



GLOBAL SANITATION FUND



Progress Report



ABOVE: RESIDENTS IN THE VILLAGE OF MORAFENO, MADAGASCAR, CELEBRATE THEIR COMMUNITY'S DECLARATION OF "OPEN DEFECATION FREE" STATUS IN NOVEMBER 2011. PHOTO: MCDI.

COVER: A MAN SHOWS THE TOILET HE CONSTRUCTED AS A RESULT OF GSF WORK IN THE VILLAGE OF ANTANIMBOANJO IN MADAGASCAR'S VAKINANKARATRA REGION, NOVEMBER 2011. PHOTO: WSSCC.

NOTE TO THE READER

For the implementation and management of its Global Sanitation Fund, WSSCC has developed twelve unalterable and inalienable principles* that ensure the GSF both functions well and has real impact by improving the lives of people who don't have safe sanitation or good hygiene practices. One of the principles involves transparency: WSSCC believes transparency is vital, and so all procedures, processes, decisions, descriptions, actions, challenges and accomplishments relating to its grants management are publicly available both in written form and in the Global Sanitation Fund section of WSSCC's website, www.wsscc.org.

It is in that spirit that WSSCC is publishing this first bi-annual progress report on the Global Sanitation Fund. Through the reports, WSSCC intends to give a clear impression of the GSF's results so that readers – be they citizens of or representatives from donor country governments, sanitation and hygiene sector professionals, national GSF programme partners and beneficiaries, or the concerned general public – will know as much as they can about the GSF and be enthused and motivated to continue the work, which is part of the larger, important global effort to provide good sanitation and hygiene for the 2.6 billion people who lack them.

* 1 Be people-centred, community-managed and demand driven; 2 Help poor and unserved communities; 3 Incorporate gender considerations; 4 Expand coverage; 5 Respect national leadership; 6 Promote sustainable services; 7 Pool funds for maximum efficiency and low transaction costs; 8 Offer additionality; 9 Be results-based; 10 Have zero tolerance for fraud and corruption; 11 Ensure transparency; and 12 Adhere to best practices, as embodied in the Paris Declaration on Aid Effectiveness.

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1. HEADLINES AND HIGHLIGHTS

THE GLOBAL SANITATION FUND (GSF) HAS COMMITTED US\$ 43.5 MILLION TO DATE TO ENSURE THAT 12.5 MILLION PEOPLE HAVE IMPROVED SANITATION AND THAT 16 MILLION PEOPLE LIVE IN CLEAN, HEALTHY AND SAFE ENVIRONMENTS.

That commitment is yielding results in villages and communities in Africa and Asia. It is a commitment shared by national partners, WSSCC and the GSF donors.

National programmes generating results

Key results of the Global Sanitation Fund programmes include:

- 102,970 people with improved toilets.
- 68,860 people in over 500 communities in Madagascar, Malawi and India now live in cleaner environments free of open defecation.
- 2,641 communities have participated in demand creation activities in the countries listed above as well as in Cambodia, Nepal, Senegal and Uganda.
- 661,000 people have heard about the importance of good hygiene through community activities and communications campaigns.

The Results Overview on pages 4 and 5 gives a snapshot of the current status and targets for the seven country programmes¹ working on the ground as of 1 February 2012. Since the GSF is a sanitation financing mechanism, the flow of finances is also a key indicator of programme implementation. To date:

- US\$ 43.5 million has been committed to seven country programmes and US\$ 4.3 million invested in GSF management and development operations.
- US\$ 21.5 million has been allocated provisionally to start programmes in five more countries² in 2012, and associated GSF management and development operations in Geneva.
- The amount allocated is 100 percent of the US\$ 75 million pledged to WSSCC by its donors for the GSF. To implement programmes in all 12 countries over five years, additional resources of US\$ 9.1 million are required.
- US\$ 11 million is committed by Executing Agencies (EAs) to sub-grantees and service providers, which is 41 percent of the planned amount to be committed in the programme designs.
- 68 out of 135 sub-grantees are contracted to work on the ground, which together with current commitments and disbursements provides a good indication on overall programme progress.

In addition, as outlined in the GSF Further Added Value section on the following pages:

- The GSF is a catalyst for funding mechanisms in Uganda and Tanzania.
- GSF structures are providing a platform for sector-wide collaboration, as in Nigeria and Senegal.
- The GSF is having a positive impact on government systems such as Nepal and Malawi.
- Models are emerging that can impact the sector as a whole, and sharing knowledge and lessons learnt across countries has commenced.

1. Cambodia, India, Madagascar, Malawi, Nepal, Senegal and Uganda.

2. Nigeria, Burkina Faso, Ethiopia, Tanzania and Togo.

Learning by doing: the GSF comes to fruition

WSSCC designed and set up the GSF in 2008 to inject extra finances into countries with high needs for sanitation. Like other major global funds, the early stages in the GSF's life were devoted to setting up the systems of an innovative programme – both at the global level in WSSCC's host agency UNOPS and at the national level in the first group of countries. With hindsight WSSCC sees that it underestimated the time it would take to get the systems in place, especially those in country. However, from this first phase the GSF now has a clear Results Framework and Monitoring and Evaluation system, and there have been benefits to the collaborative approach that the GSF takes.

The process of bringing together around one table all the leading agencies concerned with sanitation in a particular country has been itself exciting and productive. In country after country WSSCC has seen that this collaboration is generating better understanding, and more consistent policies and programmes – in effect, that the presence of the GSF has achieved useful results even before the first sub-grantees start their field work. The GSF's main aim is directly increasing the number of people with improved sanitation, and that is rightly the benchmark against which it will be judged. As this report describes, 2011 was the year in which the GSF has started to achieve tangible progress on this in a significant number of countries.

GSF can be replicated in many countries

The GSF is now a reality and can be replicated and rolled out to many countries. WSSCC continues to receive much demand for GSF support in places where the sanitation needs are great. WSSCC's Medium-Term Strategic Plan (MTSP) 2012-2016³ identifies 35 priority countries in which the GSF could and should be working, which contain almost 1.5 billion people without sanitation. The GSF's ability to meet this demand, and the MTSP target of work programmes in 25 countries by 2016, is impacted by funding availability, and a major factor influencing that funding is the demonstration of cost-effective results at scale. *WSSCC hopes that this report gives a clear impression of the GSF's results and that readers will be enthused and motivated to continue their support and involvement in the GSF.*

3. Available in full (English, French) and Executive Summary (English, French and Spanish) versions at www.wsscc.org.

Attribution and verification of results

GSF-supported activities are always implemented within a wider (sector) environment. As a relatively new sector programme the GSF acknowledges the work that has been done by other actors in previous years that had laid a foundation for GSF's intervention. In addition, in most countries the GSF is one of a number of current interventions all of which may contribute to the anticipated improvement of the sanitation situation on the ground. The data presented in the Results Overview on pages 4-5 currently represents the total number of additional people within our programme focus areas that have been affected by changing sanitation and hygiene behaviour during the life of the GSF intervention. In the future, the GSF intends to conduct specific studies to try to better understand the various inputs of different actors and causal link with the jointly achieved outcomes.

The information presented in the Results Overview is based on reports submitted by GSF sub-grantees, according to country specific monitoring systems set up and managed by the respective Executing Agencies with oversight from GSF. Periodic spot checks by EAs and Country Programme Monitors have been carried out as per agreed regular monitoring procedures, and will be followed by independent mid-term and five-year evaluations of the data. Currently, this document includes communities reported as Open Defecation Free, whilst verification and certification is ongoing. Future progress reports will incorporate the independent certifications.

GSF support

WSSCC gratefully acknowledges the donors to the GSF, which are the Governments of Australia, the Netherlands, Sweden, Switzerland and the United Kingdom. The majority of the GSF's funds come from the Netherlands, and in 2010 and 2011, Switzerland reinvested in the GSF whilst Sweden reinvested in 2011 with a further multi-year commitment.

2. GSF RESULTS

Results Overview indicator descriptions

Key results

The performance of the GSF programme globally is defined by the results achieved on the ground and the efficiency with which they are delivered. The results indicators in the dashboard represent three key indicators drawn from the GSF Monitoring and Evaluation system. *The single most important indicator reports people with improved sanitation as per the numbers of people with improved toilets.*¹ The GSF considers the number of people living in open defecation free environments as a milestone step in people achieving improved sanitation. The externalities of sanitation mean that health and other benefits, though significant in the process, only truly accrue once 100 percent access and usage is achieved, which is the ultimate aim of the GSF.

People washing their hands with soap at critical times is a key indicator to measure an improvement in hygiene practice, but the GSF is keen to only measure sustained changes in behaviour. Therefore data relating to hand washing with soap at critical times will only be generated after a longer period of time using different monitoring methods.

Intermediate indicators

The intermediate indicators, like steps on a ladder, directly lead to the achievements represented by the key results. For example, the number of communities where sanitation demand creation has occurred directly impacts how many are eventually declared Open Defecation Free. The indicators related to target areas and programme reach indicate the scale at which the GSF is working. People receiving hygiene messaging reflects a step in the behaviour change journey when they ultimately wash their hands with soap.

Financial pipeline indicators

This shows funds committed and disbursed to date and presents progress of GSF programme rollout from the country pipeline perspective. The pipeline shows financial flows from WSSCC to Executing Agencies and on to sub-grantees and contractors that are competitively selected and carrying out GSF fieldwork.

Programme development indicators

These show the pipeline of country programmes and country programme proposals. Based on available funding, WSSCC approves country programme proposals and initiates contracting processes to appoint an Executing Agency and Country Programme Monitor.




Unit cost

Projected unit cost is the average investment per capita of GSF programmes and is currently estimated as the five-year cost of the programme divided by the five-year target number of people with improved sanitation. These range between US\$1 and US\$20. Variations occur due to factors such as current or prior involvement of other stakeholders, topographic and demographic factors, and the cost of resources in different countries and regions. Financial data and information related to unit cost is an area of focus for the GSF that is reflected in the design of its Monitoring and Evaluation system.

1. The GSF prioritizes this indicator over and above others on the basis of two factors: (i) the belief that an improved toilet has the maximum positive impacts on its users and the wider community, and (ii) the fact that it is this indicator that through the UNICEF/WHO Joint Monitoring Programme (JMP) process will contribute to the achievement of the Millennium Development Goal target on sanitation.

RESULTS OVERVIEW

KEY RESULTS - To date and 5 year targets in 7 countries

	1 Feb 2012	5 year targets
 People with improved toilets	102 970	12 410 000
 People live in ODF environments	68 860	18 175 200
 People wash their hands with soap	Data available at mid-term review	12 107 400

INTERMEDIATE INDICATORS - Results to date and 5 year targets in 7 countries

	1 Feb 2012	5 year targets
Communities declared ODF	531	33 050
Communities triggered	2 641	54 818
People received hygiene messages	661 000	22 165 400
People live in target areas	5 623 400	23 585 400

FINANCIAL PIPELINE - 1 Feb 2012

GSF commitments	\$43 452 118	In-country awards to sub-grantees	\$10 909 370
GSF disbursements	\$7 265 489	In-country grant disbursements	\$2 035 756

UNIT COST



* see indicator definition

PROGRAMME DEVELOPMENT

Ongoing programmes	7
Programmes commencing in 2012	5
Proposed programmes	13

3. GSF FURTHER ADDED VALUE

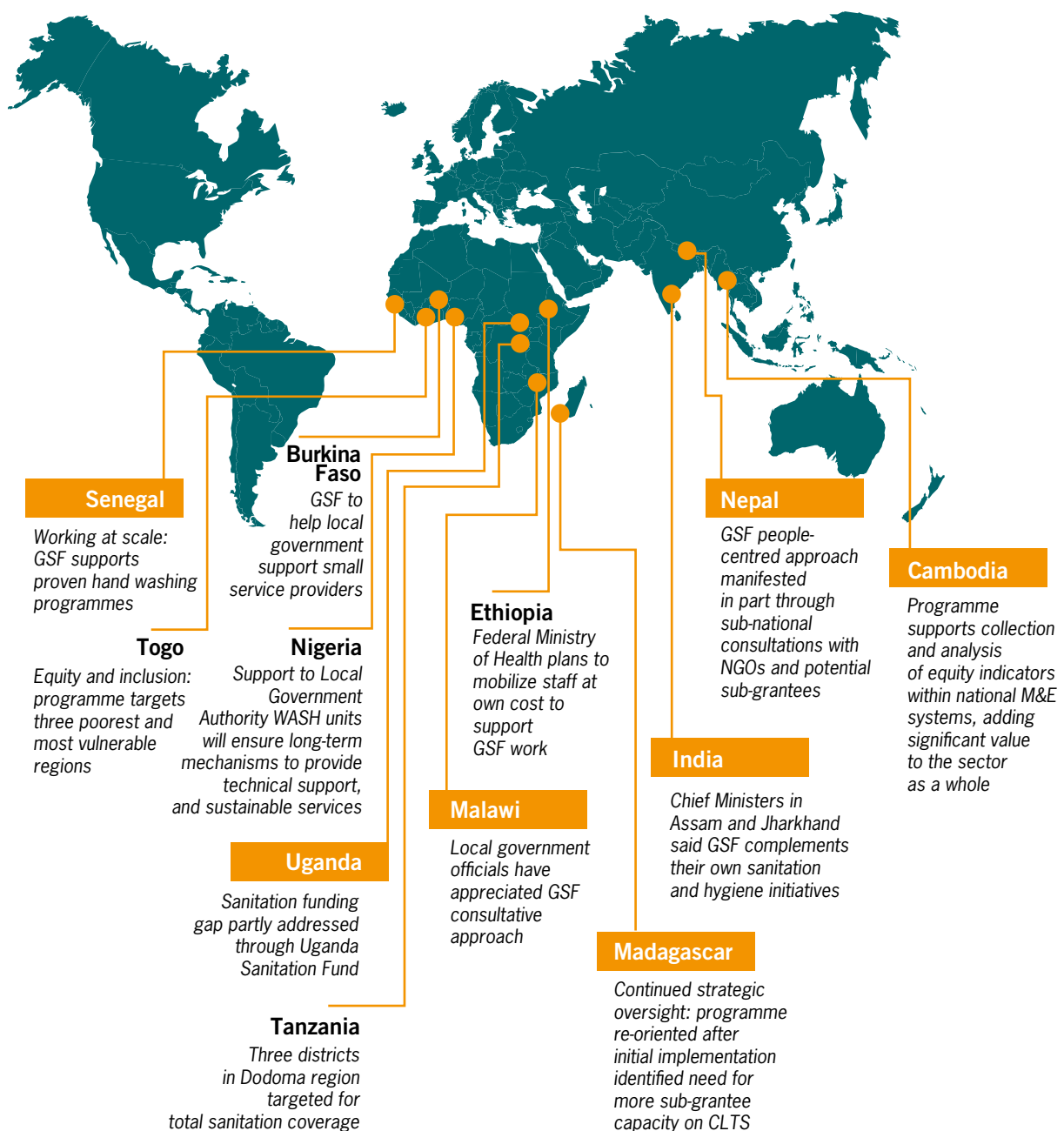
The GSF programme is helping to improve the effectiveness of structures, systems and stakeholders that are part of the enabling environment for successful sanitation programming. WSSCC acknowledges and appreciates that the success of the coordination processes is due to the hard work and commitment of many partners. The GSF work also reflects WSSCC's core principles. These include to respond to the demands and needs of individuals and communities; to engage and serve the most vulnerable people; to set a progressive agenda; and to work in open collaboration with members and partners. On the last point, WSSCC supports sector coordination and collaboration in programme delivery to ensure that results are achieved efficiently and in harmony.

Sector-led design processes and continued strategic oversight

- The strategic oversight role of each country's Programme Coordinating Mechanism (PCM) – a multi-stakeholder group convened by GSF to help develop the Country Programme Proposal (CPP) – is coming to fruition. The ownership fostered by PCMs while developing the Country Programme Proposals has grown into genuine interest and engagement during implementation. Because of this, the GSF has benefited from the knowledge and experience of PCM members during, for example, development of sub-grantee terms of reference and selection, or the identification of learning agendas. PCMs have provided insight on necessary programme adjustments based on initial implementation experiences or changes to the wider sector landscape. This happened in **Madagascar**, where a strategic re-orientation of the programme began in year two of the programme based on the lessons learnt from year one and identified, among others, the need for more support and capacity building of selected sub-grantees based on the capacity assessment made by the EA.
- Engagement with the government and other stakeholders while planning the GSF programmes has created a conducive environment for the GSF partners to commence activities on the ground. The GSF has also earned important political support, which helps to build momentum. In **India**, the Chief Ministers in Assam and Jharkhand said publically that the GSF complements their own sanitation and hygiene initiatives. This high-level political endorsement increases the enthusiasm of other actors for the programme, especially local government officials.
- GSF countries have government sanitation policies, strategies and plans in place, albeit to varying degrees, but a consistent constraint¹ across most of them is the lack of sufficient funding or poor targeting of funding to implement the plans. The GSF contributes towards addressing some of this gap but, more importantly, provides a channel for additional funds to flow. **Uganda** is addressing the funding gap partly through the GSF-supported Uganda Sanitation Fund (USF). It is believed that the USF, which is managed by the Ministry of Health, will serve as a valuable catalyst and demonstrate how funds can be used effectively and efficiently through existing government structures and institutions, in turn accelerating improvements through partnerships with local NGOs. By proving the viability and effectiveness of this model, Ugandan colleagues envisage that this will lead to more resources being allocated to sanitation and hygiene by other ministries as well as amongst local government budgets.
- The GSF continues to support improvements in sector coordination and effectiveness beyond the implementation of the programmes themselves. In many countries, the PCM has a unique role and provides a platform for wider collaboration. In **Nigeria**, the GSF's programme is an avenue for stakeholders in the National Task Group for Sanitation (NTGS) to operationalize a sector-wide approach to sanitation and hygiene programming. To date, many other activities have been driven by individual donors, and the GSF-financed programme is the first NTGS-led donor intervention in Nigeria. Given the efforts to replicate the same coordination structure at state level in Nigeria, particularly in the states targeted by the GSF programme, it is hoped that the programme will provide a model to strengthen coordination of sanitation interventions.

1. Another typical constraint is a lack of professional capacity, which the GSF also addresses.

Below is a snapshot of some further added value through programme design processes, a focus on scale, collaboration and coordination, and people-centred approaches that are all at the heart of the Global Sanitation Fund.



Achieving results at scale through collaborative and coordinated implementation

- The GSF commitment to respect national leadership has been translated into the programmes at the implementation level. GSF programmes have been able to move to the ground with strong support and engagement from local government institutions and officials. As designed, local government agencies are direct recipients of GSF funding, where sufficient capacity is in place locally, and in other instances sub-grantees have brought local government agencies in as key partners. As a result, local government agencies are taking a leading role in directing and supporting the implementation of the majority of the programmes. In **Uganda**, local governments, who are the main recipients of sub-grants, have teamed up with NGOs to jointly accelerate the roll-out of all community based activities. In **Malawi**, the local government officials within the District Coordination Teams have shared their appreciation for the consultative approach GSF sub-grantees have taken and the level of engagement they have had in implementation to date.
- This strategy has enabled local government resources to be harnessed and strong partnerships to deliver GSF objectives at scale to be established. In **Ethiopia**, the Federal Ministry of Health plans to mobilize some of its staff to support GSF work from the central level down to the sub-district level. This contribution could maximize the potential for programme impact and use of funds at the decentralized level, as well as ensure a stronger governmental ownership of the programme at all levels.
- Equally important is a significant potential improvement in the ability of local officials and structures to support sanitation and hygiene programmes and services beyond the GSF programme cycle. In **Nigeria**, the aim of supporting Local Government Authority WASH units and WASHCOMs as an outcome of the implementation of the programme will ensure that long-term mechanisms to provide technical support for sustainable services are in place.
- In **India**, the government's investment in the sanitation sector is significant; there are both financial and human resources at a sub-national level to support improvements in sanitation. The GSF programme

design identified where the Executing Agency and programme sub-grantees can add value in two of the most disadvantaged states (and where the Total Sanitation Campaign is off track). This support would be through the provision of technical support to enable government resources to flow more effectively and target those most in need. An example of this is the support the GSF programme is providing to the Government's Communication and Capacity Development Units, who are tasked with delivering software activities in the Total Sanitation Campaign but lack the capacity to undertake effective activities at scale. This approach has been welcomed by the state and sub-state government structures.

- The GSF has developed strong partnerships with other ongoing sector programmes in the various countries. These partnerships are facilitating the sharing of existing knowledge and will in the future ensure that lessons learnt are shared between programmes and fed back into the sector. In **Senegal**, the Executing Agency is working closely with the World Bank Water and Sanitation Programme (WSP) country office to benefit from its experience on the implementation of large-scale hand washing programmes. The WSP country office plans to extend its support to the Executing Agency management team through providing training on monitoring and evaluation software and methodologies. In the same way, collaboration between the GSF programme and UNICEF in **Nepal** has enabled a joint initiative on sanitation marketing to reach beyond its initial scope and feed into sector policy in this area.

People-centred approach focused on sustainable change

- The GSF programmes have been designed and are being implemented with a clear focus on the principles of being people-centred. As the GSF programmes have rolled out, the level of participation and engagement of different groups has been widened through sub-national consultations. To identify potential sub-grantees, Executing Agencies have held orientations with a wide range of civil society groups in **India, Nepal, Madagascar** and **Malawi**. In addition, as activities commence on the ground, GSF partners have ensured that civil society groups and potential programme beneficiaries are well represented in planning meetings with local government.

- The focus on a people-centred approach can be seen across the GSF programme through the promotion of approaches that rely upon locally tailored behavioural change and communication interventions that respond to socio-cultural norms and practices. In addition, through the sub-grantees that the GSF programmes have already engaged a wider variety of people-centred planning and monitoring processes are emerging. This includes planning processes led by Traditional Authorities/Leaders in **Malawi** and **Madagascar** and the use of community based monitoring tools in **Nepal**.
- Most GSF supported programmes include demand-creation approaches as a core element of the programme. In many instances, this is being implemented through the Community Led Total Sanitation (CLTS) approach.² The GSF's programme has already resulted in 531 communities being declared open defecation free (ODF) worldwide. Across the programmes, the GSF continues to scale up and spread the CLTS approach within and beyond the target areas. An example of this is in **Madagascar**, where the GSF programme has supported a comprehensive CLTS training of trainers to GSF sub-grantees, government officials and other stakeholders.
- The WSSCC Medium-Term Strategic Plan 2012-2016 includes activities and indicators focused on sustainable change and equity. These are present in many GSF programmes through the inclusion of initiatives to support governments at national and local levels in developing and strengthening monitoring and evaluation systems. The Ministries of Rural Development and Public Health and Social Welfare in **Cambodia** and **Tanzania**, respectively, will use programme funds to set up a national monitoring and evaluation system and framework to be managed by their own personnel. GSF's support for the inclusion and consistent collection and analysis of indicators on sustainable behaviour change and equity within national monitoring and evaluation systems is envisaged to add significant value to the sector as a whole.

TYPICAL GSF PROGRAMME MILESTONES AND FEATURES

From Africa to Asia, small countries to large countries, and dry areas to wet areas, the GSF programmes are implemented in some very diverse and different places. The GSF country programmes are tailored for the national context, but they do have some common milestones and features across all programmes.

- ✎ Country-led development and approval of a programme of work setting the framework for all GSF activities in the country, including the work of the Programme Coordinating Mechanism (PCM).
- ✎ Procurement of an Executing Agency (EA) and a Country Programme Monitor (CPM) to manage and monitor the implementation of the approved country programme.
- ✎ Baseline data collection as a basis for reviewing assumptions, setting targets and developing detailed implementation strategies.
- ✎ Selection of sub-grantees to implement the programme on the ground and deliver results.
- ✎ As necessary, capacity development interventions targeting selected sub-grantees to ensure effective programme implementation.
- ✎ Mobilization of regional and local government authorities in targeted areas, and other partners, to ensure sustainable results and ownership by those duty bearers responsible for service provision.
- ✎ Sub-grantees work with communities through participatory planning and monitoring processes at the community level to set and report against targets.
- ✎ Community mobilization activities and continuous follow-up to create demand for improved sanitation and to stimulate improved hygiene behaviours.
- ✎ Development of the private sector, particularly local entrepreneurs, to establish a supply chain ready to meet the demand for improved sanitation and hygiene services.
- ✎ Support hygiene messaging and media campaigns to create demand and help establish supply chains.
- ✎ Develop learning and communication pathways using sub-grantees, Country Programme Monitors and existing government structures, with the aim of being results-based and ensuring continuous programme improvement.
- ✎ Conduct rigorous monitoring and evaluation.

2. CLTS is an innovative methodology for mobilizing communities to completely eliminate open defecation (OD). Communities are facilitated to conduct their own appraisal and analysis of open defecation and take their own action to become ODF (open defecation free).



REPRESENTATIVES OF THE GSF EXECUTING AGENCY PLAN INTERNATIONAL CAMBODIA CONDUCT A PRE-IMPLEMENTATION FIELD VISIT WITH A POTENTIAL SUB-GRANTEE, NOVEMBER 2011. PHOTO: PLAN INTERNATIONAL.

CAMBODIA

Funds disbursed to initial sub-grantees in January

In Cambodia, the Global Sanitation Fund programme is part of a dynamic mix of stakeholders pioneering innovative and successful work around sanitation marketing and other approaches. So it was with great excitement that the GSF programme became an active part of this mix with the signing of six sub-grantees on 1 January 2012, with a seventh expected in February. Plan International Cambodia, the Executing Agency, disbursed the first US\$ 158,500 of a planned US\$ 1,200,000 to these sub-grantees, who will focus on sanitation and hygiene promotion and Community-Led Total Sanitation.

One of the challenges in Cambodia is that its rural population is tradition-bound. Open defecation is commonly accepted, with the exception of latrine usage in public areas only, and only among adults. However, recent efforts to introduce new sanitation promotion

and improved hygiene practices into communities have resulted in emerging indications of behaviour change.

The strong NGO base that works in Cambodia will build upon these efforts, and five NGOs were amongst the first sub-grantees. These NGOs are at the forefront of a programme that will impact 200,000 households (approximately one million people) over five years in 2,000 villages, 250 rural communes and 53 districts where half the households currently lack any type of sanitation coverage.

To get to the stage of signing its sub-grantees, the in-country stakeholders formed an effective Programme Coordinating Mechanism (PCM) that included government officials, development partners and international NGOs. The result of this successful collaboration was the joint Cambodia Rural Sanitation and Hygiene

improvement Programme (CR-SHIP), which promotes sanitation and hygiene in the rural areas of the country.

Through CR-SHIP, the GSF is supporting the government by mobilizing resources to undertake advocacy work, CLTS programming, Information, Education and Communication (IEC) material, as well as development of critical tools, capacity development, and much more. The programme has been carefully designed to focus on the latest “software” approaches.

Today, improved rural coverage in Cambodia stands at 18 percent. In concert with the GSF programme support, the country aims to reach its Millennium Development Goal (MDG) target of increased sanitation services for 30 percent of the rural population by 2015.



FACTS

TOTAL POPULATION (HDR)
15.05 million

IMPROVED SANITATION COVERAGE
Total: 29%, Urban: 67%, Rural: 23.2%

POPULATION WITHOUT ACCESS TO SAFE SANITATION (JMP)
10.4 million

UNDER 5 MORTALITY RATE (WHO)
88/1000

% OF UNDER 5 DEATHS CAUSED BY DIARRHOEA (WHO)
7%

GDP PER CAPITA
\$818 per annum

LATEST DEVELOPMENTS

- + Plan International Cambodia, as Executing Agency (EA), has signed grant agreements with these seven sub-grantee partners: SNV, Cesvi, RWC, Santi Sena, CFED, NAS and CHED to implement sanitation and hygiene promotion in the first three provinces: Kampong Cham, Svay Rieng and Takeo.
- + Five NGO partners conducted a GSF project kickoff workshop at the district level in Svay Rieng and Kampong Cham provinces recently in order to present their successful projects to key stakeholders from the Provincial Development of Rural Development, Provincial Department of Education Youth and Sport (PoEYS), District Governors, District of Rural Development (DoRD), District of Education Youth and Sport (DoEYS), and Commune Committee for Women and Children (CCWC). The Executing Agency initiated the roll out of the capacity building component; a contract has been signed with the National

Center for Health Promotion (NCHP) to provide training on CLTS and sanitation marketing. This set of support activities will be the catalyst to ensure the quality and programme results and the effective engagement of its main actors.

- + In addition to its first seven sub-grantees, five more are expected to start working in April 2012, focusing specifically on sanitation marketing. The call for expression of interest for these grants was advertised in December 2011.

KEY RESULTS

Results to date and 5 year targets

	1 Feb 2012	5 year targets
People with improved toilets	0	800 000
People live in ODF environments	0	1 200 000
People wash their hands with soap		480 000

Data available at mid-term review

INTERMEDIATE INDICATORS

Results to date and 5 year targets

	1 Feb 2012	5 year targets
Communities declared ODF	0	1 200
Communities triggered	174	2 000
People received hygiene messages	87 000	1 000 000
People live in target areas	87 000	1 000 000

FINANCIAL PIPELINE - 1 Feb 2012

GSF commitments	\$6 173 950	In-country awards to sub-grantees	\$1 200 000
GSF disbursements	\$715 000	In-country grant disbursements	\$158 000

UNIT COST

\ggg **\$8**



COMMUNITY MEMBERS ARE INSPIRED TO END OPEN DEFECCATION IN THIS SANITATION "TRIGGERING" CONDUCTED BY NRMIC INDIA PRIVATE LTD., THE GSF EXECUTING AGENCY IN INDIA, IN THE STATE OF JHARKHAND, OCTOBER 2011. PHOTO: NRMIC.

INDIA

First 25,000 of planned 6 million have improved toilets

The Global Sanitation Fund in India collaborates closely with the Indian Government's Total Sanitation Campaign (TSC) to raise the level of sanitation awareness for up to 8 million people in Assam and Jharkhand. It also relies on close coordination between a myriad of community, local and national partners in 18 districts in the States of Jharkhand and Assam.

NRMIC India Private Ltd, the Executing Agency, has identified an initial five sub-grantees in five districts out of the 18 districts that GSF is targeting. The sub-grantees are NIDAN, Integrated Development Foundation, AIDENT Social Welfare Organization, Jan Sewa Parishad and Lok Jagriti Kendra. Following initial orientation and capacity building activities related to the GSF's programme and systems, the sub-grantees have commenced demand-creation activities on the ground.

Initial signs are that all stakeholders see this GSF-TSC partnership positively and mutually beneficial and that it will deliver results at scale. To date 165 communities have been triggered using a range of demand-creation approaches, and this has already led to around 25,000 people accessing improved sanitation services.

The GSF's activities in 2011 aimed to increase the engagement and ownership of the GSF by the governments of Assam and Jharkhand. This proved to be a worthwhile investment in time and resources, as sub-grantees have found their local government counterparts ready and willing to work together to improve sanitation service and hygiene practices in the focus districts.

The programme has three objectives: to contribute to sustainable sanitation use and hygiene behaviour at scale;

to develop capacity for sustainable promotion of improved sanitation and hygiene; and to promote a culture of continuous learning among all stakeholders. The objectives are mutually reinforcing. Using a combination of demand creation (such as Community-Led Total Sanitation) and supply side approaches (such as sanitation marketing) the GSF aims to contribute to demand creation for sanitation, hygiene promotion, and awareness generation among the targeted districts. KPMG, as the GSF Country Programme Monitor, is helping to ensure the quality of the programme implementation.



Shaded areas are GSF target areas.

LATEST DEVELOPMENTS

+ As the GSF programme is so closely integrated with implementation of the Government of India's Total Sanitation Campaign (TSC), the results of the two programmes are intrinsically linked. During the GSF's programme design in India it was agreed by the PCM that attempting to separate the results of the two programmes would be artificial and would not demonstrate the symbiotic nature of the programmes' approach. Aligning of GSF's programme with the TSC's strong monitoring system avoids the duplication of resources and ensures that results are presented in a consistent manner. As part of this arrangement the GSF's partners in India have already been involved in the verification of a number of Panchayats who have claimed the Nirmal Gram Puruskar. The GSF programme will therefore report all sanitation and hygiene results achieved across working districts and blocks during the intervention period. During the second half of the programme the GSF will commission a specific study to analyze the

inputs of different actors toward achieving these results, to enable contribution and attribution to be more clearly articulated. However the results reported by the GSF in India should be understood to represent the collaborative intervention of a number of actors both directly and indirectly supported by the GSF programme.

+ In October, representatives of WSSCC's donors and the Executive Director visited the GSF programme in Jharkhand State. The visit ranged from witnessing a CLTS triggering in a village in Seraikela district to meeting governmental officials. The visit gave an opportunity to observe the work of the Executing Agency and sub-grantees and to gain a deeper understanding of the GSF in practice.

FACTS

- TOTAL POPULATION (HDR)
1.2 billion
- IMPROVED SANITATION COVERAGE
Total: 31%, Urban: 54%, Rural: 21%
- POPULATION WITHOUT ACCESS TO SAFE SANITATION (JMP)
841 million
- UNDER 5 MORTALITY RATE (WHO)
66/1000
- % OF UNDER 5 DEATHS CAUSED BY DIARRHOEA (WHO)
13%
- GDP PER CAPITA
\$1200 per annum

KEY RESULTS

Results to date and 5 year targets

	1 Feb 2012	5 year targets
People with improved toilets	25 000	6 000 000
People live in ODF environments	25 500	7 500 000
People wash their hands with soap	Data available at mid-term review	8 000 000

INTERMEDIATE INDICATORS

Results to date and 5 year targets

	1 Feb 2012	5 year targets
Communities declared ODF	40	5 000
Communities triggered	165	10 000
People received hygiene messages	100 000	8 000 000
People live in target areas	4 000 400	8 000 000

FINANCIAL PIPELINE - 1 Feb 2012

GSF commitments	\$6 354 000	In-country awards to sub-grantees	\$1 160 345
GSF disbursements	\$929 153	In-country grant disbursements	\$82 708

UNIT COST





A WOMAN AND HER CHILDREN IN FRONT OF THEIR TOILET, WHICH SHE IMPROVED AFTER A GSF INTERVENTION. SEVENTEEN PROGRAMME SUB-GRANTEES ARE CURRENTLY WORKING INTENSIVELY IN MADAGASCAR TO IMPROVE THE SANITATION AND HYGIENE SITUATION FOR THE MALAGASY PEOPLE. PHOTO: WSSCC.

MADAGASCAR

Sub-grantees reach out to 2,000 communities; 23,000 people now have improved toilets

Madagascar is one of the poorest countries in the world, with large numbers of people lacking access to basic sanitation, but it is the quickest off the mark with the Global Sanitation Fund (GSF). The GSF programme in Madagascar, referred to as the Fonds d'Appui pour l'Assainissement, is now in full implementation with 17 sub-grantees working intensively on the ground to improve the sanitation and hygiene situation for the Malagasy people. To date, 23,000 people have gained access to improved toilets because of GSF-supported work in the country.

The Madagascar programme focuses on hygiene education, raising awareness and demand creation in order to have an impact on a national scale. It applies a regional approach that combines promotion of hygiene, Community-Led Total Sanitation and sanitation marketing.

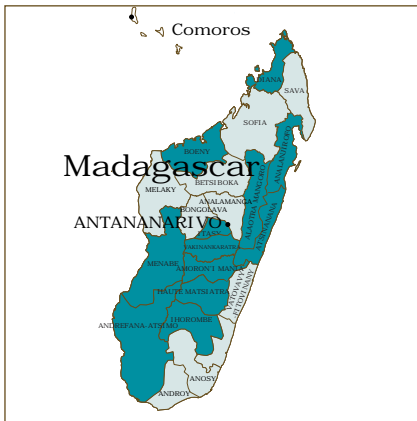
The vision for all selected regions is to attain "open defecation free" status, as well as to have all local governments in the targeted areas with a sanitation budget, capacity for sanitation and hygiene promotion, and access to a vibrant private sector that is providing improved sanitation.

Nine regions have been selected to receive large grants in three funding rounds designed to first demonstrate the approach, then achieve geographic balance nationally, and finally, encourage all regions to implement their own programmes. A number of smaller support grants are being awarded to organizations in adjacent regions in order to scale up their existing activities and create a ripple effect in the country as a whole.

Medical Care Development International (MCDI), an international NGO that

has been working in Madagascar since 1996, is the Executing Agency responsible for programme administration and implementation. FTTHM Consulting, a Malagasy auditing firm, is the GSF Country Programme Monitor (CPM).

Since the programme launch in March 2010, the Programme Coordinating Mechanism (PCM) has been successful in fostering sector collaboration to address the sanitation situation on a national scale and in providing continuous strategic guidance for the programme. The PCM includes representatives from three ministries, national and international NGOs, the private sector, and bilateral and UN agencies.



Shaded areas are GSF target areas.

FACTS

TOTAL POPULATION (HDR)
20.7 million

IMPROVED SANITATION COVERAGE
Total: 11%, Urban: 15%, Rural: 10%

POPULATION WITHOUT ACCESS TO SAFE SANITATION (JMP)
17.3 million

UNDER 5 MORTALITY RATE (WHO)
58/1000

% OF UNDER 5 DEATHS CAUSED BY DIARRHOEA (WHO)
21%

GDP PER CAPITA
\$488 per annum

LATEST DEVELOPMENTS

- + In 2011, the GSF in Madagascar awarded a total of 17 grants through two rounds of funding, with contract signature with successful sub-grantees in May and October respectively.
- + Six of these grants are large grants of approximately US\$ 400,000 covering four years and 11 of them are small grants of US\$ 20,000 covering 1-2 years.
- + All selected sub-grantees are in the process of implementing activities on the ground.
- + In 2012, another three large grants of US\$ 300,000 will be awarded and additional funds will be used to reinforce existing small grants and grantees that have proven to be successful.
- + In 2011 the EA launched a national CLTS capacity building programme targeting appointed sub-grantees to ensure that all GSF-funded CLTS activities are of

high quality standard. Representatives from all NGO partners participated in the training, and a mechanism whereby identified CLTS coaches support a sub-grantee each over a longer period of time was put in place, ensuring sustainability.

+ As part of the above training programme, Dr. Kamal Kar of the CLTS Foundation was involved in analyzing gaps and areas for improvements and thereafter led a one week training workshop addressing these gaps in November 2011. A follow-up visit by Dr. Kar is planned for May 2012.

+ Also in 2011, a research study identifying successful approaches in sanitation and hygiene was carried out and the results are being fed back to sub-grantees.

KEY RESULTS

Results to date and 5 year targets

	1 Feb 2012	5 year targets
People with improved toilets	23 000	2 000 000
People live in ODF environments	21 500	3 500 000
People wash their hands with soap	Data available at mid-term review	1 000 000

INTERMEDIATE INDICATORS

Results to date and 5 year targets

	1 Feb 2012	5 year targets
Communities declared ODF	449	12 000
Communities triggered	2 001	20 000
People received hygiene messages	296 000	5 000 000
People live in target areas	688 000	6 500 000

FINANCIAL PIPELINE - 1 Feb 2012

GSF commitments	\$6 191 593	In-country awards to sub-grantees	\$2 950 308
GSF disbursements	\$1 541 583	In-country grant disbursements	\$456 453

UNIT COST

>>> **\$3**



A YOUNG BOY SHOWS GOOD HAND WASHING SKILLS IN A MALAWIAN VILLAGE WHERE GSF SUB-GRANTEES HAVE BEEN WORKING. PHOTO: WSSCC.

MALAWI

52,000 more people now have improved toilets

The GSF programme in Malawi accomplished an important milestone moment in late 2011 with the completion of a detailed baseline study of GSF working areas. The baseline study confirmed the results that will be achieved during the programme's five years, helped target the initial programme interventions and acted as a useful advocacy tool to engage and mobilize local government resources.

Sub-grantees have provided training to over 50 local government officials; together with the officials they have triggered 208 communities, leading to 41 open defecation free communities and 52,000 people with improved toilets. Initial demand creation and awareness activities have been supported by follow-up visits and further capacity building initiatives to increase the number of local entrepreneurs'

providing sanitation services, including construction of improved toilets.

There are 28 districts in Malawi, and the GSF programme targets six of them. In each of these, the District Coordination Team (DCT), led by the Government of Malawi, has taken a central role in planning and coordinating the implementation of GSF-supported activities. DCTs have worked with Plan Malawi and the sub-grantees to integrate their plans with existing resources available to the local government and maximize the engagement of local government health workers and other district-based staff.

As a result, local government staff have been provided thorough training on sanitation and hygiene demand creation, promotion and follow-up by the GSF sub-grantees. Targeting some of the

poorest and least covered areas, the joint working of local government and civil society organizations supported by the GSF is enabling increased reach, coordination and support to improve access and use to sanitation.

The National Sanitation and Hygiene Coordination Unit (NSCHU), as Programme Coordinating Mechanism (PCM), guides the Malawi programme. The NSCHU, a multi-stakeholder group, was included in the Government of Malawi's sector policy but in practice only began operating after the GSF programme inspired increased coordination and joint planning and programming amongst key sector actors. Plan Malawi, a leading actor in the sector, is the GSF's Executing Agency (EA), and its work is overseen by PricewaterhouseCoopers, the Country Programme Monitor (CPM).



Shaded areas are GSF target areas.

FACTS

- TOTAL POPULATION (HDR)
15.3 million
- IMPROVED SANITATION COVERAGE
Total: 56%, Urban: 51%, Rural: 57%
- POPULATION WITHOUT ACCESS TO SAFE SANITATION (JMP)
5.6 million
- UNDER 5 MORTALITY RATE (WHO)
110/1000
- % OF UNDER 5 DEATHS CAUSED BY DIARRHOEA (WHO)
12%
- GDP PER CAPITA
\$161 per annum

LATEST DEVELOPMENTS

- In December, the Malawi programmed marked the end of its initial capacity building activities in Phalombe, Balaka and Ntchisi – three of the six districts in southern Malawi where its programme is currently being implemented through a strong collaborative effort by key national, district and community partners. Following the initial sub-grantees moving ahead with activities supported through the first tranche of funding after July 2011, the selection of sub-grantees through the second funding round proceeded in December 2011.
- The GSF's capacity building activities in Malawi are targeted at local government officials, community leaders and organizations, and the private sector, which is underpinned by a cascading approach. Much of the focus thus far has been on district-level training for local government officials and NGOs, with a special focus on excluded and marginalized people. Through

developing the knowledge and skills of government health workers, for example – they have been supported to work, as part of teams undertaking community “triggering” activities within Traditional Authorities across GSF’s target districts, thereby instigating communities to seek concrete ways to change their sanitation and hygiene practices.

- “The capacity building phase of the programme is critical as the work undertaken by health workers acts as a catalyst for scaling up, and moving from village to village,” said Ulemu Chiluzi, Programme Manager at Plan Malawi.

KEY RESULTS

Results to date and 5 year targets

	1 Feb 2012	5 year targets
People with improved toilets	52 000	1 060 000
People live in ODF environments	21 600	1 200 000
People wash their hands with soap	Data available at mid-term review	756 000

INTERMEDIATE INDICATORS

Results to date and 5 year targets

	1 Feb 2012	5 year targets
Communities declared ODF	41	3 600
Communities triggered	208	6 000
People received hygiene messages	109 000	1 765 400
People live in target areas	790 000	1 765 400

FINANCIAL PIPELINE - 1 Feb 2012

GSF commitments	\$6 547 100	In-country awards to sub-grantees	\$3 500 000
GSF disbursements	\$1 283 042	In-country grant disbursements	\$800 000

UNIT COST





BEFORE GSF IMPLEMENTATION IN NEPAL, PROSPECTIVE SUB-GRANTEE REPRESENTATIVES, LOCAL GOVERNMENT OFFICIALS AND CIVIL SOCIETY REPRESENTATIVES FROM THE DISTRICT WASH COORDINATION COMMITTEE WERE PART OF A PLANNING MEETING ON GSF ACTIVITIES IN THE DISTRICT OF BAJURA, IN NEPAL'S FAR WESTERN DEVELOPMENT REGION, NOVEMBER 2011. PHOTO: PAWAN JOSHI, UN-HABITAT.

NEPAL

Seven sub-grantees signed and more to go

The GSF programme signed seven sub-grantees in late 2011 to commence activities on the ground – helping 1,770 Nepalese to have improved toilets. More important yet, a strong sense of ownership – a key principle of the GSF work in Nepal – is in place and should help in the rapid scaling up of the national programme.

Nepal has a new National Sanitation and Hygiene Master Plan, and another recent positive development occurred when the newly constituted National Sanitation and Hygiene Coordination Committee took up functions previously performed by the GSF's Programme Coordinating Mechanism. This will enable increased opportunity for future learning and sharing with wider sector activities. In 2011, UN-Habitat, the Executing Agency, moved ahead to develop strong working relationships with the district

and regional local government officials through active engagement with the District and Regional WASH Coordinating Committees. This involved a number of capacity development activities on total sanitation initiatives, supporting the formulation of district strategies and action plans on total sanitation, as well as the development of future strategies for the sanitation programme initiated by the Department of Water Supply and Sanitation. As a result, within GSF working districts the WASH Coordination Committees have already taken up a more active role in facilitating sector actors to target unserved areas. The increased understanding on total sanitation approaches, along with improved monitoring mechanisms and consistent indicators, has meant that the local government is now leading the drive toward open defecation free communities.

Looking forward, the GSF programme in Nepal, as in other countries, has learning as a key component of its implementation, and the District WASH Coordination Committees will play a central role in gathering and harnessing lesson learnt from the programme in the coming years. The programme will also facilitate the learning and sharing between WASH Coordination Committees in the GSF focus districts. In addition, collaborative baseline studies were undertaken in two of the five focus districts, and work on gathering data in the other three districts, based on the experience in the other two, will commence in early 2012. Also during the early part of 2012, additional sub-grantees will be signed as a result of the ongoing second funding round, and the GSF implementation in Nepal is expected to accelerate.



Shaded areas are GSF target areas.

FACTS

TOTAL POPULATION (HDR)

28 million

IMPROVED SANITATION COVERAGE

Total: 31%, Urban: 51%, Rural: 27%

POPULATION WITHOUT ACCESS TO SAFE SANITATION (JMP)

20.6 million

UNDER 5 MORTALITY RATE (WHO)

48/1000

% OF UNDER 5 DEATHS CAUSED BY DIARRHOEA (WHO)

17%

GDP PER CAPITA

\$465 per annum

LATEST DEVELOPMENTS

- + To promote and raise awareness of sanitation and hygiene, numerous Information, Education and Communication (IEC) materials were developed by the GSF programme. Upon implementation, additional behavioural change and communications will also be developed.
- + The UN-Habitat team members delegated to GSF programming have been actively involved in developing sector strategies, capacity development and sector coordination. They helped finalize Nepal's Sanitation and Hygiene Master Plan 2011, as well as prepared and contributed to the thematic papers presented at a Joint Sector Review in May 2012.
- + Eleven grants have been awarded to seven sub-grantees, which are strongly represented by local NGOs, as well as a local municipality.
- + A collaboration between the GSF programme and UNICEF in Nepal has enabled a joint initiative on sanitation marketing to reach beyond its initial scope. The initiative is building on the experience of iDE in Cambodia in the area of sanitation marketing. This will see GSF sub-grantees working with iDE to develop a comprehensive sanitation marketing strategy, building on formative research in this area. The joint implementation will see increase learning from the implementation of this relatively new approach in Nepal. The lessons learnt from this will feed into the GSF programme's wider implementation of this approach and also contribute toward the development of a national strategy and approach to sanitation marketing.

KEY RESULTS

Results to date and 5 year targets

	1 Feb 2012	5 year targets
People with improved toilets	1 770	1 250 000
People live in ODF environments	760	1 275 200
People wash their hands with soap	Data available at mid-term review	970 000

INTERMEDIATE INDICATORS

Results to date and 5 year targets

	1 Feb 2012	5 year targets
Communities declared ODF	1	7000
Communities triggered	3	10 500
People received hygiene messages	19 000	1 900 000
People live in target areas	362 000	1 900 000

FINANCIAL PIPELINE - 1 Feb 2012

GSF commitments	\$6 068 325	In-country awards to sub-grantees	\$627 342
GSF disbursements	\$885 688	In-country grant disbursements	\$106 095

UNIT COST





A SUB-GRANTEE REPRESENTATIVE TALKS TO A VILLAGER IN BANDAFASSI, SENEGAL, DURING A COMMUNITY-LED TOTAL SANITATION TRIGGERING ACTIVITY IN SEPTEMBER 2011. PHOTO: MEDIACOM.

SENEGAL

Bringing stakeholders to the table

Building on existing hygiene promotion programmes, together with a 75 percent focus in rural areas, 2011 saw the GSF bringing key national partners together to design a programme of activities, many of whom will have a critical role to play in rolling out its programme, and awarding US\$1,440,000 to a number of sub-grantees. With its predominant focus on rural areas and a further 25 percent focus on peri-urban areas, the GSF continues to step up its efforts in more than 200 villages to promote sound sanitation and hygiene practice.

Broadly speaking, the GSF centres upon creating an enabling environment, through partnership-building at the local, national and regional levels, not only to promote sanitation and hygiene practices, through advocacy and awareness building for local government leaders as well as communities, but also

through strengthening the sanitation supply chain.

Through AGETIP, its Executing Agency, the GSF will increase the use of participatory techniques such as Community-Led Total Sanitation (CLTS) to end open defecation and create demand for toilets, and improve sanitation services for communities that have received little or non-existent sanitation. The impact of its work is expected to not only be felt in terms of improved public health through reduction of diarrhoeal diseases, but also in education, particularly for girls.

Since its launch, the GSF programme's development has involved a number of national stakeholders, including, PEPAM, UNICEF and WSP, as well as the national government.

In its work, GSF resources are being channelled towards promoting sanitation and hygiene in four of Senegal's small urban centres, chiefly on demand creation, education and advocacy development, as well as information and promotion. In peri-urban areas, private sector involvement is being supported to help improve access. Work is also focusing on strengthening the supply chain of sanitation. Phase II of programme implementation could also see further GSF support towards improvement of small-scale private sector performance.



Shaded areas are GSF target areas.

FACTS

TOTAL POPULATION (HDR)
12.3 million

IMPROVED SANITATION COVERAGE
Total: 51%, Urban: 69%, Rural: 38%

POPULATION WITHOUT ACCESS TO SAFE SANITATION (JMP)
8.9 million

UNDER 5 MORTALITY RATE (WHO)
93/1000

% OF UNDER 5 DEATHS CAUSED BY DIARRHOEA (WHO)
14%

GDP PER CAPITA
\$1088 per annum

LATEST DEVELOPMENTS

- + The Executing Agency AGETIP, together with the sub-grantee consortium, Eau Vive and La Lumiere, started sanitation triggering activities in 44 villages in the Kedougou region.
- + Five sub-grants have been awarded with a total of US\$1,440,000, amongst local NGOs for community-level sanitation and hygiene promotion, and with a single grant for specialist expertise communications for behaviour change.
- + Following the completion of a baseline study to inform the planning of programme activities, particularly a behaviour change communications strategy, an Environmental Impact Study was undertaken to ensure that the GSF programme complies with national regulation and law.
- + Training in Community-Led Total Sanitation for all programme stakeholders took place from 11 to 24 September in Kedougou. Some 32 participants took were involved, and following the training, ten villages were the focus of demand-creation activities in the rural community of Bandafassi.
- + Sub-grantees commenced work in more than 200 villages, focusing on sanitation and hygiene promotion, social marketing and communications for behaviour change.

KEY RESULTS

Results to date and 5 year targets

	1 Feb 2012	5 year targets
People with improved toilets	0	300 000
People live in ODF environments	0	500 000
People wash their hands with soap	Data available at mid-term review	101 400

INTERMEDIATE INDICATORS

Results to date and 5 year targets

	1 Feb 2012	5 year targets
Communities declared ODF	0	250
Communities triggered	10	318
People received hygiene messages	2 000	1 000 000
People live in target areas	10 000	620 000

FINANCIAL PIPELINE - 1 Feb 2012

GSF commitments	\$6 100 000	In-country awards to sub-grantees	\$915 000
GSF disbursements	\$880 000	In-country grant disbursements	\$150 000

UNIT COST

\$20



MINISTRY OF HEALTH ASSISTANT COMMISSIONER JULIAN KYOMUHANGI BRIEFS LOCAL GOVERNMENT AND NGO STAFF IN SERERE DISTRICT ABOUT THE UGANDA SANITATION FUND. SERERE LOCAL GOVERNMENT IS ONE OF 16 SUB-GRANTEES. PHOTO: WSSCC.

UGANDA

GSF implementation underway in 16 districts

In Uganda, the GSF is teaming with the national government to find creative ways to raise the level of sanitation and hygiene in the country. The GSF programme in Uganda is referred to as the Uganda Sanitation Fund (USF). Following the August 2011 signing of the Grant Support Agreement between the Government of Uganda and UNOPS, the programme has come off to a good start with activities already ongoing in 16 Districts.

After years of working successfully with the international community to increase the availability of clean water in the country, the Government of Uganda has found the sanitation sector falling behind. The government has developed policies and personnel to address the challenge, but money has been lacking for implementation.

The GSF has now become one part of the solution and the Uganda Sanitation

Fund works with the Ministry of Health and the Ministry of Finance, Planning and Economic Development to implement a programme making maximum use of existing capacity set up at central and district level. The aim is to create robust demand for sanitation to the point that people seek out creative ways to install toilets in their communities.

The USF programme is managed according to Uganda's Long Term Institutional Arrangement for the management of all funds within the Ministry of Health, which is appointed as Executing Agency. The National Sanitation Working Group (NSWG) appointed a sub-committee specifically responsible for USF to act as the Programme Coordinating Mechanism (PCM). Deloitte Uganda Ltd is the GSF Country Programme Monitor (CPM).

The sub-grantees in Uganda are composed of 16 district local

governments, supported by NGOs active in their respective geographical areas. The USF programme area has a total target population of 3.8 million; the majority of the 6,000 programme area villages are currently not declared ODF, and a total of 200,000 (32 percent) households do not use sanitation facilities.

The work in these 16 districts will consist of government, NGO and private sector actors promoting demand-led approaches (including but not limited to Community-Led Total Sanitation), carrying out home improvement campaigns and sanitation marketing. The main purpose will be to scale up efforts to generate demand for improved sanitation and hygiene, and to strengthen the supply chain for appropriate sanitation products and services to meet this demand while creating an enabling environment for a sustainable change.



FACTS

TOTAL POPULATION (HDR)
31.6 million

IMPROVED SANITATION COVERAGE
Total: 48%, Urban: 38%, Rural: 49%

POPULATION WITHOUT ACCESS TO SAFE SANITATION (JMP)
16.6 million

UNDER 5 MORTALITY RATE (WHO)
128/1000

% OF UNDER 5 DEATHS CAUSED BY DIARRHOEA (WHO)
18%

GDP PER CAPITA
\$1,263 per annum

LATEST DEVELOPMENTS

- + The programme in Uganda is set for an official launch in March 2012 during the Uganda sanitation week.
- + However, the sub-grantees (16 district local governments, supported by local NGOs) have already been selected and started preparatory work on the ground at the end of 2011.
- + Initially, the programme covers the districts of: Katakwi, Amuria, Kaberamaido, Soroti, Serere, Kumi, Ngora, Pallisa, Butebo, Kibuku, Bukedea, Amolator, Dokolo in the east and the northeast, and Bushenyi, Sheema and Mbarara in the southwestern part of the country.
- + The district selection was based on an agreed set of criteria including poverty maps, sanitation coverage and quality of submitted proposals.
- + Bushenyi, Sheema and Mbarara districts in the southwest were selected due to their ongoing CLTS and sanitation marking activities and will serve as learning districts.
- + The grants vary in size and are based on annual work plan and budgets submitted by the district local governments, with NGO plans and budgets as an integral part.
- + For the first year of USF operations the annual grants awarded to sub-grantees ranged between US\$ 19,000 and US\$ 43,000.
- + Sub-grantee activities are evaluated on an annual basis with annual ceiling amounts (annual grants) set and disbursed based on past performance.

KEY RESULTS

Results to date and 5 year targets

	1 Feb 2012	5 year targets
People with improved toilets	1 200	1 000 000
People live in ODF environments	0	3 000 000
People wash their hands with soap	Data available at mid-term review	800 000

INTERMEDIATE INDICATORS

Results to date and 5 year targets

	1 Feb 2012	5 year targets
Communities declared ODF	0	4 000
Communities triggered	80	6 000
People received hygiene messages	48 000	3 500 000
People live in target areas	300 000	3 800 000

FINANCIAL PIPELINE - 1 Feb 2012

GSF commitments	\$6 017 150	In-country awards to sub-grantees	\$556 375
GSF disbursements	\$1 030 663	In-country grant disbursements	\$282 500

UNIT COST

\$6

BURKINA FASO

Wheels in motion for July 2012 programme launch

The GSF programme in Burkina Faso seeks to improve sanitation and hygiene products and services, and community based sanitation and hygiene monitoring systems. Concentrated in the Centre Nord and Cascades region of the country, the programme will also include behaviour change promotion focusing on key hygiene behaviours. The programme launch is planned for July 2012, and it will feature proven community-led approaches to stop open defecation. The pace of implementation is expected to pick up throughout 2012.

Promotion and awareness raising for sanitation and hygiene will be done through Information, Educational and Communications (IEC) at the local, national and regional levels. For example, manuals and guidelines on methods to improve sanitation and hygiene, targeted at local and national government actors, will be distributed to partners and sector stakeholders at national level meetings and elsewhere.

Capacity development is one of the centre pieces of the GSF's activities in Burkina Faso. Through it, the programme will support local

government actors as well as small service providers to improve the range and quality of services offered to households. At the national level, activities are intended to support government agencies to mobilize additional resources for the sector and implement national sanitation and hygiene strategies in areas selected for transformative action.

Identification and dissemination of effective approaches will be an important outcome. The programme will monitor, document and evaluate all supported projects, assess the cost-efficiency of supported projects and disseminate the results of all evaluations. Programme coordinating and audits will include coordination and consultations amongst the National



Programme implementer, the Country Programme Monitor, and other key stakeholders, particularly the national government, and regular external audits of the programme.

LATEST DEVELOPMENTS

- + The GSF programme in Burkina Faso will be launched in July 2012. The Programme Coordinating Mechanism (PCM) includes national and local governments, NGOs and private sector partners.
- + The programme will promote Community-Led Total Sanitation (CLTS); Information, Education, and Communication (IEC) product development; behaviour change communication; and sanitation marketing.
- + The programme will focus on motivating and creating access to basic and improved sanitation facilities at the

rural household and community levels, encouraging and supporting access to improved sanitation and hygiene facilities in primary schools in the target areas, and inducing hygiene behaviour change among rural households and communities.

+ Approaches employed by the programme are intended to increase sanitation access, particularly among poor households and communities in the rural areas. Government, local authorities, community leaders, local NGOs, and international NGOs will be implementers of programme activities.

ETHIOPIA

Supporting the country's National Hygiene and Sanitation Strategy

The Global Sanitation Fund programme in Ethiopia is centred upon supporting the Government's National Hygiene and Sanitation Strategy, which seeks "to pave the path for all people to have access to basic sanitation and reach 100 percent coverage by 2015."

The proposed US\$ 5 million programme will focus its activities across four regions, namely: Tigray, Amhara, Oromia and SNNPR (Southern Nations, Nationalities and People's Region). The GSF support to the Ethiopia Health Extension Programme will reach four million people in total over a three-year period.

The national strategy focuses on three main areas of hygiene promotion: toilet use, hand washing and keeping water safe. It also stresses a zero-subsidy approach toward household sanitation. In the past few years, advances toward the national sanitation goal have included formulation of the regulation for waste management, collection and disposal at the regional level; training and deployment of health extension workers;

better networks among health actors; and increased sanitation coverage.

Sanitation is gaining more attention among decision-makers and good practices are being recognized. Open defecation free (ODF) villages are being recognized and rewarded. Community-Led Total Sanitation (CLTS) is gaining acceptance among many actors, including government.

The Government of Ethiopia designated the National Hygiene and Sanitation Task Force to develop the Country Programme Proposal (CPP) and to define the parameters for the GSF's work in the country to be commenced in April 2012.

Some specific programme objectives, amongst others, include to increase access to and use of sanitation facilities



at the household level in the programme Woredas from the present 12 percent to 55 percent, and to increase the proportion of schools and health posts with WASH facilities to 50 percent in the programme areas.

LATEST DEVELOPMENTS

- +

A review of the programme and management proposals has been completed in late 2011, and a Country Programme Monitor (CPM) is under contract and plans to carry out the capacity assessment of the Ministry of Health, as the Executing Agency, in February 2012.
- +

The GSF programme's proposed Executing Agency is the Ministry of Health, which if approved after the capacity review will disburse US\$ 5 million over a five-year period to targeted regions in Ethiopia.
- +

The GSF programme will support the Ethiopia Health Extension Programme that is expected to reach four million people over a three-year period.
- +

The Global Sanitation Fund programme in Ethiopia will focus on five components: 1) strengthening community sanitation; 2) hygiene promotion, institutional sanitation and hygiene (school and health facility) delivery; 3) strengthening the Health Extension Programme system for improved technical and delivery capacities; 4) advocacy and information, education, communications, and behaviour change communications on sanitation; and 5) monitoring and evaluation, including operational research.
- +

The geographic coverage of the programme will include 40 woredas in four bigger regional states out of an existing 837 woredas in the country.

NIGERIA

Igniting political will and commitment

The proposed programme in Nigeria seeks to ignite the right political will and commitment so that sanitation is taken to scale. It aims to contribute directly towards the possible achievement of the Millennium Development Goals (MDGs) on sanitation in Nigeria, and it also looks beyond the 2015 targets toward the achievement of sanitation for all people in the country. One key aspect is to focus on scaling up existing successful sanitation approaches to complement other on-going sanitation and hygiene programmes.

In 2011, the Programme Coordinating Mechanism (PCM) representing the Federal Government, development partners and civil society submitted a Country Programme Proposal (CPP) for funding through the GSF. The programme to be implemented over a five-year period starting in 2012 responds to fundamental challenges in the Nigerian sanitation sector:

“Despite the adoption in 2000 of the Nigerian National Water Supply and Sanitation Policy making accessibility to adequate water and sanitation the right of every Nigerian, water and sanitation have slipped downwards on the Federal government’s ladder of funding priorities. Progress in the sector is constrained by the lack of clarity around roles and responsibilities among multiple actors at federal and state levels, which has led to duplication, gaps and resultant inefficiencies, even as localised programmes that have shown potential for broad impact and efforts to improve coordination are underway.” *Extract from the Nigeria Country Programme Proposal, submitted by the PCM to the GSF in November 2011.*

The aim of the programme is to significantly increase sanitation coverage

and attain a positive and sustained hygiene behavioural change in six Local Government Areas (LGAs), three in each of the two participating states, Cross River and Benue. Beneficiaries of the programme include all households in the communities in the six target LGAs. Special focus is given to reaching the poor and vulnerable populations with particular attention given to gender disparities in decision-making and access to improved sanitation and hygiene behaviour change interventions.

Accordingly, the two objectives of the programme are:

- Achieve increased improved sanitation coverage and hygiene behaviour through a demand-led process, empowering local communities to improve their sanitation and hygiene practices; and
- Strengthen political commitment at all three tiers of government to

improve allocation of appropriate resources for sanitation and hygiene.



In addition, the programme will aim to stimulate improved coordination and clarification of roles and responsibilities of sanitation stakeholders at all levels, including partners, community structures and the three tiers of government: Federal, state and LGA.

LATEST DEVELOPMENTS

- ⊕ A Country Programme Monitor and an Executing Agency are expected to be procured and contracted in early 2012.
- ⊕ The programme targets all communities in six Local Government Areas in Cross River and Benue states, representing approximately 2.2 million people.
- ⊕ These six LGAs will be funded directly through the GSF. In addition, the Nigerian Government has committed at the Federal level to match the funds for construction of public and institutional sanitation facilities in the targeted LGAs, and at the state and LGA level to match the funds to cover an additional three LGAs in each state.
- ⊕ The programme uses a grant structure based on three complementary action lines: large grants, small grants and directly procured (cross-cutting) activities.
- ⊕ Six large grants of approximately US\$ 500,000 each are envisaged over the five years, one for each LGA covering activities related to CLTS, WASH in schools, hygiene awareness and sanitation marketing.
- ⊕ There is a provision for an additional number of small grants ranging from US\$ 20,000 to US\$ 125,000 for implementation of support activities accompanying the large grants. The small grant structure will be defined further during programme inception.

TANZANIA

Stimulating increased sanitation coverage

In 2011, the Government-led Programme Coordinating Mechanism (PCM) in Tanzania submitted its final Country Programme Proposal (CPP) to WSSCC. The overall goal of the programme is to see “Communities with increased access and use of improved sanitation facilities and with changed sanitation and hygiene behaviours at scale.” This goal is to be realized through interventions at two levels – i) Strengthening national knowledge, skills and systems to support further scale up of sanitation and hygiene; and ii) district level implementation at scale. The programme aims to have a significant impact on coverage and demonstrate a district-wide approach, and will also provide a “magnifying glass” for learning on the process of taking to scale specific sanitation and hygiene interventions.

The GSF, through its partners on the ground, will focus its programme in three districts in the region of Dodoma – located in central Tanzania. Dodoma region has been selected because of its poverty levels (being one of the lowest in the country); low sanitation coverage; high under five mortality rate due to poor sanitation, hygiene and unsafe water supply; and proximity to initial trials of the WSP supported TSSM programme in two other districts of the region. Also, its central location in the country is expected to contribute to scalability, with the three districts becoming centres of learning for expanding the implementation for improved sanitation and hygiene at scale across Tanzania. Its ultimate aim is to achieve total sanitation coverage. In addition, the programme is designed to stimulate an increase in coverage in the remaining districts of Dodoma and neighbouring districts across the Singida, Iringa and Morogoro regions,

through improved capacity and demonstration effect.

The GSF in Tanzania will work together with and through local governments and civil society partners to promote sanitation and hygiene practices. Following the approval for the Country Programme Proposal, the process of identifying and contracting a Country Programme Monitor and Executing Agency should be complete by the second half of 2012.

To enable the programme to commence implementation activities swiftly and effectively once the Executing Agency is signed, a small grant of US\$ 200,000 has been provided to implement select elements of the CPP from early 2012. These elements include, firstly, capacity building of national and local level government officials on total sanitation approaches and sanitation marketing, in order to train trainers at varying levels; secondly, mapping existing WASH facilities in schools, as well as



assessing knowledge, attitudes and practices towards sanitation and hygiene technologies and behaviours in one GSF focus district; and thirdly; supporting the Ministry of Health and Social Welfare to develop and pilot improved monitoring systems and tools for the sanitation and hygiene sector. The small grant will be managed by UNICEF.

LATEST DEVELOPMENTS

- + A GSF grant of US\$ 200,000 was disbursed to commence implementation of select UNICEF-managed activities in early 2012.
- + The GSF will operate in the region of Dodoma located in central Tanzania.
- + Initial GSF activities in Tanzania will include developing the capacity of local government officials on total sanitation approaches and sanitation marketing

and mapping existing WASH facilities in schools.

- + The GSF’s Programme Coordinating Mechanism, following facilitation by the GSF team, has taken over the role of the SHARE Research Group. SHARE research on capacity of local government officers in the WASH sector will focus in GSF districts and feed into GSF capacity building activities.

TOGO

Programme aims to help 20 percent of Togo's unserved population improve their sanitation situation

Funding for sanitation activities in Togo currently only meets about 1 percent of the need to reach the Millennium Development Goal (MDG) sanitation target. The GSF programme was recently approved for funding in Togo and will play an important role in raising the profile of sanitation and contribute to the country's efforts to achieve the MDG sanitation target. The programme targets three of the most vulnerable regions where sanitation coverage is as low as 10 percent.

Following its selection as a country eligible for GSF funding, Togo, through its Ministry of Health, quickly set up a Programme Coordinating Mechanism (PCM) with representatives from civil society, private sector, relevant line ministries and United Nations agencies involved in water, sanitation and hygiene work.

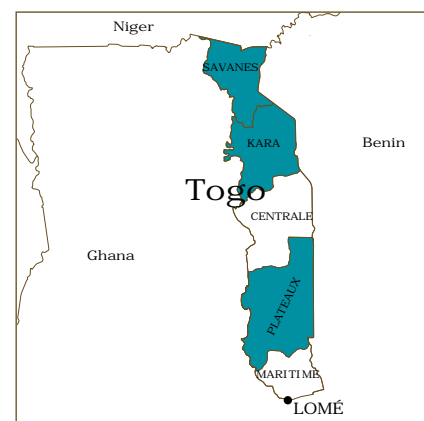
In 2011 the PCM formulated a five-year programme to promote improvements in sanitation and hygiene. The rural and semi-urban populations of the three targeted regions face a severe shortage of facilities and services. As a result, extremely low levels of adequate sanitation and hygiene practices exist.

The areas covered by CPP activities represent an overall population of 1,200,000 – more than 26 percent of the whole rural population and more than 16 percent of the entire national population. The overall programme aim is to ensure that about 1 million people, representing more than 20 percent of Togo's unserved population, improve their sanitation situation.

Specific programme objectives are:

- Scale up CLTS in 2,200 villages and ensure that targeted populations use the toilets.

- Ensure that village populations adopt safe hygiene practices, especially hand washing, through Communications for Behavioural Change activities.
- Enhance the capacity of government agents, community-based organization members and non-governmental organization members, and private operators to provide high quality hygiene and sanitation services.
- Lobby the government and its partners to allocate 0.5 percent of GDP to the hygiene and sanitation sector and advocate for the extension of projects beyond GSF supported areas.



- Disseminate acquired knowledge with a view to increasing the efficiency, at all levels, in the management of resources targeting sanitation and hygiene activities.

LATEST DEVELOPMENTS

The programme proposal has a strong emphasis on the sustainability of all activities and achievements envisaged through GSF implementation. Sustainability will be guaranteed through setting up of an appropriate monitoring and evaluation mechanism, linked to existing government systems, a capacity building strategy covering key sector stakeholders and through reinforcement of the institutional and partnership framework. In particular:

- + Building the capacity of stakeholders in monitoring, evaluation, supervision, governance, advocacy and the demand-creation approach.
- + Advocacy will encourage stakeholders to integrate the CLTS approach in their work.
- + Integrating KAP (Knowledge, Attitude and Practice) study results in programme approaches and systems to ensure socio-

cultural and environmental aspects are considered.

- + Private sector participation for the production and dissemination of materials and equipment for toilet construction will enable the GSF programme to continue beyond the end of planned activities.
- + Sharing lessons learned and good practices for replication by other actors.
- + Involving children throughout the implementation process for a knock-on effect in terms of influencing family members.
- + The PCM will contribute to the sustainability of the programme's results through its role as a guarantor of coherence between the CPP, the Togolese National Policy for Hygiene and Sanitation (PNHAT), the WASH coalition and other major actors.

BANGLADESH



The Government of Bangladesh responded positively to the invitation of the Global Sanitation Fund to develop a programme of work for funding. In doing so they nominated two high level officials from the Ministry of Local Government, Rural Development and Cooperatives and the Department of Public Health Engineering to lead the GSF's Programme Coordinating Mechanism (PCM). Following a number of meetings and wider consultations, the Government formally constituted the PCM in October 2011. The Country Programme Proposal (CPP) is currently under review by WSSCC. It is expected that the final CPP for Bangladesh will be completed during 2012, and at that time will be put forward for approval by WSSCC's Executive Director and placed for selection in a future funding round of the GSF.

Programme Coordinating Mechanism work. The Programme Coordinating Mechanism is composed of mainstream sectors actors who will be supported by a consultant to finalize the programme proposal by mid-year. GSF-funded work in Mali would likely include use of Community-Led Total Sanitation and social marketing as main approaches. The programme will also contain components on integrated advocacy and behaviour change communication, sanitation marketing and capacity development.

KENYA



In Kenya, programme design is underway and the programme may commence in 2012, pending funding. The design has identified Community-Led Total Sanitation and sanitation marketing as the main approaches of the programme. The goal is that every school and 90 percent of the households in targeted areas are using improved sanitation and hygiene by 2015. Kenya, which is not on track to meet the Millennium Development Goal target for sanitation, will work with the GSF in approximately 22 districts in three regions of the country – Nyanza Province, Coast Province and Rift Valley – where sanitation coverage is far below the national average. The rationale for choosing these areas is to fill gaps where other programmes and organizations have not reached.

PAKISTAN



The programme design phase has been held back by a number of changes to the sector landscape in Pakistan. Significantly, the Ministry of Environment, which had responsibility for the sanitation sector, was dissolved in June 2011 by constitutional amendment. This amendment increases the authority of provincial and other local government structures for sanitation.

Since this significant change WSSCC has been in dialogue with the government and other sector actors about the way forward for the GSF in Pakistan. While it is envisaged that the GSF will focus on supporting selected local governments at the provincial level to develop and implement their sanitation strategies in the coming years, these have yet to be selected. WSSCC remains positive about the potential of a GSF programme to help the Government reach its sanitation goals. In early 2012, the GSF will identify the focus provinces and provide further support to those provincial governments to move ahead with finalizing the Country Programme Proposal for funding.

COUNTRIES 17 TO 25: WHERE DO WE GO FROM HERE?

MALI



The GSF work in Mali has resumed with the preparatory activities needed to design a programme of activities. The Ministry of Environment and Sanitation through the "Direction Nationale de l'Assainissement" is actively leading and engaged on the

The GSF is now a reality and can be replicated and rolled out to many countries. WSSCC continues to receive much demand for GSF support in places where the sanitation needs are great. WSSCC's Medium-Term Strategic Plan (MTSP) 2012-2016 identifies 35 priority countries in which the GSF could and should be working, which contain almost 1.5 billion people without sanitation. The GSF's ability to meet this demand, and the MTSP target of work programmes in 25 countries by 2016, is impacted by funding availability, and a major factor influencing that funding is the demonstration of cost-effective results at scale.

7. PEOPLE'S VOICES ABOUT THE GSF

The Global Sanitation Fund “family” is an extensive one. It includes professional staff in Geneva and at the Executing Agencies in the implementation countries. In country, it also includes staff at the official Country Programme Monitors, members of the Programme Coordinating Mechanisms, and at the many different sub-grantees. Most importantly, the family includes the people in districts, villages, blocks or communities where the GSF works to help improve the quality of life through improved sanitation and hygiene. This section gives voice to some of those people – the hopes, dreams and aspirations of just a few of the thousands of people impacted positively through GSF work.

Malawi: We are now respected by our community!



“Before Cicod (GSF sub-grantee: Centre for Integrated Community Development) arrived, I did not realize the importance of using a latrine. I am grateful

for the initiative, because using a latrine and regularly practicing good hygiene has not only improved my health and that of my children, but also we have a more respectable place in the community because of this. We no longer have to travel long distances to defecate downstream.”

Kefas Chisay, Ntchisi and Balaka region

India: students change behaviours



“Because of the work done by GSF, IDF and Lokhet in our community, people now do not defecate in open and use the toilets constructed at home.

Students of my school now either defecate in the toilets at their homes or those in the school. It is only by maintaining personal hygiene and safe sanitation practices that we can keep our house, village and surroundings clean. This in turn has a positive impact on the overall health and economic condition of the individuals, family and community.”

Suman K Gudiya, Head Mistress, Primary School, Ulidih

Madagascar: Sanitation and hygiene are a blessing



“Having adequate sanitation and hygiene is a blessing for me and our community is very proud of it. Since the various GSF sensitization activities,

and our cleaning and construction of latrines, we have noted fewer cases of diarrhoeal disease, particularly with children. I am ready to share our experiences and to sensitize other villages on the importance and the benefits of sanitation and hygiene.”

Ernestine, health promotion worker in Ambatoharanana village, Fokontany Ankazomiankno, Vavatenina

Malawi: We are now enlightened on good sanitation and hygiene



“We built our own user friendly pit latrines after being enlightened on good sanitation and hygiene practices by Cicod (GSF sub-grantee: Centre for Integrated Community

Development). Despite being of age and struggling to construct a pit latrine with my wife, I am glad I did this because it is convenient and as a result my health and the health of my family has improved. Because of this project, together with our fellow villagers, we will continue to practice good sanitation and hygiene.”

Kyton Khanhaneer, Ntchisi and Balaka region

Madagascar: We are ready to share our experience with neighbouring villages



“In our Fokontany Anivosaha, we have reached our overall objective. Sanitation and hygiene improvements have been driven by the community. We have tried not to pressure

people but let them discuss the benefits and convince each other. We would like to thank [GSF sub-grantee] Caritas for the collaboration in general and in particular for sensitizing people to adopt adequate sanitation and hygiene practices. Today people are very conscious of the benefits. We are ready to share our experience with neighbouring villages because we are very aware that if the other villages are not clean we will indirectly suffer from their environment.”

Chief Anivosaha Fokontany, Mangarano, Antsirabe II District, Vakinankaratra Region

sanitation issues, including at the national, district and commune levels, as well as the private sector.”

Supriyanto Supriyanto, Plan International, Cambodia

Senegal: CLTS is key to behaviour change



“In rural areas we have seen perverse effects of the subsidy approach in the past where latrines were built but not used for their intended purpose. Also, people

tend to think that subsidies reach the poorest, which is often not true as it's often the better connected households that benefit from them in the first place. Our vision today is that the GSF-funded CLTS activities will allow poor people to adopt the necessary changes in behaviour to build basic latrines with locally available materials.”

Diaryatou Sow, communications expert with the GSF programme in Senegal

India: Now we have constructed and use toilets at home



“IDF (GSF sub-grantee) came to our village to tell us about the importance of maintaining hygiene and safe sanitation practices. Earlier

we used to go for open defecation but now we have constructed and use toilets at home.”

Sefali Mahto, Community Member, Ulidih

Donor: “high level of professionalism” in GSF work



“As a donor representative it is important to link the regular reporting documents to the acting and performance of the GSF in the field. I was

impressed [during an October 2011 visit to Jharkhand, India], with what I saw from triggering at the village level to seeing how the GSF works and what can be achieved in the programme. I observed a very high level of professionalism of the Executing Agency and sub-grantees. This may be particular to India, but it confirmed that the tender and selecting process the GSF has set up are well done, accurate and bringing us in contact with those we should be working with. It was great to feel what working at scale means. It also gave me strong confirmation that WSSCC mechanisms are cost-effective and I therefore consider SDC's contribution a worthwhile investment.”

Manuel Thurnhofer, Swiss Agency for Development and Cooperation (SDC) [Photo above: Manuel Thurnhofer, Swiss Agency for Development and Cooperation (SDC) left, pictured with Johan Sundberg, Sida, Sweden, and Jon Lane, Executive Director, WSSCC]

Cambodia: GSF programme draws together stakeholders



“The GSF's multi-stakeholder and consultative approach has drawn in a number of different actors and players which have a strong interest in

8. GSF SUB-GRANTEES FROM A TO Z

By 1 February 2012, GSF Executing Agencies signed contracts with sub-grantees in seven countries. The sub-grantees include NGOs (local, consortiums, or national affiliates of international NGOs), government entities, associations, and companies. The sub-grantees are carrying out a portfolio of activities that can include Community-Led Total Sanitation or other sanitation demand creation approaches, sanitation marketing and promotion, training, hygiene education and awareness, and Information, Education and Communication (IEC) materials development. This list reflects all sub-grants awarded by EAs to implementing organizations classified as sub-grantees, through the “sub-grants” component of the GSF programmes. It does not include contracts with other types of service providers and contractors, hired through the “direct procurement” component of the GSF programmes.

NO.	NAME OF SUB-GRANTEE	TYPE OF SUB-GRANTEE	DATE SIGNED	DURATION [MONTHS]	GRANT AMOUNT [US\$]	LOCATION
MADAGASCAR						
1	ASOS	Local NGO	18-Mar-11	48	399,679	Région Analanjirofo
2	Ny Tanintsika, IP, SAF/FJKM	Consortium of local NGOs	18-Mar-11	48	395,269	Région Amoron'i Mania
3	Red Cross	Association	18-Mar-11	48	371,348	Région Menabe
4	Consortium GREEN, FAMONJENA	Consortium of local NGOs	26-Oct-11	48	391,364	Région BOENY
5	MSIS	Local NGO	26-Oct-11	48	406,406	Région Atsimo Andrefana
6	Soamaneva, Grain, Voaakaly	Consortium of local NGOs	26-Oct-11	48	399,737	Région DIANA
7	CARITAS	Association	18-Mar-11	24	23,850	Région Vakinankaratra
8	MIARINTSOA	Local NGO	18-Mar-11	12	20,960	Région Vakinankaratra
9	SALFA	Local NGO	18-Mar-11	12	21,071	Région Haute Matsiatra (Commune Mahatsinjony et Ambalakely)
10	SALFA	Local NGO	18-Mar-11	12	21,303	Région Haute Matsiatra (Commune Ivoamba et Ambalamahasoa)
11	Groupement AINGA	Association	18-Mar-11	12	20,958	Région Alaotra Mangoro
12	Fandrosoana, Tolotanana, SAF FJKM	Consortium of local NGOs	18-Mar-11	12	20,906	Région Alaotra Mangoro
13	MAMIZO	Local NGO	26-Oct-11	12	20,930	Région Atsinanana, District Mahanoro
14	MAMIZO	Local NGO	26-Oct-11	12	20,930	Région Atsinanana, District Vatamandry
15	FAMONJENA	Association	26-Oct-11	24	21,195	Région Itasy
16	ADEMA	Association	26-Oct-11	12	21,523	Région Itasy
17	FIFAHO	Association	26-Oct-11	12	19,954	Région Ihorombe

NO.	NAME OF SUB-GRANTEE	TYPE OF SUB-GRANTEE	DATE SIGNED	DURATION [MONTHS]	GRANT AMOUNT [US\$]	LOCATION
MALAWI						
1	Concern Universal	International NGO	11-Jul-11	48	627,022	Balaka and Phalombe (Southern Region)
2	Centre for Integrated Community Development	International NGO	8-Jul-11	48	90,850	Ntchisi (Central Region)
3	Canadian Physicians for Aid and Relief	International NGO	11-Jul-11	48	313,636	Nkhotakota (Central Region)
4	InterAide & Engineers Without Borders	International NGO	29-Sep-11	12	77,852	Phalombe (Southern Region)
5	TM Associates	Company	24-Sep-11	48	626,000	Phalombe (Southern Region); Ntchisi (Central Region)
6	Training Support for Partners	Local NGO	11-Jul-11	48	313,140	Balaka (Southern Region)
7	Water for People	International NGO	1-Jul-11	48	625,963	Chikhwawa (Southern Region); Rumphu (Northern Region)
INDIA						
1	NIDAN	Local NGO	01-Dec-11	12	272,874	Dhanbad
2	Integrated Development Foundation	Local NGO	01-Dec-11	12	306,066	Saraikeela
3	AIDENT Social Welfare Organization	Local NGO	01-Dec-11	12	262,945	Dumka
4	Jan Sewa Parishad	Local NGO	01-Dec-11	12	71,667	Koderma
5	Lok Jagriti Kendra	Local NGO	01-Dec-11	12	246,793	Deoghar
NEPAL						
1	Environment, Culture, Agriculture, Research and Development Society, Nepal (ECARDS-Nepal)	Local NGO	7-Dec-11	8	14,992	Sub-national in Bajura District
2	Samjauta Nepal	Local NGO	7-Dec-11	8	15,000	Sub-national in Bardiya District
3	Social Empowerment and Building Accessibility Center Nepal (SEBAC-Nepal)	Local NGO	7-Dec-11	15	130,000	Sub-national in Bajura District
4	Integrated Development Society (IDS-Nepal)		7-Dec-11	15	130,000	Sub-national in Bardiya District
5	Gulariya Municipality	Local Government	19-Dec-11	12	30,000	Sub-national Gulariya Municipality
6	Integrated Development Society (IDS-Nepal)	Local NGO	Processing for Cooperation Agreement	12	30,000	Sub-national in Tikapur Municipality
7	Nepal Red Cross Society (NRCS)-HQ	Local NGO	8-Dec-11	15	67,000	Sub-national in Bajura District

NO.	NAME OF SUB-GRANTEE	TYPE OF SUB-GRANTEE	DATE SIGNED	DURATION [MONTHS]	GRANT AMOUNT [US\$]	LOCATION
8	Renaissance Society Nepal (RSN)	Local NGO	Processing for Cooperation Agreement	15	66,972	Sub-national in Bardiya District
9	Samjauta Nepal	Local NGO	Processing for Cooperation Agreement	12	9,000	Sub-national in Gulariya and Tikapur Municipalities
10	Social Empowerment and Building Accessibility Center Nepal (SEBAC-Nepal)	Local NGO	7-Dec-11	14	16,000	Sub-national in Bajura District
11	Environment, Culture, Agriculture, Research and Development Society, Nepal (ECARDS-Nepal)	Local NGO	7-Dec-11	14	15,990	Sub-national in Bardiya District
UGANDA						
1	Butebo	District Local Government	18-Aug-11	12	19,231	Butebo District
2	Amolatar	District Local Government	18-Aug-11	12	19,231	Amolatar District
3	Serere	District Local Government	18-Aug-11	12	39,145	Serere District
4	Ngora in collaboration with Faith Action Development Organization (FADO)	District Local Government in collaboration with a local NGO	18-Aug-11	12	40,090	Ngora District
5	Katakwi in collaboration with Lutheran World Federation	District Local Government in collaboration with a local NGO	18-Aug-11	12	39,145	Katakwi District
6	Kibuku	District Local Government	18-Aug-11	12	32,529	Kibuku District
7	Dokolo	District Local Government	18-Aug-11	12	38,200	Dokolo District
8	Bukedea	District Local Government	18-Aug-11	12	19,231	Bukedea District
9	Kaberamaido	District Local Government	18-Aug-11	12	41,980	Kaberamaido District
10	Sheema	District Local Government	18-Aug-11	12	26,858	Sheema District
11	Kumi in collaboration with Pentecostal Assemblies of God (PAG)	District Local Government in collaboration with a local NGO	18-Aug-11	12	42,926	Kumi District
12	Bushenyi	District Local Government	18-Aug-11	12	28,748	Bushenyi District
13	Pallisa	District Local Government	18-Aug-11	12	37,255	Pallisa District
14	Amuria in collaboration with Wera Development Association (WEDA) and Development Initiative (CID)	District Local Government in collaboration with a local NGO	18-Aug-11	12	19,231	Amuria District

NO.	NAME OF SUB-GRANTEE	TYPE OF SUB-GRANTEE	DATE SIGNED	DURATION [MONTHS]	GRANT AMOUNT [US\$]	LOCATION
15	Mbarara	District Local Government	18-Aug-11	12	27,803	Mbarara District
16	Soroti in collaboration with Arbeiter Samariter Bund (ASB)	District Local Government in collaboration with a local NGO	18-Aug-11	12	41,980	Soroti District
CAMBODIA						
1	SNV	International NGO	01-Jan-12	36	600,000	Kampong Cham, Takeo and Svay Rieng Provinces
2	CESVI	International NGO	01-Jan-12	24	99,998	Kampong Cham province
3	Cambodia Health Education Development (CHED)	Local NGO	01-Jan-12	24	99,988	Kampong Cham province
4	Rain Water Cambodia (RWC)	Local NGO	01-Jan-12	24	99,929	Kampong Cham province
5	NAK AKPHIVATH SAHAKUM (NAS)	Local NGO	01-Jan-12	24	100,000	Kampong Cham province
6	Cambodian Farm Economic Development (CFED)	Local NGO	01-Jan-12	24	99,991	Svay Rieng Province
7	Santi Sena	Local NGO	01-Jan-12	24	99,741	Svay Rieng Province
SENEGAL						
1	EVE/LA LUMIERE	Local NGO	06-Sep-11	48	320,000	Kedougou
2	EVE/WILLAYA	Local NGO	06-Sep-11	48	320,000	Diourbel
3	MSA	Company	12-Sep-11	48	320,000	Tambacounda
4	WHEPSA	Local NGO	06-Sep-11	48	320,000	Matam
5	PRIME MEDIACOM	Company	05-Sep-11	20	161,000	National

9. HOW IT WORKS: THE GLOBAL SANITATION FUND

THE GLOBAL SANITATION FUND HAS A ROBUST PROCESS FOR OPERATING AND DISBURSING FUNDS. THIS INVOLVES GOVERNANCE, MANAGEMENT, ADVICE, EXECUTION AND RIGOROUS EVALUATION MANAGED BY THE WSSCC SECRETARIAT IN GENEVA.

The **Global Sanitation Fund (GSF)** is a pooled global fund established to gather and direct finance to help large numbers of poor people to attain safe sanitation services and adopt good hygiene practices. There are 2.6 billion people, close to 40 percent of the world's population, who do not have access to basic sanitation. The GSF is an efficient and cost-effective opportunity for contributors to help the world's poorest people address this most basic everyday need.

At the global level, **WSSCC's Secretariat** gathers funds and donations, selects the eligible countries for funding, and manages the disbursement of funds. WSSCC is administratively and legally hosted by **UNOPS**. WSSCC, and therefore the purpose, principles and scope of the Global Sanitation Fund, are governed by its member elected Steering Committee.

The **WSSCC Steering Committee** approves the operating procedures, decides all working criteria, approves the selection of countries and allocation of funds, and reviews the overall progress and performance of the Global Sanitation Fund.

The Global Sanitation Fund has an independent **Advisory Committee** which gives advice on the Global Sanitation Fund's operations and ensures the quality of the programmes and work it supports. The Global Sanitation Fund is committed to good practice and supporting programmes as efficiently and cost-effectively as possible.

In many developing countries national sanitation policies exist but the funding to implement them does not. The Global Sanitation Fund works with **national governments** to accelerate implementation of these policies. It is the national governments that provide the leadership and legitimacy to any work supported by the GSF.

It is typically the existing WSSCC National WASH Coalition or other WSSCC partners that request for the country to be considered for funding from the GSF. At this point the support of the national government is sought and must be agreed. These parties engage with the National Government to select sector stakeholders to form the basis of a **Programme Coordinating Mechanism (PCM)**. The PCM makes certain that the work supported by the Global Sanitation Fund is consistent with national policies and the activities of the National WASH Coalitions that undertake professional networking, knowledge management, advocacy and communications work. They provide strategic oversight to the programmes.

Once countries and the sanitation and/or hygiene programme have been selected for funding, the Global Sanitation Fund appoints an **Executing Agency** to receive the grant and manage the funded programme. The Executing Agency selects, supervises, and support **Sub-Grantees** who directly implement these programmes. **Country Programme Monitors**, independently appointed by the Global Sanitation Fund verify and report on the work of Executing Agencies to WSSCC.

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GLOBAL SANITATION FUND PROGRESS REPORT

FEBRUARY 2012

The Global Sanitation Fund is a pooled global fund established by WSSCC and funded by its donors to gather and direct finance to help large numbers of poor people to attain safe sanitation services and adopt good hygiene practices. As of February 2012, the Global Sanitation Fund is being implemented actively in Cambodia, India, Madagascar, Malawi, Nepal, Senegal and Uganda. In

those countries, 68 sub-grantees have deployed a range of sanitation and hygiene awareness-raising and promotion activities nationally and in a number of regions. Because of their work, some 102,970 people have access to and are using improved toilets, among other leading indicators of progress.

This bi-annual progress report presents the ongoing results of GSF programme implementation.



MAMA MANANA, A GRANDMOTHER OF 12, DIGS HER OWN TOILET PIT IN THE VILLAGE OF ANKILINJAMOSY, MADAGASCAR, IN NOVEMBER 2011. AS A "NATURAL LEADER" IN A GSF IMPLEMENTATION AREA, SHE IS INSPIRING OTHERS IN HER COMMUNITY TO BUILD THEIR OWN TOILETS. PHOTO: MS. ANNICK RANIRISOA, CLTS COORDINATOR EA (MCDI) MADAGASCAR.

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