

ANNUAL REPORT 2016



WSSCC
WATER SUPPLY & SANITATION
COLLABORATIVE COUNCIL

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FRONT COVER: WSSCC is working to help Member States to achieve their Sustainable
Development Goal targets, particularly for SDG 6.2.

INSIDE COVER PHOTO: Women attend a Menstrual Hygiene Management training session in
Senegal. ©WSSCC/JAVIER ACEBAL

BACK COVER PHOTO: Supporting access to sanitation and hygiene for all, WSSCC leaves no one behind.
©WSSCC/PIERRE VIROT (BANGLADESH)





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01

FOREWORD



Chris W. Williams, PhD
Executive Director

CHANGING GEARS *in 2016*

2016 was a year of delivery and transition for WSSCC, and a time to respond to new opportunities. It was the conclusion of the Council's Medium-Term Strategic Plan (MTSP) 2012-2016, when the significant results from the last five years were consolidated and impacts evaluated. We drew on best practices and local wisdom to develop a fit-for-purpose strategy for 2017-2020 that will allow WSSCC to contribute measurably to Sustainable Development Goal (SDG) target 6.2. Our new strategy emphasizes the vital role of sanitation and hygiene as critical determinants to unlock benefits in health, education and livelihoods, and to achieve gender equality.

WSSCC uses sanitation and hygiene as a 'docking station' to help Member States to achieve other SDGs. For example, the Global Sanitation Fund's (GSF) focus to support countries to live in healthy, Open Defecation Free (ODF) environments is inextricably linked to targets for health (SDG 3) and education (SDG 4). Our work to promote Menstrual Hygiene Management (MHM) creates a path to women's empowerment (SDG 5). Reducing inequalities (SDG 10), whether driven by socio-cultural,



economic or service delivery reasons, is at the heart of our work to leave no one behind. Every WSSCC initiative contributes to poverty reduction (SDG 1). In all of this, WSSCC recognizes the leadership and ownership of national and local governments in planning and implementing an SDG agenda that works for them.

Over the MTSP period, WSSCC supported countries to make significant sanitation and hygiene gains. At the start of the MTSP in 2012, the national sanitation and hygiene improvement programmes supported by WSSCC had reached roughly 200,000 people. By December 2016, over 15 million people were living in ODF environments and had adopted good hygiene behaviour. The results validate GSF as an effective financing facility. They confirm that the approaches of WSSCC, as applied in 13 countries over the duration of the MTSP, offer countries a pathway to achieve their sanitation targets.

Between 2012-2016, WSSCC made tangible policy advocacy advances for human rights in WASH, equality and non-discrimination, ensuring that women, girls and marginalized people are explicitly mentioned and their needs are addressed in national policies. In India, national policy articulates MHM, with linked indicators in the national monitoring and evaluation system. WSSCC

has supported the development of MHM policies in Cameroon, Kenya, Nepal, Niger and Senegal. The needs of women and girls are being mainstreamed into Senegal's new rural sanitation strategy and policy. In addition, MHM is being systematically integrated in WSSCC's country implementation programmes and embedded in the Results Framework. As a thought leader in MHM, the Council is committed to take this issue forward to different regions and countries.

This report focuses on more of WSSCC's achievements in the final year of the MTSP. It shows how we work with partnerships and the private sector; with our members and National Coordinators; and to fill the gaps in the evidence base to provide credible material for global and national advocacy efforts. The information is presented within the framework of the strategy that we developed with our partners in 2016 for the 2017-2020 period. In this way, the report reflects the alignment of our on-going work to the Sustainable Development Goal agenda.

While much more remains to be done, WSSCC is proud to be working at the heart of a global movement that transforms millions of lives through improved sanitation and hygiene. Together with partners around the world, we continue to make a difference.

02

EXECUTIVE SUMMARY



ACHIEVING AND SUSTAINING RESULTS AT SCALE IN 2016

In January, WSSCC welcomed Amina J. Mohammed, Environment Minister of the Federal Republic of Nigeria and architect of the SDGs, as its Chairperson, furthering the ability of WSSCC to engage in inter-governmental processes. In December, Ms. Mohammed was nominated to serve as the Deputy Secretary-General (DSG) of the United Nations.

WSSCC delivered significant results during 2016 through direct implementation mechanisms (GSF); with innovative policy advocacy approaches; and through active collaboration with the National Coordinators (NCs), its membership base and partners. The results support not only Sustainable Development Goal target 6.2 – to provide sanitation and hygiene for all – but they also significantly impact livelihoods overall and related SDGs in gender equality, education and health.

WSSCC supported nationally-owned programmes for sustainable change in 13 countries and achieved noteworthy results against the key indicator, ‘people living in Open Defecation Free (ODF) environments.’ About 4.3 million people created the conditions to live in ODF environments, a 40 per cent increase from the cumulative results achieved by the end of 2015, meaning that a total of 15 million people now live in ODF environments.

WSSCC continued to deliver evidence, technical advice and training on Menstrual Hygiene Management (MHM), with important policy advances taking place in South Asia and East Africa, and through the Joint Programme with UN Women, in Senegal, Cameroon and Niger. In partnership with the Swedish hygiene product company SCA/Essity and the International Initiative for Impact Evaluation, 3ie, WSSCC developed evidence-based research to advocate for better sanitation and hygiene for all. The Leave No One Behind (LNOB) approach made notable advances across eight countries in South Asia to ensure that decision-makers respond to the voices of marginalized and stigmatized groups, including adolescent girls and boys, elderly, persons with disabilities, transgender people and sanitation workers, in the design and delivery of sanitation services.

An evaluation of WSSCC’s Medium-Term Strategic Plan from 2012-2016 confirmed WSSCC’s relevance, and offered recommendations for improving programming, management and administration. WSSCC’s Steering Committee built upon these and existing management responses through the establishment of sub-committees for finance, change management and governance – all with the intention of supporting WSSCC to become further fit-for-purpose to deliver on its commitments in the new SDG environment.

WSSCC developed its strategy 2017-2020 through national consultations, including the support of its NCs, members and various stakeholders. The strategy reflects WSSCC’s commitment to deliver on SDG target 6.2 and provides WSSCC a clear mandate to assist country-led efforts towards direct sanitation and hygiene delivery and policy advances for the achievement of the target.

Donor support continued with three multi-year contribution agreements signed with core donors: the Netherlands (USD 54 million until 2020), Sweden (USD 9.7 million until 2019) and Switzerland (USD 8.1 million until 2017, with a long-term commitment until 2030). In addition, leveraging was achieved in countries – for example, policy/capacity strengthening work leveraged more than USD 260,000 from the Government of India for MHM training and engaged the national, state and local government system to unlock Swachh Bharat (Clean India) Mission resources where most needed.

at a glance

12.83
MILLION
people with improved toilets

20
MILLION
people with improved
handwashing facilities

15.24
MILLION
people living in
ODF environments



Global Sanitation Fund

WSSCC is working through GSF at scale with non-subsidy, collective behaviour change approaches that are country-led and owned.

By the end of 2016, GSF-supported programmes had enabled 20 million people to access hand washing facilities, over 15 million people to live in ODF environments and over 12 million people to access improved toilets. This has been achieved with commitments from the beginning of the Fund in 2008 to the end of 2016 of over USD 117 million, demonstrating strong results on a modest investment.

To ensure that outcomes are sustained and to strengthen implementation, innovation and advocacy, GSF focuses on continuous learning. In 2016, ten inter-country learning exchanges took place, involving 12 GSF-supported programmes. Building on this, GSF hosted a Global Learning Event in Madagascar. The handbook

Follow-Up MANDONA, released at the event, provides a step-by-step approach to rapidly achieve and sustain ODF status, which is being adapted in seven country programmes. A reflection paper capturing important learning from the event, *Catalytic Programming for Scale and Sustainability*, was developed and shared with country partners and the wider WASH community.

Another set of five key corporate knowledge sharing reports were developed in 2016, alongside dozens from country programmes, confirming the Fund's role as a valuable learning resource for the sector. One of the pioneering works, *Sanitation and Hygiene Behaviour Change at Scale: Understanding Slippage* provides an in-depth view of the complexities of slippage, or a return to unhygienic behaviour. It proposes methods that can be incorporated into programme design to avoid it.



The *GSF Progress Report 2016*¹ provides a comprehensive overview and analysis of GSF's activities and performance in 2016.

This included strengthening its programmatic approach to fully articulate the Fund's role in supporting nationally-owned and community-led sanitation programmes. It describes how results achieved at the sub-national level can inform the decisions of national and global policy makers in areas such as public investment, coordination and monitoring.

¹ All reports mentioned in this document are available at wsscc.org



Menstrual Hygiene Management provides a practical entry point for WSSCC's advocacy work on gender. ©WSSCC/JAVIER ACEBAL (CAMEROON)

at a glance

5
COUNTRIES
with policy advances

15,600+
CHANGE-MAKERS
attended Menstrual Hygiene
Management (MHM) training

7
COUNTRIES
with MHM training
initiated by WSSCC

Policy Advocacy

Through continuing targeted advocacy by WSSCC and its partners, MHM has emerged as a pivotal entry point to achieve gender equality, human rights and development. While the conversation begins with menstruation, it quickly expands beyond women and adolescent girls to the sanitation and hygiene needs of persons with disabilities, elderly and stigmatized groups such as transgender people.

WSSCC supports Member States to develop or transform policies, laws, regulations, distribution of resources or other decisions that affect people's lives. WSSCC focuses its efforts at the national and regional level while drawing on the results to inform the global discourse.

In India and Senegal, WSSCC was successful in introducing guidelines on national sanitation policies, setting a bar for Kenya, Nepal, Niger, Pakistan, Malawi, Tanzania and Madagascar, where

it continued effective engagement in 2016.

In collaboration with the Kenyan Ministry of Health, UNICEF and other partners WSSCC held the country's first national MHM policy workshop and Training of Trainers (ToT), with participants from Kenya, Niger, Tanzania and South Africa. During the year, MHM training also took place in Niger, India and Senegal.

Under the WSSCC/UN Women Joint Programme on Gender, Hygiene and Sanitation in West and Central Africa, WSSCC research included links with female genital mutilation in Senegal, MHM practices of nomadic communities in Niger and MHM conditions in refugee camps in Cameroon.

In partnership with the Swedish hygiene products company SCA/Essity, a research report *Hygiene Matters: Joining Forces for Progress*, was launched during a session at the 71st

United Nations General Assembly (UNGA). The study involved interviews with 12,000 people across 12 countries to highlight the universal nature of stresses surrounding personal hygiene.

In November 2016, WSSCC, in partnership with state and federal government in India, organized the Sanitation Action Summit to engender a dialogue for practical solutions to achieve the Swachh Bharat (Clean India) Mission for all people. It drew attention to those who are traditionally excluded such as adolescent girls and boys, elderly, persons with disabilities, transgender people and sanitation workers.

WSSCC took steps to measure the impact of its own and broader advocacy work. Under its Evidence Programme on Sanitation and Hygiene (EPSH), WSSCC and 3ie consulted with UN and other advocacy practitioners, donors and monitoring and evaluation experts. Findings are due in 2017.

03

BACKGROUND



WHO WE ARE

The Water Supply and Sanitation Collaborative Council (WSSCC) is a global, multi-stakeholder membership and partnership organization that works with poor people, organizations, governments and small-scale entrepreneurs to improve sanitation and hygiene at scale.

Founded in 1990, WSSCC's mission is to ensure sustainable sanitation, better hygiene and safe drinking water for all, with focus on the poorest and most marginalized members of society in Africa and Asia. WSSCC facilitates sector coordination at national, regional and global levels, and engages rights holders and duty bearers to adopt policy guidelines on menstrual hygiene and disability. WSSCC also supports national sanitation and hygiene improvement programmes through its Global Sanitation Fund (GSF), coordinates knowledge platforms, and advocates on behalf of the 2.3 billion people without access to improved sanitation across the globe. The United Nations Office for Project Services (UNOPS) is the legal and administrative host of WSSCC.

A Unique Structure

WSSCC's unique structure allows it to deliver significant results on the ground as well as tangible and transformative policies:

- ◆ Since 2008, WSSCC's GSF has supported country-led sanitation and hygiene programmes in developing countries through investments in innovative, community-led behaviour change approaches that enable large numbers of people to improve their access to sanitation and adopt good hygiene practices. GSF currently funds initiatives in 13 countries and actively promotes south-south learning.
- ◆ WSSCC works with national and local governments to transform policies to explicitly reflect the demands of women and girls and other marginalized individuals and groups. Menstrual health and hygiene are often the entry points for this work. The Leave No One Behind approach advocates for policies and practices that benefit women and girls, the elderly, persons with disabilities, transgender people, and others.² WSSCC has generated a significant library of evidence-based studies to inform policy decisions, improve programme design and to share learning.³

WSSCC works closely with its National Coordinators (NCs) in 16 countries in Africa and Asia. The NCs play a strategic role working with governments and WASH coalitions, developing synergies with other stakeholders and bringing lessons from our programmes to inform and influence national plans and policy.

WSSCC's vibrant and diverse membership comprise 3,600 members spread across 141 countries, reflecting a rich mix of professionals from government, civil society, NGOs, academia and the private sector. Through them, WSSCC engages at country level to strengthen local capacities, coordination mechanisms and community engagement.

WSSCC operates as a convener, ensuring that the most vulnerable and marginalized people are given a platform and voice at forums such as SACOSAN and AfricaSAN.⁴ WSSCC works closely with many UN entities, including OHCHR, UN-WATER, ILO, WHO and UNICEF. WSSCC also partners with Global Citizen, WaterAid, WASH4Work, and Sanitation and Water for All, among others.

² See the full Leave No One Behind report and 8 country reports at wsscc.org

³ For example: Best Practices of the Joint Programme on Gender, Hygiene and Sanitation and other resources at wsscc.org

⁴ Regional sanitation forums - South Asian Conference on Sanitation (SACOSAN) and African Conference on Sanitation and Hygiene (AfricaSAN)



2.3 BILLION PEOPLE WITHOUT ACCESS TO SANITATION AND HYGIENE

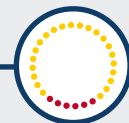
91
MILLION

LATIN AMERICA
& THE CARIBBEAN

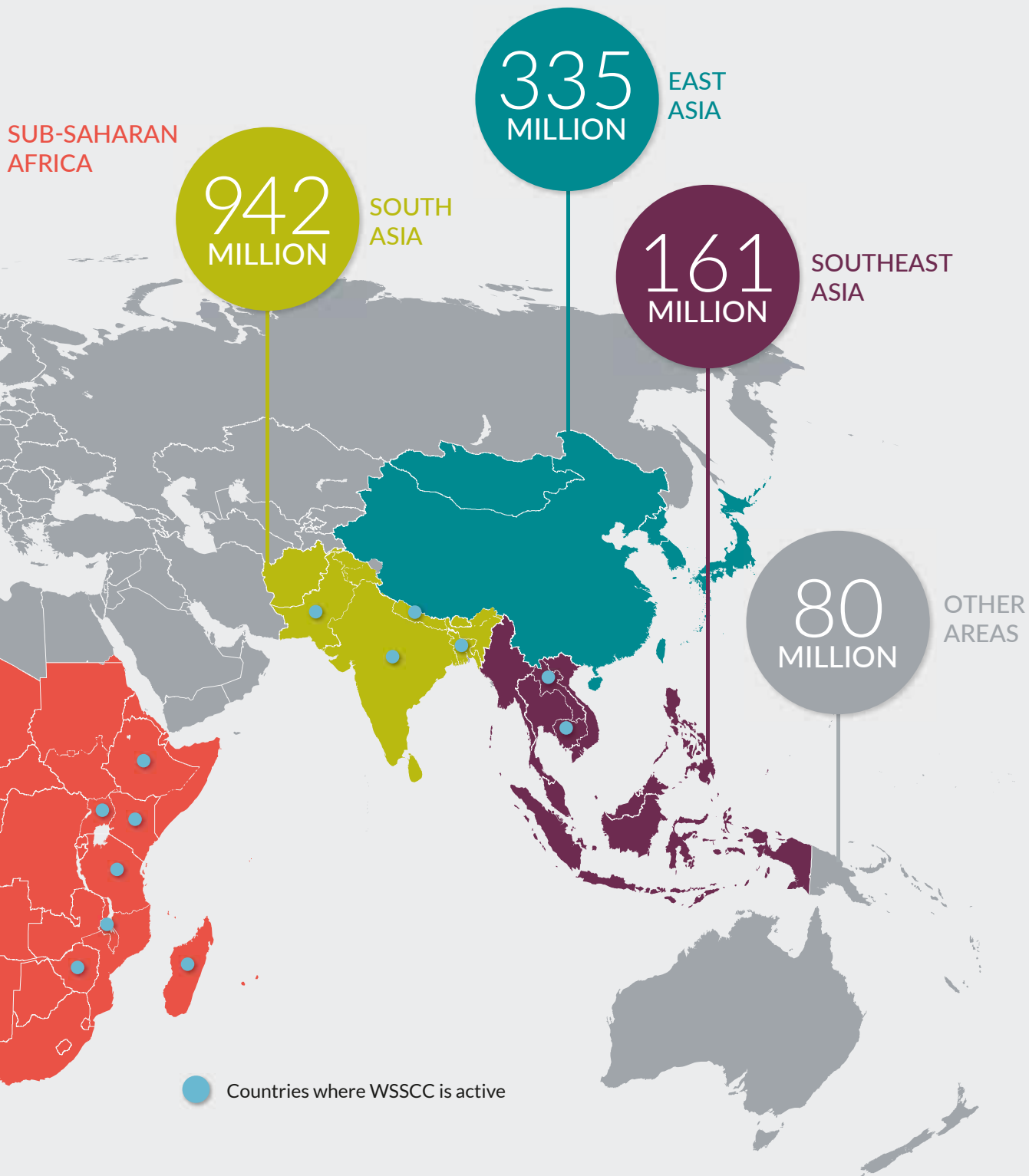
718
MILLION

PROUD PAST, BOLD FUTURE

WSSCC spent the 1990s providing much-needed thematic networking and knowledge building around water, sanitation and hygiene (WASH). During the 2000s, WSSCC concentrated on advocacy and supported a nascent network of WASH coalitions in developing countries to build its membership base. A new strategy in 2007 turned WSSCC's focus to sanitation and hygiene – left-behind issues in the MDG era. WSSCC played an important role in the global advocacy movement to frame a SDG Target around sanitation and hygiene with equality and non-discrimination, resulting in SDG 6.2 which, since 2015, has formed the basis of WSSCC engagement and action.



Nearly one billion people practice open defecation, and more than 800 million women are menstruating on any given day.



WSSCC RESPONDS BY

promoting sustainable sanitation and better hygiene for all people, with a focus on the poorest and most marginalized members of society. It supports 13 country-led programmes through the Global Sanitation Fund, and engages organizations and governments to transform policies, budgets and monitoring systems to reflect explicitly the needs of excluded groups and themes. WSSCC also generates evidence-based learning and coordinates knowledge sharing.

04

WORKING TOWARDS SDG 6.2



WSSCC has supported 20 million people to gain access to handwashing facilities. ©WSSCC (MADAGASCAR)

SAFE SANITATION & HYGIENE ACCESS & USE FOR EVERYONE, EVERYWHERE

Case Study: Local Champions Ensure Success in India

Piprasi Block in West Champaran District was among the first blocks⁵ in the populous state of Bihar to achieve ODF status, demonstrating behaviour change at scale. Close to 40,000 residents now have access to sanitation facilities - an achievement made possible through close collaboration with a range of actors. Block development officer and former schoolteacher Raghuvar Prasad carefully planned behaviour change activities, held meetings with key officials and led education and communication campaigns. He convinced sanitation suppliers to provide materials to marginalized people via loan agreements. In addition, he supported the training and employment of marginalized people as masons, generating some 48,000 person-days of work. Prasad and partners also mobilized women's self-help groups and school children as champions. With his partners, he ensured that facilities were adapted to the needs of marginalized people. *Gram panchayats*⁶ were fully involved in planning and implementation by the GSF Executing Agency NRMCC (NR Management Consultants India Private Limited). The gram panchayats developed an Open Defecation Elimination Plan and secured financial support from the district government for the construction of quality sanitation facilities, for which over 800 West Champaran masons were trained. Production centres were also set up to ensure availability of sanitation materials in close proximity.

Case Study: Sharing Knowledge in the Digital Space

WSSCC and its partners stepped up efforts to share information and learning through online groups. WSSCC is the moderator for a LinkedIn group, the Community of Practice on Sanitation and Hygiene in Developing Countries, or CoP. The CoP provides a neutral platform where WASH practitioners can share and learn together, hosting online events and thematic discussions. By the end of the year, the group had over 6,200 members. Similarly, the MHM Trainers Platform on Yammer is a collaborative space for more than 1,000 WSSCC-trained MHM trainers to share experiences, resources and learn from each other. Our programmes in Kenya, Senegal and Cambodia are using closed Facebook groups to share real-time learning. *"One of the many benefits of the group is that the sub-grantees we work with obtain knowledge and solutions from each other without having to wait for an evaluation, meaning that no time is lost to improve programme performance and even design,"* said Sheba Odondi, Learning and Communications Officer with GSF-funded Kenya Sanitation and Hygiene Improvement Programme (KSHIP). The groups also serve as a real-time link to activities, making it easier to communicate and keep track of events happening on the ground.

Case Study: Cross-Country Exchanges

Cross-country exchanges have emerged as one of the most successful methods to address programming challenges, disseminate knowledge and build capacity across WSSCC programmes. 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. In 2016, ten country exchanges took place involving 12 GSF-supported programmes. A learning exchange between Madagascar and Uganda led to the Uganda programme's adoption of the *Follow-Up MANDONA* approach. This contributed to a significant acceleration in villages declared ODF – between 2015 and 2016, there was an 89 per cent increase in ODF villages. The Uganda programme is now supporting peers in Nigeria, Ethiopia and Kenya to adopt and disseminate their proven approaches.

⁵ Administrative subdivision, two levels below a district

⁶ Village-level administrative subdivision, one level below blocks

COUNTRY POLICIES, CAPACITIES AND MECHANISMS TO LEAVE NO ONE BEHIND

WSSCC works with people who need or use sanitation services, governments, the private sector and development partners to address stigma, discrimination and exclusion specifically in sanitation and hygiene as well as in education, health and livelihoods. Silence on menstruation, menopause and incontinence is broken by elevating the voice and agency of marginalized people. WSSCC's policy and practice work with governments in Africa and Asia demonstrates the power of meaningful participation, collaboration and cross-sectoral work to Leave No One Behind.

WSSCC uses Menstrual Hygiene Management (MHM) as an entry point to address inequalities in service delivery, employing a holistic approach to break silence on the issue, promote safe MHM and ensure safe disposal of used menstrual materials. Four interlinked elements include: (i) research and evidence from the ground shared with parliamentarians and policy makers at the highest level across sectors; (ii) policy and practice roundtables co-hosted with national governments; (iii) technical support on analysis and formulation of guidelines; and (iv) MHM training to government functionaries in WASH, health, gender, livelihoods, finance, planning and monitoring.

In 2016, WSSCC continued to focus on priority regions, with a lead country in each: Senegal for West Africa; Kenya for East Africa; and India for South Asia. In India, WSSCC has been a consistent advocate and provided technical support that informs gender, age and disability sensitive practical guidelines on sanitation and hygiene. In Senegal, a revised policy and two years of technical support has culminated in MHM and persons with disability being included in the prototypes for WASH in public places, financed by the national government and with attention to the issue of menstrual waste. In Cameroon, Kenya, Nepal, Niger, Pakistan and

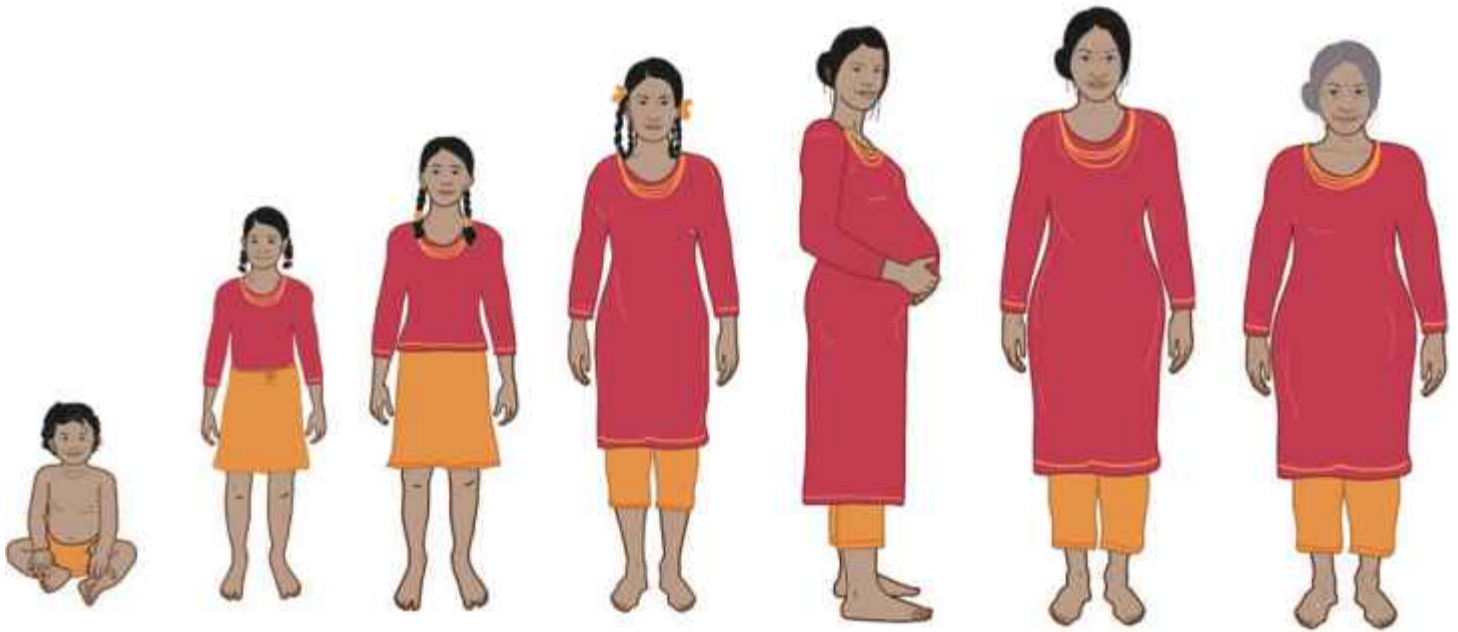
Tanzania, a combination of policy support and training of government functionaries at national and local level has produced practical guidelines, local innovations and the integration of MHM into ODF monitoring.

WSSCC supported a cross-border sharing and technical guidelines production workshop on menstrual hygiene waste management between the governments of Senegal, Niger, Kenya and India. In addition to intensive work on MHM in select countries, WSSCC has convened one-day MHM training sessions at several global and regional platforms including WEDC, World Water Week, Kenya Water Week, and 'international days' with development partners outside of the WASH sector.

The GSF-supported programme in India promotes toilet designs that have a safe and secure space for changing menstrual materials with water available for cleansing. Women are consulted at every step of the design process, while boys and men are being made aware of the difference in needs of men and women, so that toilet design is more gender-appropriate. In Uganda, National Coordinator Ms. Jane Nabunnnya Mulumba worked with the National MHM Taskforce to lobby for the integration of MHM in school curricula.

FIGURE 4.1 WSSCC'S POLICY SUPPORT SUMMARIZED AS A SERIES OF ITERATIVE STEPS





Menstrual Hygiene Management provides the important link to a woman's sanitary needs across her life course. ©WSSCC

Menstrual Hygiene Management Training for Policy Development

Since 2012, as an integral part of its policy advocacy approach, WSSCC has conducted training for more than 15,600 people in Cameroon, India, Kenya, Nepal, Niger, Senegal and Tanzania.

WSSCC offers three types of bespoke/country specific MHM training: (i) Training of Trainers (ToTs) for middle level government officials and relevant partners who have the mandate to train practitioners at different levels within government ranks; (ii) MHM Policy Training for decision makers who are responsible for policy development; and (iii) Strategies and Implementation Plans Training for specific groups. Participants include government officials from sanitation and related ministries, including water, health, education, gender and environment.

In August, WSSCC collaborated with the Kenyan Ministry of Health, UNICEF and other partners on the country's first national MHM Training of Trainers, with participants from Kenya, Niger, Tanzania and South Africa. The 77 trainees included County First Ladies who, along with their Governor spouses, have emerged as MHM champions across Kenya. This training included persons with hearing impairments and motor disabilities. Among them is Patricia Mulongo, who has emerged as a lead trainer and co-developer of the forthcoming MHM sign language

package. With WSSCC technical support, the Kenyan government has prepared a national MHM policy and is rapidly integrating MHM at county levels across the country.

The WSSCC/UN Women Joint Programme on Gender, Hygiene and Sanitation in Central and West Africa conducted policy workshops and Training of Trainers' sessions for government officers and civil society in Cameroon, Niger and Senegal.

In December, WSSCC recruited a group of trainers to deliver MHM and equality and

non-discrimination training in local languages to respond to the demand for MHM support in Africa and Asia. Quality control and policy advocacy support is provided by the WSSCC Secretariat.

In all of WSSCC's MHM activity, the principles of Leave No One Behind are practiced, with pioneering work taking place in 2016 to highlight the needs of visually and hearing impaired persons, transgender people, adolescents, elderly people and sanitation workers.

The MHM training materials are under development for persons with visual impairments. ©WSSCC (INDIA)



05

USING
SANITATION
AND HYGIENE
AS A DOCKING
STATION
TO ACHIEVE
THE SDGS





The interconnectivity of Sustainable Development Goal (SDG) target 6.2, on sanitation, with other SDGs is clearer than ever. WSSCC continues to address improving sanitation and hygiene for millions of people, with a focus on equality and non-discrimination and increasing attention to linked targets in SDGs on education, health, equality and more.



SDG 3: Good health and well being



©WSSCC/JENNY MATTHEWS (TANZANIA)

Why sanitation, hygiene & health?

- ❖ Open defecation and poor sanitation are linked to transmission of diseases such as cholera, diarrhea, dysentery, hepatitis A, typhoid and polio.⁷
- ❖ Poor sanitation is a major factor in several neglected tropical diseases, including intestinal worms, schistosomiasis and trachoma. It also contributes to malnutrition.⁸
- ❖ Poor WASH conditions have a significant detrimental effect on nutrition, child growth and development resulting from sustained exposure to enteric pathogens.⁹
- ❖ Inadequate sanitation is estimated to cause 280,000 diarrheal deaths annually.¹⁰

WSSCC contributed significantly to SDG 3 – Health by actively focusing on ending open defecation, promoting handwashing and increasing the number of public health centres with improved sanitation facilities. WSSCC also worked with ministers and permanent secretaries of health to elevate preventive health services in its focus countries. WSSCC's work on WASH across the reproductive cycle together with women's psychosocial stress underlined the close link between WASH and sexual and reproductive health. The WASH-nutrition link was also explored.

Highlights from 2016

Cambodia: Integrating WASH and Nutrition to Fight Stunting and Malnutrition

WSSCC-funded studies¹¹ in the country show linkages between sanitation and nutrition: diarrhea, environmental enteropathy, intestinal infections and parasites contribute to malnutrition and stunting.

WSSCC's NC, Dr. Chea Samnang, prioritized combining WASH and nutrition within Cambodia's strategic engagement plan and has facilitated studies and the formation of the WASH and Nutrition Sub-group.

Uganda: Strengthening the Decentralized Health System

The Ministry of Health serves as the Executing Agency for the Uganda Sanitation Fund (USF) and operates in 30 districts. The USF work helps to strengthen the country's decentralized health system.

In 2015, an analysis showed a downward trend for dysentery, intestinal worms and cholera in areas where GSF-supported work is active.

Togo: Increasing Capacity of the Ministry of Health

The Ministry of Health and Social Protection (MoHSP) serves as the chair of the Programme Coordinating Mechanism for the GSF-supported programme in Togo, and UNICEF is the Executing Agency.

The programme has helped improve the capacity of the MoHSP to plan, implement and monitor WASH programmes.

⁷ WHO

⁸ ibid

⁹ Child and Maternal Health Journal

¹⁰ WHO

¹¹ Prüss-Üstün & Corvalán 2006, Checkley et al. 2008, Humphrey 2009, Kovet al. 2013, and Chambers and von Medeazza 2014

SDG 4: Quality education



Why sanitation, hygiene & education?

- ❖ Schools and students can be strategic entry points to achieve sustainable¹² and transformational behaviour change in entire communities.¹³
- ❖ The lack of facilities and poor hygiene affects school performance and attendance of girls and boys, but with a stronger negative impact on girls.¹⁴
- ❖ In Alwar District, India, school sanitation increased girls' enrolment by one-third, and improved academic performance for boys and girls by 25%.¹⁵
- ❖ In Ethiopia, decreasing student absenteeism and improved performance can be linked to GSF-funded training for both staff and students and school sanitation and hygiene clubs.¹⁶



© WSSCC/JAVIER ACEBAL (INDIA)

By the end of 2016, WSSCC had reached over 15,000 schools in 13 countries, achieving this through collective behaviour change; advocacy and training targeting education related stakeholders; addressing the sanitation and hygiene needs of girls with focus on menstrual hygiene management; and leveraging partnerships and other resources.

Highlights from 2016

Reaching Communities

For sustainability, programmes are developed with people and local communities at the centre. WSSCC-supported activities in schools include School-Led Total Sanitation (SLTS), engaging these groups:

- ❖ School boards and management
- ❖ Teacher and student clubs
- ❖ Parent-teacher associations
- ❖ Local government
- ❖ WASH committees
- ❖ Communities and households.

School Sanitation

In Senegal, 1,800 students benefited from MHM training in 57 schools. Sanitation and hygiene promotion activities were supported in 362 schools.

In Kenya, 54 schools and 31,500 students were reached, with efforts to sensitize teachers and students to MHM

as part of a broader national advocacy support.

Nepal has seen 700 schools reached since 2010, including 671 schools in 2016 alone. Advocacy efforts have led to government support to break the silence on menstruation.

In Tanzania, 112,000 students have been reached through the creation of 144 school WASH clubs and sensitization to MHM leading to the construction of gender separate facilities in schools.

People-Centred Impact

Ngisiru Primary School is one of the schools that has benefited from WSSCC's GSF support in Kenya.

Sheila Mwita, a standard six student at the school, vividly remembers how bad the latrines at her school were before they were renovated. "The previous latrines had a strong smell, no doors and dirty walls, which made us prefer to defecate in the bushes. But now we can use the latrines because they are clean and neat."

¹² Jasper, C. et al. Water and Sanitation in Schools: A Systematic Review of the Health and Educational Outcomes. International Journal of Environmental Research and Public Health, 2012; Karon, A. et al. Improving water, sanitation, and hygiene in schools in Indonesia: A cross-sectional assessment on sustaining infrastructural and behavioral interventions. International Journal of Hygiene and Environmental Health, 2017.

¹³ Bresee, S. et al. 'A child is also a teacher': exploring the potential for children as change agents in the context of a school-based WASH intervention in rural Eastern Zambia. Health Education Research, 2016.

¹⁴ Garn, J. et al. A cluster-randomized trial assessing the impact of school water, sanitation and hygiene improvements on pupil enrolment and gender parity in enrolment. Journal of Water, Sanitation and Hygiene for Development, IWA Publishing 2013.

¹⁵ UNICEF 2012 WASH for school children: State-of-the-art in Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka

¹⁶ CLTSH Evaluation of Ethiopia's Sanitation and Hygiene Improvement Program in Regions, Addis Ababa University 2016.



SDG 5: Gender equality



©WSSCC/JAVIER ACEBAL (CAMEROON)

Why sanitation, hygiene & gender equality?

- ❖ Gender considerations are at the core of WSSCC's strategy and operations, aligning to SDG 6.2.
- ❖ Women and girls living without any toilets spend 97 billion hours each year finding a place to go.¹⁷
- ❖ On any given day, more than 800 million women between the ages of 15 and 49 are menstruating.¹⁸
- ❖ Adequate hygiene practices, including menstrual hygiene, are a significant factor in the realization of many human rights. The lack of adequate facilities for the management of menstrual hygiene raises issues for an individual's right to privacy, human dignity, gender equality, and for non-discrimination and equality more broadly.¹⁹

By using evidence-based advocacy and strong engagement with partner governments in 2016, WSSCC served as a powerful voice for the needs of women and girls worldwide.

Highlights from 2016

Global Advocacy

In global meetings, WSSCC drew attention to sanitation and hygiene challenges for women and elevated the work of governments that champion WASH and women.

At the **Commission on the Status of Women (CSW)** in New York, WSSCC with UN Women, the governments of Finland, Sweden and Senegal, WaterAid and Human Rights Watch, organized the Gender Equality through WASH event, exploring what governments can do to strengthen national mechanisms that prioritize gender.

At the **Human Rights Council**, WSSCC with the United Nations Research Institute for Social Development (UNRISD) and the governments of Spain, Germany and Portugal hosted the Women, Work and Welfare: Social Protection and WASH side event.

WSSCC participated in the **Women Deliver Conference** in Copenhagen,

actively promoting MHM. The Council facilitated training sessions involving 81 women from more than 25 countries. WSSCC also co-hosted a session on MHM, the SDGs and the private sector with the Ministry of Foreign Affairs of the Netherlands, Swiss Agency for Development Cooperation, and the hygiene company SCA/Essity.

Chris Williams, Executive Director of WSSCC, was appointed as a **Geneva Gender Champion**, an initiative hosted by the Permanent Mission of the United States to the UN in Geneva.

With **Global Citizen**, WSSCC took part in festivals in New York, Washington and India, enabling policymakers and practitioners to interact with non-WASH actors. Using web-based advocacy, Global Citizen created a political mandate for governments to support WSSCC's work in sanitation along with other partners.

Menstrual Hygiene Management Day on May 28th was celebrated at events around

the world driven by WSSCC's partners, NCs and members.

Gender Perspectives

To better understand the link between gender dynamics and the impact of its Community-Led Total Sanitation (CLTS) interventions, GSF supported a study in communities in Madagascar.²⁰

In November, to complement the WSSCC/ UN Women Joint Programme on Gender, Hygiene and Sanitation in West and Central Africa's growing library of evidence, best practices were summarized in a report that was shared with the governments of Senegal, Niger and Cameroon.

¹⁷ WaterAid: Briefing note – 1 in 3 women lack access to safe toilets (19 November 2012)

¹⁸ *Needs and Trends in Menstrual Management: A Global Analysis*; Ashwini Sebastian and Vivian Hoffmann, University of Maryland and Sarah Adelman, Mount Holyoke College.

¹⁹ Winkler, Inga and Roaf, Virginia, *Bringing the Dirty Bloody Linen Out of the Closet – Menstrual Hygiene as a Priority for Achieving Gender Equality* (August 8, 2014). *Cardozo Journal of Law and Gender*. Available at SSRN: <https://ssrn.com/abstract=2575250>

²⁰ Gender and Community-Led Total Sanitation – CLTS engagement, outcomes and empowerment in Malagasy communities. These and other gender resources are available at wsscc.org

SDG 10: Reduced inequalities



Why sanitation, hygiene and reduced inequalities?

- ❖ Non-discrimination and equality, including gender equality, are keystones of human rights law.²¹
- ❖ Evidence shows that, beyond a certain threshold, inequality harms growth and poverty reduction, the quality of relations in the public and political spheres and individuals' sense of fulfilment and self-worth.²²
- ❖ In a global survey conducted by the UN Development Programme, policymakers from around the world acknowledged that inequality in their countries is generally high and potentially a threat to long-term social and economic development.²³



To reduce inequalities and eliminate discrimination, WSSCC promoted the systematic inclusion of women and girls and those in vulnerable situations in policy and programme development processes.

Highlights from 2016

Leave No One Behind Initiative

In 2016, at the sixth South Asia Conference on Sanitation (SACOSAN VI) – the region's leading WASH forum – WSSCC and the Freshwater Action Network South Asia (FANSA) launched the *Leave No One Behind: Voices of Women, Adolescent Girls, Elderly, Persons with Disabilities and Sanitation Workforce* report, which makes visible individuals and groups that are systematically excluded in sanitation services. This was followed by series of country reports, outlining the sanitation needs of marginalized groups in Afghanistan,

Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka. The Leave No One Behind (LNOB) dialogue and reports in five of these countries have led to national requests to help governments to work to address exclusion. Thanks to WSSCC facilitation, the rights of sanitation workers and persons with disabilities, elderly people and adolescents were reflected in the Dhaka Declaration.

Sanitation Action Summit

In November, and as a milestone in the LNOB process, WSSCC hosted the Sanitation Action Summit in Mumbai together with Global Citizen India, the Government of India and the Government of Maharashtra. In support of the Swachh Bharat (Clean India) Mission (SBM), the summit brought together representatives from groups that are often silent and/or invisible in the SBM conversations and programming.

In India, the absence of safe and hygienic sanitation largely affects the country's most marginalized citizens.

The summit convened policymakers, representatives from marginalized communities and global citizens to share experiences and identify solutions that help enable an ODF India by 2019. WSSCC and its partners will continue to support the disempowered and stigmatized to understand their rights, and promote their role to work constructively with policymakers and practitioners to reduce inequalities.

Read the Summit Reflections report at wsscc.org



²¹ UN Committee on the Elimination of All Forms of Discrimination Against Women, General Recommendation No. 25, on article 4, paragraph 1, of the Convention on the Elimination of All Forms of Discrimination against Women, on temporary special measures, Para. 4. (2004), available at [http://www.un.org/womenwatch/daw/cedaw/recommendations/General%20recommendation%2025%20\(English\).pdf](http://www.un.org/womenwatch/daw/cedaw/recommendations/General%20recommendation%2025%20(English).pdf) [hereinafter CEDAW, General Recommendation No. 25]

²² <http://www.un.org/sustainabledevelopment/inequality/>

²³ *ibid*



SDG 11: Sustainable cities and communities



©WSSCC/DANIELA VALENCIA (EQUADOR)

Why sanitation, hygiene and sustainable cities?

- ❖ Half of humanity – 3.5 billion people – lives in cities today.²⁴
- ❖ By 2030, almost 60 per cent of the world's population will live in urban areas²⁵
- ❖ Rapid urbanization is exerting pressure on fresh water supplies, sewage, the living environment and public health.²⁶
- ❖ 95 per cent of urban expansion in coming decades will take place in the developing world.²⁷

During the Medium-Term Strategic Plan 2012-2016 period, WSSCC became increasingly aware of and hence focused on the need to extend programming beyond rural households and to promote interventions directed at health clinics, public spaces such as markets and transport hubs, households residing in towns of rural districts, and in schools via direct implementation mechanisms.

Highlights from 2016

Focus on Urban Sanitation at Habitat III

The Habitat III Conference in Quito, Ecuador in November provided an opportunity for WSSCC to draw attention to the importance of clean public spaces for the realization of urban dignity.

WSSCC hosted the Urban Dignity: Equal Access to Sanitation and Hygiene in Public Space side event, featuring an interactive panel for discussion on the lack of access to sanitation

and coping mechanisms; innovative approaches to improve public sanitation; and national policy options that engender urban dignity and create incentives and opportunities to improve public spaces. Representatives of Slum Dwellers International from India and Zimbabwe, Tanzanian parliamentarian and former WSSCC Chair Anna Tibaijuka took part in the discussions, alongside the Deputy Director

General of Sida, Marie Ottosson, the Nepal Minister of Urban Development, Honourable Arjun Narsingh, and WHO/UN-Habitat Chief of Waste Management and Sanitation Graham Alabaster.

The global commitment to sustainable urbanization was reinforced at the conference through the adoption of the New Urban Agenda.

²⁴ <http://www.un.org/sustainabledevelopment/cities>

²⁵ *ibid*

²⁶ *ibid*

²⁷ *ibid*

SDG 13: Climate action



Why sanitation, hygiene and climate change?

- ❖ Climate change will amplify existing risks and create new risks for natural and human systems. Risks are unevenly distributed and are generally greater for disadvantaged people and communities in countries at all levels of development.²⁸
- ❖ The impact of climate change on diarrheal disease is likely to be a significant contribution to the overall burden on health of climate change.²⁹
- ❖ Household-managed sanitation has the potential to be highly resilient to climate change. However, achieving resilience requires a demand-driven approach, provision of guidance and a supportive policy environment.³⁰



©CRSHIP/KIMROS CHHEN (CAMBODIA)

By supporting governments and sector partners to develop, implement and scale up national sanitation and hygiene programmes, WSSCC helped support national climate change adaptation goals.

Highlights from 2016

Combining Income Generation and Resilience in Cambodia

The GSF-funded Cambodia Rural Sanitation and Hygiene Improvement Programme (CRSHIP) works for sustainable access to improved sanitation and to promote good hygiene practices in rural communities. Encouraging the construction of solid latrines that will endure flooding after extreme weather, the programme has introduced income-generating activities to increase access to funds for WASH.

In general, all GSF-funded programmes aim to improve the following: Accessing

resilient local technologies and services; engraining resilient sanitation and hygiene behaviour; promoting equality and non-discrimination; and strengthening governance systems.

Convening Experts to Explore the WASH-Climate Links

In November, WSSCC through the Community of Practice on Sanitation and Hygiene in Developing Countries (CoP) and the Centre of Excellence in Water and Sanitation at Mzuzu University (Malawi) held a joint three-week thematic discussion linking WASH to other development sectors, including climate change.

Several hundred participants shared local strategies that are already helping to strengthen climate change resiliency within water, sanitation and hygiene programming. Experts who helped lead the discussion came from WaterAid, the London School of Hygiene and Tropical Medicine, and Mzuzu University.

²⁸ IPCC, 2014: *Climate Change 2014: Synthesis Report*

²⁹ World Health Organization *Qualitative Risk Assessment of the effects of climate change on selected causes of death, 2030s and 2050s*

³⁰ World Health Organization *Vision 2030: The Resilience of Water Supply and Sanitation in the face of Climate Change*

THE YEAR IN REVIEW

Key highlights

MARCH

CSW60 – ACHIEVING GENDER EQUALITY THROUGH WASH

WSSCC participated in a side event hosted by the Permanent Mission of Senegal to the United Nations in New York which addressed the role of WASH in women's empowerment and sustainable development. From Africa to South Asia, panelists explained how they are transforming policies to encourage inclusion, leveraging local resources and improving accountability mechanisms including national and regional reporting systems.



APRIL

GLOBAL LEARNING EVENT TO BOOST IMPACT AND INNOVATION

Implementing partners, WASH experts and high-level government representatives from across the globe gathered in Madagascar for the 2016 GSF Learning Event. The week-long event provided a forum for stakeholders to exchange ideas, lessons and best practices. GSF-supported programmes committed to tangible follow-up actions, and a comprehensive reflection paper was developed.



MARCH - JULY



NATIONAL CONSULTATIONS FOR WSSCC'S STRATEGY 2017-2020

WSSCC set up a series of participatory information gathering exercises to inform the development of the 2017-2020 strategy. In March, April and May, a series of interviews took place with internal and external stakeholders, as well as an online survey for 3,600 members. In June and July, 15 national consultations took place in Africa and Asia, hosted by WSSCC National Coordinators and bringing together in-country members and partners. The strategy was finalized in early 2017, and is available at wsscc.org.

WSSCC MEMBERS ARE SUPPORTED IN THEIR WASH ENDEAVOURS

During the year, WSSCC systematically increased engagement with members to ensure that they are active and supported. In response to their requests to facilitate more learning and sharing of experiences, the online community listed all members and opened a place for sharing and collaboration. Members received a quarterly newsletter and alerts with materials for local advocacy ahead of milestone days. Join us at wsscc.org!

MAY



APRIL



NATIONAL COORDINATORS SHARE THEIR ACHIEVEMENTS

WSSCC's National Coordinators work as agents of change, advancing the WASH agenda in their countries. Their in-country work was consolidated in the *National Coordinators Report*. It is a testimony to WSSCC's NCs' achievements and contributions to greater commitments from rights holders, civil society, governments, the press, private sector and other partners. In June, the NCs took part in a week-long workshop in Tanzania for inspiration, learning and to share challenges regarding the implementation of WSSCC-supported strategic national plans.



JUNE



A POLICY WORKSHOP IN SENEGAL FOCUSED ON THE NEEDS OF WOMEN AND GIRLS

After two years of implementation and three in-depth studies, the WSSCC/UN Women Joint Programme on Gender, Hygiene and Sanitation in West and Central Africa has contributed to filling knowledge gaps in Senegal, Niger and Cameroon. Findings from the studies were shared at a policy workshop in Senegal, aiming to inform and guide governments to explicitly include MHM in their public policies. Nearly 60 representatives participated from the ministries of education, gender, planning, finance, health and local government from Senegal. As well, ministries of sanitation and hygiene from Cameroon, Madagascar and Niger were represented.

SEPTEMBER



SEPTEMBER

WSSCC PARTNERS WITH THE GUARDIAN ON UN GENERAL ASSEMBLY DEVELOPMENT SUMMIT

In 2016, WSSCC worked with the Guardian and UNICEF to host a leadership event in New York alongside the UN's General Assembly. The event looked at how successfully the global community is maintaining the momentum for change following the adoption of the Sustainable Development Goals in 2015. Last year's event, led by WSSCC Chair Aina J. Mohammed and David Miliband, marked the kick-off of these ambitious goals. Speakers included Irina Bokova of UNESCO and Archana Patkar, programme manager at WSSCC.

WSSCC CHAIR COMMITS TO EMPOWERING 15 MILLION TO END OPEN DEFECATION

WSSCC participated in the 2016 Global Citizen Festival, a free, action-rewarded, and advocacy driven music festival with a live audience of 60,000 people. Aina J. Mohammed announced that WSSCC will ensure that at least 15 million people are empowered to stop the practice of open-defecation by 2020. On behalf of Nigeria's President Muhammadu Buhari, Mohammed also pledged that the practice of open defecation will be eradicated in Nigeria by 2025 or even sooner.

NOVEMBER



PROVIDING MARGINALIZED PEOPLE WITH VOICE AND DIGNITY: THE SANITATION ACTION SUMMIT

In an important step towards addressing equity and inclusion in sanitation and hygiene, the summit brought together citizens from across India who are often silent and/or invisible in sanitation conversations and programming—elderly men and women, transgender people, visually and hearing impaired people, adolescent girls and boys, and others. Hosted by WSSCC with Global Citizen India, the Government of India and Government of Maharashtra, the event ensured increased participation of marginalized groups in India's Swachh Bharat (Clean India) Mission.

NOVEMBER

MONITORING AND EVALUATION FOR CROSS SECTORAL LEARNING

WSSCC's monitoring team completed the Mid-Term Review (MTR) of the Medium-Term Strategic Plan 2012-2016 with a comprehensive management response. Recommendations were instrumental in the design of the 2017-2020 Strategic Plan. WSSCC took part in the Delhi Evidence Week (DEW), where emerging findings of the WSSCC/3ie systematic review revealed to what extent WASH sub-sectors incorporated the life-cycle approach into policies, programmes and projects during the MDG period.

DECEMBER



WSSCC CHAIR AMINA J. MOHAMMED BECOMES DEPUTY SECRETARY GENERAL OF THE UNITED NATIONS

Aina J. Mohammed, WSSCC's Chair and architect of the Sustainable Development Goals, was nominated to serve as the Deputy Secretary-General of the United Nations. Ms. Mohammed's significant contribution as Chair during 2016 included guiding WSSCC's 2017-2020 strategy development process, championing the importance of sanitation and hygiene as an SDG 'docking station' in the international arena, and prompting reflection to identify synergies between programmes and partners.

07

FINANCIAL OVERVIEW

WSSCC's financial performance in 2016 was solid with an expenditure of US\$ 34.6 million. The expenditure and financial delivery rate of 83% against budget is consistent with historical performance. The Global Sanitation Fund (GSF) delivery was in accordance with projected rates and involved balancing implementation within the portfolio of countries, where some progressed at different rates than others.

The Sanitation Leadership Trust Fund (SLTF) activities, which entails all non-GSF activities, continued to demonstrate the importance of WSSCC to the sector as a resource for global advocacy and knowledge platforms committed to the principles of equity and inclusion.

The details of WSSCC's budget versus expenditures by trust fund are provided in Table 7.1 below.

Table 7.1: Comparison of 2016 Budget and Expenditure by Trust Fund - All Amounts in US\$.

Trust Fund	Budget	% of Total	Expenditure	% of Total	Delivery Rate %
GSF	26,383,645	63%	22,483,958	65%	85%
SLTF	15,270,544	37%	12,085,054	35%	79%
Total	41,654,189	100%	34,569,012	100%	83%

WSSCC donors remain key strategic partners. The income in 2016 totaled US\$ 18.2 million from the governments of Australia, Finland, the Netherlands, Norway, Sweden and Switzerland. Table 7.2 below provides details by donor and trust fund.

Table 7.2: 2016 Income (including Interest) by Donor and Trust Fund - All Amounts in US\$.

Donor	SLTF	GSF	Total	% of Total
Australia	700,993	1,051,489	1,752,482	10%
Switzerland	881,524	1,637,116	2,518,640	14%
Netherlands	3,780,000	7,020,000	10,800,000	59%
Sweden	615,018	1,142,177	1,757,195	10%
Finland	194,229	360,710	554,939	3%
Norway	355,247	-	355,247	2%
Interest	52,053	370,710	422,763	2%
Total	6,579,064	11,582,202	18,161,266	100%

WSSCC's overall cash management for the period January through December 2016 is provided in Table 7.3 below. It gives an overview of revenue, expenditure and commitments from January to December 2016 as per the two trust funds.

Table 7.3: Consolidated Finance Report for the period January to December 2016 - All Amounts in US\$.

Revenue and Expenditure	SLTF	GSF	Total
Revenue			
Opening balance, 1 Jan 2016	4,676,433.18	34,108,877.84	38,785,311.02
Income received in 2016	6,527,010.87	11,211,492.79	17,738,503.66
Interest Income in 2016	52,053.06	370,709.69	422,762.75
Transfers between Trust Funds	1,000,000.00	(1,000,000.00)	-
Total Revenue (A)	12,255,497.11	44,691,080.32	56,946,577.43
Expenditure			
Disbursements and Receipts	11,294,563.34	21,012,791.69	32,307,355.03
Management Fee	790,490.52	1,471,166.19	2,261,656.71
Total Expenditure (B)	12,085,053.86	22,483,957.88	34,569,011.74
Project Advances (C)	430.35	-	430.35
Project Capitalized Assets (D)	6,379.32	-	6379.32
Revenue Balance as at 31 Dec 2016 before adjustment of Commitments, (E=A- B-C-D)	163,633.58	22,207,122.44	22,370,756.02
Adjustment of Commitments on WSSCC Ending Revenue Balance as of 31 December 2016.			
Ending Revenue Balance as of 31 Dec 2016 before adjustment of Commitments (F =E)	163,633.58	22,207,122.44	22,370,756.02
Commitments as at 31 Dec 2016			
→ Multi-year country programmes	-	14,554,544.00	14,554,544.00
→ Personnel, services and grants	4,713,329.06	1,834,077.48	6,547,406.54
Total Commitments as at 31 Dec 2016 (G)	4,713,329.06	16,388,621.48	21,101,950.54
Ending Revenue Balance as at 31 Dec 2016 after adjustment of Commitments (H=F-G)	(4,549,695.47)	5,818,500.96	1,268,805.49

Notes:

- 1 The revenue opening balance as of 1 January 2016 is the ending balance of 2015 brought forward to 2016.
- 2 UNOPS operates on a cash basis and the revenue balance under E above as at 31 December 2016 excludes commitments for country programmes and contracts for staff and services concluded by 31 December 2016.
- 3 Commitments represent signed contracts and grants by 31 December 2016 for which delivery and payment occur after 2016. They include multi-year country programmes and contracts for staff and services.



DONORS, STEERING COMMITTEE AND NATIONAL COORDINATORS

DONORS

Government of Australia
Government of Finland
Government of the Netherlands
Government of Norway
Government of Sweden
Government of Switzerland

NATIONAL COORDINATORS

Anwar Kamal, Bangladesh
Félix Adégnika, Benin
Chea Samnang, Cambodia
Michael Negash, Ethiopia
Vinod Mishra, India
Tobias Omufwoko, Kenya
Jean Herivelo Rakotondrainibe, Madagascar
Ngabaghila Chatata, Malawi
Guna Raj Shrestha, Nepal
Ai Abarchi, Niger
Priscilla Achakpa, Nigeria
Tanya Khan, Pakistan
Wilhelmina Malima, Tanzania
Achille Lokossou-Dah-Lande, Togo
Jane Nabunnya Mulumba, Uganda
Lovemore Mujuru, Zimbabwe

STEERING COMMITTEE

CHAIR

Amina J. Mohammed

REGIONAL MEMBERS

Kitchinme Bawa, Middle, Northern and Western Africa

Victor Chipofya, Eastern and Southern Africa

Anand Ghodke, South Asia

Khin Maung Lwin, South Eastern/East Asia

Vacant, Latin America

Audreyanna Thomas, Small Island Developing States

Otabek Bozarboev, Central and Eastern Europe, West and Central Asia

Barry Jackson, Global/any region of the world

Ebele Okeke, Global/any region of the world

EX OFFICIO MEMBERS

Chris Williams, WSSCC Executive Director

Moin Karim, UNOPS Geneva Office, Host Agency

Bruce Gordon, WHO, Founding Host Agency

Brad Herbert, GSF Technical Advisory Committee Chair

PERMANENT NON-VOTING OBSERVERS

Marcus Howard, DFAT Australia

Anu-Elina Autio, Ministry of Foreign Affairs, Finland

Pim van der Male, DGIS, the Netherlands

Semund Haukland, NORAD, Norway

Johan Sundberg, SIDA, Sweden

Isabella Pagotto, SDC, Switzerland

Jennifer J. Sara, (Acting Senior) Director Water Global Practice, World Bank Group

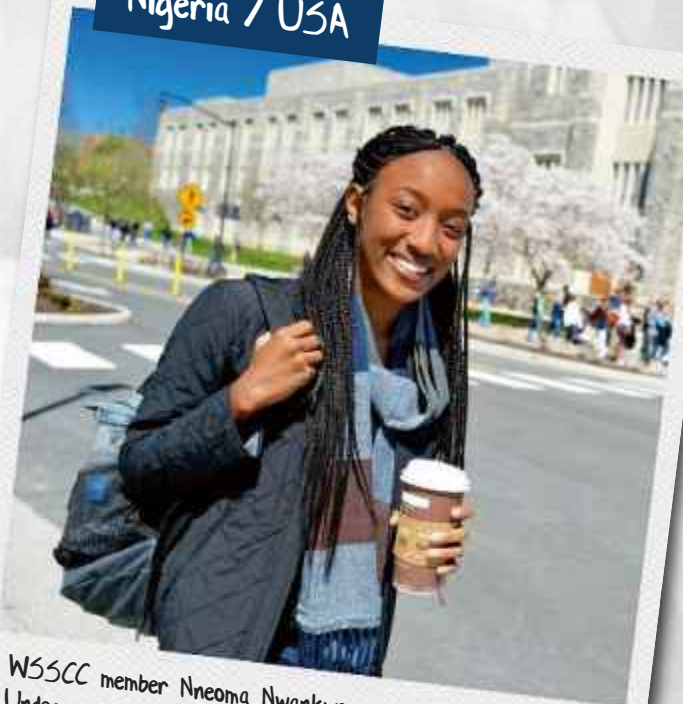
WSSCC members inspire their communities

Nepal



Hari Devkota launched the Two Dollar Toilet Campaign to encourage people in his community to build their own toilets and put an end to open defecation, thereby improving the lives of dozens of families in Rangapur village.

Nigeria / USA



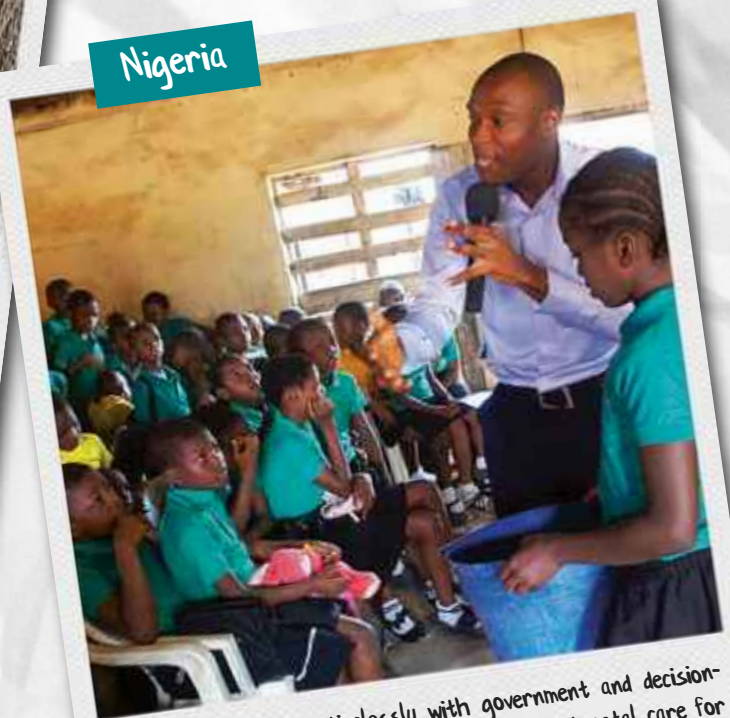
WSSCC member Nneoma Nwankwo was named Virginia Tech's Undergraduate Student of the Year with her studies on the negative effects of poor Menstrual Hygiene Management on girls in underserved areas of sub-Saharan Africa.

Uganda



Local Government Health Assistant Annet Birungi (left) emerged as a star facilitator for the GSF-funded Uganda Sanitation Fund (USF), marking the 12th community that she has accompanied on their journey to end open defecation.

Nigeria



Daniel Iroegbu works tirelessly with government and decision-makers to promote handwashing in schools, antenatal care for women and de-worming treatment for children under the age of 5. He also conducts Menstrual Hygiene Management training.

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