

ANNUAL REPORT

2020
2019
2018
2017



WSSCC
WATER SUPPLY & SANITATION
COLLABORATIVE COUNCIL



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Executive summary highlights

The 2019 Annual Report details the achievements and results of the Water Supply and Sanitation Collaborative Council (WSSCC), its members and partners at local, national, regional and global levels. This year has been one of progress and opportunity, as well as reflection and a strategic reset as we conclude our 2017-2020 Strategic Plan and look to the future.

Report highlights include:

- 2019 results, including progress against key performance indicators and an overview of sanitation, hygiene and menstrual health and hygiene progress in country programmes.
- 10 years of country learning, reflection, innovations and results through our **Global Sanitation Fund (GSF)**.
- Innovation and best practice towards **leaving no one behind** in Sanitation and Hygiene, including the integration of **Equality and Non-Discrimination** principles into country programming.
- **Increased accountability** through a centralized evaluation function, refined outcome survey protocols linked with key performance indicators and adherence to quality standards.
- Examples of WSSCC's strategic enablers in action around the world this year, seen through thematic focus areas: **partnership, knowledge and learning, advocacy and communication** and **systems strengthening**.
- The **growth of our membership base** in WSSCC programme countries, where their voices, influence and engagement are most needed.
- Continuous improvements in the **responsible planning, management and oversight** of the organization and its resources.
- Analysis and conclusions of the **Mid-term Strategic Review** of the current 2017-2020 Strategic Plan and the organization's value and standing within the WASH sector.

In 2019, WSSCC contributed to



3.6
million

people living in open defecation free environments across **7,300** communities.



1.7
million

people having access to and use of an improved sanitation facility.



1.5
million

people having access to a handwashing facility soap/ substitute on premises.

We have placed increasing emphasis **on sustainability of results** and reaching for higher quality of water, sanitation and hygiene (WASH) access, over increased coverage at lower quality levels. In 2019, our understanding of menstruation-related support broadened and, to align with our partners, we adopted the term menstrual health and hygiene (MHH) to reflect the range of issues under consideration in the field.

We bring these learnings and reflections to our next chapter: the establishment of a new global Sanitation and Hygiene Fund by 2021.

In the last decade, WSSCC has contributed to



28
million

people living in open defecation free environments.



20
million

people having access to an improved sanitation facility.



28
million

people having access to a handwashing facility with soap/ substitute on premises.





Message from the Executive Chair

Welcome to WSSCC's 2019 Annual Report.

With just a decade to the 2030 Sustainable Development Goal deadline, we see the sanitation and hygiene target woefully left behind, lacking resources and investment. Yet, sanitation and hygiene are a public good, a human right and an enabler of other Sustainable Development Goals (SDGs) including gender, education, health, poverty reduction and economic growth. Sanitation and hygiene, including menstrual health and hygiene (MHH), are indispensable in the process toward realizing many transformational benefits for everyone, but especially those in vulnerable situations.¹

Over the course of the last year, I have learned much about how the WASH sector operates and where the gaps are, the successes and failures, opportunities and challenges, threats and risks. I attended the Stockholm World Water Week to meet WSSCC partners in person and more recently had the opportunity to visit Uganda and see WSSCC and its Global Sanitation Fund in action. There I met the Honourable Minister of Health, government officials, our development partners and WSSCC's National Coordinator. My field visit to Bulambuli District, my discussion with district leadership and health officials, coupled with meeting community members, women, girls, heads of households, left me in no doubt: the investment that WSSCC is making is demanded and needed, but it is not enough.

I am now convinced more than ever, of the foundational importance of WASH services and behaviours. Having understood the lagging nature of sanitation and hygiene, I am equally convinced that WSSCC is focusing on the right SDG target, 6.2, sanitation and hygiene, and specifically for those left behind. I am also encouraged that there is now fuller recognition of the wide-ranging impact of inadequate sanitation and hygiene especially on the most disadvantaged, marginalized and vulnerable. At a time when our global health security is under threat due to coronavirus, a long-term response cannot wait.

That is why I am proud that we, WSSCC, have taken the exciting and ambitious decision to become the Sanitation and Hygiene Fund by 2021.

The world needs a new dedicated Fund to provide catalytic financing for government ministers to take full control of delivering against national strategies and targets. A Fund with a governance mechanism aligned with principles of good stewardship that learns from peer organizations, gives voice and decision-making responsibility to all key stakeholders, including governments and donors, and ensures accountability towards those it serves. A Fund that is capable of being responsive and dynamic.

The path we are taking is largely unknown. The absence of disaggregated data on those left behind and on menstrual health and hygiene, the various degrees of political commitment and competing priorities, the uncharted landscape for resource mobilization and replenishment, are all before us. Yet, from my long experience in global health, grant making and programme finance operations, I understand that sometimes calculated risks must be taken, and I believe now is that moment for WSSCC.

We are all witnessing the catastrophic impact of the COVID-19 pandemic. Our business is changing and now is the time for all partners to collaborate so that we can finally address the global burden of poor sanitation and hygiene. We are working around the clock to make this a reality. I invite you to join us.



Message from the Executive Director, *a.i.*

Since WSSCC was created in 1990, we have made significant contributions to sanitation and hygiene, centring our efforts on those communities and households left behind. A decade ago, we launched the world's first and only dedicated sanitation fund, the Global Sanitation Fund, recognizing then that global goals would fail without sizeable injections of international assistance. GSF has made noteworthy progress with unwavering support from our core donors but we need to do much more.

WSSCC was also established to convene in-country stakeholders, providing platforms for civil society engagement and a conduit for technical expertise in support of national governments. However, since our inception, the global and country development architecture has considerably changed. We now operate in an environment where country ownership, partner alignment around national objectives, donor harmonization, the meaningful measurement of results, and mutual accountability are the foundation for all international development interventions. The risk for us, only working in targeted areas which are limited to too few countries, is that we become increasingly less agile, less responsive, and consequently, less relevant.

Despite this changing environment, WSSCC has learned a lot in 30 years. As this report demonstrates, GSF provides a wealth of experience in how to work with communities and population groups that are left behind to end open defecation and to move up the sanitation and hygiene service ladders. We have thereby built up considerable expertise in rural community-based sanitation and hygiene, social and behaviour change and the creation of new norms, through an equality and non-discrimination (EQND) lens – an expertise that it is now starting to be mainstreamed through our grants. Having enabled more than **28 million people to attain open defecation free (ODF) status**, WSSCC also has gathered strong expertise in ensuring post-ODF sustainability and in ensuring progression to at least basic services – reinforcing the importance of the community-level focus in the SDG targets.

For this reason, in 2019, we took stock of our own situation and how we contribute to reducing disparities and the global sanitation and hygiene burden. We critically asked ourselves whether we should and can do more. If WSSCC is to honour its heritage and make a transformational contribution to the sector we serve, it is time to do our business differently.

In 2019, following a Mid-Term Strategic Review and the advice of our Steering Committee, and availing expertise and skills from the global health financing community, we agreed upon a bold organizational reset.

We are currently taking steps to make this exciting opportunity a reality, which would not have been possible without the tireless work of our members, partners, donors, staff and advocates worldwide. I thank you all for your continued support and look forward to a bright future together.

WSSCC at work



WSSCC is currently a global, multi-stakeholder membership and partnership organization that works with poor people, organizations, governments and local entrepreneurs to improve sanitation and hygiene at scale. Our vision is a world in which everyone, everywhere can practice safe sanitation and hygiene with dignity. We contribute by enabling all people and especially women, girls and those living in vulnerable situations to practice the right to sanitation and hygiene across the course of their lives with dignity and safety.

WSSCC works in 16 focus countries through designated Executing Agencies and National Coordinators that implement grant funding. WSSCC's flagship initiative, the **Global Sanitation Fund** was established a decade ago, and by the end of 2019 has enabled **28 million people to live in open defecation free environments** across 13 countries.² There are currently 11 different GSF Executing Agencies, including non-governmental, UN and governmental organizations. **Since the beginning of GSF, 20 million people have access to an improved sanitation facility, and 28 million people have access to a handwashing facility.** WSSCC and the GSF have also, at the international level, and by supporting human

rights initiatives, actively encouraged country to country learning, and by participating in technical knowledge building, continuously advocated for improved and equitable sanitation and hygiene standards.

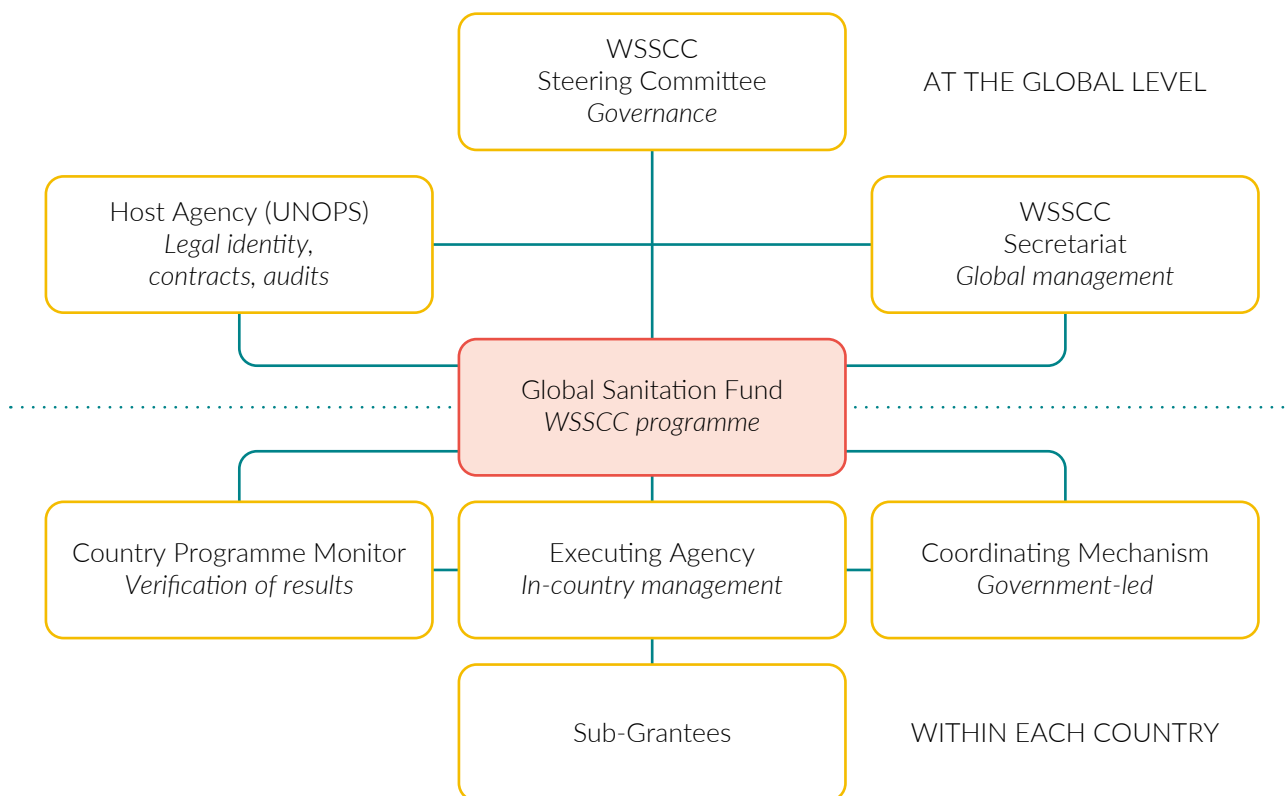
A strong commitment to **leaving no one behind** and **Equality and Non-discrimination (EQND)**³ is at the heart of all GSF-supported interventions. In-country support also extends to technical guidance and convening, increasingly in menstrual health and hygiene (MHH) and sustainability measures to protect household investments in toilets and handwashing facilities. The participation of whole communities helps to ensure that women, girls, and those marginalized in society, are part of the behaviour change and decision-making processes, have their specific needs met and become equal users of facilities.

Knowledge and learning underpin the GSF. This is being achieved by supporting learning platforms and networks, documenting knowledge, evidence and best practices from supported programmes, and investing in country to country learning between programmes.

Country GSF programmes focus on 3 key elements

Putting people at the centre	Country ownership	Investing in sustainability
Empowering communities to end open defecation and radically change their sanitation situation for good, by facilitating collective behaviour change and action in communities and entire administrative areas.	Programmes are fully developed and owned by national coordinating bodies which are led by national governments and include a variety of national government and non-government actors from a range of sectors.	GSF-supported programmes empower communities to transform their behaviour and take the lead in addressing community wide sanitation challenges, while sustaining progress through locally developed approaches and sanitation and hygiene technologies.

The GSF operating model



Increasing accountability for results

WSSCC works hard to better understand how to measure achievement. We understand the dynamic and political nature of the Leave No One Behind global and national agenda, and that we need to understand not just coverage but who has benefited from interventions, and who is still missing out. We also know that verification of open defecation free communities is fraught with challenges, is not an exact science and is constantly under question. The metrics for societal engagement, ending stigma and measuring new social norms are complex. Through our engagement with governments and partners, and our own experience, we see only the beginnings of a sub-sector for menstrual health and hygiene, devoid of systematic data, yet with such high potential for results.

Since inception, the GSF model has included Country Programme Monitors (CPMs): contracted agencies that regularly verify programme results and assess that necessary data quality checks and systems are being adhered to.

In 2019, WSSCC took monitoring and evaluation of sanitation and hygiene to a new level. For greater quality assurance, WSSCC has centralized its evaluation function and made procedural changes to emphasize independence, accountability and use of evaluation findings. We have refined outcome survey protocols, aligned with the strategy key performance indicators (KPIs), and adhered to quality

standards including timeliness, completeness, and consistency of evidence. We have also revised our Executing Agency grant data collection format and process, to afford light, consistent and accountable reporting across portfolios, aligned with strategy KPIs. With our host agency UNOPS, we undertook 10 compliance audits of country programmes⁴ and commissioned specialized independent and impartial evaluations and outcome surveys, the initial findings of which are in this report.



A triggering session in Benin. ©WSSCC/Francesca Nava

Box 1: Outcome surveys

WSSCC outcome surveys independently verify country programme results and serve to measure the sustainability of the results achieved and understand how programmes have contributed to latrine use and hygiene behaviour change. Importantly, they are a tool to measure other information on programme outcomes that are not part of the routine monitoring system. In 2019, three outcome surveys were completed, and five others were started. Strategic and targeted programme evaluation inform key milestones, such as grant extensions and programme transitions. The Nepal programme evaluation's completion coincided with the national ODF declaration in the country and took stock of achievements in the context of social and humanitarian challenges and made formative assessments and recommendations for the next phase of Nepal's sanitation and hygiene response.

Our strategic enablers



WSSCC's partnership supported Youth Ki Awaaz, a user-generated youth media platform to host media training workshops throughout India. © Youth Ki Awaaz



Community score cards are used as a tool to foster learning and sharing in attaining open defecation free status. © United Purpose/Jason Florio



Using several digital platforms, WSSCC reaches out to members and partners generating content in different media. © WSSCC



Tanzania's regional workshop convened partners from 10 countries to discuss sustainability and sector strengthening. © WSSCC/Sheba Odondi

Partnership

Collaboration and partnership are at the core of WSSCC's mandate, and now more than ever we are joining forces for progress. SDG 17 on partnership outlines the framework to achieving SDG 6 and beyond: a holistic approach which understands the interconnectivity between the prosperity of society, environment and business, as well as the **cross-cutting nature of development issues**.

WSSCC has prioritized engaging within and beyond the WASH sector to develop an **ecosystem of partners** who support our objectives and advocate within their own networks.

Knowledge and learning

With our partners we invest in learning. Marking a decade of GSF-supported sanitation and hygiene programmes, 2019 provided a moment to reflect on the successes, challenges, innovations of our implementing partners.

The consolidated lessons from the GSF at Ten are informing a series of reflection pieces and guidance documents, a consolidated GSF at Ten report, and a Global Learning Event, all due in 2020.

Advocacy and communication

We aim for our members and the wider international development sector to know what we do and why. Each is an influencer and advocate. Likewise, it is important that we extend the breadth and reach of our **advocacy** messages in support of political and donor prioritization for sanitation and hygiene, leaving no one behind.

Through our digital platforms and innovative **communication**, we now provide a vibrant platform for our implementing partners and the wider WASH community.

Systems strengthening

We are members of Sanitation and Water for All (SWA) partnership, and through our support to country processes, actively foster the **development of strong systems** and adequate sector capacity, accountability and monitoring to achieve transformational change, through which the SDGs and the partnership's vision of sanitation, water and hygiene for all, always and everywhere, can be achieved.

Our performance



Our current main role through the GSF is to provide funds to reduce the sanitation and hygiene burden in 11 countries: Benin, Cambodia, Ethiopia, Kenya, Madagascar, Nepal, Nigeria, Senegal, Tanzania, Togo and Uganda. We measure results across three common indicators.

	Sanitation		Hygiene
Indicator	Reducing open defecation	Increasing access to improved sanitation	Increasing access to handwashing with soap
We measure	The increase in the number of people living in targeted administrative areas where Open Defecation Free (ODF) status has been verified using national systems ⁵ .	The increase in the number of people that have access to and use an improved sanitation facility. This includes limited, basic and safely managed services.	The increase in the number of people that have access to a handwashing facility with soap/substitute and water. This includes limited, basic and safely managed services.
Our 2019 results	3.5 million people living in open defecation free environments across 7,300 communities.	1.7 million people having access to and use of an improved sanitation facility.	1.5 million people having access to a handwashing facility with soap at home.

In 2019, 3.5 million people were newly verified to be living in open defecation free environments. This is slightly lower than the first two years of the strategy, where just over more than 4 million people were verified to be living in ODF environments each year. In some GSF programme areas, which reached saturation, the last areas of ODF declaration are often the hardest to reach and trigger, partly explaining the slowdown in progress. In the case of Nepal for example, the entire country was declared ODF in 2019, with GSF working in the most left behind areas. The ODF goal should also be viewed because many areas may be ODF, but are only counted once the verification process completes, creating a lag between achievement of results, and accounting for them. Nevertheless, with the early acceleration of the programme in the first years of the strategy, at the end of 2019, WSSCC continued to be

on track to achieve the target of 16 million by the end of the strategic period⁶.

Increasing access to improved sanitation: In 2019, there were **1.7 million and 1.5 million additional people with access to improved sanitation and basic hygiene respectively**, compared to 2.8 million and 2.8 million in 2018. The reduced rate in 2019 can be explained by several factors. During the course of the Strategic Period and in line with the GSF Theory of Change, many programmes have shifted focus to prioritize sustainability of results over short-term increases in coverage of people with access to improved sanitation and basic hygiene, causing a general slowdown in new results. Secondly, while GSF aims for all households in ODF declared communities to have access to at least basic sanitation and hygiene services, results reported will not reflect those

households who already had services at the start of the intervention, while these households will be included in results reported for ODF declarations during 2019. This causes a perceived disparity between ODF results and results for people with improved services. During 2020, further analysis is foreseen to understand the multiple factors leading to the headline results reported.





In 2019 we expanded our GSF country footprint to include Eritrea as the government is committed to ensuring a coordinated and functioning WASH sector to ensure all citizens have access to equitable and sustainable WASH services by 2030, with political commitment backed by concrete actions at

all levels to implement the national roadmap to declare Eritrea open defecation free by 2022. Funds will support the roll-out community based programming to end open defecation in line with the national ODF road-map; the strengthening of local government to plan, implement and monitor interventions; and strengthening of sector building blocks for sustained sanitation and hygiene services at national level.

2019 saw the closure of the GSF programme in Senegal, with lessons and experiences from the programme informing further sanitation and hygiene programming in Senegal as well as beyond, especially with regards to its integration of MHH and EQND considerations.

Key performance indicators

Depending on the programme design and grant agreement, GSF programmes also measure other key performance indicators.

	KPI	2019 result
 MHH	The number of people reached with menstrual hygiene awareness messages	142,000
	The number of students in schools with basic sanitation and handwashing facilities with water and soap	208,000
	The number of public health facilities with improved sanitation facilities which are single-sex and usable and handwashing facilities with water and soap	148 ^(a)
	Number of subnational administrations with a strategy or roadmap in place to achieve universal ODF and or SDG target 6.2, using collective behaviour change approaches	117 ^(b)

Notes:

(a) Kenya, Madagascar

(b) Benin, Cambodia, Ethiopia, Kenya, Nepal, Madagascar, Nigeria, Togo

Menstrual hygiene awareness: In 2019, as part of the exercise to sharpen monitoring and reporting, the menstrual hygiene awareness indicator was revised from tracking “people reached in schools” in 2018 to “people reached” in 2019. The numbers therefore have not been compared.

Sanitation and hygiene in schools: In 2019 208,000 students in schools gained access to basic sanitation and handwashing facilities with water and soap in GSF programme areas, compared to 151,000 in 2018.

Sanitation and hygiene in health facilities: In 2018, no GSF programmes reported health care facility-related results. This year we have seen a small uptake with Kenya and Madagascar starting to programme interventions, reporting 148 between the two countries.

Subnational administrations with a strategy or roadmap: In 2019, 117 local administrations were supported in Benin, Cambodia, Ethiopia, Kenya, Nepal, Madagascar, Nigeria and Togo, representing an increase on 2018 achievements.

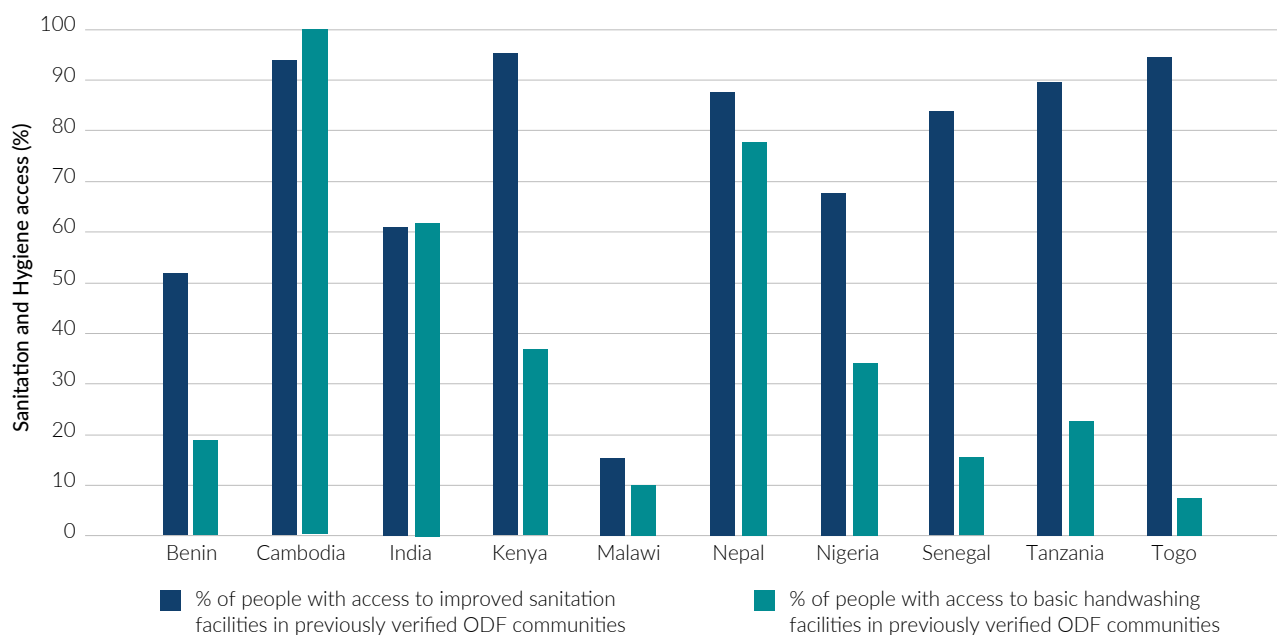
Sanitation progress

In this latter part of the current 2017-2020 Strategic Plan period, increasing emphasis has been placed on **sustainability of results** and reaching for higher quality sanitation and hygiene access, over increased coverage at lower quality levels. GSF programmes also work to increase access to safely managed sanitation services along the entire sanitation chain. Independent outcome surveys found that most GSF-supported programmes demonstrated that in previously verified ODF environments, at least 80% of households continued to access improved sanitation, reflecting a good level of sustainability of sanitation outcomes (Figure 1). While these are significant results in themselves, it is well accepted that there are also catalytic effects from the GSF investments in the most left behind communities, adding momentum to achievement of national goals on sanitation and hygiene such as in Nepal, which declared itself open defecation free in October 2019.

Therefore, **WSSCC results should be seen from the perspective of sustainability, quality of services, and transformational effects, in addition to the absolute numbers achieved.**

Slippage⁷ is now synonymous with many sanitation and hygiene programmes and GSF programmes have developed various approaches. WSSCC’s new outcome survey methodology identifies slippage in GSF programmes. For these programmes, such as Benin, reorientation plans were developed including revised programming approaches, a stronger focus on product and service supply chains, and capacity development through exchanges and mentoring from more successful programmes in this respect. ODF follow up activities typically include: 1) sustaining changed sanitation and hygiene behaviour; 2) promoting the use of more hygienic or robust facilities, or services that safely handle faecal waste once pits fill; 3) addressing other aspects of environmental hygiene.

Figure 1: Sustainability of outcomes - access to improved sanitation and basic handwashing (JMP ladder)



Source: GSF Outcome Surveys 2017 (Malawi), 2018 (India, Kenya, Tanzania, Nepal, Cambodia), 2019 (Senegal, Nigeria, Togo, Benin)

WSSCC remains committed to supporting approaches to reduce slippage in coverage and latrine use and handwashing behaviours, as demonstrated in Madagascar.

Box 2: Sustaining gains in Madagascar

As the number of ODF villages increase, Fonds d'Appui pour l'Assainissement (FAA), the GSF programme in Madagascar, continues to work at slippage reduction. In a fragile political context and with limited resources, staff and capacity at local government level, FAA applies complementary strategies to address matters of sustainability, including working towards behavioural sustainability by strengthening local traditional community governance structures and involving community actors, such as Natural Leaders and Community Consultants in monitoring and follow up of interventions; ensuring technological/infrastructure sustainability by “triggering” demand for improved latrine technologies, strengthening supply chains of services and products, and where appropriate establishing Village Saving and Loans Associations (VSLA); and working closely with local traditional, political and institutional leaders to ensure all community interventions are anchored in existing local institutional structures to ensure continued support beyond the FAA programme cycle. By the end of 2019, these sustainability measures had been implemented in more than 17,000 out of the 21,000 villages declared ODF.

Achieving safely managed sanitation

With woefully inadequate investment, most national governments are unable to set targets for “safely managed”⁸ sanitation services in line with the SDG aspiration. National targets are often set at “basic”⁹, though for many this level of access remains distant. With our partners we are interested in how to help households move quicker up the sanitation service ladder¹⁰ to the safely managed level, and in 2019 we looked more closely at this challenge. We found that in 11 GSF programmes, basic dry pit latrines, the technology of choice particularly in rural Africa, are *more likely* to provide a safely managed service, due to the practice of safe abandonment. This finding is important for 3 reasons:

1. The finding challenges the prevailing wisdom that households cannot “jump” from ending open defecation to a safely managed latrine in one step.
2. It showed that basic latrine technology can, when coupled with adequate maintenance, prove as resilient as new, advanced technologies, especially in rural areas.
3. It provided guidance on how programmes can move away from a ‘toilet only’ mentality to one that incorporates the entire sanitation service chain.

We also confirmed our belief in the importance and scope of community-based approaches to innovate and disseminate solutions, for example through “Follow-Up MANDONA” (FUM), an action-oriented, collective approach for post-triggering follow-up visits, as part of Community-Led Total Sanitation, to improve latrine quality and reinforce sustainability.

Looking forward, these solutions can be stimulated in parallel with efforts to catalyse and innovate market-based supply of sanitation and hygiene goods and services, such as witnessed

in Container Based Sanitation initiatives, and can form part of a targeted effort to accelerate the achievement of safely managed sanitation targets.

Hygiene progress

In addition to achieving sustainable toilet use, GSF partners work with communities to ensure that a handwashing facility, with water and soap is available at household level.

Across countries in 2019, it was noted that household handwashing facilities generally consist of a tippy tap or a similar simple arrangement. These are usually made from recycled plastic bottles, branches and other freely available or low-cost local materials. However, whilst the tippy tap is affordable, the durability of the handwashing facility is a major challenge. Theft, vandalism, damage, misuse degradation (e.g. plastic bottles cracking) and minimal maintenance (e.g. water containers not refilled, or soap not replaced) are all

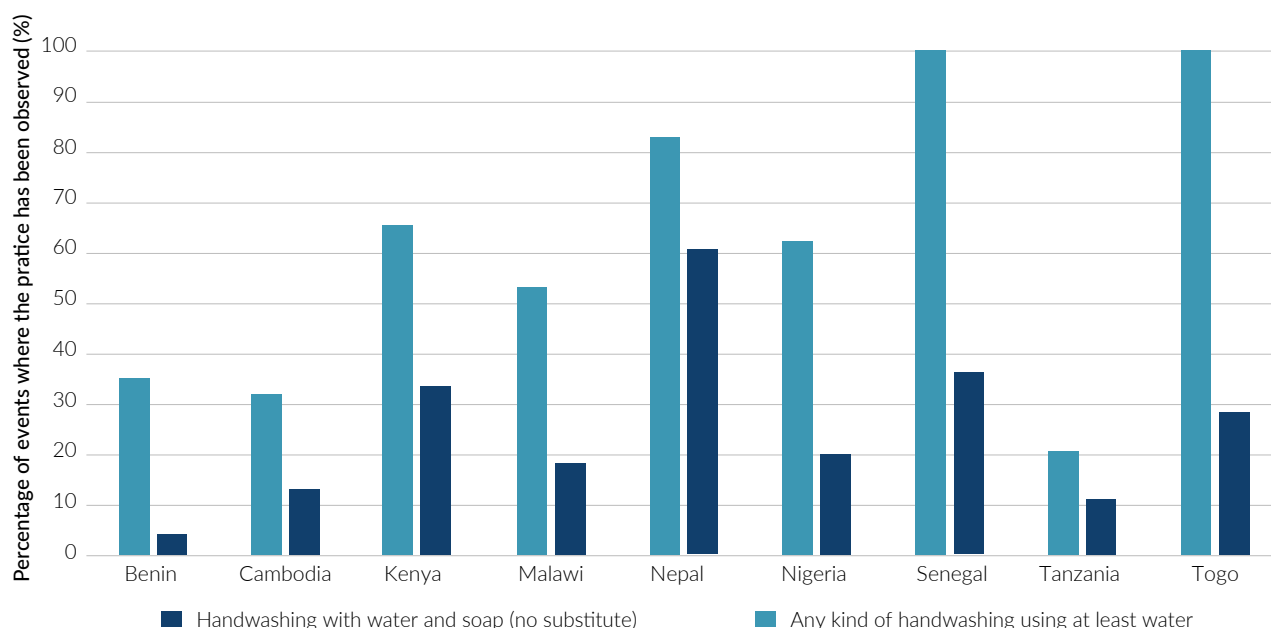
reported as challenges to the sustainability of these simple handwashing facilities.

These issues are further highlighted through our outcome survey data (period 2017-2019) which shows that in most GSF programmes, sustainability of the sanitation facility is more likely than sustained access to a handwashing facility post declaration of open defecation free status (Figure 1). Furthermore, the actual practice of handwashing at critical times varies highly across countries, and often does not involve the use of soap (Figure 2). This finding is very concerning as handwashing with soap after defecation and before eating and handling food is highly effective in reducing the risk of diarrheal disease and a range of other – e.g. respiratory – diseases.



Johana Cherutot (right) with his specially adapted toilet and tippy tap constructed by the Village Sanitation Community, Narok County, Kenya. ©WSSCC/Jason Florio

Figure 2: Household observed practice of handwashing at critical times - after defecation or toilet use



Source: GSF Outcome Surveys 2017 (Malawi), 2018 (Kenya, Tanzania, Nepal, Cambodia), 2019 (Senegal, Nigeria, Togo, Benin)

Moving forward, WSSCC intends to immediately commission an evaluation of hygiene elements of all programmes to revise programmatic guidance.

Integrating Equality and Non-Discrimination (EQND) into community sanitation programming

Community approaches to collective behaviour change aim for a whole community to end open defecation sustainably and on their own terms. This includes people who may be unable to build, use and maintain sanitation and hygiene facilities on their own, have less confidence or voice in community decision-making processes, or face active discrimination within the community.

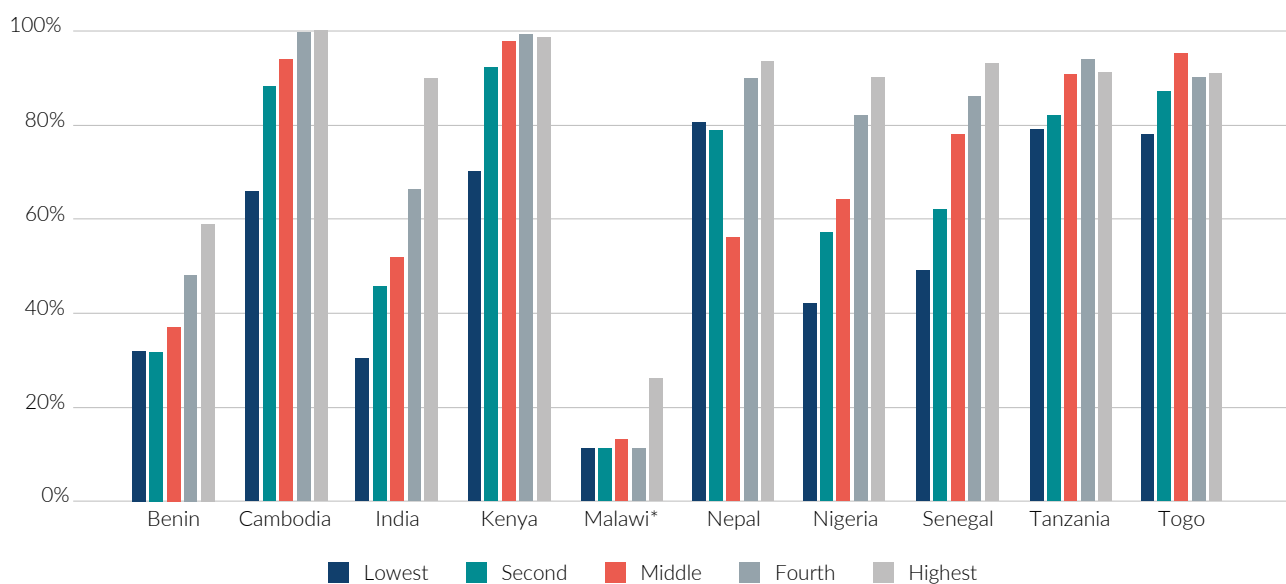
It is often assumed that community-based approaches are automatically equitable because everyone must have access to and consistently use latrines with handwashing facilities before ODF certification is possible. However, in practice, this often is not the case as seen in several GSF programmes. Because sanitation behaviour change approaches are rooted in collective community action, and not everyone within a community has the same means and decision-making power as others, implementing programmes without a proactive consideration of EQND can result in people being left behind. Where individuals and groups face active discrimination, it can also jeopardize people's safety, dignity and rights. By way of example, we see that there are disparities across and within programmes in respect of access to a latrine by wealth quintile (Figure 3).

To help our partners to integrate EQND principles into GSF programmes, we produced the WSSCC EQND in CLTS Handbook for Practitioners, and conducted a series of trainings for all current GSF programmes at the sub-national level to share key EQND concepts and methods for integration into community-based approaches and post-ODF follow up.

Our EQND principles

- **Recognize differences** between people
- **Recognize contributions** of different people, including people who may be disadvantaged and involve them throughout
- **Collaborate with organizations** representing those most disadvantaged, seek their advice and engagement.
- **Ensure no harm**, including inadvertent.
- **Promote confidence** of those who are potentially disadvantaged through encouraging active participation in community decision-making, including sharing views and encouraging others to listen.

Figure 3: Household access to improved sanitation facilities by wealth quintiles - across ODF and non-ODF communities



Source: GSF Outcome Surveys 2017 (Malawi), 2018 (India, Kenya, Tanzania, Nepal, Cambodia), 2019 (Senegal, Nigeria, Togo, Benin)

Menstrual health and hygiene progress

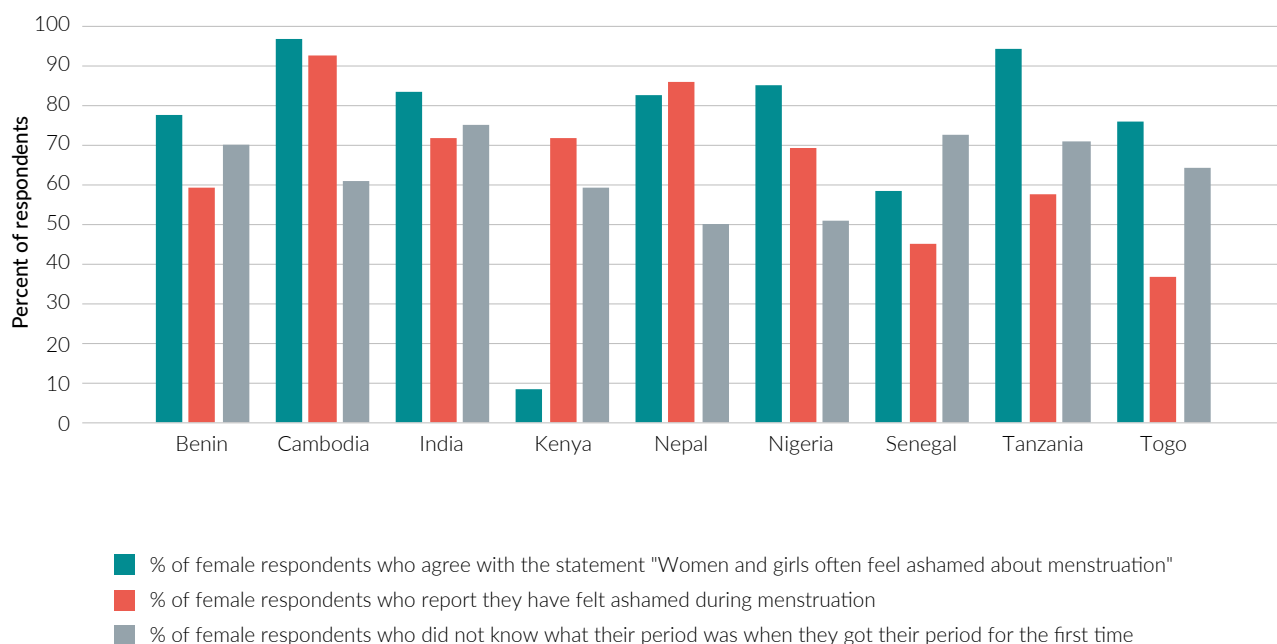
Addressing the rights of adolescent girls and women is vital to our vision. Globally, hundreds of millions of menstruators lack the means to ensure their menstrual health. Due to stigma and ignorance, women and girls when menstruating face restrictive and discriminative practices, including not being able to attend school. These obstacles impede women and girls' access to health, including their sexual and reproductive health and to inhibit educational and economic prospects and to limit social participation.

In 2019, our understanding of menstruation-related support broadened. To better align with our partners, we adopted the term menstrual health and hygiene (MHH) to reflect the range of issues under consideration in the field. We will now ensure that all future grant support is applied through the MHH lens rather than limited only to menstrual hygiene management (MHM). However, in current GSF programmes, transition to MHH is yet to fully start, and therefore until the end of the current strategic plan period, 2020, we continue to measure progress on MHM.

Menstrual health and hygiene (MHH) encompasses both menstrual hygiene management (MHM) and the broader systemic factors that link menstruation with health, well-being, gender equality, education, equity, empowerment, and rights. These systematic factors have been summarized by UNESCO as accurate and timely knowledge, available, safe, and affordable materials, informed and comfortable professionals, referral and access to health services, sanitation and washing facilities, positive social norms, safe and hygienic disposal and advocacy and policy.

While results indicate progress in the integration of MHM messaging into GSF programmes, outcome surveys provided a telling baseline of the current situation across GSF-supported countries (Figure 4).

Figure 4: Stigma and the internalization of stigma



Source: GSF Outcome Surveys 2017 (Malawi), 2018 (India, Kenya, Tanzania, Nepal, Cambodia), 2019 (Senegal, Nigeria, Togo, Benin)

Our provision of technical assistance and convening support extended to countries putting in place the building blocks, national policies, strategies, costed plans and monitoring frameworks required for effective, large-scale implementation

of MHH programming and push the boundaries of social discourse about MHH. Notable engagement was with partners in Kenya, Malawi, Pakistan, India, Nigeria, and Tanzania.

School and health care facility progress

Whilst our Executing Agencies have made some headway in 2019 on school sanitation programming and results delivery, we know that systemic bottlenecks prevent sustainability as well as acceleration of interventions. Limited GSF funds also mean that countries are only able to invest in the promotion of WASH behaviours, rather than infrastructure. Nor has there been much engagement with the wider sector outside the immediate programme area and GSF has not been able to adequately influence national policy or strengthen systems related to WASH in schools. However, in 2019 GSF support provided for all GSF programmes to undertake, at varying degrees, activities in schools.

Activities in support of sanitation and hygiene in health care facilities also saw a rise but are far from being universally integrated across all programmes.

It is encouraging that in most GSF countries, presence of at least basic sanitation and hygiene facilities in schools and (primary) health care facilities now forms part of the national

ODF protocol and therefore was confirmed as part of the ODF verification processes.

Cognizant of the dire situation of water, sanitation and hygiene services in these institutions in programming countries, we know that more needs to be done, and differently.



Casamance elementary school, Senegal ©WSSCC/JavierAcebal

Global sanitation and hygiene status



Global sanitation and hygiene status

As we assess the role of WSSCC, it is important to take stock of the global status of sanitation and hygiene.

Sanitation and hygiene are a public good, a human right and an enabler of other Sustainable Development Goals including gender, education, health, poverty reduction and economic growth. Sanitation and hygiene, including menstrual health and hygiene, are indispensable in the process toward realizing many transformational benefits¹¹. Yet, the SDG 6.2 target for sanitation and hygiene lags woefully behind. According to the World Health Organization (WHO) and UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) 2019 report which provides a special focus on inequalities, globally **2 billion people live without access to basic sanitation, 3 billion lack basic handwashing facilities** at home and hundreds of millions of menstruators lack the means to ensure menstrual dignity and health.¹² Despite significant gains, current projections indicate that the sanitation related SDG targets will not be reached by 2030.¹³ The vision for water, sanitation and hygiene under SDG 6 can also not be achieved without adequate attention to MHH and the fulfilment of girls' and women's human rights.

Lack of sanitation disproportionately affects vulnerable populations, particularly people living in rural areas who comprise **91% of the 673 million people defecating in the open and 70% of those who still lack even basic sanitation services**.¹⁴

Poor sanitation and hygiene are a root cause of the transmission of infectious diseases such as cholera (worldwide each year there are about 1.3 million to 4.0 million cases¹⁵), Ebola (the 2014–2016 Ebola epidemic recorded 11,300 deaths in Guinea, Liberia, and Sierra Leone¹⁶), dysentery, hepatitis A, typhoid and polio, and as seen at the very end of 2019, Coronavirus. Those who are vulnerable are also most at risk of WASH-related public health outbreaks, such as Cholera.¹⁷

The sanitation and hygiene crisis also extends to institutions, namely health care facilities, and schools. In 2016, **21% of**

health care facilities globally had no sanitation service, directly impacting more than 1.5 billion people.¹⁸ This is a huge issue as most health care-associated infections are preventable through good hand hygiene – cleaning hands at the right times and in the right way.¹⁹ However, approximately **70% of healthcare workers do not routinely practice hand hygiene**, with health workers reporting misunderstandings about the relevance and importance of hand hygiene in everyday clinical practice.²⁰ Only **60% of the world's population has access to a basic handwashing facility**. In the world's least developed countries, only 28% of people have access to basic handwashing facilities and in some countries, for example Liberia, only 1% of the population has access to such facilities.²¹

Equally shocking is the status of sanitation and hygiene in schools. Globally over **620 million children worldwide (34%) lacked basic sanitation services at their school**.²² Among them, **over 410 million had no sanitation service** at their school at all.²³ Lack of safe gender segregated sanitation and hygiene at school not only puts children's health and dignity at risk, it significantly reduces the quality of the education environment and means that some children, especially adolescent girls, will miss school. Poor latrine design can mean that children with disability cannot access a toilet, and lack of basic maintenance leaves facilities dirty, smelly, broken and generally unfit for use. Lack of basic handwashing facilities, including soap, means that children fail to wash their hands prior to eating their midday meal, or after defecating, increasing the risk of disease.

Progress in the achievement of national sanitation targets is particularly hampered by two recurrent themes: lack of finance and weak systems. The 2019 Global Analysis and Assessment of Sanitation and Drinking-Water report shows that investments in drinking water still far outstrip investments in sanitation and hygiene, with water accounting for 63% of total WASH expenditures.²⁴ It also shows that whereas many countries now have WASH plans and roadmaps in place, only **8% of countries reported having enough finances to meet their rural sanitation targets and only 4% had enough finances**

for hygiene-related needs, versus 21% and 15% for urban and rural water supply respectively.²⁵

In conclusion, investment in sanitation and hygiene is lagging. There is a huge gap between the resources required and

the amount of resources available to do what is necessary. National governments and the international community must step up funding urgently. The time to act is now.



Margaret Wangari is a natural leader who volunteers with the Village Sanitation Committee to maintain ODF status in Nakuru County, Kenya. ©WSSCC/Jason Florio

New Strategy and forward look



To significantly increase our contribution to the sanitation and hygiene crisis, we need to reset our organization and business model. In November 2019, WSSCC’s Steering Committee, with support of our host UNOPS, advised that by 2021 we evolve into a new entity: the Sanitation and Hygiene Fund. This decision is in response to the findings of the mid-term strategic review, which included an assessment of our current value-add in sector and observations around creating a unique selling proposition. We have also consulted our stakeholders and taken advice from colleagues in prominent health funds and our technical partners. Moving forward, we are applying learning from the modestly resourced, yet successful Global Sanitation Fund and our work on MHH, convening and human rights, all in support of Leave No One Behind.

The aspiration is to build a Fund capable of serving the sector through sustainable investing, at scale, across a larger footprint of countries in need. The scale of investment will give the Fund a louder voice. This can be used to catalyse government action and commitments at country level. Working closely with national governments and key development partners, the Fund will focus

on countries most left behind and least able to respond, based on greatest need and factoring in a country’s income level.

Addressing the gap in access to sanitation and hygiene calls for a response on an unprecedented scale. As such the Fund aims precisely at giving the hygiene and sanitation world a mechanism to take its response to a new scale, thereby filling an obvious void in the international response to the sanitation and hygiene crisis.

The Fund will be:

- Country-led and owned
- Impact and results-driven
- High burden focused, assisting those least able to respond
- Catalytic and leveraging domestic resources; it will complement, not duplicate
- Promote equality, performance, sustainability and value-for-money
- Enable better donor coordination
- Be an efficient and scalable mechanism with a strong business and operational model.²⁶

The Fund will focus on 4 strategic objectives:

Scale-up household sanitation and hygiene services

Address Menstrual Health and Hygiene gaps while promoting empowerment of women and girls

Increase sustainable water, sanitation, hygiene and MHH services in schools and Health Care Facilities

Support innovation towards safely managed sanitation, hygiene and MHH

Strategic enablers – strong country partnerships, the leverage of influencers, and the strengthening of multi-stakeholder processes-underpin the above strategic objectives. The pivotal role of civil society in the creation of new social norms around sanitation and menstrual health and hygiene is duly acknowledged, along with the opportunity to enhance engagement of those left behind in evidence building and monitoring for accountability. To this end, the Fund will encourage governments to join the Sanitation and Water

for All (SWA) partnership and other relevant coalitions to avail platforms and processes for learning and mutual accountability. It will ensure strong monitoring and evaluations of its programmes and results, facilitating the establishment of “WASH Accounts” or similar. This will serve to generate consistent and comprehensive data on sanitation and hygiene spending, which, together with health and education data systems, will contribute to evidence-based policymaking.

Stewardship



Resource mobilization

Historically, WSSCC has relied upon funding from European donor governments. In the past, all donor funding to WSSCC was provided as unearmarked multi-year funding to WSSCC's pooled fund²⁷. These donor relationships are critical for the organization and ensure high-quality and sustainable funding. Our small donor base makes the organization vulnerable to external shocks. Moreover, all current donor agreements will expire in December 2020 as WSSCC's funding is linked to the

implementation of a four-year Strategic Plan. In response to this risk and to set the stage for donor support post 2020, WSSCC reached out extensively to development partners in 2019, including through donor consultations on the new Strategy. Our decision to evolve into the Sanitation and Hygiene Fund provides us with a strong narrative and investment case that considers donor priorities and sensitivities. We are encouraged that our current donors indicate they will respond.

Hosting arrangements

Through its hosting agreement with UNOPS, WSSCC strives to continue to deliver programmes that are financially efficient while producing sustained and impactful results. In its capacity as a host agency, the services provided by UNOPS underpin WSSCC's work. In 2019, UNOPS reported delivering operational and implementation support as well as oversight to WSSCC, in line with its hosting terms and agreed support services to implement the 2019 work plan and

budget. This included the provision of transactional support with travel, procurement, grant contracting and management, Human Resources and financial transactions. The WSSCC Secretariat noted that the UNOPS portfolio team had shown further enhancements of effectiveness, creating efficiency gains in optimizing the daily operational elements with a special emphasis on improving planning, auditing, HR support and financial monitoring functions.

Managing risk and compliance

WSSCC has now adopted the standard UNOPS approach to risk management, which defines and reviews risks associated with the overall operation, programme and finance. Risks are reduced to the lowest reasonable level to foster ownership, with high level risks being identified, managed and monitored by the Senior Leadership Team and the Directorate.

In 2019 WSSCC, through UNOPS, carried out Executing Agency audits for ten country programmes, (in Benin, Cambodia, Ethiopia, Kenya, Madagascar, Malawi, Nigeria, Senegal, Tanzania and Uganda), using a global independent audit firm. The objectives of the audits were to assess and evaluate the internal controls and management of the country

programme operations, including oversight and assurance activities, as well as compliance with Executing Agencies' policies and grant support agreement terms and conditions. The overall assessment of the audits covering governance arrangements, risk management practices and controls were established and functioning, but need some improvements. The audit arrangement has brought a consistent and systematic approach to reporting, oversight, assurance and accountability, and provides an annual synthesis and consolidation of emerging findings and recommendations to inform financial, operational and programmatic oversight.

Membership

By the end of 2019, WSSCC had a network of over 5,000 individual members and 360 organizational members, representing an increase of 990 against 2018. Membership in programme countries, where influence and voice are most needed, have increased. The Secretariat communicates with

members on a regular basis through various online platforms, and disseminates information, tools and resources, to help members raise awareness, lobby their governments and contribute towards national goals linked to SDG 6.2.

Gender and diversity

WSSCC's commitment to inclusion and participation is reflected in its programming as well as in its structure and that of its governing body. In 2019, 61% of WSSCC's personnel were female and 39% male, and its staff reflected the organization's geographical balance. This balance of diversity was also

reflected in the Senior Leadership Team, which was made up of 40% females and 60% males.

Additionally, in 2019, 64% of WSSCC's voting members on its Steering Committee were females and 36% males, with 54% of its voting members coming from programme countries.

Strengthening organizational culture

At the end of 2019, we conducted a Staff Survey, the first since 2016. Results are overwhelmingly positive, including in the area of supervision for results. WSSCC also constituted a Staff Forum in 2019 with elected representation from the staff group. Working closely with the Senior Leadership Team,

the Staff Forum assists to ensure that the organization develops a culture that enables all staff to perform their duties according to the highest norms of professional behaviour, and empowers them to contribute actively and engage fully in achieving the WSSCC's mission and goals, and UN principles and ethics.

Governance

The Steering Committee continued to guide WSSCC, providing advice on our new and bold strategic direction. During 2019, the Steering Committee commissioned an organizational Mid-Term Strategic Review. Following recommendations, it then advised the Secretariat to develop a new Strategy for 2021-2025, for approval by the Steering Committee at its meeting in May 2020. The Secretariat

was asked to shape a Strategy that can operate at a scale that enables it to make a significant impact to the sector in its focus areas during 2021-2025, and hence the positioning of the Sanitation and Hygiene Fund. To support this new strategic direction, a review of WSSCC's governance was commissioned, with recommendations due in May 2020.

Mid-term strategic review



Our mid-term strategic review provided the opportunity to take stock of implementation of the current strategy as well as readiness for the remaining and the subsequent strategy periods.

Regarding progress, the review intended to focus on achievement with attention to programmatic sustainability and plausible contribution vis-à-vis improving sanitation and hygiene for women and girls, addressing stigma and discrimination, and increasing national ownership and programmatic scale-up. Readiness was defined in relation to our work in advocacy; technical advisory services; investments; partnership brokering; coordination; and working with other organizations as well as alignment with the broader sector priorities. Operational readiness, including analysis of the governance model, human resources capabilities, and robustness of financial and information systems, was considered out of scope for this review.

A SWOT analysis found that WSSCC has strengths in equity and inclusion mainstreaming, EQND, advocacy for marginalized groups, global advocacy, country investment and relationships with government. Weaknesses included weak country presence, lack of long-term vision, weak perceived accountability, lack of realistic target setting and monitoring, poor coordination and alignment between the secretariat and in-country partners, short-term partnership strategy and poor membership management. Opportunities included the presence of new leadership, a fostering of positivity and collaboration, development of a new strategic plan with clear direction and accountability, lessons from country programmes and innovations. Threats included competition in the global WASH space, lack of understanding of WSSCC's role and added value, resulting in weak partner engagement.

The review concluded that:

- WSSCC has a strong potential value proposition through its work on equity and inclusion mainstreaming, advocacy for marginalized populations, and work in countries that helps connect subnational programme implementation to national and global policy advocacy.
- The overall findings as well as strengths, etc... weaknesses, opportunities, and threats mean there is an opportunity to embark on a “reset” through the development of a new strategy. Such a “reset” could enable WSSCC to play a potentially significant role in achieving the SDGs as they relate to sanitation and hygiene.
- This “reset” will also provide WSSCC with an opportunity to better articulate its added value, communicate with a broader water and sanitation sector, and improve its relationship and engagement with strategic partners. Further, it will allow for review of modalities for country engagement, programme development and implementation, knowledge management, measurement, and accountability.
- A reset should also be used as the moment to rebrand and reprofile WSSCC.

Responding to the findings and recommendations, in 2019 we started consultations around our new direction, began work on reviewing our collection both in terms of what and how data is collected and used in order to simplify and align reporting practices across the countries; embarked upon the development of the new strategy to build WSSCC's identity and better articulate its role for partners and other stakeholders; and acted to increase visibility and enable consistent communication of WSSCC's role, activities and results, and consider rebranding.

Financial overview



UNOPS Certified Consolidated WSSCC Interim Financial Report: Period 1 January 2019 to 31 December 2019 is provided in the table below. It gives an overview of funding, expenditure and contractual commitments as well as a breakdown by donor, representing an 85% delivery rate against a budget of US\$ 31.63 million.

All amounts in US Dollars

Opening Balance as of 1 Jan 2019, b/f ¹	32,197,999
Income	
Deposit Received	
Switzerland	4,052,274
Netherlands	10,800,000
Sweden	4,756,950
Norway	326,970
Total Deposit Received	19,936,195
Interest Income	554,427
Total Income (A)	52,688,621
Expenditure	
Disbursements	25,256,034
Net exchange gain ²	846
Management Fee	1,767,922
Total Project Expenses (B)	27,024,802
Project Advances (C)	14,419
Project Capitalized Assets (D)	7,549
Ending Balance as of 31 December 2019 ³ : (E= A-B-C-D)	25,641,851

Adjustment of Commitments on WSSCC Ending Fund Balance as of 31 December 2019⁴

Ending Fund Balance as of 31 December 2019 before adjustment of Commitments (F=E)	25,641,851
Commitments as of 31 December 2019	
Multi-year GSF Country commitments	8,472,752
Other commitments Staff, Grants and services	7,741,305
Total Commitments as of 31 December 2019 (G)	16,214,056
Ending Fund Balance as of 31 December 2019, after adjustment of Commitments (H=F-G)	9,427,795

Notes:

(1) Funding balance before adjustment of commitments as at 31 December 2019, which are now included in the adjustment section.

(2) Net Exchange Loss (Gain) represents exchange rate-related fluctuations for the project-related financial transactions.

(3) UNOPS operates on a cash basis and the ending balance as of 31 December 2019 excludes commitments totalling US\$ 16,214,056.

(4) Commitments represent contracts by 31 December 2019 for which period for delivery and payment schedule falls beyond 31 December 2019. They include multi-year commitments for GSF country activities, grants support, contracts for staff and services.

Thematic focus areas



Sprinting the last mile

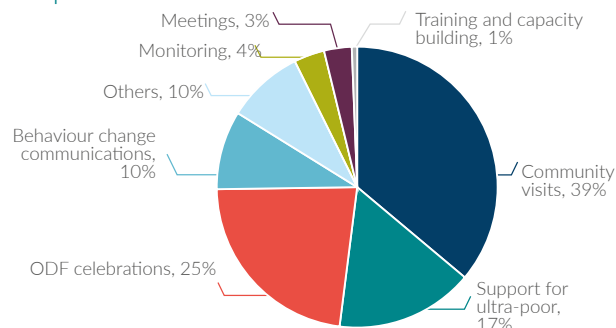
On 30 September 2019, the **Government of Nepal declared the country open defecation free**. Since 2014 WSSCC's GSF, executed by UN-HABITAT, concentrated on bringing the challenging Terai region, the 'last mile' of the Sanitation Campaign, to the finish line. In this period, the programme successfully contributed to accelerating sanitation coverage in eight Terai districts from around 13% to near-universal coverage in just over four years.

This rapid acceleration in ending open defecation and expanding access to improved sanitation was the result of strong government leadership and the concerted efforts of several programmes and organizations. A few of the key lessons learned from the Terai campaign include:

- 1. Building sanitation coalitions:** WASH Coordination Committees were led by local governments, composed by a wide variety of government and non-governmental entities, and were responsible for overseeing the planning, implementing, and monitoring of the Sanitation Campaign. An important factor for success in the Terai was building coalitions of sanitation champions and influential local leaders to form the nucleus of these committees prior to the commencement of the campaign. Supporting coordinating committees to set their own timelines and targets, based on the national Sanitation and Hygiene Masterplan, was an effective call to action and gave the coordination committees a shared vision.
- 2. Leveraging local resources:** The 'match funding mechanism' was a unique feature of the GSF Nepal programme. The concept was to match allocations from local government budgets into a dedicated sanitation and hygiene revolving fund. Close to US\$ 2 million was leveraged across 726 local governments (VDCs) between 2010 and 2018. Three quarters of this total were from local governments in the Terai, who contributed up to 2.5 times the amount disbursed by the programme. An assessment carried out by the programme in 2018 indicated that close

to two thirds of matching funds were spent on behaviour change based activities, with further budgets made for post-ODF 'total sanitation' campaign activities.

Breakdown of matching fund expenditure from sample VDCs



- 3. 'Local led Total Sanitation':** The heart of Nepal's sanitation campaign is rooted in a movement of facilitators working in a door-to-door behaviour change campaign – known in Nepal as 'Local Led Total Sanitation'. Organizing this immense number of actors was critical. In the Terai, the GSF Nepal programme utilized a new structure involving community volunteers, local facilitators, and area coordinators to quickly get to scale. Supporting people who are unable to build a latrine on their own was also vital. Successful strategies included long-term planning and budgeting beyond programme timelines, hiring facilitators with in-depth local knowledge, encouraging community-based support, and targeted advocacy towards landlords to allow latrine construction for their tenants. Targeted subsidies were also used by local governments to provide households identified as ultra-poor with hardware needed for improved latrines – either at a discount or provided directly.



Village community participation, Uganda. ©WSSCC

Household sanitation and hygiene

With GSF support, the **Uganda Sanitation Fund (USF)** was launched in 2011 to cover 15 districts. The USF saw two expansions: in 2013 for acceleration in delivery and geographical scope, doubling the number of targeted districts from 15 to 30; and in 2016 adding ten districts to the 30, with an in-built co-funding component by the Government of Uganda. The USF is now operating in 44 districts matched with an amount from the Government as counterpart funds.

The USF aligns with Uganda's existing policies, sector strategies and decentralized systems of local governance. The idea is to embed institutional sustainability and build an enabling environment to expand USF beyond the GSF-supported intervention areas to all districts. It is based on the three pillars of the Government's Improved Sanitation and Hygiene Promotion Strategy: i) create demand for basic sanitation and hygiene; ii) strengthen the sanitation supply chain; and iii) create an enabling environment for sustained results.

The USF is implemented entirely through government systems with the key players as follows: Ministry of Finance, Planning and Economic Development serving as the fund recipient; Ministry of Health as the Executing Agency; District Local Governments as the Sub-grantees; Ministry of Water and Environment chairing the Programme Coordinating Mechanism, which operates as a sub-committee of the existing coordination structure for sanitation and hygiene, the National Sanitation Working Group.

The **overall objective is to contribute to the reduction of morbidity and mortality rates due to sanitation-related diseases** among the people in the programme area through improved access to basic sanitation facilities and adoption of good hygiene practices. With the newly introduced approach termed, "accelerated ODF among USF districts" and in alignment with the GSF Theory of Change and the new Results Framework, the programme now targets to declare five districts ODF by the end of 2020, and the total programme target for people living in Open Defecation Free environments is 6.8 million people living in more than 11,000 districts.

Throughout its nine years of implementation, the USF has shown a steady trend in terms of results delivery and it is on track to achieve its highly ambitious targets. With the number of ODF communities increased, requiring further post-ODF and sustainability measures, the delivery has slowed down slightly in the last two to three years. **At the end of 2019 the cumulative results are: 5.3 million people living in ODF environments; 8 500 targeted communities are ODF; 4.5 million people have access to a handwashing facility with water and soap; and 2.1 million have access to an improved sanitation facility.**



WSSCC member and MHH champion Daniel Karanja sharing menstrual health awareness during the International Conference on Population and Development. ©WSSCC

Menstrual health and hygiene

Country activity

In **Tanzania**, where the WSSCC National Coordinator is the current chair of the national MHM Coalition, MHM statements were successfully into the National Health Policy. With WSSCC support the coalition undertook preparatory work for national guidelines to be included in the school curriculum and led the development of a National Action Plan for MHM.

In **India**, we worked with the state governments of Bihar, Jharkhand and Assam to put in place guidelines and strategy for the convergence and coordination of MHM programming between different line departments, including Water and Sanitation, Health, Education, and Women and Child Development, and the leveraging of funds for implementation. 815 master trainers were trained on MHM by us at state and district level in 2019.

In **Kenya**, we assisted the development of a stand-alone, inclusive national MHM policy, designed to complement other sector policies, including the Environmental Sanitation and Hygiene Policy (2016-2030). This involved inter-sectoral dialogue, including to secure Cabinet approval; inclusive consultations, technical guidance, content development, and capacity building to facilitate implementation approaches. MHM training in Kenya is also extended to those with disabilities, including for hearing impaired children.

Regional activity

Through technical engagement, we support the African Coalition for MHM (ACMHHM), hosted by UNFPA. Areas of focus during 2019 include: broadening MHM beyond schools, including out-of-school girls, workplaces and other institutions; Leave No One Behind and MHM; and identifying champions for advocacy and policy influence. With UNFPA West and Central Africa, we scoped the viability of sanitation, hygiene and MHH contribution to the Sahel Women's Empowerment and Demographic Dividend Project²⁸ check note. We also joined Coalition partners at the 25th anniversary of the International Conference on Population and Development in Nairobi to position MHH in the discourse and statements.

Global activity

In 2019, we facilitated the co-creation of a new global **Menstrual Health and Hygiene Collective**. Activities with partners included agreeing the Collective's governance, its purpose - *to drive calls for worldwide investment in MHH* -

its strategic objectives (policy, evidence, public narrative, collaboration and sharing), a 3-year workplan and a call for proposals to stimulate collective action around the objectives. With WaterAid, we looked at global investments to inform the Collective's advocacy and communication strategy, and assist organizations, including WSSCC in positioning. Earlier in the year, we hosted the MHH practitioner and academic measures group with Columbia University and with them are undertaking research to assess the status of MHH policy developments globally.

In line with the priority theme of the UN Commission on the Status of Women, with Columbia University, we convened an MHM session. The event was co-hosted by the Permanent Missions of Germany and Spain to the United Nations in New York. Finally, under the Collective in 2019, we co-facilitated advocacy and awareness-raising at the Women Deliver Conference, which included technical sessions, expert interventions and wide social media reach.



WSSCC's menstrual hygiene tent demonstrates the importance of a safe space to learn about menstrual health ©WSSCC/Javier Acebal

Societal engagement

If the social movements, platforms and strategies to engage wider society already exist, how can development entities tap into them? In 2019 we worked with two partners to explore this question, collaborating to harness on-going movements in several geographies.

WSSCC defines societal engagement as a strategy to raise awareness for and support the achievement of SDG 6.2 with the general public, but also to encourage active participation from individuals and groups (some of whom are influencers) towards these aims. Through this work, we seek to amplify existing momentum and progress towards achievement of SDG 6.2, utilizing a convening role, a targeted ecosystem of partners and technical expertise.

Confronting MHH taboos and beliefs in India

Over the year, and at specific events, the **Global Interfaith WASH Alliance (GIWA)**, India, has harnessed the power of faith to tell a story and confront misinformation, fear and the unknown.

This has seen many highly influential faith-leaders, male and female, to speak out about the rights of women and girls to menstrual health and hygiene and to tackle pervasive stigma across society.

For example, during the Kumbh Mela Hindu festival, billed as the largest gathering of humanity on earth, with over 110 million pilgrims converging at one place over 45 days, GIWA set up a "menstrual lab" – a physical tent amid faith camps and welcomed streams of curious pilgrims using life-size puppets and word of mouth. Over the course of 45 days, an estimated **90,000** pilgrims visited the lab to learn about menstrual health and hygiene, confronting their own taboos and beliefs.

GIWA data on own media reach estimated **100 million people**. And with a social media reaching tens of millions, the breaking of taboo and stigma through the words of faith leaders, including the Dalai Lama, is significant.

With our support, the **Youth Ki Awaaz**, a user-generated youth media platform on social justice issues in India, successfully launched the "#Periodpaath" initiative to drive youth opinion on all aspects of menstruation in India.

A baseline perception survey was conducted on the platform in Hindi and English with 11,161 complete responses. This survey covered 20 Indian states with representation across geographies, gender, age group and income levels and gathered data about current perceptions and conversations about MHH among youth. Subsequently, over 100 stories (46 in English and 51 in Hindi) by the Youth Ki Awaaz community of writers were published on the #PeriodPaath platform, garnering a readership of over 120,000 views at end 2019. By the end of the year, the campaign had reached over **1.3 million** people online via Facebook, Twitter and Instagram.

The diverse content included positive changemaker stories; advocates for eco-friendly menstrual hygiene products; first-hand experiences of dealing with menstrual health-related problems; creating awareness on access and 'period poverty'; sharing personal narratives of the impact of lack of credible sources of information on sexual and reproductive health and hygiene; and accounts of taboos and stigmas intersecting with gender and caste identities and how it affects access to equal opportunity and rights for menstruating people.

The initiative benefits from the use of constant monitoring to measure how social discourse is changing.



14 vulnerable groups gathered, last December 2019, in Rishikesh to elevate their voices and discuss how to confront gaps, barriers, and stigma. ©WSSCC



Consultative Workshop on the implementation of SDG 6.2 in India co-organized by GIWA, FANSA and WSSCC. ©WSSCC

Elevating the voices of those left behind

With partners GIWA and FANSA in India, we created a platform to elevate the voices of those left behind and inform the Voluntary National Reviews on SDGs progress, and SDG 6 specifically.

Providing a safe environment for people who are systematically denied opportunities and resources that are available to other members of the community (including water and sanitation service provision) because of their exclusion from social, economic, cultural and political life due to who they are, where they live or what they believe, a conversation as facilitated about “being left behind”.

Over 14 different groups attended – youth, women, older persons, persons with disabilities, persons living with HIV, transgenders and LGBTIQ, sex workers, sanitation workers, Dalits, Adivasis, farmers, urban poor, shanty dwellers and homeless, migrants and refugees. Also participating were faith leaders from across India’s main religions, alongside rights activists and representatives from more than 30 international and national organizations.

Focus group discussion considered the contribution of the Swachh Bharat Mission (SBM) towards achieving SDG 6.2 for these populations. Information was gained on challenges

people face gaining access to water, sanitation and hygiene services, making recommendations to the Government and development partners on how to move forward together and to reach the furthest behind first.

A joint report of the consultation has been shared with the government for inclusion in India’s Voluntary National Review. Elsewhere with UNICEF, WaterAid and other regional partners, we supported a Regional Civil Society Organization (CSO) Advocacy Strategy for South Asia, in collaboration with FANSA, aimed at strengthening civil society role in support of the regional and national Leave No One Behind agenda and its specific contribution to the SWA framework and accountability mechanisms.

And at the global level, in partnership with OHCHR, and UN special rapporteurs, we organized a roundtable consultation in New York, with representatives of major groups and vulnerable populations on the interconnectivity of the SDGs and how to engage vulnerable groups in sanitation and hygiene programming.



Community members of the Ngelelya village in Kenya. © WSSCC/Jason Florio

Advocacy and communications

In 2019 WSSCC made deliberate efforts, based on human interest stories, members' experiences and sector evidence to raise the organization's profile on social media to build solutions. Hitherto this footprint was minimal.

A total of 53 media articles both in English and French featured WSSCC's activities. To maximize its international exposure, WSSCC engaged with UN News and Global Citizen. Three stories were published on UN News. In particular, the Q&A piece to explain the benefits of ending open defecation on World Toilet Day was translated into Arabic, Chinese, French, Hindi, Portuguese, Russian and Spanish and disseminated to wider audiences across the globe. The Global Citizen published a human-interest story related to WSSCC-supported activities in Madagascar. Additionally, ahead of Menstrual Hygiene Day, an op-ed piece was carried on the International Institute for Sustainable Development website.

WSSCC's proactive digital production resulted in the rapid growth in Facebook and Twitter performance through well-focused milestone day campaigns. The number of **Facebook** page likes increased from 10,547 in March 2019 to **273,016 in December 2019**, and the number of **Twitter** followers also made a steady upward trajectory from 17,417 in March 2019 to **39,825 in December 2019**.

In support of WSSCC's technical contribution, a series of pioneering communications activities were planned and executed for Stockholm World Water Week. WSSCC live-streamed mini talk shows with 31 experts on Facebook at its booth over four days totalling seven hours of video recordings; set up a selfie-friendly, "Instagrammable" exhibition booth with 25 original posters, three speech bubbles and a video screen; and promoted WSSCC's activities on social media through the dissemination of digital cards and e-newsflashes prior to the week. Live-streaming talk shows on Facebook, called WASH Talks, continued during the Steering Committee week in November, featuring several prominent guest speakers in the WASH sector and beyond.

WSSCC also produced feature videos, for example, one for Stockholm World Water Week, showcasing inequalities and people that are left behind in sanitation and hygiene, and another video on menstrual health and hygiene in Kenya. A series of interview videos with WSSCC partners were posted on Facebook and Twitter. Field communications consultants were recruited in Benin, India, Kenya, Madagascar, Nepal and Nigeria on a retainer basis to produce web articles and improve WSSCC's digital performance.



Menstrual health and hygiene workshop in India. ©WSSCC/Javier Acebal

Knowledge, learning and innovation

2019 provided a moment to join hands with our partners to reflect on the successes, challenges, innovations, and lessons learned by the GSF after ten years of grant support. The aim is to inform transition strategies towards accelerating programme contributions towards SDG 6.2, and proposal guidelines and modalities for the new Fund.

Themes include sustainability to consolidate the lessons around underlying conditions for ensuring continuous latrine usage and handwashing practices; the role of social norms in collective behaviour change; preventing and responding to 'slippage'; effectively measuring and monitoring improved behaviours; access to safely managed sanitation; the integration of EQND into programmes, for example ending open defecation amongst nomadic communities in Wajir, Kenya, and targeting highly complex 'last mile' districts in the Terai belt of Nepal. We also conducted a comparative analysis of WSSCC country delivery modalities, including the role of National Coordinators.

Country learning

Much of the success of GSF-supported programmes has been thanks to a consistent focus on innovation and systematic learning, sharing and replication of approaches. In 2019, 12 out of 16 countries reported that they adopted and applied GSF-supported delivery approaches beyond the targeted areas, with 11 of them indicating replication in areas with increasingly more difficult contexts. Programmes encourage inter-district and inter-country exchanges for cross-pollination and experimentation with different approaches. In Uganda, for example, model clean communities have been established in the West Nile and Lango regions, which are being used for peer learning among implementers from other districts. Further learning exchanges included EQND in CLTS training for francophone countries, with participants

from Madagascar, Togo and Benin and Senegal and for anglophone GSF practitioners and partners in Kenya, Ethiopia, Nigeria and Malawi. Uganda and Tanzania held a Follow-up MANDONA / Institutional Triggering exchange.






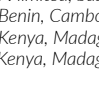


In India, WSSCC supported Rapid Action Learning (RAL) at National, State and District levels to provide advice on corrective action and to encourage good practices. Separated from the monitoring function, the RAL approach helped provide rapid feedback from the field, captured innovation, shared successes and failures, encouraged reflection and corrective action. It included proactive searching for innovations and experiences, and village immersion to know the honest, accurate, insightful research and feedback from the field. WSSCC India Support Unit worked closely with the Institute of Development Studies who spearheaded the concept to support and integrate RAL into the policy and guidelines. For learnings, WSSCC provided technical support to Regional Centre for Sanitation (RCS) in Colombo, Sri Lanka in February 2019 in convening a RAL workshop for all eight SACOSAN countries.

Global contribution

At the global level, WSSCC continued to be recognized for its growing set of contributions to sector learning and evidence, around issues of equality and non-discrimination, sustaining ODF and moving towards improved sanitation and MHH. Highlights in this respect included sharing lessons learned at a range of sector conferences, for example Stockholm World Water Week, opportunities to feed evidence into a number of different sector publications and studies such as by IDS and WASHPaLs, and coordination of the Equality and Non-Discrimination stream of the February 2019 AfricaSan conference held in Cape Town, South Africa.

Summary of results

2019 Cumulative Results Against Key Performance Indicators (KPIs)

	KEY PERFORMANCE INDICATORS (KPIs)	2019 RESULTS	CUMULATIVE for 2017-2020 Strategic Plan
	Number of communities that achieved ODF status following national criteria	7,300	33,300
	Number of people living in targeted administrative areas where ODF status has been verified using national systems	3.5 Million	12.8 Million
	Number of people that have access to handwashing facility with soap/ substitute on premises	1.5 Million	7.9 Million
	Number of people that have access to an improved sanitation facility	1.7 Million	7.4 Million
	Number of students in schools with basic sanitation AND handwashing facilities with water and soap as a result of GSF advocacy efforts	208,000	518,000
	Number of subnational administrations with a strategy or roadmap in place to achieve universal ODF and or SDG target 6.2, using collective behaviour change approaches	117 ^(a)	227
 MHH	Number of people reached with menstrual hygiene awareness messages	142,000	810,000
	Number of public health facilities with improved sanitation facilities which are single-sex and usable AND handwashing facilities with water and soap (JMP: limited service levels) as a result of GSF advocacy	148 ^(b)	189 ^(c)

Notes:

Joint Monitoring Programme (JMP): basic hygiene service level

JMP: limited, basic and safely managed sanitation service levels

(a) Benin, Cambodia, Ethiopia, Kenya, Nepal, Madagascar, Nigeria, Togo

(b) Kenya, Madagascar

(c) Kenya, Madagascar, Senegal

Source: 2019 Reported by GSF Executing Agencies

Partners



WSSCC's Geneva-based Secretariat works closely with individuals and organizations in-country. It is these partnerships that allow us all to make a difference.

Bangladesh	National Coordinator	Anowar Kamal, hosted by the Unnayan Shahojogy Team
Benin	National Coordinator	Felix Adegnika
	Executing Agency	Medical Care Development International (MCDI)
	Programme Coordinating Mechanism	Chaired by the National Directorate of Public Health, Ministry of Health
Cambodia	National Coordinator	Dr Chea Samnang, hosted by the Council for Agricultural and Rural Development
	Executing Agency	Plan International Cambodia
	Programme Coordinating Mechanism	Chaired by the Ministry for Rural Development
Eritrea	Executing Agency	UNICEF Eritrea
Ethiopia	National Coordinator	Michael Negash Beyene, hosted by the SNV Netherlands Development Organisation
	Executing Agency	Federal Ministry of Health
	Programme Coordinating Mechanism	Designated committee Chaired by UNICEF
Kenya	National Coordinator	Alex Manyasi, hosted by the Kenya WASH Alliance
	Executing Agency	AMREF Health Africa, Kenya
	Programme Coordinating Mechanism	Sub-group of NSH inter-Agency, Chaired by the Ministry of Health
Madagascar	National Coordinator	Michèle Rasamison, hosted by MCDI
	Executing Agency	MCDI
	Programme Coordinating Mechanism	Designated committee established by the Government of Madagascar, Chaired by an independent scholar
Malawi	National Coordinator	Ngabaghila Chatata, hosted by the Water and Environmental Sanitation Network
Nepal	Executing Agency	UN Habitat
	Programme Coordinating Mechanism	Chaired by the Ministry of Water Supply
Niger	National Coordinator	Aï Abarchi

Nigeria	National Coordinator	Elizabeth N, Jeiyol, hosted by Gender and Environmental Risk Reduction Initiative (GERI)
	Executing Agency	United Purpose
	Programme Coordinating Mechanism	Sub-Committee of the National Sanitation Working Group, Chaired by the Ministry of Water Resources
Pakistan	National Coordinator	Tanya Khan, WASH Consultant
Senegal	Executing Agency	Agence d'Exécution des Travaux d'Intérêt Public contre le sous-emploi (AGETIP)
	Programme Coordinating Mechanism	Chaired by the Ministry of Water and Sanitation
Togo	Executing Agency	UNICEF Togo
	Programme Coordinating Mechanism	Chaired by Ministry of Health and Public Hygiene
Tanzania	National Coordinator	Wilhelmina Malima, hosted by the Sanitation and Water Action
	Executing Agency	Plan International Tanzania
	Programme Coordinating Mechanism	Designated Committee, Chaired by the Ministry of Health
Uganda	National Coordinator	Jane Nabunnya Mulumba, hosted by IRC
	Executing Agency	Ministry of Health
	Programme Coordinating Mechanism	Sub-committee of the National Sanitation Working Group, Chaired by the Ministry of Water and Environment
Zimbabwe	National Coordinator	Lovemore Mujuru, hosted by Mvuramanzi Trust

Endnotes

- 1 UN-Water (2018). Sustainable Development Goal 6 Synthesis Report 2018 on Water and Sanitation, New York: United Nations, pp.21. Retrieved from https://sustainabledevelopment.un.org/content/documents/19901SDG6_SR2018_web_3.pdf 5
- 2 <https://www.wsscc.org/wp-content/uploads/2017/06/GSF-Progress-Report-2016-WSSCC.pdf>
- 3 The legally binding obligation to ensure everyone has equal enjoyment of her or his rights, no individuals or groups are treated less favourably and there are no detrimental impacts on individuals or groups such as those defined by ethnicity, sex, gender, language, religion, political or other opinion, property, disability, age, health status, and economic and social situation (adapted by WSSCC from De Albuquerque, 2014).
- 4 Benin, Cambodia, Ethiopia, Kenya, Madagascar, Malawi, Nigeria, Tanzania, Uganda and Senegal
- 5 WSSCC advocates that countries adopt a national ODF protocol that, at a minimum, expects people in ODF villages to have access to basic sanitation and handwashing facilities
- 6 The events around the COVID19 pandemic may pose challenges to that achievement by the end of 2020
- 7 Slippage refers to a return to unhygienic behaviour, or the inability of community members to continue to meet all open defecation free (ODF) criteria.
- 8 Defined as the population using an improved sanitation facility which is not shared with other households and where excreta is safely disposed [on site] or treated off-site (WHO/UNICEF JMP).
- 9 Defined as use of improved facilities which are not shared with other households (WHO/UNICEF JMP).
- 10 Used by the JMP (WHO/UNICEF) to benchmark and compare service levels across countries, using facility type classification
- 11 UN-Water (2018). Sustainable Development Goal 6 Synthesis Report 2018 on Water and Sanitation, New York: United Nations, pp.21. Retrieved from https://sustainabledevelopment.un.org/content/documents/19901SDG6_SR2018_web_3.pdf 5
- 12 United Nations Children's Fund (UNICEF) and World Health Organisation (WHO) (2019). Progress on household drinking water, sanitation and hygiene 2000-2017: Special focus on inequalities. New York: UNICEF and WHO, pp9
- 13 World Bank (2019). Delivering Rural Sanitation Programmes at Scale, with Equity and Sustainability: a call to action. Pp1 Retrieved from <http://pubdocs.worldbank.org/en/959161570454050835/Rural-Sanitation-Call-to-Action-10-07-2019.pdf>
- 14 United Nations Children's Fund (UNICEF) and World Health Organisation (WHO) (2019). Progress on household drinking water, sanitation and hygiene 2000-2017: Special focus on inequalities. New York: UNICEF and WHO, pp8
- 15 <https://www.who.int/news-room/fact-sheets/detail/cholera>
- 16 <https://www.who.int/csr/disease/ebola/en/>
- 17 For example, cholera transmission can be stopped in disease hotspots – relatively small areas most heavily affected by the disease – through measures including improved WASH. Yet through lack of investment and inaction, in Africa there are between 40 and 80 million people living in cholera hotspots Global Cholera Task Force/WHO (2017). Ending Cholera – a Global Roadmap to 2030. Geneva: WHO, pp4.
- 18 World Health Organisation (WHO) and the United Nations Children's Fund (UNICEF) (2019). WASH in Health Care Facilities: Global Baseline Report 2019. Geneva: WHO/UNICEF. pp28
- 19 Allegranyi, B., Bagher Nejad, S., Combescure, C., Graafmans, W., Attar, H., Donaldson, L., et al. (2011). "Burden of endemic health-care-associated infection in developing countries: systemic review and meta-analysis," in *The Lancet* 377(9761): 228-241. Retrieved from [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(10\)614584/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)614584/fulltext)
- 20 WHO (n.d.). SAVE LIVES: Clean Your Hands: WHO's Global Annual Campaign Advocacy Toolkit. Geneva: WHO. Retrieved from https://www.who.int/gpsc/5may_advocacy-toolkit.pdf?ua=1
- 21 United Nations Children's Fund (UNICEF) and World Health Organization (WHO) (2019). Progress on household drinking water, sanitation and hygiene 2000-2017: A special focus on inequalities. New York: WHO and UNICEF, pp.9, 37
- 22 United Nations Children's Fund (UNICEF) and World Health Organization (2018). Drinking water, sanitation and hygiene in schools: Global baseline report 2018. New York: UNICEF and WHO, pp. 20. Retrieved from: <https://washdata.org/report/jmp-2018-wash-in-schools-final>
- 23 Ibid, pp20
- 24 World Health Organisation and UN-Water (2019). National systems to support drinking-water, sanitation and hygiene: global status report 2019. UN-Water global analysis and assessment of sanitation and drinking-water (GLAAS) 2019 report. Geneva: WHO. pp65
- 25 Ibid, pp. 26. Given the lack of plans and budgets to implement these, particularly in the hardest to reach areas, WSSCC, in line with SDG1 is working towards at least basic sanitation and hygiene standards, while pushing towards at least safely managed.
- 26 based on the policies and standards that have shaped GAVI, the Global Fund and other major financing mechanisms
- 27 Norway contributes unearmarked resources to the WSSCC Pooled Fund but request additional reporting on results that have been achieved in schools specifically.
- 28 The SWEDD is the result of a joint response by the United Nations and the World Bank Group, is a response to a call made by the presidents of the six Sahel countries, Burkina Faso, Chad, Côte d'Ivoire, Mali, Mauritania and Niger. The overall goal of the project is to accelerate the demographic transition, to spur the demographic dividend, and to reduce gender inequality in the Sahel region.

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