ANNUAL REPORT

2020
2019
2018
2017

WSSCC
WATER SUPPLY & SANITATION COLLABORATIVE COUNCIL

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__Inside cover photo:__ Zahia Bakari Mbula - Health Teacher at Mundemu Pr School, Tanzania, 2020 © WSSCC

Executive summary

For three decades the Water Supply and Sanitation Collaborative Council (WSSCC) has operated as a global, multi-stakeholder membership and partnership organization working with poor people, organizations, governments, and local entrepreneurs to improve sanitation and hygiene at scale.

WSSCC has been committed to a world in which everyone, everywhere can practice safe sanitation and hygiene with dignity and over the years has contributed 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.

In 2020, WSSCC's governance – the Steering Committee, with our donors, took the decision that the current business model was unsustainable. A new wholly fund-based approach was favoured, drawing on the strength of partners and building on country's national plans for the sector. This resulted in the closure of all WSSCC operations at the end of the year, followed by financial and reporting closure.

This final annual report focuses on the results achieved during 2020, our last operational year, and briefly describes the foundational work undertaken to pave the way for the Sanitation and Hygiene Fund (SHF), launched in November 2020. The SHF will maintain our strong commitment to Leaving No One Behind (LNOB) and Equality and Non-discrimination (EQND) by targeting countries with high need yet least ability to respond. Knowledge and learning have underpinned WSSCC's Global Sanitation Fund (GSF) programme and this legacy, now documented will be harnessed by the SHF.

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.

Some of the highlights of WSSCC 2020 Annual Report include:

1. A summary of WSSCC's final year and a look back at 30 years of programme activities.
2. 2020 performance and results including progress against key performance indicators.
3. Examples of sanitation and hygiene, and menstrual health and hygiene progress, and WSSCC's response to the Covid-19 pandemic.
4. Findings from recent GSF outcome surveys and evaluations.
5. Reflections on 30 years of WSSCC and 10 years of GSF country programme learnings.
6. A look forward and an introduction of the emerging SHF.

Amid the Covid-19 pandemic and despite its pending closure, through 2020 WSSCC has enabled its partners and stakeholders to achieve considerable results adding to results achieved over the entire 2017-2020 strategic plan period and since the start of GSF country programme implementation.

Overview of WSSCC 2020 key performance indicator (KPI) results

In 2020, WSSCC has contributed to	Over the 2017-2020 strategic plan period, WSSCC has contributed to	Since the start of GSF programme implementation, WSSCC has contributed to
3.7 million people living in open defecation free environments communities	16.7 million people living in open defecation free communities	31.8 million people living in open defecation free communities
2.6 million people having access to an improved sanitation facility	10.3 million people having access to an improved sanitation facility	22.8 million people having access to an improved sanitation facility
6.5 million people having access to a handwashing facility with soap at home	15.0 million people having access to a handwashing facility with soap at home	34.9 million people having access to a handwashing facility with soap at home

The rapid spread of Covid-19 dramatically impacted the livelihoods of the poorest and most vulnerable where WSSCC operates. Not only has Covid-19 demanded new ways of working from the GSF-supported programmes and National Coordinators (NCs), but due to the centrality of water, sanitation, and hygiene (WASH) interventions in preventing its transmission, the pandemic has also presented new opportunities for innovation, learning, and reflection. Responding to the needs of in-country partners, WSSCC started supporting COVID-19 prevention outreach activities in March 2020, activities that continued until the end of the year.

The year 2020 marks ten years of GSF programme implementation, with the first GSF-supported programmes becoming operational in 2010. The GSF's work is the bedrock of WSSCC's legacy and the starting point for the design of the SHF. Investing in legacy has been a major feature of this important year.

Mission d'appui - Moussure, Benin, 2020 © WSSCC

Message from the Executive Chair

Welcome to the WSSCC Annual Report 2020.

This year has been an unprecedented experience for us all. The global pandemic has disrupted our lives in a way previously unimaginable and all of us, regardless of where we live or income level, have faced disruption and possibly loss. We have learned that Covid-19 does not discriminate, and we have experienced how such an unexpected yet severe threat changes how we think about protecting our families. Certainly, for those living in poverty, without basic services including sanitation, hygiene and menstrual health, Covid-19 has made an already precarious situation extremely worse. With already over-stretched public health services and a generation of children missing almost a year of school, our collective commitment to the Sustainable Development Goals becomes more important than ever. With the prevention of Covid-19 being so dependent on good hygiene, accelerating the Sustainable Development Goal (SDG) target for sanitation has never been so great.

Against this context the year has also been marked by the closure of WSSCC. This decision is not a measure of failure but rather a mark of the organisation's ability to listen, respect the changing landscape and the strong push for alignment, harmonisation, efficiency, and ultimately to exercise its strong belief that vulnerable people in low-income settings – girls and women, deserve so much more than one organisation can ever provide. The time to act is now and although a decision no-one relished, WSSCC's steering committee, donors, in-country partners, national coordinators, and staff have taken this monumental step.

Having served the sector and our members since 1990, WSSCC leaves a rich legacy that everyone is immensely proud of. The principles and practice of leaving no-one behind and equality and non-discrimination, have formed the bedrock for our partnerships, programming, advocacy, and learning. We have contributed globally to the promotion of the human right to water and sanitation, supported regional WASH sector stakeholders via established platforms, and at a country and local level our national coordinators have galvanised action with unwavering passion and commitment. Not least, we have supported millions of households to gain access to sanitation and hygiene through our country grants. Furthermore, we have helped to put menstrual health and hygiene firmly on the development agenda. Over the years our members have joined forces through vibrant communities of practice and have driven country progress and influenced the global discourse. Altogether it has been a tremendous journey, and even in a year so dominated by the Covid-19 pandemic, there has been progress amid the uncertainty.

In November 2020, with the UN Deputy Secretary General and UN agency leaders, we launched the SHF. A moment to celebrate for everyone, not least for our Steering Committee and donors as without them the vision for the new Fund would not have been realized. Now, on behalf of the Steering Committee, I hand over the baton to the SHF and the team of professionals, advisors and donors that will drive it to its next level. SHF has a long road ahead and there will be many challenges, but I believe it will reach its ambition to make a truly catalytic contribution. I also firmly believe that sanitation and hygiene are critical for pandemic recovery, the tackling of climate change and the empowerment of girls and women. The new fund is undoubtedly needed and deserves all our support.

Finally, I would like to take this opportunity to wholeheartedly thank our donors for supporting us through thick and thin, our partners, members, and Steering Committee for helping all concerned with WSSCC, past and present, to embrace change positively.

Hind Khatib-Othman

Taking actions to contain COVID-19 in Benin, 2020 ©WSSCC

WSSCC at work

For three decades WSSCC has operated as a global, multi-stakeholder membership and partnership organization working with poor people, organizations, governments, and local entrepreneurs to improve sanitation and hygiene at scale. WSSCC has been committed to a world in which everyone, everywhere can practice safe sanitation and hygiene with dignity and over the years has contributed 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.

In 2020, WSSCC's governance – the Steering Committee, with our donors, took the decision that the current business model was unsustainable. A new wholly fund-based approach was favoured, drawing on the strength of partners and building on country's national plans for the sector. This resulted in the closure of all WSSCC operations at the end of the year, followed by financial and reporting closure.

This final annual report focuses on the results achieved during 2020, our last operational year, and briefly describes the foundational work undertaken to pave the way for the SHF that was launched in November 2020. The SHF will maintain our strong commitment to leaving no one behind and EQND[1] by targeting countries with high need yet least ability to respond. Knowledge and learning have underpinned WSSCC's GSF programme, and this legacy will be harnessed by the SHF.

Why close WSSCC?

The sanitation and hygiene sector, at country, regional and global levels, has changed since WSSCC, known by so many as ''the Council", embarked on its journey to champion water and sanitation for those left behind. Today, the Sustainable Development Goal target for sanitation and hygiene remains woefully underfunded and at current trends the global 2030 target will not be achieved. Funding streams including self-financing from householders, domestic tax revenue and Official Development Aid grants are insufficient to meet demand. Governments and development agencies are struggling to sustain WASH funding levels and new ways of attracting the billions of dollars needed must be found. Alongside this, many countries are not equipped to absorb the hundreds of millions needed to execute national plans and much work needs to happen to ensure that governments have the vision, leadership, and confidence to look for, attract and sustain different sources of funding.

WSSCC's flagship GSF always intended to influence national programmes. But notwithstanding three decades of programme results, advocacy, in-country coordination, and contribution to specialised knowledge, GSF has never been able to sufficiently scale up and reach the aspiration of its various stakeholders. And with the global commitment for aid effectiveness, the nature and effectiveness of development partners and the allocation models have also changed. Governments are now rightly at the helm, before, during and after external financing is awarded.

WSSCC – and GSF, on current funding levels and using existing operating modalities, is insufficiently equipped to contribute to the scale of the problem, at its heart. It is not able to provide the amount of reliable funding needed to meet the ambition of national costed plans, and nor has it been able to meaningfully contribute to tackling climate change at scale. Moreover, our Geneva-centric business model has proven expensive and unsustainable. The current pandemic and changes in travel and working modalities only serve to underscore this fact. A different business and operating model are needed, designed as a vehicle to invest, and leverage vast sums of funds for maximum impact and to foster strong political commitment for sanitation and hygiene and a collective commitment to aid effectiveness.

Listening to our donors and upon examining the wider landscape, we also saw that others were doing similar work to WSSCC, and that looking to the future these agencies were better positioned to be effective. This concurred with an independent evaluation that brought the view of our stakeholders and the wider sector. We concluded that radical change could only come through understanding the power of our legacy and by moving on. On the authority of its donors and Steering Committee, WSSCC ceased day to day business at the end of December 2020.

Final year – time to double down and achieve more

Pending closure has not stopped continued delivery. Amid the Covid-19 pandemic through 2020 WSSCC has enabled its partners and stakeholders to achieve considerable results.

We continued to support 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 2020 has enabled 31.8 million people to live in open defecation free environments across 13 countries. There are currently 11 different GSF Executing Agencies, including non-governmental, UN and governmental organizations. Since the beginning of GSF, 22.8 million people have access to an improved sanitation facility, and 34.8 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.

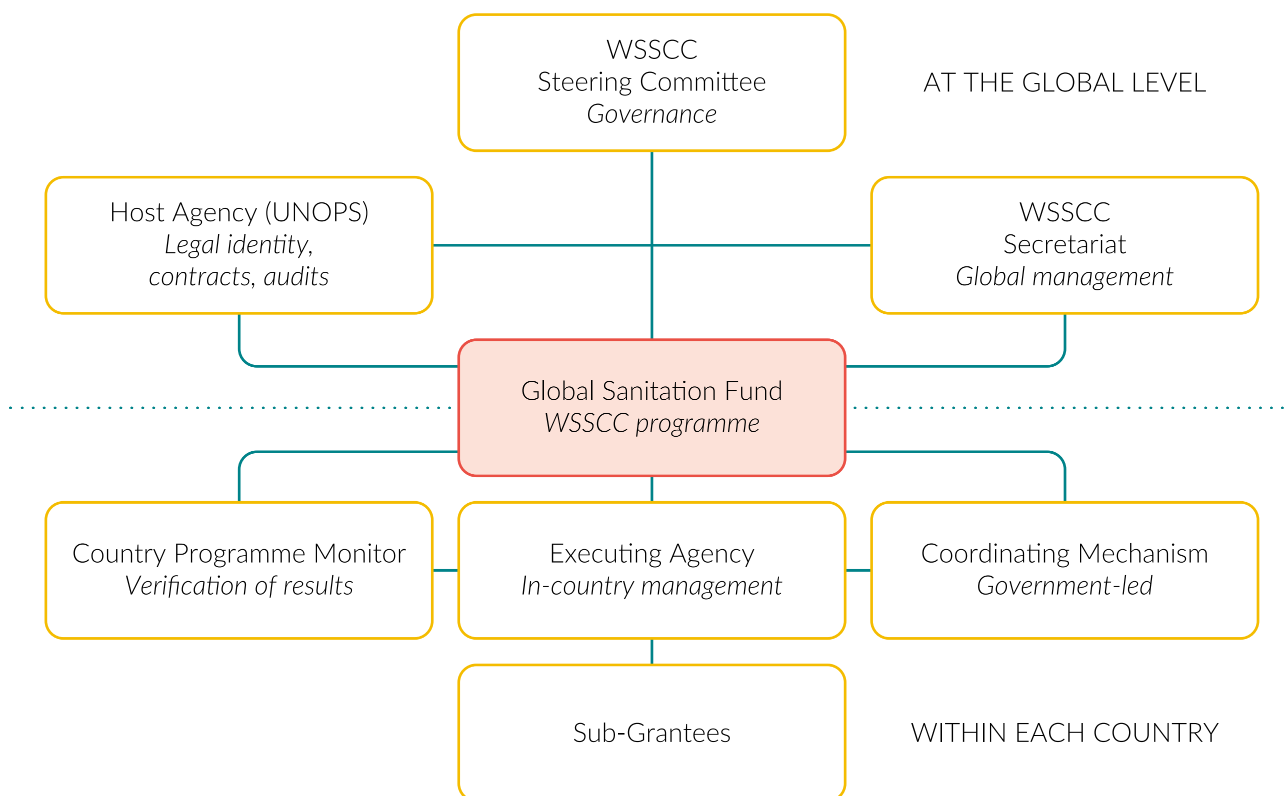
It is perhaps fitting that in our final year we doubled down upon our commitment to LNOB and EQND across sanitation, hygiene, and menstrual health. These commitments are at the heart of the new Sanitation and Hygiene Fund - the concept, strategy, policies, and operating model. Therefore, to further secure WSSCC's legacy and contribution to the SHF, we looked at these issues through the lens of mutual accountability and participation of those who are too often failed by international and national development.

Mission d'Appui, Benin, 2020 ©WSSCC

The rapid spread of Covid-19 dramatically impacted the livelihoods of the poorest and most vulnerable where WSSCC operates. Not only has Covid-19 demanded new ways of working from the GSF-supported programmes and National Coordinators (NCs), but due to the centrality of water, sanitation, and hygiene (WASH) interventions in preventing its transmission, it has also presented new opportunities for innovation, learning, and reflection. Responding to the needs of in-country partners, WSSCC started supporting Covid-19 prevention outreach activities in March 2020.

The year 2020 marks ten years of GSF implementation, with the first GSF-supported programmes becoming operational in 2010. GSF's work is the bedrock of WSSCC's legacy and the starting point for the design of the Sanitation and Hygiene Fund. Investing in legacy has been a major feature of this important year.

The GSF operating model



Increasing accountability for results

In its final year of operation, WSSCC has consolidated its achievements through continued application of robust monitoring and evaluation.

Since WSSCC centralized its evaluation function in 2019 to increase the independence, accountability and use of evaluation findings, independent programme evaluations have been completed in five out of 11 GSF countries, four of them in 2020. This covered the country programmes in Togo and Benin, and the programmes in Madagascar and Uganda. Each of these evaluations applied the OECD's Development Assistance Committee (OECD DAC) evaluation criteria. The data were collected both distance-based and with on-the-ground support by local researchers.

In addition, at least one programme outcome survey has been completed in each of the GSF programme countries since 2019, with 6 outcome surveys finalized in 2020 covering the programmes in Togo, Benin, Nigeria, Madagascar, Uganda and Ethiopia. Applying an outcome survey methodology developed in collaboration with the University of Buffalo, the outcome surveys independently verify country programme results, serve to measure the sustainability of the results achieved, and help to better understand how programmes have contributed to latrine use and hygiene behaviour change. They collect data on programme outcomes that cannot be fully captured as part of routine monitoring.

With our host agency, UNOPS, we further undertook eight compliance audits of country programmes and 25 audits of non-GSF grants.

Over the course of 2020, we have continued to revise and refine data collection protocols and instruments increasing the timeliness, completeness and consistency of the reported data. This allowed WSSCC to improve performance reporting and resulted in a more precise accounting of progress against targets.

We continued to collaborate with partners including the WHO/UNICEF Joint Monitoring Programme (JMP), London School of Hygiene and Tropical Medicine (LSHTM) and Johns Hopkins University (JHU), resulting in improved sanitation and hygiene data collection, multi-country analysis of outcome survey datasets and health impact modelling of sanitation and hygiene intervention outcomes.

The Covid-19 pandemic not only impacted GSF interventions but also programme monitoring and evaluation (M&E). As programme elements had to be adjusted and new Covid-19 prevention activities were designed and implemented, M&E data collection protocols were also updated, and additional indicators and monitoring activities were added to the data collection schedule.

Our strategic enablers

Knowledge and learning

With our partners we have always invested in learning. Marking a decade of GSF-supported sanitation and hygiene programmes, 2020 provided a moment to reflect on the successes, challenges, and innovations of our implementing partners. The suite of consolidated lessons become WSSCC's knowledge contribution to the Sanitation and Hygiene Fund (SHF) and intellectual legacy to be shared with the wider sector.

Advocacy and communication

In our final year communication with our stakeholders has been extremely important. We have focused on explaining governance decisions, sharing the rationale for our new direction, sensitizing stakeholders to the SHF, and ensuring that our members have other viable options for professional and technical networking. Our digital platforms have flourished and engagement with the sector and wider public has been high, providing the foundation for vibrant social media communications in support of the SHF. By the last quarter, the total number of "page likes" on Facebook rose from 273,000 in January 2020 to nearly half a million and WSSCC's Twitter account gained a notable increase in followers from 48,821 to 143,000.

Partnerships and collaboration

Over its entire operating period, WSSCC has benefitted greatly from its partnerships. In 2020, notwithstanding partners in the GSF and national coordination spheres, collaboration happened with other UN organizations - UNICEF, WHO, UN-Habitat, UNFPA, UN Women, UN Water and the Office of the UN High Commissioner for Human Rights (OHCHR). WSSCC has contributed to Sanitation and Water for All (SWA) and the WHO Global Analysis and Assessment of Sanitation and Drinking Water (GLAAS) indicator development and TrackFin methodology. Collaboration with the Toilet Board Coalition (TBC) resulted in sanitation market estimates for Kenya and Nigeria. In the learning domain, our partnership with the Sustainable Sanitation Alliance (SuSanA) availed WSSCC members of new networking opportunities through member migration, the harmonization of online sanitation communities in the WASH sector, and the introduction of a new form category focused on equity and inclusion. Specifically in India social behaviour change was progressed with the Global Interfaith WASH Alliance (GIWA) and substantive capacity development work with Sanitation Learning Hub, IDS-Sussex. WSSCC also supported AMCOW to progress the Ngor commitments through monitoring and consultation related activities. Academic partnerships in 2020 included research and data analysis with LSHTM, JHU and Columbia University, and collaboration on indicator development with a group of leading MHH researchers from multiple universities, in addition to multiple stakeholders now members of the MHH Global Collective.

MHH Awareness Campaign, Nigeria, 2020 © United Purpose Nigeria

Our performance

©WSSCC/Jason Florio

GSF 2020 programme results and performance

Over 10 years, the GSF programme provided funds to reduce the sanitation and hygiene burden in countries across Africa and Asia. Guided by WSSCC's 2017-2020 strategic plan, in the 2020 reporting period country programmes were implemented in 11 countries: Benin, Cambodia, Eritrea, Ethiopia, Kenya, Madagascar, Nepal, Nigeria, Tanzania, Togo and Uganda.

GSF's final year of programme implementation happened in challenging conditions. The rapid spread of Covid-19 strained already weak or non-existent health systems and forced governments across the globe to intervene and prioritize, leaving a major economic impact including on the livelihoods of the poorest and most vulnerable in the GSF programme countries. This required adjustments and new ways of working from the GSF executing agencies. Planned activities had to be adapted to accommodate community access and government restrictions. At the same time, with their focus on and expertise in hygiene, the need for the GSF programmes may have never been greater. Overall, the pandemic presented challenges but also opportunities for innovation, learning, and impact.

Key performance indicators

WSSCC highest-level key performance indicators (KPIs) focused on measuring our contributions towards achieving SDG 6 including reducing open defecation (KPI 1), increasing access to handwashing with soap (KPI 2), and increasing access to improved sanitation (KPI3).

	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.[2]	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 and use an improved sanitation facility. This includes limited, basic and safely managed services.
Our 2020 results	**3.7 million** people living in open defecation free environments across **7,314** communities.	**2.6 million** people having access to an improved sanitation facility.	**6.5 million** people having access to a handwashing facility with soap at home.

In 2020, WSSCC's progress towards these KPIs was considerable. In a difficult implementing context, 3.7 million people were newly living in open defecation free (ODF) environments. This is in line with 2019 results and a major achievement considering Covid-19 lockdowns and other restrictions. Over the 2017-2020 strategic plan period, WSSCC has contributed to 16.7 million people living in open defecation free environments exceeding its strategic plan target of reaching 16 million people living in ODF targeted administrative areas where ODF status has been verified using national systems (see Table 1).

WSSCC also hugely advanced its progress towards the KPI 2 target (providing 16 million people with access to handwashing facility with water and soap) and the KPI 3 target (providing 16 million people with an improved sanitation facility). By the end of 2020, 15.0 million people had been provided with basic hygiene and 10.3 million people had gained access to an improved sanitation facility.

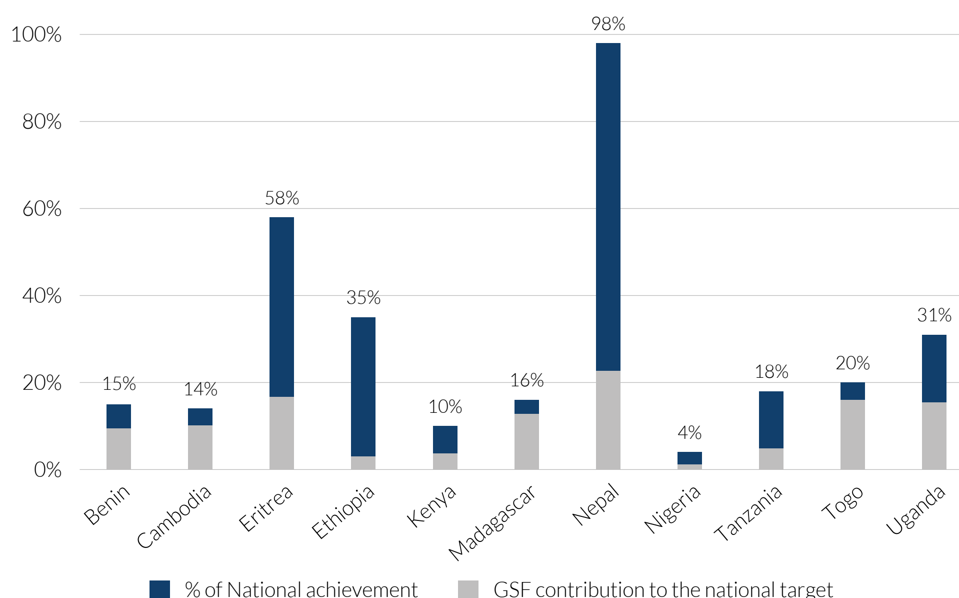
Table 1. Progress on WSSCC's Top Key Performance Indicators (KPIs)

	WSSCC KPI	2017 Results	2018 Results	2019 Results	2020 Results	2017-2020 Results (Rounded)	2017-2020 Strategic Plan Targets	Progress against Strategic Plan 2017-20
KPI 1	Number of people living in ODF targeted administrative areas where ODF status has been verified using national systems	4,917,693	4,384,211	3,692,516	3,687,929	16,700,000	16,000,000	104%
KPI 2	Number of people with access to handwashing facility with water and soap	3,499,942	3,091,243	1,892,901	6,477,023	15,000,000	16,000,000	94%
KPI 3	Number people with access to an improved sanitation facility	2,751,464	2,911,726	1,961,712	2,645,785	10,300,000	16,000,000	64%

Source: GSF programme data (2010-2020).

The GSF programme's overall contribution at the population level to progress towards reaching national ODF targets and achievements since the beginning of programme activities has also been substantial exceeding 50% in some of the programme countries (e.g., Togo, Benin, Madagascar, Cambodia). The overall contribution varied depending on the size of the target population and the size of the GSF programme compared to other interventions (see Figure 1).

Figure 1: GSF program contribution at population level to the national ODF targets and achievements (since beginning of programme activities)



Source: GSF programme data (2010-2020)

Increasing access to hygiene and sanitation: In 2020, WSSCC reached 6.5 million people across the 11 programme countries with access to basic hygiene and 2.6 million people with access to improved sanitation, compared to 1.9 million with access to basic hygiene and 2.0 million with access to improved sanitation in 2019. Programme performance in hygiene accelerated in 2020, a direct result of an increased awareness and added emphasis placed on handwashing as a preventive measure to stop the spread of Covid-19 (see Table 1).

In addition, WSSCC expanded the GSF's country footprint with a new country programme in Eritrea. Committed to ensuring that all citizens have access to equitable and sustainable WASH services by 2030, the Eritrean government's political commitment has been backed by concrete actions at all levels to implement the country's national roadmap and declare Eritrea open defecation free by 2022.

Menstrual hygiene awareness: In the past year, the number of people reached with menstrual hygiene awareness messages increased sharply from 142,000 in 2019 to 1,940,000 in 2020. This increase was driven by a larger number of countries reporting results (5 countries in 2019 and 9 countries in 2020) and a greater emphasis on hygiene awareness with Covid-19 and MHH messaging combined in some settings. Performance was particularly strong in Madagascar, Kenya, Nigeria and Togo (see Table 2).

Sanitation and hygiene in schools: In 2020, 253,600 children in schools gained access to basic sanitation and handwashing facilities with water and soap in the GSF programme countries, compared to 208,000 in 2019, and 151,000 in 2018. Even though a similar number of students were reached overall, fewer countries reported progress on this indicator (5 countries in 2020 vs. 7 countries in 2019), likely due to school closures because of Covid-19.

Sanitation and hygiene in health care facilities: In 2018, no GSF programmes reported health care facility-related results. In 2019, five countries had started interventions reaching 200 public health facilities with improved sanitation facilities that are single-sex and usable and handwashing facilities with water and soap. In 2020, this number increased to 863 facilities in six countries.

Subnational administrations with a strategy or roadmap: In 2019, 117 sub-national administrations in five countries completed a strategy or roadmap to achieve universal ODF and/or SDG target 6.2 with GSF support. In 2020, this number more than doubled to 244 sub-national administrations with new GSF-supported strategies or roadmaps in eight countries.

Table 2. Progress on WSSCC KPIs Related to MHH, Schools, HCFs and Systems Strengthening

WSSCC KPI	2019 Results	2020 Results
MHH: The number of people reached with menstrual hygiene awareness messages	142,000	1,940,000
SCHOOLS: The number of students in schools with basic sanitation and handwashing facilities with water and soap	208,000	253,598
HEALTH CARE FACILITIES: The number of public health facilities with improved sanitation facilities which are single-sex and usable and handwashing facilities with water and soap	200 (a)	863 (a)
SYSTEMS STRENGTHENING: 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)	244 (b)

Notes
(a) 2019: Benin, Kenya, Madagascar, Togo, Uganda; 2020: Benin, Kenya, Madagascar, Nepal, Togo, Tanzania.
(b) 2019: Benin, Cambodia, Ethiopia, Kenya, Madagascar, Togo; 2020: Benin, Cambodia, Kenya, Madagascar, Nepal, Nigeria, Tanzania, Eritrea.

Covid-19 response

The rapid spread of Covid-19 has put a spotlight on the WASH sector. In support of national Covid-19 response efforts, WSSCC authorized the eleven GSF EAs to reallocate up to 20% of their budgets towards Covid-19 prevention efforts. More than USD 1.5 million were redirected to the Covid-19 response through this initiative.

The support went primarily to:

1. Outreach to communities for Covid-19 prevention – largely, but not exclusively, focusing on handwashing with soap.
2. Strengthening WASH services in health care facilities (HCFs) and schools.
3. Strengthen WASH services in public places, such as markets, public offices, and train stations by distributing handwashing facilities, strategically placing posters and banners for Covid-19 awareness raising and hygiene promotion, and conducting handwashing demonstrations.

Taking action to contain COVID-19 in Madagascar, 2020 © MCDI

Table 3. WSSCC Covid-19 Indicators Performance (March to November 2020)

Countries	Number of people reached with handwashing with soap promotion campaigns			Number of health care facilities reached with handwashing interventions/ campaigns			Number of schools reached with handwashing interventions/ campaigns		
	Target	Results	Performance	Target	Results	Performance	Target	Results	Performance
Benin	558,171	522,073	94%	53	66	125%	121	105	87%
Cambodia	1,813,959	1,906,400	105%	234	234	100%			
Eritrea	300,000	692,574	231%	400	343	86%	600	102	17%
Ethiopia	610,772	610,772	100%	1,320	1,320	100%			
Kenya	3,500,000	3,715,523	106%	740	717	97%			
Madagascar	4,000,000	4,553,325	114%	1,000	902	90%	1,000	1,447	145%
Nepal	1,728,780	1,186,035	69%	192	192	100%			
Nigeria	1,539,764	2,232,868	145%	500	80	16%			
Tanzania	1,000,000	1,726,388	173%	93	112	120%	300	63	21%
Togo	2,856,200	2,843,000	100%	369	369	100%	1,979	1,910	97%
Uganda	6,827,036	6,008,095	88%	941	941	100%	4,328	3,087	71%
TOTAL	15,535,516	17,560,485	113%	5,842	5,276	90%	8,328	6,714	81%

Source: GSF programme data (2020).

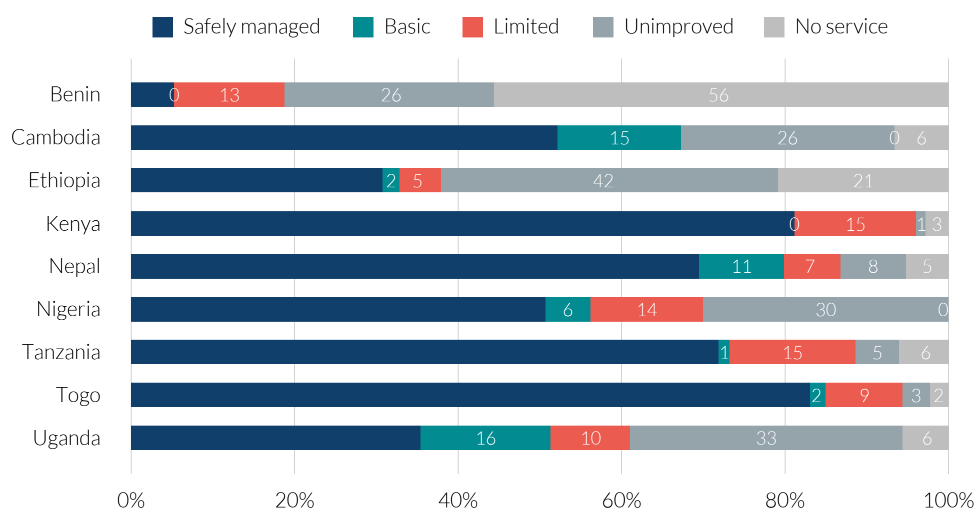
Within a short period of time, the GSF programmes were able to reach more than 17.5 million people with handwashing with soap promotion campaigns, and more than 5.2 thousand HCFs and more than 6.7 thousand schools with handwashing interventions or campaigns targeted at preventing the spread of Covid-19 (see Table 3).

Sanitation progress

Given woefully inadequate investment, most national governments have been unable to set targets for "safely managed"[3] sanitation services in line with SDG 6.2. National targets often remain focused on reaching a "basic"[4] level of sanitation, and unfortunately in many contexts even universal access to basic sanitation remains a distant goal. However, GSF outcome survey data show that in the programme areas, access to safely managed sanitation is frequently achieved through the practice of safe abandonment. This access typically consists of access to basic dry pit latrine, a common technology particularly in rural Africa. Up to 80% of households have access to safely managed services through this type of latrine in some of the programme countries achieving safely managed sanitation with comparatively small and manageable investments (see Figure 2).

Mission d'Appui, Benin, 2020 © WSSCC

Figure 2. Weighted percentage of households in ODF communities in GSF programming areas with access to different sanitation service levels



Sources: GSF Outcome Survey observed and reported data (2018-2020).

The GSF experience shows that through the practice of safe abandonment access to safely managed sanitation can be achieved without major infrastructure investments. Households can "jump" from ending open defecation to a safely managed latrine in one step and basic latrine technology can, when coupled with adequate maintenance, prove resilient. Save abandonment, combined with investments into market-based supply of sanitation goods and services, can form part of a strategy to accelerate progress towards achievement of safely managed sanitation targets and SDG 6.2.

Hygiene progress

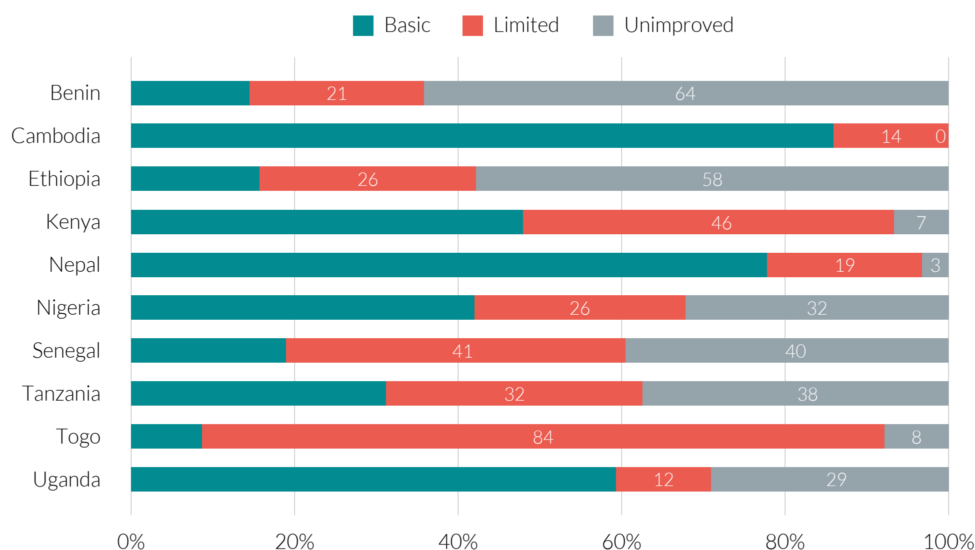
In addition to working towards achieving universal access to at least basic sanitation, the GSF programme has worked with communities to ensure that a functional handwashing facility with water and soap is available to all households, that this facility is accessible to all household members, and that it is maintained and used consistently. As the Covid-19 pandemic has underscored the critical importance of hygiene to prevent the spread of infectious diseases, many of the GSF programme countries have increased their emphasis on hygiene and made significant progress towards universal access in 2020.

Household handwashing facilities in the GSF programme areas generally consist of a tippy tap or a similar simple arrangement made from recycled plastic bottles, branches and other materials locally available free of charge or at a small cost. However, whilst the tippy tap is affordable, durability has been a challenge. Theft, vandalism, damage, misuse, degradation over time, and lack of maintenance (e.g., water containers not refilled, or soap not replaced) are all challenges to the sustainability of these facilities. Outcome survey research teams have often found handwashing stations in need of maintenance or repair. In general, a sanitation facility is more likely to be sustained than access to a handwashing facility post declaration of open defecation free status.

GSF outcome survey data show major variations between the programme countries in hygiene access in ODF communities ranging from less that 20% of households with access to functional handwashing facility in some countries to more than 80% in others (see Figure 3 below).

COVID-19 Campaign in Narok County, Kenya, 2020 © WSSCC

Figure 3. Weighted percentage of households in ODF communities in GSF programming areas with access to handwashing facility service levels



Sources: GSF Outcome Survey observed and reported data (2018-2020).

Beyond achieving sustainable access, the actual practice of handwashing with soap at critical times is another indicator that varies considerably between countries. If hands are washed, this may not involve the use of soap, which is 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 diseases. It is also contributing to preventing the spread of Covid-19.

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.

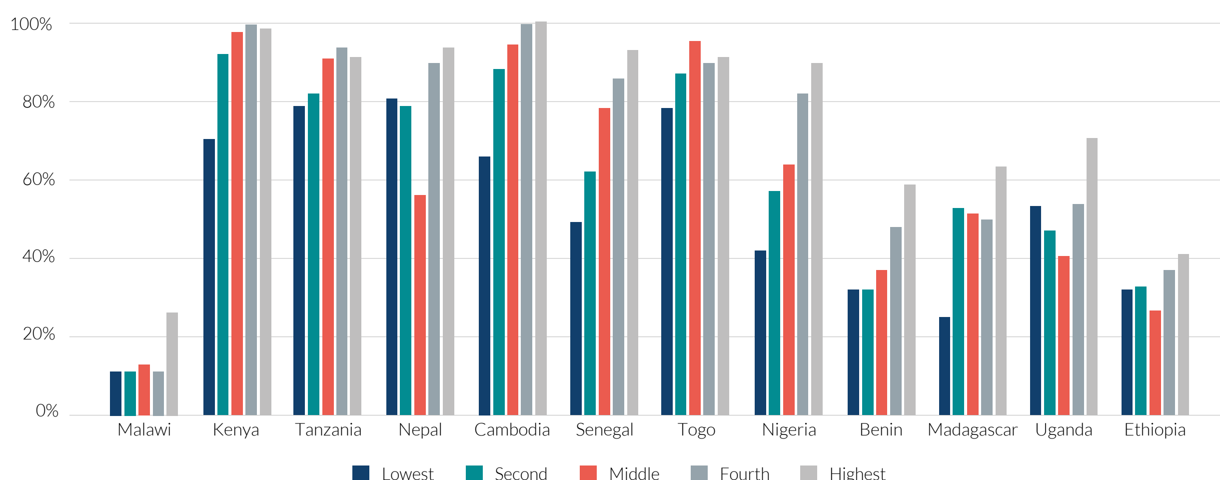
Equality and Non-Discrimination progress

Community-led total sanitation (CLTS) approaches are aimed at ending open defecation and achieving sustainable behaviour change around sanitation and hygiene. The focus of CLTS is on the entire community and all community members including individuals who are unable to construct, use and/or maintain sanitation and hygiene facilities without assistance, and those who may have less confidence or little voice in community decision-making, or even face active discrimination.

It is sometimes assumed that community-led approaches are equitable because ODF certification is dependent upon every member of the community having access to sanitation and using a latrine. However, the available evidence shows that without a proactive consideration of EQND, the benefits of interventions are not spread equitably and some individuals and groups are more likely to be left behind. An emphasis on the most vulnerable populations is therefore necessary to close gaps in sanitation and hygiene access and use, and ensure safety, dignity and equal rights for all.

The available GSF outcome survey data provide a snapshot of EQND in the GSF programme areas covering a range of indicators including measures of household wealth and data disaggregated by gender, age and disability status. The survey results indicate that poverty continues to be a predictor of access to sanitation in most GSF programme countries (see Figure 4). While baseline data for the programme areas are not available, the data suggest that some GSF programmes may have been more successful in reducing inequities in access (e.g., Tanzania, Togo, Ethiopia) than others (e.g., Nigeria, Senegal).

Figure 4. Household access to improved sanitation facilities by wealth quintiles in GSF programming areas



Source: GSF Outcome Survey data from 2017 (Malawi), 2018 (Nepal, Cambodia, Tanzania, Kenya, India), 2019 (Togo, Senegal, Nigeria, Benin, Madagascar), and 2020 (Uganda, Ethiopia)

Another focus of the GSF programmes has been on reducing gender disparities and ensuring that both males and females have access and are comfortable using their latrines. Based on the outcome survey data, the programmes appear to have been successful in ensuring that both genders feel safe using the latrines even though some differences persist in some countries (see Tables 4 and 5).

Table 4. Feelings of safety when going to the latrine at day for men and women in GSF programming areas

Country	Proportion who feel 'Very safe' using the latrine during the day		
	Female caregivers	Household head (female)	Household head (male)
Nigeria	88.8%	94.1%	88.6%
Cambodia	39.4%	34.5%	42.8%
Kenya	87.7%	90.3%	88.7%
Nepal	90.2%	89.2%	88.8%
Senegal	26.1%	58.2%	71.3%
Togo	79.7%	57.8%	40.3%
Madagascar	88.4%	87.3%	86.7%
India (unweighted)	80.8%	74.7%	72.7%
Uganda	N/A	70.8%	73.4%
Benin	N/A	76.0%	80.5%
Malawi	93.1%	N/A	N/A
Tanzania	82.7%	87.2%	88.9%

Source: GSF Outcome Surveys 2017 (Malawi), 2018 (Nepal, Cambodia, Tanzania, Kenya, India), 2019 (Togo, Senegal, Nigeria, Benin, Madagascar), 2020 (Uganda, Ethiopia)

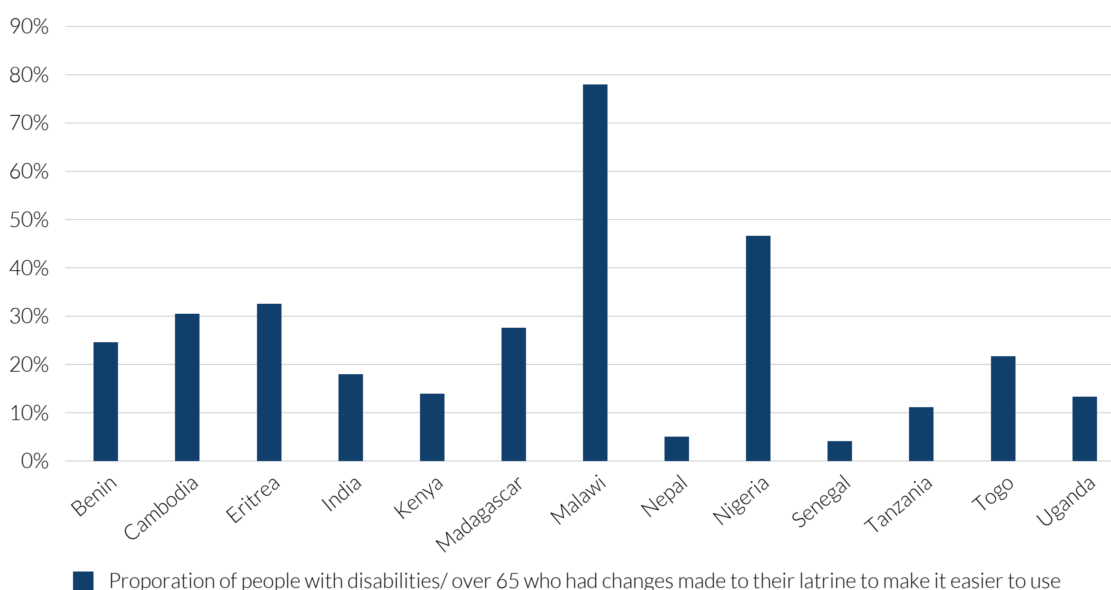
Table 5. Feelings of safety going to the latrine at night for men and women in GSF programming areas

Country	Proportion who feel 'Very safe' using the latrine at night		
	Female caregivers	Household head (female)	Household head (male)
Nigeria	90.8%	91.5%	85.0%
Cambodia	31.8%	25.5%	31.4%
Kenya	69.7%	77.8%	83.1%
Nepal	80.8%	81.9%	78.7%
Senegal	17.5%	46.8%	59.4%
Togo	N/A	56.3%	34.9%
Madagascar	77.5%	59.5%	77.2%
India (unweighted)	71.4%	55.3%	72.7%
Uganda	68.7%	49.1%	63.3%
Benin	N/A	75.0%	78.0%
Malawi	73.7%	N/A	N/A
Tanzania	56.6%	60.9%	67.2%

Source: GSF Outcome Survey data from 2017 (Malawi), 2018 (Nepal, Cambodia, Tanzania, Kenya, India), 2019 (Togo, Senegal, Nigeria, Benin, Madagascar), and 2020 (Uganda, Ethiopia)

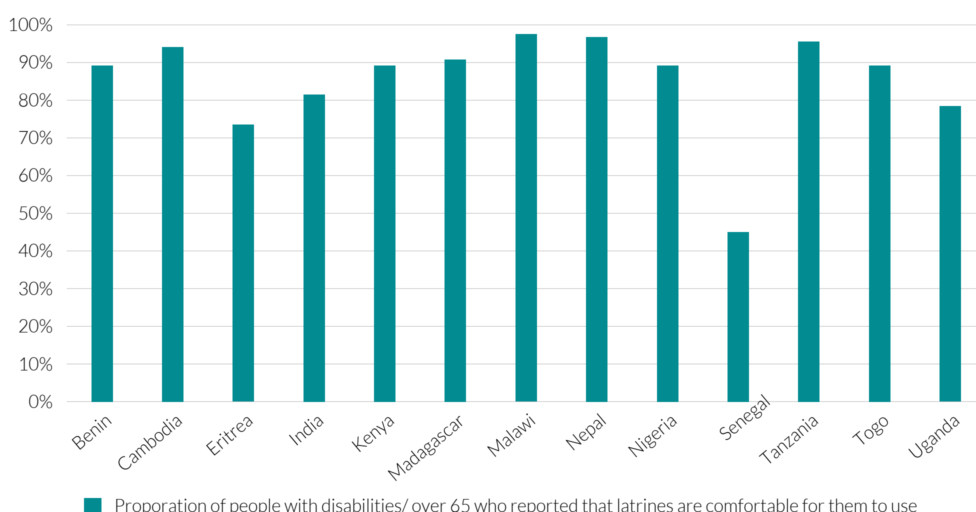
As people with disabilities and older individuals might not be able to use a standard latrine, simple modifications to latrine design can often increase access and comfort of use. The GSF outcome survey data show that latrines were frequently adapted in the programming areas to fit the needs of individuals with limited mobility and other disabilities, and in the vast majority of countries at least 80% of people with disabilities and/or over 65 were satisfied with their latrines (see Figure 5 and 6).

Figure 5. Weighted percentage of people with disabilities and/or over 65 reporting modifications to their latrines to fit their needs in GSF programming areas



Sources: GSF Outcome Survey data (2017-2020).

Figure 6. Weighted percentage of people with disabilities and/or over 65 reporting satisfaction with their latrines in GSF programming areas



Sources: GSF Outcome Survey data (2017-2020).

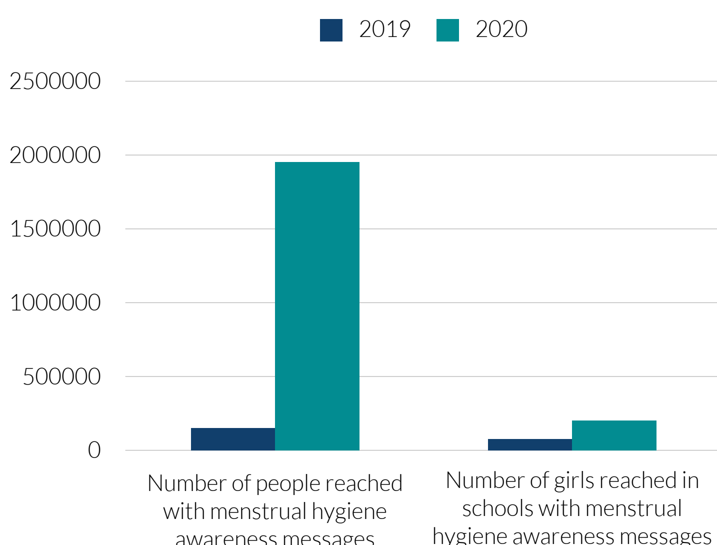
Menstrual health and hygiene progress

Addressing the rights of adolescent girls and women has been vital to WSSCC's vision. Globally, hundreds of millions of menstruators continue to lack the means to ensure their menstrual health. In addition, a large number of women and girls, when menstruating, face restrictive and discriminative practices or realities, including not being able to work or go to school or attend social events. These obstacles impede their health and wellbeing, including their sexual and reproductive health, limit their social participation and result in diminished educational and economic prospects.

In 2019, WSSCC adopted the term menstrual health and hygiene (MHH) to reflect the range of issues under consideration in the field, and in 2020, all grant support has been applied through the MHH lens rather than limited only to menstrual hygiene management (MHM). As a result, there has been continuing progress with integrating MHM messaging into the GSF programmes.

In 2020, WSSCC's technical assistance and support to countries was targeted at putting in place the building blocks, national policies, strategies, costed plans and monitoring frameworks required for effective, large-scale implementation of MHH programming under the SHF and push the boundaries of social discourse about MHH.

Figure 7. GSF program contribution to MHH awareness raising



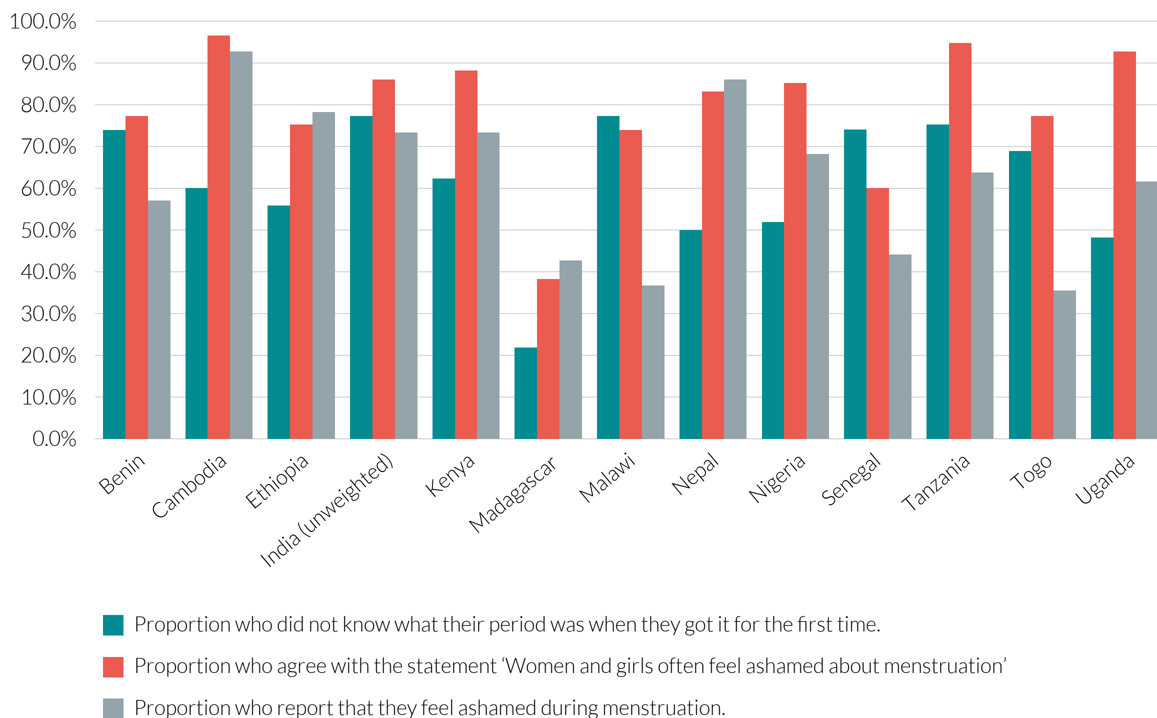
Source: GSF programme data (2017-2020).

Menstrual health and hygiene (MHH) includes 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.

Despite Covid-19 restrictions to programme implementation, which had an impact in particular school-based interventions, WSSCC's contribution to MHH awareness raising increased considerable in 2020 compared to the previous year (see Figure 7). This increase was driven by strong results in Madagascar, Kenya, Nigeria, Togo, Tanzania and Eritrea.

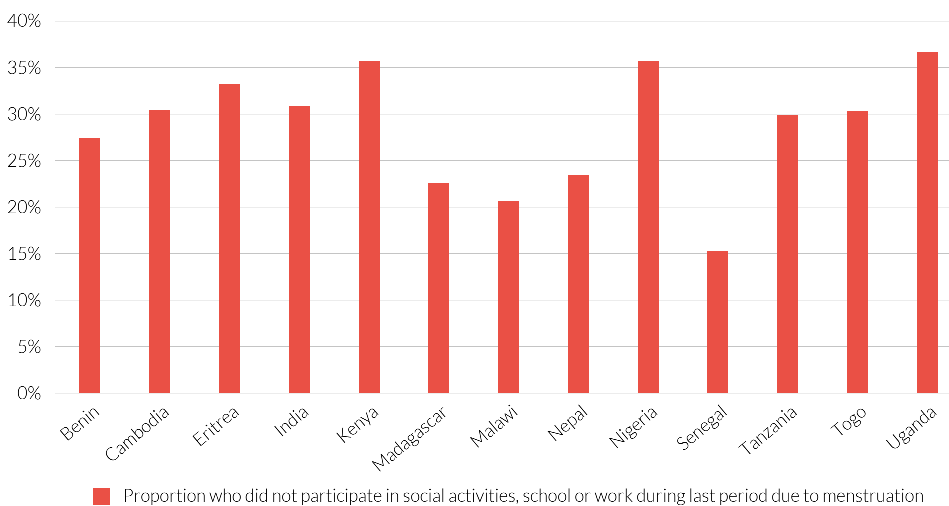
Still, considerable challenges remain as GSF outcome survey data show consistently that a large percentages of females in all programme countries lack knowledge around MHH, experience feelings of shame around menstruation, and that they continue to miss out on social activities, school and work due to their menstruation (see Figures 8 and 9).

Figure 8. Weighted percentage of female respondents, 15 to 49 years old, reporting a lack of knowledge about and feelings of shame around menstruation in GSF programming areas



Sources: GSF Outcome Survey data (2018-2020).

Figure 9. Weighted percentage of female respondents, 15 to 49 years old, reporting missing out on activities due to their periods in GSF programming areas



Sources: GSF Outcome Survey data (2018-2020).

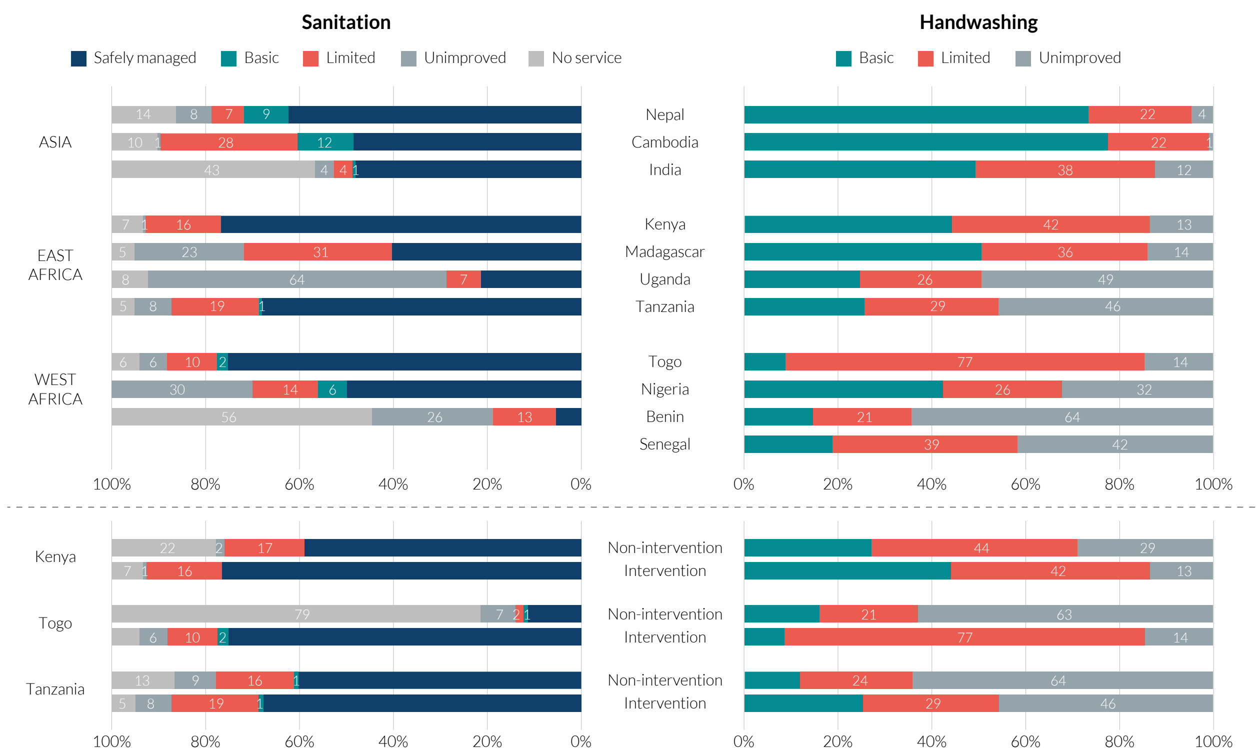
Sustainability of household-based interventions

Reaching the end of its 2017-2020 Strategic Plan period, WSSCC has been adding emphasis to the sustainability of results and reaching for higher quality sanitation and hygiene access. This included working towards increasing access to safely managed sanitation services (SMSS) along the entire sanitation chain.

GSF outcome survey data suggest that in previously verified ODF communities, the vast majority of households continue to access improved sanitation months or years after the CLTS intervention and ODF verification, reflecting an overall reasonable level of sustainability of sanitation outcomes and a level that is significantly higher than in communities with no intervention (see Figure 10).

Latrines in Bahi, Tanzania, 2020 © WSSCC

Figure 10. Weighted percentage of households in post-intervention communities with access to sanitation service levels and handwashing facility service levels



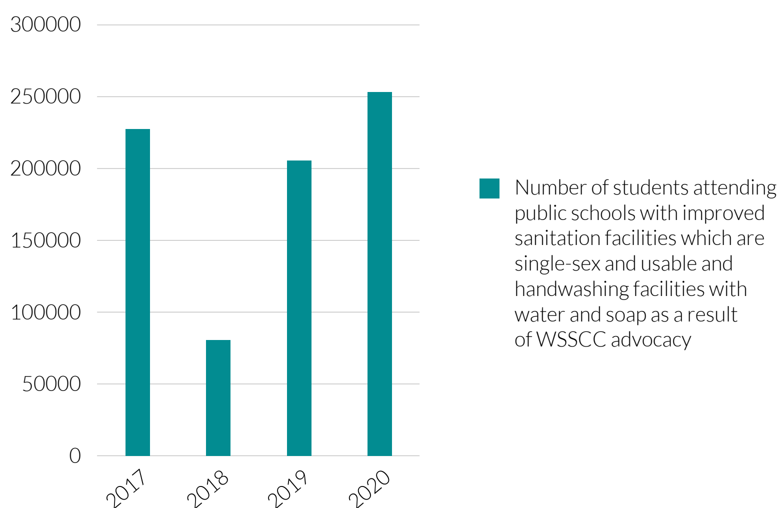
Sources: GSF Outcome Survey observed and reported data (2018-2020).

In the 2020 reporting period, WSSCC has continued to work with the GSF programme countries to address and reduce slippage.[5] While activities varied from programme to programme, ODF follow-up activities typically were aimed at: (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, and (3) addressing other aspects of environmental hygiene. In countries, in which the GSF outcome surveys point to significant slippage, reorientation plans have been developed and implemented including revised programming approaches, a stronger focus on product and service supply chains, and capacity development through exchanges and mentoring from more successful programmes.

School and health care facility progress

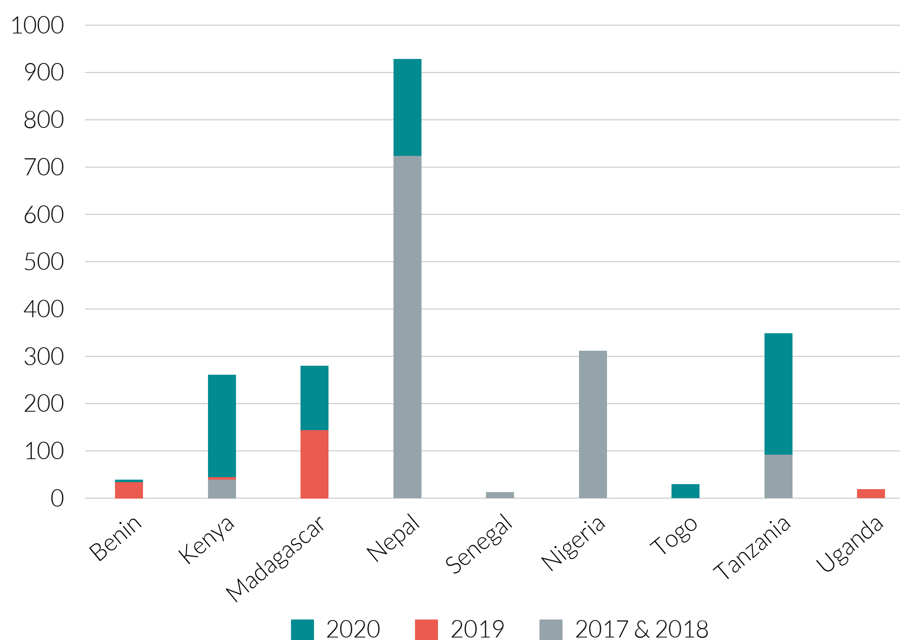
GSF programme activities in schools and HCFs had to be adjusted in response to the spread of Covid-19, which in many countries led to school closures and overburdened health systems. Nevertheless, many programmes achieved their targets with 2020 results in schools comparable to the previous year, and a large increase in the number of HCFs reached with GSF interventions (see Figures 11 and 12).

Figure 11. Number of students attending school with improved sanitation facilities and handwashing facilities with water and soap



Source: GSF programme data (2017-2020).

Figure 12. Number of HFCs with improved sanitation facilities and handwashing facilities with water and soap



Source: GSF programme data (2017-2020).

In 2020, 253,600 students in public schools benefitted from improved sanitation facilities, which are single-sex and usable, and handwashing facilities with water and soap as a result of WSSCC advocacy, compared to 208,000 students in 2019. The 2020 results were achieved primarily in three countries, Tanzania, Madagascar and Togo. The number of HCFs reached with improved sanitation facilities, which are single-sex and usable, and handwashing facilities with water and soap increased from 200 HCFs in 2019 to 863 HCFs in 2020. The vast majority of the HCFs were in Tanzania, Kenya, Nepal and Madagascar.

Whilst our EAs have continued to make headway in 2020 on school and HCF sanitation programming and results delivery, limited GSF funds meant that countries were only able to invest in the promotion of WASH behaviours, rather than infrastructure. It is, however, encouraging that in most GSF countries, presence of at least basic sanitation and hygiene facilities in schools and HCFs now forms part of the national ODF protocol and therefore was confirmed as part of the ODF verification processes and by the GSF outcome survey results. Cognizant of the dire situation of water, sanitation and hygiene services in schools and HCFs in the programme countries, we know that more needs to be done, and differently, to achieve universal access.

Non-GSF 2020 programme results and performance

Beyond the GSF-funded programmes, WSSCC's non-GSF programmes also continued and, in some cases, excelled, despite programme closure by the end of 2020 and the constraints of the Covid-19 pandemic. Non-GSF 2020 programme activities include (a) WSSCC's support to the Global Menstrual Health Collective, (b) WSSCC's efforts to strengthening mutual accountability mechanisms to support LNOB and the right to water, sanitation, and hygiene, (c) the country engagement initiatives by WSSCC's National Coordinators, and (d) WSSCC's direct support in India through its India country office.

Global Menstrual Collective

Since 2012, WSSCC has worked with governments to address historical gender inequalities, discrimination, and social injustice in WASH and beyond, using MHM as an entry point. In collaboration with various ministries, partners, and trainers, WSSCC has facilitated inter-ministerial, multi-stakeholder policy dialogues, and has led capacity building initiatives to create a cadre of trained MHM facilitators to support and directly implement programming on MHM using the holistic rights-based 3-pronged approach. Since embarking on this work, demand has grown steadily and WSSCC has worked with governments and other partners to respond to various demands.

Global Menstrual Collective

Launched in 2019, and still in its formative stage, the Global Menstrual Collective (GMC) has continued to inspire a diverse range of active stakeholders. Now facilitated by a core group of professionals from different organizations, the GMC has reconfirmed the importance of its purpose - to drive and guide improved investment in menstrual health and hygiene – as a priority for collective endeavor to contribute to a world where everyone who menstruates has the services and facilities they need and a supportive social environment free from menstrual stigma to realize their human rights. Activity over the year included: the creation of the GMC identity and governance framework, identification of strategic priorities, technical information for MHH and Covid-19, and advocacy.

As WSSCC ends its support for the Collective, the strong core group, under the institutional "home" of WaterAid, will sharpen the focus through a strategic planning process to sustain the initiative and deliver its purpose in the coming years.

Collective advocacy – Covid-19 and MHH

The Covid-19 pandemic has created further barriers for people during menstruation. Facing enforced isolation and closure of many public facilities, women, and girls' ability to manage menstruation can be compromised in communities and households. Finding a clean and private space to change and wash while remaining indoors for much of the time with their family, and accessing menstrual materials and water, can be difficult.

In this context, the Collective harnessed opportunities for advocacy throughout 2020. The 64th Commission on the Status of Women (CSW 64), Global Menstrual Hygiene Day (May 2020), and the Generation Equality Forum all provided a moment for messaging. Specifically, in response to CSW 64, the Collective received endorsement from 34 organisations for a statement calling for greater attention and improved investment for comprehensive menstrual health, targeting those who are most marginalised.

In Devex, WSSCC sponsored a powerful and well-received opinion piece: Creating a more equal post-COVID-19 world for people who menstruate, co-authored with Collective members, including WaterAid and the Mailman School of Public Health, Columbia University. Focusing on the need for attention to the many gendered aspects of the pandemic, including increased vulnerabilities to gender-based violence during lockdowns, the article highlighted the needs of an estimated 1.8 billion girls, women and gender non-binary persons still requiring menstrual materials, safe access to toilets, soap, water, and private spaces in the face of the pandemic and resulting absence of privacy and dignity for many populations.

Menstrual Health and Hygiene Policy Review

More and more countries are developing legislative and policy frameworks on menstrual hygiene and health. Policies cover different aspects such as ensuring provision of menstrual products to specific population groups, expanding sanitation facilities to accommodate menstrual needs, de-taxing menstrual products, and information and education campaigns.

They include:

- Kenya's standalone Menstrual Hygiene Management Policy 2019-2030.
- Increased public spending on gender-sensitive sanitation facility designs in Senegal and Niger.
- Integration of menstrual hygiene in the Indian Swachh Bharat Mission.
- Campaigns to de-tax menstrual products in Kenya, South Africa, the United Kingdom and across the United States, and many other countries.

With many of these developments happening over the last ten years and additional countries beginning to think about policymaking to address menstrual needs, 2020 was an opportune time to reflect on policy developments. WSSCC partnered with Columbia University to undertake a review of menstrual health and hygiene policy, focusing on Kenya, Senegal, India and the United States of America. The review compiled lessons and recommendations for policymaking to be disseminated in 2021.

Strengthening mutual accountability mechanisms

The Sanitation and Water for All (SWA) partnership, of which WSSCC is a pro-active member, places great emphasis on inclusive multi-stakeholder processes that promote accountability in decision-making to ensure universal access to sanitation and hygiene by leaving no one behind. Central to these country multi-stakeholder process are the following questions:

- Are vulnerable groups and those furthest behind identified at national and local levels?
- Who is being left behind and what are the underlying causes for their vulnerability?
- What disaggregated sources of data are available to inform decision makers, and what are the data gaps?
- What actions are being taken to determine the needs of the vulnerable and furthest behind, in policy, strategy, planning, budgeting, monitoring, and reporting?
- What is being done to ensure that invisible voices are provided with platforms to be heard and listened to?

Providing answers to these questions and fulfilling leave no-one behind obligations is challenging for any country. By way of contribution to the overall process and learning, WSSCC supported the strengthening of mutual accountability mechanisms as described below.

Collaboration with WHO to track WASH financing

WSSCC's country engagement seeks to maximise use of global mechanisms, such as the WHO TrackFin methodology and the creation of national WASH accounts for decision making, to achieve targets under SDG 6. The WHO-led UN-Water GLAAS team works with partners to expand the number of countries where TrackFin is implemented. In 2020, WSSCC, responding to formal government requests for support, financially and technically supported TrackFin delivery, namely Uganda and Madagascar (second cycle), and Malawi, Niger, Nigeria, Nepal, and Bangladesh (first cycle). As a result of this engagement, the first set of WASH Accounts were produced in Nigeria, the second cycle of TrackFin was starting in Madagascar, and the first round of WASH Accounts was initiated in Nepal and Bangladesh.

In support of the Africa Sanitation Policy Guidelines, WHO developed the Policy Monitoring and Assessment Tool (PMAT). WSSCC collaborated with the WHO GLAAS team to pilot the PMAT in Uganda, Kenya, and Nepal. WSSCC's National Coordinators and Executing Agencies, working with local WHO offices, supported government agencies to collect data required to test the tool. Once finalised, the tool will serve as a way for countries to self-assess the adequacy of current sanitation and hygiene policies and enable them to update policies to be fit for the SDG era and align with the recent WHO Guidelines on Sanitation and Health.

Engagement with UN Special Rapporteurs

Working closely with colleagues in the Office of the UN High Commissioner for Human Rights (OHCHR), WSSCC has a history of providing WASH related technical support to thematic UN Special Rapporteurs.

A joint side-event with OHCHR at the 43rd session of the Human Rights Council, Geneva

This session was attended by the UN Special Rapporteur on the Right to Food, representatives from the permanent missions to the UN in Geneva, the UN Secretariat, agencies and programmes, federations, academia, and networks representing vulnerable groups, including water and sanitation workers and trade unions, agricultural workers, refugees, persons with disabilities, LGBTIQ+, those living with HIV/AIDS and those promoting women's empowerment. The discussion focused on the interdependencies between water, sanitation and other human rights, and the strengthening of member states' accountability for LNOB through the Human Rights Council (HRC) and the Voluntary National Review (VNR) process. The session considered how the voices of the invisible are key in bringing about transformative changes for the 2030 Agenda, and how this requires a country focus with adequate funding attributed to the empowerment of civil society to position their perspectives, experience and demands for basic services.

A second example took the form of an online roundtable to explore how to include persons living in informal settlements in WASH responses to Covid-19. The roundtable was held in partnership with WaterAid and OHCHR, and the Special Rapporteur for Adequate Housing.

The pandemic dramatically highlights the urgency to address the human right to water, sanitation, and hygiene and adequate housing, especially for those living in informal settlements, or on the street, where an absence of even the most basic WASH services, for example handwashing facilities, risks disease transmission and death. Therefore, the session focused on the specific impacts of the pandemic on the most vulnerable groups in this context, evidence of WASH related responses in support of vulnerable people and the nature of recommendations to governments. Over twenty representatives of vulnerable groups/key populations living in informal settlements from seven countries (Bangladesh, DRC, Kenya, India, Pakistan, Romania, and Uganda) presented their perspectives and recommendations on how to adequately address their specific and diversified challenges and needs.

Learning from Voluntary National Review (VNR) consultations in India

Lessons learned from a 2019 consultation on SDG 6 with fourteen vulnerable groups for India's Voluntary National Review, were discussed during an online event in collaboration with GIWA and the Freshwater Action Network South Asia (FANSA). Guest speakers included the Ministry of Jal Shakti, Government of India, the UN Resident Coordinator, India and representation from the National Institution for Transforming India – NITI Aayog, India. The session included a special focus on the fostering of societal engagement in India through interfaith alliances, to address socio-cultural bias, stigma and marginalization and include those furthest behind first in the benefits of WASH.

Roundtable at Palais Wilson , Geneva, Switzerland, 2020 © WSSCC

Also with OHCHR and again building on dialogue facilitated in 2019, WSSCC contributed to the Report of the Special Rapporteur on the Right to Education on inter-dependencies between the human rights to water and sanitation, and the right to education in the context of Covid-19 responses.

Country reviews – the right to water, sanitation, and hygiene

The extent to which the human right to water and sanitation has been internalised by governments and stakeholders was reviewed in eight diverse country contexts: India, Nepal, Kenya, Uganda, Mali, Nigeria, France, and Serbia. This work was in collaboration with OHCHR, UNECE and WHO and commissioned through the United Nations University (UNU).

The reviews found degrees of commonality across countries. That people in left behind groups tend to remain invisible, are often not consulted and their issues poorly documented in relation to infrastructure, costs, and social, cultural, and geographic barriers to WASH. Though there has been considerable progress, this is hampered by a degree of institutional apathy related to the discharge of obligations around sustained access for all, and this is often linked to inadequate budgets and fragmentation across different levels of governance. The different studies pointed to a need for special legislation to integrate rights-based approaches and principles into legislative frameworks; the importance of subnational governments embedding the human right to water and sanitation into policy frameworks in accordance with national legislation and strategies; the need to follow-up on recommendations from UN human rights mechanisms such as the Universal Periodic reviews; and the possibility of sourcing WASH funds by eliminating deficits, advocating international assistance, accessing finance from micro-funds or the service providers, and establishing government cross-subsidies. Moreover, the reviews stressed the need to take measures that emphasize the importance of empowering civil-society groups as a core component of local-level planning and accountability.

Sanitation and Water for All (SWA) – boosting country accountability mechanisms

WSSCC continued to follow through on its 2018 commitment to support the SWA Mutual Accountability Mechanism (MAM) by working in partnership with the SWA Secretariat and country partners in Cambodia, Kenya, Madagascar, Malawi, Nepal, Nigeria, Pakistan, Tanzania, Togo and Uganda. MAM processes are already underway to varying degrees in all the countries where WSSCC and SWA operate, however, the intention has been to strengthen them and therefore provide support aimed to raise the political profile of SWA framework, commitments, and accountability for delivery. Inevitably, Covid-19 has slowed down plans significantly as accountability is so much about face-to-face meetings and dialogue, nevertheless, there has been positive progress.

Mechanisms for mutual accountability are national (and decentralized) planning, monitoring – for example through Joint Sector Reviews (JSRs) – and reporting progress, and tracking expenditure. In 2020 WSSCC support enabled:

- Enhanced sector coordination and collaboration, with a specific focus on engaging beyond government and development partners to effectively engage civil society, research and learning institutions and the private sector.
- Targeted sector reviews and progress through cycles of action planning, progress review and corrective actions, based on sector processes (such as Joint Sector Reviews), global processes (like SDG monitoring through Voluntary National Reviews), and human rights processes through Universal Periodic Reviews.
- Implementation of the SWA commitments.

At a regional level, support was extended to FANSA in collaboration with WaterAid and UNICEF, to include MAM related activities in its regional accountability study, introduction of MAM in Afghanistan and Bhutan, and SACOSAN commitment monitoring. In sub-Saharan Africa, the African Civil Society Network on WASH (ANEW) was supported to strengthen institutional capacity and further the effort to re-establish its position and, by extension, civil society voice in the WASH sector.

WSSCC also supported national civil society organizations (CSOs) networks in Cambodia, Madagascar, Togo and Uganda. This engagement focused on tackling inequalities in WASH and menstrual hygiene and had the following objectives:

- Strengthening the role and capabilities of local and national civil society platforms to raise the voice of those that have been least involved in and most affected by sanitation, hygiene and menstrual health and hygiene (MHH) developments in their country.
- Building solidarity and support for civil society to collaborate and mobilize effectively.
- Ensuring national ownership and legitimacy of their advocacy and accountability efforts.

Examples of MAM support

Malawi: In Malawi the sector's civil society network, WESNET, collaborated with the Ministry of Irrigation and Water Development and the National Sanitation and Hygiene Coordinating Unit to strengthen accountability in Malawi's WASH sector by promoting improved planning and reporting by the government, with a greater voice from civil society – and those left behind, the private sector and development partners.

Kenya: The KEWASNET-WSSCC Advocacy project focused on a national dialogue process to provide a voice to civil society to take part in WASH governance and accountability at both national and devolved levels. Specific activities include conducting institutional vulnerability assessments in select counties to inform decision making; review and customization of social accountability tools; training of selected right holders on Social Accountability tools; and facilitating and coordinating the use of social accountability tools by target right holders in select counties, and county-based WASH Social Accountability forums.

Tanzania: Linking the implementation of Tanzania's CSO commitments with leave no one behind principles of SDGs coupled with use of the national multi-stakeholder Joint Water Sector Review to report back on commitments under SWA's Mutual Accountability Mechanism, including a study into disparities in WASH financing.

Nigeria: Aimed to strengthen the engagement and advocacy capacity of NEWSAN state chapters, building capacity to strengthen planning, implementation, monitoring, impact, and promote learning, networking and to be more inclusive and diverse, particularly of disadvantaged groups thereby advocating for increased investments to basic WASH (with budget line for sanitation & hygiene) and advocate to states to develop SDG Plans for WASH.

National Coordinators

At the beginning of the Covid-19 pandemic, WSSCC authorized the national coordinators (NCs) to reallocate up to 20% of their 2020 funding toward Covid-19 prevention efforts. The NCs were also eligible for additional Covid-19 funding beyond 20% of their Country Engagement Plan (CEP) budgets. This resulted in Covid-19 intervention funding of up to $50,000 per NC. NC-led Covid-19 interventions were carried out in 8 countries. Almost USD 345,000 were redirected as part of this initiative.

NC activities in response to Covid-19 focused on providing technical and financial support to Covid-19 preventive efforts including the development and distribution of information materials and other information campaigns, and capacity development. Most of the NCs prioritized vulnerable populations when designing their Covid-19 response strategies. Specific examples include:

- In Zimbabwe, handwashing stations with liquid soap were set up to prevent the spread of Covid-19 and diarrheal diseases, and hygiene kits including a 20 liter water urn, a 20 liter plastic jerry can, 4 bars of soap and a poster on handwashing were distributed to vulnerable households to promote hand hygiene and improve water storage.
- In Kenya, the NC participated in the national WASH Infection Prevention and Control (IPC) Committee on Covid-19 response including providing feedback to the National Emergency Response Committee on WASH infection prevention and control activities and supporting the Ministry of Health (MoH) with the coordination of weekly WASH IPC Virtual Trainings for Counties targeted at strengthening the capacity of the county officers on WASH-related Covid-19 activities and relevant protocols and guidelines.
- In Bangladesh, the NC's Covid-19 preventive activities were coordinated with local police and government authorities and included the distribution of personal protective equipment and masks as well as soap to vulnerable households.

Taking actions to combat COVID-19 in Bangladesh, 2020 © WSSCC

In addition, despite Covid-19 restrictions including national lockdowns around the world, the NCs were able to advance many of their planned activities, with adaptations where required including to workshops, trainings, and conferences, which were moved online, when possible. In the area of WASH sector strengthening, the NCs continued to support national WASH strategies, including in Cambodia, where the NC took on a coordinating role in the development of the National Action Plan (NAP 2) for Rural WASH 2019-2023 targeted at achieving SDG 6.2 including providing 90% of the population in rural areas with access to basic water, sanitation and hygiene by 2023. On the sub-national level, the Cambodian NC engaged in strengthening administrative and stakeholder coordination by providing technical support to Provincial Working Groups for Rural WASH. In Tanzania, the NC supported the development of the action plan and costing for the National Strategy For Accelerating Sanitation And Hygiene For All 2020 – 2025. In Malawi, the NC provided technical support to the development of the new Water Policy and Sanitation Policy. These policies are divided into thematic areas and support was provided specifically to the institutional arrangements, LNOB and EQND portions of the policies.

The NCs also continued to strengthen national MHH policies and strategies. In Kenya, the NC supported the Ministry of Health to finalize and launch Kenya's MHM Policy and Strategy and carried out a vulnerability assessment and MHM policy review study. The NC in Tanzania collaborated with UNICEF on the national MHH Strategy 2020. In Nigeria, financial and technical support was provided through the mentoring of MHH focal persons in the Federal Ministry for Women Affairs. In Malawi, MHH awareness and the Malawi Menstrual Hygiene Hub were strengthened through the engagement of high-level individuals including the First Lady of the Republic of Malawi. The Malawian NC also played a vital role in consolidating WASH updates for regional and global sharing on the AMCOW and SWA Global Platforms.

Direct support in India

Continuation of WSSCC's contribution to the Swachh Bharat Mission (SBM) by the India Support Unit (ISU) happened within the Government of India's decision to enter a second SBM phase following the national declaration of the country's open defecation free status in October 2019. Phase II is focusing on "open defecation free plus" – meaning achievement of sustained toilet use by families, reaching those left behind, and increasing access to solid and liquid waste management facilities. Through dialogue and with agreement at the national level, our approach included:

- Policy support for leaving no one behind, especially at state level.
- Rapid Action Learning (RAL) for SBM implementation with district stakeholders and communities.
- SBM related societal engagement with key organizations and individuals able to influence the public around equity and inclusion.
- Specific technical support to states and districts for menstrual hygiene management.
- Capacity strengthening in equality and non-discrimination.

As elsewhere, India has felt the weight of the global Covid-19 pandemic and so activities in 2020 took the national lockdown into account. With the closure of WSSCC at the end of December, our engagement in India also comes to an end.

Menstrual Health Management

An independent review of WSSCC's contribution to MHM in India was concluded in May 2020. The findings underscore the need for greater MHM technical expertise in the country, the still significant issues linked to attitudes and gender, and the dilemma faced by a small organisation trying to effect change in a highly complex and vast society.

The review concluded that WSSCC has played a critical role in MHM in India, in as far as adding value to debates and decisions. Credibility as a technical organisation and the extension of this expertise to government at all levels has seen international practice being shared and to some extent localized. Evidence includes:

- Contributing to the successful influencing of national policy and strategy for the inclusion of MHH in Swachh Bharat Mission guidelines as well as the development of state guidelines on MHH in three states in India.
- Interest and receptivity to the Rapid Action Learning model by states and districts.
- Targeted training material development for specific vulnerable groups – including those visually and hearing impaired through braille and tactile tools and focused audio-visual material.
- Progressive partnerships, especially with inter-faith leaders and organizations, pushing the boundaries of mass communication through faith for menstrual health and hygiene, and support for coalitions and common-voice building.
- As a government accredited Key Resource Centre (KRC), responding to demand for state and district capacity strengthening and knowledge sharing for wider SBM implementation and menstrual health and hygiene.

However, the training model of engaging master trainers in coaching less experienced new trainers has inherent weaknesses. Training material requires more frequent update and limited capacity means that post-training oversight and follow-up is lacking. Moreover, it is difficult to account for the impact of WSSCC investment as monitoring of the model is challenging. There is also a tension between widening the number of people trained and the depth of training received by individuals. This suggests that a systems approach is needed that can take account of the structural requirements of trained personnel.

The following areas require consideration by those remaining active in, or entering this growing sector:

- Amplifying and elevating the voices of those breaking the taboo: such as women's, disability rights and youth groups as well as continuing to challenge religious barriers.
- Continuing and intensifying the focus on leave no one behind: this is a fundamental direction for any engagement strategy for instance by reaching the girls currently left behind (adolescent girls in migrants' groups, trafficked girls, girls out of school, girls with disabilities, etc.).
- Activating state commitment and influencers: this includes assistance for the implementation of state costed plans (for example, Bihar, Assam and Jharkhand). Perform analysis, research, documentation, and learning at state level to influence national policy as well as advocacy for political commitment through budgets and tracking MHH in state reporting systems.
- Sparking menstrual health and hygiene policy and programme innovations: these could be technological solutions (for disposal options), new business models, last mile supply chains/ pathways to scale, new processes, innovative behavioural approaches, or new combinations of tested techniques. Support might include providing seed capital for the start-up and field-testing of innovations; funding innovations that have already demonstrated success at a small scale or expanding innovations that have already demonstrated impact and effectiveness.
- Creating mechanisms of support: these support national-state coordination, maximizing learning and sharing of innovation activities.
- Building new networks and strategic partnerships at state and national level: with a diverse range of stakeholders including the private sector who can contribute to the innovation process including to leverage funding for innovations.

2020 programme in focus

Rapid Action Learning (RAL)

Support was provided to convene national, regional, and state/ district workshops to accelerate knowledge sharing in SBM Phase II ODF-plus rollout through the rapid action learning approach in collaboration with the Institute of Development Studies, University of Sussex, UK. A focus was on the participatory methods for Community-Leave No One Behind (CLNOB) and the potential for integration of this into the SB and wider communication initiatives.

Hygiene and Covid-19

In continued partnership with GIWA, a series of webinars and social media activity aimed to disseminate essential hygiene messaging. With WSSCC support GIWA was also able to accelerate its now online menstrual health and hygiene training with different faith-based organizations and communities in India. Over the year this successful partnership also ran high-level online consultations with the Ministry of Jal Shakti-India, the Ministry of Health and Family Welfare and civil society networks. Finally, on the initiative of the wider UN family WSSCC conducted a socio-economic situation analysis of sanitation workers and persons with disabilities in 15 different states.

Health Club at Mundemu Pr School, Tanzania, 2020 © WSSCC

The status of sanitation, hygiene, and menstrual health

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 benefits.[6] Yet, the SDG 6.2 target for sanitation and hygiene lags woefully behind. According to the 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.[7] Despite significant gains, current projections indicate that the sanitation related SDG targets will not be reached by 2030.[8] 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.[9] 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 cases[10]), Ebola (the 2014-2016 Ebola epidemic recorded 11,300 deaths in Guinea, Liberia, and Sierra Leone[11]), dysentery, hepatitis A, typhoid and polio. Those who are vulnerable are also most at risk of WASH-related public health outbreaks, such as cholera.[12] Infection prevention and control cannot happen without water, sanitation, and hygiene services. The current Covid-19 pandemic has brought this fact into sharp relief, highlighting the importance of emphasising proven prevention measures – including handwashing with soap.

The Covid-19 pandemic also brings to the fore the tragedy of under-resourced 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.[13] 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.[14] 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.[15] Though 47 countries are now termed early adopters due to taking positive steps to tackle the crisis, WHO and UNICEF report that fewer than 1 in 3 of these countries have plans with dedicated budgets, and fewer than 1 in 10 have integrated water, sanitation and hygiene to monitoring protocols[16]. Furthermore, only 60% of the world's population has access to a basic handwashing facility and 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.[17]

Equally shocking is the status of sanitation and hygiene in schools. The presence of reliable water, sanitation and hygiene can contribute to limiting children and teacher's exposure to Covid-19, and transmission of the virus. However, globally over 620 million children worldwide (34%) lack basic sanitation services at their school.[18] Among them over 410 million have no sanitation service at their school at all.[19] Lack of safe gender segregated sanitation and hygiene at school not only puts children's health and dignity at risk, but it also 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 achievement of national sanitation targets is particularly hampered by two recurrent themes: lack of finance and weak systems. The 2019 GLAAS report shows that investments in drinking water still far outstrip investments in sanitation and hygiene, with water accounting for 63% of total WASH expenditures.[20] 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.[21]

WSSCC's contributions to learning

Over a period of 30 years, WSSCC has contributed to learning. This work has resulted in more than 250 research, knowledge and learning products. In this section we are looking back at (a) 10 years of GSF-supported approaches to programme learning, (b) safely managed sanitation lessons learnt, and (c) WSSCC performance monitoring and results reporting learnings.

GSF Supported Approaches to Programme Learning

Since the inception of the GSF in 2010, learning has been a focus area for country programmes and for the Secretariat. Over the years, SHF-supported programmes have adopted different learning approaches with varying levels of structure, human and financial resourcing, and prioritization. In 2020, WSSCC commissioned a Scoping and Diagnosis for GSF Supported Approaches to Program Learning [22], which described the GSF programme's many different approaches to learning. WSSCC also prepared multiple GSF legacy learning and guidance documents, which will support SHF operations moving forward.

Figure 13. Summary of Learning Activities Undertaken in GSF supported programs[23]

Learning Activities	Countries
Research	Nepal, Nigeria, India
Training	Ethiopia, Kenya, Nigeria, Madagascar, Tanzania
Conferences	Benin, Kenya, Nigeria, Tanzania
Learning Reports & Newsletters	Ethiopia, Nepal, Madagascar,Tanzania, Uganda
Video Documentation	Nigeria, Tanzania
Case Studies & Best Practice	Benin, India, Madagascar, Nepal, Nigeria
Technical Guidance Notes	Kenya, Madagacar, Tanzania
Resource Centres	Nepal
Joint Sector Review	Ethiopia, Cambodia, Nepal, Tanzania, Uganda
Sector Forums/Groups	Benin, Cambodia, India, Kenya, Nepal, Nigeria
Learning Exchanges - International	Benin, Cambodia, Ethiopia, Kenya, Madagascar, Nepal, Nigeria, Senegal, Tanzania, Uganda
Action Research	Cambodia, India
Partner Meetings	Kenya, India, Malawi, Nepal, Uganda, Tanzania

Learning Activities	Countries
Learning Exchanges – National	Benin, Ethiopia, Kenya, Nigeria, Senegal, Tanzania,
Mentoring & Peer Support	Kenya, India, Madagascar, Nigeria, Uganda
"Pause & Reflect" Meetings	Benin, Cambodia, Kenya, Nigeria,
Facebook Page	Cambodia, Kenya, Nigeria, Senegal
WhatsApp Groups	Cambodia, Nigeria, Tanzania, Uganda

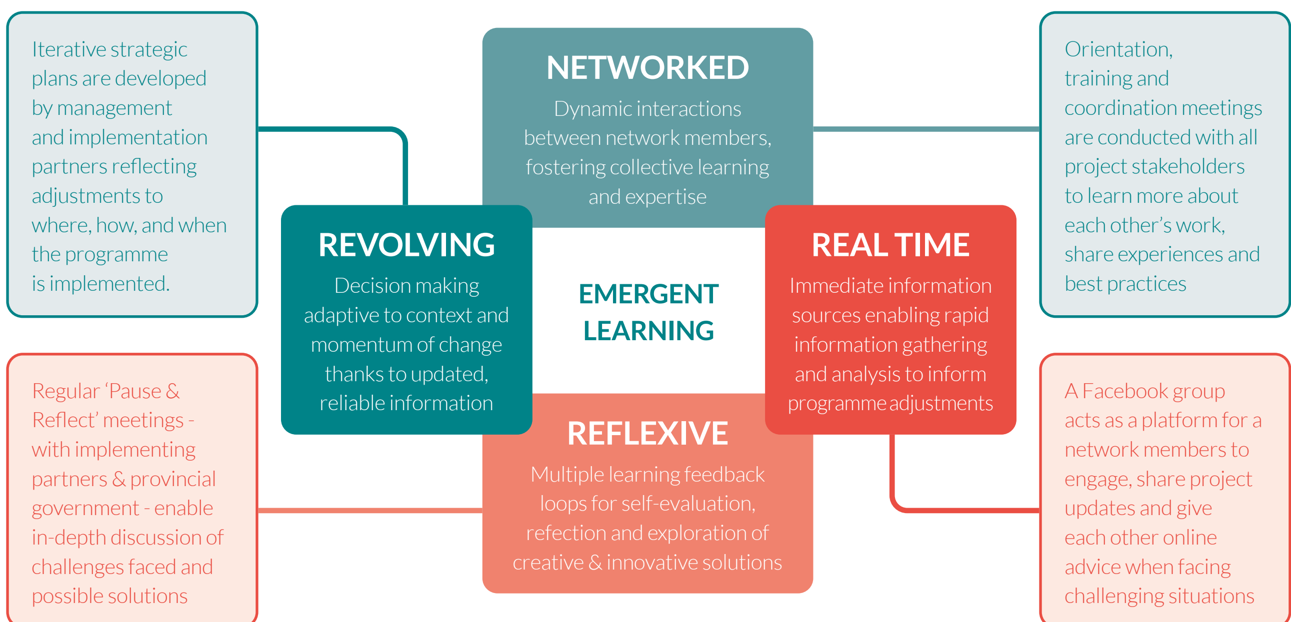
GSF-supported programmes developed diverse strategies and objectives to guide their learning agendas. Yet, while approaches varied due to context and different learning priorities, the strategies tended to share common goal including:

1. Developing an evidence-base to test or demonstrate the effectiveness of approaches.
2. Influencing stakeholders, strategies, or policies to develop stakeholder capacity.
3. Informing programme implementation/management and enabling course correction, if needed.

Working towards these goals, some GSF programmes adopted—albeit to varying degrees—an "adaptive management" approach to learning. Adaptive management enables modifications to strategies or approaches in response to a change in context, contributes to a deeper understanding of the challenges that are being encountered, and facilitates learning on the effectiveness of strategies that are being used. In many countries—such as Benin, Madagascar and Senegal—adaptive management has been part of a wider learning agenda. In other countries—including Cambodia, Kenya and Nigeria—specific learning methodologies have been developed to support the principle of adaptive management.

Cambodia's "Real Time Emergent Learning" (RTEL) approach is an example of a learning methodology for adaptive management (see Figure 14). In the initial phase of the Cambodia programme (CRSHIP), there was limited emphasis on learning because the focus was on delivering results. However, when the programme moved into its second phase, learning came to play a more central role as more lessons emerged from implementation.

Figure 14. Cambodia's Real Time Emergent Learning (RTEL) Conceptual Framework



Safely managed sanitation services

The concept of safely managed sanitation services is relatively new. All governments and development partners now need to consider how human waste is managed across the entire sanitation service chain: from the use of the toilet ('user interface'), through containment, emptying, transport and treatment to end use or disposal.

The development of rural Safely Managed Sanitation Services (SMSS) is urgent as the number of ODF areas grows, governments and external support agencies look for viable 'post-ODF' strategies, and faecal exposure risks from unsafe excreta management become apparent. While there has been significant research and implementation to improve the sanitation service chain in urban settings, little guidance is available on how to achieve and sustain SMSS in rural contexts. Issues such as sustaining safe toilet use and handwashing habits, ensuring that excreta are safely contained in pits or tanks, and establishing systems to safely manage waste when these containment systems fill up are increasingly important.

Working towards the universal use of SMSS also has equity implications, such as ensuring that emptying and disposal options are affordable, the excreta of children are safely managed, the health, safety, and rights of sanitation workers are safeguarded, and negative impacts on disadvantaged and marginalized communities living in areas where unsafe disposal and other unsafe practices take place are prevented.

In 2020, WSSCC completed a study to address the above knowledge gap. The study examined how and to what extent GSF-supported programmes have been enabling SMSS in rural areas principally using collective behaviour change approaches, such as CLTS. The objective was to identify SMSS challenges, capacity gaps and learning needs, and develop programming recommendations, as well as inform other individuals and organisations working in rural sanitation of the generic SMSS issues and provide them with recommendations arising from the study.

The study examined 11 GSF-supported programmes, from the three longest-running programmes (Madagascar, Senegal, and Nepal) to some of the most recently launched programmes (Benin, Kenya, and Togo) in predominantly rural settings. The findings confirmed that people living in the GSF-supported programme areas already use SMSS. Especially where people use largely dry pit latrines (e.g., most of the African programmes), the household facilities are likely to be safely managed. This learning is significant as previously it was readily assumed that latrines were not falling under the safely managed category and it indicates quicker than assumed progress up the sanitation ladder (see Table 6).

Table 6. GSF programme progress on access to sanitation (monitoring data, late 2018)

Country programme	Programme target population	Population living in ODF environments	Population with access to improved sanitation
Uganda	6.8 million	5.1 million (75%)	1.7 million (25%)
Nepal	6.0 million	4.6 million (77%)	3.5 million (58%)
Madagascar	5.7 million	2.1 million (37%)	3.8 million (67%)
Ethiopia	5.1 million	4.5 million (88%)	1.9 million (37%)
Benin	1.7 million	0.8 million (47%)	0.8 million (47%)
Togo	1.7 million	1.1 million (65%)	1.4 million (82%)
Cambodia	1.4 million	0.9 million (64%)	0.6 million (43%)
Nigeria	1.2 million	0.9 million (75%)	0.4 million (33%)
Kenya	0.8 million	0.5 million (63%)	0.4 million (50%)
Senegal	0.7 million	0.5 million (71%)	0.2 million (29%)
Tanzania	0.7 million	0.6 million (86%)	0.3 million (43%)
Total	31.8 million	21.6 million (68%)	15.0 million (47%)

Notes: In this table the percentages are the populations (ODF or with improved sanitation) as a percentage of the programme target population. (These populations exclude communities that did not receive implementation.)

Furthermore, GSF outcome surveys estimated that access to SMSS ranged from 55% to 70% in four GSF supported programmes (Cambodia, Kenya, Nepal and Tanzania), with lower SMSS access reported in the GSF Senegal programme (34%) due to the much higher proportion of households with access to unimproved or shared sanitation facilities (see Table 7).

Table 7. GSF programme progress on access to sanitation (outcome survey data, late 2018)

Country programme	Survey date	Households surveyed	No service/ OD	Access to limited + unimproved sanitation	Access to basic sanitation	Access to SMSS
Tanzania	2018	629	2.7%	26%	1.4%	70%
Kenya	2018	1,680	8.7%	28%	0.2%	63%
Nepal	2018	1,952	14%	14%	12%	60%
Cambodia	2018	1,189	9.9%	29%	6.2%	55%
Senegal	2018	827	16%	47%	2.5%	34%

Note: The GSF outcome survey samples included stratified random samples of households in ODF and non-ODF communities. The weighting of this sampling has generally been adjusted to reflect the prevalence of each type of community across the programme, which means the overall results presented here conceal the variations found across ODF and non-ODF communities. For example, the proportion of ODF villages in the outcome surveys ranged from 50% in the GSF Cambodia outcome survey to 85% in the GSF Senegal outcome survey.

Improvements in the use of SMSS require information on current SMSS status and other key issues in each intervention context. Moving forward, reliable monitoring of SMSS requires (a) surveys that include observation of safe containment, (b) regular monitoring (as safe management can change over time), (c) data collection from households, service providers, and local authorities (full-service chain), and (d) internal checks and verification of monitoring data to improve data quality and reliability.

Performance monitoring and results reporting

WSSCC's 2020 performance monitoring and results reporting was faced with the dual challenge of programme closure and Covid-19 pandemic implications. Programme closure placed an emphasis on evaluation, and on securing data and information for future use. In 2020, WSSCC worked to ensure that the lessons learnt and best practices from 10 years of GSF programmes become available, remain accessible, and that these lessons were being applied as the foundations for the SHF moving forward. In the context of the Covid-19 pandemic, WSSCC programmes and activities had to be adjusted, which in turn required adjustments to the organization's M&E. Despite these challenges, we remained dedicated towards further improving WSSCC performance and results reporting by revising and adjusting reporting templates and procedures and building the reporting capacity of partners.

Monitoring and results reporting progress

In the context of the Covid-19 pandemic, WSSCC's M&E required modifications to reflect changes to programme activities while at the same time continuing to ensure high quality results reporting despite restrictions of access to programme areas and other challenges faced by data collectors. This included adjustments to country-level performance monitoring systems to cover Covid-19 reprogramming enhancing the available monitoring data while minimizing pandemic risks. In an uncertain and rapidly evolving context, WSSCC asked for Covid-19 data to be reported 1-2 times per month, a much shorter reporting interval than the regular bi-annual reporting. As some planned activities were re-programmed to focus on Covid-19 prevention, new indicators were added to the reporting formats. At the same time, results from WSSCC regular activities were re-forecasted in regular intervals as EAs, NCs and implementing partners navigated Covid-related restrictions and redefined what was possible.

Approaching the end of WSSCC's current strategic plan period and the end of all GSF programmes, WSSCC collected and aggregated its final round of monitoring data including final results reporting against KPI targets. In addition, six GSF programme outcome surveys (Benin, Ethiopia, Madagascar, Nigeria, Togo and Uganda) and four programme evaluations (Benin, Madagascar, Togo and Uganda) were also implemented and/or finalized. Working with university partners, WSSCC used the collected data to examine and reflect on what was achieved over the entire programme period and identify lessons learnt and best practices. Specific activities include a meta-analysis of outcome survey findings from 11 programme countries in collaboration with London School of Hygiene and Tropical Medicine and health impact modelling of intervention outcomes with Johns Hopkins University. Findings from these studies informed WSSCC legacy documents, the SHF's new results and M&E frameworks, as well as the SHF investment case.

Collecting outcome survey data in Ethiopia, 2020 ©WSSCC/Elke de Buhr

Over the course of the year, WSSCC continued to streamline organizational work planning, data collection and results reporting including by updating some templates and processes. This resulted in enhanced data quality, reliability and availability, and reduced risks to the organization and programmes. M&E capacity building of partners also continued, both in person during the first few months of the year and online after Covid-19 restricted international travel. In the second half of 2020, WSSCC also reorganized its data and information resources creating a WSSCC legacy drive and a new SHF shared drive ensuring information security and preserving reports, results data, and other relevant files for the SHF.

Programme evaluation findings

In 2020, WSSCC commissioned and completed three programme evaluations covering (a) the GSF programmes in Togo and Benin (two country evaluation), (b) the GSF programme in Uganda, and (c) the GSF programme in Madagascar. Applying UNEG and OECD Development Assistance Committee (DAC) evaluation criteria, these evaluations were aimed at verifying results and performance providing accountability to donors and other stakeholders, and identifying lessons learned and best practices to inform future SHF investments and the development of approaches, tools and guidelines.

The programme evaluation findings suggest that with their strong focus on community-led programming and achieving ODF, the GSF programmes were effective in implementing CLTS approaches and they made a significant contribution to ending open defecation and increasing the use of latrines in the targeted areas. The programmes also performed well from a cost-benefit perspective reaching a large percentage of their target populations with modest per capita investments.

The evaluations findings also pointed to challenges. This included some discrepancies between the programme-reported results and the outcome survey findings. Also identified were strategic challenges in some of the programme countries associated with ensuring that sanitation and hygiene remained high on the political agenda including securing necessary long-term financial commitments to sustain results.

Specific considerations and recommendations for future investments include:

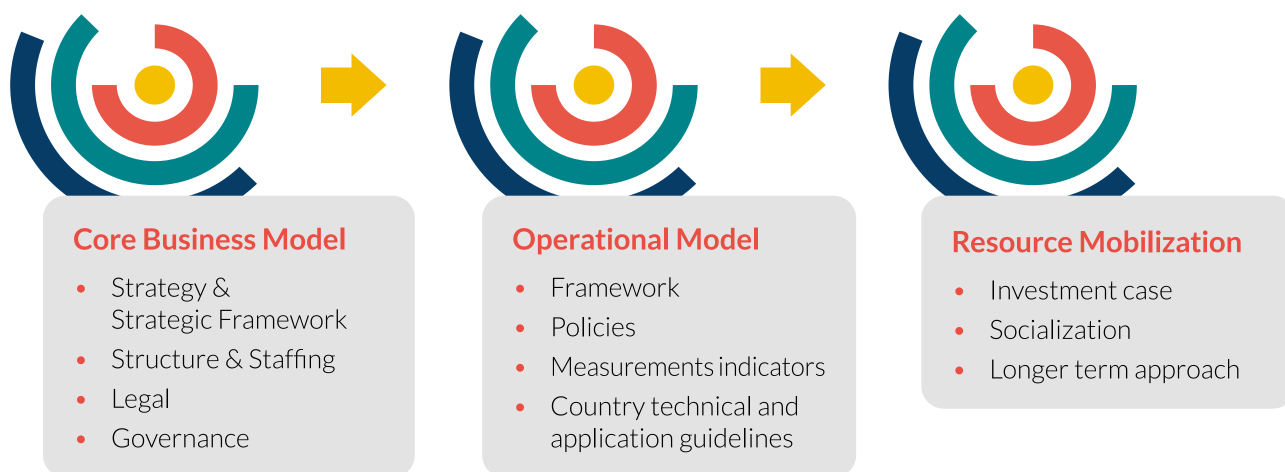
1. Given the widespread poverty in the targeted areas, the GSF programmes' strong focus on CLTS might be a barrier to meeting the needs of the most vulnerable. Future programmes should work with partners to explore the option of introducing output-based subsidies to lower the barriers to sanitation and allowing vulnerable groups to more easily climb the sanitation ladder.
2. As some of the villages initially declared ODF were found to have since reverted to non-ODF status, stakeholder interviews suggest that a major reason behind this was lack of access to water and insufficiently robust sanitation facilities. To address slippage, future programmes should emphasize water access and higher quality facilities to sustain ODF and safe practices.
3. Despite the emphasis placed on LNOB, universal access to sanitation and hygiene services has yet to be achieved in the programme countries. In this context, disadvantaged and vulnerable groups, including people with disabilities and the elderly, will need continued prioritization particularly with regard to the financial accessibility of sanitation and hygiene services.

While the GSF programmes covered a large percentage of their target populations, the evaluators pointed out that vulnerable populations in both urban and rural areas will continue to grow and there was a need for scaled up and longer-term interventions to address emerging challenges. In terms of learning, they also recommended an emphasis on strengthening the linkages with other programmes and sectors, including with organizations active in water supply and nutrition programmes.

Laying the Foundations for the SHF and a Forward Look

On the advice of its Steering Committee, WSSCC initiated work to lay the foundations of the new Sanitation and Hygiene Fund (SHF). This centred around three workstreams: (a) designing the core business model, including strategy and organisational, governance and legal frameworks; (b) agreeing the operational model, policies, performance indicators, and technical and application guidelines; and (c) paving the way, through its first investment case, for intensive resource mobilization to enable the SHF to reach its ambition. Concurrently, work was undertaken over the course of the year to socialize the new Fund with country stakeholders, partners, and donors.

In September 2020, the first organizational leader for the SHF took office. In November 2020, the SHF was launched via a well-received special online news and discussion programme. This was the culmination of tremendous hard work and the result of gathering considerable support for the endeavour. Contributing voices included the Deputy Secretary-General of the United Nations, the Vice President of the Federal Republic of Nigeria, heads, and senior leaders of UN agencies – UNICEF, WHO and UNOPS, UN Water and advocates from the many countries that WSSCC has supported. With the fundamentals now in place, the SHF is set to become a UNOPS trust fund in 2021. The SHF Strategy along with other SHF-related documents can be found at www.SHFund.org



In line with aid effectiveness principles, key elements that will underpin the SHF include:

- Focus on countries most left behind and least able to respond: Countries that the Fund will support are identified based on greatest need (those that have a high burden) and the least ability to respond (factoring in a country's income level).
- Country owned, country led: The Fund will invest in proposals that are aligned to national plans and strategies, based on national funding priorities.
- Sound investments and value for money: Applicants will go through a robust independent review process, assessing technical soundness, capacity constraints and value for money.
- Performance and impact focused: The Fund will hold itself and recipients accountable for results by adopting a performance and results-based model which will integrate learnings from other funds operating at scale.
- Focus on sustainability and leveraging of government actions and funding: A requirement for government co-financing (on a sliding scale) will be part of all applications.
- Data and monitoring: The Fund will ensure strong monitoring and evaluations of its programmes and results.
- Innovation: New, innovative and climate resilient ways of countering the risks of poor sanitation and hygiene must be pursued.
- Strong risk management: The Fund will place a strong emphasis on strong programmatic and fiduciary risk management.

Policies

The Sanitation and Hygiene Fund Policies were developed by WSSCC and approved by the WSSCC Steering Committee in May 2020:

1. The **SHF's Fragility Policy** explains how the SHF will identify countries it deems are particularly fragile environments in which to operate. Due to the unique complexities inherent in working in such fragile settings, careful and consistent consideration of fragility factors and potentially modified approaches are needed to ensure effective investment of the Fund's resources.
2. By embodying the Leave No One Behind strategic vision of the Fund, the purpose of the SHF allocation and prioritization approach is to align funding available to those countries hardest hit by sanitation and hygiene challenges and with least economic capacity. The **SHF Allocation and Prioritization Policy** ensures that the available resources are distributed across countries in a transparent and rational manner; and, if circumstances warrant, prioritize a subset of those eligible countries that represent the highest priority of need, based on an agreed-upon prioritization rating scheme.
3. Domestic funding is key to a country's successful provision of even basic sanitation and hygiene services and the achievement of impact and lasting results. The SHF co-financing requirements are designed to support less dependence on external sources and help prepare SHF countries for the time when they are no longer eligible to receive SHF funding. This is addressed in the **SHF Co-Financing Policy**.
4. The **Eligibility and Transition Policy** describes how the SHF will use established criteria to determine which countries are eligible to receive an allocation and apply for funding from the SHF. It also describes how the SHF supports countries to prepare for successful transitions from SHF funding once they are no longer eligible for support.

Measurement indicators

The SHF Results Framework and the SHF M&E Framework were developed in collaboration with partners including UN organizations, academic experts and other stakeholders. Draft documents were presented as part of an external review meeting on September 29, 2020. The comments and suggestions received resulted in a first full version of the two documents.

The SHF Results Framework 2021-2025 provides an overview of the KPIs selected by the SHF to measure progress against its mission and Strategy 2021-2025. The KPIs will guide M&E and performance management. They are oriented at the SHF Theory of Change and sub-divided into three categories: Strategic Performance, Grant Performance, and Internal Performance Indicators.

The SHF M&E Framework 2021-2025 provides applicant countries, donors and other partners with an overview of the way in which the SHF ensures performance management, quantifies outcomes and impact, and tracks the sustainability of its investments, an approach that combines monitoring, evaluation, and learning.

Stewardship

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Governance

The Steering Committee was regularly convened over the course of the year. Milestone decisions included endorsement of the 2021-2025 strategy, paving the way for the SHF, and requesting the Secretariat and UNOPS to take all appropriate steps for its preparation, including the phasing out of the National Coordinator role by 31 December 2020, and closure of WSSCC within the same period. In doing so the Steering Committee recognized the tremendous role that National Coordinators have played in the positioning of WSSCC with country partners, and their service to the water, sanitation, and hygiene sector. Furthermore, the Steering Committee undertook a lead role in SHF shaping by recommending options for the eventual governance of the new entity. WSSCC is extremely grateful for the dedication and time commitment of Steering Committee members over many years, but especially during 2020.

Hosting arrangements

Throughout the year UNOPS continued to provide tailored hosting services and support to WSSCC. This included all delivery and compliance support, with specific focus to ensure smooth implementation of WSSCC's operational closure and separation of staff using standard UN procedures. This sensitive process was made more difficult due to the pandemic, lockdowns, and uncertainty. All staff had access to career coaching and the opportunity to sharpen their skills and confidence to actively find new employment. In preparation for the SHF as new trust fund engagement UNOPS was also overseeing the organizational design and managed subsequent recruitment/HR for the first phase.

Managing risk and compliance

In 2020 WSSCC, through a UNOPS contracted global audit firm, carried out GSF Executing Agency audits for the financial period 2019. This covered eight country programmes (Benin, Cambodia, Ethiopia, Kenya, Madagascar, Nigeria, Tanzania and Uganda). 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 UNOPS grant support agreement terms and conditions. Audit observations demonstrate that governance arrangements, risk management practices and controls have improved since the previous audit, conducted in late 2019, which was covering the 2018 financial period. Audits/financial verifications were also carried out for twenty-five non-GSF grants, across twelve countries, including India.

Membership

WSSCC entered 2020 with over 5,000 individual members from all areas of the WASH sector, and over 350 organizational members who are current or past partners of WSSCC. This membership base reflects the diverse groups of individuals working to make sanitation, hygiene and menstrual health and hygiene global priorities: civil society; representatives from government and UN agencies; academics; WASH practitioners; thought leaders; private sector; and professionals working across the development sector. Recognizing members' demand for continued professional networking and collaboration, we worked on securing post-WSSCC options. This included the successful absorption of the Community of Practice on Sanitation and Hygiene in Developing Countries by SuSanA (Sustainable Sanitation Alliance) and the sharing of existing platforms and networks so that members can continue to share expertise, learn from each other, be better connected and more effective as sector professionals and influencers.

Mission d'appui - Péréré, Benin, 2020 ©WSSCC

Financial overview

UNOPS Certified Consolidated WSSCC Interim Financial Report: Period 1 January 2020 to 31 December 2020 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 88.14% delivery rate against a budget of US$ 33.59 million.

	All amounts in US Dollars
Opening Balance as of 1 Jan 2020, b/f [1]	25,663,819
Income	
Deposit Received	
Switzerland	4,100,461
Sweden	4,088,642
Total Deposit Received	8,189,103
Interest Income	199,364
Total Income (A)	34,052,286
Expenditure	
Disbursements	27,636,564
Net exchange gain[2]	35,435
Management Fee	1,934,559
Total Project Expenses (B)	29,606,558
Project Advances (C)	20,051
Project Capitalized Assets (D)	7,016
Ending Balance as of 31 December 2020[3]: (E= A-B-C-D)	4,418,661

Adjustment of Commitments on WSSCC Ending Fund Balance as of 31 December 2020[4]	
Ending Fund Balance as of 31 December 2020 before adjustment of Commitments (F=E)	4,418,661
Commitments as of 31 December 2020	
Multi-year GSF Country commitments	0.00
Other commitments Staff, Grants and services	2,198,393
Total Commitments as of 31 December 2020 (G)	2,198,393
Ending Fund Balance as of 31 December 2020, after adjustment of Commitments (H=F-G)	2,220,268

Notes:
1 Funding balance before adjustment of commitments as at 31 December 2020, 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. The ending balance as of 31 December 2020 excludes commitments totalling US$ 2,198,393.
4 Commitments represent contracts by 31 December 2020. For this period, delivery and payment schedule falls beyond 31 December 2020. They include multi-year commitments for grants support, contracts for staff and services.

Taking actions to contain COVID-19 in Benin, 2020 ©WSSCC

ANNEX 1
List of 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, hosted by Medical Care Development International (MCDI)
	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	Michele Rasamison, hosted by Medical Care Development International (MCDI)
	Executing Agency	Medical Care Development International (MCDI)
	Programme Coordinating Mechanism	Designated committee established by the Government of Madagascar, Chaired by an independent scholar

Country	Role	Details
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, hosted by Human Resource Development Network (HRDN)
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 Nabunya Mulumba, hosted the International Rescue Committee, Uganda
	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

ANNEX 2
2020 Results Against Key Performance Indicators

WSSCC KEY PERFORMANCE INDICATORS	2020 RESULTS	CUMULATIVE RESULTS FOR 2017-2020 STRATEGIC PLAN PERIOD
Number of communities that achieved ODF status following national criteria	7,300	42,600
Number of people living in targeted administrative areas where ODF status has been verified using national systems	3.7 million	16.7 million
Number of people that have access to a handwashing facility with soap and water[1]	6.5 million	15.0 million
Number of people that have access to an improved sanitation facility[2]	2.6 million	10.3 million
Number of students in schools with basic sanitation & handwashing facilities with water and soap as a result of GSF advocacy efforts	253,600	771,600
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	244[a]	471
Number of people reached with menstrual hygiene awareness messages	1,940,000	2,750,000
Number of public health facilities with improved sanitation facilities which are single-sex and usable & handwashing facilities with water and soap as a result of GSF advocacy	863[b]	1,863

Notes:

1. *Joint Monitoring Programme (JMP): basic hygiene service level*
2. *JMP: limited, basic and safely managed sanitation service levels*
3. *(a) 2020: Benin, Cambodia, Kenya, Madagascar, Nepal, Nigeria, Tanzania, Eritrea.*
   (b) 2020: Benin, Kenya, Madagascar, Nepal, Togo, Tanzania.

Source: Reported by GSF Executing Agencies 2017-2020

Endnotes

1 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, C. (2014), Report of the Special Rapporteur on the human right to safe drinking water and sanitation. Retrieved from https://digitallibrary.un.org/record/777928?ln=en

2 WSSCC has advocated 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

3 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).

4 Defined as use of improved facilities, which are not shared with other households (WHO/UNICEF JMP).

5 Slippage refers to a return to unhygienic behaviour, or the inability of community members to continue to meet all open defecation free (ODF) criteria.

6 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

7 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, p. 9.

8 World Bank (2019). Delivering Rural Sanitation Programmes at Scale, with Equity and Sustainability: a call to action, p. 1. Retrieved from http://pubdocs.worldbank.org/en/959161570454050835/Rural-Sanitation-Call-to-Action-10-07-2019.pdf

9 UNICEF and WHO (2019). Progress on household drinking water, sanitation and hygiene 2000-2017: Special focus on inequalities. New York: UNICEF and WHO, p. 8.

10 WHO (n.d.). Cholera. Geneva: WHO. Retrieved from https://www.who.int/news-room/fact-sheets/detail/cholera

11 WHO (n.d.). Ebola Virus Disease. Geneva: WHO. Retrieved from https://www.who.int/csr/disease/ebola/en/

12 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, p. 4.

13 UNICEF and WHO (2019). WASH in Health Care Facilities: Global Baseline Report 2019. Geneva: WHO/UNICEF, p. 28.

14 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

15 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

16 UNICEF and WHO (2020). Global Report on WASH in Health Care Facilities – Fundamentals First. Retrieved from https://www.who.int/publications/i/item/9789240017542

17 UNICEF and 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

18 UNICEF and WHO (2018). Drinking Water, Sanitation and Hygiene in Schools: Global Baseline Report 2018. New York: UNICEF and WHO, p. 20. Retrieved from https://washdata.org/report/jmp-2018-wash-in-schools-final

19 UNICEF and WHO (2018). Drinking Water, Sanitation and Hygiene in Schools: Global Baseline Report 2018. New York: UNICEF and WHO, p. 20. Retrieved from https://washdata.org/report/jmp-2018-wash-in-schools-final

20 WHO 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, p. 65.

21 Given the lack of plans and budgets to implementing these, particularly in the hardest to reach areas, WSSCC, in line with SDG1 has been working towards at least basic sanitation and hygiene standards, while pushing towards safely managed. WHO 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, p. 26.

22 Jones, O. (2020). Scoping and Diagnosis for GSF Supported Approaches to Program Learning. Geneva: WSSCC.

23 Jones, O. (2020). Scoping and Diagnosis for GSF Supported Approaches to Program Learning. Geneva: WSSCC.

WATER SUPPLY & SANITATION COLLABORATIVE COUNCIL (WSSCC)

15, Chemin Louis-Dunant
1202 Geneva
Switzerland

T +41(0) 22 560 81 81
E wsscc@wsscc.org

@WSSCCCouncil

WatSanCollabCouncil

water-supply-and-sanitation-collaborative-council

sanitationforall

wssccouncil

www.wsscc.org