

About WSSCC

The Water Supply and Sanitation Collaborative Council (WSSCC) is at the heart of the global movement to improve sanitation and hygiene, so that all people can enjoy healthy and productive lives. Established in 1990, WSSCC is the only United Nations body devoted solely to the sanitation needs of the most vulnerable and marginalized people. In collaboration with our members in 141 countries, WSSCC advocates for the billions of people worldwide who lack access to good sanitation, shares solutions that empower communities, and operates the Global Sanitation Fund (GSF), which since 2008 has committed over \$117 million to transform lives in developing countries.

About GSF

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

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

Note to reader

This publication provides a comprehensive overview and analysis of GSF's activities and performance in 2016, as well as over the period of WSSCC's 2012-2016 Medium-Term Strategic Plan. The latest information on GSF's structure and concepts at the date of publication of this report is also provided, as they relate to the GSF's work in 2016.

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

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PEOPLE & PARTNERS



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



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

Read more about the work and value of our champions and partners in the following pages.



PHOTOS: FROM NEPAL TO TANZANIA, CAMBODIA TO ETHIOPIA, THESE ARE THE MANY DIVERSE PEOPLE AND PARTNERS ACROSS THE GSF NETWORK. ©WSSCC

Achieving ODF status at scale and building momentum

INDIA

In 2016, the GSF-supported Piprasi Block in West Champaran District was among the first blocks²⁴ in the state of Bihar to achieve ODF status, demonstrating behaviour change at scale. Close to 40,000 residents now have access to sanitation facilities in the most densely populated state with some of the highest levels of open defecation and most remote and marginalized communities in the country. This achievement was made possible through close collaboration with a range of actors and champions.

Working through a consortium partner, GSF Implementing Partner Plan India fully involved gram panchayats²⁵ in planning and implementation, including in the development of an Open Defecation Elimination Plan adopted by the District Government. They also secured financial support from the District Government for the construction of good quality sanitation facilities, based on the performance of gram panchayats in the

sanitation campaign. In addition, gram panchayats were supported to set up production centres, which ensured that people could purchase key sanitation

schoolteacher, Prasad took on the ODF challenge with vigour and determination. Covering all gram panchayats and together with partners, he carefully planned

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In the absence of a toilet I had to go to field. I had to depend on someone in the house for transit to the site. The rainy season added to my woes. It also affected my self-respect and confidence. Having toilet at home has been a great relief. The team suggested some technological adaptations, which are especially helpful. I Thank the BDO for taking up this mission and changing our lives.

Sugriv Sharma, a disabled community member in Manjahria Panchayat Piprasi, West Champaran

materials near their homes, and over 800 West Champaran masons were trained.

Raghuvar Prasad has been Block Development Officer (BDO) of Piprasi since 2014, and in 2016 he was appointed as the Block Sanitation Officer. A former

out behaviour change activities, personally held meetings with key officials, and led information, education and communication campaigns.

Prasad also arranged a meeting between sanitation buyers and suppliers immediately after the triggering process. In addition, he convinced suppliers to provide materials to marginalized people via loan agreements and supported the training and employment of marginalized people as masons, which generated 48,000 person-days.

Prasad and partners also mobilized women's self-help groups and school children as champions. In addition, after identifying the needs of groups including the disabled, the elderly and pregnant women, Prasad and partners ensured that facilities were adapted to their needs using local innovations and materials.



COMMUNITY ENGAGEMENT IN PIPRASI BLOCK. ©NRMIC

BENIN

ALDIPE, a GSF-supported delegated implementing agency, covers the commune of Bantè, in the department of Collines. The NGO has achieved more ODF communities than its peers. Success has been achieved by harnessing the role of Natural Leaders, who actively cham-

pion improved sanitation. ALDIPE has also ensured effective collaboration with the commune council. The mayor and his team support the NGO by organizing community visits to hear and learn from community members and participate in ALDIPE's CLTS activities.

Where other organizations see the rainy season as a major obstacle, ALDIPE sees it as an opportunity. The organization encourages community members to construct facilities right after the rains, because the soil is soft, making it easier to dig and build latrines.

²⁴ Administrative subdivision two levels below a district.

²⁵ Village-level administrative subdivision one level below blocks.

MALAWI



TA SAWALI. ©STEVEN KAMPONDA

Under the GSF-supported programme, 14 traditional authorities (TAs)²⁶ were certified ODF in 2016, helping to fast-track the ODF Malawi strategy. All of the TA leaders have underscored the importance of coordination at all levels. “I sat down with my fellow chiefs, the District Coordinating Team and Area Development Committee, and we talked about our sanitation. We agreed to ensure

that our land has latrines so that we live a healthy life. Thereafter, I followed up with all the villages until we reached this far, said Senior Chief Malengachanzi from TA Malengachanzi.

The most prominent ODF celebration was held at the female-led traditional authority of Sawali, which was attended by the Minister of Health and WSSCC’s Executive Director.

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Women have been encouraged to lead. We will continue to remind each other and make follow-ups, until the end of time!

TA Sawali

In her speech, TA Sawali highlighted the great contributions made by her village heads, and extension workers. She also expressed how she is looking forward to getting all households in her area to climb the sanitation ladder by acquiring improved sanitary facilities that will not collapse during rainy seasons. At a later reflection meeting, she added: “Women have been encouraged to lead. We will continue to remind each other and make follow-ups, until the end of time!”

²⁶ Traditional Authorities (TAs) are the third largest geographical sub-division in Malawi after regions and districts, comprising multiple villages.

MADAGASCAR

The GSF Implementing Partner Ampelamitraoke works in Androy, the poorest region in Madagascar. Located in the southernmost reaches of the country, Androy’s climate is characterized by severe drought and unreliable rainfall, and has some of the highest levels of malnutrition in Madagascar.

Despite these conditions, Ampelamitraoke was able to support two entire municipalities – made up of 273 villages – to achieve ODF status. This success was due to an in-depth understanding of the sociocultural context, high-quality CLTS facilitation respecting community-led initiatives at every stage, and involving all actors in the ODF movement, especially traditional leaders, mayors, teachers and health centre managers. The NGO also collaborated with other agencies working in the WASH sector, such as a water supply agency, and promoted local innovations for hand-washing and climate resilience.

Ampelamitraoke also strongly involved and developed local women’s associations through the Madagascar-born Follow-up MANDONA and Local Community Governance approaches. Seventy-one villages have set up local

community governance mechanisms to ensure the maintenance and sustainability of gains made. In addition, WASH activities were conducted in every school covered, and masons were trained in the manufacture of high-quality latrine slabs.



POST-TRIGGERING FOLLOW-UP WORK FACILITATED BY AMPELAMITRAOKE. ©FAA

Supporting healthy lives

ETHIOPIA

The Ministry of Health manages the GSF-supported programme, and government health offices at the regional and woreda (district) level serve as implementing partners. The programme is aligned with the 2015-2020 Health Sector Transformation Plan, and activities are delivered through country's Health Extension Program, which provides a package of promotional and preventive health care services to communities. As part of this package, implementing partners facilitate Community-Led Total Sanitation and Hygiene and train village-based Health Extension Workers in the approach. The Health Extension Workers then train grassroots wom-

en leaders who make up the 'Health Development Army'.

In Chole woreda, Ato Fikre Gebre Medihin's ODF village serves as a model for this approach. Under his leadership, all 30 households have completed the 16 components of the health extension package, which cover hygiene and environmental health, disease prevention and control, and family health services. Achievements and innovations in his community have included constructing quality latrines complete with hand-washing facilities and soap, growing plants using liquid waste, constructing smokeless stoves, and safely treating and managing household water.



ATO FIKRE GEBRE MEDIHIN DISPLAYS AN IMPROVED SANITATION FACILITY. ©ESHIP

NEPAL

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Before, I would hear of many diarrhea-related death cases. And with the toilet construction movement, these deaths have greatly reduced.

Binda Devi Ram, Siraha District, Nepal

UGANDA

The programme is managed by the Ministry of Health and is the largest rural sanitation programme in the country. District Health Offices take the lead in implementing programme activities

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[The health inspector] told us that prevention is better than cure, and it is in our own interest to uplift people so that nobody can suffer from diseases. [...]

Eneku Jimmy

SENEGAL

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We have all become our own doctors, because we understand the value of cleanliness, hygiene and health. Now, the only people who go to the health centre are women who are pregnant or about to give birth... Malaria and diarrhoea are no longer part of our lives. We're certain that you won't recognize our village three years from now.

Ibrahima Konté, a mason from Mbacké Department, Senegal

and monitoring results, with health extension workers rolling out CLTS activities in close collaboration with Village Health Teams.

Eneku Jimmy, a Natural Leader from Maracha District, highlights the programme's health impact: “[The health inspector] told us that prevention is better than cure, and it is in our own interest to uplift people so that nobody can suffer from diseases, because treating disease is complicated and requires a lot of money. We no longer have sicknesses. We no longer go to hospitals disturbing nurses with stomach pain, headache, and vomiting.”

Championing the role of women

UGANDA

Annet Birungi is a Health Assistant in Lira District who has emerged as one of the District Health Office's star facilitators. As the leader of her team, she has accompanied 12 communities on their journey to end open defecation.

She explains: "After I attended the Ministry of Health training, I made sure that once I got to the field, I would perform my best. As I love the communities that I work in, I wanted to deepen my knowledge on this new Community-Led Total Sanitation approach." Her enthusiasm for working with communities soon earned her a position as a team leader.

Annet uses songs, dances, and humour to build a strong bond with communities. For her, being an effective facilitator means, "having good listening skills, get-



ANNET BIRUNGI (CENTRE-LEFT) CELEBRATING ODF PROGRESS WITH COMMUNITY MEMBERS. ©WSSCC/USF

ting down to earth with communities by supporting the emergence of local technologies and initiatives, and using

flexibility and innovativeness to trigger behaviour change." She now supports her colleagues to build their own skills.

The Ministry of Health has asked her to help provide technical assistance for three other neighbouring districts. "My pride is seeing communities with a healthy environment, and my vision is to see not only an ODF Lira, but an ODF Uganda," she says.

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My pride is seeing communities with a healthy environment, and my vision is to see not only an ODF Lira, but an ODF Uganda.

Annet Birungi

SENEGAL

To support sustainable development, the GSF-supported programme has helped communities establish village development associations, which go beyond sanitation to focus on overall community development. The associations include solidarity funds that help women access credit for income-generating activities.

In the village of Darou Nahim, Mbacké Department, Maty Guèye heads one such association, comprising 174 women. Ever since the GSF-supported programme triggered her village, the 52-year-old mother of six has encouraged all women to join the association.

Through the GSF-supported programme, the association developed a revolving solidarity fund, through which each group member pays a membership fee to access 15,000 francs (\$26.30) repayable over three months. In addition,

every week Maty organizes collective income-generating activities involving disadvantaged groups. These include agricultural activities, animal breeding, market gardening to grow fruits and vegetables, and small-scale commerce such as selling roasted peanuts and cosmetics.

Maty reflects on her work: "The only thing I care about is developing Darou Nahim. And I know we can do

it with the GSF-supported Senegal programme. I feel invested in a mission to develop my community. I want Darou Nahim to become the premier village in Senegal."



©AGETIP

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We know that we are on the path towards empowerment. Thanks to GSF Senegal, our girls are better able to manage hygiene issues related to menstruation and we have stopped picking up waste from periods. [...]

Maty Guèye

PERSPECTIVES

How has GSF impacted and transformed lives? Read testimonials from some of our advocates below.

BENIN



The programme opened my eyes. I am a traditional healer and I get a lot of patients who spend some days with me. To defecate, they went into the teak plantations or behind my home where there is grass. My family and I also defecated in the open. In the rainy season, poo smells bothered us and made us feel uncomfortable. Flies frequently invaded our home and my children suffered from diarrhoeal diseases. When the delegated implementation agency began facilitation in my community, I understood the wisdom of having a latrine. I built my latrine out of solid materials and with a deep masonry pit, because I receive a large number of patients and carers. Now, my patients feel more confident, and several members of the community have followed my example.

Sébastien Fagnon, traditional healer

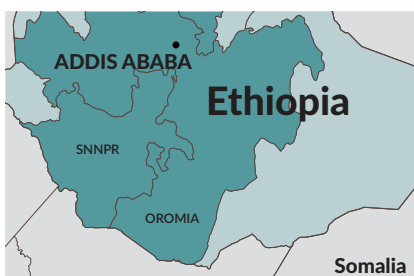
CAMBODIA



After my wife attended a CLTS triggering session, she shared a lot with me about the advantages of having our own latrine, and the effects of open defecation and drinking unsafe water. Now I have my own latrine at home. My family feels secure. Additionally, having a latrine at home is convenient for me as a disabled person, as I don't need to walk far as before. More importantly, my family members no longer have problems with diarrhoea since we started drinking filtered water.

Mob Morn, 43, a disabled villager living in Pralay Village, Kampong Thom Province

ETHIOPIA



I now use latrines, thanks to the encouragement and behaviour change from the programme. Previously, when I went to Addis for personal business, my open defecation behaviour discouraged me from using the toilets in the building when I needed to defecate. Instead, I waited until I returned to my village later that day to run out to the bush and defecate! I'm thankful to the programme for raising awareness of the disgusting practice of open defecation and promoting the use of latrines.

A resident of Liben Chuqala Woreda, Oromia Region.

INDIA



I was widowed and hence had to struggle for my livelihood. The ODF movement not only helped me and many others gain access to safe sanitation, but it also helped me to develop skills as a trained mason. Now I can earn for my livelihood and take care of my children.

After she was triggered, Indu Devi, from Piprasi Block, Bihar, built her latrine and started working as an assistant to masons constructing improved toilets in her village. Her hard work soon caught the attention of local officials, who facilitated special masonry training for her. She now works as a professional mason in and outside her village, and has also trained family members.

KENYA



Never in my life had I thought of constructing a latrine in my compound, but I am glad I did. I am also glad that we don't have to hold our waste anymore [to avoid being spotted defecating during the day] or risk getting attacked at night while defecating in the open, especially for our women and girls. Now we are happy that every household has a latrine and relieving ourselves is not embarrassing anymore.

Before he was triggered, Mohamed Adan, 40, resident of Qahira Village, Wajir County, would spend a significant amount of time every day looking for a spot to defecate, to avoid the embarrassment of being spotted. Now that his village is ODF, his children are not sick as often as they used to be and they experience fewer bouts of diarrhoea.

MADAGASCAR



What are we celebrating today? We are not rejoicing because of the end of open defecation in our community; we are celebrating because we are free at last, we have dared put behind us the bad practice that had kept us captive for millennia – the bad practice of open defecation.

Part of a speech delivered by Mr. Fiandraza, Head of the Androy Region, during Ambovombe Commune's ODF celebration

MALAWI



At first, I didn't know that we could produce fertilizer from human waste. Now I will be able to produce more, since previously I was having some problems because I could not afford to buy a single bag of fertilizer because it is very expensive. Let me convey my sincere gratitude to [GSF implementing partner United Purpose] for their efforts in teaching us how to construct EcoSan²⁷ latrines. We believe that apart from preventing the occurrence of diarrhoeal diseases, ECOSANs will also assist us to realize bumper yields, which in turn will boost our nutrition.

Mariana Banda, from Balaka District

NEPAL



We used to defecate in the open but couldn't go far away due to our old age. Because of this, we always had to deal with the bad smell around us. After the sanitation campaign conducted in our Village Development Committee, we learned how to construct toilets at a low cost. We decided to use our old age allowance to construct toilets, as we did not have any other income. We are now more comfortable after building the toilets. It's sad when we see people who can afford a satellite dish and mobile phone but still don't have a toilet at home!

Kashiram Tamang, 84 and Fumagya Tamang, 79, Bhalchew VDC ward no 5, Drimtungkhor, Nuwakot District

²⁷ The EcoSan toilet is a closed system that does not need water. It is a viable sanitation option in places where water is scarce. The toilet is based on the principle of recovery and recycling of nutrients from excreta to create a valuable resource for agriculture (source: WaterAid).

NIGERIA



The [Local Government Area]-wide ODF is a unique accomplishment made possible through the efforts of United Purpose [...] This truly unique success represents a landmark transition from the traditional donor-recipient relationship of most development programmes and exemplifies the Federal Government's prioritized National Road Map, 'Making Nigeria Open-Defecation-Free by 2025'.

Press release from Nigeria's Minister of Water Resources, Engineer Suleiman Hussein Adamu

SENEGAL



Before the GSF, we didn't even dare go out when we had our periods. The blood would drip down our legs because we used two or three loincloths or pieces of cloth that were not enough to catch it. Through your intervention, we have completely changed what we do. We now use sanitary towels that cost 500 CFA francs [\$0.85] a packet at the market or pieces of clean cotton cloth that we then soak in hot water with vinegar or lemon and salt for half an hour. After that, we wash them, dry them in the sun or iron them. Then we keep them in a clean bag ready for our next periods. Now, when I get my period I can wear white, go out and walk about without being afraid of getting my clothes stained. We are proud of what we've accomplished thanks to your programme.

Aminata Seck, 20, Ndokol Village, Mbacké Department

TOGO



Before the village was triggered I used to relieve myself outside under a baobab tree. I used to end up standing in my own stool and bringing it into the house on my feet. It was really annoying, but I could not find a solution. When the village was triggered, I asked my children to build me a latrine, and they did. I feel comfortable now.

Djassibe Bomboma, 75, from Déguimone Village, Savanes Region, lives with a visual disability.

UGANDA



I told [my community members] that if you have a latrine and your neighbor doesn't, you are eating your neighbor's faeces. I also told them that if your latrine doesn't have a squat-hole cover, flies will bring faeces to your food, and if you don't wash hands with soap or ash after defecating, you are eating your own faeces. Our plan is to not lag behind – everybody should have a latrine. We have organized the youth and selected disabled people and female-headed families, and we are going to construct latrines for them. Since we were triggered the sanitation standard has improved and the percentage of people without latrines is less than 20 percent.

Eneku Jimmy from Kurwa Village, Ombachi Sub-County, Maracha District, became a Natural Leader after being triggered by the local health team.

Local actors leading the way

NEPAL

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*He made stubborn people
ashamed by digging their toilet
pits himself [...]*

Rem Kala Pandey

Pushkar Nath Acharya, Chairperson of the ODF Thulapokhara Village Development Committee (VDC),²⁸ is a dynamic and unwavering champion driving the sanitation campaign in Arghakhanchi District. Supporting the GSF-supported programme, Acharya visited all 940 households in the VDC and personally requested that they build toilets and practice good hygiene behaviours. He even went some steps further: “He made stubborn people ashamed by digging their toilet pits himself,” recalls Rem Kala Pandey, a private school teacher. What’s more, he invited people that were lagging behind on toilet construction to his office,



PUSHKAR NATH ACHARYA. ©UN-HABITAT NEPAL

where he showed them sanitation video documentaries.

“I continued this for three weeks, after which all of the remaining households were ready to construct and use safe toilets,” he says.

Throughout the ODF journey, Acharya ensured that people with disabilities participated in the campaign. What’s next for Acharya? He plans on developing his VDC into a model community for WASH learn-

ing and innovation, demonstrating the links between sanitation and education, income generation, tourism, and dignity and nature conservation.

“I have a clear vision to develop nine model wards. I’ve drafted a plan, and I’m looking for financial partners to make it a reality.”

²⁸ Administrative area comprising approximately nine wards and between 500 to 5,000 households.

NIGERIA



©WSSCC/JASON FLORIO

Chief Joseph Ikanshul, together with other chiefs in the Obalinku LGA, played a leading role in eradicating open defecation in

Obanliku Local Government Area (LGA) – the first LGA in Nigeria to be certified ODF.

However, the journey was far from easy for Chief Ikanshul. When he first heard of CLTS, he did not see how it could work in the nine villages and 139-plus households he oversees. He would have to start from zero, as there was not one single latrine found in any of his villages. The prevalence of waterlogged areas was another worry, as it would complicate the construction of latrines, and he knew his people were generally resistant to change. Despite his apprehension,

when the LGA WASH Unit invited him for a meeting, he went. At the meeting, the stories about reduced diarrhoea and a healthier living environment in ODF communities triggered him.

He then proceeded to dig his own latrine, and after that he formed a task group of Natural Leaders. In one month, his villages were ODF. Ikanshul then went on to trigger other chiefs and chair a ward-level sanitation task group, which helped propel the remaining communities in his ward to ODF status. In another

ward, Natural Leaders called on him to convince their resistant community leaders of the benefits of ending open defecation – in three days, he made them believers. Ikanshul now works with partners to promote improved sanitation in other LGAs across Cross River State.

Ikanshul reflects on these achievements: “I am glad that I have taken this crusade to other LGAs after Obanliku achieved ODF, and hopefully we will have an ODF Cross River [State] if all hands are on deck.”

“

It has been my push to see that people live healthy lives in our communities, and I can boldly testify that today diarrhoeal diseases have ceased in our communities, and we can now sit anywhere within our surroundings without feeling uncomfortable due to the smell of shit. [...]

Chief Joseph Ikanshul

Leaving no one behind

Access to safe sanitation and hygiene is a human right for everyone, everywhere. GSF-supported programmes promote equality and non-discrimination in several ways, from developing innovative

approaches such as Cambodia's EQND framework and Participatory Social Assessment and Mapping (see page 27), and Madagascar's Follow-up MANDONA (see page 67), to honing champions. This

section highlights some of the champions and activities involved in GSF's efforts to leave no one behind.

PARTICIPATION AND EMPOWERMENT

Leadership and role models

In Nepal's caste system, Dalits (or 'untouchables') face deep-rooted discrimination, exclusion, and extreme poverty. However, one Dalit community in Khana VDC, Arghakhanchi District, used the national sanitation campaign to break down caste stereotypes. To show that they would not be considered last, the community organized groups to help each other (4-5 households per group) to build latrines and support those who were not able. Working together, the community succeeded in completing their latrines before many people of traditionally 'higher' castes.

In Itoli community, Nigeria, Blessing Lebo recalled that people in her village used to defecate in the open so much that "the shit ran like rivers" into where the women fetch water for their families. When the men refused to build latrines for their families, Blessing rallied the women to lead by example. With their wives building toilets, she challenged the men: "What a man cannot do, a woman has done. So what are you men doing for this community?" The men have since joined the women in ensuring everyone has access to a latrine, and Itoli community has been ODF for over two years.

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What a man cannot do, a woman has done. So what are you men doing for this community?

Blessing Lebo



A DALIT WOMAN AND HER DAUGHTER DISPLAY THEIR IMPROVED TOILET. ©SUE CAVILL

Local innovations

Lamboni from Savanes region, Togo, is 65 and lives with a physical disability. Because he could not squat to defecate, Lamboni elevated the drop-hole in such a



ELEVATED DROP-HOLE IN PLATEAU REGION, TOGO. ©K. FAGNON



POTTY, SENEGAL. ©SUZANNE FERRON



MINI LATRINE IN NIGERIA. ©SARAH HOUSE

way that he can sit. He finds this position comfortable and does not need to worry anymore anytime he feels the need to go to the toilet. This improvement also allowed all family members to use the toilet without any form of discrimination.

Children often have difficulty using regular pit latrines, and they can even be dangerous. To address this, the GSF-supported programme in Senegal encouraged the use of children's 'potties', which are now widespread, with some families having several different sizes and one for each child. In Nigeria, separate 'mini latrines' are built specifically for children's use. These local technologies ensure that children can use the toilet safely, and helps support the development of good sanitation and hygiene habits at a young age.

Mutual support

Razafindalana Raphael, also known as 'Dadabe' ('Grandad'), is one of the oldest people in his village and had difficulties improving his latrine. He explained that: "It will be difficult for me; I can no longer dig, deal with the mud, or fetch water. Plus I cannot afford the materials!" Facilitated by the GSF-supported Madagascar programme, the community agreed that Dadabe needed help. Three energetic youths volunteered to fetch water, fill the latrine's slab, and build a handwashing station and drop-hole cover. In only a few minutes, these Natural Leaders helped Dadabe make his own 'model' latrine. "And I had to pay nothing!", he exclaimed. Led by these emerging Natural Leaders, the community split up to help other disadvantaged people.



DADABE AND NATURAL LEADERS DISPLAY HIS IMPROVED LATRINE. ©FAA/GRÉGOIRE RABENJA

OUTCOMES AND IMPACTS

In Togo, Adjo, a mother of 5, explains that the sanitation situation in her village made life for her family very uncomfortable: "Our village used to have that shit stench and notably in our house: you could not even stay under the hut to rest and even eat there because we are just nearby the place where the whole neighbourhood used to defecate." But after the first triggering meeting, the women organized themselves to clean up the village and transform former open defecation

areas into productive sources of income. Adjo continues: "Our neighbourhood was the very first to end open defecation. In the same year, my husband and I farmed the former open defecation plot near our house. As my children no longer fall sick, this money has allowed me to save regularly in my savings group and to educate our children."

In Senegal, triggering constructive discussions on the gendered distribution of roles and responsibilities regarding

water, sanitation and hygiene, has led to the adoption of new attitudes and practices in many villages. A GSF-supported equality and non-discrimination study (see page 12) notes that men now accept to take their part in the cleaning of the village to reduce the prevalence of malaria and the risks of bushfires. In addition, menstrual hygiene management awareness raising has helped make it acceptable to hang up pads on a line to dry in front of male members of the household.

Peer-peer learning for enhanced results

CAMBODIA

“In CLTS we had a lot of participants – more than usual – because we learned how to build relations and engage with Village Focal Points before triggering,” says Veth Sinorn, Project Coordinator for Implementing Partner COCD, explaining how real-time learning has helped him achieve better results.

The GSF-supported programme in Cambodia uses real-time techniques to generate learning that enables Implementing Partners to solve complex problems as they occur.

Udom Sok Ek, Programme Coordinator for Sovann Phoum gives an example: “There is a case when I organized a community meeting. Only several people stayed until the end of the meeting. Without [real-time learning], I would have to wait until the quarterly meeting to discuss the issue. But now, as soon as our problems occur I can write

on the Learning Network Facebook page. Then I [can] receive a lot of suggestions from other partners regarding what they would do when facing similar problems.”

Building on renowned research, learning and documentation activities are designed to inform strategic and adaptive programming, while supporting the rigorous documentation of knowledge and evidence. Through the

continuous feedback and exchange generated through social media, pause and reflect sessions, field visits and workshops, implementing partners have been able to adjust their approaches rapidly and in real-time. This has facilitated better networking and relationship building, new ideas, and increased visibility for issues of common concern among stakeholders.



REAL-TIME LEARNING HAS HELPED IMPROVE THE PARTICIPATORY SOCIAL ASSESSMENT AND MAPPING APPROACH. ©SRER KHMER/SOVANARA HUN

CROSS-COUNTRY

Cross-country exchanges have emerged as one of the GSF's most successful methods to disseminate knowledge and build capacity across supported programmes. These exchanges are rooted in the power of peer-to-peer learning, where experienced practitioners from one country programme work intensively alongside practitioners from another to analyze gaps, demonstrate new approaches, and systematically transfer skills through hands-on learning.

The exchanges also facilitate two-way learning, as fresh ideas and emerging best practices are brought back home.

In 2016, 10 country exchanges took place involving 12 GSF-supported programmes.

Enureta Chebet, a project officer working with the Kenya programme, explains what made her exchange with colleagues from Uganda so unique:

“This exchange is quite different than other formal trainings I’ve attended be-

cause instead of just one facilitator, we are all equally involved in the learning. Unlike the other trainings, where you sit in a session the whole day and doze off, these hands-on sessions involved a lot of practical work in the field.”

A learning exchange between Madagascar and Uganda led to the Uganda programme's adoption of Follow-up MANDONA. This contributed to a significant acceleration in villages declared ODF – between 2015 and 2016, there was an 89 percent increase in ODF villages. The Uganda programme is now supporting other programmes (Nigeria, Ethiopia, Kenya) to adopt and disseminate these proven approaches.



PARTICIPANTS FROM KENYA AND UGANDA DURING A LEARNING EXCHANGE IN KENYA. ©WSSCC/PATRICK ENGLAND

“

We are all equally involved in the learning.

Enureta Chebet, project officer

Championing school WASH

KENYA

Sheila Mwita, a standard six student at Ngisiru Primary School, vividly remembers how bad the latrines at her school were, before they were renovated. “The previous latrines had a strong smell, absence of doors, and dirty walls, which made us comfortably prefer defecating in the bushes. Finally, we are able to use the latrines because they are clean and neat.”

Ngisiru Primary School, in Migori County, is one of the schools that has benefited from the GSF-supported programme in Kenya. The school was identified together with Chuodho Women Group, a local advocate for the GSF-supported programme.

“We didn’t think that washing our hands after visiting the latrine was a key element in keeping us healthy,” says Jane, a friend of Sheila’s. I must admit that, after the sensitization session by Chuodho Women Group, together with the Public Health Officers in our school, we have been able to learn a lot on the need to take sanitation and hygiene seriously both in school and at home.”

“We appreciate the intervention in terms of the formed and functional health clubs, and the improved sanitation facilities in our school,” adds Mr. Kerata, who chairs the school’s management board. “It’s been shameful seeing our children suffer due to resource constraints to provide better sanitation facilities. Today, we boast, as our school has become the talk of the village.”

“
The previous latrines had a strong smell, absence of doors, and dirty walls, which made us comfortably prefer defecating in the bushes.

Sheila Mwita, student at Ngisiru Primary School



RENOVATED SANITATION FACILITIES AT NGISIRU PRIMARY SCHOOL. ©KSHIP

Moving up the sanitation ladder through microfinance

TANZANIA

In Zanka Village, Bahi District, the Wema microfinance group was triggered by a GSF-supported Implementing Partner to invest their funds in improving their sanitation and hygiene facilities.

After their community was triggered, some Wema members exemplified true behaviour change when they asked their Community Resource Person to link them up with an artisan who could help improve their latrines. An artisan was identified in a nearby village and brought to Zanka by the GSF Implementing Partner Community Development and Relief Trust. Wema supported the artisan’s stay in Zanka, during which he produced and sold latrine slabs to the members.

When other Wema members saw the improved latrines in their colleagues’ homes, they were mobilized to improve

their latrines – some with cement and others with slabs. Soon, other community members followed suit by forming new microfinance groups and improving their latrines.

Before the GSF-supported programme intervened, only about 30 percent of the

latrines in Zanka were improved, and 45 percent of households had no latrine at all. But in March 2016, the village achieved ODF status, which equates to all households having fly-proof latrines.



LATRINE BEFORE CLTS INTERVENTIONS. ©UMATA



IMPROVED LATRINE AFTER CLTS INTERVENTIONS. ©UMATA



Sources

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

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

Data for 'context' sections in country profiles:

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FRONT COVER PHOTO: AMONG THE MANY ACTIVITIES WITHIN GSF-SUPPORTED PROGRAMMES ARE (FROM BOTTOM LEFT): FACILITATING CLTS FOLLOW-UP ACTIVITIES; ADDRESSING THE NEEDS OF GIRLS; PROMOTING EFFECTIVE HANDWASHING TO PREVENT DISEASES AND SAVE LIVES; EMPOWERING COMMUNITIES TO CONSTRUCT SANITATION FACILITIES; AND TRIGGERING COMMUNITIES TO CHANGE THEIR BEHAVIOUR. ©WSSCC

BACK COVER PHOTO: EFFECTIVE HANDWASHING SAVES LIVES. GSF HAS ENABLED 20 MILLION PEOPLE TO ACCESS HANDWASHING FACILITIES. ©CRSHIP

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