, District Education officer for Arghakhanchi, gave inspirational concluding remarks during the closing ceremony of a teacher training programme, where he clearly instructed teachers and the families of pupils to cooperate on the ODF campaign and take full accountability and ownership. He further noted that these district level ODF campaigns have shown significant changes in hygiene and sanitation condition in schools and communities and he made firm commitments to prioritize sanitation facilities in schools and make sanitation as one of the criteria to evaluate teacher’s performances.

The impacts of ODF campaign have been visibly reflected in schools where teachers and child clubs are actively engaged for cleanliness of toilets and school premises. In Nuwakot high school, toilets were closed due to the unhygienic practices of students. However, after the launching of the sanitation campaign students cleaned and maintained the school toilets themselves.

Similarly, in Khanadaha VDC, the catchment areas of Shisu Kalyan Primary school and Saraswoti Primary School respectively were declared ODF on 19 December 2012. The school catchment area for the Saraswoti Primary School covers 131 households of which 31 constructed toilets following the ODF campaign. Sishu Kalyan Primary School covers 85 households and 17 toilets were constructed after frequent visits from students, teachers and the school management committee.
By 31 December 2012, GSF Executing Agencies signed contracts with Sub-grantees in ten countries. The Sub-grantees include NGOs (local, consortia, or national affiliates of international NGOs), Government entities, associations, and companies. The Sub-grantees are carrying out a portfolio of activities that can include community-led total sanitation (CLTS) or other sanitation demand creation approaches, sanitation marketing and promotion, training, hygiene education and awareness, and information, education and communication (IEC) materials development. This list reflects all sub-grants awarded by EAs to implementing organizations classified as Sub-grantees, through the "sub-grants" component of the GSF programmes. It does not include contracts with other types of service providers and contractors, hired through the "direct procurement" component of the GSF programmes.

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<td>Local NGO</td>
<td>18-Mar-11</td>
<td>48</td>
<td>399,679</td>
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MADAGASCAR (MCDI)
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**MALAWI (PLAN Malawi)**

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**INDIA (NRMC)**

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**NEPAL (UN-Habitat)**

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**UGANDA (Ministry of Health)**

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**CAMBODIA (PLAN Cambodia)**

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**SENEGAL (AGETIP)**

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The Global Sanitation Fund (GSF) is a pooled global fund established to gather and direct finance to help large numbers of poor people to attain safe sanitation services and adopt good hygiene practices. There are 2.5 billion people, close to 40 percent of the world’s population, who do not have access to basic sanitation. The GSF is an efficient and cost-effective opportunity for contributors to help the world’s poorest people address this most basic everyday need.

At the global level, WSSCC’s Secretariat gathers funds and donations, selects the eligible countries for funding, and manages the disbursement of funds. WSSCC is administratively and legally hosted by UNOPS. WSSCC, and therefore the purpose, principles and scope of the Global Sanitation Fund, are governed by its member elected Steering Committee.

The WSSCC Steering Committee approves the operating procedures, decides all working criteria, approves the selection of countries and allocation of funds, and reviews the overall progress and performance of the Global Sanitation Fund.

The Global Sanitation Fund has an independent Advisory Committee which gives advice on the Global Sanitation Fund’s operations and ensures the quality of the programmes and work it supports. The Global Sanitation Fund is committed to good practice and supporting programmes as efficiently and cost-effectively as possible.

In many developing countries national sanitation policies exist but the funding to implement them does not. The Global Sanitation Fund works with national Governments to accelerate implementation of these policies. It is the national Governments that provide the leadership and legitimacy to any work supported by the GSF.

It is typically the existing WSSCC National WASH Coalition or other WSSCC partners that request for the country to be considered for funding from the GSF. At this point the support of the national Government is sought and must be agreed. These parties engage with the national Government to select sector stakeholders to form the basis of a Programme Coordinating Mechanism (PCM). The PCM makes certain that the work supported by the Global Sanitation Fund is consistent with national policies and the activities of the National WASH Coalitions that undertake professional networking, knowledge management, advocacy and communications work. They provide strategic oversight to the programmes.

Once countries and the sanitation and/or hygiene programme have been selected for funding, the Global Sanitation Fund appoints an Executing Agency to receive the grant and manage the funded programme. The Executing Agency selects, supervises, and support Sub-grantees who directly implement these programmes. Country Programme Monitors, independently appointed by the Global Sanitation Fund verify and report on the work of Executing Agencies to WSSCC.

8. Mr. Ashoke Chatterjee, former Executive Director, National Institute of Design, India; Dr. Gueladio Cisse, Department of Public Health and Epidemiology, Swiss Tropical Institute; Mr. Brad Herbert, Brad Herbert Associates; Mr. Eduardo A. Perez, Senior Sanitation Specialist, Water and Sanitation Programme (WSP); Mr. Roland Schertenleib, Special Advisor for Water and Sanitation, Swiss Federal Institute of Aquatic Science and Technology (Eawag); Ms. Sophie Trémolet, Chair, SHARE Research Partner; Dr. Albert Wright, Senior Advisor to the Global Environment & Technology Foundation (GETF) in Arlington, Virginia (USA); Senior Advisor to the Global Water Partnership; Ms. Barbara Evans, Senior Lecturer at Water and Environmental Engineering, University of Leeds, UK
Villagers in Takeo, Cambodia, map out where open defecation occurs and are encouraged to take action and end the behaviour.
GLOBAL SANITATION FUND
PROGRESS REPORT 2012

The Global Sanitation Fund: A good model for results

The Global Sanitation Fund is a pooled global fund established by the Water Supply and Sanitation Collaborative Council (WSSCC) and funded by its donors to gather and direct finance to help large numbers of poor people to attain safe sanitation services and adopt good hygiene practices. As of 31 December 2012, the Global Sanitation Fund is being implemented actively in Cambodia, Ethiopia, India, Madagascar, Malawi, Nepal, Nigeria, Senegal, Tanzania and Uganda. In those countries, Sub-grantees have deployed a range of sanitation and hygiene awareness-raising and promotion activities nationally and in a number of regions. Because of their work, some 1.4 million people have access to and are using improved toilets, among other leading indicators of progress.

This bi-annual progress report presents the ongoing results of GSF programme implementation. WSSCC gratefully acknowledges the donors that make the GSF work possible: the Governments of Australia, Finland, the Netherlands, Sweden, Switzerland and the United Kingdom.

The Water Supply and Sanitation Collaborative Council (WSSCC)

The Water Supply and Sanitation Collaborative Council (WSSCC) is a global multi-stakeholder partnership and membership organization that works to save lives and improve livelihoods. It does so by enhancing collaboration among sector agencies and professionals who are working to improve access for the 2.5 billion people without safe sanitation and the 780 million people without clean drinking water. Through its work, WSSCC contributes to the broader goals of poverty eradication, health and environmental improvement, gender equality and long-term social and economic development. WSSCC supports coalitions in around 20 countries, members in more than 160 countries, and a Geneva-based Secretariat hosted by the United Nations Office for Project Services (UNOPS).