Global Sanitation Fund

2015 Progress Report

A catalyst for large-scale results
About WSSCC

The Water Supply and Sanitation Collaborative Council (WSSCC) is at the heart of the global movement to improve sanitation and hygiene, so that all people can enjoy healthy and productive lives. Established in 1990, WSSCC is the only United Nations body devoted solely to the sanitation needs of the most vulnerable and marginalized people. In collaboration with our members in 150 countries, WSSCC advocates for the billions of people worldwide who lack access to good sanitation, shares solutions that empower communities, and operates the GSF, which since 2008 has committed over $112 million to transform lives in developing countries.

About the GSF

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

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

Note to reader

This publication provides a comprehensive overview and analysis of the GSF’s activities and performance in 2015. The latest information on the GSF’s structure and concepts at the date of publication of this report is also provided, as they relate to the GSF’s work in 2015.

Through regular reporting, WSSCC aims to provide a clear impression of the GSF’s current and planned impact. WSSCC encourages support for the GSF and welcomes critical analysis of the GSF’s key results and activities. All publicly available information on the GSF is published on www.wsscc.org.

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Acknowledgements

WSSCC expresses its deep appreciation to the 13 GSF Executing Agencies and hundreds of Sub-grantees who provided crucial input to this publication. Executing Agencies and Sub-grantees are, and will continue to be, central to the GSF. Other key contributors include teams and specialists at the WSSCC Secretariat as well as freelance editors and translators.

PRINTING: Imprimerie Nouvelle GONNET
LOCAL WOMEN PLAYING AN ACTIVE ROLE IN A COMMUNITY-LED TOTAL SANITATION (CLTS) TRIGGERING SESSION FACILITATED BY THE GSF-SUPPORTED PROGRAMME IN OBANILKU, NIGERIA. ©CONCERN UNIVERSAL/JASON FLORIO
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A YEAR OF PROGRESS, LEARNING AND INNOVATION

MESSAGE FROM THE DIRECTOR

David Shimkus,
PROGRAMME DIRECTOR,
GLOBAL SANITATION FUND

In 2015, the Global Sanitation Fund (GSF) further developed its role in supporting national programmes to achieve universal access and use of adequate sanitation, while ensuring good hygiene practices. The past year also saw the historic adoption of the Sustainable Development Goals (SDGs), which nations aspire to achieve by 2030. While the GSF can effectively contribute to several SDGs, its particular strength lies in the second target of Goal 6: achieving universal access to equitable sanitation and hygiene and ending open defecation, while focusing on the needs of women, girls and the most vulnerable. The GSF is strongly placed to support nations to achieve this target, given that ending open defecation, equality and supporting the most vulnerable are central to the Fund’s work.

The tasks ahead remain immense, but this ambitious target can be achieved. This is demonstrated by the work of numerous organizations and activities around the world, including the collective behaviour change programmes supported by the GSF in 13 countries.

The GSF was established by WSSCC eight years ago as an ambitious funding mechanism, to get more resources to countries experiencing crises in terms of lack of access to sanitation. From the very start it was acknowledged that there would be much learning along the way, using new knowledge to continually improve implementation. The GSF-supported programmes are now revealing a number of innovative and successful approaches. They are sharing these across GSF-supported countries and within the wider water, sanitation and hygiene (WASH) sector. Many of the best lessons learned have come from work at the community level, contributing to a deeper understanding of the complex processes of sustainable behaviour change. During 2015, the GSF also further developed its own theory of change, demonstrating the interconnection between various interventions that lead to the goal of universal access, including efforts to strengthen the enabling environment and improve the sustainability of national institutions. This has led to a clearer description of the overlapping phases that country programmes pass through over time – from programme design, to demonstrating results at scale, to transition, to national coverage.

The GSF is well positioned to play a central role in supporting global investment needs for sanitation and hygiene. As a multi-donor trust fund, the GSF over the next 15 years will build upon the knowledge and experience gained since 2010 to further accelerate access to sanitation for tens of millions of people. This will be achieved by working through a number of strategic partnerships, in close collaboration with country-level stakeholders.

In 2016, the GSF will continue to support nationally-owned behaviour change programmes. Where possible, the Fund will strengthen and incorporate supply-side activities, sanitation improvement in public spaces and safe waste management activities that support the achievement of sustainability. The Fund will also continue to build up its experience supporting sanitation and hygiene in peri-urban areas. Efforts will be made to boost the capacity, innovation and results of country programmes, as well as to further strengthen monitoring and evaluation, learning, sharing and documentation systems. Central to this is the GSF’s focus on equality and reaching the most vulnerable and underserved, while addressing the particular needs of women and girls. Above all, the GSF will seek evidence of what truly works to strengthen programming, ensuring that innovations and best practices are made available for adoption and adaptation within and between countries.
HIGHLIGHTS & ACHIEVEMENTS


Supporting and strengthening ODF roadmaps: GSF-supported programmes in Benin, Madagascar, Nigeria, Togo and Uganda have worked with in-country partners to accelerate the development of national sanitation and ODF roadmaps. In Madagascar, the GSF-supported programme actively supported the Ministry of Water, Sanitation and Hygiene to develop and launch the roadmap. In Togo, the programme worked with the Government to initiate the roadmap development process, and awareness was raised during the official launch of the national sanitation movement.

Sustaining behaviour change: Significant progress was made in better understanding how to address challenges related to sustaining ODF status and behaviour change. In collaboration with Community-Led Total Sanitation (CLTS) pioneer Kamal Kar and building on experiences from Madagascar, Nigeria and Togo, the GSF identified a number of strategies to address slippage (see ‘key terms and concepts’ on page 8). One such strategy is the Madagascar-born ‘Follow-up MANDONA’, designed to help communities rapidly achieve and sustain ODF status. The approach is detailed in a field guide released in April 2016.¹

Promoting gender equality: The GSF supported a small gender study in Madagascar. While limited in sample size, the study provided interesting insights. Findings showed that while there were differences in the way men and women engage in CLTS processes, outcomes have been positive for both genders, and they both experience higher levels of empowerment through the process.

Engaging strategic partners: Many GSF-supported programmes enhanced their implementation and programme strategies by receiving technical support and participating in strategic learning exchanges with key partners. Reflecting GSF’s position as part of WSSCC, national engagement workshops were organized in Togo (for Francophone Africa) and Uganda (for Anglophone Africa). These workshops included the participation of WSSCC National Coordinators along with representatives of GSF-supported country programmes. The workshops were geared at better aligning WSSCC and GSF country-level stakeholders towards a key set of national engagement objectives.

Boosting awareness through news media: A journalist mission to GSF-supported communities in Madagascar was organized for diverse media outlets including Sweden’s Svenska Dagbladet, Britain’s The Guardian, the West Africa WASH Journalists Network, the South African Broadcasting Corporation, and Spain’s Agencia EFE. This led to subsequent media coverage.

In Cambodia, the first GSF action learning grant was awarded, through which the GSF-supported programme is partnering with WaterAid. Activities under the grant build on renowned research and utilize an ‘emergent learning’ approach to generate real-time learning for implementing partners, to solve complex problems as they occur. The grant also covers ‘pause and reflect’ sessions to review lessons learned and adapt implementation strategies accordingly.

In Nepal, the April 2015 earthquake had a devastating impact on five out of 17 GSF-supported districts. Re-programming of a portion of the programme’s funds enabled support to a coordinated national response. Despite the devastation, the sanitation and hygiene sector remains committed to an ODF Nepal by 2017.

In Nigeria, a Sub-grantee piloted an urban CLTS approach, which triggered landlords and tenants to construct latrines and improve their sanitation environment. The GSF Executing Agency also leveraged CLTS performance to secure funding from private firms and the Governments of Australia and Poland. This resulted in projects delivering safe water to dozens of GSF-supported, ODF communities (read more on page 43).

In Ethiopia, the programme collaborated with partners to carry out key evaluations related to the programme’s strategies, operations and outcomes. These evaluations are intended to boost key programme components, such as monitoring, evaluation and sustainability.

More than 100 members of the GSF and WSSCC family gathered in Senegal to share knowledge and learn from experiences across GSF implementing countries. Activities included a learning visit to GSF-supported ODF communities in the Matam region, learning and sharing events organized by the GSF Secretariat and in partnership with the Institute of Development Studies, and participation in the fourth AfricaSan conference.

A range of inter-country learning exchanges were organized between GSF-supported programmes in Benin, Madagascar, Nigeria, Togo and Uganda. These led to the successful replication and adaptation of behaviour change approaches such as ‘Follow-Up MANDONA’ and ‘Institutional Triggering’. This also led to reflection events in two major conferences – AfricaSan in Dakar and World Water Week in Stockholm, where programme teams presented their learning journeys.

In Malawi, four Traditional Authorities, comprised of 269 communities in four districts, were certified as ODF by the National ODF Task Force. This helped to significantly shift the focus from achieving ODF status at the village level to a higher scale.

In Kenya, awareness raising campaigns were carried out together with the Ministry of Health across all counties covered by the GSF-supported programme, to introduce the new programme to local government leaders.

In India, the programme has recorded an acceleration of results in the states of Bihar and Jharkhand, and successfully supported the first Bihar Sanitation Summit.

The Tanzania programme reported the achievement of four ODF communities, the first ODF communities in the programme. This achievement followed significant changes to the programme’s implementation strategy, after a challenging period.

Commitments and collaboration: a formula for strong results
Since the GSF was established, over $112 million has been committed for 13 country programmes. These commitments, and the work of thousands of partners and champions, have led to strong results reported by the GSF. Cumulative results from the start of the GSF to 31 December 2015 are as follows:

- **10.87 million people** have been empowered to live in ODF environments, an increase of nearly 4 million since December 2014
- **6.62 million people** have gained access to improved toilets, an increase of over 2 million since December 2014
- **15.69 million people** have gained access to handwashing facilities, an increase of nearly 8 million since December 2014
- **75,945 communities** have been triggered, an increase of over 38,000 since December 2014
- **47,109 communities** have been declared ODF, an increase of over 26,000 since December 2014

Read more about GSF results criteria, processes and challenges, on page 18.
THE GSF SUPPORTS NATIONAL PROGRAMMES THAT EMPOWER COMMUNITIES TO BUILD SANITATION FACILITIES. ©WSSCC
Adequate water and sanitation is both a human right and daily need for everyone. Despite this, the World Health Organization (WHO) highlights that inadequate water, sanitation and hygiene claims approximately 842,000 lives yearly, exacerbates malnutrition and hinders economic growth and development. Furthermore, poor sanitation and hygiene is linked to transmission of diseases such as cholera, diarrhoea, dysentery, hepatitis A, typhoid and polio. Diarrhoea is among the leading causes of death worldwide. The World Bank has estimated that poor sanitation costs countries approximately $260 billion annually.

As highlighted by UNICEF, WHO and other development actors, improved sanitation can prevent a significant amount of diseases, improve dignity and safety, and boost school attendance, particularly among girls. Furthermore, a WHO study calculated that for every $1 invested in sanitation, there was a return of $5.50 in lower health costs, more productivity and fewer premature deaths. Effective tools and participatory methods to improve sanitation and hygiene behaviour are readily available. Yet, improving sanitation and hygiene remains a challenge for 2.4 billion people, about a third of the world’s population.

Together with partners and stakeholders, the Global Sanitation Fund (GSF) addresses the sanitation and hygiene crisis. This is achieved by investing in behaviour change activities that enable large numbers of people in developing countries to improve their sanitation and adopt good hygiene practices. Moreover, by demonstrating that large-scale results can be achieved through a nationally-owned, cost-effective manner, the GSF aims to contribute to the achievement of nationwide access to sanitation and hygiene.

See page 65 for the sources of the data highlighted above.
KEY TERMS AND CONCEPTS

Key acronyms
Throughout the report, acronyms will be used for the following frequently mentioned terms:

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

Key terms

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

Triggering, in the context of CLTS, refers to a journey of self-realization where a community identifies faeces in the open environment, and through a facilitated understanding that they are unknowingly ingesting faeces, community members take action to end open defecation and improve their sanitation and hygiene behaviour. Central to the triggering methodology is the provocation of disgust and shock. Within GSF-supported programmes, communities are triggered prior to other CLTS activities through a community meeting or event, using a range of tools and approaches. Triggering can also be facilitated throughout the CLTS process, to achieve and sustain behaviour change.

Institutional Triggering involves implementing the methods used in community triggering to ignite change at the institutional level, for example within national and local government entities.

Open defecation free (ODF) refers to a state in which no faeces are openly exposed to the air. A direct pit latrine with no lid is a form of open defecation, but with a fly-proof lid it can qualify as an ODF latrine. In many countries, ODF criteria goes significantly beyond the absence of faeces in the open environment. Within GSF-supported programmes ODF criteria is defined according to national standards (read more about these standards on page 20).

Scale: In the context of GSF-programmes, working ‘at scale’ refers to going beyond villages to facilitate sanitation and hygiene behaviour change to a larger extent, such as at the sub-county, county and district levels. Determinants and definitions for working at scale vary according to the context. For GSF-supported programmes, planning to work at scale requires incorporating relevant approaches into the design of the programme.

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

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

Note on the terms ‘community’ and ‘village’: The report uses the term ‘community’ to refer to any village-related social group, settlement or administrative division engaged by GSF-supported programmes. ‘Village’ is sometimes used to refer explicitly to villages, as defined by the national standards. ‘Communities’, as presented in the global and country results dashboards, are village-related social groups, settlements or administrative divisions. These are as defined by national and GSF-supported programme criteria, varying in size and structure. The GSF is working to harmonize the way in which it reports on communities across the countries it supports.
MISSION, PRINCIPLES AND CHARACTERISTICS

THE GSF WAS ESTABLISHED IN 2008 BY WSSCC TO HELP ADDRESS THE GLOBAL SANITATION AND HYGIENE CRISIS. IT IS THE ONLY GLOBAL FUND SOLELY DEDICATED TO SANITATION AND HYGIENE. THE GSF SUPPORTS NATIONAL SANITATION PROGRAMMES THAT ARE COMMUNITY-BASED AND GOVERNMENT-SUPPORTED. ACROSS COUNTRIES RECEIVING GSF ASSISTANCE, DIVERSE NETWORKS OF STAKEHOLDERS FORM VIBRANT SANITATION AND HYGIENE MOVEMENTS. TOGETHER, THEY WORK TO CREATE THE CONDITIONS FOR MILLIONS OF PEOPLE IN THEIR COUNTRIES, AND TENS OF MILLIONS ACROSS THE GLOBE, TO LIVE IN ODF ENVIRONMENTS AND ACCESS ADEQUATE TOILETS AND HANDWASHING FACILITIES.

Principles

The GSF was established on foundational principles rooted in WSSCC’s VISION 21. These principles include:

- Promoting people-centered, community-managed and demand-driven programmes for collective behaviour change
- Ensuring national ownership in programme design and implementation
- Targeting poor and unserved communities
- Incorporating gender considerations and equity dimensions

Characteristics

The GSF is aware of the need to make long-term commitments to national sanitation and hygiene programmes and ensure sustainability. With relatively modest funding amounts, GSF-supported programmes work mainly in rural communities which have been identified by stakeholders as having significant sanitation and hygiene needs.

During the design phase of country programmes, the GSF attempts to target its resources to areas and populations where they are most needed and can have the most impact. This includes geographically remote, low-income, vulnerable and marginalized communities.

Each programme supported through the GSF is unique, designed by national stakeholders to meet specific needs in that country. Nonetheless, common characteristics critical to successful implementation can be seen across all GSF-supported programmes:

- **Implementation methodology**: The GSF focuses its resources on supporting collective behaviour change approaches, most notably through Community-Led Total Sanitation (CLTS). CLTS is a proven and internationally-recognized approach to achieving and sustaining ODF communities – a first step towards improved sanitation. Through CLTS, GSF-supported programmes also aim to facilitate peoples’ own desire to climb up the sanitation ladder. Other key programme approaches supporting these efforts include supply-side activities and behaviour change communication. To support these approaches, programmes typically engage in the following activities: capacity development; support to WASH sector coordination and collaboration; advocacy and communications; learning, sharing and documentation; and monitoring and evaluation.

- **Decentralized delivery**: The ability of national sanitation and hygiene programmes supported by GSF to achieve results at scale is closely tied to how programming is aligned with the way governments decentralize or devolve public administration. GSF supported programmes apply a local delivery mechanism that engages households in thousands of villages, while engaging local authorities.

- **Partners and stakeholders**: The role of technical and implementing partners and stakeholders is a key factor for a country programme’s success. The diverse network across GSF-supported countries includes households, communities, natural leaders, national coa-
litions, local governments, community organizations and champions, NGOs, academic institutions and local entrepreneurs. Sanitation is everybody's business. GSF-funded programmes reach out to all sanitation and hygiene stakeholders to encourage them to participate and play their part. Nurturing champions at every level accelerates national, regional and global movements to improve sanitation and hygiene. Read more about the people and partners that impact on GSF-supported programmes on page 50.

A catalyst for nationwide coverage
A common desired outcome for all GSF-supported programmes is to contribute to universal access to sustainable and equitable sanitation and hygiene, as envisioned in national strategies and the Sustainable Development Goals (SDGs). Programmes aim to achieve this by catalyzing the creation, demonstration, and replication of nationally-owned, results-based models for sustained sanitation and hygiene behaviour change at scale. Read more about this process on page 13.

Transforming people’s lives beyond sanitation
The GSF’s people-centered approach engages households in thousands of villages, enabling people to make informed decisions about their sanitation and hygiene behaviour that can positively impact their health, education, income, productivity and dignity. Communities drive their own development by making substantial investments in their sanitation solutions. In addition, the local advocates that emerge can use the skills and experience acquired to address other issues. These mobilized communities can also attract additional funding for sanitation and hygiene from various sources, or serve as a springboard for delivering effective programmes in other areas. Examples include water delivery and electrification projects that have used GSF-supported programmes as a springboard.

A model conducive to global sanitation and hygiene investment needs
The United Nations system has identified global funds as an important tool to enable member states to achieve their national development targets and the SDGs, including those focused on sanitation and hygiene. As a multi-donor trust fund, the GSF over the next 15 years is aimed at further accelerating access to sanitation for tens of millions of people. It will also put in place effective systems for coordination, implementation and monitoring, mobilizing public and private investment to enable member states to achieve their goals.

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KEY ACTORS

WSSCC, WHICH IS LEGALLY AND ADMINISTRATIVELY HOSTED BY THE UNITED NATIONS OFFICE FOR PROJECT SERVICES (UNOPS), OPERATES THE GSF. THE WSSCC SECRETARIAT IS GOVERNED BY ITS STEERING COMMITTEE, AND HAS THREE MAIN DEPARTMENTS THAT COLLABORATE TOWARDS COMMON OBJECTIVES: NETWORKING AND KNOWLEDGE MANAGEMENT; ADVOCACY AND COMMUNICATIONS; AND THE GSF.

The GSF is comprised of the following key actors:

**Global level**
- The **GSF Secretariat**, based in Geneva, is comprised of grant management teams, and technical staff supporting monitoring and evaluation, financial management, learning and documentation, and advocacy and communications.
- The **GSF Advisory Committee** provides advice on strategic GSF issues to enhance effectiveness and global impact.

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

- **Programme Coordinating Mechanisms (PCMs)** are nationally-recognized, typically government-led coordinating bodies for sanitation and hygiene within GSF-supported countries. They set the vision and strategy of GSF-supported programmes. PCMs include representatives from government, civil society and international organizations from across the WASH sector and related sectors. In addition to leading the development of Country Programme Proposals, they also provide strategic guidance to Executing Agencies and ensure that the work supported by the GSF is consistent with national policies and activities of National WASH...
Learning, progress and innovation

The GSF focuses on continuous learning at the national, regional and global levels, to boost implementation and innovation. The Fund has identified three distinct learning objectives and processes:

- **National WASH Coalitions** focus on advocacy and awareness raising, hygiene and sanitation education, sector coordination, policy development, monitoring progress, media collaboration and knowledge management. While some coalitions existed prior to GSF engagement, many have resulted from a WSSCC initiative.

- **WSSCC National Coordinators** are senior WASH sector professionals with a clear sanitation and hygiene focus, experienced and positioned to engage at a national, strategic level. On behalf of WSSCC, they carry out national and local level networking, knowledge management, advocacy and communications activities. They are PCM members, serving as focal points between the GSF-supported programmes and PCMs. Their work also involves facilitating preliminary engagements between the country and the GSF, before the PCM is set up. National Coordinators are volunteers appointed by the Executive Director of WSSCC.

- **Executing Agencies (EAs)** are jointly appointed by the GSF and the PCM, and are contracted by UNOPS. EAs receive grant funds and manage the GSF-supported country programme. A diverse range of EAs have been appointed, representing government entities, international NGOs, United Nations agencies and the private sector. The EA selects, supervises, and supports Sub-grantees.

- **Sub-grantees** generally implement the country programme activities within communities, and provide technical services in some cases. They are comprised of NGOs, government entities, associations and private companies. Read more about their work on page 56.

- **Country Programme Monitors (CPMs)** conduct programmatic and financial verification of GSF-supported country programmes, and report directly to the GSF.

- **Natural Leaders** are activists and champions who emerge and take the lead during CLTS processes, driving their communities to end open defecation and ensuring that everyone can access adequate sanitation and hygiene. Men, women and young people can all be Natural Leaders. Some Natural Leaders even carry their passion for ending open defecation beyond their own communities, and are involved in triggering sessions and follow-up activities in neighbouring communities.

- A range of **other actors** support country programmes and as a result, sanitation and hygiene movements. They include community engineers, women’s and youth groups, entrepreneurs, religious leaders, technical experts, WASH sector organizations and academics.

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**The GSF focuses on continuous learning at the national, regional and global levels, to boost implementation and innovation. The Fund has identified three distinct learning objectives and processes:**

- **Continued programmatic learning** aimed at improving programme outcomes and effectiveness.
- **Applied research to deepen understanding, evaluate, or assess the outcomes and impact of processes and programmes.**
- **Analysis and documentation of promising and best practices, innovations and processes.** Such documentation is designed to be shared broadly, with external partners and across country programmes.

An analysis of current learning and programming practices in all 13 GSF-supported country programmes has highlighted a range in systematization of adaptive learning processes. In Madagascar for example, the programme has a robust system by which a promising, emerging approach or methodology gets documented, tested, proven and then scaled up to all Sub-grantees. This is linked to an annual cycle of revision of plans and targets to incorporate new approaches and lessons learned. The Cambodia programme includes a significant learning grant based on the latest thinking around systematic learning cycles, to strengthen programme outcomes and impact.

Furthermore, a number of different programmes organize annual or regular Sub-grantee meetings and workshops to share lessons learned and revise planned approaches and targets. With regards to inter-country learning, the GSF has since 2014 supported a growing number of country exchange missions between two to three countries at a time. This has enabled very concrete, applied learning and the application of innovative approaches to specific challenges.

Learning and sharing has resulted in various innovations across GSF-supported programmes, tested and scaled up in 2015. In Madagascar, implementation partners have developed a methodology known as the ‘U Approach’, which builds on the social norms of CLTS by engaging actors at every level in planning, triggering, and scaling up. This systematic approach first uses institutional triggering to identify strategic communities, builds a strong base of communities that constitute sources of peer-to-peer learning, and uses this base to reach scale and sustain results. In addition, ‘Local Community Governance’ transfers the leadership and technical capacity for maintaining and sustaining sanitation.
IN-COUNTRY PROGRAMMES: CATALYSTS FOR NATIONWIDE COVERAGE

HOW THE DESIGN, DEMONSTRATION AND TRANSITION OF PROGRAMMES CAN HELP COUNTRIES ACHIEVE SUSTAINABLE SANITATION AND HYGIENE FOR ALL.

GSF-supported programmes are designed to contribute to universal access to sustainable and equitable sanitation and hygiene, as envisioned in national strategies and the Sustainable Development Goals. A key theme that has emerged from reflection exercises in 2015 is the need for a more explicit ‘theory of change’, or a comprehensive description of the sequence of activities that is expected to lead to this outcome.

The GSF sees the achievement of ODF at scale as a crucial and worthwhile, albeit challenging, output for the programmes it supports – but it is not the end goal. In 2015, ongoing experience gathering, discussions and reflection exercises with WSSCC’s country level counterparts resulted in the GSF better formulating what success looks like for the national programmes it supports. GSF-supported programmes aim to catalyze the creation, demonstration, and replication of nationally-owned, results-based models for sustained sanitation and hygiene behaviour change at scale.

This requires strategic alignment and coordination with all of WSSCC’s country level counterparts, including national governments, Programme Coordinating Mechanisms (PCMs), Executing Agencies (EAs), Sub-grantees (SGs), National Coordinators (NCs) and members. It also requires in-depth analysis of the sanitation sector and understanding of the broader political climate and context in which programmes operate. As such, this GSF theory of change is continually being refined.

The catalytic process can be divided into three phases through which programmes evolve: ‘Programme design’, ‘Demonstration of results at scale’, and ‘Transition to national coverage’. The three phases can overlap, while directly supporting and informing each other. Although various activities within them are context-specific, each phase is comprised of a general set of activities that are envisioned to occur across all country programmes, as highlighted below:

**Phase 1: Programme design**

From the outset, GSF financing is intended to serve as a means for diverse stakeholders to come together and discuss how to create a context-specific, replicable model for transforming their country’s sanitation and hygiene situation. Instilling strong national ownership through this collaborative process is crucial. Consequently, a requirement for GSF funding is the existence – or creation – of a nationally-recognized, typically government-led coordinating body for sanitation and hygiene in a given country. This body, referred to as a PCM in GSF terminology, includes representatives from government, civil society and international organizations from across the WASH sector and related sectors. Together, these actors assume a leadership role in developing or strengthening elements of a national strategy or ‘roadmap’ to reach national sanitation coverage, to which GSF-supported programmes contribute. This body also leads the development of the Country Programme Proposal (CPP) developed for the GSF-supported programme, which outlines a delivery model capable of achieving sanitation and hygiene coverage at scale.

Improvements from the Sub-grantee to the community and local governance structures.

Innovations from Cambodia include the ‘Participatory Social Assessment and Mapping’ (PSAM) approach to identify excluded groups, and the ‘Three Behaviors in One Hour’ (3B1H) approach. 3B1H is a strategy focusing on all three key WASH behaviours that lead to basic hygiene and sanitation in rural areas: using latrines consistently, handwashing with soap at critical times, and drinking safe water. In Senegal, innovations include elevating community CLTS and hygiene committees to larger, legally-recognized village committees trained in financial and organizational management; supporting Natural Leaders form departmental and municipal associations to best utilize their skills; supporting the creation of micro-enterprises; training women in the manufacture and sale of soap; and supporting menstrual hygiene management.

Furthermore, micro-finance is being introduced in Ethiopia, Nepal and Tanzania, in ways that households can access higher forms of sanitation and hygiene. In Uganda, the GSF-supported programme has forged a partnership with Water for People. Through this partnership, the programme is working in select ODF communities to develop and market different sanitation technology options via local entrepreneurs and masons.
scale. The CPP is thus the result of the collaborative process that the GSF helps catalyze.

**Example:** During the design phase of the Benin programme, potential GSF funding triggered the sector to establish a government-led ‘Steering Committee for Hygiene and Basic Sanitation’, to replace an externally driven entity. A PCM sub-committee sits within this steering committee, reporting directly to it.

**Phase 2: Demonstration of results at scale**

In the demonstration phase, the possibility of realizing the vision outlined in the design phase is tested, improved, and ultimately demonstrated. During this phase, the focus is on delivering high quality and sustainable results. GSF-supported programmes aim to demonstrate that it is possible to transform sanitation and hygiene for millions of people through collective behaviour change, in a relatively short time frame and at a relatively low cost, compared to infrastructure-driven models. These programmes also aim to show that results can be achieved through a nationally-owned delivery model that can be replicated and scaled up. A core result demonstrated during this phase is the number of people living in ODF environments, who have access to and use safe and improved sanitation facilities. Emphasis is also placed on learning, innovating and documenting successes and challenges, in addition to strengthening the enabling environment to promote sustainability. This cycle of activities may serve to further inform, refine and provide more realistic costing estimations for national sanitation roadmaps and strategies.

**Example:** With more than 1.6 million people reported to be living in ODF environments, the GSF-supported programme in Madagascar has successfully demonstrated the potential of its CLTS-based approach. Moreover, it has done so while constantly learning and innovating in its methods to achieve scale and ensure sustainability. Methods from this programme have also been used to trigger results in other GSF-supported programmes, such as in Benin, Nigeria, Togo and Uganda.

**Phase 3: Transition to national coverage**

In this phase, the results of the programme are used as the basis for replicating the now refined delivery model. This is geared at further supporting the achievement of objectives outlined in the national strategy or roadmap for reaching national sanitation coverage.

In-country actors – including the PCM, NC, EA, SGs, Natural Leaders, communities, and the larger movement of people and institutions mobilized through the GSF-supported programme – aim to further catalyze a nationally-owned process. Activities include:

- Evaluating the effectiveness of the delivery model as well as roles and responsibilities, to ensure that they are fit for purpose for expansion strategies
- Evidence-based advocacy
- Mobilizing the involvement of additional WASH sector partners
- Using a now costed roadmap for additional resource mobilization

During this phase, it is critical that commitments for scaling up GSF-supported programmes are backed by new resources from various actors, within the WASH sector and beyond. This includes funding and additional resources from national governments. The transition phase is an opportunity to further incorporate tools and approaches to sustain existing results. Furthermore, the phase can include providing technical support and capacity building services to government institutions, to fully handover responsibilities for nationwide coverage.

**Example:** Programmes in India, Madagascar, Malawi, Nepal and Uganda are reaching into the third phase. This has been achieved through a very strong sector-led, results-oriented process where all WASH programmes are clear on how they contribute to national targets.

**Reflections**

The GSF acknowledges that while some country programmes reflect these phases quite explicitly, others may incorporate some but not all elements. Also, there will often be overlap in terms of processes and achievements across the phases. Most country programmes supported by the GSF could be categorized as being within the first two phases.
REFLECTIONS: SUSTAINABILITY, EQUALITY AND NON-DISCRIMINATION

Implementing large sanitation and hygiene behaviour change programmes that result in sustained behaviour change is highly challenging. As GSF-supported programmes grow and mature, the fund is still very much learning by doing. In 2015, much of this learning and reflection centred on the sustainability of outcomes, the extent to which households and communities climb the sanitation ladder, limitations of programme approaches to sanitation marketing and equality in accessing services.

Sustainability, slippage and supply-side considerations

Local ownership and the sanitation and hygiene movement

Sustainability at the institutional level starts with broad-based country ownership and a strongly inclusive approach. This is envisaged in all programmes from the outset through the country-led design process. The GSF recognizes the important role to be performed by governments, including local governments. Therefore, the Fund continues to promote strong government involvement (including at the local level), working with local partners to address challenges linked to a lack of decentralized structures or low capacity. To this end, GSF-supported programmes are reinforcing efforts to strengthen local capacity on planning and monitoring, but also gaining experience with innovative implementation tools and approaches developed to strengthen local government buy-in. These tools include ‘Institutional Triggering’ and ‘Local Community Governance’.

Programmes are also finding different ways to strengthen national and local coordination mechanisms.

A key lesson has been that all the different actors involved need to be clear on the important role they play in a broader national sanitation movement. Based on its experiences in Cambodia, Madagascar, Nepal, Nigeria, Uganda and other countries, the GSF has found that promoting such a movement is a powerful strategy to enhance the sustainability of results. By maximizing the number of actors involved and ensuring they clearly understand the role they play, the sense of shared responsibility to sustain results is enhanced. Achieving only a handful of ODF communities is less likely to be sustainable. To sustain collective behaviour change, there should be an institutionalization of the momentum to end open defecation beyond individual communities, working towards a national sanitation and hygiene culture.

Programmes must also aim to include all actors and groups, including the most vulnerable, marginalized and at-risk populations, in particular women and girls. Systematic exclusion of certain groups of people will almost certainly threaten sustainability. And the more people become involved, the more supporters there are to spread and continuously reinforce the message to end open defecation. Linked to this, there is a need to ensure that people are not only able to access and use adequate toilets in their own households, but also in the wider community – at school, work, the marketplace, and so on. In all this, it should be noted that community ownership and participation is central to the success of collective behaviour change. A key responsibility of the surrounding institutions is to facilitate and support this continued behaviour change journey of individual communities. These institutions must also ensure that power structures and solidarity mechanisms actively promote inclusion and participation of all community groups.

Sustaining behaviour change

The GSF is a fund for collective behaviour change – it considers the achievement of ODF nations a crucial step in achieving sustained sanitation and hygiene access and use for all. Supply-side activities focused on supporting the continuous improvement of facilities built by communities, and the steady progression towards improved sanitation are im-

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important elements of long-term access and use. The GSF will continue to strengthen these aspects of its work. However, based on the belief that sustainability is as much, if not more dependent on how well households can sustain and habituate their new behaviours, the GSF’s core focus will continue to be on changing and sustaining behaviour patterns.

In this regard, the GSF is investing on multiple fronts to address the very real challenges of sustaining ODF status and addressing slippage, which relates to communities returning to previous unhygienic behaviours (see ‘key terms and concepts’ on page 8). One key consideration is to better understand the levels of slippage, how these relate to the learning that occurs within communities, and how they influence and are influenced by dynamic processes to ingrain new or changed behaviours. Most GSF-supported programmes use strict criteria to declare communities ODF: there must be no presence of faeces in the open, all latrines must be fly-proof, and every household must have a handwashing station with water and soap or ash. When slippage is detected, this often concerns the status of the latrines (for example, the absence of a squat hole cover) or the handwashing facility, rather than an actual return to open defecation. It is therefore important to assess the underlying reasons for such slippage and to facilitate community-led processes to address them. GSF-supported programmes are gaining experience with various approaches that are helping communities carry out such actions. For example, the ‘Follow-Up MANDONA’ approach, replicated across multiple GSF-supported programmes, is centered on ‘Small, Immediate, Do-able Actions’. These simple and quick activities move a community towards ODF status on the spot. In addition to the already published ‘Follow-Up MANDONA’ handbook, a GSF reflection paper on sustainability and slippage will be published in 2016. Furthermore, in-depth studies on ODF sustainability, behaviour reinforcement and slippage are planned in several countries.

**Technology as an enabler of behaviour**

Latrine quality can be an important factor in ingraining sanitation behaviours. In this regard, ensuring that households have access to appropriate technology options forms part of GSF-supported programmes’ efforts to ensure sustainable sanitation and hygiene access and use.

The GSF recognizes that some of the programmes it supports struggle with finding the right strategies, timing and approaches for supply-side activities that do not jeopardize behaviour change outcomes. This will continue to be evaluated as the GSF learns from country experiences. Sanitation marketing is one approach that may yield results, but this needs to be contextualized. Further analysis is required in terms of the appropriate sequencing of demand creation and supply-side activities, the impact of these activities on each other, and the overall aim of sustained, collective behaviour change. Above all, care must be paid to the aspirations and needs of households, with due respect given to the socio-economic and environmental circumstances in which people live. National minimum standards for sanitation service levels vary greatly among the different GSF-supported countries, and this in return heavily affects the approach taken by GSF-supported programmes.

Generally, there is a need to ensure as much as possible that toilets constructed as a result of GSF-supported activities do not only serve the current need, but are also sustainable. This requires greater knowledge of longer term operation and maintenance needs as well as potential safe waste management considerations, context-specific as these may be.

In some countries and communities, the aspiration for improved latrines may become an obstacle in achieving ODF and climbing the sanitation ladder. People may be more likely to want improved facilities, as opposed to basic facilities, due to sanitation marketing programmes, national standards and other reasons. This makes it more difficult for very poor households to buy a toilet. Therefore, in many cases these households do not end up building any facility, even the most basic, while other community members who can afford improved toilets move up the sanitation ladder. Subsequently, this prevents the community as a whole from becoming ODF. The GSF will explore context-specific methods to address this issue, in order for all community members to move up the sanitation ladder. Experiences from Nigeria and Senegal show that supply-side activities that harness locally conceptualized, adapted and appropriate solutions can be very effective.

In this light, the GSF is currently undertaking a number of initiatives to analyze and develop innovative approaches to strengthen supply-side activities, while maintaining a CLTS, community-centered spirit. The GSF also continues to explore collaboration and partnerships with several organizations involved in community financing, innovative and affordable design, and support to entrepreneurs. Such partnerships with highly experienced agencies, such as Water for People in Uganda, are intended to enhance the work that the GSF is supporting in boosting collective behaviour change and the enabling environment.

**Financial sustainability**

The GSF has from the outset worked on assumptions regarding planned unit cost for key results. With maturing programmes and results produced, the GSF is not only interested in the real cost of reaching results, but also in deepening its understanding of resources invested by communities, governments, and other partners. This is critical in further developing a model for scaling up sanitation and hygiene. A great challenge here is obtaining reliable data on sustained behaviour change-related outcomes, while also gaining a complete understanding of the investments made by all stakeholders. In this regard, a multi-country value for money study was commissioned by the GSF in 2015 and will be completed in 2016.
Equality and non-discrimination

WSSCC highly values its traditional focus on promoting and advocating for services for the most vulnerable groups in society and the Council’s long-held, core principles of equality and non-discrimination. The GSF fully incorporates these principles and standards and is making efforts to ensure equity in programme design and implementation, and equality in terms of access – towards the ultimate goal of universal access.

The GSF’s country selection process takes into account a range of criteria including the Human Development Index, morbidity and mortality rates, and sanitation coverage data. Furthermore, the Fund works with Programme Coordinating Mechanisms to ensure programmes deliberately target the most vulnerable, marginalized and at-risk populations. These aspects are raised during initial planning discussions, before work on the Country Programme Proposal begins. Thereafter, they are central to development of the actual Country Programme Proposals. Resources are targeted to areas and populations where they are most needed and can have the most impact, including geographically remote, low-income and socially marginalized populations.

Programmes are implemented and adapted to make sure that no one is left behind.

Vulnerability and marginalization can be assessed in a number of different ways, notably by income, geographic location, gender, ethnicity, physical ability and the human life cycle. While to a certain extent such vulnerabilities can be assessed externally, based on statistical data and indicators, it is important to also obtain a good understanding of the compound effects of several aspects of marginalization. This is why a localized understanding of what constitutes marginalization is key, by allowing community members to develop their own definitions and processes to assess and identify vulnerable or marginalized people in their communities, and agree on appropriate solutions to support these people. Several country programmes are addressing this in different ways. For example, the Cambodia programme has spent considerable time in 2015 fine-tuning a Participatory Social Assessment and Mapping tool that will be structurally integrated in all its implementation work from 2016 onwards. Such assessments tend to highlight the varied and multi-sectoral concerns and priorities of communities. As such, GSF-supported programmes are required to think strategically about smart partnerships to layer other initiatives on top of CLTS.

The need for community self-assessment links strongly to the CLTS spirit of ‘local problems and local solutions’.

When well facilitated, CLTS is inclusive, captures inequality and brings forth a process through which a community identifies strategies for addressing the sanitation needs of marginalized groups. Quality control of CLTS facilitation (before, during and after triggering and ODF) is therefore paramount for effective implementation of GSF-supported programmes. It is also a key aspect of Executing Agency and Sub-grantee roles.

Many GSF-supported programmes are finding that one of the most effective ways to ensure an inclusive implementation strategy is through pre-triggering sessions. This CLTS phase can enable facilitators, together with the community, to identify vulnerable groups that might require specific attention during the actual triggering and post-triggering activities, and internal solidarity mechanisms to support these groups throughout the CLTS process and beyond. In this respect, the GSF is gaining more experience with building on existing internal community support mechanisms, such as the traditional and periodic community work known as ‘asam-pokonolona’ in Madagascar, and community financing schemes in Nepal and Senegal.

Such processes might not always capture intra-household inequality, much of which centres around gender. In order to better understand gender dynamics and the impact of CLTS approaches on these dynamics, in 2015 the GSF undertook a gender analysis in a small number of communities covered by the GSF-funded programme in Madagascar. The study found that while there is a difference in the way women and men actively engage in the CLTS process, and the way in which outcomes create additional duties for both men and women, gender does not prevent people from realizing the benefits of sanitation. The study also highlighted empowerment outcomes from CLTS, including increased respect, new roles for women and improved voice in the community around sanitation. The Fund plans to undertake follow-up studies in various countries in 2016.

While much is happening at the community-level, a key challenge for the GSF in terms of equality and non-discrimination has been systematically monitoring, disaggregating and reporting on the impact of its activities on different vulnerable groups. This relates to monitoring and reporting on vulnerable groups within specific communities and more broadly, without further stigmatizing individuals. The GSF intends to continue to improve its monitoring and data collection of equality indicators. The Fund will continue to document and harmonize practices and principles around equality and non-discrimination.

GLOBAL SANITATION FUND

RESULTS: FRAMEWORK & INDICATORS

THE GSF SUPPORTS NATIONS TO ACHIEVE ACCESS TO ADEQUATE AND EQUITABLE SANITATION AND HYGIENE FOR ALL. DELIVERING AND MOBILIZING TANGIBLE RESULTS IS THEREFORE CRITICAL. BY THE END OF 2016, THE GSF AIMS TO ENABLE 15 MILLION PEOPLE TO LIVE IN ODF ENVIRONMENTS, AND 11 MILLION PEOPLE TO ACCESS AND USE IMPROVED TOILETS AND HANDWASHING FACILITIES.¹

Results strategy

The GSF provides funding for programmes that mainly work in rural communities, which have been identified by stakeholders as having significant sanitation and hygiene needs. Significant results, in terms of numbers of people with access to sanitation and improved hygiene behaviours, typically start to be achieved between years two to three of programme implementation. Prior to this, the groundwork is carried out for programme rollout, which includes establishing organizational relationships and partnerships, identifying target regions and communities, putting staff, systems, procedures and equipment in place, and learning from other more established programmes.

Direct results from GSF-supported programmes represent what has been achieved within targeted communities in need, which in many cases is only a percentage of overall sanitation and hygiene needs in the country. In this regard, GSF-supported programmes can act as a catalyst to attract more involvement and attention from other actors, as they demonstrate that results can be achieved at scale. Programme results are aimed to impact on overall sanitation and hygiene achievements in two key ways:

- Helping hundreds of thousands of people nationally, and tens of millions globally, contributes to national and global sanitation and hygiene goals.

- The results achieved by GSF-supported programmes demonstrate to national governments and other stakeholders that it is possible to achieve large-scale, nationally-owned results in a sustainable and cost-effective manner. Moreover, the GSF model can be replicated and scaled up to achieve nationwide coverage, as envisioned in national sanitation strategies and roadmaps. GSF results are thus key advocacy tools.

Results indicators

In the ‘Results Overview’ dashboard on page 25, combined cumulative results across the 13 GSF-supported programmes are presented for three core indicators and two intermediate indicators. These results are the combined figures accrued from the start of the GSF to 31 December 2015. The dashboard also presents overall targets across all GSF-supported programmes. The ‘MTSP 2016’ targets are those set by the WSSCC Medium-Term Strategic Plan 2012-2016. Overall 2020 targets for the GSF are also presented, which have been generated by combining the total end of programme targets for all 13 GSF-supported programmes. End dates for GSF-supported programmes vary, but they are all currently scheduled to end before 2020.

Key results

The indicator reporting on people with access to improved sanitation, ‘People with Improved Toilets’, shows the numbers of people with improved toilets in areas covered by GSF-funded programmes. Improved toilets are defined according to national standards.

The indicator covering the total number of people living in ODF communities is presented as ‘People Living in ODF Environments’. This includes communities officially certified as ODF by government bodies or verified by Executing Agencies and their partners. ODF criteria are defined according to national standards. WSSCC considers the increase of the number of people living in ODF environments to be a crucial step in boosting sanitation to achieve improved health and reduce poverty.

People washing their hands at critical times is a key practice for improved hygiene. A proxy indicator for measuring this is the existence, and evidence of use, of a dedicated place for handwashing and availability of soap. This is presented in the results overview as ‘People with Handwashing Facilities’.

**Intermediate indicators**

Intermediate indicators lead to the achievement of key results. Communities are triggered before they can achieve ODF status. The indicator related to ODF communities, either certified as ODF by government bodies or verified by Executing Agencies (EAs) and their partners, is presented as ‘Communities Declared ODF’. The indicator linked to programme reach is presented as ‘Communities Triggered’.

‘Communities’, as presented in the global and country results dashboards, are village-related social groups, settlements or administrative divisions. These are as defined by national and GSF-supported programme criteria, varying considerably in size and structure. The GSF is working to harmonize the way in which it reports on communities across the countries it supports.

**Financial indicators**

The financial figures presented in the dashboard show the cumulative amount of GSF funds committed and disbursed from the start of the Fund to the end of 2015. They serve as an indication of the progress of programme rollout at the country level. The pipeline shows financial flows from the GSF Secretariat to EAs, and on to their Sub-grantees. This also includes flows from the GSF Secretariat to Programme Monitors (CPMs) as well as Programme Coordinating Mechanisms (PCMs). ‘GSF Commitments to Country Programmes’ refers to the cumulative amount of funds that the GSF has designated within multi-year agreements for country programme implementation. ‘GSF Disbursements to Country Programmes’ refers to the cumulative amount of funds already disbursed to EAs, CPMs and PCMs as required, according to agreed schedules. ‘In-country Awards to SGs & for Direct Procurement’ is the cumulative amount of funds that EAs have designated to be transferred to Sub-grantees, and for other programme-related services, such as baseline surveys. This amount is updated periodically according to actual figures reported on during the course of programme implementation. ‘In-country Grant Disbursements to SGs & for Direct Procurement’ is the cumulative amount of funds already transferred by EAs to Sub-grantees and for other programme-related services, as reported to the GSF by EAs.

Country-specific cumulative results and targets against the aforementioned indicators are presented in the subsequent country profiles (from page 26).

**Programme development indicators**

‘Ongoing programmes’ as presented in the dashboard shows the number of countries where GSF-supported programmes were implemented during 2015. ‘Pipeline programmes’ is the number of programmes the GSF aims to commence, subject to funding ability.

**Results-based management**

The GSF aligns its systems and tools with the principles and procedures of results-based management, aligning with national monitoring systems and the Paris Declaration on Aid Effectiveness. The GSF’s results framework therefore consists of results-driven planning, funding and reporting, which enables the GSF to focus on and achieve its mission to deliver quality and sustainable results.
The information presented in the results overview is based on reports submitted to the GSF by EAs, which is based on information received by the EAs from Sub-grantees. GSF monitoring and evaluation guidelines require Sub-grantees to regularly monitor and report on results. Furthermore, EAs are required to report to the GSF every six months according to country specific monitoring systems set up and managed by the respective EAs. Periodic spot checks by EAs, Programme Coordinating Mechanisms (PCMs) and Country Programme Monitors are being carried out per agreed regular monitoring procedures, and are being supplemented by independent outcome surveys and mid-term evaluations (typically after the first three years of implementation). Some results presented in the overview are pending additional verification by Country Programme Monitors and outcome surveys. Data on results will be revised as needed, and any revisions will be presented in subsequent reports.

In addition to programme monitoring systems, many GSF-supported programmes function within and actively support in-country WASH sector monitoring mechanisms and ODF verification protocols. In practice, this means that many programme results are also being verified through WASH sector ODF verification processes, often through third-party verification mechanisms.

**Verification objectives**
The GSF aims to ensure that results are verified through a systematic process involving diverse stakeholders and actors independent of GSF-supported programmes. Through this process, the GSF also aims to effectively follow the behaviour change journey of communities. A key goal is to achieve a system of independent verification across countries that is feasible, affordable, practical, reliable and efficient.

**Verification criteria and processes**
The tables below provide a general overview of results verification criteria and processes. These tables are a work in progress, as the GSF is revising its results framework to better consolidate and define the way it measures and reports on ODF and other indicators. The Fund will also continue to work with countries and partners to arrive at more harmonized definitions and standards.

### Table 1: Verification criteria and processes

<table>
<thead>
<tr>
<th>IN-COUNTRY VERIFICATION PROCESS</th>
<th>ALL COUNTRIES</th>
<th>MOST COUNTRIES</th>
<th>SOME COUNTRIES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self-verification by community</strong></td>
<td>Nationally-recognized ODF verification protocol</td>
<td>Verification conducted at multiple administrative levels</td>
<td></td>
</tr>
<tr>
<td>Verification by Sub-grantee and submission of results to EA</td>
<td>Official ODF certification by government-led body</td>
<td>Verification by Country Programme Monitors</td>
<td></td>
</tr>
<tr>
<td>Periodic spot-checks by EA and submission of results to GSF Secretariat</td>
<td>Third-party verification</td>
<td>Verification by PCMs</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Multiple verification rounds</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Sustained ODF required for official certification</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>National post-certification monitoring</td>
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</tbody>
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<table>
<thead>
<tr>
<th>IN-COUNTRY ODF CRITERIA</th>
<th>ALL COUNTRIES</th>
<th>MOST COUNTRIES</th>
<th>SOME COUNTRIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>No faeces in the open environment</td>
<td>Latrines are clean (no open defecation, and anal cleansing materials adequately disposed of)</td>
<td>All households have a latrine</td>
<td></td>
</tr>
<tr>
<td>Every household has access to a latrine</td>
<td>Latrines are completely fly-proof</td>
<td>All households have an improved latrine according to country standards</td>
<td></td>
</tr>
<tr>
<td>Evidence of continued latrine use</td>
<td>Squat hole is covered</td>
<td>Ash is used inside the pit</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Existence of handwashing station with soap/ash</td>
<td>Latrines available in public institutions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Latrine superstructure provides privacy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
MONITORING AND EVALUATION

THE GSF RECOGNIZES THE IMPORTANCE OF DATA RELIABILITY AND THE CHALLENGES ASSOCIATED WITH THE MONITORING OF SANITATION AND HYGIENE BEHAVIOUR CHANGE PROGRAMMES. IT IS THEREFORE CONTINUOUSLY LOOKING FOR WAYS TO IMPROVE ITS MONITORING AND EVALUATION SYSTEMS. ACTIVITIES IN THIS REGARD INCLUDE DEVELOPING RESULTS VERIFICATION METHODOLOGIES BASED ON STATISTICAL METHODOLOGIES AND ENSURING ALIGNMENT WITH AS WELL AS PROVIDING SUPPORT TO NATIONAL MONITORING SYSTEMS. THESE ACTIVITIES WILL FEED INTO REVISIONS TO THE GSF MONITORING AND EVALUATION FRAMEWORK TO BE CARRIED OUT IN 2016.

Monitoring behaviour change

To carry out the complex task of monitoring behaviour change, the GSF is working to find the right balance between human and financial resources, while ensuring quality and value. This includes aligning GSF monitoring systems with national systems as well as capturing disaggregated data and the nuances of behavioural and ‘slippage’ patterns. Third-party outcome surveys and mid-term evaluations have been commissioned for GSF-supported country programmes, some of which were finalized in 2015.

In 2015, mid-term evaluations for seven GSF-supported programmes were finalized by the independent consultancy firm IOD PARC. A synthesis report was released, confirming the viability and flexibility of the GSF delivery model, as well as its contribution to national ownership of sanitation programmes and institutional capacity development. The report also highlighted challenges across programmes, including the sustainability of outcomes, the extent to which households and communities climb the sanitation ladder, limitations of programme approaches to sanitation marketing and equality in accessing services. These issues have been addressed in a management response, which includes specific follow up actions the GSF and WSSCC are taking. The issues are also being addressed by the evaluated programmes through concrete plans and actions.

Since it was established in 2008, the GSF has worked with its country partners to address issues of capacity and improving systems. This is important as EAs are often leading monitoring and evaluation in the WASH sector at the national level. At the same time, the GSF is mindful of a continuous evolution of thinking in the sector, where new trends emerge that may not yet be captured in existing monitoring systems and results frameworks. One example is the Sustainable Development Goals monitoring framework for sanitation and hygiene. Meaningfully integrating such new indicators takes time and careful judgement, and must be linked to national systems while avoiding setting up parallel systems. This will be a significant challenge in cases where monitoring and evaluation is not sufficiently strong at the national level.

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7 The evaluated programmes were: Cambodia, India, Madagascar, Malawi, Nepal, Senegal and Uganda.
8 Both the synthesis report and management response are available on www.wsscc.org.
RESULTS HIGHLIGHTS

Results achieved in 2015 have contributed to the strong cumulative dashboard presented on the opposite page. In 2015 alone, 3.87 million people created the conditions to live in ODF environments, 2.42 million gained access to improved toilets, and 7.76 million gained access to handwashing facilities. In addition, 38,583 communities were triggered, and 26,527 were declared ODF.

The cumulative total of 10.87 million people living in ODF environments as of December 2015 represents a 55 percent increase from the cumulative result in December 2014. The cumulative total of 6.62 million people with improved toilets as of December 2015 represents a 58 percent increase from December 2014. Furthermore, the cumulative total of 15.69 million people with handwashing facilities, surpassing the MTSP target, represents a 97 percent increase from December 2014. Since December 2014, more communities have been triggered, and more have achieved ODF status. The number of communities triggered has increased by over 100 percent and the number of ODF communities has increased by close to 130 percent.

In addition, it is important to note that all previously published global key results and intermediate indicators for June 2015 have been revised. This is attributable to a revision of results by the GSF-supported programme in Ethiopia, which were made as part of a national health sector strategy strengthening monitoring and evaluation systems (read more in the Ethiopia profile on page 30). Furthermore, although this is not shown on the dashboard, ‘communities triggered’ decreased between June and December 2015. This is attributable to a change in the national strategy for reporting on triggered and ODF communities in Nepal—reporting has moved from the village level to the larger ward level, which encompasses several villages. The changes in Ethiopia and Nepal show that national monitoring and evaluation systems are maturing, particularly in terms of the level of systematization and accuracy in capturing and validating data. They indicate increased national ownership of results. Furthermore, generating more accurate and systematized data will go a long way in better targeting vulnerable groups. The GSF will continue to work with its national partners to strengthen data quality and monitoring and evaluation systems.

A trend worth highlighting is that since December 2013, the global ‘people with handwashing’ result has been notably higher than the other results. The GSF has been well aware of this and is working to better understand this and other trends, in order to better harmonize programmatic, monitoring and evaluation activities. Part of the explanation is that in many villages some people have access to handwashing facilities and improved toilets in some cases, while others may lack access to these facilities or continue to defecate in the open. As a result, these communities cannot be declared ODF, even if some households have handwashing facilities. Another aspect is likely related to differences between how programmes count access to handwashing facilities. This will be addressed in the revised monitoring and evaluation framework.

Another observation of note is the relatively low number of people with improved toilets compared to the other key results. This could be linked to strict criteria for improved toilets in some countries, consisting of criteria that go beyond those set by the WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation. In Madagascar for example, the cumulative number of people with improved toilets meeting national criteria is reported at 357,335. Conversely, the programme reports the cumulative number of people with fly-proof toilets at approximately 3 million. These fly-proof toilets meet JMP standards for improved toilets. The GSF and its partners are continuing to seek ways to harmonize such data.

Beyond the numbers

The impact of GSF-funded programmes goes far beyond quantitative results, in terms of promoting community behaviour change, development and innovation; enhancing broad-based collaboration and learning; enhancing local and national capacity; and strengthening the enabling environment needed to ensure sustainability of gains achieved.

Read more about these qualitative achievements, experiences and lessons learned in the ‘Highlights and achievements’ (page 4), ‘Supporting national programmes’ (page 22) and ‘People and partners’ (page 50) sections of this report.

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9 See JMP definitions at: http://www.wssinfo.org/definitions-methods/watsan-categories
10 Improved latrine criteria used by the GSF-supported programme in Madagascar: The pit has a tight-fitting drop-hole cover that prevents flies from entering; if it is a wooden slab, there are no cracks or holes between planks to allow flies to enter; ash is distributed in the pit after each use in order to eliminate odor and fly larvae; damp parts of the latrine and objects soiled by faeces are covered in ash; materials used for cleansing after defecation are safely discarded; and a handwashing station is present.
RESULTS OVERVIEW

KEY RESULTS

PEOPLE WITH IMPROVED TOILETS
- Cumulative 2015: 6.62 million
- MTSP 2016: 11.00 million
- Total 2020: 16.25 million

PEOPLE LIVING IN ODF ENVIRONMENTS
- Cumulative 2015: 10.87 million
- MTSP 2016: 15.00 million
- Total 2020: 28.00 million

PEOPLE WITH HANDWASHING FACILITIES
- Cumulative 2015: 15.69 million
- MTSP 2016: 11.00 million
- Total 2020: 20.09 million

INTERMEDIATE INDICATORS

COMMUNITIES TRIGGERED
- Cumulative 2015: 75,945
- MTSP 2016: 108,577
- Total 2020: 188,522

COMMUNITIES DECLARED ODF
- Cumulative 2015: 47,109
- MTSP 2016: 75,861
- Total 2020: 122,970

LEGEND
Cumulative 2015: Combined cumulative result for all 13 GSF-supported programmes, from the start of the GSF to 31 December 2015.
MTSP 2016: Overall GSF target set by the WSSCC Medium-Term Strategic Plan 2012-2016, covering all programmes.
Total 2020: Overall 2020 target for the GSF, generated by combining the total end of programme targets for all 13 GSF-supported programmes. The programmes have different end dates, but they are all currently scheduled to end before 2020.

RESULTS PROGRESSION

FINANCIAL INDICATORS

- GSF commitments to country programmes: $112.10 million
- In-country awards to SGs & for direct procurement: $53.04 million
- GSF disbursements to country programmes: $75.56 million
- In-country grant disbursements to SGs & for direct procurement: $40.65 million

PROGRAMMES

- Ongoing programmes: 13
- Pipeline programmes*: 03

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

All previously published global key results and intermediate indicators for June 2015 have been revised. Please see page 22 for a full explanation.

Please see page 19 for a full explanation of financial figures. 'SGs' refers to Sub-grantees.
The GSF supports national sanitation and hygiene programmes in 13 countries across Africa and Asia, through a range of key actors. Within these countries, in-country implementing partners work mainly in rural areas, but also in peri-urban environments, in communities ranging from hundreds to thousands of members. Many of these communities are located in remote areas with some of the highest sanitation needs. Each country is characterized by unique cultural, sociopolitical and environmental contexts, and GSF-supported approaches are catered to these contexts.

Nevertheless, the GSF supports a set of common activities and approaches across all countries. This includes national and local ownership; WASH sector collaboration and coordination; decentralized delivery; the strengthening of monitoring and verification systems; CLTS, behaviour change communication and sanitation marketing; and learning, sharing and innovation.

GSF-supported national programmes demonstrate that large-scale results can be achieved through nationally-owned, cost-effective models of behaviour change programming. By doing so, these programmes aim to contribute to the achievement of nationwide access to sanitation and hygiene.

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

Learn more about these actors in the ‘GSF: How it works’ section (from page 6).

Figure 2: In-country implementation structures

This category refers to the leading entity within Programme Coordinating Mechanisms (PCMs). Within each GSF-supported programmes, PCMs typically include representatives from government, civil society and international organizations from across the WASH sector and related sectors.
The GSF-supported programme in Benin promotes sustainable and equitable sanitation and hygiene within disadvantaged communities in rural areas. The overarching aim of the programme is to improve health and living conditions, as well as to help Benin achieve post-2015 development goals. The programme works in 27 communes across four departments (regions), collaborating closely with the Ministry of Health. Local administrations in communes serve as Sub-grantees, who manage the selection of civil society organizations, which in turn serve as implementing agencies.

**2015 Highlights**

The programme went through its start-up phase in 2015, building a foundation for effective implementation. Key actors, including the Programme Coordinating Mechanism, the Executing Agency, the Ministry of Health, the communes and the Country Programme Monitor fully assumed their roles, and core programme documents were developed.

In addition, the first 14 communes where programme activities will be implemented were selected, following a strategic process that identified communes with strong political leadership and commitment to improved sanitation. These communes are now working with the programme to select implementing agencies.

Throughout the year, the programme supported and participated in a range of WASH events. National events included National Hygiene and Basic Sanitation Day; a workshop to validate the first trainer’s guide on the national sanitation and hygiene strategy; a national WASH sector meeting; World Water Day; and World Toilet Day. Regional and international events included AfricaSan 4 in Dakar and World Water Week in Stockholm.

**Challenges**

Delays in establishing the core programme team have led to delays and difficulties in implementing the programme. Efforts are being made to fill gaps in the programme team. In addition, local elections were postponed, which in turn delayed the selection of targeted communes and subsequent implementation on the ground.

**Learning and innovation**

Benin is part of the GSF’s francophone learning exchange programme, along with Madagascar and Togo. In 2015, the Benin team benefited from best practices and lessons learned from their colleagues in implementing CLTS. This included a joint

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**Executing Agency:** Medical Care Development International  
**Programme duration:** 2014-2019  
**Country Programme Monitor:** Fiducia Consulting Group
review of the GSF programme in Togo and a study visit to Madagascar. These experiences should help boost effectiveness and prevent common pitfalls going forward.

Other learning opportunities included a visit to GSF-supported communities in Senegal and an advocacy workshop facilitated by WSSCC in Togo.

**Looking ahead**

The priority in 2016 will be to trigger and train Sub-grantees in CLTS so that implementation on the ground can begin. Technical support and learning exchanges with the Togo and Madagascar programmes will continue, to ensure that lessons learned from other GSF-supported countries can be integrated into the programme implementation strategy.

Visit [www.wsscc.org/global-sanitation-fund/benin](http://www.wsscc.org/global-sanitation-fund/benin) to learn more about the work, structure and achievements of the GSF-supported programme in Benin.

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**CONTEXT**

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<th>Metric</th>
<th>Value</th>
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<tr>
<td>Total Population</td>
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<td>Total Sanitation Coverage</td>
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<td>Total Improved Sanitation Coverage</td>
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<td>7%</td>
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<tr>
<td>GDP per Capita</td>
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<td>Open Defecation</td>
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<tr>
<td>Urban Improved Sanitation Coverage</td>
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<tr>
<td>Under-5 Mortality Rate</td>
<td>99.5/1,000</td>
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<tr>
<td>Under-5 Deaths caused by Diarrhoea</td>
<td>9%</td>
</tr>
<tr>
<td>GDP per Capita</td>
<td>804.7 US$</td>
</tr>
</tbody>
</table>

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**RESULTS**

**KEY RESULTS**

- **People with Improved Toilets**
  - Cumulative 2015: 0
  - Target 2019: 972,000

- **People living in ODF Environments**
  - Cumulative 2015: 0
  - Target 2019: 1.75 million

- **People with Handwashing Facilities**
  - Cumulative 2015: 0
  - Target 2019: 1.75 million

**INTERMEDIATE INDICATORS**

- **Communities Triggered**
  - Cumulative 2015: 0
  - Target 2019: 8,100

- **Communities Declared ODF**
  - Cumulative 2015: 0
  - Target 2019: 7,300

**FINANCIAL INDICATORS**

- **GSF commitments to country programmes**
  - $6.63 million
- **In-country grants to SGs & for direct procurement**
  - $51,493

- **GSF disbursements to country programmes**
  - $1.13 million
- **In-country awards to SGs & for direct procurement**
  - $51,493

**LEGEND**

- Cumulative 2015: Cumulative result achieved by the programme, from its inception to 31 December 2015.
- Target 2019: Target the programme aims to achieve by its end date.
- ‘SGs’ refers to Sub-grantees.
The Cambodia Rural Sanitation and Hygiene Improvement Programme (CRSHIP) works to increase access to improved sanitation and promote good hygiene practices in rural communities. CRSHIP actively promotes sustainable latrine use and handwashing with soap, as well as safe water consumption, while strengthening government and partner capacities. The programme works in 10 provinces through local and international NGOs.

2015 Highlights

The programme began its second phase (CRSHIP 2) in 2015, expanding to five additional provinces and working with new and existing implementing partners, in collaboration with the Ministry of Rural Development and other sector partners.

Cumulative results reported from the start of the programme until December 2015 include over 518,000 people living in ODF environments and close to 430,000 with improved toilets. Since December 2014, these results have increased by 41 and 33 percent, respectively.

As part of its advocacy and communication activities, CRSHIP actively participated in national celebrations for World Water Day in Siem Reap Province, and a National Sanitation Day event in Kampot Province. Moreover, a CRSHIP inception workshop was held in Phnom Penh in October 2015 to communicate the programme’s revised strategy to stakeholders. The workshop involved new and existing implementation partners as well as representatives from the Ministry of Rural Development.

Challenges

While the programme employs the CLTS approach to ensure inclusiveness in participation, helping to address the exclusion of marginalized groups, it is challenged by the presence of subsidy-led programmes operating in neighboring areas. To address this, the programme is supporting the Ministry of Rural Development to conduct an inclusive WASH study. This study will, together with other studies, assist the ministry in drafting a set of guiding principles on applying appropriate mechanisms and incentives to target the poorest and most vulnerable in rural areas.

Learning and innovation

In 2015, the CRSHIP team was trained in the Participatory Social Assessment and Mapping (PSAM) methodology. PSAM uses causal diagramming and systems thinking to help map and assess poverty, vulnerability, seasonality, and gender issues at the community level. A CRSHIP budget provision has been made to ensure full participation in all target villages.

CAMBODIA

Executing Agency (EA): Plan International Cambodia
Programme duration: 2011-2019
Country Programme Monitor: PricewaterhouseCoopers

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Building on lessons from CRSHIP 1, research and experiences in the development field, the first GSF action learning grant has been set up in partnership with WaterAid. The grant builds on learning and knowledge management research and concepts applied to development work such as participatory action learning, positive deviance and complexity theory. The activities under this grant are designed to inform strategic implementation for CRSHIP 2 and support the rigorous documentation of knowledge and evidence. To achieve these goals, CRSHIP will use an ‘emergent learning’ approach, aimed at generating learning in real time by the network and for the network of implementing partners, helping to solve complex implementation problems as they occur. While its design is tailored to the specific needs of CRSHIP, the set of concepts used for the emergent learning approach could benefit any large-scale programme.

‘Three Behaviors in One Hour’ (3B1H) is another practice-based approach developed by CRSHIP. It builds on WASH sector learning in Cambodia in terms of behaviour change communication. It is a strategy focusing on three key WASH behaviours: using latrines consistently, handwashing with soap at critical times, and drinking safe water. 3B1H documentation, including an assessment report and six-step guide for implementation, has been shared with partners and is available upon request.

**Looking ahead**

In 2016, CRSHIP will continue delivering its second phase, ensuring all Sub-grantees have begun implementation and training has been provided on PSAM, real-time learning and documentation, CLTS, and hygiene promotion. CRSHIP will also continue to institutionalize ‘pause and reflect’ sessions to review lessons learned and adapt implementation strategies accordingly.

Visit [www.wscc.org/global-sanitation-fund/cambodia](http://www.wscc.org/global-sanitation-fund/cambodia) to learn more about the work, structure and achievements of the GSF-supported programme in Cambodia.
The ‘Ethiopia Sanitation and Hygiene Improvement Programme’ (ESHIP), with the Federal Ministry of Health (FMOH) as GSF Executing Agency (EA), aims to scale up sanitation and hygiene improvement across rural communities to help achieve national WASH goals. The programme is also now contributing to the newly adopted Sustainable Development Goals (SDGs). ESHIP Sub-grantees are government health offices at the regional and woreda (district) level. The programme works in 40 woredas across the Amhara, Oromia, Southern Nations, Nationalities, and Peoples’ (SNNPR) and Tigray regions.

**2015 Highlights**

In 2015, ESHIP made significant efforts to strengthen programme management, implementation of activities, reporting, and results. This included revising the workplan, allowing for a no-cost programme extension from mid-2015 to mid-2016. In addition to strengthening activities, the programme will use the extension period to consolidate learning and prepare for further expansion, to align its work with the SDGs and the national Health Sector Transformation Plan (HSTP). The HSTP is the first phase of Ethiopia’s 20-year health sector strategy to achieve universal coverage.

During the past year, ESHIP collaborated with various entities to carry out evaluations, studies and surveys related to its strategies, operations and outcomes. These entities include Addis Ababa University’s School of Public Health, the BDS Center for Development Research, UNICEF and the independent consultancy firm IOD PARC. Evaluation results are expected to be finalized in 2016.

As part of the information revolution strategy within the Health Sector Transformation Plan, the Federal Ministry of Health and regional governments are working to strengthen their monitoring and evaluation systems. These ongoing improvements and national, sector-wide processes include re-verification of ESHIP’s previously reported results. Consequently, cumulative results reported in June 2015 have been revised, and these adjustments are reflected in the dashboard presented in this Progress Report. The GSF will continue to support FMOH efforts to ensure continued data quality.

**Challenges**

The extended rainy season, floods and drought affected programme activities in a number of woredas covered by ESHIP. In drought-affected woredas, Sub-grantee staff were redeployed by the Government to support relief efforts, such as the distribution of food, thus decreasing their availability to implement ESHIP activities. Other challenges that continue to be addressed include: data collection and reporting; the lack of appropriate and affordable sanitation technologies in communities prone to extensive weather hazards; ‘slippage’ in some woredas due to...
the amount of time it takes to empty or replace filled latrines; and the low CLTS implementation capacity in some woredas.

Learning and innovation
ESHIPs activities are part of a package of health services offered to communities through the Federal Ministry of Health. As part of this package, 40 Sub-grantee health offices facilitate CLTS and train village-based Health Extension Workers (HEWs) in the approach. The HEWs subsequently train women leaders who make up the ‘Health Development Army’. Through this systematic training, ESHIP helps strengthen the overall delivery of health services, going beyond sanitation and hygiene.

In 2015, community-led innovations promoted by the programme included using plastic bottles and bamboo to build vent pipes for latrines; using faecal sludge for biogas production; and promoting the development of ‘equbs’, which are informal savings and credit schemes that can help finance sanitation improvement. In one woreda, ESHIP facilitators supported disabled women to construct and use their own latrines, which inspired other community members and woredas to replicate the practice. ESHIP has observed that regular follow-up and the involvement of strong leaders, including school and religious officials and elders, is of paramount significance to achieving programme goals.

Looking ahead
ESHIP will continue to build on its strong sanitation and hygiene gains and boost learning and sharing activities. This will include a visit to the GSF-supported programme in Uganda in 2016, which is similar in structure. The two programmes will share best practices, common challenges and different strategies for delivering large-scale CLTS through government structures. Plans for continuing ESHIP beyond 2016 are in development.

Visit www.wsscc.org/global-sanitation-fund/ethiopia to learn more about the work, structure and achievements of the GSF-supported programme in Ethiopia.
Global Sanitation Fund

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**Jharkhand**

**Bihar**

**Assam**

**China**

**Nepal**

**Pakistan**

**Sri Lanka**

**New Delhi**

**Tibet**

**Bangladesh**

**Bhutan**

**India**

Through a robust partnership with state, district and community actors, the ‘Promoting Sustainable Sanitation in Rural India’ programme supports efforts to tackle the enormous sanitation challenge in the country. Aiming to be a catalyst for large-scale change, the programme is managed by NRMC India, a private sector company. NGOs, private sector organizations and state networks serve as Sub-grantees, facilitating collective behaviour change within communities in the states of Assam, Bihar and Jharkhand. The programme actively supports and ensures consistency with the Government of India’s ‘Swachh Bharat’ (‘Clean India’) campaign, launched in 2014.

**2015 Highlights**

Throughout the year, the programme actively engaged stakeholders to promote increased incorporation of sanitation and collective behaviour change in state and district plans. A key milestone was the inclusion of a distinct behaviour change component in state and district annual implementation plans.

With input from public, private and civil society stakeholders, the programme also strengthened its after-action review system, which is helping boost programme coordination and reporting, on-the-ground activities, partnerships and external relations, and policy advisory services.

Various events were also supported, including a behaviour change communication workshop in Jharkhand, the first Bihar Sanitation Summit, and National Rural Drinking Water and Sanitation Awareness Week.

The programme continued to make steady progress towards achieving its targets. As of December 2015, over 726,000 people were reported to be living in ODF environments, with over two million people accessing improved toilets.

**Challenges**

Assam, Bihar – the most densely populated state in India – and Jharkhand have some of the highest levels of open defecation, poorest people, and most marginalized communities in the country. To address sanitation challenges within this context, the programme works with communities, governments and other stakeholders to facilitate CLTS, influence policy, boost coordination and build capacity. The programme aims to demonstrate viable approaches that can be replicated across challenging states.

A key component of the programme is supporting states, districts and communities to effectively utilize financial resources for activities under Swachh Bharat. NRMC staff members are working with state and district governments to enhance the pace of implementation to ensure the efficiency of the GSF-supported programme.

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

**Programme duration:** 2010-2017

**Country Programme Monitor:** KPMG

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*Community members in Dumari Panchayat, a village-level administrative body in Bihar, discuss how to achieve ODF status. ©Arvind Kumar*
Learning and innovation
In 2015, the programme supported the Ministry of Drinking Water and Sanitation in the organization of the ‘Indovation III’ conference, supporting the development and dissemination of sustainable WASH technologies in support of Swachh Bharat. The conference brought together representatives from all State Governments. Approximately 30 innovators showcased their products, and a handbook on innovative technologies was also released.

In partnership with the Ministry of Drinking Water and Sanitation, the programme also organized a learning event on ‘partnerships for sustainable sanitation at scale’, which brought together state and central government representatives. At the event, participants adopted the ‘Shillong Declaration’ to boost partnerships for an ODF India.

During the year, research was conducted to better understand how people with disabilities can engage in community-led sanitation and hygiene activities and to better incorporate the needs of women and girls in programme planning and implementation. Recommendations included making all information, education and communication (IEC) products available in Braille and local languages; using visuals to cater to people with hearing impairments; promoting toilets that are conveniently located for women and girls and include a secure space for menstrual hygiene management; and monitoring gender equity activities and using the results to inform programme activities.

Looking ahead
In 2016, the programme will work to boost results, collaborate with government programmes and move from certifying ODF status at the revenue village level to certifying at the level of Gram Panchayats (GPs), which are village-level administrative bodies. The programme is also exploring means of supporting additional GPs in Bihar, which are situated along the Ganges River.

Visit www.wsscc.org/global-sanitation-fund/india to learn more about the work, structure and achievements of the GSF-supported programme in India.
The Kenya Sanitation and Hygiene Improvement Programme (KSHIP) aims to help reduce the disease burden resulting from poor sanitation and hygiene, while helping to improve health outcomes in the country. The programme works in 11 sub-counties across 11 counties, through Sub-grantees comprised of local NGOs, private companies, and community- and faith-based organizations.

**2015 Highlights**

The programme continued its inception phase in 2015, and has therefore not yet reported on most key results and intermediate indicators. However, various start-up activities have been accomplished. The programme was officially launched in February, with high-level government and sector stakeholders in attendance. Awareness raising campaigns were also carried out together with the Ministry of Health across all counties, to introduce KSHIP to local government leaders.

An inception workshop took place involving all key GSF actors, the Ministry of Health and other key partners, which helped set programme milestones. In addition, 17 Sub-grantees were approved for funding, with 12 of the fully contracted organizations participating in an orientation workshop and starting activities. The programme also carried out a baseline survey that will be used to benchmark activities, and progress has been made in linking Sub-grantees with Ministry of Health focal points at the county and sub-county levels.

Other highlights included convening a review of the national third-party ODF certification guidelines; mobilizing over 3,000 people to practice handwashing on Global Handwashing Day, together with the national Hygiene Promotion Technical Group; and participating in the national celebration of World Toilet Day.

**Challenges**

With insecurity and a government-imposed curfew in Wajir County, awareness raising activities could not be carried out at the same time as the other counties supported by KSHIP. The security situation was later resolved and activities commenced. In addition, the Sub-grantee approval process took longer than expected, but delays were necessary to ensure full stakeholder participation and buy-in.

**Learning and innovation**

The programme has engaged with diverse GSF-supported programmes and stakeholders at various learning events. For example, as part of the AfricaSan 4 conference in Senegal,
staff participated in a visit to GSF-supported communities and a cross-portfolio GSF learning and sharing event. At all events, colleagues from GSF-supported programmes shared a range of best practices and innovations including promoting sustainability, equity and inclusion in CLTS; harnessing the role of religious leaders and groups; and encouraging the development of community funding mechanisms and WASH committees. KSHIP is relaying this learning to its Sub-grantees and hopes to share the resulting experiences and best practices with colleagues and stakeholders in the future.

Looking ahead
Now that systems and Sub-grantees have been established, on-the-ground implementation will take place in 2016. Tangible results will therefore be produced and reported on accordingly.

Visit www.wsscc.org/global-sanitation-fund/kenya to learn more about the work, structure and achievements of the GSF-supported programme in Kenya.
‘Fonds d’Appui pour l’Assainissement’ (FAA) is the national programme supported by the GSF in Madagascar. As one of the leading programmes in Madagascar’s WASH sector, the FAA engages tens of thousands of actors in the national movement to eliminate open defecation. The programme works in all 22 regions of the country through close to 30 Sub-grantees, and it is also part of the broader Diorano WASH multi-stakeholder coalition.

2015 Highlights

In 2015, the FAA worked to strengthen its achievements. To date, the programme has reported enabling more than 1.6 million people to live in ODF environments, an increase of over 20 percent since December 2014.

Highlights during the year included the 25th WSSCC Steering Committee meeting in Madagascar and triggering of senior government officials, including the President, Prime Minister and selected ministers, leading to a commitment to achieve an ODF Madagascar by 2018. Together with sector partners the FAA supported the Ministry of Water, Sanitation and Hygiene to develop and launch a ‘roadmap’ for achieving national WASH goals and eliminating open defecation. The document was approved by Madagascar’s Council of Ministers. The programme also supported the participation of the First Lady of Madagascar in a Washington, D.C. event organized by the Global Poverty Project and WSSCC. She spoke about improving Madagascar’s WASH situation and launched the ‘Women for Water and Sanitation Declaration’, which she signed with over 50 other female leaders. The declaration called for an end to poor sanitation and hygiene in developing countries.

In addition, a journalist mission to FAA programme areas was organized for diverse media outlets including Sweden’s Svenska Dagbladet, Britain’s The Guardian, the West Africa WASH Journalists Network, the South African Broadcasting Corporation, and Spain’s Agencia EFE. This led to wide media coverage.

Challenges

Madagascar is recovering from a recent socio-political crisis that affected the work of the FAA programme. In addition, sector coordination and harmonization of approaches, including CLTS, is a major challenge being addressed through engagement with government and sector stakeholders. To address verification and quality assurance challenges related to behaviour change...
at scale, the FAA has made regular updates to its monitoring and verification system. The programme has also developed tools to address the challenge of sustaining ODF communities, especially in the most vulnerable regions.

Learning and innovation
In 2015, the FAA continued to test and scale up a range of innovations to address key challenges. These included ‘Follow-up MANDONA’, which helps communities rapidly achieve ODF status after they have been triggered; promoting local community governance; and supporting local, low-cost technologies and community-led sanitation marketing models to improve the quality of facilities and climb the sanitation ladder. These innovations are included in an FAA CLTS training curriculum shared with Sub-grantees, the Ministry of Water, Sanitation and Hygiene, other sector stakeholders in Madagascar and other GSF-supported national programmes. In addition, a learning and sharing initiative has been established between the FAA and GSF-supported country programmes in Benin, Nigeria, Togo and Uganda. The initiative involves inter-country visits for hands-on technical support, engagement at regional and international events such as AfricaSan and World Water Week, and training sessions.

Looking ahead
2016 priorities include strengthening the quality and sustainability of the behaviour change achievements, ODF status and latrines, as well as helping to increase the number of people living in ODF communities, washing their hands with soap and using improved latrines. Plans for continuing the programme beyond 2016 are in development.

Visit www.wsscc.org/global-sanitation-fund/madagascar to learn more about the work, structure and achievements of the GSF-supported programme.
The ‘Accelerated Sanitation and Hygiene Practices Programme’ supports national and post-2015 goals to eliminate open defecation, increase access to improved sanitation and promote safe hygiene practices in Malawi. The programme works in six districts through local and international NGOs.

2015 Highlights

During the year, four Traditional Authorities (Amidu, Chapinduka, Kaduya and Mwadzama), comprised of 269 communities in four GSF-supported districts, were certified as ODF by the National ODF Task Force. The programme also facilitated follow-up activities in triggered villages, carried out sanitation and hygiene promotion campaigns and helped disadvantaged groups such as the disabled and chronically ill, widows and child-headed families, gain access to improved sanitation and handwashing facilities.

By the end of 2015, the programme reported close to 713,000 people in over 2,000 communities to be living in ODF environments, an increase of more than 129,000 people since December 2014.

Challenges

In early 2015, southern Malawi experienced heavy rains and floods and was in a state of emergency. Three GSF-supported districts were severely affected, with many latrines demolished across ODF and non-ODF areas. Programme implementation was further hindered by damage to most access roads and follow-up activities were put on hold, while organizations collaborated on relief efforts. Massive campaigns were carried out to ensure households made use of available sanitation and hygiene facilities. Even as they were being resettled, many communities were able to rebuild toilets immediately after the floods. This highlighted the potential of sustainable behaviour change approaches to enable the quick re-establishment of sanitation and health benefits in post-disaster situations. In addition, local leaders, such as those in Chikwawa District, played a key role in sustaining behaviour change by serving as role models and showcasing viable technologies.

Learning and innovation

A range of local approaches have been used to reinforce behaviour change. For example, a local Sub-grantee introduced a system that provides red cards to households that are practicing open defecation and do not have latrines. Traditional leaders are notified about these households, so that follow up measures can be taken. Extension workers, Sub-grantee staff and natural leaders are tasked with inspecting each household to verify if they are using latrines.
Programme stakeholders participated in AfricaSan 4 in Senegal. To follow up on the event, the programme organized workshops to encourage all six supported districts to boost their commitments and plans to end open defecation. The workshops concluded with traditional leaders, District Coordinating Teams and other stakeholders agreeing on target dates and plans for their districts to become ODF.

Looking ahead

During the 2016-2017 extension period, the programme will focus its efforts on helping exemplary Traditional Authorities move up the sanitation ladder, certifying three entire districts as ODF and facilitating institutional strengthening. Communities within Traditional Authorities will continue to be central to the implementation of programme activities.

Visit www.wsscc.org/global-sanitation-fund/malawi to learn more about the work, structure and achievements of the GSF-supported programme in Malawi.
The Nepal programme supports the national goal to achieve 100 percent sanitation coverage by 2017, with a focus on eliminating open defecation and promoting good hygiene practices. The programme works in 17 out of 75 districts with a range of national, regional, district, municipal and village-level coordinating bodies. Sub-grantees are local NGOs.

2015 Highlights

A devastating 7.8 magnitude earthquake struck Nepal in April, killing almost 9,000 people, injuring approximately 22,000 and displacing hundreds of thousands. The earthquake caused extensive damage to the country’s economy and infrastructure, significantly setting back sanitation and hygiene gains across hundreds of communities.

Five GSF-supported districts were badly affected by the earthquake. Of those five, Bhaktapur had been officially certified as ODF in 2013, and Sindupalchowk and Dolakha were on track, having reached 99 and 98 percent sanitation coverage respectively, due for ODF declaration.

Given the extent of the devastation, partner requests and UN-Habitat's presence on the ground, WSSCC's Steering Committee authorized the re-programming of a portion of the Nepal programme's funds to support the nation-wide, coordinated response. The programme’s post-earthquake activities focused on district WASH coordination, technical support and community-led behaviour change activities to restore the ODF campaign activities and gains made. For example, a ‘revive your toilet’ campaign in the three worst-affected districts mobilized volunteers to restore damaged latrines, and carry out massive sanitation and hygiene communication campaigns.

Work has accelerated in the southern Terai region, where much of the programme’s challenges related to population density and sociocultural barriers are faced. As a result of strong WASH sector collaboration, significant progress has been observed. In June 2015, Bardiya became the first GSF-supported Terai district to be officially certified as ODF. Moreover, by the end of 2015, over 1.5 million people were reported to be living in ODF environments across the programme’s target areas.

The Nepal programme’s achievements are a strong testament to the impact of behaviour change approaches, which bodes well for the restoration of sanitation gains in earthquake-affected districts.

Challenges

In addition to challenges due to the earthquake, political unrest in the programme’s Terai districts halted work in the region in the second half of 2015. No-cost contract extensions have therefore been granted to implementing partners to complete
planned activities. Furthermore, despite active sanitation campaigns and collective efforts, ODF results are not increasing at rates originally anticipated. The programme is thus analyzing the capacities of Village Development Committees (VDCs)\textsuperscript{14} and devising appropriate strategies. To address post-ODF sustainability, the programme is supporting VDCs to develop post-ODF strategies within three months of being certified, as mandated by the Government. Another challenge is related to subsidies used by some sector actors as part of the post-earthquake humanitarian response. This has created expectations of financial support instead of encouraging behaviour change. To address the challenge of balancing sanitation supply with the demand created, the programme is providing technical support to local entrepreneurs and training local masons.

**Learning and innovation**

The programme has increasingly seen the value of door-to-door visits and individual triggering, using context-specific communication materials and technologies, involving local law enforcement in campaigns and promoting sustainability.

Among the multiple innovations that have impacted the programme are latrine financing through microcredit schemes; setting up triggering teams in sanitation camps within communities for extended periods of time, to build ODF momentum; campaigns supporting the poorest households by mobilizing individual contributions of cash, materials and time to help build latrines; and VDC-level sanitation conferences.

**Looking ahead**

Going forward, the programme will implement its long-term strategy to help restore and sustain sanitation and hygiene gains in districts most affected by the earthquake, while continuing to support other districts to achieve ODF status by 2017.

\textsuperscript{14} Local administrative divisions similar to municipalities. Visit [www.wsscc.org/global-sanitation-fund/nepal](http://www.wsscc.org/global-sanitation-fund/nepal) to learn more about the work, structure and achievements of the GSF-supported programme in Nepal.
The Rural Sanitation and Hygiene Promotion in Nigeria (RUSHPIN) programme aims to support over two million people to improve their sanitation and hygiene practices. Six Local Government Areas (LGAs) in Cross River and Benue states are covered by the programme. RUSHPIN is intended to be a catalyst for achieving complete sanitation coverage in these states. The NGO Concern Universal is the Executing Agency (EA) and Sub-grantees are state organizations, LGA WASH Units and NGOs. The Programme Coordinating Mechanism is chaired by the Federal Ministry of Water Resources.

2015 Highlights

By the end of 2015, RUSHPIN showed strong growth: over 235,000 people were reported to be living in ODF environments, more than twice the population recorded in 2014.

2015 also marked a massive, month-long campaign for Global Handwashing Day that reached over 45,000 children in rural community schools, empowering them to become champions for good handwashing practices. Managed by Concern Universal, the campaign reached close to three million people through local television and radio, and 500,000 worldwide through social media.

In addition, the UK Department for International Development (DFID) awarded Concern Universal a three-year contract to manage a CLTS programme replicating the RUSHPIN model. The EA has also leveraged CLTS performance to secure private sector funding from PZ Cussons and the Diageo Foundation, as well as the Governments of Australia and Poland. This has resulted in projects delivering safe water to 34 RUSHPIN-supported ODF communities. These projects are a strategic way to demonstrate to water and sanitation agencies in rural areas that investing in ODF communities like these is more likely to ensure well-managed water points and safe water delivery.

In addition, RUSHPIN continued to actively follow up on commitments made in a 2014 memorandum of understanding signed between the Government of Nigeria, the Cross River and Benue State Governments and WSSCC to match the GSF’s funds and double the number of LGAs in the programme.

Challenges

Turnover of government staff was a challenge in 2015, as key personnel in partner LGA WASH Units were transferred to LGAs not supported by RUSHPIN. To address these gaps, outstanding Natural Leaders were trained and incorporated into these teams. Further challenges were caused by armed conflicts due to land disputes between communities in some programme LGAs. Programme activities in the affected areas were therefore...
put on hold, as Sub-grantees were unable to safely access these communities. In addition, government funding for expanding the RUSHPIN programme has not yet been released. Therefore, planned implementation in some LGAs has been delayed.

**Learning and innovation**

While it is difficult to facilitate CLTS processes in conflict-affected communities, this can be addressed through visits during ceasefires. Natural Leaders play a critical role, leading follow-up visits, reporting on progress, and advising on when it is safe to carry out return visits. This was seen in the conflict-affected Adadama Ward in Abi LGA, which is now ODF.

In 2015, the Sub-grantee working in Obanliku LGA piloted an urban CLTS approach in Sankwala town. Triggered groups, which included landlords and tenants constructed latrines, and women at the local market championed procedures for maintaining an improved sanitation environment. This initiative highlighted the importance of bringing landlords and tenants together to mobilize collective pressure and agreement to improve sanitation within their compounds.

**Looking ahead**

RUSHPIN will continue to focus on securing the release of government counterpart funds for the expansion of the programme into six additional LGAs, while working closely with its complementary DFID-funded programme. The team will also continue to scale up CLTS in rural areas, sustain results and build on the urban CLTS pilot initiative.

Visit [www.wsscc.org/global-sanitation-fund/nigeria](http://www.wsscc.org/global-sanitation-fund/nigeria) to learn more about the work, structure and achievements of the GSF-supported programme in Nigeria.

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**CONTEXT**

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<tr>
<td>Open Defecation</td>
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<td>Improved Sanitation Coverage</td>
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<td>Rural Improved Sanitation</td>
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<td>Under-5 Mortality Rate</td>
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<td>GDP Per Capita</td>
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<td>Under-5 Deaths Caused by Diarrhoea</td>
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**RESULTS**

**KEY RESULTS**

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<td>People with Improved Toilets</td>
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<td>People with Handwashing Facilities</td>
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**INTERMEDIATE INDICATORS**

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**FINANCIAL INDICATORS**

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**LEGEND**

Cumulative 2015: Cumulative result achieved by the programme, from its inception to 31 December 2015.

Target 2017: Target the programme aims to achieve by its end date.

‘SGs’ refers to Sub-grantees.
The GSF-supported programme in Senegal helps disadvantaged communities in rural areas end open defecation, access improved sanitation and maintain good hygiene practices, supporting national goals to improve health and living conditions. Working across four regions, the programme is managed by AGETIP, a private non-profit entity established in Senegal. Sub-grantees implementing the programme are local NGOs and private companies.

2015 Highlights
During the year, the programme's contract was extended with no additional funding, but it was still able to expand its activities in target communities and beyond. Gains were consolidated in helping communities maintain improved sanitation and good hygiene practices, while developing self-financing mechanisms and income-generating activities. There was also an observed increase in the willingness and capacity of communities to take over the monitoring and maintenance of programme gains once the programme comes to an end.

Cumulative results reported from the start of the programme until December 2015 include over 380,000 people living in ODF environments and close to 122,000 with improved toilets. Since December 2014, these results have increased by 86 and 10 percent, respectively.

In addition, all villages covered in the Matam region have been reported to be ODF. Between January and December 2015, the programme helped 236 villages in the departments of Kédougou, Goudiry, Mbacké and Matam achieve and celebrate ODF status. Furthermore, 910 local artisans were trained in sanitation technologies and more than 1,000 women were trained in the production of soap as a means to generate income.

In the lead up to the AfricaSan 4 conference in Dakar, the programme convened over 50 delegates and representatives from 10 GSF-supported programmes for a series of learning activities in the Matam region. For the conference itself, the programme helped prepare technical presentations and supported logistics for the WSSCC delegation.

In 2015, the programme also participated in a workshop validating the draft action plan for Senegal's national strategy for rural sanitation.

Challenges
Sector coordination continues to be a key challenge. In Senegal's WASH sector, actors utilize a range of approaches, including subsidizing toilets. Various difficulties can be faced in implementing CLTS in communities where non GSF-supported organizations have used or are using approaches that incorpo-
rate subsidies. Increased efforts to pool sector resources and harmonize approaches would undoubtedly improve outcomes. Ensuring basic latrines are of an appropriate quality and thus sustainable, is another key challenge. To address this, the programme aims to train 1,600 artisans in total (two artisans per village). The artisans are being trained in sanitation technologies and will be empowered to form Economic Interest Groups to promote their services.

Learning and innovation
Leading up to AfricaSan 4, the programme facilitated a learning visit to GSF-supported communities in the Matam region. Colleagues from across the GSF portfolio shared experiences and interacted with communities in ODF villages, as well as local Sub-grantees and government officials.

The programme also held a learning and sharing workshop for Sub-grantees and is using feedback received to carry out a range of innovations. These include elevating community CLTS and hygiene committees to larger, legally-recognized village committees trained in financial and organizational management; helping Natural Leaders form departmental and municipal associations to best utilize their skills; supporting the creation of micro-enterprises; training women in the production and selling of soap; and supporting the promotion of menstrual hygiene management (MHM), as part of the equity focus of the programme.

Looking ahead
In 2016, the programme will consolidate lessons learned and continue efforts to complete its work plan and objectives, which include carrying out a study to expand MHM in the Goudiry region. Plans for continuing the programme beyond 2016 are in development.

Visit www.wsscc.org/global-sanitation-fund/senegal to learn more about the work, structure and achievements of the GSF-supported programme in Senegal.
‘Usafi wa Mazingira Tanzania’ (‘Sanitation and Hygiene Programme in Tanzania’) supports the country’s National Sanitation Campaign by helping communities improve their sanitation and adopt sustainable hygiene practices. The programme works in three districts in Dodoma Region, through local and international NGOs and in partnership with village, district and regional actors.

### 2015 Highlights

Activities during the year included triggering rural communities; providing training to artisans, entrepreneurs, community leaders and data collectors; boosting demand-creation activities; helping communities develop business initiatives, such as savings and loan schemes; training teachers in school WASH; and supporting the development of school health clubs. A sense of ownership to create improved conditions was also encouraged. For example, women’s groups were supported to lead CLTS processes, which helped speed up programme results.

Together with stakeholders, the programme also organized and participated in campaigns around Tanzania Water Week, menstrual hygiene management and Global Handwashing Day.

By late 2015, the first four villages, comprised of 19 sub-villages in two GSF-supported districts, were certified ODF.

### Challenges

As a result of drought in some programme areas, many community members had to shift their focus from investing in sanitation and hygiene to providing food for their families. Heavy rains followed the drought towards the end of the year, with subsequent floods causing casualties and significant damage to households. Many latrines were washed away, as many people’s latrines did not yet have the adequate infrastructure needed to withstand such strong hazards.

Achieving ODF communities has been a key challenge in the first three years of the programme, due to a long preparatory period, institutional and normative issues, and the large number of sub-villages in many villages. To achieve more rapid results, the programme shifted triggering activities from the village to the sub-village level in late 2015, providing refresher CLTS training to Sub-grantee staff. This change also helped the programme better incorporate data from National Sanitation Campaign registers that are filled at the sub-village level. It is expected that ODF rates within villages will accelerate in 2016, catalyzed by the four villages that have been certified.
Learning and innovation

Strategies for demand creation and supply-side activities were fine-tuned in 2015, taking learning into account, and various innovations were established. Together with local partners, leaders and community members, one Sub-grantee introduced the practice of placing red flags on households without improved latrines, and removing the flags once these facilities were built, ideally within seven days.

Another Sub-grantee supported a scheme where local entrepreneurs and artisans work with households to improve existing latrines. After assessing all latrines in the village, artisans itemize costs for improving individual latrines. If an owner wants an artisan to improve his or her latrine right away, he or she must sign a form agreeing to pay for the materials and labour costs within two months. The artisan then obtains the relevant materials from an entrepreneur via a loan agreement, and builds the latrine.

Looking ahead

2016 objectives include continuing to support ODF achievement in communities; mobilizing communities to climb the sanitation ladder and practice handwashing with soap at critical times; delivering information, education and communication campaigns across all targeted households and community institutions; developing stakeholder capacity and strengthening monitoring and evaluation systems; and incorporating and sharing lessons learned.

Visit www.wsscc.org/global-sanitation-fund/tanzania to learn more about the work, structure and achievements of the GSF-supported programme in Tanzania.
The GSF-supported programme in Togo is a key contributor to ‘Togo Sans Défécation à l’Air Libre’ (‘Open Defecation Free Togo’) or ‘Togo SANDAL’, the national movement to end open defecation in the country. The programme works in rural communities to increase the use of latrines and promote good hygiene practices. Sub-grantees are local and international NGOs facilitating CLTS in all districts in the Savanes and Kara regions, and in five districts in the Plateaux region.

2015 Highlights
At the end of the year, the Government of Togo officially launched the Togo SANDAL movement together with the GSF-supported programme. The event was attended by government and United Nations officials, local and traditional leaders and a range of other GSF partners and WASH sector actors.

The event also launched the second phase of the GSF-supported programme in the country. The first phase focused on achieving five percent of the programme’s targets, in order to learn lessons and refine the implementation strategy before rolling out activities in all targeted communities. Seven Sub-grantees were contracted for this phase, and in 2015 the five percent target was achieved.

By December 2015, the programme reported close to 153,000 people living in ODF environments. This figure has increased by more than 63,000 people since December 2014.

Significant progress has also been seen in terms of finalizing core programme documents and strategies, engaging with various stakeholders, building capacity in CLTS, and institutional triggering among local authorities in all three regions.

Challenges
Because the operational capacity of some Sub-grantees has been low, they have required additional support. In addition, some NGOs not funded by the GSF in programme areas continue to subsidize household latrines, which directly contradicts the programme’s behaviour change approach. The programme and these NGOs are working together to address this issue. Furthermore, the Ministry of Health and Social Protection has faced planning and organizational constraints in incorporating Togo SANDAL actions into its daily activities. Staff from the programme team have been embedded within the Ministry to help address these challenges.

Learning and innovation
Regional coordination units, comprised of government staff at various levels, have played a major role in monitoring Sub-
grantee performance and results. Furthermore, Sub-grantees have engaged religious leaders and adapted passages from the Bible and Koran to trigger communities, helping to speed up progress on latrine construction and use. And in a number of villages, elderly women have worked with Natural Leaders and Sub-grantees to design and adapt latrine seats to accommodate their needs.

In addition, Togo is part of the GSF’s Francophone learning exchange initiative, along with Madagascar and Benin. This has led to a radical change in the programme’s post-triggering approach, inspired by the ‘Follow-up MANDONA’\textsuperscript{16} method developed in Madagascar. This learning has also led to the use of Institutional Triggering to enhance regional and central government commitments.

Looking ahead

In 2016, the programme will focus on boosting sanitation and hygiene for more communities, by incorporating learning both from its first phase and more mature GSF-supported programmes. Efforts will also be made to support the Government and the wider WASH sector to develop a roadmap for an ODF Togo.

Visit www.wsscc.org/global-sanitation-fund/togo to learn more about the work, structure and achievements of the GSF-supported programme in Togo.

\textsuperscript{16} Read more about Follow-up MANDONA, Institutional Triggering and other innovations developed in Madagascar in the Follow-up MANDONA handbook and case study, ‘Learning, progress and innovation: Sanitation and hygiene promotion in Madagascar’ (available on www.wsscc.org).
Covering 30 districts, the ‘Uganda Sanitation Fund’ (USF) enables communities to gain access to basic sanitation and adopt good hygiene practices. The overarching goal of the programme is to help these districts reduce morbidity and mortality rates due to sanitation-related diseases. Led by the Ministry of Health’s Environmental Health Division, District Local Governments serve as Sub-grantees, which are supported by NGOs in some cases.

2015 Highlights

In 2015, the USF continued to strengthen and expand its work, particularly in terms of building human resource capacity, empowering communities to eliminate open defecation, and utilizing innovative CLTS approaches.

By the end of the year USF reported more than two million people living in ODF environments. This constitutes an increase of almost 50 percent since December 2014.

There were reports of significant reductions in outbreaks of sanitation-related diseases in programme areas, such as Moyo District, where no cholera outbreaks were registered in 2015. In addition, the programme facilitated capacity building for district staff in CLTS, monitoring and evaluation and financial management.

The USF team was also expanded to reflect the programme’s increasing workload both at the central and regional level, and to speed up implementation. This included the recruitment of a Programme Manager and other core staff covering finance and monitoring and evaluation in the Environmental Health Division, as well as Regional Field Officers based in the West Nile, Lango and Teso sub-regions.

Challenges

Implementation challenges faced during the year included funding delays to districts and monitoring and reporting constraints. These issues are being addressed through negotiations with the Ministry of Finance and Economic Development for a more timely release of funds, hands-on support at the district level, and further development of monitoring indicators and benchmarks for district performance.

In addition, although many communities are eliminating open defecation, latrines in some of these communities do not always qualify as fly-proof, and they are therefore not declared ODF. The programme continues to make efforts to ensure communities fully understand and buy into ODF criteria.
Learning and innovation
In order to improve the quality of USF activities, the programme received hands-on support from the GSF-supported programme in Madagascar to strengthen its CLTS facilitation skills ranging from pre-triggering to post-ODF activities. One key outcome of this support was the adoption of the ‘Follow-up MANDONA’ approach developed in Madagascar. ‘Follow-up MANDONA’ is used to support triggered communities to achieve ODF status and sustain it over time. The approach has been rolled out in 22 districts, contributing to an increase in ODF communities.

During the year, the USF shared experiences in the National Sanitation Working Group meetings, which helped initiate the development of a national ODF verification tool. In addition, the programme has partnered with Water for People to support supply-side activities, including the training of local masons in low-cost technologies.

Looking ahead
In 2016, the USF aims to speed up the achievement of ODF communities, while helping communities improve the quality of facilities and ensure sustainability of both behaviour change and latrines. The programme will also continue building the capacity of district governments in appropriate approaches and technologies, documenting and sharing lessons learned, and improving monitoring and evaluation. Plans for continuing the programme beyond 2016 are in development.

Visit www.wsscc.org/global-sanitation-fund/uganda to learn more about the work, structure and achievements of the GSF-supported programme in Uganda.
PEOPLE & PARTNERS

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

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

Read more about the work and value of our champions and partners in the following pages.
Volunteers and communities engaged in post-disaster reconstruction efforts

The devastating 7.8 magnitude earthquake in Nepal killed almost 9,000 people, injured approximately 22,000 and displaced hundreds of thousands. The earthquake caused extensive damage to the country’s economy and infrastructure, including toilets, bringing local sanitation campaigns to a halt.

Five GSF-supported districts were badly affected by the earthquake, and three of the five districts – Bhaktapur, Dolakha and Sindupalchowk – were the worst affected. Bhaktapur had been officially certified as ODF in 2013, and Dolakha and Sindupalchowk were on track, having reached 98 and 99 percent sanitation coverage respectively. To support these three districts, and as part of its overall contribution to the nationwide response, the GSF-supported programme and partners mobilized volunteers for a ‘revive your toilet’ campaign. The campaign was part of the National Sanitation Action Week. UN-Habitat, the GSF’s Executing Agency, mobilized over 170 volunteers, who helped improve 100 latrines in a week and engage more than 3,000 people, 500 households and 500 students with sanitation and hygiene messages.

In addition to reviving toilets, this grassroots action revived local sanitation campaigns. In the village of Irkhu, Sindupalchowk, one volunteer noted that the already triggered villagers had not reverted to open defecation, despite damage to toilets. This and other examples increasingly demonstrate the impact of behaviour change approaches, which bodes well for the restoration of sanitation gains in GSF-supported districts.

Seynabou, a young woman living in Wassacode, an ODF village comprised of 137 households, is the Chair of the village WASH committee. Through active participation and training in the GSF-supported programme, Seynabou and other women are helping villagers understand the importance of regular handwashing as a simple and efficient practice preventing the spread of the diarrhoeal disease and other diseases linked to fecal-oral contamination.

Seynabou and other women support their village and other communities through the local production of soap, which helps increase their personal income. This work also helps create additional resources for the village fund, which supports sanitation improvements for the most vulnerable.
Concern Universal, the GSF Executing Agency in Nigeria, and the handwashing company Carex, successfully concluded a massive Global Handwashing Day campaign on 15 October 2015 with music, dancing and important message: handwashing saves lives.

The celebration was the culmination of a month-long campaign that reached 45,000 children across Nigeria and the United Kingdom, approximately 500,000 people worldwide via social media, and close to 3 million people through jingles and interviews on local television and radio. As part of the campaign, children from 210 schools across rural communities in Nigeria were empowered as ‘Hygiene Heroes’ – handwashing promoters in their schools, families and communities. At 10 regional events, schools competed in the ‘CareX Factor’ talent competition. The competition enabled children to get creative about handwashing by performing their own version of the campaign anthem, ‘Wash Your Hands O’, recorded by Nigerian music star Sunny Neji.

At the competition’s finale on Global Handwashing Day, the winning schools performed with Sunny Neji to an audience of about 500 people.

Children empowered as handwashing promoters

Youth groups championing CLTS

Mbaye is the leader of a youth group in Agram Goly village, an ODF community of 198 households in Senegal’s Matam region. After CLTS triggering facilitated by the GSF-supported programme, Mbaye decided to mobilize the young men in his community to be active members in the process of achieving full sanitation coverage. During group training with local masons, Mbaye and his peers acquired the technical skills to build latrines. As a result of their willingness to learn and build, 11 additional households in the village now have access to safe and sustainable sanitation facilities.
**PERSPECTIVES**

**HOW HAS IMPROVED SANITATION TRANSFORMED LIVES FOR THE BETTER? READ TESTIMONIALS FROM SOME OF OUR ADVOCATES BELOW.**

“The CLTS approach is a very powerful tool. It has boosted cohesion within the community and has enabled us to develop a cleaner, healthier environment using our own resources.”  
*Mr. Ravaonasolo*, a Community Consultant in Andohafariny Ouest village, Madagascar.

“Before the [GSF-supported] project came we didn’t know anything about using a pit latrine – we were defecating in the bush. Now we are defecating in the toilet because of the hygiene project. When project facilitators were not able to follow up I went on my own using a bicycle to do the follow ups. I encouraged all my followers to make sure they have a pit latrine. Though we have reached ODF status I continue to make sure we maintain it.”  
*Traditional Authority Mwadzama*, whose community was certified as ODF by the National ODF Task Force, Malawi

**Ouk Sam ouern** is a 50-year-old blind farmer in Rum Lich village, Cambodia. Spurred by a GSF-supported triggering session he attended, he decided to build a latrine quickly. However, he did not have enough money to build a modern latrine like some of his neighbours, but this did not stop him – his mind was made up. "I had only $80 to build a normal pour flush latrine – I dug the ground to put in the concrete rings, made the walls with some bricks and palm leaves and covered the roof with palm leaves. Some people laughed at me because I built this kind of latrine but I don’t care – I care about my family’s health."

"I understood it was time for my family and I to stop defecating in the open and how proud we would be to use our own latrine. So I decided to dig a squat hole with my grandson and I covered it with a slab of earth. I then reached out to people in the neighbourhood who helped me make bricks and build a shelter for the squat hole. The latrine was completed in January [2015] and since then I’ve been delighted to use it. I have placed some ash next to the hole, which I sprinkle in after I’ve used it, and water is permanently available for handwashing. I would never have imagined that using a latrine would make such a difference and I regret all the years when I used to go in the open air.”  
*Assana Bapelim*, Kadjalla village, Kara Region, Togo

“I was among the first residents to settle in this village – people here only constructed mud houses. After building my brick house, people came asking how they could also do it. So I will build a latrine outside just for people to learn from.”  
*Edna Ndogowe*, community resource person in Mlowa Barabarani village, Chamwino District, Tanzania

“Your work has changed our lives. The village is clean because there is no more open defecation. There are latrines in every house and the best part is that we have noticed a decline in diseases such as diarrhoea and conjunctivitis.”  
*Marième Alassane Thioly*, Wouro Mollo village, Matam Region, Senegal
As a Natural Leader in Abi, Nigeria, Benedict Emori has supported his and other communities embroiled in intermittent land disputes. Sanitation coverage in conflict-affected communities is especially urgent, as they are particularly vulnerable to disease outbreaks.

“When we started this work, the initial response was slow. Many of the young men were not even at the triggering event, as they were on guard in the bush as vigilantes. After attending a CLTS workshop, I encouraged other Natural Leaders like myself to form a group of Community Consultants to support neighbouring communities to become ODF and dig latrines for disadvantaged households.”

Photo: Due to his old age and poor health, Chief Eni Idum was helped by Benedict to build his toilet.

Rahim Sulahai is a trained mason and resident of the Chatari Village Development Committee (VDC) in Siraha District, Nepal. Mobilized by the GSF-supported ODF campaign, Rahim constructed his own toilet in a week, after 13 years without one, as well as 30 other toilets in his VDC for free.

“I was happy when I heard about the ODF campaign. I committed to contributing to it. It is a great feeling that my skills have been used for the campaign, to help my neighbors and friends to be healthy.”

Photo: Rahim Sulahai constructing a toilet. ©UN-HABITAT NEPAL

“An Ethiopian Orthodox Christian Church Priest residing in Tahitay woreda (district), Ethiopia, shared his gratitude during an ODF celebration: “Previously we were affected by a number of diseases related to open defection. Due to community mobilization and awareness raising on the effect of open defection and poor hygiene practices, the community’s health has improved. We have been relieved from poor sanitation and hygiene related diseases due to the constructing and utilizing of latrines.”

Photo: Due to his old age and poor health, Chief Eni Idum was helped by Benedict to build his toilet.

“In June 2015, I received my first opportunity to participate in a GSF cross-programme exchange in Uganda. It’s this intensive learning process that sets the Global Sanitation Fund apart. Rather than a donor-driven approach which remotely dictates programmes through rigid targets, logframes and spreadsheets, the GSF promotes hands-on learning, sharing, and support to achieve sustainable outcomes.” Patrick England, Portfolio Support Analyst, GSF Secretariat

“Being part of this programme, we realize that women can emerge and play a leading role in positively shaping behaviour and impacting the attitude and practices of a community. Focusing on women and their social roles can help more women and women’s groups emerge as leaders for community mobilization. Further, we feel our experience in making the village ODF can be extended to ensure achievement of other needs in the village.” Statement from the ‘Nigrani Samiti’ (Women’s Monitoring Committee) in Jhanjharpur Block, Madhubani District, Bihar, India.

Photo: Benedict Emori (right) with Chief Eni Idum. ©Concern Universal

Photo: Rahim Sulahai constructing a toilet. ©UN-HABITAT NEPAL

Photo: Patrick (middle) and colleagues. ©Ronniex Rwawanja
FACILITATING BEHAVIOUR CHANGE: SUB-GRANTEES IN ACTION

ON THE GROUND AND IN COMMUNITIES, SUB-GRANTEES ARE THE LIFEBLOOD OF GSF-SUPPORTED PROGRAMMES. SINCE ITS INCEPTION, THE GSF HAS SUPPORTED THE WORK OF OVER 300 SUB-GRANTEES. HUNDREDS OF THEM DIRECTLY IMPLEMENTED PROGRAMMES IN 2015, SUPERVISED AND SUPPORTED BY GSF EXECUTING AGENCIES.

These organizations, comprised of NGOs, government entities, associations and private companies, facilitated and promoted CLTS and other sanitation demand creation approaches, as well as behaviour change communication, supply-side activities, training, women’s empowerment, equality and inclusion and hygiene education and awareness activities. Working with local partners and champions, they have made significant contributions to improving sanitation and hygiene for the most vulnerable. Read about some of our Sub-grantees in this section.

In Uganda, a local government Sub-grantee, Koboko District, has utilized a number of approaches to achieve behaviour change. These include CLTS; utilizing the ‘Follow-up MANDONA’ approach developed in Madagascar to help triggered communities rapidly achieve and sustain ODF communities; engaging primary school children to promote sanitation; delivering sanitation campaigns; and supporting supply-side initiatives such as sanitation marketing.

In 2015, Koboko District collaborated with a range of stakeholders including political leaders, the local community development office and education and WASH sector actors. Challenges included delayed implementation of planned activities due to other district programmes; political events such as campaigns and elections, which disrupted planned community meetings; poor quality latrines within communities; erratic weather conditions causing some latrines to collapse; and inadequate human resources in the district.

In addressing these challenges, the Sub-grantee learned that community programmes can only succeed when they are jointly planned with communities. Furthermore, innovativeness is key to CLTS programmes. In addition, they learned that triggering should not only be facilitated once, but should be utilized throughout the ‘Follow-up MANDONA’ process.

By overcoming challenges and through learning, Koboko District has performed strongly. From July to December 2015, data from the district showed that Latrine coverage increased from 73 to 78 percent. Availability of handwashing facilities also increased from 17 to 31 percent during the same period. Following the adoption of ‘Follow-up MANDONA’, 50 percent of the villages triggered, comprised of 6,535 villages, were declared ODF.
Achieving ODF status in hard to reach areas

Feed the Children is an NGO working in Malawi’s Rumpfi District. The Sub-grantee engages the Traditional Authorities of Chapinduka, Mwahenga and Mwankhunikira.

In Chapinduka, no access road exists, and residents and visitors use boats to access the area. Very few NGOs work there, which can be linked to the fact that it is hard to reach. Feed the Children is the first organization to deliver a project focused on sanitation in the area.

Feed the Children has worked tirelessly with the Chief of Chapinduka to deliver sanitation and hygiene campaigns and facilitate follow-up activities after triggering sessions. Moreover, by forming triggering clusters, the Sub-grantee has been able to ensure that triggering sessions are completed rapidly.

Because Chapinzduka is hard to access, external support has been significantly limited. To overcome this challenge, Feed the Children motivat-ed the Chief and other local leaders to take the lead in ensuring each household has a sanitation facility. Thanks to the combined efforts of the Sub-grantee, the District Coordinating Team, Extension Workers and Natural Leaders, Chapinduka was certified ODF by the National ODF Task Force in 2015. Feed the Children thus demonstrated that it is possible to achieve good results at scale using local resources, even in the hardest to reach areas.

Promoting key sanitation and hygiene behaviours

The Santi Sena Organization (SSO) is a Buddhist NGO working with the GSF-supported programme in Cambodia. Active in 92 villages in Svay Rieng Province, the Sub-grantee works with local partners to facilitate ‘Three Behaviors in One Hour’ (3B1H), a practice-based approach focusing on three key WASH behaviours: using latrines consistently, handwashing with soap at critical times, and drinking safe water.

In 2015, 35 3B1H sessions were facilitated involving active community engagement, behaviour change communication, and tools to provoke shock and disgust, such as artificial faeces in drinking cups.

A key challenge faced was that most participants at the sessions were elderly women and children. They were unable to grasp the messages easily and make household decisions regarding changing sanitation and hygiene behaviours. Furthermore, as the sessions were conducted in the daytime, most decision makers were at work, outside of the village. To address these challenges, SSO staff reminded participants to relay the information they received at the sessions to family members and decision makers, and also ask these individuals to attend future sessions. Sessions were also conducted in evenings and weekends, to accommodate decision makers and others who could not attend daytime sessions.

Overall, 3B1H was observed to be a very useful approach to transform behaviours and catalyze the building of latrines, handwashing with soap, and the drinking of safe water.

To date, 61 out of the 92 villages covered by SSO have achieved ODF status, and the remaining villages have achieved over 70 percent sanitation coverage.
Promoting and showcasing local solutions

The Hintalo Wajirat Woreda Health Office is a local government Sub-grantee implementing the GSF-supported programme in 23 rural and two semi-urban kebeles. The health office is supported by the Tigray Regional State Health Bureau, also a Sub-grantee.

The health office collaborates closely with Health Extension Workers, religious leaders, village-level networks and school children to promote local solutions for improved sanitation and hygiene.

To address the insufficient number of communal latrines in some areas, the health office mobilized these groups to take initiative and construct latrines using accessible materials, such as logs and grass. Other local solutions promoted have included creating a washable and easily cleanable latrine slab from a single stone, and creating a small drop-hole cover from clay and cow dung called an ‘Akimbalo’. A rope is used to tie the cover to the latrine roof, to easily lift the cover and avoid contact with it. The Sub-grantee has also promoted liquid waste management using clay pots and jerrycans for disposal, and packing gravel together for the pit. The health office has helped set up several showrooms, where people can easily view and learn about locally-generated sanitation technology options for toilets, handwashing and liquid waste disposal. Local advocates and leaders can then use this learning to mobilize other community members to replicate these technologies. Showrooms are also used to demonstrate technology options and innovations during sanitation and hygiene training for Health Extension Workers and health development team leaders. More than 60 percent of kebeles covered by the health office have been declared ODF.

Achieving the first ODF villages in Tanzania’s GSF-supported programme

Social and Economic Development Initiatives of Tanzania (SEEDIT) is an NGO working in 18 villages in Kongwa District. A key challenge for the Sub-grantee has been the lack of community funds to construct improved latrines. To address this, the Sub-grantee supports communities to establish savings and loan schemes for sanitation improvement. So far 150 groups of women and men have utilized these schemes, and more than 300 loans have been issued to individual members, which include the disabled. SEEDIT also supports schemes where local entrepreneurs and artisans work with households to improve latrines, via soft loan agreements. The organization also engages women as community role models, who demonstrate the value of and methods for constructing toilets. Due to its innovative work, in December 2015 SEEDIT became the first Sub-grantee to achieve ODF villages in the GSF-supported programme in Tanzania.
Facilitating innovation and generating additional funds

The NGO Miarintsoa has worked with the GSF-supported programme in Madagascar since 2011, and is ranked as one of the best performing Sub-grantees in the programme. Miarintsoa initially performed poorly but significantly improved after enhancing its understanding of CLTS and resolving to trigger all stakeholders. An additional factor for its success has been its participatory approach, driving continuous learning and local innovation. Miarintsoa has developed and tested a number of innovative approaches that have enhanced CLTS implementation. These include the ‘U Approach’, which engages actors at every level in planning, triggering, and scaling up, and ‘Follow-up MANDONA’, designed to help communities rapidly achieve and sustain ODF status. In 2015, Miarintsoa’s director Eugène Rasamoelina provided technical assistance for these approaches to several GSF-supported programmes. Miarintsoa has also secured additional funding from non-GSF sources, to implement WASH-related projects in communities covered by the GSF-supported programme. This has included funding from Helvetas Swiss Intercoperation for water supply projects and funding from the Madagascar’s Ministry of Finance and Budget to build a washing facility. In 2015, Miarintsoa was awarded a grant by the United States Agency for International Development to implement community health activities.

Championing participation, inclusiveness and sustainability

Women’s Health Education and Prevention Strategies Alliance (WHEPSA) is a local NGO working in the Matam and Mbacké departments of Senegal. Since 2013, all 104 villages covered by the Sub-grantee have maintained ODF status, despite differences in size, ranging from the hundreds to the thousands.

This achievement has been thanks to the WHEPSA’s steadfast post-ODF monitoring, as well as its participatory and inclusive approach, engaging local stakeholders at all levels – from government officials to teachers, to community members. As part of this approach, the NGO has promoted the development of community-managed solidarity funds that have been used to build improved latrines, including for the poorest and most vulnerable. More than 1,000 women have also been trained and empowered to manufacture soap for income generating activities. Revenues from the soap also contribute to solidarity funds.

WHEPSA has also promoted an integrated approach by helping to establish legally recognized village development committees, which go beyond sanitation to cover village development needs as a whole. Within these committees stakeholders, which include sanitation and hygiene champions, collaborate towards unified objectives. The committees also help ensure that there are strong community structures in place beyond the life of the GSF-supported programme.

WHEPSA staff have also been trained in menstrual hygiene management, and will facilitate initiatives in 2016.
THE GSF AND WSSCC

As a central part of WSSCC, the GSF draws upon the Council’s National Coordinators, utilizes its large network of partners, and benefits from its dedicated focus on equity, results and sustainability. The GSF channels WSSCC’s strengths in policy advocacy, networking and coordination. Furthermore, the GSF model is designed on foundational principles rooted in WSSCC’s Vision 21, as well as objectives in WSSCC’s 2012-2016 medium-term strategic plan.

Dynamic collaboration between National Coordinators and the GSF

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

NCs play a central role in Programme Coordinating Mechanisms (PCMs), serving as focal points between GSF-supported programmes and PCMs. They have also helped set up GSF-supported programmes. Through advocacy work guided by their Strategic Engagement Plans, NCs can point to the GSF’s approach in strengthening coordination mechanisms and decentralized delivery for large-scale results. Furthermore, the relationship between NCs and GSF-supported programmes is not static, changing at different times over the lifecycle of a particular country engagement.

In Cambodia, the NC is a formal advisor to the GSF-supported programme, in a role that involves improving the existing knowledge sharing and coordination mechanism, and sharing programme and learning results with WASH stakeholders.

The NC in Madagascar coordinates the country’s Diorano WASH
In 2015, various learning workshops in Senegal, Togo and Uganda explored ways to make the relationship between GSF-supported programmes and NCs even more dynamic and effective.

Many of the discussions and recommendations centred on how NCs can build on the work of the GSF, and how NCs can better involve the WASH sector in the strategies that the GSF wants to achieve. Participants also discussed how to better define roles and responsibilities in Strategic Engagement Plans, and how to streamline GSF-supported programmes for high-level advocacy.

In Nigeria, the NC is an active supporter of the GSF. In 2015, the GSF Executing Agency, the NC and WaterAid held a meeting to strengthen the work of the State Task Group on Sanitation in Benue State. At the end of the meeting the State Governor re-affirmed his commitment to provide counterpart funding to expand the GSF-supported programme’s activities in his state.

The NC in Tanzania worked closely with the GSF to organize the first Menstrual Hygiene Management Learning Forum.

In Togo, the Executing Agency for the GSF-supported programme has played a central role in the development of the NC’s Strategic Engagement Plan.

The Uganda NC’s Strategic Engagement Plan has facilitated stronger collaboration with the media. This has enabled the GSF-supported programme to engage more with the media and use the various media platforms to share evidence from ODF communities.

Learning through collaboration

In 2015, a highlight was when the manager of the national GSF-supported programme facilitated an institutional triggering session for the group. When the session was concluded, everyone was fully on board as a member of WSSCC’s global WASH movement.

The WSSCC National Coordinator in Uganda engaging participants during the Advocacy, Communications and Learning Workshop. ©WSSCC

WSSCC and GSF participants at an Advocacy, Communications and Learning Workshop in Togo. ©WSSCC
MONITORING, VERIFYING AND REPORTING ON SANITATION IMPROVEMENT IS CENTRAL TO GSF-SUPPORTED PROGRAMMES. ©WSSC/JAVIER ACEBAL
Sources:

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

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

Data for ‘context’ sections in country profiles:

- **UNdata** (United Nations Statistics Division)
- **Progress on sanitation and drinking water – 2015 update and MDG assessment** (UNICEF and World Health Organization (WHO) 2015)
- **Country statistics (WHO)**
- **Global Health Observatory data repository (WHO)**
- **Institut National de la Statistique et de l'Analyse Économique (Benin)**

Data on the impacts of poor and improved sanitation and hygiene, as highlighted on page 7:

- **Sanitation.** WHO. http://www.who.int/mediacentre/factsheets/fs392/en
- **The top 10 causes of death.** WHO. http://www.who.int/mediacentre/factsheets/fs310/en
- **Gender and water, sanitation and hygiene.** UNICEF. http://www.unicef.org/esaro/7310_Gender_and_WASH.html

FRONT COVER PHOTO: AMONG THE MANY DIMENSIONS OF THE GSF ARE (FROM BOTTOM LEFT): TRIGGERING LEADERS AT THE HIGHEST LEVEL OF GOVERNMENT; ENABLING THE MOST VULNERABLE TO IMPROVE THEIR SANITATION; ADDRESSING THE NEEDS OF WOMEN AND GIRLS; IGNITING LARGE-SCALE CHANGE IN COMMUNITIES THROUGH CLTS; AND PROMOTING HANDWASHING TO PREVENT DISEASES AND SAVE LIVES. ©WSSCC

BACK COVER PHOTO: GLOBAL HANDWASHING DAY CELEBRATIONS IN THE OBANLIKU LOCAL GOVERNMENT AREA, CROSS RIVER STATE, NIGERIA. ©CONCERN UNIVERSAL
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