

MID-TERM REVIEW OF WATER SUPPLY AND SANITATION COLLABORATIVE COUNCIL'S MEDIUM- TERM STRATEGIC PLAN, 2012-16

Part II - Final Report
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I. WSSCC - Regional SANs: A Case Study

Abstract

Africa conference on Sanitation and Hygiene and South Asia conference on sanitation and Hygiene are important regional platforms to explore, and deliberate on cross-cutting issues in sanitation and hygiene sector. These conferences are attended by ministers, key policy makers, bureaucrats, development professionals, and civil society members. WSSCC has played an important, convening role in each edition of these conferences. Its contributions include financial support to host governments and participants ensuring equal gender balance- in country delegation and inclusion of direct voices of extremely marginalised and left out individuals and groups in the conferences, organising panel discussions among sector stakeholders, participating in the technical task forces of African Minister's Council on Water and Inter-Country Working Group of SacoSAN and convening its programme partner constituencies to collectively advocate for sanitation and hygiene goals in both region broadly and for WSSCC's sanitation and hygiene agenda more specifically. WSSCC has also played an important role in enabling member states to assume leadership of these regional sanitation platforms with development partners in a supporting role.

Sanitation and hygiene has a high profile in South Asia, but has yet to be prioritised and resourced adequately in Africa. The advocacy efforts of WSSCC therefore concentrate on making sanitation a priority sector in Africa, while the advocacy in South Asia focuses on behaviour change, and inclusion of marginalised demographic groups with focus on gender, age and disability to achieve right to sanitation. WSSCC seeks to inform and influence the debate around poor progress on the lines of recognition of human right to sanitation, lack of recognition of equity and equality across various population groups, and monitoring systems and policies by engaging at the regional SANs platforms and follow-up regional and national level activities. By drawing out the necessary ministerial participation and supporting the development of ministerial declarations, WSSCC along with other participating institutions collectively advocate and garner the political will necessary for translation of these regional commitments to realise improved outcomes at the country level.

1 Introduction

The evaluative focus of this case study is WSSCC's Regional Engagement through Africa conference on Sanitation and Hygiene (AfricaSAN) and South Asia conference on Sanitation and Hygiene (SacoSAN). The regional conferences AfricaSAN and SacoSAN are important ministerial platforms for deliberations on critical regional challenges in sanitation and hygiene leading to inform and influence policies, practice and benchmarking in these regions. They aim to promote political prioritisation of sanitation and hygiene in the region with active engagement by key policymakers responsible for sanitation, development partners and civil society agencies, bureaucrats and practitioners. In view of WSSCC's targeted efforts to accelerate the achievement of sustainable sanitation and hygiene in the region and its convening role in the current and earlier editions of AfricaSAN and SacoSAN, the case study presents

an opportunity to evaluate the role, influence and contributions of WSSCC towards the sanitation and hygiene agenda in these regions.

1.1 Sanitation Sector in Africa and Asia

Progress against the MDGs targets for water supply and sanitation is insufficient in Africa and South Asia, with more than 547 million people in African¹ and 953 million² in southern Asia lacking access to sanitation and hygiene facilities. Progress in the African sub-continent on reducing the proportion of the population without access to sanitation is only 20% against the MDG targets of 50% and 2015 targets of 70% under the Africa Water Vision 2025. None of the countries in Africa and South Asia where WSSCC-Global Sanitation Fund has operations³ have met the MDG sanitation targets and even in countries that have met MDG targets, disparities in access and use of sanitation and hygiene are abound.

Table 1 Sanitation Context and Geographical Spread of GSF Country Programmes

GSF Country	Percentage of Rural Population		Percentage of Rural Population Access to Improved Sanitation		Progress Toward MDG Target	
	2010	2015	2010	2015	Sanitation	Water
Madagascar	68.1	64.9	8.5	8.7	Red	Orange
Senegal	57.8	56.3	31.2	33.8	Orange	Green
Nepal	83.2	81.4	35.1	43.5	Yellow	Green
India	69.1	67.3	24.5	28.5	Orange	Green
Malawi	84.5	83.7	37.3	39.8	Orange	Green
Uganda	85.5	83.9	16.3	17.3	Red	Green
Ethiopia	82.7	80.5	20.9	28.2	Orange	Green
Nigeria	56.5	52.2	28	25.4	Red	Green
Tanzania	71.9	68.4	7.9	8.3	Red	Red
Togo	62.5	60	3.7	2.9	Red	Orange
Kenya	76.4	74.4	28.8	29.7	Red	Yellow
Benin	58.1	56	6.2	7.3	Red	Green
Limited		moderate		Good		Met target

Source 1 Population figures and access data was from various country govt. websites. The progress towards MDG targets is WHO/UNICEF JMP estimates 2010/2015

Such wide gaps in both South Asia and Africa necessitate adoption of a wide range of strategies at both the regional and national level so as to translate efforts undertaken by sector partners into sustainable national level outcomes. At the outset, this involves recognition of right to sanitation, followed by provision of adequate resources both in terms of human resources and financial, and setting up monitoring and evaluation system to track the progress.

¹ Africa Water and Sanitation Report, 2014

² JMP Report 2014

³ GSF includes 13 countries. Table 2 includes South Asian and African countries relevant to this case study

1.1.1 African Context

In Africa, only 9 countries, namely - Algeria, Ethiopia, Gabon, Kenya, Libya, Rwanda, South Africa, Swaziland and Tunisia reported to be on track for achieving MDGs goal for sanitation⁴. Only 64% of the countries in Africa have recognised the human right to sanitation.⁵ The 2008 eThekweni Ministerial Declaration allocated 0.5% of GDP in African countries to sanitation and hygiene. As per the 2014 Africa Water and Sanitation Report only 11 Member States - namely Algeria, Cameroon, Cote d'Ivoire, Kenya, Lesotho, Libya, Mozambique, Sao Tome & Principe, South Africa, Swaziland and Tanzania - reported adherence to this funding target. A key constraint to progress in sanitation and hygiene sector is due to the inadequacy of the current level of funding, domestic or otherwise, to the sub-sectors, and lack of national sanitation plans. Compared to an annual requirement of USD \$50 billion⁶, only USD \$18.48 billion in the water and sanitation sector in Africa was reported for the year 2013.

According to GLAAS 2014 special report on Africa, 32 countries in Africa have national plans to address gaps in the sanitation sector, with only four countries having the sanitation policy approved with plan being fully implemented, funded and reviewed. Beyond the presence of national plans and recognition of human right to sanitation, it is important to determine if national plans are equitable and recognised different disadvantaged groups. The eThekweni commitments focus on population groups of poor, women, children, youth and the unserved. However, sub-regional AfricaSAN meeting reports indicate that except South Africa and Chad, no other country achieved the commitments in regions of South, East, West and Central⁷.

1.1.2 South Asian Context

In South Asia all countries have recognised human right to sanitation, yet there are severe gaps in sanitation access. To minimise these gaps, national governments in the region have collectively recognised the importance of comprehensive national sanitation policies and plans and have committed to "formulate, develop and implement adequately resourced national/sub national sanitation and hygiene plans with SMART (specific, measurable, achievable, realistic, time-bound) indicators". However as per the latest traffic lights paper, only India, Nepal, and Sri Lanka have developed and implemented such plans⁸. Furthermore as per the GLAAS report, these national sanitation plans lack sufficient funds for implementation⁹. Furthermore, even though the sanitation plans recognise poor populations and people with disabilities, yet only Bangladesh and India's WASH plan recognised women as disadvantaged groups¹⁰.

⁴ JMP Report 2014

⁵ Source: Report on the Global Analysis and Assessment of Sanitation (GLAAS) and Drinking Water in Africa, 2014. The total sample size for the report was 39 countries and 25 countries recognised the right to sanitation for the GLAAS report 2014

⁶ Determined by the AfDB and AMCOW as reported in the 2014 African Water and Sanitation Report

⁷ On the basis of reporting in proceedings of AfricaSAN regional meeting held in Central, East, South and West African regions.

⁸ Traffic Lights paper prepared by FANSA and WaterAid for SacoSAN VI

⁹ GLAAS 2014

¹⁰ GLAAS 2014 report on south Asian countries

1.2 Regional Sanitation Conferences: Background and History

Ahead of the World Summit on Sustainable Development (WSSD) held in 2002, the Executive Director of WSSCC and the Principal Regional Team Leader of WSP-Africa collaborated with Minister Ronnie Kasrils, Minister of Water and Forestry in the South Africa, as well as the Governments of the Netherlands and Switzerland, and various UN agencies, notably, UN-Habitat, to build political momentum on the neglected topic of sanitation in Africa. This collaboration led to the first AfricaSAN conference in Johannesburg and contributed in building political momentum for the WSSD (and subsequently the UN) to adopt a specific millennium development goal (MDG) target on sanitation. Following the success in Africa, the concept was replicated in South Asia. With the first conference held in Dhaka in 2003, the SacoSAN conference is a biennial event in South Asian region.

Since then, WSSCC has played a pivotal role in carrying forward the sanitation and hygiene agenda through these regional SANs forums, with its particular advocacy focus on behaviour change, equality and inclusion of the most vulnerable and marginalised groups. WSSCC, along with other development partners such as UNICEF, WHO, WSP (World Bank) and WaterAid, have supported this process at multiple levels, thereby accelerating progress towards the global sanitation goals. The SANs have attracted increasingly high-level political interest as evidenced in the fact that they are led by government agencies, with the participation of key ministers and bureaucrats responsible for sanitation within their own constituencies. Each of the conferences result in key outputs in the form of ministerial declarations signed by the participating ministers, indicating their will and commitment to improving sanitation and hygiene outcomes within their countries.

1.2.1 AfricaSAN

AfricaSAN¹¹ is a pan-African political initiative to build momentum to address the lack of progress in improving sanitation and hygiene conditions. It has lobbied to influence global, regional and national sanitation and hygiene targets to better make the case for investment in sanitation and hygiene and to improve sectoral performance. Four AfricaSAN events have been organised till date¹², and the last was held in 2015 during this MTSP period. The platform has metamorphosed from a conference to a movement with a blend of political support, technical advance and knowledge exchange driving the momentum for improved sanitation in the continent.

1.2.2 SacoSAN

¹¹ <http://www.africasan.com/pages/6/background>; <http://www.africasan.com/pages/7/africasan-movement>

¹² South Africa in 2002 and 2008, Rwanda in 2011 and Senegal in 2015.

SacoSAN¹³ is a government led biennial ministerial meeting held on a rotational basis in each South Asian Association for Regional Cooperation (SAARC) country. With the explicit objective of accelerating the progress in sanitation and hygiene in South Asia, SacoSANs provide a platform for developing a regional sanitation agenda and for promoting regional exchange and learning based on past experiences

SacoSAN I: Held in Bangladesh on 21st-23rd October, 2003. 301 delegates attended the conference from nine countries of Afghanistan, Bangladesh, Bhutan, India, Maldives, Myanmar, Nepal, Pakistan and Sri Lanka. Dhaka Declaration was signed by the heads of the delegations in this conference.

SacoSAN II: Held in Islamabad, Pakistan in September 2006.

SacoSAN III: Held in India in 2008,

SacoSAN IV: Held in Sri Lanka in 2011, the conference was attended by XYZ attendants. The ministers signed the Colombo declaration which included objectives to recognise the right to sanitation, and mobilise resources to execute time-bound inclusive sanitation and hygiene programs.

SacoSAN V: Held in Kathmandu, Nepal on 22nd-24th November, 2013. 391 delegates attended from the eight participating governments. The conference produced the Kathmandu declaration as a follow up to Colombo declaration of SacoSAN IV and expanded the stakeholders to include the diversity in the demographic groups such as adolescent girls, women, people with disabilities, elderly etc. Features of this declaration will be discussed in the detail in section 3.

SacoSAN VI: Held in Bangladesh in 2016 and attended by all SAARC countries except Pakistan due to poor relations and tension with the host country. The Dhaka declaration included objectives on the basis of the sustainable development goal of 6.2.

and for setting concrete goals and actions for the future. The SACOSAN process is instrumental to generate political will and commitment towards better sanitation in the region in the form of Ministerial Declarations, which are a key output of these regional processes. The conference includes representation from South Asian countries, namely, Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka. During WSSCC's ongoing MTSP period, two SacoSAN conferences have been held in Nepal (Oct, 2013) and Dhaka (Jan, 2016).

1.3 Governance in SANs Platforms

1.3.1 African Ministers Council on Water (AMCOW)

In 2002, Ministers responsible for water in 41 African countries met in Abuja, Nigeria in 2002 to form AMCOW for promoting cooperation, security, socioeconomic development and poverty eradication through provision and management of water resources and sanitation services. AfricaSAN conferences are an important initiative of AMCOW to strengthen intergovernmental co-operation and create a learning platform for change and progress in sanitation and hygiene sector. Apart from taking the lead in

¹³ <http://www.sacosan.lk/>

organising the AfricaSAN conferences, AMCOW has taken a lead on developing a pan-African mechanism for monitoring the water and sanitation sector for reporting annually¹⁴ to African Union.

1.3.2 Inter-Country Working Group

An Inter-Country Working Group (ICWG) represents the Governments of the eight countries in South Asia and was established under the SACOSAN banner at the recommendation made at SACOSAN II. Along with the participating members, there are representatives from civil society and institutions such as Freshwater Action Network South Asia (FANSA), WaterAid, WSSCC, Water and Sanitation Program (World Bank), World Health Organisation (WHO), and United Nations Children's Emergency Fund - Regional Office of South Asia (UNICEF). The ICWG first met in Islamabad in September 2006. This group is mandated to ensure coordinated planning, design and management of the conferences with government buy-in and is now also tasked with promoting learning and sharing between meetings and across countries. The deliberations of the ICWG during its convening before and after the conferences helps ensure continuity between successive SacoSAN.

The working group functions as a forum for government representatives to collaborate with development partners and civil society towards achieving national goals in sanitation. The participating bureaucrat, technical officers and department officials from relevant sanitation departments and ministries use it as a learning forum to discuss various aspects of implementation of their national sanitation policies. For instance, on the review of the ICWG minutes of the meetings, a wide range of aspects were discussed, such as increase in budgetary allocation¹⁵, status of right to sanitation, different strategies being employed in their countries such as CLTS approach and sanitation in schools.

Another important mandate¹⁶ of ICWG is to track the progress of each of the countries against the commitments. ICWG will promote robust monitoring against the 10 commitments contained in the SacoSAN V Kathmandu declaration, by developing SMART indicators for each of the commitments. The list of indicators selected was used later by FANSA and WaterAid to prepare the Traffic Lights paper and was presented at SacoSAN VI. As part of strengthening the overall framework, the ICWG also envisages linking SacoSAN to other global and regional processes such as Joint Monitoring Programme (JMP) UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS), post-2015 Sustainable Development Goals agenda, South Asian Associate for Regional Cooperation (SAARC) and AfricaSAN processes. In the past few meetings, discussions have been initiated between representatives from SAARC¹⁷, AfricaSAN¹⁸, JMP and GLAAS.¹⁹

¹⁴ In July 2008, African Union (AU) Assembly requested the African Ministers' Council on Water (AMCOW) to set up a monitoring mechanism for water and sanitation sector

¹⁵ Fourth ICWG Minutes of the Meeting accessed via http://www.un.org.np/sacosan/PDF/ICWG_Colombo_-_minutes_of_the_meeting_SV_F.pdf

¹⁶ Sixth ICWG Minutes of the meeting http://www.worldwaterday.lk/sacosan/wp/wp-content/uploads/2014/09/Sixth_ICWG-Meeting_Report_28-02-14.pdf

¹⁷ SAARC representatives were present during the 6th and 8th ICWG meetings held in Nepal and Bhutan respectively

¹⁸ Mr. Kitchinme Bawa Gotau from Nigeria presented about the Africa SAN in 6th ICWG Meeting held in Kathmandu (11-13 Feb., 2014)

¹⁹ A video conferencing was held in 4th ICWG meeting held in Colombo on 4-5th November, 2011

Lastly, ICWG initiates administrative actions to provide assistance to the government of the country hosting the next SACOSAN conference, mobilising required resources and support the hosting government in establishing the conference secretariat and in setting up the conference website.

1.3.3 Civil Society Organisations

Over the past one decade, SANs dialogues have gradually included civil society voices in discussing various aspects of sanitation and hygiene sector in South Asia and Africa. Two of the significant participants are FANSA (in SacoSAN) and ANEW (in AfricaSAN). FANSA has been participating in SacoSAN conferences since 2008 and were formally included as part of ICWG in 2011. During the conferences, they organise plenary sessions of the community representatives and bring grassroots voices to the conferences to bring forth the challenges and restrictions in accessing sanitation facilities. They also organise pre-conferences meetings to understand emerging WASH issues in South Asia²⁰.

ANEW is a regional networking body of African civil society organizations actively involved in the field of sustainable water management, water supply and sanitation. Between the two AfricaSAN conferences, ANEW followed up on the 2014 Sanitation and Water for all (SWA) High-Level Meeting (HLM) country commitments by compiling them per country and disseminated them at country level through appropriate channels (including governments and CSOs forums) to influence planning for and monitoring these commitments.

1.3.4 Other Stakeholders

A wide range of government officials, organisations and agencies form the rest of the stakeholder groups. Apart from WSSCC, other UN agencies such as UNICEF, and WHO and non-UN institutions such as WaterAid and Water and Sanitation program of World Bank also participate in and financially support the SANs conferences. Support from these also includes convening technical and policy advocacy events on different aspects of sanitation and hygiene at the conferences. All these entities participate in the ICWG deliberations and in sub-committees of AMCOW.

2 Key questions, Methodology and Approach

This case study focuses on the advocacy role, influence and regional positioning of WSSCC in relation to AfricaSAN and SacoSAN, and seeks to understand WSSCC's contributions to these regional processes and consistency in WSSCC's approach under both Regional SANs. As a first step, a summary theory of change underpinning WSSCC's engagement in the Regional SANs programme was developed which guided the rest of the evaluation. The main objectives of this case study were:

- I. *Assessment of the congruency of WSSCC's regional WASH advocacy with regional WASH goals and priorities of governments and donors*
 - o To what extent are WSSCC's activities, within the AfricaSAN and SacoSAN frames aligned with African and South Asian governments' priorities and answer their needs and expectations?

²⁰ Source: Stakeholder interviews with FANSA Convenor

- To what extent have WSSCC’s knowledge and advocacy activities influenced policies and actions of these governments?
- What are the key facilitating factors to the success of WSSCC’s advocacy efforts? What are the key barriers to WSSCC’s advocacy effort being successful?

II. Comparative assessment of AfricaSAN and SacoSAN

- To what extent are WSSCC’s theories of change underpinning its approach and engagement in AfricaSAN and SacoSAN consistent?
- To what extent are there any key differences in approach and engagement and in what ways are these likely to have influenced its intended outcomes?

The case study investigated the content of AfricaSAN IV (2015) and SacoSAN V (2013) and VI (2016) proceedings, highlighting the key themes and comparing them with current priorities and expressed challenges of government and donors. These three SANs conferences were held during WSSCC’s on-going Medium Term Strategic Plan (MTSP period). Particular attention was given to the influential role of WSSCC and how its advocacy message is translated to AfricaSAN IV and SacoSAN V and VI and received by the participants and the key stakeholders at the SANs stage.

A review of documents and literature was conducted, including WSSCC’s internal documentation on the SANs programme such as details on WSSCC events, participant feedback collected by WSSCC during the AfricaSAN IV, WSSCC publications and contextual documents such as conference proceedings, ICWG meeting minutes (see also Table 2). Semi-structured interviews were held with 23 stakeholders. These included senior management and staff at WSSCC and WSSCC’s National Coordinators (internal) and external stakeholders comprising of members of ICWG, AMCOW, officials from relevant Ministries and departments and individuals from other organisations (UNICEF, WSP, WaterAid, FANSA) operating in South Asia and African countries.

Evaluation Themes	Key questions	Methodology tools/Means of Verification
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Congruence between WSSCC advocacy and with regional WASH goal	<ul style="list-style-type: none"> i. To what extent are WSSCC's activities, within the AfricaSAN and SacoSAN frames, have aligned with African and South Asian governments' priorities and answer their needs and expectations? ii. To what extent have WSSCC's knowledge and advocacy activities influenced policies and actions of these governments? iii. What are the key facilitating factors to the success of WSSCC's advocacy efforts? What are the key barriers to WSSCC's advocacy effort being successful? 	<ul style="list-style-type: none"> ▪ Review of AfricaSAN 4 and SacoSAN V and VI proceedings using documentary analysis and highlighting of key themes. ▪ Review of WSSCC programme documents, publications and participant feedback related to the SANs platforms ▪ Semi-structured interviews with participants (governments, civil society, academics)
Comparative assessment of AfricaSAN and SacoSAN	<ul style="list-style-type: none"> i. Are WSSCC's theories of change underpinning its engagement in AfricaSAN and SacoSAN consistent? ii. Are there any key differences in approach and engagement? iii. In what ways have these similarities or differences influenced its intended outcomes? 	<ul style="list-style-type: none"> ▪ Review of regional and national commitments, review of conference proceedings ▪ Semi-structured interviews with key sector participants

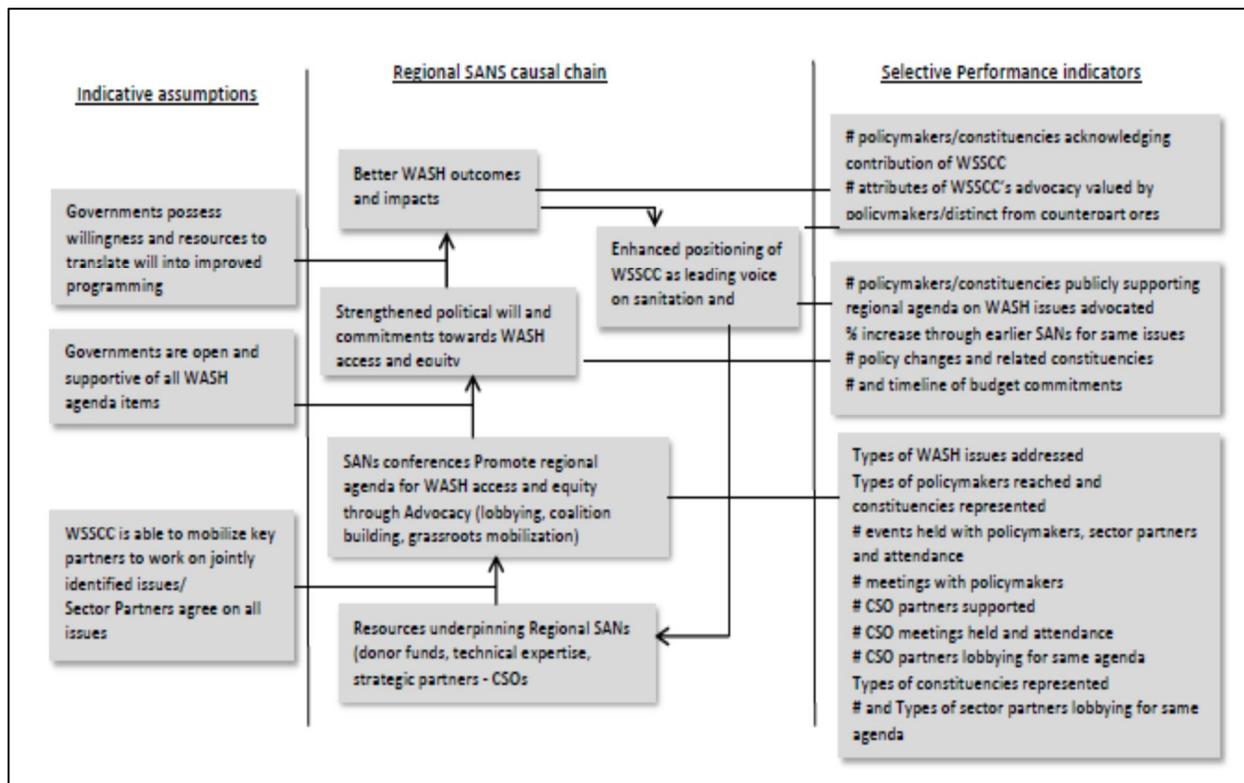
3 Results

3.1 Theory of Change

To guide the assessment process, the MTR team developed a Theory of Change for WSSCC's engagement at the Regional SANs platforms. The ToC, developed based on a reviews of WSSCC's internal documents and discussions with WSSCC staff and management, suggests that WSSCC and other development partners, leverage these regional WASH platforms to promote a regional agenda for improved and equitable access to sanitation and hygiene. WSSCC's work in sanitation and hygiene prioritise equity to ensure that poor and marginalised communities have access to services and that governments adopt gender sensitive policies integrating the right to sanitation. Equity principles are embedded in WSSCC's programme implementation through the GSF as well in its policy advocacy work at global, regional and national levels through participation in platforms such as post-2015 deliberations and the Regional Sanitation conferences.

WSSCC's advocacy in the SANs seek to increase political commitments towards aspects of equity in sanitation and hygiene access, with a specific focus on the needs of women and girls (menstrual hygiene management) and marginalised groups including transgender people, sanitation workers, children and elderly and the disabled. It also lays emphasis on strengthening the monitoring systems around conference declarations and related outcomes and increasing member state accountability for commitments made.

Figure 1 Theory of Change for Regional SANs Engagement



Source 2 Developed by IFMR-LEAD

The regional SANS conferences result in major outputs in the form of regional-level political declarations which are intended to translate into the necessary political will and momentum in the form of policy and budgetary prioritisation for sanitation and hygiene at a national-level, thereby leading to improved sanitation and hygiene outcomes. The success of this initiative hinges on a high level of ministerial attendance during the conference and opportunities created by these platforms for advocacy, peer learning, capacity building and deliberations on key gaps in sanitation and hygiene in the region. WSSCC, alongside other WASH partners, has undertaken a number of initiatives leading to the intended output of conference declarations and follow-up at the country level to achieve various commitments in the declarations. These outputs are intended to contribute to the desired outcomes in sanitation and hygiene in these regions which demonstrate the highest gaps in sanitation and hygiene across the world

3.2 WSSCC's contributions at the SANs conferences

Historically, WSSCC is recognised for its sector contributions in the areas of networking, knowledge management and policy advocacy. WSSCC's contributions to the regional platforms have actively leveraged these key organisational strengths. WSSCC's work in these areas seek to generate rigorous, actionable evidence on key challenges in the sanitation sector and to actively employ the evidence to influence changes in public policy and practice. Particular emphasis is laid on sector challenges such as behaviour change and equity questions of who is left behind and why in terms of access to sanitation and hygiene. The MTR finds that WSSCC's overall contributions to the SANs conferences held during this MTSP aim to further the regional agenda along these specific concerns. To this end, WSSCC has

leveraged experiences from GSF and gender programming and has convened its in-country programme partners for improved and collective advocacy through these platforms. Broadly, WSSCC's technical and financial support and contributions are comparable across the two regional conferences despite the differences in the scale of participation²¹ and disparate progress in sanitation across the regions.

3.2.1 Technical Expertise and Support

Advocacy and policy influence is implicit in and is the driving force for all of WSSCC's activities within the SANs. Accordingly, the choice of knowledge and learning strategies and activities within the SANs are guided by WSSCC's key advocacy principles and aims. Activities are selected and effectively packaged to deliver WSSCC's main advocacy messaging on behaviour change, equity and the right to sanitation to the targeted stakeholders. MTR stakeholder interviews acknowledge the technical contributions of WSSCC to these regional platforms, indicating that they stem from on the ground experience in implementing programs such as the GSF and programming in the areas of equity and gender, particularly MHM. WSSCC's various efforts and contributions are discussed below.

A. Peer Learning, Capacity Building and Policy Advocacy

Promoting to sector knowledge and learning is a key objective of WSSCC's ongoing MTSP and WSSCC's learning events at the SANs platforms contribute to this objective. Stand-alone events such as MHM labs are also developed to raise overall awareness on WSSCC's key advocacy theme of gender and equity in sanitation and hygiene. Learning efforts target a diverse range of stakeholder constituencies, including ministers, government officials, technical experts, sector professionals and programme partners (e.g. GSF partners, National Coordinators). Overall WSSCC held **x workshops, y high-level panels and z group discussions. XYZ** ministers attended events organised by WSSCC.

AfricaSAN IV

This conference attracted about 1000 participants including key ministers and bureaucrats responsible for sanitation across Africa, sector professionals, donor agencies, development banks, multilaterals, academia, civil society organisations and private sector. Notable stakeholder participation include Ministers from Zambia, Kenya, Madagascar, Senegal and Mozambique²². Here, WSSCC organised a number of learning and advocacy sessions focusing on its predominant advocacy themes of behaviour change and gender equity in sanitation and hygiene. Table 2 below highlights specific sessions held in partnership with programme partners, technical experts and counterpart organisations and involved ministerial participation. One of the sessions highlights successes achieved by GSF programming in realising better sanitation and hygiene outcomes, thereby underscoring the importance of behaviour change approaches and advocating for improved support for such approaches.

²¹ In AfricaSAN there were more than 800 participants, with approximately 40 ministers representing their countries as compared to SacoSAN where the 8 countries in South Asian region are represented by their respective ministers and policy makers.

²² Source: Rapporteur reporting for the session "Ministerial dialogue on CLTS/ATPC/SANTOLIC: Strategies to accelerate sustainable practices for the SDGs on Day two of AfricaSAN IV convened by CLTS Foundation

“Excellent sensitization and motivation of the key decision makers in the Government of Senegal and could see a high level of commitment from them to act on the issue”

Views of one of the participants from the High Level Panel: Sanitation and Hygiene for Women and Girls in Africa in AfricaSAN IV

Two sessions draw on learnings from the WSSCC-UN Women Joint Partnership programming to bring attention to the gender gaps and issues in accessing sanitation and hygiene and the need to integrate these aspects into policy and practice. The high-Level panel “Sanitation and Hygiene for Women and Girls in Africa: Translating commitments into policy and practice” was chaired by Minister of Water and Sanitation of Senegal Mr Mansour Faye. The objective of this panel was to re-affirm the commitments of African

governments in favour of public policies that include hygiene and sanitation and improved designs, maintenance and monitoring linked to the satisfaction of women and girls for a better sanitation experience. This was designed as an interactive panel for participants to discuss the work council is undertaking in the three countries and council also invited bloggers and community radios for ensuring dissemination of the discussions.

Feedback from AfricaSAN participants indicate ministerial attendance to be the highlight of these events and that video clippings and testimonials, along with presentation done on UN Women projects in Africa were effective. The MTR finds that ministerial participation in such sessions signifies a certain amount of national interest in these themes. This interest can potentially translate to political commitments and budgetary allocations depending on to what extent these issues resonate with the governments as a national priority.

Other technical sessions organised by WSSCC independently or along with development partners are mainly motivated by peer learning and knowledge sharing objectives and target program officers from aid agencies, sector professionals and civil society voices. Lacking a direct policy advocacy intent, these sessions aim to promote learning along various sector themes and challenges and draw extensively on programme experiences to further knowledge on the operationalisation of the right to sanitation. For instance, case studies on GSF Madagascar programme highlighted the importance of a rights-based approach to sector dialogue and the need to engage communities in sanitation programmes. Annex 2 includes a list of such learning events that WSSCC was involved in during AfricaSAN IV.

Table 2 WSSCC’s Role and Participation in High Level Events

Indicative list of events	WSSCC Role and Session Details
High Level Panel: Sanitation and Hygiene for Women and Girls in Africa: Translating commitments into policy and practice Convening Partners: UN Women and Government of Senegal	WSSCC, along with UN Women and Senegalese government officials discussed the UN Women Joint programme. This panel discussion was primarily led by ministers and high level government officials from Senegal and Niger. The discussions included integration of gender issues with sanitation & hygiene, and on aspects of menstrual hygiene management.
AfricaSAN Opening Plenary held on	Executive Director presented one of the goodwill statements during this opening plenary session along with representatives from SWA, World Bank,

May 26 th , 2015	BMGF, WaterAid, African Union and AMCOW ²³ .
Ministerial Dialogue on CLTS: Strategies to accelerate sustainable practices for the SDGs Convening Partners: CLTS Foundation in partnership with UNICEF and WSSCC	Attended by 120 participants (approx.) ²⁴ , the council was represented by WSSCC Director Chris Williams. As part of his presentation he discussed GSF as a funding mechanism, and how using CLTS has proved to be a successful approach in achieving ODF as the focus is on behaviour change and true empowerment of the community; and had been implemented with a non-negotiable no-subsidy approach
Sanitation and Hygiene for Women and Girls in Africa: Getting the practice right Convening Partners: WSSCC, UN Women, Government of Senegal	WSSCC along with UN Women discussed UN Women joint programme. WSSCC used its knowledge products such as MHM studies training materials from India, SHARE studies, and Celebrating Womanhood studies as reference and supporting material for this session.

SacoSAN V and VI

The SacoSAN agenda development by the ICWG also includes plenary sessions, technical sessions for peer learning and target key officials from relevant ministries, departments and program officers from participating institutions. Separate meetings are organised between ministers and experts, and participating institutions (including WSSCC) to discuss the draft declaration, sector challenges and way forward (see Annex 3 for entire list of plenary sessions, technical sessions, ministerial meetings for

Source 3 WSSCC's AfricaSAN website and SHARE Brief from AfricaSAN IV accessed via http://www.sharereseach.org/sites/default/files/Briefing_Note__AfricaSan_2015.pdf

discussions on drafting the SacoSAN declaration and side events conducted in SacoSAN V and VI conferences). Here again, WSSCC's predominant advocacy themes relate to the importance of behaviour change approaches and equity and inclusion in sanitation service provision.

External stakeholders consulted for the case study, including policymakers, indicate that these sessions are "really beneficial" and "informative" and have presented an opportunity for peer learning and knowledge sharing between the countries in the region and further lead to action at the country level. For instance, policymakers in India who were consulted for this case study appreciated the overall peer learning sessions and are deliberating on replicating a similar SANs platform at the country level.

South-South Learning

WSSCC also leverages the opportunities for peer-learning provided by the SANs platforms to advance its support for south-south learning and knowledge exchanges. To this end, in-country partners including GSF partners and NCs are convened at the SANs platforms for learning exchanges and exploring programmatic synergies. In order to promote cross-regional learning, WSSCC also supports participation of regional representatives from AMCOW, ICWG and EASAN in the SANs held outside their regions. For instance, in AfricaSAN IV, the "Learning Across SANS" workshop was convened by WSSCC, AMCOW, ICWG and EASAN and included participation from WSSCC's in-country partners and CoP stewards. The

²³ As per the AfricaSAN IV Agenda shared on AfricaSAN website

²⁴ Source: Rapporteur Reporting for this Session at AfricaSAN 4 as shared on the AfricaSAN website

workshop was intended to promote learning based on WSSCC's programmes as well sharing of successes, challenges and learning across the SANs. With the same objectives, WSSCC also supported the attendance of AMCOW members at the ICWG meetings and SacoSAN conference in Dhaka.

B. Knowledge Outputs for SANs platforms

WSSCC's advocacy in the SANs is guided to a large extent by evidence generated from its own programmes and knowledge outputs that it has supported. To this end, WSSCC has used case studies, research briefs and publications drawn from implementation programmes including GSF and UN Women Joint Partnership as well as knowledge outputs from funded research partnerships such as those with SHARE²⁵ and research products developed specifically for the SANs conferences. For instance, AfricaSAN IV sessions²⁶ included case studies based on GSF to illustrate key institutional and political challenges and opportunities relating to sustainability of sanitation investments. Other sessions on Maternal and new-born health²⁷ included findings from SHARE research partnership to draw the attention of key stakeholders such as policymakers to the challenges and issues in these areas.

²⁵ The SHARE Research Consortium and WSSCC) formed a research partnership in 2013 to investigate the specific impact of inadequate access to water, sanitation and hygiene (WASH) facilities on women and girls in India and Bangladesh

²⁶ Tackling Sustainability of Sanitation Investments: Looking beyond technology and behaviour convened by WSSCC and WaterAid in AfricaSAN IV

²⁷ What do Sanitation and Hygiene have to do with maternal and new-born health convened by WSSC, SHARE research consortium

Before SacoSAN VI, WSSCC extended financial (USD 137,200) and technical support to FANSA to for research that consolidates the voices of rights-holder groups which are usually excluded on the sanitation dialogue at high level platforms such as the SANs. WSSCC was actively engaged in the development of the publication – “Leave No One Behind”, contributing to research and questionnaire design, selection of demographic groups to be included, and review of field results. WSSCC’s National Coordinators supported the process by arranging consultations with marginalized groups, with FANSA conducting the fieldwork. The publication included views of women, adolescents, elderly, persons with disability, transgender, sanitation workers on access to and level of satisfaction with safe sanitation facilities. To amplify the findings from this research at the SacoSAN VI, WSSCC supported participation and representation of direct voices of these constituencies at the conference. The publication was launched in SacoSAN VI in the presence of eight participants from these marginalised groups as right-

holders and key ministers and bureaucrats as the duty-bearers. One participant noted that this session “stood out [amongst other technical sessions], people will remember it months after the conference”.

Leave No One Behind: Building voice and joint action between rights holders and duty bearers towards safe and dignified sanitation and hygiene for all.

This initiative from WSSCC is a partnership grant with the Fresh Water Action Network South Asia (FANSA) a water and sanitation focussed civil society network. 55 structured consultations with elderly and disabled persons, women and adolescents, sanitation workers and transgender persons were held in Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Sri Lanka. The outputs were presented by representatives of each of these groups participating for the very first time on Ministerial panels at SacoSAN VI in Dhaka in January 2016.

The project’s objective was to make voices of those who are systematically left out (disabled and elderly persons, adolescents, children, transgender, sanitation workers) of the WASH sector discourse and ensure their participation of these groups in ministerial deliberations so that national and regional commitments made, reflect ground realities. In the process, this project also targeted strengthening of civil society to listen, to empower excluded groups and build systematic mechanisms and platforms for participation and voice on the right to sanitation and hygiene for all with dignity and safety so that *No One is left Behind*.

As part of the project a key issue was systematic preparation of policy makers to provide an enabling environment for these voices to be heard. The preparations involved intense negotiations through the Inter Country Working Group, national level lobbying with Ministries as well as systematic pressure to influence the national delegation selection process. Dissemination with policy makers was designed into the grant- and therefore took place at every step culminating in ministerial discussions on the issues raised and their reflection in the SacoSAN VI declaration. WSSCC’s national coordinators in 3 countries (Nepal, Pakistan and Bangladesh) were closely involved in order to reinforce the spirit of this work as was select staff in the WSSCC India unit and NKM and A&C departments in WSSCC Geneva.

All the consultations were co-organised by about 70 local organisations (local governments, CBOs, NGOs, FANSA local chapters, activist networks and academia), these consultations across South Asia

C. Participation in Working Groups

WSSCC is also an active member and participant in the SANs’ working committees and taskforces convened by AMCOW and ICWG. These committees help maintain continuity between conferences, develop the conference agenda and monitor progress against political declarations and commitments made at these conferences. After the AfricaSAN III, council participated in AfricaSAN task force Sub-Committee on eThekweni Monitoring and Action Plans where indicators to monitor progress against the declarations along with criteria for measuring them were developed. These indicators and criteria were

reviewed during in-country preparation meetings and the first All Africa eThekweni Monitoring report was produced and presented at AfricaSAN²⁸. Stakeholders from AMCOW who were consulted for the case study recognised the contributions of WSSCC and other sector actors such as UNICEF, World Bank (WSP) and WaterAid on aspects of measuring inequality and discrimination. A new international task-force Sub-Committee on Monitoring the N’gor Commitments of AfricaSAN IV was constituted after this conference to help develop a common framework of indicators and methodologies for the implementation of these commitments in Africa. WSSCC is a task force member along with Bill and Melinda Gates Foundation, GLAAS, JMP, Global Public-Private Partnership for Hand Washing, UNICEF, Unilever, WaterAid, World Bank (WSP), Sanitation and Water for All (SWA).

WSSCC is also an active participant in the regional level conferences organised in Africa prior to the convening of the AfricaSAN which takes place at a continent level. In addition to providing a platform for cross-regional learning, these pre-AfricaSAN regional events help country participants identify potential strategies and actions needed to within their country contexts in order to realise progress against AfricaSAN commitments.

At the SacoSAN, through its participation at the ICWG, WSSCC contributes to developing the conference agenda²⁹, technical sessions and side events, and identifying key constituencies for engagement in the conference. WSSCC also supports the process of collecting, screening and selecting technical papers for presentations at the conference. As noted in earlier sections, in extending this technical support, WSSCC is guided by its own advocacy agenda and its recognition within the declaration. For instance, in the SacoSAN VI conference, WSSCC partnered with governments from Sri Lanka, Bhutan, Afghanistan and India to select papers on topics of ‘Sanitation for Hard to Reach Areas’, ‘Gender, Equity and Right (GER)’, ‘Hygiene Promotion’ and ‘R&D and Innovation’ respectively. Similar to AfricaSAN, WSSCC contributes to the process of developing monitoring systems to measure progress against SacoSAN declarations. According to the 6th ICWG minutes, to enable the work of the Kathmandu Ministerial Declaration to be carried forward to the next SacoSAN (VI) in Dhaka, WSSCC along with FANSA, Government of Maldives, WSP, and WaterAid developed indicators for each of the 10 commitments in the declaration.

3.2.2 Financial and Logistics Support

WSSCC support to the SANs includes direct financial support for organising the conference as well as the time of the staff involved in conference activities. According to WSSCC’s Executive Director, direct financial contributions have been to the tune of \$300,000 to each regional conference held during the on-going MTSP.

During SacoSAN VI, \$200,000 (of the total) was utilised towards ensuring the voice and participation of marginalised groups in the conference. Commitment X of the Kathmandu Declaration, signed at SACOSAN-V, pledged to support “significant direct participation of children, adolescents, women, the elderly and people with disabilities ... to bring their voices clearly into SACOSAN-VI and systematically thereafter.” WSSCC in partnership with FANSA, responded directly to this commitment by facilitating the participation of these marginalized groups prior to and during SACOSAN-VI. WSSCC’s funding support

²⁸ Sanitation and Hygiene in Africa: Where do We Stand? Analysis from the AfricaSAN Conference, Kigali, Rwanda

²⁹ 6th ICWG minutes of the meeting

also helped increase participation of female government officials in the conference, with a broader intent to increase participation and voices of the under-represented in the conference³⁰.

In AfricaSAN, WSSCC extended financial support to WASH Ambassador, 15 National Coordinators, and Program Coordinating Mechanism members and GSF programme partners to attend the AfricaSAN IV. Particularly, WSSCC supported the participation of PCM chairs of Benin and Nigeria³¹ who are also government focal points in order to ensure that learning from SANs are carried forward from the regional to country level.

WSSCC also routinely extends financial support to civil society organisations to ensure their participation in these regional platforms. During this MTSP, WSSCC funded African Civil Society Network on Water³² and Sanitation (ANEW) and FANSA to participate in AfricaSAN and SacoSAN platforms respectively to strengthen their capacities for advocacy and policy influence and to demonstrate collective voice at these regional platforms. WSSCC also extends financial support to select members from both ICWG and AMCOW to participate in the SANs outside their representative region. For instance, WSSCC sponsored the participation of, Mr. Kitchenme Bawa from Nigeria during sixth ICWG's meeting in Nepal (February, 2014). WSSCC sponsored the attendance of ICWG member and National Coordinators at AfricaSAN IV.

3.3 Ministerial Declarations

Ministerial Declarations are the key outputs and achievements of the regional conferences. They are the gateways connecting regional policies and how the commitments are translated at the national level. The three declarations of Kathmandu (SacoSAN V, 2013), Dhaka (SacoSAN VI, 2016) and N'gor (AfricaSAN IV, 2015) were important milestones of each of the conference as they capture the political will and possible policy developments at the country level. Some of the common features of the declarations from AfricaSAN IV, SacoSAN V and SacoSAN VI conferences include commitments to implement the human right to sanitation, developing sanitation plans and related policy framework, ensuring adequate budgetary allocations, developing monitoring systems to review and report progress at the regional and national levels. However, both regions are at different stages of development in the sanitation sector and the regional commitments are drafted taking into consideration progress and gaps in the specific regions.

3.3.1 AfricaSAN: From eThekwini to N'gor

The eThekwini Declaration framed in 2008 highlighted the initial goals for Africa in Sanitation and Hygiene sector as the

³⁰ SacoSAN VI related email records shared by the WSSCC staff between

³¹ On the review of the AfricaSAN Delegate list, two PCM chairs? Were not understand this

³² USD \$48,402 to ANEW as per the 2012 ANEW grant agreement share

N'gor 2015 Commitments

- *Focus on poorest, most marginalised and unserved to eliminate inequalities in access and use*
- *Mobilise support and resources at the highest political level and to reach a minimum of budgetary allocation of .5% GDP by 2020*
- *Ensure strong leadership and coordination at all levels, along with developing strategies to bridge human resource capacity gap at all levels*
- *Ensure inclusive safely-managed sanitation services, functional hand-washing facilities in public institutions and spaces; and progressively eliminate untreated waste*
- *Enable and engage private sector in developing innovative sanitation and hygiene products and services especially for the marginalised and unserved*
- *Establish government-led monitoring, reporting, evaluation, learning and review systems*
- *Enable continued active engagement with AMCOW, AfricaSAN*

sanitation sector was still nascent in this region. The commitments established timelines³³ for setting up national plans, and called for clear leadership and adequate budgetary allocation³⁴ to support government's effort in sanitation. The declaration further included use of community-led approaches³⁵, developing monitoring systems and tools and including youth and gender issues in sanitation and hygiene so as to enhance the sustainability of implemented programmes. After 2008, with the aid of international task-force Sub-Committee Committee on Monitoring, AMCOW also tracked the progress against the declaration through the AfricaSAN sub-regional meetings to further support government efforts at national level. This international task force used the 'traffic lights' system to track the progress against the 11 commitments signed in AfricaSAN 2008. WSSCC has been a key member of this task force along with other select development partners.

With progress continuing to be poor in Africa, the AfricaSAN IV's N'gor declaration sought to broaden the scope from the eThekweni Declaration so as to align with the SDGs and continue to raise the profile of sanitation nationally. In broadening the scope, the N'gor Declaration addresses specific gaps in the 2008 declaration such as commitment by countries of the right to sanitation. Notably, equity finds mention for the first time in the AfricaSANs, with the 2015 N'gor Declaration stressing "*focus on the poorest, marginalised and unserved*" to eliminate "*inequalities in access and use*" and "*emphasis on equity*" and "*special attention to the needs of women and girls*". This declaration also seeks to engage private sector in developing innovative sanitation and hygiene products

and services. and to mobilise increased technical and financial support towards building monitoring systems.

3.3.2 SacoSAN: From Kathmandu to Dhaka Declaration

SacoSAN V and VI declarations both recognised the importance of sanitation in achieving development goals - SacoSAN V was committed to achieving substantive progress against the MDGs while SacoSAN VI is committed to transitioning from MDGs to the SDGs. Both declarations recognised the importance in developing a robust

"WSSCC was very important during the SacoSAN declaration drafting session"
- An ICWG member during the stakeholder interviews

Dhaka Declaration 2016 Commitments

- To achieve SDG target 6.2
- Revise national policies, and strategies to reflect the new SDG targets and indicators
- Prioritise poorest, marginalised, unserved and underserved communities and population groups in sanitation policies
- Prioritise menstrual hygiene management for women and girls
- Establish a SacoSAN secretariat and broaden scope of ICWG to undertake research, and support functions of knowledge exchange and peer learning
- Promote sanitation at regional SAARC summit
- Involve local bodies, youth, school children, differently-abled persons, academia and private sector
- Promote environmentally sound, climate resilient safe sanitation facilities

³³ Commitment 3 states that the national sanitation and hygiene policies of AfricaSAN 2008

³⁴ Commitment 6 states a minimum of 0.5% of GDP should be allocated for

³⁵ Commitment 7 states use of effective and sustainable approaches and initiatives

ths
ed

set of indicators³⁶ to track progress against the national sanitation policies and regional commitments to sanitation and hygiene. The declarations underscore the importance of diversity in formulating national sanitation plans and strategies: Kathmandu (2013) Declaration's commitment 3 mentions different population groups such as infants, children, youth, adolescent girls, women, disabled and elderly and Dhaka Declaration from SacoSAN VI, broadens this scope of diversity through the commitments of 3, 4, 5 and 6 where the emphasis is on poorest, unserved, underserved and on Sanitation workers.

The Dhaka declaration advances the earlier dialogue on monitoring systems by emphasising that national monitoring systems measure key outcomes such as extent of sanitation coverage, achievement of open defecation-free households and communities, equitable and sustainable delivery of services including solid and liquid waste management and hygiene behaviour change.

In order to amplify the voice of SacoSAN as a regional mechanism for shaping sanitation agenda, the Dhaka declaration (2016) also called for establishing a SacoSAN secretariat, a stronger ICWG with enhanced knowledge exchange and learning opportunities and promoting sanitation on other regional forums such as SAARC summit and through implementation of the SAARC regional action framework for sanitation.

3.4 Linking advocacy activities to outputs and outcomes

3.4.1 Alignment of WSSCC's Activities for the Regions

Ministerial declarations are an important tool on capturing the political will as discussed in the preceding section. Each declaration is a continuation of the work from the previous years but also connects the regional sanitation agenda to the overarching Sustainable Development Goals and its focus achieving equitable sanitation outcomes. WSSCC advocacy efforts and activities discussed earlier are intended to influence the ministerial deliberations and resultant declarations at the regional conferences. The MTR finds that WSSCC's contributions to these regional processes and outputs are significant and valued by key stakeholders involved in these processes. Stakeholders across both the regions have recognised the contributions of WSSCC especially in the areas of MHM and inclusion of marginalised groups in the overall deliberations in these conferences. WSSCC has been a '*strong voice on equity and representation of all stakeholders*'³⁷ in the conferences. One external stakeholder who collaborates in AfricaSAN attested to the "comparative advantage of WSSCC's" work on equity issues in Africa. ICWG members appreciated the efforts of WSSCC in bringing diversity to the sanitation discourse at SacoSAN VI by elevating the voice of the traditionally excluded sections and enabling participation of disabled, women, girls and other marginalised groups in the conference. They also commented that this was the first time such diversity was achieved.

³⁶ In Kathmandu declaration, commitment 1 states development of SMART – Specific, measurable, achievable, realistic, time-bound indicators to measure and Samoan VI commitment 2 states revising national policies and strategies to reflect new SDG target and indicators leading to better sanitation and hygiene outcomes

³⁷ Stakeholder interview with an ICWG member

In addition to its overall contribution, WSSCC is also noted to have played a crucial role in writing the declarations. One ICWG member noted that the WSSCC team led by Ms. Archana Patkar, Programme Manager – NKM, actively represented WSSCC at the event and played a valuable role in drafting, negotiating and finalising the declaration at both SacoSAN and AfricaSAN.

Each of these declarations adequately incorporate WSSCC's key advocacy messaging for a commitment to the right to sanitation in both regions and commitment to large-scale behaviour change and equity, especially the needs of women and girls and marginalised groups. That the N'gor and Dhaka Declarations recognise and commit to eliminating inequalities in access and the Dhaka Declaration going further by prioritising menstrual hygiene management is a testament to the advocacy efforts of WSSCC.

Technical sessions supported by WSSCC at these conferences are designed for a diverse group of stakeholders, including policy makers and civil society representatives and draw attention to the needs of traditionally excluded groups. Attendance of policymakers in these sessions is particularly significant as it can help sensitise governments and translate awareness on such issues into necessary policy reforms and budget allocations at the country level. For instance, stakeholder interviews of officials from across the departments of women and sanitation in the countries of Senegal, Niger and Cameroon where the WSSCC-UN Women Joint Programme is being implemented, affirmed how participation of their Minister and high-level bureaucrats at the technical sessions in AfricaSAN IV has translated into learning across the department as these key policy makers subsequently and repeatedly stressed gender issues in Sanitation³⁸. Another policymaker in India who was consulted for the case study noted that “‘Leave No One Behind’ publication discussed in SacoSAN VI was well appreciated by the administrative head of the sanitation ministry and the Indian government is now targeting on producing a similar publication to gather voices of the marginalised groups in India”.

The regional discourse and declarations affirm that the commitment to equity in the SDGs is shared by national governments. Broadly, what this suggests is that WSSCC's agency efforts alongside other sector actors to advance political will towards achieving equity in national sanitation policies does align with overall national policy framework of African and South Asian governments.

However, not all regional commitments are immediately followed up by policy changes and budget allocations within the constituent countries. It must be noted that these regional declarations are goals, aspirations and commitments, and the achievement of which has yet to be realised at a national level. One of the markers of success of these advocacy efforts are follow-through by national governments on their commitments in the SANs declarations and demonstration of progress at a national level.

To this end, in select instances and countries, the MTR finds that WSSCC has played a significant role in advocating for and strengthening the capacities of national governments to follow-through on their regional commitments. For instance, through the advocacy and technical support extended under the WSSCC-UN Women Joint Programme partnership, Senegal will integrate menstrual hygiene aspects into the new strategy of the “Ministere de l'Hydraulique et de l'Assainissement” (at the drafting stage at the time of evaluation). In India, policymakers have acknowledged WSSCC's contributions towards the inclusion of MHM issues within the Swachh Bharat Mission through SacoSAN V conference

³⁸ On the basis of interviews conducted with AfricaSAN participants for developing the SANS case study

deliberations. Barring these instances, where WSSCC's specific contributions to the advancement of the MHM agenda within national policies were acknowledged by consulted stakeholders, measuring contributions towards outcomes at a national level is rendered difficult owing to the diverse range of WASH actors operating at national level in both the regions.

Furthermore, the evidence on to what extent regional declarations and commitments resonate at the national level is also mixed. Based on consultations with policymakers, it was evident that national government priorities in the sanitation and hygiene sector are in formulating more comprehensive sanitation policies, increasing the access to far-fetched areas, improving sewerage systems, and developing solid liquid waste management. Though initiatives such as MHM, where a considerable part of WSSCC's advocacy efforts are focused, are well-noted and listed as a priority in the regional declarations, they appear to find lesser resonance and traction in terms of financial commitments by national governments when compared to other stated sanitation priorities. Broadly, experience from sanitation programming suggests that addressing systemic disparities in sanitation and hygiene is a complex matter, particularly in contexts such as Africa where the time taken to prioritise and resource the sanitation sector has been considerable. With MHM competing with other national priorities even within sanitation or gender, progress at the national level in the form of policy changes and budget allocations is bound to be gradual. This is acknowledged by WSSCC Programme Manager, who notes, "...financial commitment to sanitation took two decades to achieve. MHM is on the agenda recently and only India has a published policy since 2013 with considerable financial allocation. This is a gradual process...has to be seen in a longer sectoral time frame".

Finally, to ensure that governments are adhering to their SANS commitments and from an accountability standpoint, it is important that existing systems to monitor the progress against stated commitments are strengthened at these regional conferences. Both regional mechanisms adequately recognise the importance of monitoring systems to measure the country-level progress in sanitation and hygiene. Currently, AMCOW's working group and ICWG – along with support from WSSCC and other development partners – are supporting these regional constituencies in developing list of indicators for monitoring and reporting on progress. Progress against the 2008's EThekweni declaration was discussed at the sub-regional AfricaSAN meetings. Similarly, the traffic lights report prepared by FANSA and WaterAid is discussed at every SacoSAN to understand progress against the previous SacoSAN Declaration (see Annexes 4 and 5 for list of indicators for monitoring progress against regional commitments at the SANs).

However, ICWG members who were consulted for the case study indicated that monitoring mechanisms are still weak as governments don't feel accountable at the regional level and report progress in sanitation which necessarily were not due to SacoSAN conferences. In Africa, only 31% of countries in Africa monitor progress in access and service provision for the poor³⁹. WSSCC also advocates for linking the SacoSAN and SAARC summit⁴⁰. WSSCC believes this linkage will further strengthen the regional

³⁹ GLAAS report of 2014

⁴⁰ 7th ICWG meeting minutes and presentation made by Ms. Archana Patkar of WSSCC with Rabin Shreshta Lal

sanitation framework in South Asia and improve accountability from constituent governments on sanitation outcomes.

3.4.2 Contrasting WSSCC's advocacy and support across conferences

In reviewing WSSCC's advocacy approaches at a regional level, the evaluation finds that WSSCC's theory of change – strategies, activities and outputs, intended outcomes, targeted stakeholders – is consistent across the two regional platforms. Across both platforms, WSSCC's advocacy focus and strategies call for increased political will and commitment towards equity in sanitation and hygiene access, with a particular emphasis on gender and the needs of marginalised groups and focus on behaviour change approaches as opposed to infrastructure creation to realise improved sanitation and hygiene outcomes. WSSCC's advocacy efforts are further aided by evidence generated from internal programming efforts in both regions as well as research supported by WSSCC on sanitation challenges involving gender and marginalised groups. WSSCC, along with other regional partners, also seek out opportunities within these conferences to promote cross-regional learning and building technical capacities of policymakers. WSSCC also utilises the high-level policy influencing opportunity accorded by these platforms to convene its in-country partners so as to present a unified and stronger advocacy voice around the sanitation and hygiene messages advocated by WSSCC.

The SANs platforms have differences in their approach due to the difference in scale of engagement and the differences of progress in the sanitation and hygiene sector in each of these regions. The case study attempts to contrast the two platforms and how this influences intended outcomes of the conferences.

Attendance in the Conference

Both the conferences are attended by Ministers, key bureaucrats and policy makers, civil society organisations and external support agencies such as WSSCC, WaterAid, UNICEF, WHO and donor agencies such as European Union and Belinda and Bill Gates Foundation. In AfricaSAN, more than 40 African ministers, along with key bureaucrats represent African nations in the conferences. Owing to the slow progress on sanitation issues in this region, ministers for the most part attend panel discussions where WSSCC and other development partners work to build political will for changes in national sanitation policies. The conference is open to all as the process is targeting consensus building and overall capacity building in sanitation sector.

In contrast, due to comparatively higher progress in sanitation in South Asia, the agenda of the conference is largely member state led along with the host government. According to ICWG stakeholder interviews, the role of development agencies (including WSSCC) has slowly attained a supportive role and participating countries show more accountability towards the SacoSAN process. The eight countries with valuable inputs from ICWG devise a national set of quotas for local government, civil society and agency participation that is all then submitted as a national delegation. Only a limited number of seats are available for international participation. For instance, in Dhaka only 50 seats and we allotted for external participation and this quote gets revised on the basis of the ICWG discussions.

Hosting Agency

The AfricaSAN conferences are one of AMCOW's initiatives– a regional body operating in Africa on issues of water and sanitation. This institution is mandated to develop and follow up an implementation strategy for commitments to accelerate the achievement of water and sanitation goals in Africa.

In SacoSAN, this platform is a ministerial led event and is governed largely by the ICWG, with restricted agency presence. The ICWG members consist of the country focal points for sanitation in the South Asian Region, representatives of regional sector development partners and civil society (Annex 6). ICWG is not accountable to any other organisation and SacoSAN operates individually at the regional level. However, the Dhaka declaration of SacoSAN VI included commitments on linking it with SAARC regional summit. The proposed linkage is intended to increase the profile of sanitation in the South Asian region with the implementation of SacoSAN declaration, along with SAARC's regional action framework for sanitation.

Pre-Conference Preparations for SANs

Before an AfricaSAN is hosted, there are several regional level AfricaSAN sub-conferences. Divided on the basis of region, such as east, west, southern and central, the purpose of these sub-regional meetings is primarily to monitor the progress against commitments of AfricaSAN declaration, and self-report short term and long term actions to achieve the commitments. These meetings are also used as a platform for peer learning and knowledge sharing as the country representatives along with development partners (incl. of WSSCC) also deliberate on issues, challenges, and success stories during the execution of sanitation policies.

In the case of SacoSAN, meetings are only conducted by ICWG before the main SacoSAN event. On the basis of the minutes of the ICWG meetings, these ICWG meetings are attended by focal point person from each government and participating organisations. Apart from developing the agenda of the upcoming conference, it discusses the prior SacoSAN in detail, and administrative priorities on preparing for the SacoSAN conference, and decide the national delegation quota.

Knowledge Products used in SANs

WSSCC sees and marks SANs as important milestone in its broader advocacy initiatives. Consequently, knowledge products generated or supported by WSSCC are launched at SANs but are intended to have stronger impact at the national level. The knowledge products in both the platforms broadly cover themes of equity and sustainability, and behaviour change especially related to aspects of gender and marginalised groups. They are used to facilitate discussions and initiate peer learning and broaden the scope of dialogue in the conferences.

SANs Declarations

SANs declarations collectively represents the gaps and aspirations in sanitation and hygiene in the region. The declarations closely follow the development goals at global level. In Africa, the eThekweni concentrated on achieving the MDG goals on sanitation and hygiene, while the N'gor commitments reflect the focus of the newly launched SDGs, recognising the right to sanitation and targeting the needs of the poorest, and the marginalised communities in the region. In contrast, the SacoSAN is regularly held as a biennial event and declarations are put forth every two years. While the SacoSAN does broadly

align with the global development goals on sanitation, the periodicity in organising the SacoSANs as well as the comparatively better progress in sanitation in the region ensure that the declarations are consistent with the regional gaps and challenges.

Monitoring mechanisms

The international sanitation task-force set up by AMCOW is responsible for supporting member states to monitor progress against the various commitments of AfricaSAN declarations. The monitoring of the AfricaSAN declarations largely happen at the pre-AfricaSAN regional meetings where country representatives discuss the progress against the declaration commitments and also develop short and long-term action plans that governments will undertake to realise the commitments. For instance, in the regional East AfricaSAN meeting, where progress of the GSF countries (Kenya, Ethiopia, Tanzania and Uganda) was also discussed, the long term goals included indicators and monitoring tools to capture progress within marginalised communities, and establishing a baseline for the post 2015 targets⁴¹.

In contrast, progress is not actively monitored or reported against the commitments of SacoSAN declarations, which indicates weaknesses in both monitoring and accountability mechanisms. ICWG members consulted for the case study repeatedly stated their inability to adequately monitor the progress in sanitation and hygiene sector against the commitments and noted a wider lack of interest in ensuring accountability. One of the ICWG members felt that a model like AMCOW was more successful in holding governments accountable on their commitments.

4 Concluding remarks

The three declarations of Kathmandu (SacoSAN V, 2013), Dhaka (SacoSAN VI, 2016) and N'gor (AfricaSAN IV, 2015) were important milestones of each of the regional sanitation conferences as they capture the political will and signal policy developments favouring sanitation and hygiene at the country level. WSSCC advocacy efforts and contributions to the ministerial deliberations and resultant declarations are well recognised by external stakeholders consulted at the regional level, especially in bringing attention to the gender issues and inclusion of marginalised groups in the sanitation and hygiene agenda at regional and national levels.

Even though it is difficult to attribute changes in sanitation and hygiene sector within constituent countries solely to the SANs conferences or to specific agencies, there have been changes especially in terms of political attitudes in both regions since the commencement of SANs conferences. Through the two levers of financial and logistical support and technical contributions at both working group level and during the conference, WSSCC has actively engaged with sector stakeholders in the regional conferences to advance the sanitation and hygiene agenda at the regional level and thereon at the national level. Broadly, WSSCC's efforts and activities during this MTSP have focused on policy advocacy for advancing the right to sanitation and support for behaviour changes approaches in realised improved outcomes, and policy action on equity and inclusion, with particular emphasis on the needs of women, girls and marginalised groups.

⁴¹ East Africa Regional AfricaSAN meeting, Reviewing Sanitation Action Plans and eThekweni Monitoring, April 2013

WSSCC's contributions in each of these areas are well acknowledged by the external stakeholders who were consulted for this case study. Beyond targeting sector professionals, government officials, and ministers, WSSCC has particularly invested in strategies to ensure that grassroots level voices from various countries are heard at the regional level. Apart from financial support to civil society organisations, the council has support civil society representation (ANEW and FANSA) at these regional conferences. WSSCC's contributions to promoting south-south learning is also well noted by the governance constituencies of these SANs. With the people-centered development paradigm currently being developed at the global level, WSSCC has a unique opportunity to channel its core strength in policy advocacy to initiate change at the regional level, and generate knowledge which supports peer learning and capacity building for sector professionals and bureaucrats.

WSSCC's own monitoring systems around these regional efforts do not allow for a straightforward assessment of WSSCC's contributions to the sanitation and hygiene agenda at a regional or national level. Systematic monitoring data around the efforts undertaken (activities/outputs) and results achieved (outcomes) is necessary to understand WSSCC's performance and contributions in shaping the regional and national agenda on sanitation and hygiene and needs further strengthening within WSSCC's existing programmes.

Consultations with ICWG members suggest that there has been increased attention on sanitation and hygiene and the continued engagement at the regional level has induced 'accountability' and 'competition' amongst the countries to achieve their commitments. One of the markers of success of the advocacy efforts of WSSCC at these regional platforms is the follow-through on these regional commitments and demonstration of progress at a national level and actual successes in the form of improved global outcomes.

The success of WSSCC's advocacy efforts through this regional engagement is in realising increased political will in the form of policy changes and financial commitments within constituent countries which will translate to improved sector outcomes. WSSCC's GSF programming has helped bolster its advocacy for behaviour change approaches and finds resonance at the national level. While political commitment for WSSCC's advocacy themes of equity and inclusion is visible at the regional and national level, corresponding policy changes and financial commitments are less evident particularly for issues such as MHM. WSSCC is contributing to this processes at national level particularly through programmatic work in specific contexts such in India and through the WSSCC-UN Women Joint Programme in Senegal, Niger and Cameroon.

Any successes of WSSCC and other development partners can only be sustained if robust monitoring and evaluation systems are developed at the regional level and countries report progress against the stated commitments and achievements. Currently, the monitoring systems both in Africa and South Asian region have been unable to comprehensively capture the progress, indicating weaknesses in accountability structures within these regional sanitation movements. External stakeholders, particularly bureaucrats, welcome support from WSSCC and other development partners to help strengthen existing country monitoring systems. The governance structures for these regional events are also keen for technical and financial support to strengthen regional monitoring and reporting mechanisms against the

SANs' commitments. Given its implementation experience in large-scale programmes such as GSF and the WSSCC-UN Women Joint Partnership – programmes that have included elaborate monitoring mechanisms - WSSCC is reasonably placed to support regional and national partners in developing appropriate indicators for their monitoring and reporting systems.

Annex 1: Bibliography

Dhaka Declaration from the Sixth South Asian Conference on Sanitation (11th-13th January, 2016) held in Dhaka, Bangladesh

Kathmandu Declaration from the Fifth South Asian Conference on Sanitation (22nd-24th January, 2013) held in Kathmandu, Nepal

N'gor Declaration from the fourth AfricaSAN Conference held in May 25th-27th, 2015 in Dakar, Senegal

eThekwini Declaration from the Second AfricaSAN conference held in February 18th-21st 2008 in Durban, South Africa

AfricaSAN 4 Conference related blog posts from <https://wssccafrican4.wordpress.com>

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<https://wssccafrican4.wordpress.com/2015/05/15/join-us-at-the-4th-africa-conference-on-sanitation-and-hygiene/>

Minutes of the Preparatory Meetings for SACOSAN as published on the Ministry of Drinking Water and Sanitation, Government of India

http://www.mdws.gov.in/sites/default/files/asian_conference6_0.pdf

http://www.wssinfo.org/uploads/formhandler/comment/Post_2015_goals_and_Targets_-_feedback_from_ICWG_V_kathmandu.pdf

SacoSAN related websites such as SacoSAN V www.sacosanv.gov.np and SacoSAN VI

(<http://www.sacosanvi.gov.bd>) and for SacoSAN IV (<http://www.sacosan.lk/>)Final Traffic Light paper for SACOSAN VI: Progress on SacoSAN V Commitments by FANSA and WaterAid

<http://www.freshwateraction.net/sites/freshwateraction.net/files/Final%20Traffic%20Lights%20Paper%202016.pdf>

Minutes of the 4th ICWG Meeting in Colombo, Sri Lanka - 4 and 5 November 2011

Minutes of the 6th ICWG Meeting – 11th-13th February, 2014

(http://www.worldwaterday.lk/sacosan/wp/wp-content/uploads/2014/09/Sixth_ICWG-Meeting_Report_28-02-14.pdf)

Minutes of the 7th ICWG Meeting in Dhaka, Bangladesh – 27-28 January 2015

(<http://www.mdws.gov.in/sites/default/files/7thlsacosan.pdf>)

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(<http://www.health.gov.bt/8th-icwg-meeting-khangkhu-resort-paro-17-19th-sept-2015/>)

Leave No One Behind: Voices of Women, Adolescent Girls, Elderly, Persons with Disabilities and Sanitation Workforce - A publication produced by FANSA and WSSCC

<http://www.freshwateraction.net/sites/freshwateraction.net/files/Leave-No-One-Behind-Report-2016.pdf>

Summary of the Session 'Tackling Sustainability of sanitation investments: Looking beyond technology and behaviour' as reported on the AfricaSAN 4 Website

Investing in Water and Sanitation: Increasing Access, Reducing Inequalities, A GLAAS Special Report for Africa by UN Water and WHO

The 2014 Africa Water and Sanitation Sector Report by AMCOW as published on AMCOW's website
<http://www.amcow-online.org/images/Resources/2014%20african%20water%20and%20sanitation%20report.pdf>

SacoSAN V Conference Report http://www.sacosanv.gov.np/file/file_down/VMFsmSACOSAN-V%20Report%20%20Final.pdf

Sanitation and Hygiene in Africa: *Where do We Stand?* Analysis from the AfricaSAN Conference, Kigali, Rwanda

SACOSANs: Past, Present and Future by FANSA published in 2016

Synthesis of Assessments of Regional Sanitation Conferences: *Looking Back to Look Forward* by Piers Cross, Barbara Evans, Diana Iskrevva, Ceridwen Johnson, Clarissa Brocklehurst, Yolande Coombes and Ravi Narayanan and Commissioned by Water Supply and Sanitation Collaborative Council

Annex 2: List of Events for AfricaSAN

Event Name	Partnering Agencies	WSSCC's Role
Community of Practice (CoP) for Sanitation and Hygiene: Looking back to look forward	Community of Practice on Sanitation and Hygiene	Presented by WSSCC staff and national coordinators, the discussion concentrated over developing a broader scope for CoP and involve professionals from other fields which are linked to WASH sector.
Sharing across the SANs: Africa, South Asia, East Asia and Latin and Central America	WSSCC, AMCOW, Inter-country working group for SACOSAN, EASAN	This is part of cross learning WSSCC has always supported. Similar to cross SANS learning initiatives in ICWG meeting, in this session, different SANs members discussed good practices, lessons learnt and role of governments and civil society in their respective regions regarding sanitation and hygiene sector.
Tackling Sustainability of Sanitation Investments: Looking beyond technology and behaviour	WSSCC, WaterAid	One of the case studies presented in the event was on global sanitation fund to showcase the institutional and political challenges and opportunities for service and facility sustainability
CSOs and Sanitation: How far and how much more?	WSSCC, CONIWAS, WaterAid, End Water Poverty (EWP)	The session involved panel discussions, presentations, and group discussions to generate recommendation on defining the role and impact of CSOs in realizing the right to sanitation.
Influencing Decision-makers: Finance, equity, institutional leadership	IRC, Gates Foundation, WSUP, WSSCC	Convened by IRC, WSSCC was represented by Amanda Marlin. As part of the presentation they discussed the role of high level decision makers in the success of SWA global advocacy for finance.
Sanitation as a Movement: Roadmaps to ODF nations – A Side Event	WSSCC side event	This side event was a joint venture between the GSF programmes in Madagascar, Togo and Benin as part of the south-south learning and exchange exercise, Since 2013, these countries exchange knowledge on how to implement large scale behaviour change sanitation programmes and this cross programme learning is fed into programmes to advance their implementation.
What do Sanitation and Hygiene have to do with Maternal and Newborn Health?	WSSCC, London School of Hygiene and Tropical Medicine, SHARE, Soapbox Collaborative, UNICEF, USAID, WaterAid	WSSCC Director Chris Williams will address the participants with a keynote speech. This session was largely led by researchers and program officer from SHARE and LSHTM studies encouraging greater attention from all stakeholders involved in achieving universal WASH access and in improving maternal and new born health.
Just Poo It! How to create innovative awareness and behaviour change campaigns around sanitation and hygiene	WASH United, SHARE/LSHTM, WaterAid, WSSCC	Approximately 60 people participated. WSSCC was represented by Saskia Castelein [1] who shared the experiences from the UN's social media based global campaign to end open defecation.
Strengthening Learning in Africa: Coordinated learning for sustainable WASH services in partnership with AMCOW	AMCOW, IRC, UNICEF WCARO, Government of Senegal, WSSCC	

Annex 3: List of events in SacoSAN

SacoSAN Conference	Event and Details
SacoSAN V	Plenary Session I - Conference Opening
SacoSAN V	Plenary Session II: Country presentations from Afghanistan, Bangladesh, Bhutan, India
SacoSAN V	Plenary session II: Expert presentations done on Regional Prospective
SacoSAN V	Plenary Session II: Country presentations done by Pakistan, Maldives, Nepal, Sri Lanka
SacoSAN V	Side Event I on Sanitation Marketing: Organised by iDE Bangladesh and UNICEF ROSA
SacoSAN V	Side Event II on Sanitation Planning for Urban Areas Organised by SOPHEN and EAWAG - SANDEC
SacoSAN V	Side Event III on Donor Consultation Meeting Organised by WaterAid Nepal
SacoSAN V	Session on Community Sanitation and Sustainability
SacoSAN V	Session on Urban Sanitation
SacoSAN V	Session of School Sanitation
SacoSAN V	Session of Knowledge Management and Networking
SacoSAN V	Session of Sanitation Technology and Marketing
SacoSAN V	Session of Reaching Unreached
SacoSAN V	Session of Health and Sanitation
SacoSAN V	Session of Media Advocacy
SacoSAN V	Side Event IV on Reducing Inequalities in South Asia Post - 2015 Organised by WHO, WSSCC and SWA
SacoSAN V	Side Event V on Location Beyond ODF Organised by Practical Action SA
SacoSAN V	Side Event V (b) on Impact of Hygiene Behaviour Organised by WaterAid Nepal
SacoSAN V	Side Event VI on Scaling up Urban Sanitation Organised by SuSanA, UN Habitat, and others
SacoSAN V	Side Event VI on Is Integrity an Issue for Better Sanitation Organised by Water Integrity Network, Helvetas FANSA
SacoSAN V	Meeting with ministers and Experts
SacoSAN V	Plenary Session III: Presentation by Session Leaders and reflection by experts
SacoSAN V	Plenary Session IV: Panel Discussion with grass root leaders and Experts
SacoSAN V	Plenary Session V Presentation on Sanitation Innovations
SacoSAN V	Plenary VI: Declaration Process and with Ministers
SacoSAN V	Plenary Session VII
SacoSAN VI	Country Paper Presentations Presentations by Countries (Afghanistan, Bangladesh, Bhutan, India, Pakistan, Maldives, Nepal and Sri Lanka)
SacoSAN VI	Side Event I: Evidence to Improve Lives - How evaluation can help decision-makers improve their policy and program impacts
SacoSAN VI	Side Event II: Swachh Bharat Mission
SacoSAN VI	Side Event III: Journey to Zero: Sanitation Movement in Bangladesh and Disaster and Sanitation-Learning from Nepal
SacoSAN VI	Side Event IV: Raising voices of Children/ Youth for Sanitation Improvement in their Communities/schools
SacoSAN VI	Side Event V: Public Private Partnerships in FSM in the SAARC Region
SacoSAN VI	Side Event VI: Fecal Waste Management in Urban areas with a focus on Small Towns: Getting right policy and practice and Health & Safety Along the Sanitation Value Chain
SacoSAN VI	Plenary Session I: Community Approaches to Sanitation and Hygiene

SacoSAN Conference	Event and Details
SacoSAN VI	Plenary Session II: Innovation on Sanitation and Hygiene
SacoSAN VI	Technical Session I (a) on Hygiene Promotion
SacoSAN VI	Technical Session I (b) on Urban Sanitation
SacoSAN VI	Technical Session I (c) on Gender, Equity and Right
SacoSAN VI	Technical Session I (d) on R&D Innovation
SacoSAN VI	Technical Session II (a) on Financing for Sanitation & International Cooperation
SacoSAN VI	Technical Session II (b) on WASH in Institutions & Public Spaces
SacoSAN VI	Technical Session II (c) on Climate Change and Sanitation
SacoSAN VI	Technical Session II (d) on Sanitation Hard to Reach Areas
SacoSAN VI	Side Event VII: Appropriate Community Sanitation Approaches for Sustainable developments
SacoSAN VI	Side Event VIII: Payment by Results: An effective program implementation approach
SacoSAN VI	Side Event IX: Data for decision making - Costs and Services of WASH in Schools
SacoSAN VI	Side Event X: New WHO Initiatives on Sanitation and Health: A New WHO Global strategy on WASH to accelerate and sustain progress on neglected tropical diseases; and sanitation safety planning
SacoSAN VI	Side Event XI: Fecal Sludge Management
SacoSAN VI	Side Event XII: MDG Progress/ Achievement of Sanitation target in Pakistan with PATS and Challenges Ahead
SacoSAN VI	Plenary Session III: Voices of Elderly People, Women, Adolescent, Differently able Children and Sanitation Workers
SacoSAN VI	Plenary Session IV: The SacoSAN Journey: 2003-2015 Achievement and Lessons to Move forward
SacoSAN VI	Plenary Session V: The Sustainable Goals: Opportunities for Sanitation & Hygiene in South Asia
SacoSAN VI	Plenary Session VI: Role of Media to Improved Sanitation and Personal Hygiene Behavior
SacoSAN VI	Plenary Session VII: Monitoring Sanitation & Hygiene Beyond MDG through JMP, GEMI and GLAAS
SacoSAN VI	Meeting of the Working Group on Declaration
SacoSAN VI	Ministerial Meeting to Finalize SACOSAN-VI Declaration
SacoSAN VI	Closing Ceremony

Annex 4: List of Indicators for SacoSAN V Declaration

SacoSAN Commitments	List of Indicator
I. Formulate, develop and implement adequately resourced national/sub national sanitation and hygiene plans with SMART (specific, measurable, achievable, realistic, time-bound) indicators that measure and report on processes and outcomes at every level including households, educational, health, public institutions and workplaces, with disaggregated reporting on gender, age, disability, marginalized and vulnerable groups.	National Sanitation and Hygiene Plans with SMART indicators have been
	A % increase in budget allocation for sanitation (Urban+ Rural+ Schools + Any Other) over the past two years
	A % of allocated budget actually spent over the past two years
	Disaggregated reporting on sanitation coverage of the marginalized and vulnerable groups
II. Create a framework and enabling environment including policies, strategies and protocols and the conditions for the fulfilment of the need for universal sanitation and hygiene: women and men, children, adolescent girls, people with disabilities and the elderly	Enabling policies created after SACOSAN V at least for two of the categories mentioned
	Enabling strategies/implementation of guidelines created after SACOSAN V for at least two of the categories mentioned
	Protocols specified at least for two of the categories mentioned
III. Given that sanitation is about changing social norms, demand creation, we commit to addressing diversity in service provision for infants, children, youth, adolescent girls, women and men, people with disabilities, chronically ill and elderly in rural areas and people affected by poverty and disasters further exacerbated by climate change.	Special Provisions and plans targeting the sanitation needs of the people affected by disasters further exacerbated by climate change
	Initiatives to address the MHM needs of women and adolescent girls
	Initiatives to address the sanitation needs of any of the categories of disabled, chronically ill and elderly
IV. Recognize the importance of sustainable environmental sanitation and hygiene in urban areas including solid and liquid waste and faecal sludge management for all urban dwellers, regardless of tenure.	New measures (Policy and guidelines) developed for sustainable faecal sludge management after SACOSAN V
	New measures initiated for sustainable solid waste management in urban areas after SACOSAN V
	Special measures to ensure sanitation facilities to slum dwellers regardless of land tenure

V. Prioritize and promote child and disabled friendly services and menstrual hygiene management in all public buildings and especially schools, health clinics and reflect and monitor this in standards, design, delivery and monitoring.	Standards for ensuring disabled friendly toilets and MHM facilities in all public buildings
	Standards for ensuring disabled friendly toilets and MHM facilities in all schools
	Standards for ensuring disabled friendly toilets and MHM facilities in all health clinics
VI. Develop and implement guidelines and standards suitable for child, adolescent and gender and disabled friendly WASH facilities, with compliance indicators on handwashing and menstrual hygiene education and practice;	National hygiene strategy developed with guidelines and standards suitable for at least two of the four special groups mentioned, with emphasis on handwashing
	National Hygiene strategy developed with guidelines and standards suitable for at least two of the four special groups mentioned with emphasis on MHM education
	A % of sanitation budgets spent on hygiene education and BCC
VII. Raise awareness at all levels to foster demand and build capacity for sanitation and hygiene including but not limited to youth led movements, pro-poor public private partnerships and the media.	Evidence exists on engaging CBOs and CSOs in awareness and demand generation on sanitation
	Evidence exist on private sector sharing the responsibility of sanitation development
	Evidence exist on media engagement in Sanitation development
VIII. Engage the Health sector at all levels in sanitation and hygiene promotion as critical agents of preventive healthcare.	Active inter-ministerial coordination mechanisms between Sanitation and Health sectors exist
	New initiatives of integrating sanitation and hygiene messages into the agenda of the health sector services.
IX. Emphasize research and development on low-cost, appropriate sanitation products, linked with sanitation marketing and innovative solutions for environmentally sound sanitation systems	Budget allocation for R& D on new sanitation products
	Actual Utilization of funds allocated above.
	New sanitation products/solutions developed.
X. Commit to significant direct participation of children, adolescents, women, the elderly and people with disabilities, as well as decision makers from Health, Education, Environment and Finance to bring their voices clearly into SACOSAN VI and systematically thereafter.	All the specified groups of population are represented in the pre-SACOSAN VI conference processes at the country level.
	ICWG defined a clear space and opportunity for the above population groups and the same is implemented for SACOSAN VI
	Each country delegation at SACOSAN VI included key decision makers from the four sectors named

Annex 5: List of Indicators for AfricaSAN IV Declaration

	eThekwini AfricaSAN Commitments	Indicators
3a	To establish, review, update and adopt national sanitation and hygiene policies within 12 months of AfricaSAN 2008.	Is there a sanitation policy agreed by stakeholders and approved by cabinet (either gazetted as part of a national policy or as a standalone policy).
3b	To establish one national plan for accelerating progress to meet national sanitation goals and the MDGs by 2015.	Is there a sanitation plan (roadmap, strategy, eThekwini action plan, AfricaSAN 3 Priority Action plan, Swap etc.) including clear roles and responsibilities, financing plan, timeframes and M+E system.
3c	To take the necessary steps to ensure national sanitation programs are on track to meet these goals.	Is there an annual review in place to monitor subsector performance and to set new targets/undertakings?
4	To increase the profile of sanitation and hygiene in Poverty Reduction Strategy Papers and other relevant strategy related processes.	Are there sanitation targets in the PRSP or national development plan?
5a	To ensure that one, principal, accountable institution takes clear leadership of the national sanitation portfolio.	Is there a government agency with a clear mandate to lead and coordinate the policy development and planning of the sanitation and hygiene subsector?
5b	To establish one coordinating body with specific responsibility for sanitation and hygiene, involving all stakeholders, including but not limited to those responsible for finance, health, water, education, gender and local government.	Is the ministry of education participating in sanitation coordination?
		Is the ministry of health participating in sanitation coordination?
		Is the ministry of water participating in sanitation coordination?
6a	To establish specific public sector budget allocations for sanitation and hygiene programs.	Is there a separate and clearly defined budget line for sanitation?
6b	To have budget allocations represent a minimum of 0.5% of GDP for sanitation and hygiene.	What percentage of GDP is allocated for sanitation and hygiene?
7	To use effective and sustainable approaches, which make a specific impact upon the poor, women, children, youth and the unserved.	Has the impact of equity policies on the achievement of sanitation targets for vulnerable and marginalized groups been measured to ensure these groups have adequate access?
8a	To develop and implement sanitation information, monitoring systems and tools to track progress at local and national levels.	Is there a national information system that covers sanitation and that is used to inform decisions/strategy and resource allocation for sanitation?
8b	To work with global and regional bodies to produce a regular report on Africa's sanitation status, the first of which to be published by mid-2010.	Are the national sanitation commitments made at regional and global level monitored? (MDGs, regional sanitation conferences, eThekwini and Sharm-el-Sheik for Africa) *

9	To recognize the gender and youth aspects of sanitation and hygiene, and involve women in all decision making levels so that policy, strategy and practice reflect gender sensitive approaches to sanitation and hygiene.	Do national sanitation policies/strategies include specific provisions for women, including menstrual hygiene management needs?
		What percentage of sanitation personnel is made up of women?
10	To build and strengthen capacity for sanitation and hygiene implementation, including research and development, and support knowledge exchange and partnership development.	10a: Do national sanitation strategies or sector reviews address or have targets for human resources?
		Does the government have a private sector development program for sanitation?

Annex 6: List of ICWG Members

S. No.	Name and Position
1	Mr. Gulan Qader, SacoSAN focal point Afghanistan Executive Director Rural Water Supply, Sanitation and Hygiene MRRD
2	Mr. Tshering Tashi, SacoSAN focal point Bhutan Executive Engineer Public Health Engineering Division (PHED), Ministry of Health
3	Ms. Shaheeda Adam Ibrahim, SacoSAN focal point Maldives Director General Water and Sanitation, Ministry of Environment and Energy
4	Mr. Irfan Tariq, SacoSAN focal point Pakistan Assistant Director Ministry of Climate Change
5	Mr. Khairul Islam, SacoSAN Focal Point Deputy Secretary (WS-1) Local Govt. Division, MoLGRD & Cooperatives and Country
7	Mr. Nipun Vinayak, SacoSAN focal point India Director, Ministry of Drinking Water and Sanitation
8	Mr. Ranjit Balassuriya, SacoSAN focal point Sri Lanka General Manager National Water Supply and Drainage Board (NWS&DB), Sri Lanka
9	Mr. Balasubramanian Govindasamy, SacoSAN focal Point India Deputy Director, (SBM-G) Ministry of Drinking Water and Sanitation
10	Mr. Murali Ramisetty, SacoSAN focal point FANSA WASH Program Officer Freshwater Action Network (South Asia) FANSA
11	Ms. Archana Patkar, SacoSAN focal point WSSCC Programme Manager, WSSCC
12	Ms. Payden, SacoSAN Focal Point Nepal World Health Organization (WHO)- South Asia
13	Mr. Rabin Lal Shrestha South Asia Regional Advocacy Manager, WaterAid
14	Ms. Rokeya Ahmed Water & Sanitation Specialist, WSP- South Asia, World Bank
15	Mr. Hendrik Van Norden UNICEF-Regional Office, South Asia

II. WSSCC - Sanitation and Water for All Partnership: A Case Study

Abstract

The WSSCC has been involved with the SWA since the days of its creation in 2009 when it was called the Global Framework for Action on Sanitation and Water Supply (GF4A). In line with the accountability framework laid out in the Paris Declaration and Accra Agenda for Action, emphasis was laid within the WASH sector on monitoring progress on commitments made by governments and holding them accountable to these commitments. It is in this context that the Global Framework for Action on Sanitation and Water Supply (GF4A) was formalised under a new name, "Sanitation and Water for All" in 2010 when the first High Level Meeting was held in Washington DC, USA. This was architected by the former Executive Director of WSSCC, Mr. Jon Lane. Stakeholders recall that the Council played a very pivotal role in getting the SWA to its current status, from its inception and through its role in more recent years, including with the WSSCC Executive Director volunteering to fill the role of the Chair on the Steering Committee in December, 2014 in the absence of the outgoing Vice-Chair and welcomed the incoming Vice-Chair, Catarina de Albuquerque. WSSCC had been a member of the SWA Steering Committee until December 2015, actively contributing to the strategic direction of the partnership. More recently, the Council has transitioned away from the Steering Committee, keeping its involvement limited to supporting the communications functions, using its instruments at the country-level to support SWA in-country processes, and keeping a finger on the pulse of SWA at the global level.

This case study finds that this seems to be a time of re-focusing priorities at WSSCC which may have contributed to a shift in perceptions of the usefulness of involvement in SWA. Most interviewees – both internal and external – indicate there appears to be a growing divergence in approach and priorities, which can be expected as organizations evolve and change. However, the impact for WSSCC of this divergence and gradual disengagement from SWA is still to be seen – external interviewees tended to see this development as a loss for SWA and a symptom of WSSCC withdrawal from some collaborations in the wider sector and recent focus on the Global Sanitation Fund. Perceptions in the sector seem to be that WSSCC has a positive contribution to make to this and other coalitions and alliances – leveraging its in-country networks, communications and advocacy expertise, historical contributions to raising the visibility of the WASH agenda, access to governments and its UN status. We explore more of this in detail in the case study.

1 Introduction

The evaluative focus of this case study is the Council's partnership with the Sanitation and Water for All (SWA) alliance. It was realized in the past decade that there is a need to shift from a siloed approach and leverage strengths of the various stakeholders in the sector to achieve the development goals laid out in the Millennium Development Goals, and more recently in the Sustainable Development Goals. The WSSCC's involvement in the Sanitation for All (SWA) alliance appears to be one such partnership in the

WASH sector. This document analyses the partnership for its strategic importance to the Council based on its relevance, effectiveness, sustainability, and governance & management.

1.1 Sanitation & Water for All

SWA is a global partnership of over 90 country governments, external support agencies, civil society organizations and other development partners working together to catalyse political leadership and action, improve accountability and use scarce resources more effectively. Partners work towards a common vision of universal access to safe water and adequate sanitation.

SWA provides a framework for partners to work globally, regionally and nationally on three priority areas:

- Increase political prioritization to accelerate progress towards universal access to sustainable sanitation and water;
- Promote the development of a strong evidence base that supports good decision-making;
- Strengthen government-led national planning processes to guide the development and implementation of sustainable sanitation and drinking water services.⁴²

Apart from these three, the SWA added two new priorities in December 2015 in view of the changing sector context. These are:

- Strengthening regional, national and local human and institutional capacities;
- Following-up and reviewing progress achieved in implementing sanitation, water and hygiene targets of the SDGs.

Working on these areas, SWA aims to increase the impact of available resources and strengthen mutual accountability among partners. It is a platform for partners to act on international aid and development effectiveness principles.

SWA is governed by a high-level Chair, a Steering Committee led by an Executive-Chair that provides strategic leadership, Partners and a small Secretariat that provides support for administrative functions. The Secretariat is hosted by UNICEF in New York, USA, at the request of the Steering Committee. WSSCC was requested to support the work of the SWA Secretariat, in part, by hosting those functions in its Geneva headquarters.

1.2 Rationale for the Case Study

The WSSCC has been involved with the SWA since the days of its creation in 2009 when it was called the Global Framework for Action on Sanitation and Water Supply (GF4A). The GF4A was renamed as Sanitation and Water for All in 2010 when the first High Level Meeting was held in Washington DC, USA. Stakeholders recall that the Council played a very pivotal role in getting the SWA to its current status with the WSSCC Executive Director volunteering to fill the role of the Chair on the Steering Committee in December, 2014 in the absence of the outgoing Vice-Chair and welcomed the incoming Vice-Chair, Catarina de Albuquerque. WSSCC had been a member of the SWA Steering Committee until December

⁴² <http://sanitationandwaterforall.org/priority-areas/>

2015, actively contributing to the strategic direction of the partnership. As per the Work Plan and Budget 2015-16, there are currently three main types of engagement that WSSCC has or is expected to have with the SWA partnership:

- 1) The communications function of the SWA Secretariat has been hosted by WSSCC in its Geneva headquarters since 2012;
- 2) At national level, WSSCC works with its country partners to ensure that their participation in SWA, particularly the High-Level Commitments Dialogue, is harmonized with national processes, and builds on lessons learned from GSF;
- 3) WSSCC staff has participated in SWA standing committees or task teams, including a communications task team that supported communications activities around the High Level Meetings (HLMs) and the Partners Meeting (the communications task team appears to be on hiatus until further notice in advance of the next HLM).

This case study examines the strategic nature of the partnership in supporting WSSCC's sector relevance and positioning, and the strengths and weaknesses of WSSCC's involvement in the SWA alliance (including its hosting of the communications function in Geneva).

1.3 Key Questions Addressed by the Case Study

The case study aims to provide deeper insights into WSSCC's work, in particular the Council's global advocacy and communications activities which are components of WSSCC's involvement with SWA. Findings from the study are related to the broader narrative emerging from the MTR of the MTSP, in particular focusing on the nature of WSSCC's participation in strategic partnerships, of which this case study is an illustration. More specifically, following from the MTR's evaluation framework, several key questions are addressed through this case study in particular. These questions revolve especially around our evaluation themes and sub-themes of relevance, effectiveness, sustainability and governance & management. It was decided during the finalization of the methodology that evidence would also be gathered around impact achieved by the partnership, if any. However, as the study progressed it was realized that the achievements of the SWA were the culminated efforts of the various partners and attributions could be misleading. The study, therefore, does not aim to assess impact. The key questions addressed by the study are as follows:

1.3.1 Alignment of Goals and Strategies

- What are the goals and objectives of SWA and to what extent are they aligned with those of WSSCC?

1.3.2 Contribution of WSSCC involvement in SWA to WSSCC positioning within the Sector

- To what extent are the value and resonance of SWA programme to WSSCC activities, aims and objectives (equity/global advocacy/access at-scale) demonstrated?

1.3.3 Effectiveness of the Partnership

- What is the partnership model?
- What are the perceived benefits and value to each organization in the partnership?

- To what extent are there complementary competencies and capabilities for the organizations on which to leverage?

1.3.4 Governance and Management

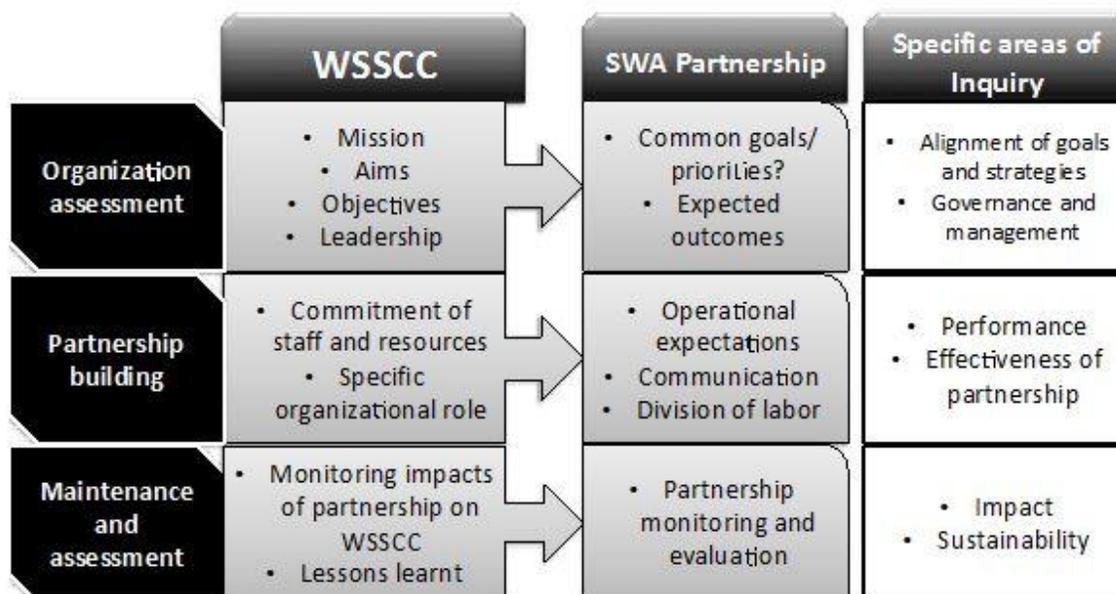
- To what extent have WSSCC's approaches to this partnership been effective/fit for purpose?
- To what extent can lessons be learnt for future partnerships?

1.3.5 Sustainability

- To what extent is the partnership positioned to be sustainable in the post-2015 context?
- What are the lessons learnt?
- To what extent has capacity been built to make the partnership sustainable?

1.4 Case Study Methodology

The case study was examined using a conceptual framework as an analytical aid. The framework presents three broad areas of focus for the case study analysis: organization assessment, partnership building and maintenance and assessment (in the first column). The second column from the left presents processes and institutional features of interest to the case study within WSSCC. The third column depicts ways in which those features come to bear in the partnership with SWA. In the final column we introduce the broad areas of inquiry relevant to each area of focus for the case study. The framework is presented below:



Fig

1: Conceptual Framework for the Assessment

The study employed two main data collection methodologies cutting across the research questions: review of literature and documents, and interviews with key informants.

1.4.1 Literature and Document Review

A review of relevant documents and literature, especially SWA internal and external documentation, was conducted. A data extraction spread sheet was used to record details and key messages from each document, for later analysis.

During the study inception phase, a number of documents relating to SWA were initially reviewed, primarily the minutes of Steering Committee and other meetings. Two progress reports on High Level Meeting commitments (2013 and 2014) were also reviewed. The minutes of the meetings primarily inform about progress on political prioritization, and governance issues at SWA. While useful, there was limited evidence on the nature of partnership and the details on WSSCC's contribution, except for specifying that WSSCC would host the communications function of SWA in its Geneva headquarters. A subsequent request for further documentation was made, and while documents such as SWA work-plans and the WSSCC-SWA MoU for the period after 2012 were not available, the evaluation team was able to review the following:

- Explanation of Working Relationship between UNICEF/SWA Secretariat and UNOPS/WSSCC Secretariat regarding WSSCC Secretariat's responsibility for hosting the communications and advocacy component of the Sanitation and Water for All Secretariat (the Memorandum of Understanding) *valid for a period of two years from 2011 to 2012*;
- SWA High Level Meeting Reports, 2013 and 2014;
- Presentations made by SWA and WSSCC staff at WSSCC (WSSCC Learning Series);
- The HLM 2014 Media and Communications Plan
- SWA Progress Review Final Report, Caplan and Stott, September, 2014. External communication materials publicly available on the website;
- WSSCC Mission Reports – SWA Steering Committee Meeting 2012 and SWA HLM 2014.

1.4.2 Key Informant Interviews

Semi-structured interviews were conducted with 14 key stakeholders. They included senior management staff at WSSCC (internal) and individuals from other organizations part of the SWA coalition (external). Given the geographical distribution of our case study key stakeholders and the interviewers, most of the interviews were conducted by phone, and recorded for analysis. Interview transcripts were coded using themes derived from the original interview protocols, as well as themes that emerged from the interviews themselves.

1.4.3 Analysis

Following the wider analytical approach used in the mid-term review more broadly, the analysis for the case study is primarily qualitative, as most of the data for this case study was qualitative. Data were coded for classification, tabulation and summary, using a code-book derived from the main research questions and from themes emerging as the inquiry progressed. Both interview and document data were triangulated drawing on themes identified in the conceptual framework (Figure 1) to gain a fuller

perspective of the issues under examination, to verify and corroborate information and to contrast written and oral narratives.

Data were analysed both descriptively as well as using principles of interpretive analysis. Interpretation involved searching for patterns, concepts, association and explanations in the data as well as mapping shared and divergent views among stakeholders.

2 WSSCC's Involvement with SWA

WSSCC has been involved with the SWA since its inception, promoting its formalization into its current structure, and playing important roles in the Steering Committee (until December 2015), as part of task teams, as host of SWA's communications function, and as Chair of the Interim Core Group in the early years of the alliance (which pre-date the MTSP).⁴³

WSSCC's responsibilities as listed out in the Secretariat Terms of Reference with UNICEF/SWA Secretariat, approved on September 7, 2010 and valid for a period of two years, are as follows:

1. To support the SWA Steering Committee in its work to build consensus among SWA partners on common objectives and to ensure a common understanding of critical points related to Sanitation and Water for All management and operations (including provision of communications material, outreach and follow-up, etc.)
2. To ensure sufficient internal and external communication, including drafting and dissemination of Partnership documents and maintenance of a dedicated website.
3. To facilitate interaction and coordination of Steering Committee members by ensuring timely communication and coordination of activities.
4. To respond to enquiries from external organizations and individuals in relation to Sanitation and Water for All.
5. To facilitate contact with and among all partners of Sanitation and Water for All and, in close coordination with the Steering Committee, handle all communication with them and respond to requests.

For the fulfilment of these responsibilities and delivery against the communications and advocacy objectives, WSSCC Secretariat is accountable to the SWA Secretariat hosted by UNICEF.

For financial accountability, it was agreed by the Swiss Agency for Development and Cooperation (SDC) to fund the Communications and Advocacy component of the Secretariat budget. It was agreed by the three parties – SDC, UNICEF/SWA, and UNOPS/WSSCC that SDC would provide funds directly to UNOPS as that is the most cost-effective approach.

⁴³ The Interim Core Group was a group of WASH technical experts tasked with defining the group's global framework for action, purpose and strategy. This was then formalized into SWA.

2.1 Indicative Activities

The HLM 2014 Communications & Media Plan gives an idea of what the communications support to the SWA looks like. The plan lays out the following objectives:

- To build interest and raise awareness, at national and global level, of i) the 2012 SWA HLM commitments, ii) plans for developing new commitments in to the lead up to the HLM, and iii) about ministers' attendance at the HLM 2014, the key themes/issues and what we aim to achieve. (This should take place in advance of the HLM)
- To Ensure consistent messaging about and from the HLCD and HLM.
- As a tool for transparency; to hold developing country governments and international donors to account.
- To create Good visibility of the meeting, both in the home countries of ministers attending and internationally
- To ensure Outcomes of the meeting are well documented and reported, both to SWA partners and external audiences
- To facilitate systematic follow up at country level to raise awareness / build interest of what commitments ministers tabled at the meeting and implications.

Activities to be carried out under these objectives include developing a template media kit for national partners (a tailorable press release with an agreed set of key messages, quotes to be adapted to country context) and media guidelines (such as media targeting, recruiting spokespeople, WASH champions, organising a press conference etc.), content development (case studies and examples around the HLCD themes of universal access to WASH, Eliminating inequalities , Sustainability and the HLM theme of Smart investments) and social media activities among others.

The WSSCC work-plans during the MTSP indicate that the involvement with the SWA was one of the key activities for the council in its advocacy for WASH at the global level. The following taken directly from WSSCC's work plans over the MTSP:

- 2012: At national level, WSSCC works with its country partners to ensure that their participation in SWA, particularly the High-Level Commitments Dialogue, is harmonized with national processes, and builds on lessons learned from GSF. On World Water Day in March 2012 WSSCC's membership will "Walk for Water and Sanitation" and call on governments to actively participate in the SWA High Level Meeting.
- 2013: WSSCC will continue to advocate for well-targeted investments in sanitation. It will do that by supporting global initiatives such as Sanitation and Water for All (SWA).
- 2014: WSSCC will continue to contribute in providing communications, planning and running of the SWA High Level Meeting and Partners Meetings and the development of communications materials such as the new SWA visual identity and the website. In particular, the Executive Director will continue to play a key role in the planning and execution of the HLM to be held at the World Bank in April 2014.
- 2015: Continue involvement in the threefold engagement mentioned above.

Against these planned activities, the WSSCC Executive Director's Annual Narratives point to the following programme highlights over the years:

- In 2011, WSSCC contributed to the preparation of communications and advocacy materials for countries preparing to take part in the SWA High Level Meeting at the World Bank in Washington in April 2012. Country-specific economic case studies were prepared for over 50 countries
- In 2012, WSSCC's support specifically included contribution to the planning and implementation of the 2012 High Level Meeting in April and the Partnership Meeting in November. WSSCC supported the media outreach around the HLM, and dissemination of information on the commitments to the African Ministers' Council on Water (AMCOW) Technical Advisory Group and to Africa Water Week in Cairo. It also facilitated a session to develop the communications strategy at SWA's partnership meeting in Durban.
- In 2013, key areas of contribution included programme and communications support for a Partnership Meeting in November in Geneva, where the Programme Manager, Advocacy and Communications, was one of three facilitators for the three-day event. It also involved preparatory work for the 2014 High-Level Meeting, including preparation of a media outreach strategy. Under WSSCC leadership, SWA also undertook an extensive review of its visual identity and developed new communications products, including a web site. Along with other partners, WSSCC convened a workshop in East Africa in April to strengthen the capacity of civil society organizations to use the commitments as a basis for continuing advocacy. The workshop provided information and practical skills in support of the SWA High-Level Commitments Dialogue.
- In 2014, WSSCC made use of the SWA High Level Meeting on sanitation to amplify the successes of GSF work in key countries. WSSCC worked closely with national delegations to develop financial commitments that would help achieve scale. The WSSCC Executive Director Chris Williams chaired the SWA Steering Committee meeting in December, 2014. At the same meeting, Programme Manager for WSSCC's Advocacy and Communications Department gave a presentation on the on-going post-2015 debate and presented recommendations for
 - SWA's role in influencing decisions on the post-2015 agenda and,
 - Positioning SWA as a key partnership for achieving post 2015 WASH targets.

2.2 Current Status of the Programme

WSSCC was not re-elected into the Steering Committee of SWA (as of December 2015) but continues its engagement with the body. WSSCC makes use of the SWA High Level meetings on sanitation to bring to the attention of member States and partners the effectiveness of GSF coordination mechanisms, decentralized systems of implementation, monitoring and verification tools, and leveraging potential. According to the latest WSSCC Learning Series presentation slides from December 2015 shared with us, the current involvement has two main elements:

1. Communication Function continues to be hosted by WSSCC;
2. Linking WSSCC country partners such as National Coordinators, GSF partners such as Program Coordinating Mechanisms, Executing Agencies and other government partners with SWA advocacy initiatives.
3. WSSCC staff has participated in SWA standing committees or task teams, including a communications task team that supported communications activities around the High Level Meetings (the communications task team appears to be on hiatus until further notice in advance of the next HLM)

3 Results

3.1 Alignment of Goals and Objectives

On the basis of analysis of existing documents and materials, as well as interviews conducted for this case study, the evaluation finds that there is a strong alignment of stated goals and objectives between WSSCC and SWA. As mentioned earlier, the key goals of SWA revolve around increasing the political prioritization of WASH concerns and strengthening government and other institutional capacity in the sector, promoting evidence-based decision-making in WASH, and monitoring progress towards WASH-related SDGs. WSSCC’s goal, similarly, is to “help achieve sustainable sanitation, hygiene and water supply for all people” (MTSP, p.5) by advocating globally (including through involvement in the MDG and SDG processes), regionally and nationally, working directly with governments, raising awareness and fostering knowledge.

WSSCC Goal ⁴⁴	SWA Goal ⁴⁵
WSSCC’s goal is to help achieve sustainable sanitation, hygiene and water supply for all people.	SWA is working to catalyse political leadership and improve accountability in the water, sanitation and hygiene sector and to achieve a vision of sanitation, water and hygiene for all, always and everywhere.

In practice, however, several interviewees noted an increasing divergence in goals and objectives between SWA and WSSCC over the last two years. The perception among external stakeholders is that WSSCC’s focus has shifted in the direction of program implementation through GSF, and that its advocacy and communications capacity are being increasingly deployed towards bolstering of GSF. A number of external interviewees suggested that WSSCC no longer appears to consider SWA a priority, and that to an extent not being selected to serve in SWA’s Steering Committee in the last elections may be reflective of this (although a few external interviewees also offered alternative explanations for why WSSCC is no longer in the SC – such as an appetite within SWA Secretariat for new constituency representation).

⁴⁴ As stated in the Medium Term Strategic Plan 2012-2016

⁴⁵ <http://sanitationandwaterforall.org/about/>

It has also been the perception at WSSCC in the recent times that the SWA has not been able to uphold its [WSSCC's] principles and values like country ownership, substantive participation by non-State actors, a focus on community-based development, and a commitment to equality and non-discrimination. However, one internal stakeholder also indicated that WSSCC would contribute to SWA's communications task team (which is currently on hiatus), if it is approached. This suggests a certain lack of internal coherence on continued engagement with SWA.

3.2 Contribution of WSSCC Involvement in SWA to WSSCC Positioning within the Sector

Assessing WSSCC's positioning in the sector, as a result of their involvement with SWA, is a complex issue to assess. On the one hand, WSSCC's early involvement appears to have both been a result of its prominent position in the WASH sector, and to have contributed to strengthening its place as an advocacy, convening and knowledge-sharing organization. WSSCC supported the formalisation of SWA as it held promise to open a dialogue with financial ministers in member states and increase development flows in the under-funded sanitation sector. With WSSCC shifting its focus to sanitation and including a direct delivery element through the GSF around the same time, there was general agreement internally that access to this key national stakeholder constituency could benefit the GSF financing mechanism. As one of the stakeholders noted during the interviews, in the emerging sector context – with the sanitation targets in the MDGs unmet and the opportunities afforded by the forthcoming Sustainable Development Goals – “there is a need to shift from a siloed approach and come together to leverage capacities of the various players in the sectors.” Partnerships among sector actors will thus prove to be valuable – not only for the sector but also to organisations involved in the partnership. WSSCC's involvement with SWA was expected to contribute to one such partnership in the sector.

On the other hand, perceptions about the way in which involvement with SWA bolsters WSSCC's role in the sector are that this has changed significantly over the last few years. Most of our external interviewees felt that at the time (in the years prior to 2012), it made sense to name WSSCC as the host of SWA's communications function given the organization's very strong track record in advocacy and communications, particularly through involvement in notable campaigns and fora, arguably in turn strengthened precisely by its newly minted role of host of SWA's communications function. Since then, the position/role of WSSCC in SWA has become less prominent according to some external and internal interviewees. One external interviewee, for example, commented broadly that WSSCC has gradually “lost visibility” in the alliance compared to its early years.

Finally, two internal interviewees commented on the perceived overlap between the roles of SWA and WSSCC in the sector. One argued that “in many ways, the convening role that SWA plays is basically a role that WSSCC could have played. A fully functional and resourced WSSCC would have meant perhaps no need for SWA and Secretariat.” Another felt that internally at WSSCC many wondered “[W]hy should we support it? We shouldn't be setting up SWA; the role should be fulfilled by WSSCC”. While it is unclear whether any of this has been detrimental to WSSCC's position, reputation or influence in the sector, these comments clearly raise questions about the way in which WSSCC's perceived (and actual) place in and contribution to SWA translates to external stakeholders within and outside the alliance.

3.3 Effectiveness of the Partnership

WSSCC's involvement with SWA has historically consisted of a multi-pronged approach. Its most notable feature is WSSCC's hosting of SWA's communications function in its Geneva headquarters, separate from the rest of the SWA Secretariat, hosted by UNICEF in New York. As the independent progress evaluation of SWA in 2014 noted: "The intent of this arrangement has been to capitalize on UNICEF's reach in terms of implementation and convening power at the global level [...] and to take advantage of the WSSCC's long history of advocacy in the sector – a key component of SWA's approach" (p.51).

While there was no documentary evidence around why the WSSCC became involved in the partnership and what were the perceived benefits to the WSSCC from entering into a partnership like this, stakeholder interviews – both internal and external – indicate that the WSSCC leadership at the time of SWA conception recognized the potential power of a partnership to advance the goals of mobilizing national governments and donor constituencies to commit more finances to WASH issues, and recipient governments to prioritise and budget for sanitation programmes, and provided impetus for the involvement. However, an internal interviewee notes that even internally in WSSCC SC there were conflicting views about what WSSCC would gain since the Council could itself do on its own what the SWA was trying to achieve.

Coming to the role of the WSSCC in the partnership, the hosting of communications for SWA received significant attention in our interviews. As previously mentioned, the consensus was that at the time, the decision to establish this hosting arrangement was justified not only by WSSCC's reputation and track record in sector advocacy and communications, but also by the desirability of having a less centralized, less UNICEF-focused Secretariat that would better reflect the partnership nature of the alliance. The SWA Progress Review (September 2014) found that the hosting of communications for SWA by WSSCC has worked well and to the satisfaction of both partners. The review attributes the positive working relationship to a "function of personalities", but also notes that clarity in roles and responsibilities has also played an important role in navigating a "smooth" working arrangement.

However, some interviewees wondered whether over time the utility or effectiveness of this arrangement remains justified. Most notably, some external interviewees argued that WSSCC's commitment to and alignment with SWA has waned over the years, and especially in the last two years or so, with detrimental effects to the strength of the communications support it has offered to SWA. One external interviewee commented: "I would say that the direct line of oversight and support [from WSSCC to SWA communications] was there, but I'm not sure WSSCC ever did very much in terms of promoting SWA communications work. For example, the WSSCC newsletter took a long time to put SWA in there..." A second external stakeholder commented: "The communications part of SWA being hosted by WSSCC... the reason was because WSSCC is meant to be about communications and advocacy given its role in the sector. At the start it was, and it worked well. So now, it needs to be aligned with what WSSCC is, so SWA can have access to the WSSCC communications machinery. If this is happening, then great, but when those are not aligned, then it's about desk-space... and therefore not most cost-effective." A third comment from an external stakeholder: "In general, the communications in SWA are very important – internally and externally. It's been a good job [being supported by WSSCC] but I also think that it could be strengthened a lot. Be more proactive, more interactive".

Another external interviewee wondered more generally about the effectiveness of this approach: “This doesn’t work very well. They should come together now. They are in two separate time zones, they need to check on each other for certain decisions and line management coordination issues... It is a symptom of our sector, which is that we are rather fragmented. We have two initiatives with two similar objectives (WSSCC and SWA). But is there enough of a value-added to have the two SWA functions separate, communications and the rest, now?”.

Another issue that was mentioned by interviewees was the effectiveness of WSSCC’s utilization of its country-level and membership network in support of SWA objectives. Indeed, this is a stated expected contribution by WSSCC; for example, in a recent post (from 2015) on the WSSCC website, its Senior Program Officer for Global Advocacy writes:

*National Coordinators add value to the WASH sector in their respective countries by mobilizing and working with partners, including SWA partners. The input from National Coordinators included: utilizing a multi-sector approach to addressing the SWA agenda; ensuring that national SWA teams meet regularly to make their roles more meaningful; the need for strong country mechanisms for follow up; the need for greater financial, technological, institutional and environmental sustainability; the need for the SWA secretariat to increasingly support in-country processes; and strengthening the capacity of national focal points and ensuring meaningful civil society involvement in national level SWA processes.*⁴⁶

In an interview, another WSSCC staff member argued that: “One of the things we have been trying to bring to SWA is civil society (a ‘Southern’) voice; this is something we are doing now possibly better than others, since we are quite rooted in a number of countries through revitalized membership as well as GSF rootedness.”

It is not clear, however, to what extent this is seen by external (and internal) stakeholders as taking place. One external stakeholder felt that “WSSCC can contribute especially in countries where they have a presence in the form of representatives. WSSCC should make use of their networks in convening and national processes. That is where the Council’s weight may be.” But interviewees felt that WSSCC is not leveraging its country-level networks in support of SWA’s goals and objectives, a point which was recognised by the interviewees themselves as one of the key contributions WSSCC could make to the alliance. One external stakeholder explained: “At the country level for WSSCC, I don’t really understand what they were doing for SWA... WSSCC didn’t engage very much in SWA conversations. SWA was about coordinating sector dialogue on commitments etc., and WSSCC perhaps didn’t quite sit at the table and understand what was needed [from them] at country level”.

Internally, a WSSCC staff member recognised that: “What did not happen during 2012-2014 is WSSCC was not very successful in supporting SWA at the national level. In theory we have strong links on the ground in Africa and Asia – for example through member networks. WSSCC at that time was weak around all membership operations and structure. [What] We didn’t bring is ‘boots on the ground’ that we could have mobilized to strengthen SWA efforts in-country, but we were weak in our own

⁴⁶ http://wsscc.org/2015/12/09/wsscc-and-partners-reinforce-commitment-to-sdgs-collaboration-and-accountability-at-global-partnership-meeting/?_sf_s=SWA (last accessed March 2016).

membership efforts at that time..." Another concurred: "We are committed to making sure we support NCs to engage in high-level dialogue about the SWA commitments. [But] we could and should do more at country level with NCs but also with GSF partners... We need more communication with them about what is happening at SWA, the processes and strategies, what do we want to achieve, can we make sure we're attending meetings at the national level about setting commitments...Really to engage more actively in the advocacy component of the high level commitments. But we don't take that time here in Geneva to do much about this yet..." This could, potentially, be an important and welcome contribution by WSSCC to the alliance. An independent review conducted in 2014 of SWA noted that: "Northern/donor dominance and lack of ownership and voice of target countries makes SWA insufficiently rooted".⁴⁷

Another external stakeholder argued, more generally, that in theory, WSSCC could have leveraged its convening power to involve high level government officials, but in practice "...it's mainly the World Bank and UNICEF that have been crucial in getting the finance ministers to the HLM".

Still, interviews with WSSCC National Coordinators suggest that there is scope for finding synergies between roles as NCs and SWA Country Focal Points as both organizations have the same overarching objectives. However, a WSSCC NC who had also served as SWA Country CSO focal point previously pointed out that the focal points representing donors and governments find more influence because of their size. There was thus a need felt for strengthening the capacity of national focal points and ensuring meaningful civil society involvement in national level SWA processes. This capacity building, the interviewee argued, could come from WSSCC. Within certain sections of WSSCC, the prevailing perception is that WSSCC is now better placed to leverage its in-country networks to support SWA's goals due to the strengthened and strengthening nature of its national-level engagement processes through National Coordinators and Membership constituencies.

3.4 Governance and Management

For the governance and management of the partnership, the MoU points to the arrangement described as under⁴⁸:

The UNOPS/WSSCC Secretariat proposed that a senior communications and advocacy officer would be employed. The senior officer would work exclusively on SWA issues but would be housed within UNOPS/WSSCC Secretariat offices in Geneva, to be line-managed by the UNOPS/WSSCC Secretariat Programme Manager, Advocacy and Communications and would benefit from the opportunity to interact with the UNOPS/WSSCC Secretariat advocacy and communications team.

It was brought to the evaluation team's notice during interviews that the line management approach was modified recently "to lower the management load and foster sense of ownership by staff and a

⁴⁷ Caplan, K. and Stott, L. (2014) *Sanitation and Water for All: Preparing for the Future – SWA progress report*. (page 21).

⁴⁸ As mentioned in the Explanation of Working Relationship between UNICEF/SWA Secretariat and UNOPS/WSSCC Secretariat and UNOPS/WSSCC Secretariat regarding WSSCC Secretariat's responsibility for the communications and advocacy component of the Sanitation and Water for All Secretariat (the Memorandum of Understanding), June 2011, valid for a period of two years.

team that is well-oiled, accountable, efficient..." The line management comes more from New York rather than the WSSCC Advocacy and Communications Department in Geneva. While we could not find any explicit mention of this arrangement, this appears to be the way things evolved after the departure of the previous Programme Manager, Advocacy and Communications Department from WSSCC to the SWA.

Two main issues around governance and management of WSSCC's involvement in SWA emerged from the analysis. The first revolves around the communications hosting function of WSSCC. As previously mentioned, interviewees questioned whether the arrangement was still fit-for purpose. Some felt that SWA was no longer fully drawing on or benefitting from WSSCC's communications capabilities, especially after senior staff movement from WSSCC to SWA. One interviewee also mentioned that the Communications Task Force composed of an assortment of SWA members with communications skills (and which included WSSCC staff) is currently not active, primarily because the Task Force is active around the High Level Meetings, which take place once every two years and for this year has been postponed from April 2016 to the fall.

The second issue is the governance of WSSCC's involvement with SWA. Again, interviewees questioned the current level of commitment of WSSCC to SWA. Some expressed the impression that current leadership was less interested in dedicating the same level of time and resources to SWA; indeed, upon the loss of a seat in the Steering Committee of SWA, an observer seat appears to have been offered to WSSCC, which declined. This issue is closely linked to others raised in the sections on relevance and effectiveness (and below, on sustainability) and may warrant discussion internally at WSSCC as it appears to detrimentally affect certain external stakeholders' perceptions of WSSCC and its collaborative nature, and more broadly of its role in global WASH advocacy.

3.5 Sustainability

Sustainability of the partnership is, to a significant extent, perceived by stakeholders to depend on WSSCC's institutional and leadership will. One interviewee stated: "Personally I think the structural problem is working out what role WSSCC should play in the sector.... what role it can play with SWA." Most argued that WSSCC still has an important role to play, both as host of SWA's communications function and as a member, but that it first needs to renew its commitment to the alliance.

However, it is important to note that the Council seems to be discontent with the partnership. According to WSSCC senior staff, the SWA was not able to uphold WSSCC's principles and values, viz., country ownership, substantive participation by non-State actors, a focus on community-based development, and a commitment to equality and non-discrimination, and had become dominated by agencies and donors. One of the former SWA country focal points had also noted that the government and donor focal points had more influence in the SWA country processes than the CSO focal points. This increasing divergence in goals and approaches has led to a withdrawal of "involvement in SWA at the global level", which is consistent with the organization's current emphasis on "country-level, working closely with its NCs, EAs and government focal points to ensure SWA instruments were useful... to country-led processes, and in an election for the multi-lateral seat WSSCC was not selected to serve on the SC".

However, if it wills, the role WSSCC could continue to play in the alliance is both as host of the communications function of SWA and as an active member of SWA with a strong track record in advocacy and communications and through its extensive in-country network of NCs, members and GSF program. One interviewee commented on another type of leverage WSSCC could use in support of SWA: “Access [for example to UN member states] from being part of UN system, can ... benefit its networking role and advocacy efforts... There are things that the Executive Director can do that proper UN organisations cannot do – like go into India and meet a minister without having to making sure the UN representative is okay with that. WSSCC is perhaps more flexible and nimble in that sense. It can say it is a UN member and exploit that.”

4 Concluding remarks

While there is consensus among stakeholders that the WSSCC has had a pivotal role in bringing the SWA to its current status and the communications support hosting is found to be adequate, there are mixed reviews about WSSCC’s future interest in involvement with the SWA.

One WSSCC interviewee noted that having a new focal point for SWA engagement within the organization (in the person of the Senior Programme Officer – Global Advocacy – Advocacy and Communications) has improved the WSSCC-SWA relationship over the past year. Nevertheless, another (external) interviewee noted that this level of support was inadequate. While this was not mentioned explicitly by other external stakeholder interviewees, the presence of a SPO as focal point may not be sufficient to reinvigorate the relationship further and reaffirm WSSCC’s role in the alliance.

But as is evident from the analysis in this study, WSSCC’s more recent contribution to the coalition was viewed by some interviewees in a less positive light. In particular, there was a sense among several interviewees that while WSSCC could make an important contribution to SWA, such as by bolstering its communications and advocacy capacity, and by leveraging its in-country networks, this has not been the case in the last few years. This case study finds that this seems to be a time of re-focusing priorities at WSSCC which may have contributed to a shift in perceptions of the usefulness of involvement in SWA. The WSSCC, now clearly feels that participation in the SWA is not the best way to hold on to their principles and values.

Divergence in perspectives, interests and priorities is not uncommon within partnerships as organizations evolve and change. But the impact for WSSCC of this divergence and gradual disengagement from SWA is still to be seen – external interviewees tended to see this development as a loss for SWA and a symptom of WSSCC withdrawal from some collaborations in the wider sector. Perceptions in the sector seem to be that WSSCC has a positive contribution to make to this and other coalitions and alliances – leveraging its in-country networks, communications and advocacy expertise, historical contributions to raising the visibility of the WASH agenda, access to governments and its UN status. Evidence also suggests that the partnership was very personality-driven and that governance mechanisms were perhaps not strong: much of what was and was not accomplished was to do with individuals rather than structures. For instance, the presence of governance and management structures for the communications hosting arrangement in the initial years allowed for a functional and effective

working relationship on this front. However, where the partnership needed to operate in areas outside of these formal structures, by all accounts, the engagement has been a function of personalities with mixed results at various points in time.

A deficit we note to a certain extent is that the WSSCC doesn't seem to have thought carefully to articulate to itself about what benefits it wants to draw from participation in the alliance. This means that it is harder to assess whether participation in the alliance has been a net positive to WSSCC or not, and to draw lessons for future initiatives of this kind. Alliances and partnerships only work if members not just contribute to the collective, but are also clear what they can get out of the collective. The evaluation found limited evidence to suggest that partner interests and incentives were aligned well-enough to enable WSSCC to gain from this arrangement in as much as it gives to it. A major lesson here, which also echoes in partnership literature^{49,50}, is that successful partnerships do require clear, value-added expectations for each stakeholder to a partnership, in addition to clarity in roles, responsibilities and accountabilities.

Moving forward, it would be useful that the organisation engages in more dedicated reflection, periodically, of how things are working and what it wants to get out of it moving forward; more structured thinking and articulation of how they can leverage the opportunities afforded by such a partnership to advance other, WSSCC-specific goals. It would also be useful to seek improved internal coherence and consensus on how WSSCC can best engage with partners within and outside the sector and how these links can be strengthened to benefit the organisation as a whole.

The launch of the Sustainable Development Goals in 2015 is shifting the landscape for WASH advocacy, placing an emphasis on cross-sectoral coordination, integrated WASH messaging and collaborative advocacy to realise the benefits of sustainable and universal coverage of WASH. As WASH and aid agendas shift, WSSCC itself, as well as other WASH entities are continually adapting their advocacy strategies, messaging, targets and partnerships to respond effectively to this context. Even as global advocacy framing of WASH and advocacy partnerships evolve and change, global advocacy and convening mechanisms aimed at catalysing political leadership and commitments at the national-level hold continued relevance for the WASH sector. With its long and pioneering history of advocacy in the sector, it is important that WSSCC continues to engage in and support these mechanisms even as its moves forward in its own strategic programming and partnerships for WASH advocacy. As for recent developments, recognizing that WSSCC supports 14 ministers responsible for sanitation and hygiene, SWA invited the WSSCC ED to serve on a panel at the Sector Ministers Meeting in Addis in March 2016. The relationship between WSSCC and SWA Secretariat remains professional.

⁴⁹ See Bezanson, Keith A. and Isenman, Paul, *Governance of New Global Partnerships: Challenges Weakness and Lessons*, Center for Global Development Policy Paper 014, 2012

⁵⁰ Rochlin, S., Zadek, S. & Forstater, M. *Governing Collaboration: Making Partnerships Accountable for Delivering Development*, AccountAbility, London, 2008

Annex 1: References

- Explanation of Working Relationship between UNICEF/SWA Secretariat and UNOPS/WSSCC Secretariat and UNOPS/WSSCC Secretariat regarding WSSCC Secretariat's responsibility for the communications and advocacy component of the Sanitation and Water for All Secretariat (the Memorandum of Understanding), June 2011;
- The HLM 2014 Media and Communications Plan
- Minutes of the SWA Steering Committee Meetings, February 2012 – December 2014;
- WSSCC's Executive Director's Annual Narratives, 2011 – 2014
- WSSCC MTSP Annual Work Plans, 2012 – 2015
- Progress on the SWA High Level Meeting Reports, 2013 and 2014;
- PowerPoint Slides of the Presentations made at the SWA SC meetings;
- SWA Progress Review Final Report - Ken Caplan and Leda Stott, September 2014, publicly available online, *accessed on 4th Nov, 2015*;
- WSSCC Mission Reports – SWA HLM, 2012 and 2014
- WSSCC Learning Series (PowerPoint Slides), December 2015
- 2015 and beyond SWA Overview, Strategy and membership, December 2015
- External communication materials publicly available on the website;

Annex 2: Codes

The interview responses were coded along the following themes:

Code	Definition
Contribution of WSSCC involvement in SWA to WSSCC positioning within the sector	Used for recording instances where WSSCC's involvement in the SWA influenced WSSCC's positioning in the sector.
Effectiveness of partnership	Used for recording instances where the responses relate to any areas where the objectives of the partnership were met/unmet.
Performance	Used for recording instances where responses related to anything about execution or achievement of the partnership.
Impact	Used for recording instances of impact – positive or negative achieved by the partnership or by WSSCC as a virtue of being a part of the alliance.
Governance & Management	Used for recording responses relating to governance and management aspects of the SWA
Sustainability	Used for recording responses relating to sustainability aspects of the partnership and future direction for the WSSCC and/or the SWA.

Annex 3: List of Interviewees

Name	Organization
Oseloka Zikora	African Ministers' Council on Water (AMCOW)
Erma Uytewaal	IRC WASH
Amanda Marlin	Sanitation and Water for All
Clarissa Brocklehurst	Sanitation and Water for All
Catarina de Albuquerque	Sanitation and Water for All
Johan Gely	Swiss Agency for Development and Cooperation
Cindy Kushner	UNICEF
Sanjay Wijesekara	UNICEF
Ceridwen Johnson	Water Supply & Sanitation Collaborative Council
Chris Williams	Water Supply & Sanitation Collaborative Council
David Trouba	Water Supply & Sanitation Collaborative Council
Ross Bailey	WaterAid
Chea Samnang	WSSCC National Coordinator, Cambodia
Rakotondrainibe Jean Herivelo	WSSCC National Coordinator, Madagascar

III. WSSCC - UN Women Joint Programme on Gender, Sanitation and Hygiene: A Case Study

Abstract

More than 2 billion female populations globally are of reproductive age and menstruate every month. Poor menstrual hygiene carries adverse implications on the health, education and economic opportunities of women and girls. Yet, menstrual hygiene continues to be a challenging development issue in most developing countries, plagued with deep-rooted cultural beliefs, taboos and myths which perpetuate stigma, discrimination, violence against women. In addition, a majority of women and girls in developing countries lack access to hygienic sanitary facilities and products necessary for good menstrual hygiene management. Menstrual Hygiene Management is rarely a part of donor priorities nor does it find mention in sanitation policies and budgets of national governments.

Menstrual Hygiene Management has been an important component of WSSCC's work in sanitation and hygiene ever since WSSCC launched a Menstrual Hygiene Management Lab at the Nirmal Bharat Yatra in 2012. The Lab reached out to over 12000 women and girls in five Indian states, gathering menstrual hygiene practices and challenges faced in accessing clean and safe sanitation facilities and products. Armed with an improved understanding of the stigma surrounding menstruation, WSSCC expanded its portfolio in MHM by supporting research in South Asia and Africa to better understand gender issues and gaps in policies and practice relating to menstrual hygiene and expanding its advocacy efforts on the topic. Through its engagement at global and regional platforms such as the SDG or Regional SANs processes, WSSCC's advocacy has focused on improving sanitation and hygiene for women and girls. This case study discusses WSSCC's innovative partnership with UN Women which was established to collectively advocate for and garner the political will necessary for translation of global and regional gender goals in sanitation and hygiene to realise improved outcomes at the national level.

1 Introduction

The evaluative focus of this case study is the joint programme "Gender, Hygiene and Sanitation", a collaborative initiative between WSSCC and UN Women designed to address cross-cutting concerns of human-rights, gender and access to sanitation and hygiene which are issues relevant to both national and United Nations development goals and policies. In accordance with the UN principles and rules on joint programming between UN entities, this initiative was designed to build on the complementarities of both partners and their added value in addressing challenges in the areas of gender and access to sanitation and hygiene.⁵¹ The programme is being implemented since May 2014 in three pilot countries - Cameroon, Niger and Senegal - and has a scheduled end date of activities in May 2017. UN

⁵¹ See Definitions and Considerations for Choosing and Initiating Joint Programmes, Guidance Note on Joint Programmes, by the UNDG, August 2014.

Women has an active presence through its gender programmes and partnerships with policymakers and civil society organisations in all three pilot countries. WSSCC's Global Sanitation Fund for sanitation and hygiene has programme operations in Senegal and planned expansion to Niger. WSSCC's National Coordinators have an active presence in Niger since 2015.

1.1 Joint Programme: Goals and Objectives

Following the adoption of the human right to water and sanitation by a resolution of the United Nations General Assembly in July 2010, WSSCC, and a larger number of WASH organisations, have integrated the human rights perspective in their global strategies and programme design⁵². The right to sanitation has however remained a difficult right to fulfil in developing countries, with severe disparities in access that are intra-household, across urban and rural areas, and among communities. Recognising a key lesson from the MDGs that gender inequality is an important obstacle to the achievement of global development goals, the recently adopted SDGs establish gender equality and women's empowerment as central to the global framework for development.

WSSCC's work in sanitation and hygiene prioritise equity, *"to ensure that poor and marginalised communities have access to services and that governments adopt gender sensitive policies integrating the right to sanitation."*⁵³ Equity principles are embedded in WSSCC's programme implementation through the GSF as well in its policy advocacy work at global, regional and national levels through participation in platforms such as post-2015 deliberations and the Regional Sanitation conferences. In particular, WSSCC's Equality and Non-discrimination programme aims to address the disparities in access to sanitation and hygiene through a multi-pronged approach involving research, policy advocacy, capacity building and promotion of innovations. Beginning in 2012 from the behaviour change campaign of Nirmal Bharat "Great WASH" Yatra, Menstrual Hygiene Management (MHM) has been at the center of WSSCC's evolving portfolio on equality and non-discrimination. This has included support to knowledge outputs and research studies on related gender themes and use of evidence from these research studies to carry out policy advocacy for enhanced political commitment through policy changes and budgetary commitment to address these disparities. WSSCC's participation at the JMP working group discussions, as well as in other global, regional and national platforms has aimed to broaden this discourse on MHM. 54

Established in 2010 as the UN entity for Gender Equality and the Empowerment of Women, UN Women has been carrying forward the UN reform agenda on gender equality and empowerment of women across a range a socio-economic and political spheres. UN Women programmes strive for *"the*

⁵² http://www.wssinfo.org/fileadmin/user_upload/resources/END-Background-Paper_1.pdf

⁵³ Joint Programme on "Gender, Hygiene and Sanitation" Newsletter 1.

⁵⁴ WSSCC has led various activities on MHM from advocacy to trainings in both Africa and Asia, as well as at global events like World Water Week. Some examples below between 2013 and 2015: Kathmandu, Nepal (SACOSAN, 2013), Kuala Lumpur, Malaysia (Women Deliver, 2014), Cape Town, South Africa (SCA, 2014), Stockholm, Sweden (World Water Week, 2014), Haikou, China (SCA, 2015), Loughborough, UK (WEDC, 2015), Dry Toilet Conference, Finland (2015), Dakar, Senegal (AfricaSan 2015)

achievement of equality between women and men as partners and beneficiaries of development, human rights."

This rights-based approach to sanitation and hygiene and gender disparities in access to sanitation and hygiene serve as a key motivation for the Joint Programme between WSSCC and UN Women focused in West Africa. As with other components of gender and WASH, MHM is characterised in the West African region by a lack of information to women and girls about menstruation and by a lack of proper facilities (clean, private and safe toilets) as well as sanitary products. The programme believes MHM to be an entry point to wider developmental outcomes in health, education, jobs and well-being. The primary goal of the Joint Programme is therefore to accelerate policies and practice in favour of equity and the human right to water and sanitation for women and girls of West and Central Africa.

According to the Joint Programme newsletter 4, dated April 2015, the programme goals and objectives are relevant within the broader SDG framework:

"Future action and progress in the area of gender, hygiene and sanitation will be framed by the SDGs and the new development agenda. Key differences compared with the MDGs [Millennium Development Goals] include the universal nature of the goals, focus on service delivery as well as access, gender and equity and evidence-based monitoring (see box). Water, sanitation and hygiene for women and girls are addressed under goals 4, 5, and 6 and the related targets: 4, 5 and 6. To this we must add goals 8 and 10, equally important for the Joint Programme".

Programme documents note that the sanitation and hygiene needs of women in the African region are *"shrouded in silence and taboos and as a result not reflected in demand or services"*. MHM is noted as a *"manifestation of the need to break down water and sanitation budgets, designs and services to suit users"*. In addition, WSSCC has identified a lack of data from French speaking Africa on cross-cutting issues relating to gender and WASH and a lack of knowledge sharing in this geographical area. WSSCC expects its association with UN Women, which is currently managing several gender and equity programmes (Financing Gender Equality; Gender Equitable Local Development, MUSOKA) in several French speaking countries in Central and West Africa, will help address these critical gaps in awareness and help develop WSSCC's presence in West and Central Africa.

Other global development goals targeted by the Joint Programme

- *Contributing to reducing extreme poverty by facilitating legal and institutional mechanisms and action for access to and use of hygiene and sanitation services by women and girls in the targeted regions*
- *Reducing child mortality due to diseases linked to a lack of sanitation and improving maternal health through access to information and awareness-raising on hygiene and reproductive health of women and girls*
- *Increasing the level of women's empowerment by taking into account their gender-specific needs, and increasing the associated budgets*

In order to achieve the goals outlined above, the Joint Programme is designed to deliver on four key

objectives⁵⁵ at the level of public policies, knowledge and practice, research and inter-agency learning.

Objective 1- to determine the specific needs of women and girls regarding sanitation and hygiene are integrated into policies, laws and regulations, and budgeted for in the target countries

Objective 2- to identify good practices in the field of sanitation and hygiene for women and girls are understood by the stakeholders and integrated in training materials

Objective 3 – to identify Knowledge gaps are identified, researched, analysed and filled so that practice is also improved

Objective 4 to identify the lessons learned through this partnership equip the two organisations to work more effectively towards a progressive reduction of inequalities

Programme resources are directed towards an impressive range of strategies, activities and outputs that are intended to contribute to the achievement of these objectives and programme outcomes (see Annex 1 for programme work plan and budget).

1.2 Partnership approach and modalities

1.2.1 Partner advantages and complementarities

UN guidelines note that appropriate Joint Programmes “*build on complementarities and brings together the added value of its partners in addressing complex development challenges*”. Programme documents highlight the following advantages and added value of each of the partners:

1.2.1.1 WSSCC

The 24th Meeting of the Steering Committee WSSCC⁵⁶ summarises WSSCC’s strategies and contributions towards equity and inclusion, particularly in MHM, as below:

The Chair emphasised that the path-breaking work of WSSCC on menstrual hygiene has made clear the commitment of the Council to equity and inclusion. It has also demonstrated a methodology for bringing about meaningful change. WSSCC is partnering with institutions to support applied research that combines academic rigor with efforts to inform policy and practice. It draws upon its well established networks to enable women to use research findings to participate effectively in regional and national sanitation forums. The Council utilises these forums and close working relations with policy makers to promote guidelines on equity in national sanitation policies. It then backs up policy reform with training to ensure governments

⁵⁵ These four objectives/outputs are presented as outcomes in the Joint Programme literature. However, these cannot be viewed as outcomes as outcomes usually denote modified behaviour, conditions, situation for population and communities resulting from program activities and outputs (e.g. outcomes through this programme would be number of girls/women either knowing more about MHM, or changing their menstrual hygiene behaviour in line with MHM practices. Or, improved health, educational, employment, and economic status of girls and women as a result of these outputs having been achieved)

⁵⁶ 24th Meeting of the Steering Committee Water Supply and Sanitation Collaborative Council 17 & 18 November 2014 Geneva, Switzerland Final Report

monitor the implementation of the guidelines. WSSCC is formalising its approach to equity and inclusion through partnerships with UN-Women, ILO, Accenture, SCA, and by working with existing and future national sanitation programs supported by GSF.

Programme documents note the following as added value of WSSCC to the Joint Programme:

- Presence in the region through the Global Sanitation Fund (Senegal) and national coordinators (in Niger)
- Expertise on water, sanitation and hygiene with an equity lens; expertise on gender, equality and non-discrimination, and MHM
- Capacity to implement: geographical presence (national, regional and global level), human resources, technical expertise on MHM, capacity to scale up.
- Capacity for high level advocacy at a global level
- Capacity to involve policymakers and decision makers from the WASH sector in the region
- Track record of success in the region on WASH, mainly in Anglophone Africa. Initial steps in Francophone Africa

1.2.1.2 UN Women

The Joint Programme uses existing UN Women programmes already implemented in countries, including:

- “Gender Equitable Local Development” programme (in Louga and Senegal).
- “Financing for Gender Equality” programme (national level in Senegal)
- “Musk Maternal Health” programme (regional level in West and Central Africa and in Haiti);
- UN Women country programmes in Cameroon and Niger;

According to programme documents, the added value of UN Women to the Joint Programme involves:

- Physical presence in the region with offices (a regional office for West and Central Africa and country offices in Cameroon, Niger and Senegal)
- Expertise on gender, women economic empowerment, gender rights
- Experience in the region, visibility and reputation in the gender and women’s rights sector
- Capacity to implement: logistics, geographical presence (local, national and regional level), human resources, capacity to scale up.
- Capacity for high level advocacy at the national and regional level
- Capacity to involve policymakers and decision makers from different sectors in the region
- Other programmes contributing and enriching this joint programme
- Track record of success in the region on advancing women’s rights, particularly in Senegal and Cameroon

1.2.2 Coordination of the Joint Programme

According the Memorandum of Understanding between the two programme partners, the following roles and responsibilities are assigned to each of the partners for improved coordination:

1.2.2.1 UN Women

The following roles and responsibilities of the UN Women coordinator are defined based on the analysis of the comparative advantages, status and contribution of the organisation:

- Responsible for strategic, operational and programmatic coordination at the local, national and regional level ensuring the effective implementation of activities and providing oversight to UN Women programme officers members of the joint programme team as well as partners;
- Drafts all programmatic documents for partners and officers involved in the implementation of the programme
- Liaises with government officers
- Coordinates programme officers involved in the implementation of the Joint Programme, as well as activities and partners and regularly shares information with WSSCC team;
- Seeks inputs and approval from WSSCC team as required;
- Coordinates and compiles annual work plans and narrative reports;
- Calls and reports on Steering Committee meetings;
- Shares in a timely manner information related to the Joint Programme with all stakeholders and partners, including through communications and information materials;
- Efficient management of the programme and use of funds: accountability for programmatic and financial results, primarily responsible for achieving the programme's goal;
- Monitors annual targets;
- Ensures smooth implementation of the programme with support from WSSCC and regularly reviews the logical framework with his/her counterpart at WSSCC;
- Ensure and Supports joint monitoring and evaluation of the programme, facilitates audits and evaluation;
- Supports fundraising for the Joint Programme;
- Systematic sharing with maternal health initiatives and partners including UNFPA, UNAIDS, WHO,
- Manages donor and partner relations in country as well as in the region.

1.2.2.2 WSSCC

At WSSCC level, the coordinator should play a project manager role. It is advised to consider the following roles and responsibilities defined on the basis of the analysis of the comparative advantages, status and contribution of each partner:

- Responsible for strategic planning and management of the programme;
- Disburses funds based on Steering Committee instructions
- Supports the implementation of the programme to ensure the common goal is achieved
- Provides programmatic support as needed as per the technical expertise of the organisation;
- Supports fundraising and ensure fund management;
- Consolidates periodic financial reports and final financial report;
- Makes linkages with the global level and support the amplification of the programme, strategic sharing of joint programme lessons and outcomes with the regional and global WASH monitoring architecture;
- Shares the implementation experience with WSSCC partners in Asia and globally;

- Systematic sharing with maternal health initiatives and partners including UNFPA, UNAIDS, WHO, OHCHR, etc.
- Ensures and supports joint monitoring and evaluation of the programme, facilitates audits and evaluation
- Manages donor and partner relations at the global level

A scientific and technical committee (formed of United Nations agencies, international cooperation organisations, research institutions and universities, members of government and civil society organisations) is responsible for providing advice-support for the duration of the programme execution.

Annex 3 presents the Joint Programme organigram, detailing key positions for both WSSCC and UN Women. The organisational chart available at the time of the field work has been since modified.

1.2.3 Programme reporting mechanisms

The programme follows the below reporting mechanisms to track progress:

1. Internally (WSSCC and UN Women), the Joint Programme team reviews the programme indicators to measure the progresses on each objective; this is done during strategic meetings.
2. At WSSCC's level, there is a system of reporting progresses for all departments. The Joint Programme is mostly concerned by the "the indicators in WSSCC's Programme 28", see Appendix 2. Also, "the work undertaken within WSSCC/UN Women Joint Programme on Gender Hygiene and Sanitation has contributed to Programmes 25 and 26's 2015 milestones".
3. At UN Women's level, the log frame of the Joint Programme is updated into an online system. The log frame is used to report budget and key indicators. UN Women should be reporting back against the indicators on that online tool. Reports for each activity carried out by the team with data and figures are regularly submitted to WSSCC, and UN Women HQ sends to WSSCC annual reports including financial reports.

1.2.4 Funding modalities

According to the MoU, at the moment, funds are provided and disbursed by WSSCC as the main contributing agency. It is anticipated that successful joint fundraising will enable both partners to amplify the programme results. The programme is executed at a budget of USD 1,118,000.

1.2.5 Current Status of the Programme

The programme has completed 18 months of implementation and progress achieved so far is discussed under chapter 3. From a governance standpoint, until this stage, the programme has been supported by an Advisory Board without any decision-making authority. Based on programme experience so far, partners indicate a need to establish a formal governance structure in the form of a Steering Committee to provide strategic guidance, fiduciary and management oversight and coordination. It is proposed that the SC will be co-chaired by the governments of countries where the programme is implemented along with UN Women and WSSCC. The SC is also expected to comprise of external stakeholders such as civil society organisations in an observer capacity. These proposed changes are further discussed in Chapter 3.

2 Case study Objectives and Methodology

This case study aims to provide deeper insights into WSSCC's work in the area on equality and non-discrimination in sanitation and hygiene of which this programme is an illustration. This has been done by assessing the extent to which the programme inputs and activities are contributing to its stated goals and objectives. Following from the MTR's evaluation framework, several key questions are addressed through this case study particularly around evaluation themes and sub-themes of programmatic relevance, effectiveness and sustainability. To this end, the key evaluation questions addressed by the case study and the data collection approach adopted for this purpose are outlined in the table below.

Key Evaluation Questions	Methodology tools
i. Knowledge gaps on gender in sanitation and hygiene within the implementation countries ii. Capacity gaps on gender in sanitation and hygiene within implementation countries	<ul style="list-style-type: none"> ▪ Literature reviews on local/regional context on gender in sanitation and hygiene ▪ Focus group discussion with trainers and trainees (Senegal). ▪ Semi-structured interviews with programme' managers ▪ Semi structured interviews with research community (UK & West Africa) and NGOs. ▪ Semi-structured interviews members of government (ministries of water and sanitation, health, gender, environment ▪ Field observation (Senegal) (training session, development of new services, changes in infrastructure)
iii. Is there early evidence (from programme M&E) to suggest that the programme is making progress towards intended results	<ul style="list-style-type: none"> ▪ Review of the programme's surveys, studies and report in the targeted countries. ▪ Semi-structured interviews with programme' managers ▪ Field observation (Senegal) (training session, development of new services, changes in infrastructure)
iv. How does WSSCC foresee the evolution of the programme in term of geographical scale and timeline in other words, to what extent are such programmes needed in other contexts. v. Which elements of the joint programme can be replicated in other countries of the region (governance, relations with government, training procedures), and how? vi. Have some countries of the region expressed an interest on the programme? Have needs been identified in others countries? vii. Which organisation(s) would be willing and able to replicate such programme? Which elements would need to be corrected or improved viii. Effectiveness of the strategic partnership with UN women as a way to move forward with the Equity	<ul style="list-style-type: none"> ▪ Semi-structured interviews with programme managers of WSSCC. ▪ Semi-structured interviews with actual and potential partners (UNICEF, ILO) and donors

Given the diversity of data to be collected (observations, interviews, texts/documents), data from each source have been coded. The analysis aims to categorise the different codes and identify themes and relationships. In practice the analysis compares intentions (text and internal programme's interviews) with observed reality (field observation, existing reports, and governments' policies) and with perceived reality (interviews with government representatives or donors' representatives).

3 Findings

This section summarises case study findings on progress achieved against the main programme objectives as well as strategic aspects such potential for programme replication and effectiveness of partnership. The programme commenced on time in Senegal which, according to Programme Managers in Cameroon and Niger, could be explained by the following factors -

- The UN Women regional office is in Dakar (Senegal), and there is a proximity between the regional and national offices;
- Many regional or international meetings take place in Dakar;
- Questions of hygiene and sanitation are very important as it is a Sahel country with lots of issues for water and sanitation (in comparison with Cameroon);
- The number of UN Women staff involved in the programme in Senegal is more important than in Niger or Cameroon. The regional programme is coordinated from Dakar. According to the UN Women: 5 staff in Senegal with 100%, 50%, 30%, 20% and 10% of their time dedicated to the Joint Programme; 1 staff in Cameroon 30% of his time; and 1 staff in Niger 10% of his time.

The programme in Cameroon started more recently. (Training of trainers in June 2015; July 2014 in Senegal). Due to the on-going emergency situation encountered by the country in some areas, and the needs expressed by the humanitarian actors for action, a lot of training was targeted on the area of Bertoua, entirely financed by the UNHCR, targeting refugees and humanitarian actors. The political situation in Niger has delayed the start of the project, together with some human resources issues in the UN Women representation in Niger. There has been a change of staff resulting in no staff clearly dedicated to the Joint Programme for several months. However, the sanitation ministry welcomed advocacy efforts and has participated in different events in this country and in the region, for instance opening the joint programme's strategic planning meeting in Niger. It must also be noted here that the activities have been reduced during the Ebola crisis due to changing priorities for implementing agencies and local water as well as travel restrictions.

3.1 Addressing knowledge gaps in menstrual hygiene

Identification of knowledge gaps and communication of information on behaviour and practices towards menstrual hygiene aspects shape the programme's interventions. Programme partners believe that knowledge on gender barriers can help raise awareness on menstruation issues to national governments and consequently facilitate their involvement. Gaps in decision making are believed to be linked to gaps

in knowledge and information. As noted by WSSCC's Programme Officer, "Very often, decision makers tell us "it's not that we don't want to do it, we didn't know it was an issue".

3.1.1 Identification of knowledge gaps

Several studies, as well as different programme have been conducted in South Asia (mainly India) and East Africa during the last decade. A non-exhaustive search of the literature⁵⁷ yielded few results from West Africa. A Google scholar search using the keywords menstrual and hygiene provided 30 most relevant results, of which: 9 papers were from India, 3 papers were from others south Asian countries, 2 papers were from Iran, and 5 papers were from Africa (2 from Egypt, 2 from Nigeria and 1 from Uganda) and 6 papers presented the issues at a global level. Similar observations can be made when looking at the resource page of the menstrual hygiene day website⁵⁸: Such searches provide only a partial view of the work undertaken in the past, but it does suggest that little focus may have been given to menstrual hygiene in West Africa from a research and knowledge creation standpoint. One of the few reports addressing menstruation issues in the West African region in considerable detail is a report supported by UNICEF looking at Menstrual Hygiene in Schools in Burkina Faso and Niger⁵⁹.

Research conducted since the start of the project in Cameroon and Senegal by the Joint Programme is therefore some of the first to investigate these issues in West Africa:

- WSSCC & UN WOMEN (2014): Menstrual Hygiene Management: Behaviour and Practices in the Louga region, Senegal;
- WSSCC & UN WOMEN (2015): Menstrual Hygiene Management: Behaviour and Practices in the Kedougou region, Senegal;
- WSSCC & UN WOMEN (2015): Menstrual Hygiene Management: Behaviour and Practices in Kye-Ossi and Bamoungoum, Cameroon.

This research highlights the following key issues:

- Knowledge about the menstrual cycle by women and girls in Cameroon and Senegal is vague and is limited to knowledge on blood flow during periods. More than half the sample had difficulty explaining the menstrual cycle (Cameroon (2015) studies). Girls have extremely limited information about why they menstruate and how to manage menstrual flows hygienically and safely (Louga (2014) and Kedougou (2015) studies);
- Menstruation is a taboo issue in the community, marked by beliefs and myths that influence both its management and the daily lives of women and girls (Kedougou (2015) studies);
- Menstruation is often viewed as a sign of both maturity and adulthood. Once they have had their first period, girls are viewed as "big girls" of potentially marriageable age (Louga (2014) and Kedougou (2015) studies);

⁵⁷ Using google scholar – 2010 to february 2016 - and the following keywords: menstruation, regle, periode, femmes (women), filles (girls), Afrique (Africa)

⁵⁸ <http://menstrualhygieneday.org/links-2/>

⁵⁹ <http://menstrualhygieneday.org/wp-content/uploads/2013/06/MHM-study-report-Burkina-Faso-and-Niger-English-Final.pdf>

- Poor management of menstrual hygiene can cause infections and have a negative impact on women's reproductive health. More than 90% of the women and girls interviewed in Kedougou had undergone female genital mutilation (Kedougou (2015) studies);
- A series of prohibitions were noted related to women's sexuality, physical activities, food, religious practices and others. (Cameroon (2015) studies);
- Disposable sanitary pads are the most used form of protection in the Cameroon study (over 84.7% of the sample) and in Louga region (74% of the sample) while cloth fabric is the main protection used in the region of Kedougou (53% of sample). The user's income and her level of information/education significantly influence the choice of materials. It should also be noted that women can interchange between sanitary pads, cloths and other sanitary protection depending on their accessibility and financial resources (Louga (2014), Kedougou (2015) and Cameroon (2015) studies)
- Sanitary materials are mainly disposed of in toilets and latrines or buried in hidden places. For the one reusing pads, sanitary materials cannot usually be dried in the sun (Cameroon (2015), Louga (2014) studies);
- Among schoolgirls, 16% said they had taken time off school due to their periods. (Cameroon (2015) studies);
- Periods do not allow for economically active women to continue with some of their activities on because of social taboos (Cameroon (2015) studies);
- Due to a lack of suitable spaces and facilities for properly managing menstrual hygiene, women and girls are excluded from participating in cultural, educational, social and income-generating activities (Louga (2014) studies);
- Women are poorly represented or absent on decision-making bodies and NGOs and women's associations do not engage systematically with the design and delivery of WASH services. As a result, women have no forum to have their voices heard, or make their needs known with regard to MHM (Kedougou (2015) studies).

A representative of the Gender ministry in Senegal praises the research done by the programme as it justifies the importance of gender programme in general. Such studies, when properly disseminated can impact other ministries and impulse new policies or implementation. According to this representative, the studies are demonstrating the gender needs, the importance of the socio-cultural beliefs, the importance of the context and more importantly the needs to develop synergies between key stakeholders, mainly at the highest political and ministry levels, to realise successful outcomes. In addition to improving knowledge about menstrual hygiene practices and gender needs and barriers in these and other countries, the research results can help formulate strategies to achieve good MHM.

3.1.2 Strategy to fill knowledge gaps

The research conducted in Cameroon and Senegal is surely not enough to understand all of the issues related to MHM in these countries. Difference of context within countries, such as Cameroon which is made up of many ethnic groups, is likely to offer different perceptions and taboos resulting in different

practices towards menstruation. Research is needed to understand these perceptions and practices in a range of countries, and with different ethnic and demographic groups.

Other studies planned within the Joint Programme log frame include investigating practices and behaviour towards menstrual hygiene in Niger and examining the impact of poor menstrual practices on health. Programme partners emphasise need to develop research that will ease practical interventions or allow pragmatic policies changes. An important distinction made by WSSCC in its investments towards research and knowledge creation is that the research will not only increase the body of knowledge, but will bring about changes in policy and practice. A workshop dedicated to research was held in Dakar at the end of March 2016. The agenda included:

- Review of research conducted so far by the programme, and the ones conducted elsewhere in Africa and the World
- Identification of research gaps that future research conducted by the programme shall address
- Identification of dissemination strategies for the research conducted by the programme.

Strategies to fill knowledge gaps, mainly the ones concerning dissemination are under discussion at the time of this evaluation.

3.1.3 Communicating research results

Dissemination of research is important, and there is a need to identify communication targets and appropriate communication channels for improving knowledge about menstrual hygiene. The research results are communicated through different ways:

- Website of UN-Women and WSSCC;
- Newsletters on the UN-Women website;
- Conferences such as AfricaSan in Dakar, impacting governments and regional stakeholders;
- Yammer platform, providing information and advices to stakeholders already involved in MHM interventions.

The released studies are not easily identified by the internet searches, especially if key words are not properly selected. This raises questions around how external key stakeholders and general public can access the research results generated and published by the programme. Because most of these research studies have been recently released, and quality of dissemination and likely impacts cannot be analysed. However, the findings of the three research studies (two in Senegal and one in Cameroon) are guiding decision-making for the on-going Joint Programme by WSSCC, UN Women and ministries. Strategic documents and meetings between all partners are also essential fora for dissemination. To this end, it is understood that the research studies have been highlighted during discussions involving extension of the GSF Senegal strategic plan, with an intent to include MHM in some GSF areas. Study findings have also been highlighted in high level conferences such as WEDC conference and AfricaSan.

3.2 Addressing Capacity gaps among policymakers and civil society

3.2.1 Absence of MHM in national policies

Research studies conducted by the programme highlight the taboos associated with menstruation and the absence of national policies and plans for supporting MHM in the targeted countries. MHM is not an

issue discussed in communities, not debated by technical services, and not properly handled by health and education sectors.

“The silence on menstruation is mirrored in sectoral policy documents for health, education, sanitation, water and hygiene. A rapid review of these policies and guidelines reveals that services and facilities across sectors ignore girls’ and women’s menstrual needs. None of the toilet facilities visited by the study team had made provision for menstruating women to wash, clean themselves and change with privacy and in dignity. This observation applies equally to private multi-family dwellings, educational establishments, places of work (including markets, where women are present in large numbers), health centres and prisons. Just one of the toilets observed had soap and water.” (Kedougou´ study, p7).

“Cameroon public policies within the water and sanitation sector, do not address MHM. In the education system, menstruation is integrated into the curriculum but not in a sufficiently detailed manner to ensure that pupils have a good understanding of the menstrual cycle.” (Cameroon study, p7).

The report on the Cameroon research concluded “that aspects related to MHM are not explicitly provided in the guidance documents for the country’s policies”. Reflecting on this context, proponents of improved sanitation and gender policies in the region, together with representatives from UNICEF and WaterAid, note that equity-related discourse and commitments have indeed improved in a number of African countries. However, there is a long way to go between involvement and application in the field. It is pointed out that governments need to be supported to operationalise equity into their policies and interventions. But there are challenges abound in securing long term programmes with donors that will allow support to national government over several years.

3.2.2 Building and managing government relations

In order to strengthen policies and governmental efforts to address menstrual hygiene issues, the Joint Programme first sought to forge strong partnerships with the governments and a selection of key ministries in Senegal, Niger and Cameroon. These government partnerships are targeted not only for policy advocacy but also to reinforce knowledge and capacities within government institutions who are the main duty bearers for operationalising the right to sanitation and eliminating disparities in sanitation and hygiene access. As noted by the UN Women regional representative: “The role of the program was to test training and reinforcing capacities process both for communities and ministerial authorities”. That said, partners note that the programme intent is not to cover all individuals requiring training, but rather to create a “ demonstration effect” that will be converted into appropriation of the materials and methods at both community and national levels.

To this end, the Joint Programme progress reports as of December 2015 indicate that partnerships have been forged with the following government ministries/departments in the three countries:

- In Senegal:
 - Ministère de l’Hydraulique et de l’Assainissement
 - Ministère de la Femme, de l’enfance et de la Famille

- Ministère de l'Éducation Nationale, de la Santé et Action sociale, et de l'Environnement et Développement Durable
- Parlement du Sénégal
- In Niger:
 - Ministère de l'Hydraulique et de l'Assainissement
 - Ministère de l'Éducation, de l'Environnement et de la Population, Promotion de la Femme et Protection de l'Enfance.
- In Cameroon:
 - Ministère de l'Eau et de l'Énergie
 - Ministère de l'Assainissement
 - Ministère de la Femme et des Affaires Familiales
 - Ministère de l'Énergie
 - Ministère de l'Enseignement Secondaire et de l'Éducation de base

Consultations with policymakers indicate that these partnerships are valued as they have helped generate awareness and knowledge around menstrual hygiene issues and render technical assistance to operationalise policies. The programme has made policymakers aware of their role and importance in bringing about policy changes in favour of gender issues in sanitation and hygiene. For instance, the Ministry of Gender, Senegal, notes that:

“The mission of the Ministry is to ensure physical and mental health, economic autonomy, health rights, so the Ministry needs to be part of this program. Other ministries, such as sanitation, education, environment, have a role to play but our role needs to be central” (Director of Gender, Ministry of Women of Senegal).

That said, programme partners also underscore the need to be respectful of governments' agenda and the need to “pay attention to the specificities of each country and adapt the programme in order to effectively respond to the country's needs” (WSSCC programme officer). For example, the programme approach and activities in Senegal involve:

- Identifying the government's needs and position. In Senegal, it “is very clear that it is in the interest of the country to have an inclusive approach to sanitation and hygiene everywhere”.
- Determining programme aims. In Senegal, “governments are equipped with knowledge and skills to better implement programmes”.
- Providing knowledge and tools to the government so they can translate new knowledge into government systems and policies.
- “Governments will then be able to follow up and review as necessary”.

WSSCC describes the nature of collaboration with the Ministry handling sanitation and hygiene in Senegal:

“In Senegal, we work closely with PEPAM the coordinating mechanism and the Sanitation Direction. Both have clear roles in terms of policy and implementation. It is important to note that they have their

own agendas, own work plans. Gender elements must be an integral part of the policies and systems that are put in place. It's not the case at the moment and the government is conscious of it. We have received requests from Government of Senegal to hold a policy workshop in April. We've got another request last week to support awareness raising workshops at the community level that include MHM. These sessions were already taking place before the programme but they never included MHM, voice, gender equality or women's empowerment. Women's views on the facilities, the choice of their location, the design and maintenance were never really taken into consideration. Now they will be".

The representative from the Ministry of Sanitation and Hygiene (Ministère de l'Hydraulique et de l'Assainissement) confirmed that his Ministry welcomes initiatives from the Joint Programme, and expressed technical needs such as the recruitment of a consultant who will help them to integrate the gender question within the infrastructure, and provide advice on training. According to this representative, gender issues have been integrated into the Government of Senegal several years ago through, for instance, the creation of a Department of Gender in 2012. Changes have been more significant since 2014 with participation of the Minister to international events. Under his influence, the Ministry started to address MHM issues and has welcomed the initiatives of WSSCC and UN-Women.

3.2.3 Capacity building: Approach and Activities

Discussions with programme managers indicate that strategies for building capacities among key stakeholders in these three countries are similar. The efforts involve giving central governments and ministries the necessary training and tools to integrate MHM into their policies and infrastructural implementation, and simultaneously training of trainers in order to reach communities. Broadly, the programme aims to build capacities within governments using the following approach:

- Developing partnership with the governments
 - Breaking the silence at national level (government and ministries)
 - Developing knowledge and increasing involvements of governments and key ministries towards better integration of MHM in the policies
 - Demonstrating the roles that can play the government within the dynamic of sanitation and hygiene changes.
- Training of communities
 - Breaking the silence at local level
 - Developing a network of trainers
 - Developing appropriate training and communication tools

WSSCC designed and facilitated the trainings being conducted under the Joint Programme building on its experience in South Asia. WSSCC trained all participants and training tools were adapted to regional contexts and tested locally. Broadly, these training tools and methods include:

- MHM Lab. The lab takes place in a tent to ensure a women-only audience, and give opportunities to participant to discuss menstruation issues. Procedures re described in the MHM Lab Convenor’s Manual, produced by WSSCC60.
- The Menstrual Wheel. The menstrual wheel is presented as follows by the WSSCC: “The menstrual wheel helps answer the ‘how’ of the menstrual cycle, enabling participants to visualise the monthly cycle. Using the wheel helps answer questions on pain, blood, tissue/uterine wall discharge, and provides a link to talking about conception”(WSSCC 201361).
- Booklet “en grandissant” (the lifecycle approach)
- Promotion guidelines

Table 3 Details on Capacity Building Activities undertaken by the Joint Programme till April 2016

Type/Purpose of Training	Training Location	Date/ Period	# Participants	Types of participants	Conducted by
Training of Trainers – to improve knowledge and capacities among governments	Saly, Senegal	July 2014	40	Nearly 40 representatives from the Senegalese ministries of Hydraulics and Sanitation, Health, Education and Women, as well as local communities, civil society organisations and the West African Health Organisation	WSSCC staff and trained UN Women staff
Training of Trainers	Niger	June 2015	60	Participants from 5 countries (Niger, Senegal Guinea Bissau, Togo and Cameroon), comprising of ministries (Sanitation, Health, Education, Environment) and NGOs, research institutes and consultants	WSSCC staff and trained UN Women staff
Training of Trainers	Cameroon		59	2 - UN Women staff 4 – key ministry staff 53 – ministry employees	WSSCC staff and trained UN Women staff
Training of Trainers	Niger		43		Ministries, NGOs and Spanish Cooperation
Individuals	Louga, Senegal		1299		14 trainers have trained these participants which

⁶⁰ WSSCC (2013) MHM Lab Convenor’s Manual; available at <http://wsscc.org/wp-content/uploads/2015/10/MHM-lab-manual-EN-LowRes.pdf>

⁶¹ WSSCC (2013) Menstrual wheel, General Information; available at <http://wsscc.org/resources-feed/menstrual-wheel/>

					comprise of local elected representatives, school leaders, women and girls, community leaders, religious leaders, students
Humanitarian Actors	Bertoua and Maroua, Cameroon	October 2015	2293	Local communities attending MHM sessions	
Other stakeholders ⁶²	Online - Yammer	March 2016	2210		87 members on the Yammer platform supporting these participants

Stakeholder consultations suggest that these trainings are popular among trainers and trainees and are demanded by many stakeholders in the targeted countries and elsewhere in West Africa. Training tools are not produced in West Africa; and it appears that they were not necessarily meeting the demand from trainers in the field at the time of the evaluation visit in Senegal.

It is however important to note the monitoring framework for trainings is currently designed to capture the quantity, quality and impact of trainings. However, information is being collected and reported only on the quantity or the number of people trained. Key stakeholders, including WSSCC, acknowledge the importance of separating the type, quality and impact of the different trainings. Some interesting indicators which exist within the programme monitoring framework but not currently collected include:

- the percentage of the trained participants applying the knowledge and skills in their institutions/work;
- The percentage of trained participants reporting on the usefulness and relevance of the training conducted.

“There is at the time of the evaluation no assessment to know how many people trained are really applying what they learnt, but tools are under development to capture that. A post training survey is currently being developed and will be sent to all participants to the trainings delivered through the Joint programme, and beyond by WSSCC.” (Programme officer WSSCC).

3.3 Influencing political will and commitments

As noted earlier, in addition to addressing knowledge gaps and building government capacities to address gender disparities in sanitation and hygiene, the programme’s main objectives are to bring about integration of MHM aspects into national policies and funding allocation within national budgets for MHM implementation. The programme monitors

⁶² from the Monitoring report of the MHM trainer’s platform, internal document WSSCC, April 2016

3.3.1 Integrating Wash needs into policies and regulations

Integrating WASH needs of girls and women into policies, laws and regulations is one of the programme's expected results. So far none of the three targeted countries have specific laws or policies on these aspects. It is indicated that dedicated advocacy activities are planned for that purpose in 2016.

Technical services of the "Ministere de l'Hydraulique et de l'Assainissement" are into the process of integrating gender aspects into technical design of all their sanitation activities (e.g. implementation of public toilets). An engineer will be appointed in the coming weeks to adapt the technical design and integrate MHM issues. It has also been announced that menstrual hygiene aspects will be integrated into the new strategy of the Ministry (at the drafting stage at the time of evaluation). The ministry in charge of sanitation in Senegal estimates that integrating MHM into its implementation would cost around 200 US\$ per infrastructure (presumably meaning an average increase of 200US\$ per built facilities, for instance market or school toilet blocks).

During AfricaSan, held in Dakar, Senegal in May 2016, Menstrual Hygiene was debated and several advocacy events were organised. The new declaration, called the N'gor Declaration, was signed by Ministers and Heads of Delegations responsible for sanitation and hygiene in African states. This Declaration commits the governments to "pay special attention to the needs of women and girls and those in vulnerable situations" and committing the governments to "integrate these in national policies and plan". This declaration is an important achievement for WSSCC and the Joint Programme, and can be counted as an output of their activities that could lead to a change in behavioural outcomes.

WSSCC and UN Women and other stakeholders such as Water Aid and UNICEF are well aware that commitments to international agreements are only an initial step. While these commitments are essential, it will not necessarily lead to reality changes on the ground. As summarised by WSSCC: "The programme will be considered successful when these issues will be addressed by Governments through policies, mechanisms, budgets, etc. when local leaders will start allocating budget for it, when parliamentarians and ministers will open up and start talking about the issue. We are already seeing progress in some regions such as Louga (Senegal). But more needs to be done. Steps are taken but they need to be strengthened. This programme should also show that it is feasible".

A potentially more visible indicator is the development of infrastructure and how this integrates gender and MHM aspects. For one UN Women representative, building rules rather than construction of toilet blocks is essential: "Changing building rules will be as relevant as changing laws. These will be applied by of course sanitation and hydraulique ministers but also ministers in charge of building schools, health centres". Changing rules means integrating MHM aspects in newly built infrastructures and facilities. While changing of building rules could be encompassed in some of the indicators relating to policies and regulations, there is no specific indicator on infrastructures. Those may also be aspects that will be considered by governments rather than by WSSCC or UN Women.

The ministry in charge of sanitation in Senegal is considering these indicators through the on-going and future interventions of PEPAM. According to an activity report from sanitation department of the

Hydraulique and Sanitation Ministry, dated March 2016, actions taken by the Ministry within the programme include development of technical recommendations to be applied in their programme implementations. These recommendations incorporate MHM aspects and will be supported by a technical consultant to include MHM dimensions into technical requirements and drawings as well as into policies, review of technical design and review of documents impeding strategy for the sector (Lettre de Politique Sectorielle de Développement). This initiative is welcomed and illustrates both progress and commitments. However, concerns were made during the trainers' meetings (in Louga, Senegal, January 2016) that the focus of the programme should not be distracted by the infrastructure component. While infrastructure remains a very visible indicator of changes, focus should be given to the process behind the infrastructure development.

3.3.2 Increasing budget allocations for MHM

Funding issues

The Joint Programme is not a funding programme. Rather, it aims to create the conditions for local or national allocations of funds dedicated to, or including, MHM provision. In India, where WSSCC has developed MHM activities in the past, MHM issues have been directly supported by the Prime minister through strong political commitments and budgets. The context in West Africa, however, is not comparable to that in India. The economic situation of countries such as Senegal and Niger does not allow them to follow the same path as countries such as India, and will have to develop innovative mechanisms to integrate and fund MHM issues.

Absence of budget evidences

At this stage in the evaluation, there is no clear evidence that governments of these three countries have significantly increased their budgets to integrate MHM, or created dedicated funding for this purpose. For instance, the representative of the Ministry in charge of sanitation and hygiene in Senegal was not able to communicate the exact increase of budget for MHM, nor could he specify the part dedicated to the inclusion of gender or MHM issues.

3.3.3 Other evidences

At the time of this evaluation (March 2016), evidence of changes is not clearly evident in budget allocations or policies. Aside from the training component, the main evidence at the national level includes:

- Participation of different ministries (from different countries) at different international, regional or national events;
- Leadership of some events by ministries and high ranking agents of the ministries;
- Interest manifested by other countries (to be discussed in next section)

In the long term, programmatic activities targeting governments and communities are also aimed to influence behaviors and practices at a household level. While the programme does not monitor changes in behaviors and practices at a household level, it is envisioned by programme partners that governments will undertake related monitoring. While there is no clear evidence that this outcome

data is tracked at the moment, there does appear to be a growing recognition among policymakers to strengthen their monitoring systems and institutional roles and responsibilities have been identified for this purpose. A representative from the Women Ministry in Senegal explains that her government is developing new gender indicators that will be used by all concerned ministries. She also thinks that some part of the studies developed by the Joint Programme in Kedougou and Louga will need to be replicated in order to evaluate the evolution of behaviours and practices.

3.4 Assessing the partnership

The joint partnership between WSSCC and UN Women follows a UN General Assembly resolution from December 2012 encouraging joint programming processes at the country level, taking into account “principles of national ownership, alignment with national priorities and the comparative advantage of individual entities of the United Nations system at the country level”. UN guidelines for Joint Programming note that such programmes are appropriate when they “identify and build on complementarities and bring together the added value of partners in addressing the development challenges in programming countries such that the combined strengths of different agencies can be mobilised to generate improved efficiencies and synergies, leading to greater effectiveness and enhanced development results”.

The evaluation finds that the Joint Programme has been designed to fit this overarching premise of collective efforts and complementary strengths leading to improved programming and achievements. This is corroborated by both implementing partners – WSSCC’s Programme Manager notes that WSSCC considered several potential partners for implementing the MHM programme in West Africa. However, “the comparative advantage of UN Women was stronger in terms of scale, perspectives, opening up to other sectors, amplification of the partnership, and building on legal frameworks at the global and national levels” and expanding the access to government departments and communities. On the other hand, UN Women notes that while their gender programmes address a number of developmental challenges pertaining to this regional context, menstrual hygiene was not featured until this Joint Programme owing to lack of internal capacities and expertise on the topic. They underscore this technical expertise to be the added value of WSSCC.

Stakeholder consultations also suggest that partners are operating synergistically, building on their respective strengths and added value to drive progress against stated programme objectives. UN Women representatives note that WSSCC’s technical expertise was essential for guiding programme design and carrying forward programme strategies relating to knowledge generation, capacity building and advocacy among key stakeholders such as governments and communities. Further, the training content and sessions delivered by WSSCC is noted to have developed internal capacities among UN Women staff on these issues to the result that UN Women’s role in the facilitation of trainings has increased over time. UN Women, through their network of contacts with ministries and government officials and civil society organisations for implementation of their gender programmes in these countries, has been an appropriate operating partner and has been instrumental in forging the necessary policy partnerships. According to one UN Women programme official, “the programme is an extension of what UN Women is doing in Senegal: changing policies and demonstrating how to integrate gender within these ministries.” Consequently, UN Women is noted to have successfully leveraged its

existing networks within governments and communities to carry forward and frame dialogue and debate on these issues.

UN guidelines also emphasise that Joint Programmes demonstrate relevance to context and alignment with national needs, gender priorities, and national operating context. The evaluation finds that the Joint Programme on Gender, Sanitation and Hygiene is contextually relevant as it seeks to inform and influence the debate around poor progress in the realisation of human right to sanitation and hygiene and the elimination of disparities in access in the three programming countries. The programme is designed to support national governments to follow-through on their regional commitments (N'gor Declaration) to integrate gender needs in national policies and demonstrate progress at a national-level towards realising the global development goals on the right to sanitation and hygiene. In a broad sense, in the three countries where it is implemented, the programme is aligned with overall national policy frameworks focused on eliminating disparities in access to sanitation and hygiene. At a deeper level, the programme does also seem contextually-relevant to gender needs in sanitation and hygiene as there is evidently limited awareness and dialogue around the taboos and gender disparities associated with sanitation and hygiene access and limited political commitment and capacities to address the same. This is further affirmed during our consultations with government partners who endorse the programme objectives, strategies and activities.

UN guidelines for Joint Programming also point out that “involvement of national governmental partners in design and implementation of Joint Programmes is crucial to foster national ownership, sustainability, and impact of Joint Programmes”. The evaluation finds that the Joint Programme design embeds this principle and to that end, key programme strategies are designed to ground the gender agenda promoted by the Joint Programme in nationally-owned processes. Currently, progress on this front is primarily in the form of partnerships forged with government departments in the three countries and tasking these departments with the responsibility of operating the programme. The extent of national ownership however appears modest to date, with only one more year left in programme implementation. There is limited articulation of institutional arrangements necessary for coordinating and operating the programme beyond the programme period and limited clarity on how the national partners intend to extend benefits to other regions.

Even as programme design and on-the-ground operations suggest shared vision and collective effort, stakeholder consultations also raise questions around the level of operational coherence, mutual understanding and harmonisation between the programme partners. For instance, UN Women representatives have expressed several times that WSSCC was identified, or perceived, as a donor rather than as a counterpart because they have felt accountable to them. It is however not evident if these stated differences are causing operational tensions during implementation.

Stakeholder consultations also raised funding sources and modalities to be an issue from a programme replication and sustainability standpoint. This is discussed further in the section 3.5.3.

3.5 Programme replication

It is the intent of the Joint Programme that it is replicated and accepted elsewhere, and that programme design, content and strategies will be flexible and adapted to context. Through this 3-year programme in 3 countries, the Joint Programme intends to create models, demonstrate best practices, and disseminate them in order to “influence and shape policies”. To this end, consultations with the various stakeholder constituencies indicate a consensus around specific programme aspects that warrant inclusion in the replication formats. These include:

- The ‘Breaking the silence’ approach: all stakeholders agree that while talking about the topic is not enough, and may diminish real actions, it remains a prerequisite to any future improvement;
- Knowhow and transmission: a majority of stakeholders recognised the relevance of training methods used by the joint programme;
- Training materials: trainers in the field have appropriated the tools and share their enthusiasm about them.
- Support to government: government representatives who were interviewed share the view that they are governments are central actors for MHM changes, and they that they need technical support in terms of advocacy, research, training and learning of practical solutions;
- Interventions within communities: these interventions are made possible and relevant through the use of known partners, existing structures and existing programmes such UN Women or GSF programmes.

Programme replication also appears to depend on a host of external factors, including national ownership and coordination mechanisms, alignment to country context and most importantly, continued funding for the programme.

3.5.1 National ownership and coordination mechanisms

Programme partners note that the role of local stakeholders, particularly national governments, are important for “massification” (scaling-up) of programme to regions outside those supported by the programme. However, programme partners are also clear that this “massification” can happen only if the joint programme is nationally owned and is supported by relevant government ministries. In Senegal, for instance, only two regions are currently supported by the Joint Programme but partners intend for the programme to be replicated across the country. Ministries in charge of sanitation and gender also recognise that governments will need to integrate MHM and gender issues even with lowered support from WSSCC and UN Women.

Based on stakeholder inputs, it is evident that national ownership of the joint programme is necessary not just for programme expansion to other areas but also to validate the need and demand for research and capacity building on MHM issues in these areas. Stakeholders note that capacity building efforts might have to target schools, community organisations, health centres, NGOs, women’s associations, cooperatives, religious groups, elected representatives of small towns and villages. For all of these entities, different ministers need to be consulted and involved; and coordination mechanisms agreed by

the national key stakeholders. To this end, there is also a felt need among programme partners as well as government stakeholders to establish convergence with departments such as education, public health and environment owing to their explicit linkages with sanitation and hygiene. The representative of Gender department within the Ministry for Women considers the following:

“Each sector has its specificities but they should not work in isolation. So there is a need for a coordination mechanism very effective and a monitoring evaluation dispositive in order to work...UN Women could be a facilitating partner to make the government more responsible. If the government is made responsible, a ministry shall ensure this coordination. Without preaching for my own church, I would think gender ministry shall be the one as women are at the centre of this programme.”

Both WSSCC and UN Women consider that the programme activities will continue beyond the programme's term in the current programme countries. Many staff has been part of the programme, many have been trained, and ministries have been associated through different interventions, all of this means that MHM will be part of some sort of changes. At the time of evaluation, it is understood that government departments in charge of sanitation and hygiene in the three countries have been tasked with the responsibility for the joint programme, indicating efforts towards advancing national ownership of the programme. The minister of Senegal in charge of sanitation and hygiene was involved chairing the steering committee. But these institutional arrangements are still at a nascent stage with limited clarity on roles and responsibilities for national stakeholders. Although several ministries have expressed their interest for the programme (local authorities, Environment, Education, Health), questions of coordination at local level are not yet properly addressed. At the time of the evaluation, an idea being considered is to pilot test a wide range of programme activities – including training communities, local authorities, creating infrastructure, engaging schools and health centres -at small scales (for instance a group of ten rural communes/villages) within the same geographical area in order so as to better understand implementation and coordination challenges and strengthen related institutional structures.

As the programme spans a specific regional context, there is a need to strengthen coordination mechanisms at a regional level as well in order to promote cross-regional learning as well as to leverage synergies. The Deputy Regional Director of UN Women notes that there is improved clarity around what could be effective regional coordination mechanisms because programme implementation has helped improve the national operating contexts in terms of raising awareness and building capacities around MHM. As a first step, it is understood that a steering committee, made of a representative from each country government, and from the two agencies (WSSCC and UN Women), has been created and will meet several times a year to for strategic and progress reviews. Such a steering committee could “facilitate the process of appropriation by the governments”.

It is also proposed to establish a consultative committee which would include a wide range of stakeholders such as key ministries, NGOs, research centres to contribute to the strategy review and implementation.

3.5.2 Alignment to country context

The UN guidelines for Joint Programmes note that the establishment of Joint Programmes need to be driven by the country situation and context. According to a recent evaluation of joint programmes on

gender equality in the United Nations system⁶³, when programme designs fail to consider local context through adequate prior consultation with national partners, they are revealed during implementation to be ambitious in their intent to tackle “systemic and deep-rooted gender inequalities within short timeframes, with limited resources”. It follows therefore that efforts to replicate the Joint Programme on Gender, Hygiene and Sanitation to other geographical areas is likely to be effective only if programme design accounts for national contexts in terms of political economy, gender needs and commitments on gender. For instance, a non-exhaustive literature review has indicated that little research appears to exist on MHM targeting in West African countries. As social, economic, cultural and ethnics differences are likely to exist and to impact menstruation practices and knowledge, replication in new location will need to be based on local data. Programme partners do recognise that an understanding of local context should precede any replication efforts. They also note that the intent of the Joint Programme is merely to demonstrate strategies and intervention that could work so as to generate wider interest but not to replicate the same programme with the same structure to other countries.

3.5.3 Funding for replication and scale-up

Availability of funding for continuing the programme was frequently identified as a challenge, with several stakeholder constituencies raising questions on how the programme will find budgets if both WSSCC and UN Women withdraw after the programme period. Programme partners note that this “not a donor driven programme”, but also point out that it is unrealistic to think that within the programme period it will be possible to break the silence on menstrual hygiene for three whole countries, build appropriate infrastructure, and change policies in all countries without sufficient funding. It the pointed out that the programme can only facilitate appropriate operating contexts for the national government such that they are equipped to secure the necessary funding and achieve the programme objectives.

The WSSCC representative explains this as: “The budget for the awareness raising sessions above mentioned will come from Government’s budget, not from the JP’s. So government is already finding the money to make the change we all want to see because it is a part of their plan. And people that have been trained through the programme will help facilitating those sessions. They will continue doing it even after the end of the Joint Programme. Because government will continue building facilities and implementing sanitation programmes. Governments take the responsibility on the implementation. Therefore, there is no handing over.”

UN Women considers that if the programme goes in the right direction, they will consider how to support the programme in future. While UN Women does recognise the merits of the programme, achievement of results and promotion of national ownership are two factors that will determine if UN Women will be mainstreaming menstrual hygiene issues within their existing country programmes. This is a normal “procedure” for a UN development programme. Their representative then explains:

“That in some months it will be necessary to ask the government how they want to carry on (in the Senegal case). They will need to integrate all the gender and MHM notions within their different

⁶³ Joint Evaluation of Joint Programmes on Gender Equality in the United Nations system, November 2013, UN Women

projects. This will happen when programme results will be known by all ministries and also by other partners such as UNICEF and development banks”.

WSSCC indicates the following:

“There is real interest in the region on this topic, particularly in Kenya, Tanzania, Benin, Sierra Leone, Madagascar, etc. Unfortunately, WSSCC cannot respond positively to all requests due to limited financial and human resources. However, the council involves government representatives from interested countries who join the training of trainers as a first step to learn about the issue. We also share documentation and information from other countries on what could be done and how.

It is possible to replicate the programme in many ways. Governments must be involved for more sustainability. We do not want this to become a project. Partnerships, yes! But strong and sustainable partnerships”.

For instance, Madagascar has expressed an interest in the programme following their participation at AfricaSan. A member of the ministry is participating in some meetings and training, and the MHM will be integrated into some working plans of the Water and Sanitation Ministry.

Despite the interest generated by the programme within and outside the programme countries, there is limited clarity at the time of the evaluation on to what extent governments are likely own MHM within their existing policies and programme budgets. As noted in earlier sections, the economic context of countries in West Africa does not allow for political will towards MHM to readily translate to appropriate national budget commitments. Hence, in order to ensure that programme results are sustained and replicated on a wider scale, consulted government stakeholders indicate that continued funding support from such programming are desired and necessary.

There is also opportunity to replicate at least select Joint Programme activities through the GSF. This opportunity was however not leveraged until recently as both programmes were perceived to have different objectives and timelines. However, with the participation of GSF Senegal Programme Manager in several capacity building and strategic sessions of the Joint Programme, synergies are being pursued and there is mention that MHM activities will be integrated in some of the GSF programming areas during the GSF programme extension period (2015-2017).

In summary, continued programme funding appears to be a key challenge for replication as well for sustaining results beyond programme period. Resource constraints are cited to be a barrier for implementation even within this programme. For instance, the Cameroon programme manager of UN Women commented that there was no dedicated budget to implement the MHM activities. The activities were integrated within UN Women’s other programmes, (though the research was done with the joint programme funds).

4 Concluding remarks

The WSSCC - UN Women Joint Programme on Gender, Hygiene and Sanitation is an innovative partnership between two UN entities with complementary expertise in gender, sanitation and hygiene.

Building on the momentum generated by the Sustainable Development Goals and the AfricaSan for equitable outcomes in sanitation and hygiene and WSSCC's contributions to these processes, the partnership pursues collective advocacy strategies to achieve its primary goal of accelerating policies and practice in favour of equity and the human right to water and sanitation for women and girls of West and Central Africa. The programme seeks to eliminate gender barriers in the access to sanitation and hygiene, particularly focusing on MHM as an entry-point for realising improved gender equality and empowerment within the target countries.

The programme design – which is central to the programme's ability to deliver results - is guided by WSSCC's three-pronged approach to MHM, focused on research, capacity-building and policy transformation in these countries. An important distinction made by WSSCC in its investments towards research and knowledge creation is that in addition to increasing the evidence base in the sector, research needs to be actionable and actively employed to influence changes in policy and practice. Consistent with this spirit, the programme design seeks to first generate rigorous, contextual evidence and then employ this evidence to inform and influence policies and practices in favour of MHM in the three implementation countries. There were no reported complexities during the design process as it largely drew on WSSCC's experiences in developing and testing this design earlier on in India with reportedly successful outcomes. Research studies produced by the programme have contributed to the evidence base on menstrual hygiene practices in the region and have been instrumental in raising awareness among policymakers on the gender barriers in accessing improved sanitation and hygiene. However, implementation delays, particularly in Niger and Cameroon, suggest that the design was perhaps not realistic in its assessment of operating context, risks therein and partner capacity for implementation. With less than half of the 3-year programme period left at the time of the evaluation, these implementation delays are likely to have an impact on timely achievement of results.

Secondly, experiences from gender programming broadly suggest that tackling deep-rooted and systemic gender disparities on multiple dimensions requires a considerable investment of time and resources. Likewise, addressing systemic disparities in sanitation and hygiene is a complex matter, particularly in contexts such as Africa where sanitation has yet to be prioritised and resourced. MHM will likely be competing with other national priorities even within sanitation or gender. This is evidenced for example even in WSSCC's own engagement in the regional processes where WSSCC and other sector partners collectively advocate for addressing disparities in sanitation and hygiene and support member states in assuming ownership of improved national sanitation outcomes. The time and effort needed for these advocacy processes to translate to outputs in the form of ministerial commitments and then on to meaningful outcomes at the national level is significant. Within this Joint Programme, the modest progress till date against main programme objectives suggests that the design may have underestimated the time and effort needed to realise the breadth and scale of programme ambition. A higher investment of time and resources and active engagement with national partners during the design process is likely to have helped expand knowledge of operating context and clarify assumptions and risks that influence the feasibility of realising outcomes.

UN guidelines note that joint programming efforts demonstrate mutual accountability when the participating UN entities as well as the national governmental partners are invested equitably in the

delivery of development results. National government commitment to accountability is usually demonstrated in the extent of national ownership of gender agenda and extent to which government departments assume responsibility for programme management and coordination. This Joint Programme embeds several strategies to promote national ownership and accountability. These strategies have been successful in raising national awareness and policy debate around gender issues in sanitation and hygiene. There is evidence of shared vision and internal coherence among the Joint Programme partners, suggesting that the programme is supporting national governments to assume ownership and adopt a normative approach to gender work in sanitation and hygiene.

In order to consolidate efforts to promote national ownership, it is also necessary to formulate coordination mechanisms for systematically engaging national partners who are critical to achieving and sustaining change. Improving gender outcomes in sanitation and hygiene requires active and coordinated engagement of several national stakeholders, including CSOs and a broad range of governmental departments responsible for these outcomes. Such coordination mechanisms necessary for positive action are yet to take shape within this programme nor are there clear strategies to establish them. This raises questions around the extent of national ownership and accountability and in turn around the ambitions of the programme to galvanise system-wide reform and results. That said, evidence from joint gender programming also suggest that operational coherence tends to improve with lessons learned during implementation and that learning is an integral part of programming. Building on the learning however is key to programme improvement and positive change.

The programme includes a robust monitoring and reporting framework to assess progress against results. Indicators within the monitoring framework capture the links between activities and outcomes such as increased stakeholder capacities. These indicators are designed to help understand the effectiveness of joint programming efforts and provide the basis for feedback loops to inform programme design, decision-making and course correction. These design features indicate the programme's commitment to learning and accountability. However, on the ground programming thus far has systematically collected only activity-level data which are of limited utility compared to outcome-level data. The evaluation observes a renewed commitment among the programme partners to improve existing monitoring and reporting processes and overall accountability. Data on indicators concerning the re-use of knowledge, or the appreciation of the trainings by the participants, when gathered more systematically and analysed strategically, can add significant value to the choice of programme strategies. For example, spatial disaggregation of data and analysis by participants' characteristics can help with implementation decisions such as selection of appropriate areas for training, tailoring training content and methods to suit specific populations. Improved quality of data on training sessions will also allow the programme to identify different champions or change agents who are crucial to process of replication.

The programme does not offer indicators that measure behaviour changes, for example at household levels, as this is resource-intensive and primarily understood to be the responsibility of national governments. However, it must be recognised that overall indicators need to go beyond the programme's lifespan and report on behaviour changes as these serve as the tangible measure of outcomes among communities and households. There is lack of clarity around the types of indicators to

be measured and national governments, who are required to define these indicators currently lack requisite capacities for the same. In discussing the on-going process on defining gendered focused indicators for different programmes, the Gender Ministry in Senegal underscore the difficulty of defining and measuring such indicators. Support from WSSCC and UN Women in developing appropriate indicators for the MHM activities to be delivered by the governments can strengthen scale and replication efforts undertaken by the government.

Technical expertise of WSSCC and dissemination of knowledge on MHM and WASH, emerges as the strongest asset of this programme. Therefore, at this stage the training chain and training of trainers appear essential and strongly welcomed by training recipients. There is a demand from national partners – including governments and CSOs – for technical assistance such as guidance manuals for incorporating gender considerations into national programmes and for strengthening their outreach and dissemination efforts. Examples of such guidelines have been developed by the Human Rights for Water and Sanitation through publications on operationalising the human rights⁶⁴. Even if the Joint Programme is not currently resourced to extend this technical support, the programme must evaluate the additionality of this support in the achievement of desired outcomes and seek additional resources if found valuable.

Almost all consulted stakeholders noted availability of funding sources as a challenge for scaling up or replicating such programmes. One option to address funding challenges and deliver more effective joint programmes is for both partners to jointly seek out opportunities for funding. This recommendation resonates with both partners who note - “If we do that, we will structure the programme better and have a joint programme”.

From a replication and scale-up standpoint, another useful exercise is to rationalise overall technical efforts, including the choice of research studies and trainings. Developing a typology of the different interventions areas based on existing research and stakeholder experiences, can help refine strategies to conduct future programmes. The platform Yammer could also be leveraged to develop this typology.

As development of appropriate infrastructure is an outcome of this intervention, any technical support from the programme on this front need to emphasise that development of infrastructure such as toilet blocks is not based on a single design, even if that design adheres to good MHM practice. Upon successful training which “breaks the silence” among government partners, the departments supported by the programme can develop protocols that allow participatory design⁶⁵ of MHM and WASH infrastructure. Engaging potential users (such as women and girls) through a participatory design process is imperative for continued use of sanitation infrastructure and sustainability of good hygiene practices.

⁶⁴ <http://www.ohchr.org/EN/Issues/WaterAndSanitation/SRWater/Pages/Handbook.aspx>,
http://sr-watersanitation.ohchr.org/pdfs/BookonGoodPractices_eng.pdf

⁶⁵ Participatory design protocols will involve: going beyond the technical top-down approach, include the voices of users, offer recommended models to ease the work of engineers but be flexible to context and requirements, embed strong monitoring frameworks that seek out perspectives of all users (girls, women, cleaners, emptiers, builders)

Annex 1: Log frame Joint Programme WSSCC UN Women updated January 2016

Axe 1				
Changement de politique				
Résultat attendu : R.1 Les besoins spécifiques des femmes et des filles en matière d'assainissement et hygiène sont intégrés dans des politiques, lois ou règlements et budgétisés dans les pays cibles				
Output/Indicateurs	Activités	Budget ⁶⁶ (en USD), Timeline et Milestones		
		Année 1 (Mai 2014 à Avril 2015)	Année 2 (Mai 2015 à Avril 2016)	Année 3 (Mai 2016 à Avril 2017)
1.1 Nombre de textes, lois ou règlements (aux niveaux local, national et régional) adoptés en faveur de la prise en compte des besoins des femmes et des filles dans le secteur WASH	1.1.1 Sensibilisation des parlementaires (coûts de l'égalité des sexes dans le secteur WASH/ ajouter équité et inclusion dans le secteur WASH) réunion de 1jour Sénégal	5,000 Année 1, Mars 2015 (après lancement officiel études) 5,000 à reporter	5,000 reporté + 3,000 supplément Année 2, Février 2016	
	1.1.2 Sensibilisation des présidents de Commission de l'assemblée nationale du Sénégal et du Cameroun	0 Année 1, Mars 2015 (après lancement officiel études)		5,000 Année 3, Novembre 2016
	1.1.3 Sensibilisation/information de la Commission sociale et de la commission genre de l'assemblée nationale du Niger <i>Restitution de la formation des formateurs de Juin 2015</i>			5,000 Année 3, Mai 2016
	1.1.4 Participation aux Réunions périodiques de suivi auprès des commissions techniques et financières de l'assemblée nationale du Sénégal pour l'intégration des problématiques genre, assainissement et hygiène ⁶⁷		0 Année 2, Juin et Août 2015	0 Année 3 Juin et Août 2016
	1.1.5 Formulation d'un document de proposition intégrant le genre, l'hygiène et l'assainissement dans la politique de la CEDEAO en partenariat avec le Centre Genre (impliquer instituts de recherche)			15,000 Année 2 ⁶⁸ , 2eme trim. 2016 (5,000 utilisée pour la plateforme multisectorielle, 4.3.2)
	1.1.6 Adoption de la politique régionale et d'un plan d'action pour la mise en œuvre de la			30,000 Année 3, Trimestre 1, 2,

⁶⁶ Les budgets indiqués en année 1 et 2 sont uniquement à titre indicatif, et basés sur la disponibilité des fonds et les performances du programme.

⁶⁷ Voir avec Cameroun possibilité de mettre en œuvre une activité similaire (suite réunion de planification)

⁶⁸ Non réalisé, stratégie doit être redéfinie avec ONU Femmes WCARO

	politique dans la CEDEAO			3
	1.1.7 Participation à la formulation de la politique nationale d'hygiène et d'assainissement du Niger <i>Suivi avec un point focal formé en GHM⁶⁹ et avec le coordonnateur national du WSSCC</i>		0 Année 2	0 Année 3 10,000 Année 3, Juin à Juillet 2016
	Appui à l'élaboration d'un arrêté conjoint sur l'assainissement et l'hygiène pour les femmes et les filles au Cameroun <i>Mise en place d'une plateforme, rencontre pour la validation de l'arrêté conjoint & dissémination</i>			
1.2 Les documents sectoriels (éducation, santé, environnement, WASH) intègrent la question du genre de l'assainissement et l'hygiène	1.2.1 Atelier de renforcement des capacités des directions des ministères ciblés (Cameroun, Niger ou Sénégal)		30,000 Année 2 ⁷⁰ (après la formation des formateurs), Mars (Senegal), Avril (Cameroun), Juin (Niger)	
	1.2.2 Appui technique et financier à la révision du manuel de projet eau & assainissement du Sénégal en partenariat avec le Pepam (réunion de validation) <i>Recrutement d'un consultant ingénieur WSSCC pour appuyer les ministères de l'hydraulique et de l'assainissement du Sénégal, du Niger et du Cameroun</i>	5,000 Année 1	Budget WSSCC, Accord de coopération entre le WSSCC et le Gouvernement du Sénégal ⁷¹	
	1.2.3 Appui technique et financier à la révision de la SNEEG (Stratégie nationale d'égalité et d'équité de genre) pour l'intégration des problématiques genre, hygiène et assainissement	5,000 Année 1, Décembre 2014	0 Année 2	
	1.2.4 Intégration de la GHM dans la stratégie nationale en matière d'hygiène et d'assainissement du Niger		0 Année 2	0 Année 3

⁶⁹ Saidou Nouhou Fatimata, Directrice des Infrastructures d'Hygiène et d'Assainissement en milieu Urbain, Ministère de l'assainissement du Niger (voir plateforme Yammer)

⁷⁰ Non réalisé, stratégie à redéfinir avec ONU Femmes 3 pays

⁷¹ Un accord de coopération est signé entre le WSSCC et le Gouvernement du Sénégal pour un montant de 100,000 USD d'Octobre 2015 à Décembre 2016

	<p><i>Suivi avec un point focal formé en GHM et avec le coordonnateur national du WSSCC</i></p> <p>Appui technique pour l'élaboration du document de normes en matière de constructions de latrines et intégration de la GHM <i>Stratégie d'assainissement en milieu rural du Cameroun</i></p>			
1.3 Les ministères sectoriels (santé & environnement) intègrent la gestion des déchets menstruels	<p>1.3.1 Formation du personnel des ministères de l'environnement (Sénégal, Niger, Cameroun) sur la gestion des déchets menstruels (Lead Ministère de l'Environnement du Senegal)</p>		30,000 Année 3	
	<p>1.3.2 Formation des formateurs du personnel de santé et intégration de l'hygiène menstruelle dans les curricula des personnels de santé de l'espace CEDEAO (réseau national de la santé maternelle – Benin, Liberia, Niger, SL, Togo) au Niger/Burkina (OOAS)</p>		0 (budget sous 2.5.1) Année 2, Novembre 2015	
1.4 Les mécanismes existants et/ou nouveaux sont renforcés et incluent des lignes budgétaires qui prennent en compte les besoins spécifiques des femmes et des filles	<p>1.4.1 Contribution technique au renforcement des capacités de la cellule genre au sein du ministère de l'hydraulique et de l'assainissement (Sénégal et Niger) sur le genre, l'hygiène et l'assainissement <i>Participation aux formations des formateurs au Sénégal et au Niger</i></p>	0 Année 1, en cours Juillet-Août 2014 (Sénégal)	0 Année 2 (Niger)	
	<p>1.4.2 Renforcement de capacités des cellules genre des ministères de la promotion de la femme, de l'éducation, de l'environnement et de la santé (Niger & Sénégal) <i>Participation aux formations des formateurs au Sénégal et au Niger</i></p> <p>Appui technique pour la mise sur pied d'un cadre de collaboration / Groupe de travail interministériel pour l'intégration de la GHM dans les politiques publiques des ministères ciblés au</p>		0 (budget formation des formateurs) Année 2	2.000 (Cameroun) Année 3, Mai 2016 De 1.7.2.

	Cameroun			
1.5 L'hygiène menstruelle est intégrée dans la Déclaration d'eThekwini	1.5.1 Sensibilisation des membres du comité de pilotage d'AfricaSan <i>Réunions bilatérales et deux activités de haut niveau à AfricaSan, May 2015, intégration de l'équité et des droits des femmes et des filles en assainissement dans la Déclaration de N'gor</i>		0 Année 2	
1.6 L'hygiène menstruelle est articulée dans les politiques HHA et espace CEDEAO	1.6.1 Sensibilisation des partenaires HHA en marge de la réunion annuelle	0 Année 1, Trimestre 4 (date exacte à confirmer) Voir avec Hortense	0 Année 2	
1.7 Des outils d'analyse et de planification sont élaborés pour l'intégration du genre, de l'assainissement et de l'hygiène dans les plans de développement local et les budgets et les élus locaux sont capables de les appliquer	1.7.1 Sensibilisation/information des élus locaux au Sénégal (départements Louga, Kébémér et Linguère)		10,000 Année 2 (après lancement officiel études)	
	1.7.2 Sensibilisation/information des élus locaux au Cameroun (départements à indiquer)		8,000 Année 2, Avril 2016 (10.000 - 2.000 sur 1.4.2)	
	1.7.3 Atelier de formation des services techniques déconcentrés/ et élaboration d'outils d'analyse et de planification adaptés au contexte régional - <i>Appui à mise en œuvre de la stratégie opérationnelle de promotion de l'hygiène et de l'assainissement de base SOPHAB (Niger) (Senegal et Niger)</i>			40,000 (pour les 3 pays) Année 3, Mai pour le Senegal
1.8 Les besoins des femmes et des filles en matière de GHM sont intégrés dans la réponse humanitaire au Cameroun	1.8.1 Appui technique pour l'élaboration d'un document technique et de lignes directrices sur l'intégration des besoins des femmes et des filles en matière d'hygiène et d'assainissement sur 3 sites (Gado, Borgop et Minawao) <i>Enquête préliminaire et élaboration de documents techniques en collaboration avec les instituts de recherche</i>		11,000 Année 2, Janvier - Mars 2016	

	<p>1.8.2 Intégration des besoins des femmes et des filles en matière d'assainissement et d'hygiène dans le cadre normatif national régulant la gestion des réfugiés au Cameroun</p> <p><i>Présentation des résultats de l'enquête préliminaire aux acteurs humanitaires ainsi qu'aux autorités</i></p> <p><i>Plaidoyer de haut niveau en direction des services et administrations compétentes</i></p>		5,000 Année 2, Avril 2016	
	<p>1.8.3 Dissémination des documents techniques auprès du HCR, des autres acteurs humanitaires et des administrations publiques</p> <p><i>Publication d'informations relatives dans les rapports périodiques du HCR (Situation Report) ainsi que dans toute autre publication pertinente</i></p> <p><i>Dissémination auprès des médias et des leaders d'opinion</i></p>			1,000 Année 3, Mai 2016
	<p>1.8.4 Appui technique et mobilisation de ressources pour le changement des infrastructures sur les 3 sites pilotes</p> <p><i>Présentation des lignes directrices et de prototypes aux ministères compétents</i></p>			5,000 ⁷² Année 3, Juin 2016
	<p>1.8.5 Evaluation interne de l'impact et du niveau de changement</p> <p><i>Enquête</i></p>			10,000 Année 3, Septembre 2016
	<p>1.8.6 Restitution et partage des leçons apprises</p> <p><i>Présentation de l'approche, des résultats de l'enquête, des défis, succès et perspectives</i></p>			5,000 Année 3, Novembre 2016

Axe 2

Connaissance et renforcement des capacités

Résultat attendu : **R 2** Les bonnes pratiques en matière d'assainissement et d'hygiène pour les femmes et les

⁷² L'équipe est invitée à mobiliser des ressources au besoin afin d'atteindre les résultats escomptés

filles sont maîtrisées par les acteurs et intégrées dans les curricula d'enseignement				
Output/Indicateurs	Activités	Budget (en USD), Timeline et Milestones		
		Année 1	Année 2	Année 3
2.1 Un package d'outils testé au niveau régional et adapté au contexte de la région et aux cibles (check liste cibles formation des formateurs)	2.1.1 Tests des outils développés par le WSSCC pour l'Asie et contextualisation/design pour l'Afrique (livret, roue, tente, bracelets, manuels)	Nouveau budget : 0 Précédent budget : 20,000 Année 1, tests et pré-design	Année 2, activité toujours en cours	
	2.1.2 Production et impressions des matériels (livret, roue, tente, perles, manuels de formation, lettres d'information, kakimono) et rapports d'étude et notes de synthèse (Louga, Kédougou, Cameroun, Niger)	20,000 Année 1 10,000 dépensé 10,000 à reporter	20,000 + 10,000 reporté + 5,000 supplément ⁷³ Année 2, Janvier, Février, Avril, Mai, Juin, etc. 30,000 dépense	
2.2 Des formations des formateurs sont menées auprès de publics cibles dans la région	2.2.1 Formation des formateurs (Sénégal, Niger, Cameroun) en partenariat avec un partenaire étatique – Niger <i>Formation des formateurs au Sénégal, Juin 2014</i> <i>Formation des formateurs au Niger, Juin 2015</i> <i>Formation des formateurs au Cameroun, Avril 2016</i>	50,000 Année 1, Trimestre 2 25,000 ont été dépensés pour une formation du 21 au 25 juillet à Saly. 25,000 USD utilisé pour AfricaSan	90,000 ⁷⁴ Année 2, Juin 2015 (76,000 formation Juin Niger) – Reliquat 7,000 Solde : 14,000 pour formation Année 2, Avril 2016 (Cameroun)	
2.3 Des formations sont menées au niveau communautaire (personnel de santé, enseignants, femmes leaders des communautés)	2.3.1 Les formateurs de Louga mènent des ateliers au niveau communautaire	15,000 Année 1/2 ⁷⁵ , Mai 2015		
	2.3.2 Les formateurs d'une région du Niger mènent des activités au niveau local et national			15,000 Année 3, Trim.2 2016
	2.3.3 Les formateurs d'une région du Cameroun mènent des activités au niveau local et national			15,000 Année 3, Mai 2016
2.4 Les décideurs sont informés et leurs capacités renforcées	2.4.1 Rencontre avec le réseau des femmes parlementaires de la Francophonie pour une activité conjointe avec le réseau lors du sommet de la	0 Année 1		

⁷³ Somme requise pour l'impression de l'étude du Cameroun, de la roue des menstruations et du livret en grandissant, Octobre 2015

⁷⁴ Indiquer budget final formation des formateurs du Niger, ONU Femmes

⁷⁵ Budget dépensé en année1, activité exécutée en année 2

	francophonie <i>Partage régulier d'informations avec le réseau</i>			
	2.4.2 Activité conjointe avec le réseau des femmes parlementaires de la Francophonie	0 Année 1,		
	2.4.3 Rencontres avec le ministre de l'hydraulique et de l'assainissement du Niger <i>Sensibilisation lors de la réunion de planification stratégique du Niger, lors d'AfricaSan et lors de la formation des formateurs (Réunion de planification du Niger et lancement du programme, non prévu dans le budget initial)</i>		0 Année 2	0 Année 3
	2.4.4 Renforcement des capacités de membres de la direction de l'assainissement du Niger <i>Participation à la formation des formateurs au Niger</i>		0 Année 2	
2.5 Les curricula des personnels de santé existants et/ou nouveaux (CEDEAO/OOAS) sont influencés et intègrent la question de l'hygiène menstruelle	2.5.1 Formation des formateurs du personnel de santé intégration de l'hygiène menstruelle dans les curricula des personnels de santé de l'espace CEDEAO (sous réserve d'acceptation par les partenaires)	52,000 Année 1, Activité OAAS utiliser le budget de l'activité 1.3.2 à reporter		52,000 reporté , Année 3, Trim. 2 2016
	2.5.2 Séance de travail avec l'OOAS pour mener le plaidoyer pour l'intégration de la GHM dans les curricula des personnels de santé		0 Année 2, Février 2016	
2.6 Les guides et manuels produits par les partenaires sont influencés et intègrent le droit humain à l'eau et à l'assainissement (OHCHR guide) ⁷⁶	2.6.1 Elaboration conjointe de guides et/ou outils dérivés sur les droits de l'homme (intégrant le droit à l'eau et à l'assainissement) avec le bureau régional (HCDH)		5,000 Année 2, Février 2016	
	2.6.2 Révision de guides existants et/ou outils existants sur les droits de l'homme (HCDH)		5,000 Année 2, Février 2016	
	2.6.3 Elaboration d'un guide de bonnes pratiques sur la GHM et			5,000 Année 3, Mai

⁷⁶ Nature des activités avec le HCDH à déterminer avec la directrice régionale d'ONU Femmes

	le droit humain à l'eau et à l'assainissement au Cameroun			2016
2.7 Les outils de communication pour le changement de comportement sont renforcés et intègrent la question de l'hygiène menstruelle (C'est la vie, théâtres, animations socio-culturelles)	2.7.1 Elaboration de messages et intégration dans le feuillet d'éducation « C'est la vie »	0 Année 1, Trimestre 2		
	2.7.2 Rencontre avec les animateurs culturels pour concevoir des messages à l'endroit des communautés (Louga, Niger, Cameroun) <i>Sessions de renforcement des capacités des formateurs</i>		15,000 (pour les trois pays) Année 2	
	2.7.3 Campagnes de sensibilisation et restitution études (Sénégal, Niger, Cameroun) Tentes GHM - <i>Restitution étude à Louga</i> - <i>Restitution étude à Kédougou</i> - <i>Restitution étude au Cameroun</i> - <i>Restitution étude au Niger</i> - <i>Activité de sensibilisation au Cameroun, Mars 2016</i>	40,000 Année 1 20,000 USD ont été utilisés pour les activités de sensibilisation à Louga en Juin 2014 20,000 utilisé pour le lancement des études au niveau global	40,000 Année 2, Octobre, Novembre et Décembre 2015 et 2016 (mois à convenir) dont le Cameroun Mars 2016 10,000 dépensé et engagement 12,000 Cameroun Reliquat 18.000	40,000 Année 3, Trimestre 4 dans une nouvelle région de chaque pays Juin 2016 pour Cameroun (tente Niger montant à définir) Senegal Kédougou (Début Avril avec ARD Kédougou et Toure consultant)
	2.7.4 Identification d'Ambassadeurs/Champions dans chaque pays pour soutenir les campagnes de sensibilisation - <i>Ministre de l'hydraulique et de l'assainissement au Niger</i> - <i>Ancienne maire de Louga et ministre de l'élevage au Sénégal</i> - <i>Ministre de l'hydraulique et de l'assainissement au Sénégal</i>		0 Année 2	
2.8 Des outils de communication sont	2.8.1 Lettres d'information trimestrielles (design à inclure	0 ⁷⁷ Année 1,	0 ⁷⁸ Année 2, chaque	0 Année 3,

⁷⁷ Le design et l'édition de ces matériels ainsi que des études et notes de synthèse ont été pris en charge par le WSSCC sur budget séparé.

⁷⁸ Idem

élaborés disséminés	et	dans tdrs photographe ; production sous budget 2.1.2)	chaque trimestre	trimestre	chaque trimestre
		2.8.2 Affiches de campagne (kakimonos, affiches, expo photos, etc. / design inclus dans tdrs photographe, production sous budget 2.1.2)	0 Année 1	10,000 Année 2	
		2.8.3 Brochure d'information (briefing note, etc. / design inclus dans tdrs photographe ; production sous budget 2.1.2)		10,000 Année 2	
		2.8.4 Clés USB contenant les outils didactiques et techniques DVD et USB d'entraînement MHM 101 et 102		20,000 Année 2, Janvier	
		2.8.5 Couverture photos et vidéos des activités de plaidoyer de masse et de sensibilisation <i>Budget photographe/vidéographe au Sénégal et au Niger</i>	15,000 (pour trois pays) 10,000 utilisé Année 1 5,000 à reporter	15,000 + 5,000 reporté Année 2 10,000 utilise Reliquat : 10,000	15,000 (pour trois pays) Année 3
		2.8.6 Réalisation d'un documentaire sur la problématique dans la région		25,000 – 15,000 (par année pour trois pays) (à déduire du budget, pris en charge par le WSSCC, garder 10,000 pour logistique de terrain) Année 2	25,000 – 15,000 (par année pour trois pays) (à déduire du budget, prise en charge par WSSCC, garder 10,000 pour logistique de terrain) Année 2
		2.8.7 Supports d'information (Calendrier GHM)		+5,000 Supplémentaire Année 2, Janvier - Mars 2016	
		2.8.8 Tente GHM pour l'Afrique de l'ouest et du centre		+4,000 Supplémentaire Année 2, Janvier - Mars 2016	
		2.8.9 Boîte à images « En grandissant »		+ 5,000 Supplémentaire Année 2, Janvier – Avril 2016	

Résultat attendu : R 3 Les questions non traitées sont soulevées et documentées de sorte à combler les manques dans la connaissance et à améliorer la pratique

Output/Indicateurs	Activités	Budget (en USD), Timeline et Milestones		
		Année 1	Année 2	Année 3
3.1 Analyse des politiques WASH avec une perspective genre dans les pays cibles	3.1.1 Enquête au niveau communautaire à Louga sur la gestion de l'hygiène menstruelle (constitution d'une base de référence) et test des outils de GHM <i>Budget impression du rapport et des briefings notes sous 2.1.2 (4 produits) – design pris en charge par le WSSCC</i>	15,000 ⁷⁹ Année 1, Juin 2014, activités de Louga		
	3.1.2 Etude des politiques des différents pays de la région par un Consultant (recruté pour la période de mai-juin-juillet-août) sur le genre, l'hygiène et l'assainissement dans la région <i>-Etude de Kédougou (budget impression rapport et briefing notes sous 2.1.2 (4 produits) / design pris en charge par le WSSCC)</i> <i>- Etude des politiques publiques en lien avec la GHM au Cameroun (budget impression rapport et briefing notes sous 2.1.2 (4 produits) / design pris en charge par le WSSCC sur budget séparé); atelier de présentation des résultats</i>	15,000 ⁸⁰ Année 1	25,000 (soit 15,000 ⁸¹ 10,000 ⁸²) Année 2	
	3.1.3 Étude sur l'état des lieux sur les pratiques et comportements en matière d'hygiène menstruelle (Cameroun) et test des outils de GHM <i>Budget impression du rapport et des briefings notes sous 2.1.2 (4 produits) – design pris en charge par le WSSCC</i>	15,000 ⁸³ Année 1		

⁷⁹ En outre, un montant de USD 42,000 a été directement dépensé par le WSSCC pour l'application GHM et la base de données, exclus de l'accord avec ONU Femmes

⁸⁰ Consultant, étude de Kédougou, Sénégal

⁸¹ Consultant, étude du Cameroun

⁸² Atelier de présentation des résultats

⁸³ Consultants

	3.1.4 Seconde étude complémentaire sur les comportements et pratiques en matière de GHM au Cameroun			15,000 Année 3, Mai 2016
3.2 Recherche sur l'hygiène menstruelle, les infections et les mutilations génitales	3.2.1 Etudes sur i) l'état des lieux sur les pratiques et comportements en matière d'hygiène menstruelle (Niger) et ii) étude sur l'impact d'une mauvaise hygiène menstruelle sur les infections et les difficultés en cas de mutilations génitales féminines <i>Budget impression des rapports et des briefings notes sous 2.1.2 (8 produits)</i>		30,000 Année 2, Janvier 2016 (étude i Niger) et Mai 2016 (étude ii FNUAP)	
	3.2.2 Réunion de validation des résultats de la recherche par le comité interne scientifique et technique			5,000 Année 3, Trimestre 1
	3.2.3 Rencontre des experts sur les questions liées au sujet de la recherche (validation des pairs) <i>Atelier régional des chercheurs, Mars 2016, Cameroun</i>		5,000 (budget total 10,000) Année 2, Fin Février a Dakar, Trimestre 1	
	3.2.4 Dissémination des résultats de la recherche au niveau régional (y compris rencontre avec le directeur de l'OOAS et plaidoyers de haut niveau) <i>AfricaSan</i> <i>Partage des résultats des études de Louga, Kédougou, Cameroun, Niger, FNUAP (format à déterminer)</i> <i>Réunions de l'Union Africaine</i>	20,000 Année ½, Mai 2015 (AfricaSan)		
	3.2.5 Lancement des études au niveau global (Genève et NY) <i>Participation à la 59^{ème} CSW and 60^{ème} CSW</i> <i>Réunion Monitoring inequalities in WASH</i> <i>Participation à la 60^{ème} CSW</i>	20,000 Année 1, Mars 2015 (CSW)	20,000, Mars 2016	
3.3 Des outils pédagogiques et pratiques sont élaborés et diffusés	3.3.1 Compte rendu de recherches élaborés et imprimés <i>Activité conjointe avec un institut de recherche national</i>			5,000 Année 3, Trimestre 2

	(Cameroun, Niger et Sénégal) ou régional			
	3.3.2 Briefing notes à l'intention des décideurs élaborés et imprimés			5,000 Année 3, Trimestre 2
	3.3.3 Policy briefs à l'intention des décideurs élaborés et imprimés <i>Activité conjointe avec un institut de recherche national (Cameroun, Niger et Sénégal) ou régional</i>			5,000 Année 3, Trimestre 2
	3.3.4 Compte rendu des études sur l'état des lieux au Sénégal et au Cameroun élaborés et imprimés pour AfricaSan		5,000 Année 2, Mai 2015	
3.4 Des outils et messages de communication sont élaborés et diffusés	3.4.1 Informations à l'attention des médias (événements médias, presse briefings, conférences de presse, voyage de presse, etc.) <i>Voyage de presse organisé pour l'une des séances de restitution des études (Cameroun, Niger ou Sénégal) avec l'appui de la communication</i>	1,000 Année 1, 1,000 reporter	à 1,000 + 1,000 reporté Année 2	1,000 Année 3
	3.4.2 Elaboration de messages pour des émissions de radios et de télévisions au Sénégal, au Niger et au Cameroun	1,000 Année 1 1,000 reporter	à 1,000 + 1,000 reporté Année 2	1,000 Année 3
3.5 Des actions de plaidoyer et de communication sont menées au niveau des communautés dans les pays cibles	3.5.1 Campagne d'information et de sensibilisation sur les radios communautaires (Sénégal, Niger, Cameroun)		0 (combiner avec budget des campagnes de sensibilisation annuelles et rechercher autres partenaires pour financement) Année 2, Trimestre 3	0 Année 3
	3.5.2 Participation à des festivals au Sénégal, au Niger et au Cameroun (festival de l'eau, festival du Sahel, etc.)		10,000 Année 2	10,000 Année 3

Axe 4

Apprentissage inter agence

Résultat attendu : R4 La réduction des inégalités devient un objectif tangible pour les partenaires grâce aux leçons apprises

Output/Indicateurs	Activités	Budget (en USD), Timeline et Milestones		
		Année 1	Année 2	Année 3
<p>4.1 Un comité scientifique et technique (droits, santé, éducation, genre, assainissement & hygiène, environnement) est mis sur pied ; revoit les documents stratégiques de formation et de plaidoyer ; identifie les opportunités liées aux questions</p>	<p>4.1.1 Elaboration des termes de référence du comité scientifique et technique <i>Revue de la gouvernance du programme conjoint</i></p>	0 Année 1, Trimestre 2	Année 2	
	<p>4.1.2 Rencontres semestrielles du comité consultatif du programme <i>Réunions de planification stratégique, Niger, Janvier 2015</i> <i>Réunion de planification stratégique, Cameroun, Octobre 2015</i></p>	5,000 Année 1, Juin 2014	5,000 Année 2	5,000 Année 3, Trimestres 2 et 4
<p>4.2 Des rapports narratifs et financiers sont régulièrement produits et disséminés</p>	<p>4.2.1 Rapports d'activité élaborés pour chaque activité menée <i>(Rajouter la liste des rapports d'activités produits)</i> <i>Rapport de la formation des acteurs des secteurs de l'éducation et de la santé sur la GHM, Commune de Léona, Mai 2015</i> <i>Rapport de la formation des surveillantes, chefs d'établissements du moyen secondaire sur la GHM, Louga, Avril 2015</i> <i>Rapport de la formation des formateurs, Niger, 2015</i> <i>Rapport de la formation des formateurs, Saly, 2014</i> <i>Rapport du panel du 24 Mai 2015 sur le genre l'hygiène et l'assainissement, pré AfricaSan</i> <i>Compte rendu labo GHM AfricaSan du 25 au 27 Juin 2015</i> <i>Compte rendu atelier 7 Mai 2015</i> <i>Progress report March-July 2015</i> <i>Rapport de l'atelier de revue du manuel de formation des formateurs</i> <i>Compte rendu réunion conseil consultatif du 26 Mars 2015</i></p>	0 Année 1	0 Année 2	0 Année 3

	<i>Rapport de la session du 26 Mai 2015</i>			
	4.2.2 Rapport annuel <i>Rapport sur l'an 1 du programme (réflexions du senior management)</i> <i>Rapport sur l'an 2 du programme (réflexions du senior management)</i> <i>Rapport sur l'an 3 du programme (réflexions du senior management)</i>	5,000 Année 1	5,000 Année 2, Janvier	5,000 Année 3
	4.2.3 Rapport final du programme conjoint produit et imprimé			20,000 Année 3, Trimestre 4
	4.2.4 Contribution au salaire d'un chargé de programme Onu Femmes pour la coordination des activités	31,125 Année 1 (de Mai à Décembre 2014) 31,125 à reporter	41,500 + 31,125 reporté Année 2 (de Janvier à Décembre 2015) 41,500 à reporter	41,500 + 41,500 reporté Année 3 (de Janvier à Décembre 2016)
	4.2.5 Assistant Administratif et Financier pour l'appui à la mise en œuvre du programme ⁸⁴ (appui au Cameroun)		15,000 Année 2	
	4.2.6. Frais de voyage pour la coordination des activités		15,000	20,000
	4.2.7 Rapports d'activité du consultant ingénieur en charge d'appuyer les ministères en charge de l'hydraulique et de l'assainissement		0 Année 2	0 Année 3
4.3 Des réunions annuelles de bilan/programmation sont tenues	4.3.1 Réunions annuelles de planification ONU Femmes/WSSCC (Sénégal, Niger, Cameroun)	0 Année 1, Trimestre 4	0 Année 2, Décembre 2015	0 Année 3, Trimestre 4
	4.3.2. Recentres de la plateforme inter ministérielle WASH au Sénégal		2,500 (Février 2016)	2,500 (Aout 2016)
4.4 Une évaluation à mi-parcours est menée	4.4.1 Évaluation à mi-parcours impliquant UN Women HQ et WSSCC directeur exécutif		20,000 Année 2, Mars 2016 ⁸⁵	
4.5 Les expériences et	4.5.1 Conférence sur la			150,000

⁸⁴ Un VNU national n'a jamais été recruté. Le nouvel organigramme du programme conjoint n'inclut pas un tel besoin en termes de ressources humaines. Il est proposé de supprimer cette ligne budgétaire.

⁸⁵ Date retenue lors de la dernière réunion de planification de l'équipe du programme conjoint à Niamey, en Juin 2015.

les résultats du programme sont partagés et capitalisés ; des opportunités de répliquer l'initiative dans d'autres pays sont identifiées	réduction des inégalités dans le secteur WASH à travers ce partenariat			Année 3, Trimestre 4
	4.5.2 Partage des résultats de la recherche et d'expérience lors de la conférence régionale AfricaSan	25,000 Année1/2, Mai 2015		
	4.5.3 Elaboration et mise en œuvre d'une stratégie de mobilisation de ressources		0 Année 2	
	4.5.4 Identification & rencontres avec de potentiels bailleurs <i>Contacts avec la Fondation Areva au Niger</i> <i>Rencontre avec USAID au Sénégal</i> <i>Rencontre avec la coopération espagnole au Sénégal et au Niger (Juin 2015)</i>		0 Année 2	0 Année 3
	4.5.6 Actualisation du ProDoc		0 Année 2	0 Année 3
4.6 Des solutions novatrices sont identifiées, renforcées et partagées pour une meilleure prise en compte des besoins des femmes et des filles en matière de GHM au Cameroun	4.6.1 Identification d'acteurs possédant une expertise sur l'un des 3 axes de l'approche GHM et intéressés à rejoindre le laboratoire d'innovations sur la GHM <i>Par l'équipe du programme conjoint et la cellule de coordination</i>		0 Année 2	
	4.6.2 Mise sur pied d'un laboratoire d'innovations sur la GHM autour des 3 axes : briser le silence, gestion sûre et hygiénique des menstruations, gestion et élimination des déchets - Réunions de partage d'expériences et d'expertise sur la GHM au Cameroun <i>Réunion de mise sur pied d'une cellule en charge de coordonner le laboratoire d'innovations sur la GHM</i> <i>Rencontres trimestrielles pour partager les innovations et nouvelles pratiques</i> <i>Participation à des activités menées dans le cadre du programme conjoint</i>		5,000 Année 2, Janvier & Avril 2016	5,000 Année 3, Juillet & Octobre 2016
	4.6.3 Dissémination des			5,000

	solutions pratiques proposées par les acteurs du laboratoire lors d'événements ou d'ateliers organisés dans le cadre du programme conjoint <i>Elaboration d'une brochure ou d'un document à l'intention d'utilisateurs intéressés ou potentiels bénéficiaires</i>			Année 3, Septembre 2016
	4.6.4 Organisation d'un forum de l'innovation avec présentation de prototypes et exemples pratiques <i>Activité qui peut se dérouler en marge de la conférence sur les inégalités</i>			15,000 ⁸⁶ Année 3, Janvier 2017
	4.6.5 Documentation et partage des bonnes pratiques, des techniques et leçons apprises <i>Campagne sur les réseaux sociaux</i>			5,000 Année 3, Mars 2017
Budget reporté-A		0	215.125	NA
Budget Annuel-B		380,125	545.500	469.500
Budget Total-C		380,125	760.625	
Dépenses		165.000	NA	
Budget à reporter-D		215.125	NA	

Annex 2: Most recent update of indicators, Programme 28

SLTF Activity 8 – Equity, Practice and Innovation/ Programme 28 - Gender, Equity and Menstrual Hygiene

Indicator	2015 milestone	Updates (please see narrative report below)
Number of texts, laws or regulations adopted for the consideration of the needs of women and girls in the WASH sector at the national level	Senegal: Sector policy review underway political commitment to include women and girls needs into the final outcome document. Niger: WSSCC supports the sanitation policy design, political commitment to include women and girls needs into the final outcome document.	59 th CSW: His Excellency Mr. Mansour Faye noted that his government was committed to a sector policy and infrastructure that is appropriate and designed for women and girls. He emphasised progress made in Senegal and the collaborative work done by WSSCC and UN Women through the Joint

⁸⁶ Budget de base. Cette activité nécessite une mobilisation de ressources plus importantes

		Programme giving the example of the sector policy review, a process that is underway and supported by WSSCC and UN Women for advanced inclusive access in the country
Resources - financial and human resources, deployed at the national level and at the sub-national level for the implementation of gender and disability-friendly WASH policies and plans	Senegal: Human resources deployed to attend WSSCC training of trainers on MHM in order for them to be equipped for a policy change and to reinforce gender into WASH policies and plans.	2 nd training of trainers in West Africa took place in Niger in June 2015. Pepam staff sent to attend the training as well as officers from target ministries in Cameroon, Niger, Senegal, Togo, and Guinea Bissau.
MHM guidelines incorporated into national WASH Policy documents in selected priority countries	Work in progress in Senegal and Niger.	Niger: sanitation policy, process underway supported by WSSCC and UN Women within the framework of the joint programme. Key members of the Task team in charge of the policy design trained on MHM.
Number of Master Trainers trained in at least five priority countries (India, Senegal, Cambodia, Nepal, Kenya/Uganda)	90 master trainers in West and Central Africa to date.	Latest training in Niger in June 2015
Number of WASH practitioners / government staff trained on MHM by Master Trainers five selected priority countries (India, Senegal, Cambodia, Nepal, Kenya/Uganda)	80 Government staff trained in West and Central Africa, as well as UN Women staff.	Latest training in Niger in June 2015
9.9 % of trained participants reporting on the usefulness and relevance of the training conducted	More than 90% of trained participants reported on the usefulness and relevance of the training conducted.	
% of the trained participants reported on applying the knowledge and skills in their institutions/work	80 % of master trainers	
Number of countries with national policy articulating MHM clearly with linked budget indicators in the National M&E system	Work in progress in Senegal and Niger	High level political commitments in both Niger and Senegal

The work undertaken within WSSCC/UN Women Joint Programme on Gender Hygiene and Sanitation has contributed to programmes 25 and 26's 2015 milestones.

Highlights

A number of activities took place during the first semester of 2015. They all strengthened WSSCC's work on equality and non-discrimination and provided platforms to echo women and girls needs with regards to sanitation and hygiene (59th Commission on the Status of Women, AfricaSan). The strategic planning

meeting that took place in Niger in January 2015 allowed the joint programme's team to hold consultations with the minister for water and sanitation H.E Mr Wassalke Boukhari as well as with various stakeholders in the country including officers from other ministries, UN Women, UNICEF, UNDP and the WAHO. It is important to note that this also built the foundation of the training of trainers held in Niamey six months later.

The cross sectoral approach remains very strong as a key component of WSSCC's work on equality and non-discrimination, including within the framework of the Joint Programme on Gender, Hygiene and Sanitation. The minister for water and sanitation of Senegal, President of AMCOW H.E Mansour Faye has been particularly supportive of the programme and co-hosted with the minister from Niger a session on gender, hygiene and sanitation for women and girls at AfricaSan. During this meeting, officers from the ministries of health, education, environment, sanitation and gender presented the outcomes of consultations held a few weeks before and in preparation of the session.

Prior to that, in March 2015, H.E Mansour Faye had attended WSSCC/UN Women side event at the 59th Commission on the Status of Women co-hosted by the Governments of Senegal and Singapore. Increasing participants understanding of MHM, its linkages with development, health and socio economic outcomes and where it fits into the post 2015 development agenda, those were the objectives of the meeting. It was very well attended and for the first time, provided a space to talk in a positive, practical and productive manner about an unspoken subject that need to be a part of the post 2015 dialogue.

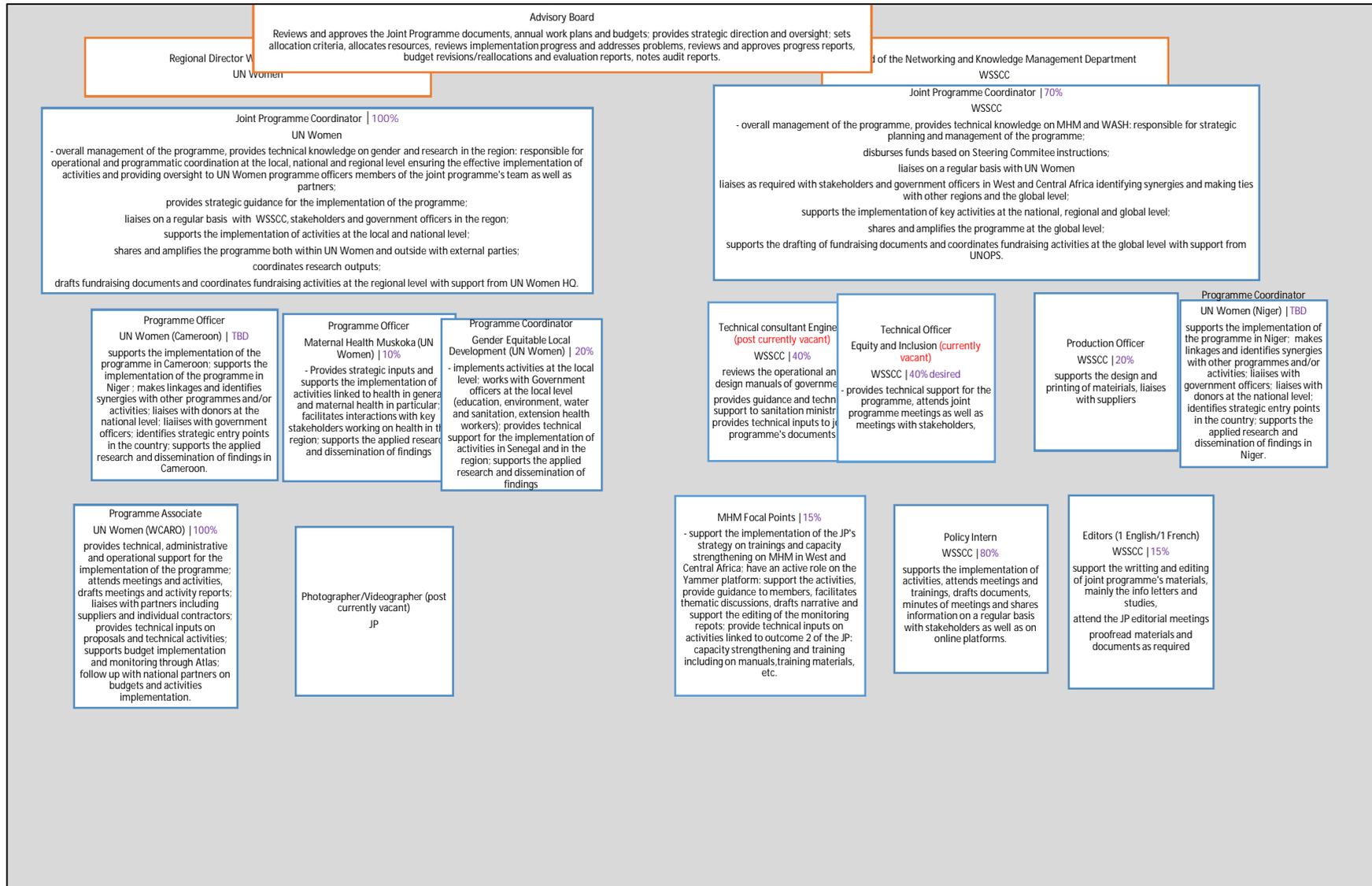
Challenges

In this journey with UN Women, WSSCC is seeing benefits and challenges working with such a partner. The presence of the organisation in country, its networks and technical expertise allow both organisations to work in a more constant, constructive and substantive manner with governments, parliamentarians, civil society. On the other hand, UN Women is a big bureaucracy and recurrent changes at senior management level in the regional office have an impact on the roll out of activities. Changes are foreseen during the next phase of the programme to strengthen the governance, monitoring mechanisms and accountability.

Budget

Total budget for the first year of implementation of the joint programme (from May 2014 – May 2015) was 410,435 USD. This amount has been used entirely at the satisfaction of both agencies. WSSCC will disburse 250,000 USD to UN Women for the rest of 2015. An additional amount will be released depending on use of funds at a later stage in 2016. Additionally, WSSCC will sign an agreement with the Government of Senegal to support the implementation of the Joint Programme and host an engineer consultant in charge of the design of infrastructures. An additional approximate amount of 50,000 USD will be released to that end. Projected expenditure by the end of the year will be 478,950.

Annex 3: Joint Programme Team Organigram



IV. WSSCC - Global Sanitation Fund: A Case Study

Summary

The Global Sanitation Fund is a pooled global fund established by the WSSCC in the year 2008 as a financing mechanism to gather and direct finance to help large numbers of poor, underserved and marginalized people in developing countries in Africa and Asia to attain safe sanitation services and adopt good hygiene practices. The GSF supported programme in India commenced in 2010 with an initial grant funding of USD 5 million to be spent over 5 years and later extended for 2 years up to 2017 using unspent grant funds with an additional funding of USD 1.98 million for programme support. With a focus on the GSF supported India Programme, this case study examines to what extent the GSF embeds some of the critical attributes contributing to scale and sustainability of WASH programming, thus, identifying the potential opportunities and constraints influencing the achievement of improved outcomes under GSF. The key scale and sustainability attributes identified by the case study include, appropriateness of adopted strategies to context, engagement with national and local systems and actors, value for money in programme delivery, and monitoring and evaluation for programmatic learning and sustainability. Both quantitative and qualitative data from secondary sources (like review of programmatic documents and WASH literature) and primary sources (like interviews with internal and external stakeholders) were used to inform the case study.

The case study finds that GSF's programme strategy focused on behaviour change through community mobilization and CLTS is very much in line with India's larger sector wide strategy for achieving improved sanitation outcomes and is relevant and well aligned to the country priorities and needs in rural sanitation. The GSF supported India programme has been effective in delivering this strategy to the extent that triggering efforts have been effective in bringing about a change in attitudes towards sanitation and hygiene among communities and households, but, is unable to effectively convert the triggered communities into ODF communities and sustain the ODF status. Apart from focusing on behaviour change, the GSF supported India programme needs to recognize the need to further align triggering, subsidy, follow up and effective supply as components of programme strategy. The GSF supported India programme has reached geographically remote communities, low-income and socially marginalized groups by promoting in-country targeting of resources to areas and populations that are needier and have more potential for impact. The programme has been successful in forging symbiotic partnerships with government actors and mechanisms at the sub-national (state and district) level. The GSF supported India programme is seen to be making a considerable effort in the area of learning, but not as significantly contributing to the sector at large on key issues like impact, sustainability, and programme risks. Effective monitoring of slippage is a sector-wide challenge facing governments and development partners in India, and the GSF is not seen as making any substantial contribution to monitoring slippage. The GSF has done well in aligning with national definitions of ODF outcomes. However, consultations with sector experts and counterpart agencies raised concerns with regard to credibility and reliability of results reported by the GSF (not only in India but globally like in Madagascar).

1 Introduction

The present document is a case study report of WSSCC'S Global Sanitation Fund (GSF) – supported programmes. This case study is an assessment of key programmatic attributes contributing to the scale and sustainability of WASH programming as delivered by programmes supported by the GSF. With a focus on the GSF supported India programme, this case study examines to what extent the GSF programming embeds these attributes, thus, identifying potential opportunities and constraints that influence scaling up achievement of sustainable sanitation outcomes under GSF programming.

1.1 Background and Progress

The GSF is a pooled global fund established by the WSSCC in the year 2008 as a financing mechanism to gather and direct finance to help large numbers of poor, underserved and marginalized people in developing countries to attain safe sanitation services and adopt good hygiene practices. Since 2008, the GSF has been funded by its donors- the Governments of Australia, Finland, Netherlands, Sweden, Switzerland and the United Kingdom. The GSF affirms its identity as the world's only fund solely dedicated to improving sanitation and hygiene by offering an efficient and cost-effective model to help the world's poorest people to address their most basic everyday need.

Reckoning lack of access to adequate sanitation as a national crisis and the need to address it on a national scale, the GSF attributes the failure of national sanitation programmes to their isolation within a single ministry or an organization. The GSF seeks co-ordination of all actors in the country as a necessary condition in order to provide vital funding for national programmes, thus, aiming to bring about a coordinated and efficient action that can be readily scaled up. GSF funds and supports community-led sanitation programmes for the most vulnerable people through a diverse network of stakeholders that include households, local governments, community-based organizations, NGOs, academic institutions and local entrepreneurs. The belief that top down approaches to sanitation that build or subsidize toilets are not sustainable over the long term, has led the GSF to adopt an approach that transforms community standards and work with community leaders to reach solutions for sustainable sanitation change. The GSF invests in collective behaviour change and aspires to influence the way communities think about and practice defecation by creating awareness about how open defecation and poor latrines expose them to diseases (leading to malnutrition, stunting and child-mortality) and how inadequate sanitation and hygiene facilities impact dignity and personal safety of girls and women, and affect education and economic productivity.⁸⁷

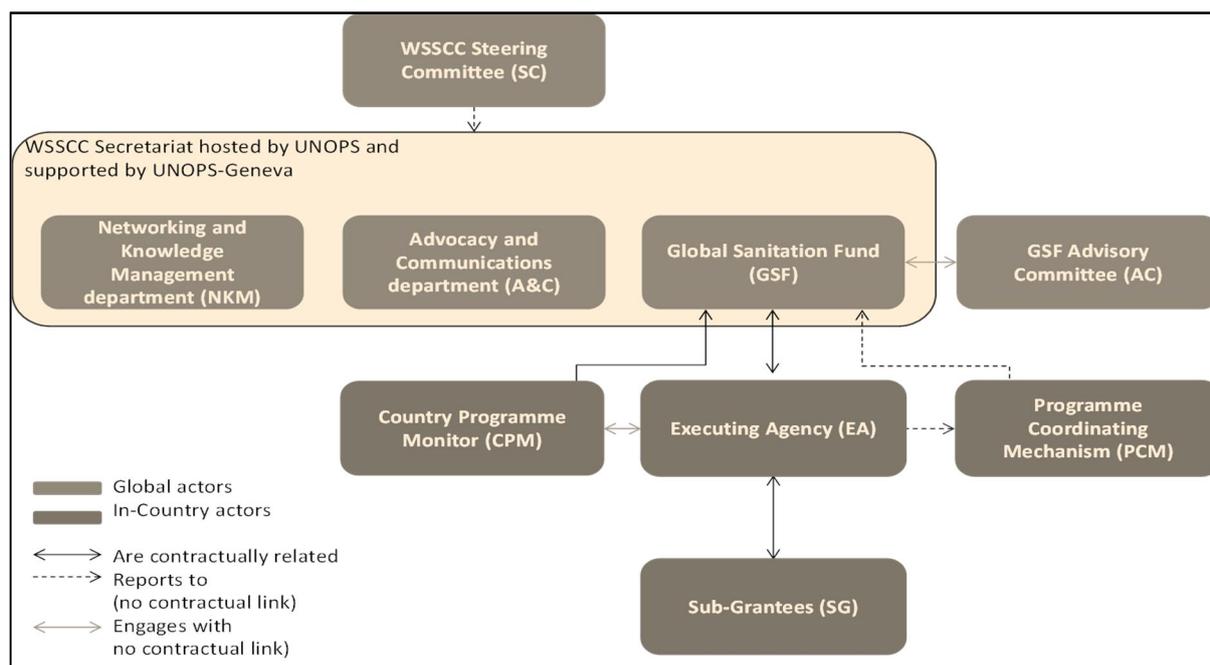
1.1.1 GSF's Organisational Structure and Delivery Mechanism

The WSSCC, which is hosted by the United Nations Office for Project Services (UNOPS), consists of two multi-donor funds, the Sanitation Leadership Trust Fund (SLTF) and the GSF. The organizational structure of the GSF is represented in Figure 1 below. The GSF secretariat mobilizes resources, selects countries to engage with and supports country programmes. During the early years of the GSF, an Advisory Committee (AC) supported the GSF Secretariat on GSF's operations and ensured quality of country programmes. The role of the AC has undergone change to shift the focus of its advice on higher level strategic issues and challenges facing the GSF like: scaling up sustainable and equitable outcomes achieved by GSF; GSF's contributions across sectors and to knowledge generation at national, regional and global levels; and sector positioning, resourcing and future direction of the GSF. In countries, the Programme Coordinating Mechanism (PCM) sets the vision

⁸⁷ WSSCC website, available at: <http://wsscc.org/global-sanitation-fund/>, accessed: March, 2016

and strategy and provides guidance for implementation of the GSF-supported programs. The Executing Agency (EA) is the in-country programme implementing agency which receives and manages GSF funds at the country level. The EA selects, supervises and supports implementing partners/ the Sub-Grantees (SGs). The SGs implement country programme activities. The Country Programme Monitor (CPM) is an independent body appointed by and reporting to the GSF Secretariat. It verifies and reports on the work of the EA. The figure below gives a snapshot of GSF's organisational structure, the global and in-country partners, and the contractual, reporting and engagement arrangements between the various actors.

Figure 2 GSF's Organizational Structure



Source 4 GSF Operations Manual, March 2015

1.1.2 GSF's Results Framework

Programmatically, GSF's main focus is on demand generation strategies focused on behaviour change, in particular using Community-Led Total Sanitation (CLTS) in order to realize improved sanitation and hygiene outcomes. Nationally-led country programmes primarily use methods drawn and adapted from CLTS. However, the programme is designed in a collaborative manner to strengthen government led coordination and to achieve sector targets agreed upon and to this end, incorporates supply-side strategies that contribute to improved WASH outcomes. The GSF has formulated a Results Framework spelling out four outcome areas with outputs defined under each of these outcome areas. These outcomes and outputs are measured by a list of generic indicators. The GSF outcomes, outputs, and key results indicators and intermediate indicators are summarized below.

Table 4 GSF Results Framework

GSF Outcome Areas	GSF Outputs
Outcome 1: People achieve better hygiene outcomes through changed sanitation behaviours	Output 1.1: People (in project area) construct and use more effective sanitation facilities
	Output 1.2: Communities (in project area) eliminate open defecation

	Output 1.3: All members of project communities benefit from project interventions in an equitable manner
	Output 1.4: Effective use and management of sanitation is maintained
	Output 1.5: People sustainably improve their hygiene behaviours
Outcome 2: Capacity is created for sustainable spread of improved sanitation and hygiene	Output 2.1: Provision of services to deliver effective sanitation and hygiene (small scale providers, micro finance providers etc.) improves to meet demand
	Output 2.2: People (in neighbouring communities) construct sanitation facilities where not directly attributable to sub-grants or donor activity
	Output 2.3: Local organizations improve capacity for future sanitation work
Outcome 3: Existing and new government and support agencies put more resources into sanitation and hygiene work	Output 3.1: Government's policies and strategies are applied, reviewed and improved
	Output 3.2: More finance and human resources dedicated to sanitation related activities
Outcome 4: Successful and innovative approaches in sanitation and hygiene are identified, proved and spread	Output 4.1: All GSF activities incorporate capturing and sharing lessons learned
	Output 4.2: GSF funded activities are cost-efficient
	Output 4.3: GSF activities are considered good value and effective by donors

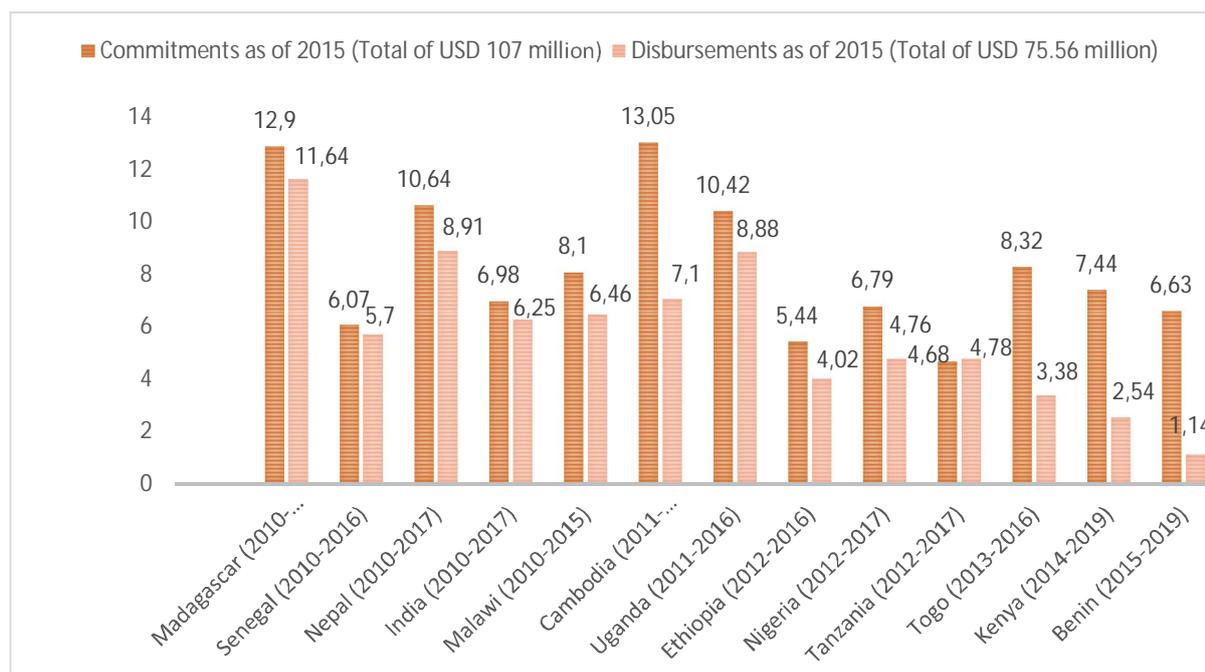
Presently, the GSF measures progress along the following key indicators at the global level (aggregated across all GSF programmes at the country level).

Table 5 GSF Indicators

1. Results Indicators	1.1. Number of people living in ODF environments
	1.2 Number of people washing their hands with soap
	1.3 Number of people using improved toilets
2. Intermediate Indicators	2.1 Number of people living in GSF targeted areas
	2.2 Number of people reached by hygiene messages
	2.3 Number of communities triggered
	2.4 Number of communities declared ODF
3. Financial Indicators	3.1 GSF commitments to country programmes
	3.2 GSF disbursements to country programmes
	3.3 In-country awards to Sub-Grantees
	3.4 In-country grant disbursements

Currently, GSF has on-going programmes in 13 countries in Africa and Asia: Benin, Cambodia, Ethiopia, India, Kenya, Madagascar, Malawi, Nepal, Nigeria, Senegal, Tanzania, Togo and Uganda. Eleven of these countries were operational at the end of 2014. Improvement programmes supported by GSF reach an average of 250,000 households per country, or 1.5 million people. To date, the GSF has committed approximately USD 107 million to country programmes and disbursed approximately USD 75.56 million.

Figure 3 GSF Country Programmes: Timelines and Finances



Source 5 Data shared by the GSF Secretariat

As per the GSF Progress Report End Year Update 2015, GSF country programmes have reported positive results with regard to achievement of ODF communities and increased access and use of improved sanitation and hygiene facilities.

2 Objectives and Methodology

According to the 2014 Update of the World Health Organization (WHO)/United Nations Children's Fund (UNICEF) Joint Monitoring Programme (JMP) for Drinking Water and Sanitation, even though the world met the MDG drinking water target in 2010 well ahead of the 2015 deadline, it is expected to fall short of the MDG sanitation target by over half a billion people. However, it is pertinent to note that with regard to the MDG, the benchmark used to assess access to drinking water is at the community-level, whereas, the benchmark used to assess access to sanitation is at the household-level.⁸⁸ The scale of the sanitation challenge during the MDG period has indeed warranted substantial investments into the sector, from both governments and donor institutions⁸⁹ towards realizing better sector outcomes, and in particular towards access to sanitation and improved hygiene practices. With progress on the ground continuing to lag despite substantive investments, there is a growing need among the WASH development community to better understand key determinants of scale, impact and sustainability within existing WASH programming efforts undertaken both by governments as well as non-state actors such as WSSCC-GSF, Water and Sanitation Programme (WSP), WaterAid, UNICEF or others. With this background, the key aim of this

⁸⁸ Cumming et al. (2014), Does Global Progress on Sanitation Really Lag behind Water? An Analysis of Global Progress on Community and Household Level Access to Safe Water and Sanitation, available at: <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0114699>, accessed: April 2016

⁸⁹ According to UN MDG Report 2013, net WASH disbursements from developed to developing countries was USD 126 billion in 2012

case study of the WSSCC’s GSF programme is to examine to what extent the programme incorporates some of the critical attributes which are commonly understood to contribute to scale and sustainability of WASH programming.

At the outset, GSF aims to achieve improved sector outcomes through demand generation strategies focused on behaviour change, in particular using CLTS as a behaviour change communication tool/approach. Community-Led Total Sanitation (CLTS) is “an integrated approach to achieving and sustaining open defecation free status. It entails facilitation of community’s analysis of their sanitation practices and their consequences, leading to collective action to become ODF” (Handbook on CLTS⁹⁰). Even as the predominant programmatic focus is in the realm of mobilizing demand, GSF programme design documents suggest that the programme employs a number of strategies that contribute to the enabling environment or supply-side necessary for realizing improved WASH outcomes. Based on WASH literature review and an understanding of the goals and motivations of demand-oriented programmes in WASH such as GSF, the MTR team identifies certain programmatic attributes as integral to the scale and sustainability of such programmes (See Box 1).

Box 1: Programme Attributes Influencing Scale and Sustainability

- Appropriateness of adopted strategies to context
- Engagement with national and local systems and actors
- Value for money in programme delivery
- Monitoring and evaluation for programmatic learning and sustainability

The objective of this case study is to examine to what extent GSF programming embeds these attributes and what are the potential opportunities and constraints influencing the achievement of improved outcomes under GSF programming. To accomplish this objective, the MTR employed a framework that draws on specific strategies and activities undertaken by the GSF to help construct a broader narrative about the existence and effectiveness of attributes necessary for achieving programmatic scale and sustainability (Table 7).

Table 6 Case Study Framework and Evaluation Questions

S. No.	Programmatic Attributes	Evaluation Questions
1	Appropriateness of Approach and Strategy	<p>To what extent are the programme goals and outcomes (<i>promoting improved and sustained access and equity in sanitation and hygiene</i>) aligned with country priorities and sector gaps?</p> <p>To what extent are the programme strategies (<i>focused on behaviour change through CLTS</i>) appropriate for fulfilling sector gaps?</p> <p>To what extent are equity considerations factored into the programme design? (To what extent does the programme explicitly target poor and vulnerable groups, including women, children, disabled and marginalized? What is the availability of evidence on positive outcomes achieved?)</p>

⁹⁰ Kar, Kamal and Chambers, Robert (March 2008), ‘Handbook on Community-Led Total Sanitation’, IDS-Plan UK, available at: <http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/media/cltshandbook.pdf>, accessed: January 2016

		To what extent does/should the programme factor in forward and backward linkages in the sanitation chain?
2	Engagement with national and local systems/actors	To what extent has the programme been able to inform/influence national policies? To what extent does the programme engage with local systems (local governments, CSOs, NGOs, citizens) to achieve and sustain desired outcomes on sanitation coverage and use?
3	Value for Money	To what extent does the programme offer better value for money in terms of results achieved compared to agencies offering similar programmes (e.g. WSP, WaterAid)?
4	Monitoring, Evaluation and Learning	To what extent is the monitoring of ODF outcomes (ODF definition, declaration, verification, and follow-up on slippage) in line with sector wide practices and benchmarks? To what extent do the programme learnings and evaluations inform the understanding of the WASH sector- ODF, its monitoring, impact, sustainability and programme risks? In what ways does the programme demonstrate reliability of results achieved and compared to agencies delivering similar programmes?

As noted in GSF programme documents and GSF’s MTE, the diversity of contexts in which GSF is implemented plays an important role in the selection of programme strategies and activities. Noting the challenges in accounting for a broad range of contextual factors as these factors are oftentimes confined to specific settings, the case study focuses on GSF’s India programme as a case in point to pursue these lines of inquiry and to help understand the interactions between scale and sustainability attributes identified above.

The case study uses both qualitative and quantitative evidence to inform the above lines of inquiry, through primary and secondary data collection methods for data sources. Secondary data include a review of documents and studies specific to the GSF India programme both internal (key planning and performance documents like CPP, progress reports and outcome surveys, and evaluation studies commissioned-MTE and VfM) and external documents (WASH literature on aspects identified above). Further, the case study builds on the contextual literature review that has been undertaken, in order to buttress our approach and analysis. Here, the MTR team would like to note that there is very little evidence from impact evaluations (like the study on impact evaluation of CLTS in rural Mali⁹¹) and systematic reviews of sanitation and hygiene that directly inform this case study.⁹² To the extent possible, the team has sought relevant impact evidence and other evidence from relevant and reliable sources such as publications on CLTS websites, and notable counterpart organizations such as WaterAid and WSP that deliver similar WASH programmes.

Primary data were collected in the form of information and observations along the above indicated lines of enquiry to complement findings and gaps in evidence from secondary data sources. Apart

⁹¹ Impact evaluation of CLTS in rural Mali (June 2015), available at: <http://www.communityledtotalsanitation.org/resource/impact-evaluation-clts-rural-mali>, accesses: February 2016- evaluates the health and non-health programme impacts of a CLTS campaign in Mali

⁹² As indicated by 3ie’s Water, Sanitation and Hygiene Evidence Gap Map, available at: <http://gapmaps.3ieimpact.org/evidence-maps/water-sanitation-and-hygiene-evidence-gap-map>, accessed: January 2016

from internal stakeholders like the GSF Advisory Committee, GSF secretariat and GSF delivery partners in India, the study explores experiences and opinions of external stakeholders like state and local governments, WASH sector experts and counterpart organizations (WaterAid, WSP and UNICEF) in order to understand sector wide thinking and practices around these challenges. Semi-structured interviews were carried out with key internal and external stakeholders (See Table 5 below).

As part of the case study, a 5-day field visit was undertaken between April 3rd-8th, 2016 to the two out of three states where the GSF programme is operational: Bihar and Jharkhand including the state capitols (Patna and Ranchi), and two district headquarters (West Champaran in Bihar and Saraikela in Jharkhand). Selection of districts within each of these states was decided in consultation with GSF's delivery partners at the national and state level.

Table 7: List of Stakeholders Interviewed

S. No.	Interviewed Stakeholders
1.	State and Local Government Officials in Bihar and Jharkhand
1.1	Principal Secretary, Drinking Water and Sanitation, Jharkhand
1.2	Ex-In charge District Collector, Saraikela District, Jharkhand
1.3	District Development Commissioner, Saraikela District, Jharkhand
1.4	Executive Engineer, Drinking Water and Sanitation, Sarikela District, Jharkhand
1.5	District Coordinator, Drinking Water and Sanitation Department, Saraikela District, Jharkhand
1.6	Principal Secretary, Public Health Engineering Department, Bihar
1.7	Director-Project Management Unit, Public Health Engineering Department, Bihar
1.8	District Magistrate, West Champaran District, Bihar
1.9	Executive Engineer, Public Health and Engineering Department, Bihar
2	GSF Delivery Partners in India
2.1	GSF Manager, India programme
2.2	GSF State Managers, Bihar and Jharkhand
2.2	SG Staff Representatives, Saraikela District (Jharkhand) and West Chamaparan District (Bihar)
2.3	PCM Convenor and Member, GSF India programme
3.	GSF Secretariat
4.	WSSCC's National Coordinator (NC) for India
5.	GSF AC Members (Current and Former)
6.	WASH Sector Experts and Academics
7.	Counterpart Organizations

3 Scale and Sustainability in WASH Programming

Literature and expert opinion around WASH programming suggest that a range of different factors influence the scale, impact and sustainability of WASH investments. One important understanding from sanitation and hygiene programme delivery is that achieving scale and impact in WASH and sustaining the positive development outcomes thus achieved depends on the contributions of multiple and interconnected actors – including governments, non-state actors engaged in WASH service delivery, civil society, sector experts/academics and individual citizens. Focusing on a particular approach or the capacities of specific actors is increasingly recognized to be insufficient to achieve the desired WASH outcomes, or achieve scale or sustainability of these outcomes. Achieving

improved WASH outcomes at scale depends on the performance of these varied actors and the effectiveness of the engagement between these different actors. Further, experiences from delivery of development programmes broadly suggest that sustaining development outcomes depends on the local context - to what extent development programming addresses the gaps and needs at a localized level and to what extent are local systems/actors able to adapt and respond to changing circumstances.⁹³

This growing understanding of factors contributing to scale and sustainability have guided major sanitation and hygiene programmes across the globe to adopt a combined approach,⁹⁴ which both stimulates demand for sanitation and strengthens the enabling environment or supply-side necessary for converting this demand into uptake and eventually to actual and sustained sanitation outcomes. Where demand generating strategies aim to stimulate household and community demand for sanitation and hygiene facilities through behaviour change, supply-side strategies like sanitation marketing apply techniques of marketing to improve the supply of sanitation goods and services. Experiences from programming efforts also suggest that enhanced advocacy for sanitation and hygiene at the national and local government levels along with capacity building of local governments/other stakeholders are important strategies that contribute to scale and sustainability of WASH programming.

To achieve sustainable sanitation and hygiene outcomes for the community as a whole, equity and inclusion of the vulnerable, marginalized and low income groups is important to programme design and implementation. At-scale programmes need to consider the differential need for sanitation of women and girls, disabled, poor and the marginalized in order to integrate these into design and implementation of CLTS delivery, supply-side interventions and monitoring beyond achievement of ODF.

Sustainability of sanitation and hygiene outcomes implies existence and maintenance of all behaviour, conditions and facilities related to conversion to ODF like elimination of open defecation (OD), access and use of sanitation facilities, and enabling complementary inputs (e.g. water for hand-washing). This sustainability depends upon institutions and processes that enable conditions for sustainability; physical and technical factors like physical conditions, structures, sanitation ladder and markets; and social and behavioural factors like social and behavioural norms, dynamics within communities and culture.

Successful scaling-up of sanitation and hygiene programmes to achieve sustainable sanitation behaviour change and use of sanitation facilities requires an enabling environment for realization of programme objectives. Enabling environment refers to the institutional conditions and processes,

⁹³ Local Systems: A Framework for Supporting Sustained Development, April 2014, USAID, available at: <https://www.usaid.gov/sites/default/files/documents/1870/LocalSystemsFramework.pdf>, accessed: March 2016

⁹⁴ Demand generating approaches are based on the assumption that the failure of sanitation programmes can be attributed primarily to insufficient emphasis on behaviour change and lack of community involvement. However, for sustainable sanitation behaviour change the demand created for sanitation has to be complemented with the supply of improved sanitation facilities on a sustained basis. Supply-side interventions include availability of technical support and markets which is a pre-condition for constructing durable toilets and moving up the sanitation ladder. Hence, there is a need to balance the strategy between demand and supply.

the policy context and the financial framework influencing sanitation and hygiene outcomes. In contributing to creation of an enabling environment, programmatic components must engage with policy advocacy to make sanitation a high political priority, involve top leadership and interagency groups, and align with the national sanitation policy. Strengthening institutions through capacity building and commitment to sanitation at national and local levels is integral to ensuring sustainable spread of improved sanitation. Creating an environment for sustained increase in funding and allocation of budgets by national governments and donors to behaviour change programmes and improved services for poor and marginalized is key to scaling-up programmes like GSF.

Sound monitoring, evaluation and learning systems are critical to scaling-up programmes like GSF by enabling consolidation of achieved results and influencing future programme design to ensure continued funding by donors. Effective M&E systems help clarify programme value for money and enable evidence-based decision-making by policy makers, organizations and programmes. It sometimes enables programmes to learn in the real time, adapt their approach and strategy to changing circumstances, and shape their advocacy.

4 India’s Sanitation Context

The WHO/UNICEF JMP, 2012 progress update while highlighting a decrease in open defecation in all regions of the world points out that 60 percent (626 million) of the people still practicing open defecation live in India. Out of the world total of 2.5 billion people without improved sanitation, one third live in India.⁹⁵ The WHO/UNICEF JMP, 2015 estimated trends in sanitation coverage for India indicate that 44% (61% rural and 10% urban) of the total population of the country defecates in the open and only 40% (28% rural and 63% urban) use improved sanitation facilities.⁹⁶ Though India met the MDG target with regard to drinking water, it has only made a moderate progress toward meeting its sanitation target. Like noted in section 3 above, this partly reflects the sanitation target being harder to reach than the water target due to focus on household level access to sanitation as opposed to community level access to water. Over the last 20 years, there has been very little change with regard to progress in sanitation among the poor in India.⁹⁷ Table 5 below gives a state-wise coverage of rural sanitation in India.

Table 8: State-wise Rural Sanitation Coverage in India

Rural Sanitation Coverage (% of households reporting latrines)	States of India
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⁹⁵WHO/UNICEF JMP Progress on Drinking Water and Sanitation, 2012 Update, available at: <http://www.unicef.org/media/files/JMPReport2012.pdf>, accessed: April 2016

⁹⁶ The WHO/UNICEF JMP defines an improved sanitation facility as “hygienically separating human excreta from human contact”. Use of improved sanitation under JMP implies use of any of the following: “1) Flush or pour flush to piped sewer system, septic tank or pit latrine; 2) Ventilated improved pit latrine; 3) Pit latrine with slab; 4) composting toilets”. On the other hand, an unimproved sanitation facility implies use of any of the following: “1) Flush or pour flush to elsewhere; 2) Pit latrine without slab/ open pot; 3) Bucket; 4) Hanging toilet or hanging latrine; 5) Shared facility of any type; 6) No facility, bush or field”, WHO/UNICEF JMP Definitions and Methods: Improved and unimproved sanitation facilities, available at: <http://www.wssinfo.org/definitions-methods/watsan-categories/>, accessed: April 2016

⁹⁷ WHO/UNICEF JMP Progress on Drinking Water and Sanitation, 2015 Update, available at: http://www.wssinfo.org/fileadmin/user_upload/resources/JMP-Update-report-2015_English.pdf, accesses: April 2016

0-40%	Bihar, Odisha, Jammu and Kashmir, Jharkhand, Telangana
41%-70%	Uttar Pradesh, Madhya Pradesh, Andhra Pradesh, Chhattisgarh, Puducherry, A&N Islands, Assam, Rajasthan, Karnataka, Tamil Nadu, Maharashtra, Nagaland, Arunachal Pradesh
71%-100%	Gujarat, Tripura, West Bengal, Goa, Manipur, Punjab, Meghalaya, Uttarakhand, Mizoram, Haryana, Himachal Pradesh, Kerala

Source: Ministry of Drinking Water and Sanitation, GoI, available at: www.sbm.gov.in, accessed: April 2016

Systematic government interventions in rural sanitation date back to the year 1986 when the Government of India (GoI) initiated the Central Rural Sanitation Programme (CRSP) with an aim of improving the quality of life of the people in rural areas and providing privacy and dignity to women. The Total Sanitation Campaign (TSC) was launched in the year 1999 as a demand-driven programme to address rural sanitation. The TSC was a departure from the supply led, subsidy driven approach to a focus on creating awareness and stimulating demand with incentives/subsidies provided for certain groups to support construction of household latrines. In 2012, the TSC was subsumed into the Nirmal Bharat Abhiyan (NBA) which aimed at creating totally sanitized environments with ODF villages, adoption of hygiene practices and effective management of solid and liquid waste. It was under the NBA, that the idea of the 'Nirmal Gram' or the "ODF Village" was envisioned for the first time by adopting the saturation approach of targeting the entire community at the village level. The individual household incentive for a toilet under the NBA was enhanced by converging the NBA with the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS).

Box 2: Goals and Objectives of the SBM (SBM-G Guidelines, GoI, October 2014)

"To achieve Swachh Bharat (Clean India) by 2019"

The main objectives of the SBM-G are to:

- 1) Bring about an improvement in the general quality of life in the rural areas, by promoting cleanliness, hygiene and eliminating open defecation;
- 2) Accelerate sanitation coverage in rural areas to achieve the vision of Swachh Bharat;
- 3) Motivate Communities and Panchayati Raj Institutions (PRIs) to adopt sustainable sanitation practices and facilities through awareness creation and health education;
- 4) Encourage cost effective and appropriate technologies for ecologically safe and sustainable sanitation;
- 5) Develop wherever required, Community managed sanitation systems focusing on scientific Solid & Liquid Waste Management

In 2014, the Government of India launched the Swachh Bharat Mission-Gramin (SBM-G) to accelerate the efforts and achieve universal sanitation coverage. By 2019, it aims to achieve a Swachh Bharat or a clean India by improving the levels of cleanliness in rural India by making Gram Panchayats ODF and through Solid and Liquid Waste Management (SLWM) activities. Though sanitation is a state subject in India, under SBM-G 60% of the funding comes from the Central Government and the remaining 40% is contributed by the State Governments. Implementation of SBM involves a number of activities like- 1) start-up activities, such as a needs assessment and subsequent preparation of plans, 2) Information, Education and Communication (IEC) activities, 2) construction of Individual Household Latrines (IHHs), 3) construction of community sanitary complexes, 4) construction of school toilets and hygiene

education, 5) construction of anganwadi⁹⁸ toilets, and 6) setting up of rural sanitary marts (RSM) or production centres and retail outlets responsible for manufacturing and marketing low-cost hardware.

In the Financial year 2014-15, the Gol allocated Rs.3,624 crore (approx. USD 546 million⁹⁹) for the SBM out of which toilet construction activities accounted for over 90% of the SBM budget while IEC accounted for 5%. Since, 1999, 11% of the total rural sanitation outlay has been used for IEC activities.¹⁰⁰The SBM-G provides an incentive of Rs.12,000 (approx. USD 181¹⁰¹) for IHHLs. These households include all Below Poverty Line (BPL) and identified Above Poverty Line (APL) households. The APL households are restricted to Scheduled Caste (SC)/ Scheduled Tribe (ST), small and marginal farmers, landless labourers with homestead, physically handicapped, and women headed households. Compared to previous sanitation campaigns, the SBM-G places a greater emphasis on behaviour change through IEC (Information, Education and Communication) including triggering for behaviour change.

Apart from the government, the key non-government sector players in India's rural sanitation space are WaterAid, WSP, WSSCC/GSF and UNICEF. WaterAid's approach¹⁰² focuses on working with local organisations to empower communities to recognize and fight for their human rights to water and sanitation. They believe in making local governments and service providers accountable to communities they serve. They also work in the area of hygiene promotion to improve menstrual hygiene management through partnership with community volunteers, health workers and schools. WaterAid is currently working in 10 states in India and claims to have reached 3,74,000 people in India with their sanitation related interventions. Key aspects of WaterAid's work in rural sanitation includes: triggering for demand, supporting local governments and institutions, facilitating supply chain, and advocacy for behaviour change and monitoring systems.¹⁰³

The WSP in South Asia including India supports governments in making services work for the poor, demonstrates more sustainable approaches through workshops and study tours, and extends support to design sector reforms.¹⁰⁴ MTR team's consultations reveal that WSP which is now part of the World Bank's Water Global Practice started work on sanitation in India in the year 2001 and has recently approved an investment of USD 1.5 billion for rural sanitation in India to be operationalized across seven states (Bihar, Jharkhand, Uttar Pradesh, Rajasthan, Gujarat, Haryana and probably Chhattisgarh) as a large scale programme for technical assistance to national and state governments. WSP's focus is on building capacities of the governments to implement the SBM-G. WSP does not directly implement behaviour change programmes rather facilitates the procurement of local NGOs

⁹⁸ An anganwadi is a focal point for delivery of Gol's Integrated Child Development Scheme (ICDS) services to children and mother. An anganwadi normally covers a population of 1000 in both rural and urban areas and 700 in tribal areas-see Ministry of women and Child Development, Gol, available at: <http://icds-wcd.nic.in/icds/>

⁹⁹ USD to INR exchange rate (66.32) is as of 31st December 2015 (Reserve Bank of India)

¹⁰⁰ SBM(Gramin) Gol 2015-16 Budget Brief, Accountability Initiative, Vol 7, Issue 5, available at: http://www.cprindia.org/sites/default/files/policy-briefs/sbm_2015.pdf, accessed: April 2016

¹⁰¹ USD to INR exchange rate (66.32) is as of 31st December 2015 (Reserve Bank of India)

¹⁰² WaterAid India website, available at: <http://www.wateraid.org/where-we-work/page/india>, accessed: April 2016

¹⁰³ WaterAid India website, available at: <http://wateraidindia.in/what-we-do/sanitation/>, accessed April 2016

¹⁰⁴ WSP South Asia website, available at: <http://www.wsp.org/>, accessed: April 2016

by state and district governments and setting up of local resource groups to implement behaviour change activities under the IEC component of the SBM-G.

Consultations undertaken by the MTR team with UNICEF indicate that since 2012, UNICEF in India also primarily works through provision of technical assistance to governments in implementing sanitation policies. UNICEF perceives itself as a key partner of the national and state governments in implementing the SBM-G by supporting development and implementation of national and state level sanitation and hygiene advocacy and communication strategies, and establishment of states' open defecation elimination plans to create an enabling environment for improving efficiency of government implementation. UNICEF also works on improving the WASH situation in schools and health centres through its network of field offices to provide technical support to state governments.¹⁰⁵

5 GSF India Programme

Table 9 GSF India Programme Details

Date of Programme Instigation	2009
Date of Programme Implementation	2010
Amount of Initial Funding	USD 5 million
Initial Programme Duration	5 years (2010-2015)
Programme Extension	2 years (2016-2017)
Total Amount of Funds Committed (grants + programme support) (as of Dec 2015)	USD 6.98 million
Total Amounts of Funds Disbursed (grants + programme support) (as of Dec 2015)	USD 6.25 million
Total of Amount of In-country Awards to SGs (as of Dec 2015)	USD 4 million
Total Amount of In-country Grants Disbursed (as of Dec 2015)	USD 3.3 million
Executing Agency (EA)	NR Management Consultants (NRMC) (private sector firm)
Country Programme Monitor (CPM)	KPMG (till March 2016), Deloitte (as of August 2016)
Number of Sub-Grantees (SGs)	18 across three states
Areas of GSF's Operations	1) state of Assam (2 districts) 2) state of Bihar (6 districts) 3) state of Jharkhand (7 districts)

Source 6 Compiled by MTR team based on review of GSF India CPP and data shared by GSF Secretariat and GSF delivery partners in India

The CPP for the GSF India programme has spelt out the following three programme objectives spread across four components of programme interventions.

¹⁰⁵ UNICEF India website, available at: <http://unicef.in/Whatwedo/11/Eliminate-Open-Defecation>, accessed: April 2016

Table 10 GSF India Programme's Objectives and Components

Programme Objective	Programme Intervention Component	% of Funds Committed	% of Funds Disbursed
Objective 1: To contribute to sustainable sanitation use and improved hygiene behaviour at scale	Component 1: USD 4 million in grants to SGs to enable increased access and effective use of improved sanitation facilities and to improve the hygiene behaviour of a target population of 8-10 million in select locations in Jharkhand and Assam	80%	68.27%
	Component 2: USD 0.18 million to support SGs in sanitation marketing and use of media through the creation of resource organizations	3.60%	3.90%
Objective 2: To develop capacity for sustainable promotion of improved sanitation and hygiene	Component 3: USD 0.414 million to support institutional strengthening and capacity building of State-level TSC implementation agencies in particular CCDUs	8.28%	18.59%
Objective 3: To promote a culture of continuous learning among all stakeholders	Component 4: USD 0.406 million to promote multi stakeholder engagement and learning on a national canvas	8.12%	8.13%

Source 7 Compiled by MTR team based on GSF India Programme CPP and data shared by GSF India EA

India is a federation of 29 states and 6 union territories further divided into administrative districts and blocks. According to the Census of India 2011, India has a total of 593 districts and 5,564 blocks. The GSF's India programme is currently operational in three out of 35 states and union territories. In the state of Assam GSF is operational in two districts out of 27 districts, six out of 38 districts in Bihar and seven out of 24 districts in Jharkhand. Out of this total of 15 districts across three states, seven districts have operational GSF programmes covering the entire districts (80 blocks). In the remaining eight districts, the GSF is operational in one block each (8 blocks).

Table 11 Geographic Scale and Penetration of GSF India Programme

State	Total Number of Districts and Blocks	Total Number of Districts and Blocks of GSF's Operations	Districts of GSF's Operations	Blocks of GSF's Operations	Start Date of GSF's operations
Assam	27 Districts 238 Blocks	2 Districts 2 Blocks	Kamrup	1 Block -Chaini Bardua	Apr 2013
			Sonitpur	1 Block -Bihali	Apr 2013
Bihar	38 Districts 534 Blocks	6 Districts 43+3 Blocks	Banka	All 11 Blocks	July 2013
			Patna	1 Block-Maner	July 2013
			Madhubani	1 Block -Jhanjharpur	July 2013
			Nalanda	1 Block-Rajgeer	Sep 2013
			West Champaran	All 18 Blocks	Oct 2013
			Gopalganj	All 14 Blocks	Oct 2013
Jharkhand	24 Districts 259 Blocks	7 Districts 37+3 Blocks	Deogarh	All 10 Blocks	Jan 2012
			Dumka	All 10 Blocks	Jan 2012
			Saraikela	All 9 Blocks	Jan 2012
			Kodarma	1 Block-Dom Chaach	Jan 2012
			Dhanbad	All 8 Blocks	Jan 2012
Simdega	1 Block-Simdega	July 2013			

		Ranchi	1 Block-Angadha	Yet to start
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Source 8 Compiled by MTR team based on Consultations and data shared by GSF India delivery partners, State and local Governments in Bihar and Jharkhand; Gol's data.gov.in- Open Government Data Platform, available at: www.data.gov.in, accessed: April 2016; and Ce

According to the Ministry of Drinking Water and Sanitation (GoI)¹⁰⁶, only about 12 states in India can claim to have achieved more than 70 percent coverage of rural sanitation.¹⁰⁷ The state of Sikkim is the best performing and Bihar is the worst performing with regard to rural sanitation. Out of the three GSF states, Bihar (24.94 percent) and Jharkhand (37.59 percent) are among the worst performing states with regard to coverage of rural sanitation and Assam (54.42 percent) has marginally better indicators.

The GSF India programme's CPP aspired to enable access and effective use of improved sanitation facilities and improved hygiene behaviour among a target population of 8-10 million people in Assam, Bihar and Jharkhand (Bihar was not included in the original CPP but was added later in the revised CPP). The India GSF Annual Report 2015 indicates that the original CPP targets seemed unrealistic and were revised following the MTE. The revised targets are based on consultation with PCM, CPM and the GSF Secretariat taking into account state plans and targets; availability, allocation and utilisation of resources by state governments; and issues facing the GSF supported India programme in the initial years. These revised targets have been agreed upon by the EA and approved by the PCM.

Table 12 Results Achieved by the GSF Supported India Programme

GSF India Programme Indicators	Original Targets (2010-2015)	Revised Targets (2010-2015)	Achievement as of 2015 (2010-2015)	Achievement as of 2015 Against Revised Targets (2010-2015)
1. No. of people living in ODF environments	7,500,000	1,948,660	726,698	37.29%
2. No. of people with improved toilets	7,500,000	2,701,835	2,045,802	75.72%
3. No. of people with hand washing facilities	8,000,000	3,623,389	3,243,616	89.52%
4. No. of people living in GSF targeted areas	Data Missing	Data Missing	15,000,000	-
5. No. of people reached by hygiene messages	Data Missing	Data Missing	4,098,386	-
6. No. of communities triggered	10,000	6,339	6,949	109.62%
7. No. of Communities declared ODF	10,000	1,730	1,077	62.25%

Source 9 Compiled by the MTR team based India GSF Annual Report 2015 shared by the GSF Secretariat with the MTR team

The GSF India programme recently underwent a Mid-Term Evaluation (MTE) by an independent consulting firm, the IOD PARC, which covered the period from programme instigation in 2009 to

¹⁰⁶ Ministry of Drinking Water and Sanitation, available at: <http://sbm.gov.in/tsc/NBA/NBAHome.aspx>, accessed: April 2016

¹⁰⁷ Percentage coverage of rural sanitation indicates the percentage of rural households reporting latrines

2014. An outcome survey was undertaken by an external agency, Kaarak Enterprises Development Services, in 2014.

6 Findings and Discussion

6.1 Appropriateness of Approach and Strategy

6.1.1 Summary

GSF's programme strategy focused on behaviour change through community mobilization and CLTS is very much in line with India's larger sector wide strategy of achieving improved sanitation outcomes and is relevant and well aligned to the country priorities and needs in rural sanitation. The GSF supported India programme has been effective in delivering this strategy to the extent that triggering efforts have been effective in bringing about a change in attitudes towards sanitation and hygiene among communities and households, but, is unable to effectively convert the triggered communities into ODF communities and sustain the ODF status. Apart from focusing on behaviour change, the GSF supported India programme needs to recognize the need to further align triggering, subsidy, follow up and effective supply as components of programme strategy. The GSF supported India programme has managed to reach geographically remote communities, low-income and socially marginalized groups by promoting in-country targeting of resources to areas and populations that are needier and have more potential for impact. However, at present the GSF supported India programme does not collect data on equity indicators, which makes it difficult to render meaningful observations on GSF's contribution to the equity goal in sanitation and hygiene.

6.1.2 Discussion on Findings

As evident from the above discussions, India is amongst the most sanitation needy countries in the world and the deficits in rural sanitation amount to about 60 percent of the population being deprived of improved sanitation and hygiene.¹⁰⁸ A high incidence of rural poverty, social and economic inequalities coupled with exclusion of vulnerable and marginalized groups, makes improvements to rural sanitation a daunting task for the government and development partners.

Box 3: Components of the SBM-G (SBM-G Guidelines, GoI, October 2014)

- Start-up
- IEC activities
- capacity building
- construction of individual household latrines
- availability of sanitation material- through rural sanitary marts, production centers, self-help groups
- provision of revolving fund in the district
- micro financing of construction of toilets
- community sanitary complex
- equity and inclusion
- solid and liquid waste management

As discussed in section 5 above, India's rural sanitation context was governed by the Total Sanitation Campaign and the Nirmal Bharat Abhiyan until 2014 when the Swacch Bharat Mission-Gramin (SBM-G) was launched as a GoI flagship programme to accelerate efforts towards universal sanitation coverage.

The GSF supported India programme was initiated in 2010 in the context of the GoI's then ongoing TSC which preceded the current SBM-G. The situational analysis conducted by the GSF-India CPP identifies shortcomings within the government-delivered TSC aspects such as: slow pace of progress and low quality of implementation;

Water and Sanitation, 2012 Update, available at: <http://www.unicef.org/media/files/JMIRreport2012.pdf>, accessed: April 2016

institutional capacity constraints at the state and local government levels; ineffective demand generation; inappropriate choice of technology; insufficient funding for households; and lack of a coherent approach to sanitation. Demand generation through community mobilisation efforts being GSF's primary strategy, the GSF India CPP recommended explicit focus of the country programme on the areas of demand generation, building institutional capacities and promotion of learning and knowledge.

Under the SBM-G, there is a renewed momentum among state and local governments to focus on IEC (Information, Education and Communication) through awareness and behaviour change activities based on CLTS, mobilization of communities, and involvement of Panchayati Raj Institutions (PRIs). Based on MTR team's review of GSF-India CPP, it can be said that the GSF India programme primarily aims to contribute to efforts of the SBM-G related to: 1) IEC activities-through behaviour change/CLTs interventions for demand generation, and sanitation marketing and use of media to enhance demand side intervention; and 2) Capacity building-through institutional strengthening, developing capacity, research, learning and knowledge sharing. The governments seek the support of development partners like WSSCC-GSF in implementing behaviour change strategies. The Rs. 12,000 incentive (approximately USD 181¹⁰⁹) under the SBM-G for a toilet constructed by an individual household is conceived more as a reward for toilet construction and as a retrospective recognition of the individual household's motivation and ownership in constructing and using a toilet.

Thus, the national discourse on rural sanitation in India has shifted from toilet construction to bringing about a change in behaviours and attitudes relating to sanitation and hygiene. As noted in earlier sections, this shift was a result of sanitation experiences gleaned from government programmes which showed that a hardware approach to sanitation focused on toilet construction did not automatically translate to effective and sustained use of the sanitation facility mainly due to behaviour factors such as lack of motivation for safe sanitation. It was therefore recognised that demand creation for safe sanitation must precede or be undertaken simultaneously along-side physical construction and must be further reinforced even after construction with continued support for sustaining the new practices. The focus thus shifted from individual households to groups of people like habitation, village or community working together and supporting each other in sustaining ODF status.¹¹⁰ Initial triggering through behaviour change communication to generate a meaningful demand for construction and use of improved sanitation services is now at the pivot of successful sanitation outcomes as envisioned by the governments. In that sense, the MTR finds that GSF's programme strategy focused on behaviour change through community mobilization and CLTS is very much in line with the larger sector wide strategy of achieving improved sanitation outcomes and are relevant and well aligned to the country priorities and needs in rural sanitation.

The MTR also understands that the GSF supported India programme has been effective in delivering this strategy to the extent that triggering efforts have been effective in bringing about a change in

¹⁰⁹ Conversion rate INR 66.32 = 1 USD

¹¹⁰ WSP Knowledge Sharing Forum; and Clasen et al (2014), Effectiveness of a rural sanitation programme on diarrhoea, soil-transmitted helminth infection, and child malnutrition in Odisha, India: a cluster-randomised trial, available at: [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(14\)70307-9/abstract](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(14)70307-9/abstract), accessed: April 2016

attitudes towards sanitation and hygiene among communities and households. This finding finds explicit mention in the GSF India-MTE and was further validated during consultations with state-level policy makers held by the MTR team.

Consultations undertaken by the MTR team indicate that the states and districts that the GSF operates in are decided in consultation with the state governments. The state governments are keen that development partners like the GSF (including UNICEF and WSP) take up districts where the government is lacking in sanitation performance and in general are locations which do not overlap with other development partners.

6.1.2.1 GSF-India Theory of Change

Based on the MTR team's review of the GSF-India CPP and consultations with GSF delivery partners in India like the PCM, EA and SGs, the MTR has formulated a theory of change for the GSF-India programme.

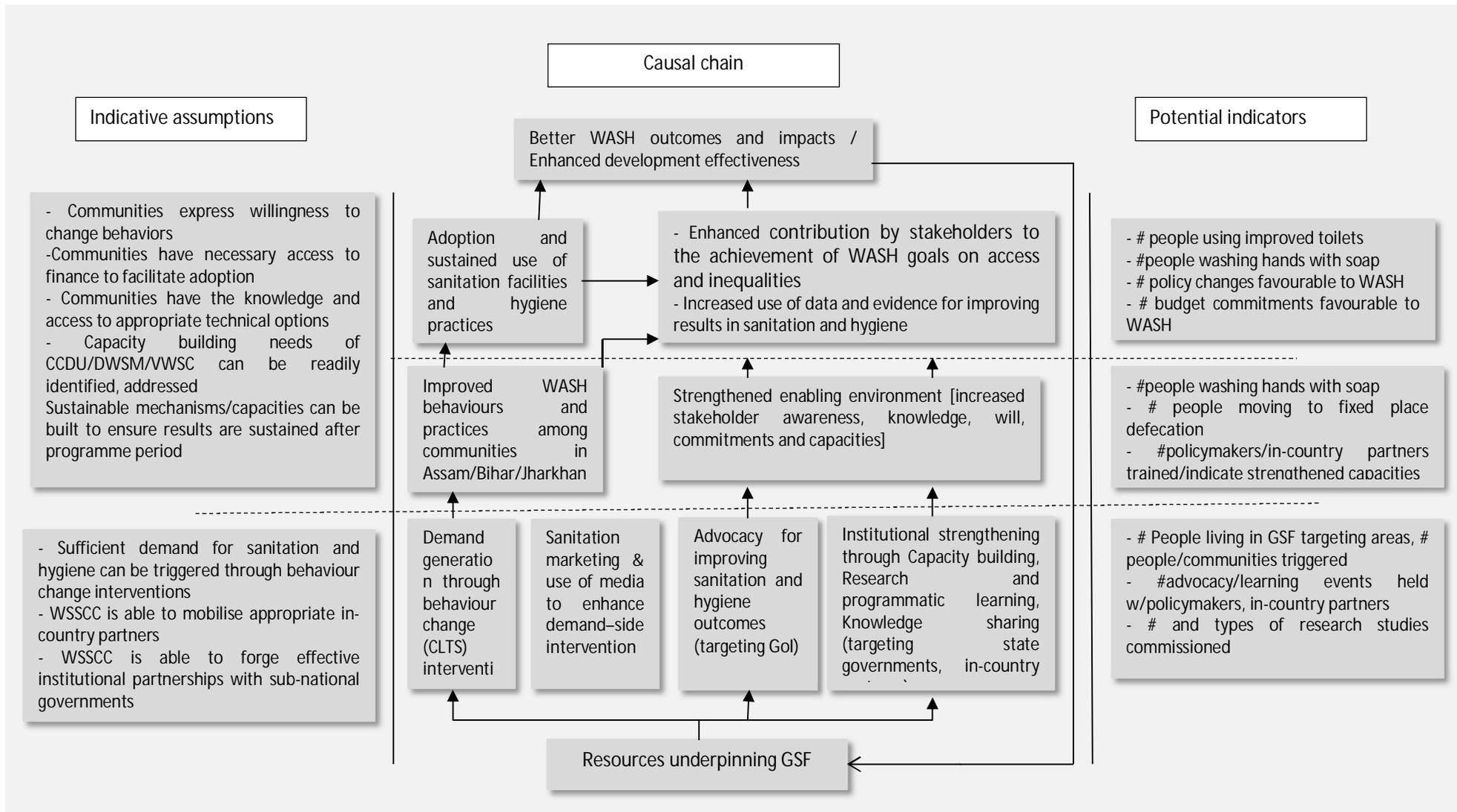
The effectiveness of the GSF supported intervention requires that the programme is delivered in active partnership with the national and sub-national governments and complements efforts undertaken by the government to promote improved outcomes in sanitation and hygiene. To this end, a key programme assumption is that the GSF Secretariat and Executive Agencies are able to forge symbiotic partnerships with the government actors such that the programme is well-aligned with the existing institutional mechanisms for sanitation service delivery right from programme inception to its successful completion. MTR review of the GSF India programme reveals that the programme has been successful in forging these partnerships with government actors and mechanisms particularly at a sub-national level, where the mandate for sanitation service delivery rests. This is further discussed in section 7.2.

GSF's on the ground supported implementation of programme objectives is primarily operationalized by awarding grants to SGs who are typically NGOs, cooperatives or private sector organizations. On this aspect, a key assumption in the programme design document/CPP appears to be that the Executive Agency is able to identify and mobilise within reasonable timelines, sub-grantees who possess the requisite capacities for undertaking programme delivery. However, a review of programme documents as well as consultations with GSF delivery partners in India suggest that the India programme experienced an initial setback as it was unable to identify local organizations with sufficient credibility to qualify as SGs in the state of Assam. In addition to causing time delays in getting the state programme underway, the lack of a sub-grantee pool also impacted further scale-up of operations to the planned levels in the state of Assam and lower than planned absorption in the India Programme overall during the first four years of programme operations. This was also a reason why the programme later sought to expand operations to the state of Bihar.

An important programme assumption on sanitation adoption and sustainability relates to the adequacy of existing programme strategies to realise the desired outcomes. In as much as the GSF India programme strategies are aligned with sector-wide strategies and priorities outlined by government and bring about the changes in behaviour, the results data reported by the GSF India programme raise questions about the effectiveness of programme in translating the attitudinal changes (people's and community's thinking around sanitation and hygiene practices and its consequences) brought about by this strategy into achievement of sustained ODF communities. According to the reported results by the GSF supported India programme's Annual Report 2015, to

date, only about 15% of the triggered communities have been declared ODF (see table 8). Programmatic realization of this relatively low conversion rate (percentage of triggered communities converting to ODF communities) is also reflected in the revision of the original CPP targets. The revised

GSF India Programme: Summary Theory of Change¹¹¹



¹¹¹ Developed by the MTR team based on review of GSF-India CPP and consultations with GSF India EA

CPP targets on ODF conversion anticipate a conversion rate of about 27%, which appears to be more realistic and closer to programme achievements compared to the original CPP targets of a 100% conversion rate (see table 8). The GSF India-MTE and GSF-India outcome surveys also indicate that the SGs are generally effective in achieving sufficient changes in attitudes and behaviours but are unable to effectively convert the triggered communities into ODF communities and sustain the ODF status.

These findings are further validated during MTR team's consultations with sector experts, and state and local government officials. It is revealed that the GSF supported India programme is "viewed as a champion when it comes to triggering communities and stimulating the initial demand for improved sanitation. The SGs are seen as having the necessary knowledge and skill to mobilize communities, adapt and deliver CLTS in ways appropriate to the local context and settings". However, the SGs (and the GSF supported programme as a whole) are perceived as unable to demonstrate their ability in translating this triggering into sustained ODF outcomes. It is felt that people and communities tend to lose the initially generated momentum unless presented with clarity on next steps and the various options available to access resources necessary to move up the sanitation ladder-access to finance and hardware, appropriate and necessary technical know-how to construct and use toilets.

State and local governments in sharing their observations from the field visits to GSF programme locations indicate that households refrain from sustained use of their newly constructed improved sanitation facilities as they harbour doubts and misconceptions with regard to capacity, durability and longevity of improved facility (like not using toilets out of the fear that cess-pits will fill up and in the absence of a public system to empty the pit the toilets will be rendered useless). The GSF India-MTE identifies other factors limiting the construction and sustained use of improved sanitation facilities such as - excessive dependence on government incentives, time lag between trigger and supply/ support for climbing up the sanitation ladder, limited/ scarce financial resources for proper toilet facilities, water scarcity especially in hilly areas, non-availability of timely and cost-effective supplies for the construction and maintenance of toilets, resistance to adopt new behaviour (comfort with old behaviour). All of these factors indicate weaknesses in the programme assumptions about the role and importance of external factors in realising desired outcomes and the limitations within existing programme strategies to effectively address these factors so as to realise sustained outcomes.

MTR team's consultations with state and local government officials expressed concerns over non-availability of upfront funding (government or private) to poor and vulnerable households and are making efforts to devise innovative arrangements where upfront funding or reimbursement half way through construction can be made available to the needy. Apart from access to finance, there is a felt need for establishment of rural sanitation marts (providing material and services needed for constructing toilets) to ensure timely supply of hardware materials. An alternate approach proposed by government officials in order to ensure timely and low-cost supply of hardware materials is to facilitate emergence of local entrepreneurs to manufacture these hardware products. Access to skilled and trained labour to appropriately construct pucca toilets is another identified challenge facing toilet construction.

Much work needs to be undertaken on the supply side with a clear definition of the approach and strategy to sanitation marketing. Apart from focusing on behaviour change, the GSF India

programme needs to recognize the need to further align triggering, subsidy, follow up and effective supply as components of programme strategy.

6.1.2.2 *Equity Considerations*

The Gol's SBM-G guidelines emphasizes a focus on equity and inclusion: "Providing access to the different categories of people who are not able to access and use safe sanitation facilities shall be a priority... include among others, those who are socially and economically marginalised, those who are unable to use sanitation facilities constructed with standard designs. Women, children, people of certain castes, faiths and ethnicities, older people, pregnant women, people with disabilities, geographically marginalised populations in remote areas, as well as those living in areas where it is difficult to construct simple toilets"¹¹²

The GSF was established with an aim to serve a large number of poor and marginalized people in sanitation needy countries to adopt good hygiene behaviour, and access and use safe sanitation services on a sustained basis. GSF's guiding principles include "targeting poor and un-served communities" and "incorporating gender considerations" .¹¹³ The MTR team's review of the GSF-India CPP suggests that there is no explicit targeting of beneficiaries from poor, marginalized and vulnerable groups. The CPP does not sufficiently emphasize equity considerations based on inter or intra household inequalities and falls short of recognizing the specific sanitation needs of the poor, marginalized, women, aged and disabled. The GSF-India MTE suggests that it is only in the learning interventions of the programme that issues of equity are finding a voice. The MTE notes that the formative research pieces and the choice of learning notes and case studies display a strong emphasis on the need to understand and adapt interventions to address gender issues.

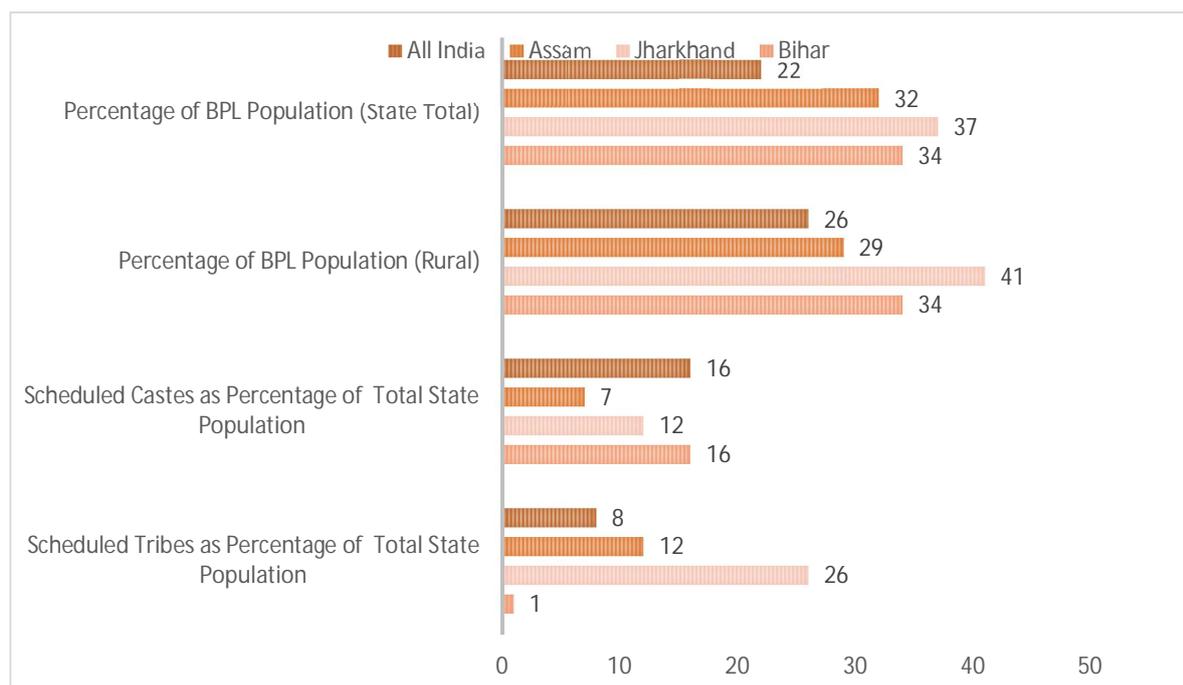
However, field visits undertaken by the MTR team to GSF programme locations in Bihar and Jharkhand and MTR team's consultations with GSF delivery partners in India and state government officials indicate that the programme has reached geographically remote communities, low-income and socially marginalized groups in India by promoting in-country targeting of resources to areas and populations that are needier and have more potential for impact. The three states in which GSF operates demonstrate a high incidence of rural poverty, a significant Scheduled Caste (SC)/Scheduled Tribes (ST) population, and low sanitation coverage. Consultations with GSF's delivery partners and government officials revealed that even within these 3 states, the GSF very often operates in remote and underserved locations.

However, it is important to note that GSF programme at the global level aspired to track the percentage of disadvantaged households and individuals changing from open to fixed-place defecation, changing from fixed-place defecation to using improved sanitation facilities, and washing their hands with soap. However, as indicated to the MTR team by the GSF secretariat and GSF delivery partners in India, at present GSF-India (like other country programmes) does not collect data on these indicators which makes it difficult to render meaningful observations on GSF's contribution to the equity goal in sanitation and hygiene.

¹¹² Guidelines for Swachh Bharat Mission, Gol (October 2014), available at: <http://www.mdws.gov.in/sites/default/files/SwachBharatGuidelines.pdf>, accessed: April 2016

¹¹³ GSF Operations Manual, 2015

Figure 4 Percentage of Total Population: Below Poverty Line (BPL), Scheduled Castes (SCS) and Scheduled Tribes (STs)



Source 10 Census of India 2011, GoI

MTR consultations with state government officials in Bihar and Jharkhand revealed that the governments are working on an extremely ambitious mission mode wherein at a time entire blocks and districts will be targeted for ODF outcomes. The aim is to achieve 100 percent ODF when targeting a particular geographical and administrative area. This in effect would mean that all communities in a village/ in a Gram Panchayat (local administrative unit in rural India), including poor and marginalised groups, will be targeted for improved sanitation outcomes. However, during these consultations, policy makers also noted that achieving good ODF conversion rates among the poorest communities has been harder as sanitation programmes need to take into account factors beyond behaviour change such as access to affordable financing and low-cost technology options. State governments look for support from development partners such as WSSCC-GSF in devising innovative methods to address these programme challenges.

6.2 Engagement with National and Local Systems and Actors

6.2.1 Summary

The GSF supported India programme has been successful in forging symbiotic partnerships with government actors and mechanisms at a sub-national level (at the state and district level). The Executing Agency demonstrates an ability to systematically engage and communicate with politicians and government officials. The GSF/WSSCC, along with other development agencies has played a key role influencing the sanitation policy discourse in India and implanting the fundamentals of behaviour change (including triggering for demand generation for sanitation and improved hygiene) and IEC as important components of sanitation policy design and implementation. However, the advocacy component of the GSF supported India programme needs to be expanded beyond media partnerships and the PCM should play a greater role in advocacy. WSSCC's NCs (not only in India but largely across the GSF countries) are perceived to be well connected in the policy circles

with an ability to exert considerable influence on policy makers. However, the insufficient integration among the NC and GSF is seen as limiting GSF's advocacy potential. With regard to capacity building and institutional strengthening, the performance framework of the GSF supported India programme is focused on delivery of training and fails to measure the targeted outcome of that training, making it difficult to assess the quality of capacity development. There is no clear assessment of changes in the institutional or organizational capacity that these trainings have contributed to. The programme is yet to undertake any significant work in the area of sanitation marketing.

6.2.2 Discussion on Findings

6.2.2.1 Engagement with Governments and Policy Makers

The CPP of the GSF supported India programme identifies support for advocacy, networking and media partnership efforts to enhance the momentum of discourse on sector issues, ensure wider attention to successful experiences, facilitate substantive reflection on issues of policy and operational best practices, and inform changes in sector policy and practice.

Table 13 List of Advocacy Efforts Undertaken by GSF India Programme

GSF India Advocacy Efforts
<ul style="list-style-type: none"> ▪ Media partnerships to engage media on the issue of sanitation by leveraging their strength to influence policy and practice in the states (2012, 2013, 2014) ▪ Organized exposure visits of media personnel to create an enabling development environment for Sub Grantees and disseminate best practices (2012, 2013, 2014) ▪ Organized Bihar Sanitation Summit (Banega Swachh Bihar) to establish political commitment of Government of Bihar to make sanitation a state priority and agree on a mechanism to support Panchayats to become ODF (2015) ▪ Organized Jharkhand Sanitation summit leading to setting up of deadline for making Jharkhand free from OD (2015) ▪ Organized round table on Sanitation in Bihar to promote convergent action between departments (2013) ▪ Organized essay and painting competition on sanitation of 25,000 school children and their parents at single time in all the schools in Kamrup rural district of Assam (2015) ▪ Supported Ministry of Drinking Water and Sanitation, Government of India to launch National Sanitation Hygiene Awareness Week (2014) ▪ Organized Global Hand Washing Day and World Toilet Day every year at state, District, Block and Panchayat level to promote collective behaviour change (continuous from programme inception)

Source 11 Compiled by MTR team based on data shared by GSF delivery partners in India

The GSF supported India programme's MTE remarks that the key strength and contribution of the programme in this area is the EA's ability to systematically engage and communicate with politicians and government officials. However, it also notes that within the programme there is no effective tracking of these significant contributions made to relationship management with governments. The MTE also states the need for expanding the advocacy component of the GSF supported India programme beyond media partnerships and envisions the PCM as playing a greater role in advocacy efforts.

While these findings were reiterated through MTR team's consultations with governments and sector experts, it is also understood that the GSF/WSSCC, along with other development agencies has played a key role by influencing the sanitation policy discourse in India and implanting the fundamentals of behaviour change (including triggering for demand generation for sanitation and improved hygiene) and IEC as important components of sanitation policy design and implementation. Further, MTR team's consultations with GSF delivery partners in India and state

government officials suggests that the GSF India programme is also doing well in trying to align with the national definition of ODF outcomes and further aligning with state governments.

Consultations undertaken by the MTR team with sector experts, state governments and counterpart organizations indicate that the WSSCC's NCs (not only in India but largely across the GSF countries) are perceived to be well connected in the policy circles with an ability to exert considerable influence on policy makers. At the same time, these consultations also point out the insufficient integration among the NC and GSF as limiting GSF's advocacy potential. WSSCC's NC for India (based on personal experience and interactions with NCs in other GSF countries) during consultations with the MTR team expressed dissatisfaction with the lack of formal engagement of the NCs (not only in India but globally) with the GSF. Apart from participating as members of the PCM and providing high-level guidance, the NCs feel "thinly connected" with the actual modus operandi and activities of GSF's strategy and implementation. The NCs feel a sense of exclusion from the GSF given that the NC position is "voluntary, not paid and thus having no authority" over the funding and implementation of the GSF supported country programmes. With specific regard to India, the NC also indicated the prolonged time taken and efforts made by the NC to clarify to the central ministry and its officials that "the GSF supported programme in India is indeed a funding mechanism established by the WSSCC, hosted by the UNOPS and not an independent global fund". Consultations with the NC further revealed that efforts were made by WSSCC in the year 2013 to prepare a Strategic Engagement Plan (SEP) for the India NC which involved consultations with the EA and the GSF secretariat. However, the NC's participation in the GSF remained limited, particularly during the initial years of the GSF programme. Overtime, the NC has built a relationship with the EA and has been participating in GSF's meetings and events. MTR team's consultations with GSF Secretariat suggest that measures have been taken over the past year (in 2015) in order to improve the NC and GSF links through GSF staff meetings with NCs during missions, regional meetings held with EAs and NCs, and inclusion of NCs at the GSF Global Learning Event.

Consultations with government officials at the state level revealed a need for a more direct and frequent engagement with the GSF's Secretariat (like with staff members of UNICEF and WSP) apart from engaging with the EA (viewed as a GSF partner and not GSF itself) to better understand GSF's long-term agenda and the potential for continued support to governments in the future. The MTR team's consultations with GSF secretariat indicate that the GSF staff meet the government officials during missions and communicate with them between missions and typically ensure government representation on the PCMs. However, consultations with members of the AC suggest the need for the GSF's Secretariat to get more involved with country level policy advocacy. There are concerns around existing capacities in the Secretariat to undertake policy dialogue and translate on the ground success achieved by GSF programmes into strengthening GSF's visibility as a key sector player in the country and negotiating more voice among policy makers. At present, most of the effective advocacy work in GSF is supported by WSSCC/GSF's senior management which is not a sufficient and sustainable model, given the size of the programme in terms of number of countries served. Some of the other factors flagged by the AC members and sector experts as limiting the in-country identity of the GSF include the absence of country offices, unlike other major WASH sector actors (WSP, Wateraid, UNICEF).

6.2.2.2 Institutional Strengthening and Capacity Building

GSF India programme's CPP in recognizing the need to develop capacity for sustainable promotion of improved sanitation and hygiene aims to contribute to institutional strengthening and capacity building through programmatic interventions like- institutional strengthening and capacity building of key state-level implementing agencies, capacity building at district and sub district level, training input for SG staff (local organisations) and government counterpart staff for improved service delivery in sanitation. Strengthening state level implementing agencies is seen as crucial to scaling up successful approaches state-wide and for realizing the potential of learning and partnerships with civil society, various government departments and private sector.

Table 14 List of Capacity Building Efforts Undertaken by GSF India Programme

GSF India Capacity Building
<ul style="list-style-type: none">▪ Training Need Assessment (TNA) of Capacity development Units (CCDUS) of Jharkhand (2012) and Assam (2013) and capacity building of CCDUs of these states▪ Training of SGs team on Community Led Total Sanitation (CLTS) approach and hygiene promotion and behaviour change (2012-13)▪ Training of all 16 District Water and Sanitation Missions (DWSMs) on key messages and development of responsive IEC strategy (2012, 2013)▪ Training to DWSM officials and District Sanitation coordinators on hygiene promotion approaches (2012, 2013)▪ Training masons and supporting service suppliers. 1200 masons trained by year 5 of the programme and 3 suppliers supported. (2012, 2013, 2014, 2015)▪ Training of Gram Panchayats in Demand generation and behaviour change communication (2012, 2013, 2014, 2015)▪ Training of Village animators on Sanitation options (continuous since programme inception)▪ Hygiene promotion training to Village Water and Sanitation Committees (VWSCs) for education and awareness creation on sanitation and hygiene amongst communities (continuous since programme inception)▪ Training to ASHA and Anganwadi workers on promotion of key hygiene messages (continuous since programme inception)▪ Orientation for production centre managers and rural sanitation mart managers on responding efficiently and effectively peoples demand (continuous since programme inception)▪ Training to NGOs/SGs on use of media vehicles and products (continuous since programme inception)▪ State Sanitation Networks in Jharkhand and Bihar (developing civil society network-'Vishwas') but their role and expected contribution not included in performance framework (continuous since programme inception)

Source 12 Compiled by the MTR team based on data shared by GSF delivery partners in India

Also, the GSF India's MTE based on an assessment of the CPP, points out that the programme's exit strategy emphasizes the importance of the programme's ability to help strengthen local and state level institutions and to build multi-stakeholder coalitions. MTE states that while the CPP recognizes the need for increasing the financial and technical support to state sanitation networks, it does not indicate the scale and scope of this support. The MTE further notes that there is no systematic measurement of results achieved in the area of capacity strengthening. The performance framework of the GSF supported India programme is focused on delivery of training and fails to measure the targeted outcome of that training, making it difficult to assess the quality of capacity development. There is no clear assessment of changes in the institutional or organizational capacity that these trainings have contributed to.

Consultations with government officials indicate that the GSF India programme is not significantly contributing to the actual institutional strengthening or capacity building of the state and local government organizations. The government officials at the state level expressed dissatisfaction with

regard to GSF's ability to invest in human resources for providing technical and capacity support to the government in formulating and implementing interventions. GSF is perceived as being inflexible to adapt to the specific support and capacity needs of the state and local governments. Other agencies like the UNICEF are seen to be more flexible to adapt to the government's capacity needs and provide support and assistance in planning, strategizing and implementing. The government officials view organizations like the UNICEF as a more suited development partner than the GSF, given UNICEF's ability to invest more in human resources. This is seen as not only allowing the UNICEF to dedicate more man power to work closely with government departments, but also enabling the UNICEF to control the quality of these human resources since they are hired as UNICEF staff. Whereas, GSF operates through the EA and SG staff which limits its direct control over the quality and accountability of each and every staff. GSF's conditional funding (mainly focused on implementation) is seen as limiting the programme's contribution to effectively support government implementation.

The GSF supported India programme's CPP in proposing to develop capacity for sustainable promotion of improved sanitation and hygiene envisaged support to SGs on sanitation marketing to ensure promotion of locally appropriate technological options. MTR team's consultations with state and local government officials revealed that apart from organizing and conducting training of masons, the GSF supported programme in India is yet to undertake any significant work in the area of sanitation marketing. Further consultations undertaken by the MTR team with GSF's delivery partners in India indicate that these mason trainings have not played a significant role in ensuring availability of local labour for toilet construction. Their experience indicates that local people who undergo training, acquire the necessary skills and knowledge and then migrate to urban areas for employment opportunities leaving the local communities unreached by the benefits of the training.

6.3 Monitoring, Evaluation and Learning

6.3.1 Summary

Effective monitoring of slippage is a sector-wide challenge facing governments and development partners in India, and the GSF is not seen as making any substantial contribution to monitoring slippage. The GSF has done well in aligning with national definitions of ODF outcomes. However, consultations with sector experts and counterpart agencies raised concerns with regard to credibility and reliability of results reported by the GSF (not only in India but globally like in Madagascar). The GSF supported India programme is seen to be making a considerable effort in the area of learning, but not as significantly contributing to the sector at large on key issues like impact, sustainability, and programme risks.

6.3.2 Discussion on Findings

6.3.2.1 Monitoring and Verification of ODF Outcomes

The Gol's SBM-G emphasizes achievement and sustainability of ODF outcomes. After its launch in October 2014, the Gol formulated a national definition of ODF indicators to measure ODF. However, in order to ensure greater ownership of outcomes and processes, accountability and quality of implementation of the SBM-G, the states have been empowered to choose and formulate a suitable and credible process to verify these indicators. The central government issued letters to the state

governments in 2015¹¹⁴ requesting states make Open Defecation Free (ODF) a basis for planning and monitoring in the sanitation sector. Further, to ensure uniformity in parameters for ODF, the central government issued a definition of ODF along with guidelines for ODF verification by states.

Under the SBM-G, "ODF is the termination of faecal-oral transmission, defined by (a) No visible faeces found in the environment/ village; and (b) every household as well as public/community institutions using safe technology option for disposal of faeces. (Safe technology option means no contamination of surface soil, ground water or surface water, excreta inaccessible to flies or animals, no handling of fresh excreta; and freedom from odour and unsightly condition)". Indicators of ODF as defined by Gol's SBM-G at the household level include: 1) access to toilet facility, 2) 100% usage, 3) fly-proofing of toilet, 4) safe septage disposal, 4) hand-washing before meals, 5) hand-washing with soap after defecation, and 6) availability of soap and water in or near the toilet. Indicators at the village include: 1) no visible faeces found in the environment/village, 2) proper usage of school toilet, 3) safe confinement of excreta in school toilet, 4) proper usage of anganwadi toilet, and 5) safe confinement of excreta in anganwadi toilet.¹¹⁵

The Census of India provides information about the availability and type of sanitation facility within household premises. Table 9 below presents the different types of sanitation facilities accessed at a household level which are reported by the House listing and Housing Census, Census of India 2011.¹¹⁶ It is pertinent to note here that the categorisation of sanitation facilities by the Census of India is consistent with sanitation categories present in JMP definitions.

Table 15 Classification of Latrine facilities at a household level

	Type of Latrine Facility
I	Flush/pour toilet latrine connected to
	Piped sewer system
	Septic system
	Other system
II	Pit latrine of which
	With slab/ventilated improved pit
	Without slab/open pit
	Night soil disposed into open drain
III	Service latrine of which
	Night soil removed by human
	Night soil serviced by animals
IV	No latrine within premises of which
	Public latrine
	Open Defecation

Source 13 Census of India 2011

While the Census of India does not elaborate further on the types of sanitation facilities and their status as improved or unimproved, guidelines under the SBM-G for instance suggest that "a duly completed household sanitary latrine shall comprise of a Toilet Unit including a substructure which is sanitary (that safely confines human faeces and eliminates the need of human handling before it is fully decomposed)".

In view of the concepts and definitions about the types of sanitation facilities, it appears reasonable to infer that the Census categories of sanitation facilities, namely - flush/pour flush

toilet latrine and pit latrine with slab/ventilated improved pit - can be

¹¹⁴See Ministry of Drinking Water and Sanitation, Gol website, available at: http://www.mdws.gov.in/sites/default/files/R_274_1441280478318.pdf, accessed: April 2016

¹¹⁵ Guidelines for Swachh Bharat Mission, Gol (October 2014), available at: <http://www.mdws.gov.in/sites/default/files/SwachBharatGuidelines.pdf>, accessed: April 2016

¹¹⁶ <http://censusindia.gov.in/2011-Documents/Houselisting%20English.pdf>

considered as improved or sanitary or pucca, and the remaining categories can be considered as unimproved or unsanitary or kutcha. This categorisation is in line with related definitions proposed by the JMP.¹¹⁷

As noted in section 7.2, consultations held by the MTR team with GSF delivery partners in India and government officials suggests that the GSF India programme (like most GSF country programmes) has attempted to align with the national definition of ODF outcomes and further aligns with state governments. However, the GSF -MTE points out to a lack of clarity and consensus on the definition of an acceptable toilet within the GSF India programme. The GSF-MTE also notes that the GSF India programme is unable to effectively capture and report on the quality of the toilet constructed primarily because the Gol and the state governments are suggested to have a stricter view of an acceptable (pucca) toilet which goes beyond the JMP definition of an improved toilet. The GSF-MTE therefore recommends that the GSF India programme lobby with the government to be more flexible on what may be considered an acceptable toilet. The MTR observations in the preceding paragraph about definitions for improved and unimproved toilets in India counter these assertions in the GSF-MTE and GSF-M&E assessments. Stakeholder consultations held by the MTR did not offer any clarity around this issue. The MTR therefore has no conclusive evidence to suggest that stringency in the Gol definitions for acceptable toilets undermine GSF India programme efforts.

The measurement of ODF outcomes goes beyond a one-time exercise of declaration of ODF to include an ongoing verification of the ODF status. The SBM-G's guidelines for verification of ODF are indicative and meant as guidance for states to evolve their own mechanism based on the above definition of ODF. The guidelines lay down the following as components of the ODF verification process by states: 1) starting point is the self-declaration by the village of achievement of ODF status, 2) two rounds of verification, the first after three months of ODF declaration and the second after approximately six months to assess medium-term sustainability, 3) verification can be carried out by own teams or by a third party. In the case of own teams, there is a need to ensure cross verification across villages/blocks/districts and inclusion of non-governmental, independent and reputed people. In the case of third party, there is a need to ensure clear TORs and standards for verification process and consider a voluntary team, 4) verification process must include both household and village level survey questions based on ODF definition and indicators, 5) the verification team/ people must have appropriate training and understanding of ODF definition including safe and disposal of excreta.¹¹⁸

Consultations undertaken by the MTR team with state and local government officials indicate that the states are largely working towards the Gol's guidelines of the verification process wherein, after self-declaration by the community/ village, a verification is undertaken by officials of the Public Health Engineering Department at the district level followed with a verification by an interdepartmental committee at the district level. Three months after self-declaration by the community/village, a second round of verification is undertaken by a committee comprising officials from the state governments and external development partners. Further, six months after the self-

¹¹⁷ Das, K.C. and Kumar, Ashwani, Drinking Water and Sanitation Facility in India and Its Linkages with Diarrhoea among Children under Five: Evidences from Recent Data, April 2014, International Journal of Humanities and Social Science Invention

¹¹⁸ Guidelines for Swachh Bharat Mission, Gol (October 2014), available at: <http://www.mdws.gov.in/sites/default/files/SwachBharatGuidelines.pdf>, accessed: April 2016

declaration by community/village a committee comprising national/central government representatives verifies the ODF status of the community or village.

MTR team's consultation with GSF's delivery partners in India suggest that the GSF India programme is closely working with the communities, and the state and local governments to support systems and processes of verification to ensure the protocols are rigorously followed. After self-declaration by the community/village, the PRI at the village level is required to make an application to the district and state government officials to request verification. The EA and SG staff plays a role in facilitating this process by ensuring that the district and state governments are responsive to the PRIs and schedule the verifications in a timely manner. Also, the EA and SG staff act as members (as external development partners) of the state government's verification committee. It is important to note that the EA and SG will not participate in the verification of the areas/locations of its own operations.

The MTE points out that the GSF India programme does not systematically track the number of households or communities that slip back or that fail to remain ODF overtime which makes it difficult to assess the sustainability of the ODF status achieved by households and communities. Indicators on the number of households and communities only focus on those that move up the sanitation ladder (moving from open to fixed place defecation and from fixed place defecation to using improved toilets) and not on those slipping backward/ downward. Thus, there is no systematic tracking of slippage and also no monitoring of the time taken for the triggered households and communities to reach ODF status. MTR team's consultations with the Executing Agency suggest that after the final verification of ODF status of the community, the Sub-Grantees stay engaged with the communities through follow-up visits over a period of 6 months to 1 year. However, staff and resource constraints within the country programme (including implementing partners) are noted to be hampering the programme's ability to meaningfully engage in effective follow up visits to ensure sustained improvements in sanitation and hygiene behaviour and continued use of sanitation services. MTR consultations with local and state governments indicate a perception from this stakeholder constituency that the GSF country programme does not sufficiently invest time and efforts in follow up activities to ensure that the communities maintain their ODF status. However, it is important to note that effectively monitoring slippage is a sector-wide challenge facing governments and development partners in India. It is understood that though the process of monitoring and tracking slippage is most crucial to sustaining sanitation outcomes, it is also the least effectively followed.¹¹⁹

6.3.2.2 Credibility and Reliability of Reported Results

The MTE of the GSF India country programme indicates that "field visits were undertaken to a sample of operational sites to primarily validate and verify reported results consisting of informant interviews, focus group discussions and visual verification." Based on this, the MTE states that the results reported by the GSF India programme on the numbers of households and communities converting to ODF and constructing toilets are in general true and accurate at the time of reporting. However, the GSF India programme displays a tendency of "snapshot monitoring" and there is "not sufficient granularity and precision" in reporting of the ODF outcomes to indicate sustained use of

¹¹⁹ Linking Service Delivery Processes and Outcomes in Rural Sanitation: Findings from 56 Districts in India (2013), WSP: available at: <https://www.wsp.org/sites/wsp.org/files/publications/WSP-Linking-Service-Delivery-Processes-Outcomes-Rural-Sanitation-Findings-Districts-India.pdf>, accessed: April 2016

sanitation services and maintenance of the ODF status. The GSF-MTE also recognizes this shortcoming not only specific to the GSF programme but also to governments and other external agencies.

The role of the CPM is intended to improve the reliability of results, and the GSF-M&E assessment does find that the CPM has been effective in delivering its role. However, MTR consultations with GSF’s Executing Agency in India indicate that presently there is no formally written protocol for verification of results reported by the Sub-Grantee. Largely, in the areas of GSF’s operations after self-declaration by communities, the Sub-Grantees verify and report to the Executing Agency. The Executing Agency itself then verifies about 10% of the total communities reported. It is only after 2014 that the GSF India programme has attempted to align with government’s verification guidelines. The Executing Agency claims to have verified about 50% of the total numbers reported at the end of 2015. The Executing Agency is of the opinion that about 70% of the total reported communities pass the first time verification and the rest are referred for further verification. MTR team’s consultations with sector experts indicate that based on an understanding of the general trend in rural sanitation in India, a government or external agency claiming that 70% or more of the reported results pass first time verification raises “a big question mark on the reliability of numbers reported”.

Consultations undertaken by the MTR team with sector experts and counterpart agencies suggest that “reliability of GSF results are particularly questioned because in-country partners who are responsible programme implementation are tasked with monitoring and verification of results. This raises questions around the incentive structures present for reporting accurate results and to what extent the quality of reported data is compromised. The “likelihood of state and local governments openly criticizing the credibility of the GSF is very low, given that the governments only appreciate any support from external agencies to achieve the challenging task of sanitation”. Further, MTR team’s consultations indicate that “global development agencies in the WASH sector have started questioning the credibility and accountability of the GSF (not only in India but in other countries like Madagascar) and are increasingly becoming intolerant in their view of the GSF and the WSSCC as a trusted partner”.

6.3.2.3 Evaluation and Learning

The GSF India programme’s CPP indicates that the programme aims to promote a culture of continuous learning among all stakeholders by promoting learning on a national platform through providing support for results based formative research, advocacy papers, documentation and dissemination of experiences and lessons, and learning events. The GSF India programme explicitly focuses on learning as a key objective and strategy to improve programme interventions and contribute to the wider discussions in the sector. Consultations undertaken by the MTR team with GSF delivery partners in India indicate that the programme has organized a couple of national consultations and published case studies and learning notes (see table 13 below).

Table 16 List of Learning and Knowledge Sharing Efforts Undertaken by GSF India Programme

GSF India: Learning and Knowledge Sharing Undertaken
<ul style="list-style-type: none"> Organised National Consultation on Sanitation Partnership along with Ministry of Drinking Water and Sanitation, Government of India leading to “Shillong Declaration” on promoting partnerships for sanitation (2015)

- Organised “INDOVATION” with Ministry of Drinking Water and Sanitation, Government of India to support innovations in technical and social aspects of Swacch Bharat Mission (2015)
- Published Toilet Talk (Half yearly newsletter) Volume I & II (2013, 2015)
- Published compendium of case studies “The Sanitation Drive in Assam-Voices from the Ground” (2014)
- Published compendium of case studies “Tracking Toilets on the Ground-Case studies from Jharkhand” (2013)
- Published compendium of case studies “Local Accelerators- Promoting Sustainable Sanitation in Rural Areas” (2015)
- Published Learning note “Equity in Access, use and benefits- Bringing sanitation to the rural poor” (2015)
- Published Learning note- Acting locally to make sanitation work “Partnership and Collaboration for Sanitation & Hygiene Promotion”(2013)

Source 14 Compiled by the MTR team based on data shared by GSF delivery partners in India

The MTE notes that the programme is making a considerable effort in the area of learning and the quality of the learning outputs (research studies, case studies and learning notes) is in general good. Though reflection is taking place and lessons are being learnt, the MTE raises a concern about the outsourcing of learning outputs to research partners and consultants. This external production of learning outputs is hampering the internal nesting of the learning function. The MTR team’s consultations with GSF delivery partners in India indicate insufficient human resources within the programme to actively engage in producing learning outputs.

Consultations undertaken by the MTR team with sector experts indicate that learning materials produced by the GSF (globally and not specific alone to the India programme) often lack rigorous evidence and research. Most of the evaluations and learning documents in the public domain and shared on the WSSCC’s website are “promotional in nature and do not provide a basis to appropriately judge GSF’s performance and the actual achievement of results”. External stakeholders like sector experts and counterpart agencies hold a perception that GSF does not have in-built learning systems that promote in-house research. MTR’s consultations with sector experts indicate that GSF is not seen as making a significant contribution with regard to informing the sector at large on key issues like impact, sustainability, and programme risks. Expert consultations further suggest that programmes like the GSF “must focus on reporting and sharing not only their successes but also failures with regard to what has not worked and what they have learnt”. They suggest that many in-country GSF programmes “seem to have missed an opportunity to emphasize learning as an integral part of programme implementation right from its inception”. This includes GSF India, although steps are being taken to remedy this through the commissioning in 2015 of the impact evaluation in Bihar.

Like mentioned in section 2, the GSF had commissioned a number of evaluations on various aspects of its programme design and delivery, to help identify weaknesses and facilitating factors that might ensure improvements in programme delivery and outcomes. These include: 1) Sustainability Review of GSF programmes (Uganda, Senegal and Madagascar), 2) Mid-Term Evaluation of GSF programmes in seven countries (Madagascar, Nepal, Senegal, Malawi, India, Cambodia and Uganda programmes), 3) Value for Money in GSF Programmes (detailed case studies of Cambodia and Madagascar; desk reviews of Malawi, Nepal, Senegal and India), 4) Diagnosis of the GSF M&E systems. Findings from these studies are expected to help strengthen programme components such as sustainability, equity, value for money and monitoring, which are central to its performance.

6.4 Value for Money

6.4.1 Summary

The GSF commissioned Value for Money (VfM) study notes that in comparison to some other GSF supported programmes like in Senegal, Malawi and Nepal, the costs of triggering are lower under the GSF supported India programme. However, the programme demonstrates one of the highest proportionate differences between the costs for number of people changing from open to fixed place defecation and the costs for number of people changing to use improved household sanitation. The higher cost incurred by the programme to achieve ODF status is also reflected in the low ODF conversion rates of the India programme (only about 15% of communities triggered are declared ODF). Straightforward intervention models such as the GSF with its primary focus on behaviour change may not be adequate to ensure adoption and sustainability of sanitation outcomes. External factors play a strong role in influencing desired programme outcomes. Any attempt to address these external factors alongside the primary intervention will likely increase the unit costs for adoption and sustainability of sanitation outcomes. The GSF supported India programme also records higher expenditure towards activities such as knowledge and learning, institutional strengthening and advocacy, which contribute to sector outcomes. The MTR team could not procure necessary data to enable a comparative assessment of unit costs of the GSF supported India programme against rural sanitation interventions supported by other sector actors such as UNICEF, WaterAid and World Bank (WSP).

6.4.2 Discussion on Findings

In 2015, the GSF programme undertook a value for money (VfM) study, which includes a desk review of the GSF-India programme. This study offers an in-depth assessment of costs and value for money as it has mapped financial expenditures from all sources which contribute towards achievement of target outputs and outcomes. Value for money is presented in terms of cost efficiency¹²⁰ of the programme or the extent of take-up of sanitation facilities by the GSF target population. Desk review results from this study propose the following VfM indicators for the GSF India programme:

1	Villages triggered	USD 66
2	Villages re-triggered	USD 12
3	Schools triggered	USD 61
4	ODF communities	USD 2,678
5	People living in ODF environments	USD 3.8
6	Number of people adopting hand washing practices with soap and water at critical times	USD 2.1
7	Number of people changing from open to fixed place defecation	USD 1.1
8	Number of people changing to use an improved household sanitation facility (JMP definition)	USD 4.6

Notes: 1) VfM Indicators 1-3 are economy indicators [costs of triggering activities (output-level)]
 2) VfM Indicators 5-8 are efficiency indicators [costs of all programme activities (outcome-level)]
 3) VfM Indicator 4 – output or outcome?

The study notes that the costs of triggering are lower under the GSF supported India programme as compared to the other GSF countries (Senegal, Malawi, Nepal) for which desk reviews were conducted. However, the India programme is one of the highest in terms of proportionate difference between indicators 7 and 8 – only one fourth of households that convert from open to fixed place

¹²⁰ Cost efficiency is the cost-per access or cost-per-person gaining access to sanitation facilities as a result of the programme intervention

defecation actually shift to using improved sanitation facilities (JMP definitions). The higher cost incurred by the programme to achieve ODF status is also reflected in the low ODF conversion rates of the India programme (only about 15% of communities triggered are declared ODF). The study points out that ODF conversion rates may not be reflective of programme efficacy as these rates are likely to be influenced by other factors such as stringency of ODF verification requirements and extent to which societal attitudes can be shifted. These reasons for lower ODF conversion merely reinforce findings from the case study (see sections 7.1 and 7.3) that straightforward intervention models such as the GSF with its primary focus on behaviour change may not be adequate to ensure adoption and sustainability of sanitation outcomes. External factors play a strong role in influencing desired programme outcomes. From a value for money standpoint, any attempt to address these external factors alongside the primary intervention will likely increase the unit costs for adoption and sustainability of sanitation outcomes.

The GSF India-VfM study also points out that among the GSF countries, for which VfM-related desk reviews were conducted, the India programme records higher expenditure towards activities such as knowledge and learning, institutional strengthening and advocacy, which contribute to sector outcomes. As these activities and outcomes are not monitored and reported by the GSF supported India programme, the MTR was unable to conduct a rigorous analysis of the efforts undertaken by the GSF India programme on this front. Section 7.2 presents our analysis of related efforts based on documentary evidence shared with the MTR team and anecdotal reports of policymakers and GSF India delivery partners gathered during MTR consultations.

It was proposed in the case study methodology that a comparative assessment of unit costs of the GSF supported India programme against rural sanitation interventions supported by other sector actors such as UNICEF, WaterAid and World Bank (WSP) may be undertaken based on availability of comparable data. However, the MTR could not procure necessary data to enable this comparison. The consultation with UNICEF indicated that UNICEF does not undertake sanitation implementation programmes such as GSF but focuses on technical assistance to government agencies aimed at strengthening implementation of government programmes.

7 Concluding remarks

The GSF supported programme in India which started in 2010 was to end in 2015 but is extended up to 2017. At the end of five years the is operational in 15 districts across three states (Jharkhand, Bihar and Assam). While the original CPP mentions only the two states of Jharkhand and Assam, the revised CPP included the state of Bihar. Evidence from WASH literature suggests that WASH programmes broadly need to embed key design attributes such as appropriateness of strategy, engagement with national and local systems for WASH, robust monitoring, evaluation and learning systems and value for money considerations in order to achieve improved scale and sustainability of outcomes. The extent to which these critical attributes are embedded within the GSF supported India programme design was examined under this case study in order to inform programme strategies going forward.

The case study finds that the GSF supported India programme's strategy with its primary focus on behaviour change through community mobilization and CLTS is relevant to the rural sanitation context in India where behaviour change is commonly identified as a key challenge to realising

improved outcomes in the sanitation sector. Sanitation is an identified national priority in India owing to the wide disparities in sanitation access, with CLTS as the GoI recommended strategy for behaviour change in sanitation and hygiene. It can therefore be noted that the programme design of the GSF supported India programme - with its emphasis on demand creation through community mobilisation is aligned with the country and sector context as well as with GoI's sector wide strategy for achieving improved sanitation outcomes. However, implementation delays, particularly in the states of Assam and Jharkhand which were originally selected in the CPP suggest that the programme design was perhaps not realistic in its assessment of operating context and risks and partner capacity for implementation. A more rigorous background assessment of the state context and settings particularly in regard to the presence and quality of local organizations in the state is clearly desired at the design phase. This would help the programme to better estimate the time taken to mobilize and partner with local organizations, thus, enabling better planning of programme timelines and programme targets.

The programme has been effective in mobilizing communities and triggering them through CLTS by changing people's attitudes towards sanitation and hygiene. However, it has been less effective in converting these triggered communities into sustainable ODF communities. At the end of five years, the GSF supported India programme has reported achievement of 1,077 communities declared ODF and 2.04 million people with improved toilets in GSF targeted areas. This translates to 15% of triggered communities converting to ODF status. The revised programme targets for ODF conversion is 27%. While there are no sector-wide benchmarks for the rate of ODF conversion from behaviour change programmes, after 5 years of programme completion, the targets and achievements demonstrated by the programme against its primary outcome of ODF conversion do not appear notable. For the most part, this appears to be due to complexities in the operating environment which are possibly beyond programme purview. Nevertheless, as the external environment does carry strong implications on programme progress and results, there is a clear need from the GSF-supported programme in India to adjust programme design and strategies to more effectively respond to these external challenges such that channelled resources yield appreciable outcomes and demonstrate improved value for money.

For instance, the programme is believed to not sufficiently align triggering with subsidy, effective supply and follow up. Particularly in the Indian context, where sanitation programmes have been historically driven by subsidy-based approach, it is important that closer linkages are established between government subsidies and strategies adopted by external programmes such as GSF. MTR team's consultations with sector experts suggest that CLTS cannot be an exclusive focus of a sanitation programme. As a standalone strategy, it is noted to be inadequate to bring about the desired results particularly in operating environments such as India with a range of behavioural, cultural and financial barriers. In instances where CLTS fails to effectively trigger people and communities at the first attempt, the potential for "re-triggering" the same people and communities the second time is marred with doubts. Solely focusing on CLTS without sufficiently addressing the gamut of issues within the sanitation value chain (like ensuring quality of toilet construction, efficiency of financial flows) will not work towards bringing about at-scale sanitation outcomes. Given these complexities in the external environment, development partner programmes (such as WSSCC-GSF) must try to plug the bottlenecks across the wider sanitation value chain depending on limitations and needs of implementing governments and implemented geographies. MTR team's consultations with sector experts suggest that GSF needs to be "more innovative and less puritan"

about CLTS in implementing its demand driven approach to explore integrating subsidy, sanitation marketing, water supply and WASH in schools as more explicit components of programme strategy in order to enable people and communities to move up the sanitation ladder.

The programme design documents do not indicate an explicit targeting of communities on the basis of their level of exclusion nor does the programme gather disaggregated data at the community or household level, rendering it difficult to assess the extent to which the programme has been able to contribute to equity considerations within a community. However, stakeholder consultations do suggest that the GSF supported India programme reaches geographically remote communities, low-income and socially marginalized groups within its regions of operation. Improving programme design on aspects of explicit targeting and tracking of traditionally excluded groups can go a long way in clarifying the impact of the intervention on marginalised groups (including gender). It will help understand to what extent the intervention reaches these groups, how do they benefit, how has access changed, and what are the barriers to access for these groups.

Integrating equity considerations into programme design in this manner is particularly necessary as power relations and appropriation of resources by the rich and powerful are pervasive in rural India where socio-economic differences among communities are high. Community mobilization based approaches are broadly perceived as having the ability to counter inequities and undermine power relations within communities. Consultations undertaken by the MTR team with counterpart organizations also suggest the appreciation of community based mobilization approaches like CLTS to increase the tolerance levels within a community in being able to influence the way one section of the community perceives the other section and accepts them as being an integral part of the same community that they are living in. However, counterpart agencies also remarked that CLTS is only a starting point and there is a need to build social movements to ensure a radical change to counter the inequities in entitlements, as basic as sanitation. MTR team's consultations with sector experts revealed that CLTS works better in more homogenous communities with more or less flat social and economic structures like tribal communities in India. In other situations, effectively delivering CLTS becomes a challenge, particularly in Indian villages, wherein the people and communities are fragmented and divided along class and caste lines with very rigid patriarchal mind-sets.

Consultations undertaken by the MTR team with sector experts and counterpart agencies raised concerns with regard to credibility and reliability of results reported by the GSF (not only in India but globally like in Madagascar). Such questions around the accuracy of reported results and adequacy of monitoring systems indicate that programmes like the GSF must invest more resources in fine tuning their measurement, reporting and verification of ODF. MTR team's consultations with sector experts and counterpart organizations suggest that the GSF staff should be more directly involved in the monitoring of on the ground progress (validation of results reported by the EA) to fix accountability in the GSF model of programme implementation.

MTR team's consultations with sector experts and counterpart organizations suggest that given the scale of rural sanitation challenge in India, GSF's model of self-implementing a sanitation programme is not scalable if one has to achieve any meaningful outcomes in sanitation in a sustainable and time bound manner. It is felt that "projects never fail and projects never scale" which points out to the increasing realization among external agencies that only the GoI and the state governments are in a position to deliver on implementation of such large scale sanitation programmes like the SBM-G. The

role of external agencies must thus be of handholding and providing expert advice and resources. In the changing context of the SDGs programmes like the GSF (without a long-term AGENDA, typically a 5-year period programme) may consider shifting focus from programme implementation to enabling processes contributing to sustainability in bringing about changes in sanitation behaviour and outcomes. The emphasis must be on strengthening government systems and human resources, advocating for sanitation policy, expanding budget allocations by governments and capacity building of local organizations.

The GSF does not maintain country offices and the GSF staff are mainly based in Geneva. The GSF thus has a limited physical presence established in the countries of its operations. The Executing Agency often becomes the face of the GSF supported country programmes. While this light-touch approach by the Secretariat is internally perceived to improve overall programme efficiencies and rationalised for smoother exit from countries after programme implementation, case study consultations reveal that this has hampered GSF's direct and continuous engagement with policymakers on the basis of programme experiences, learnings and results. Periodicity in policy and programming related engagement with development partners is highly desired by this stakeholder constituency. As the sanitation policy landscape in India is replete with new understanding, knowledge and evidence generated by government and non-state programmatic interventions, the MTR believes that GSF is also likely to miss out on meaningful opportunities for policy related engagement and influence in the country. In the case of India, a potential means to circumvent could be to more closely engage WSSCC's recently established India country operations with the GSF-supported India programme.

As the GSF programme is intended to have a cascading effect on government and household investments into sanitation, examining to what extent programme expenditures are complemented by other resources could help reflect on the value for money underpinning GSF investments. Development partners such as UNICEF do not implement direct delivery programmes such as GSF in India but engage closely with government agencies in India on their sanitation and hygiene programmes. These agencies determine the value for money on their support through indicators such as extent to which government achieved its own targets, success or failure of government strategies that were developed and supported by UNICEF. Although these insights hold no direct relevance for the demand generation component of GSF's programme strategies, the GSF India programme is likely to benefit from these insights as it channels significant investments to activities such as knowledge and learning, institutional strengthening and advocacy, which contribute to sector outcomes but are not currently monitored or measured by the programme.

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- GSF-India Country Programme Proposal
- GSF Operations Manual
- GSF Learning Guidelines
- India GSF Annual Report 2015

GSF Commissioned Studies:

- Sustainability Review of GSF programmes
- Mid-Term Evaluation of GSF programmes (India Country report and 7 Country Synthesis Report)
- Value for Money in GSF Programmes (desk review report for Malawi, Nepal, Senegal and India)
- Diagnosis of the GSF M&E systems
- GSF-India Outcome Survey