



LOCAL GOVERNANCE AND SANITATION



Eight lessons from Community-Led Total Sanitation at scale through local governments in Uganda

Many non-governmental and intergovernmental organizations, as well as bilateral and multilateral donors, recognize the importance of closely working with governments in sanitation and hygiene programmes. Collective behaviour change approaches, such as Community-Led Total Sanitation (CLTS), are also increasingly being embraced by governments as an al-

ternative to traditional subsidy and enforcement-based approaches.

This 'GSF in focus' case study presents eight lessons learned from the GSF-supported Uganda Sanitation Fund (USF) programme in coordinating, planning, and implementing CLTS at scale¹ through a decentralized government system. The USF is the largest programme of its

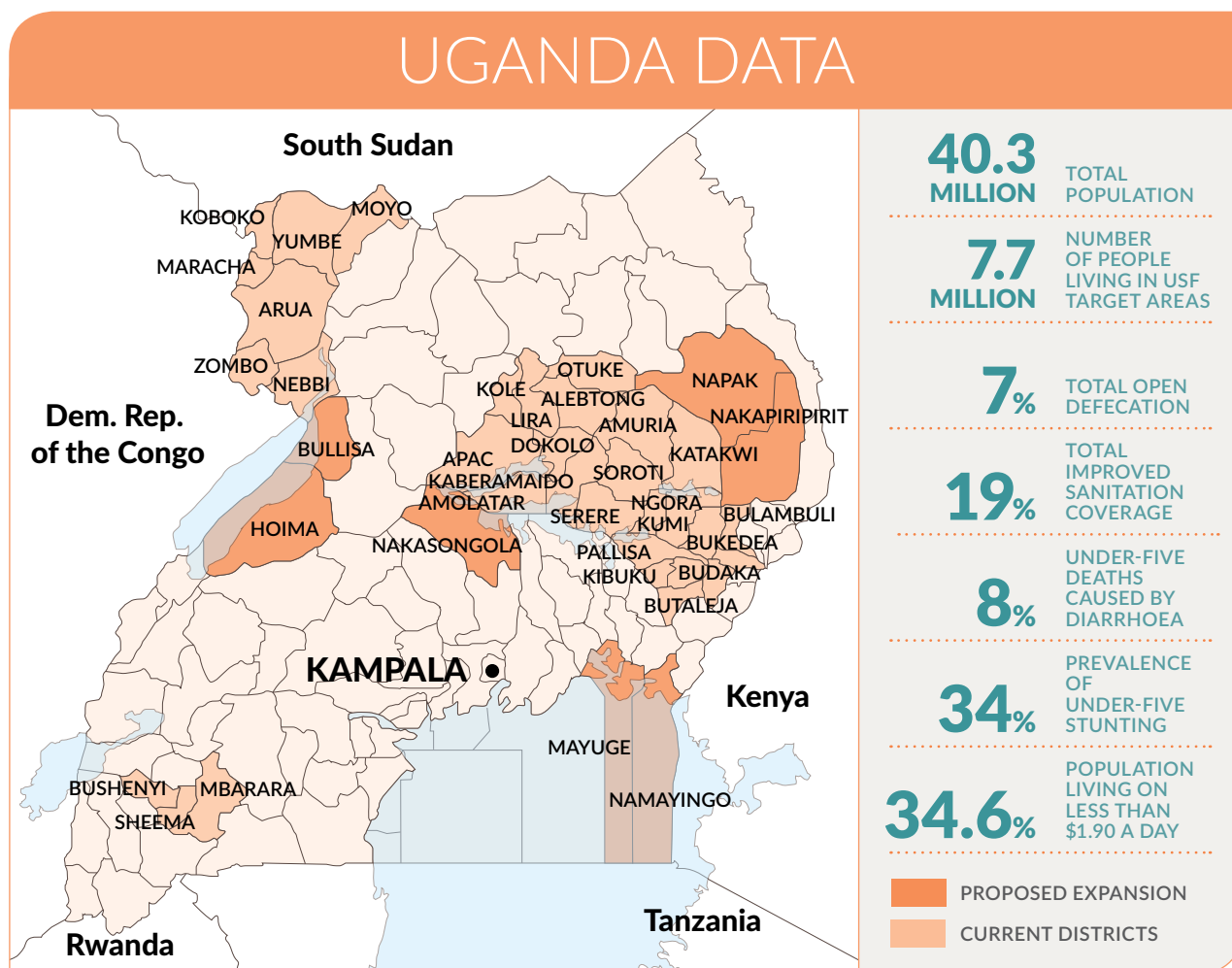
kind in Uganda. The programme, which began in 2011, is currently implemented by 30 District Local Governments² under the overall management of the Ministry of Health. By September 2016, the USF reported helping over three million people live in open defecation free (ODF) environments.³

PHOTO: HEALTH WORKERS AND COMMUNITY MEMBERS IN LIRA DISTRICT PROUDLY DISPLAY AN IMPROVED LATRINE. ©WSSCC/USF

¹ In the context of GSF-supported programmes, working at scale refers to going beyond targeting villages to facilitating a sanitation and hygiene behaviour change approach that targets higher administrative levels. These levels range from local to regional administrative divisions, as defined by country governments. Determinants and definitions for working at scale vary according to the context. For GSF-supported programmes, planning to work at scale requires incorporating relevant approaches into the design of the programme.

² The programme plans to expand to eight additional districts.

³ As reported in the USF's annual report for the fiscal year. For information on how GSF-supported results are verified, see See WSSCC. (2016). *Global Sanitation Fund Progress Report 2015: A catalyst for large-scale results*. Pages 18-21. Retrieved from <http://wsscc.org/wp-content/uploads/2016/06/GSF-Progress-Report-2015.pdf>



DATA SOURCES: GLOBAL NUTRITION REPORT (2012); UNICEF AND WORLD HEALTH ORGANIZATION (2015); UNITED NATIONS STATISTICS DIVISION (2016); WORLD HEALTH ORGANIZATION (2016 AND 2017); WORLD BANK GROUP (2012).

Acronyms and abbreviations

CAO	Chief Administrative Officer
CLTS	Community-Led Total Sanitation
EA	Executing Agency
GSF	Global Sanitation Fund
NSWG	National Sanitation Working Group
ODF	Open defecation free
PCM	Programme Coordinating Mechanism
USF	Uganda Sanitation Fund
VHT	Village Health Team
WSSCC	Water Supply and Sanitation Collaborative Council

Eight lessons

- Lesson 1:** Ensure national ownership is at the centre
- Lesson 2:** Maximize existing local government structures
- Lesson 3:** Balance local management with central support
- Lesson 4:** Go beyond training workshops
- Lesson 5:** Change attitudes to ensure communities take the lead
- Lesson 6:** Encourage a strong focus on results
- Lesson 7:** Trigger local political support
- Lesson 8:** Strategically partner with civil society

Government: key to sustainable sanitation and hygiene for all

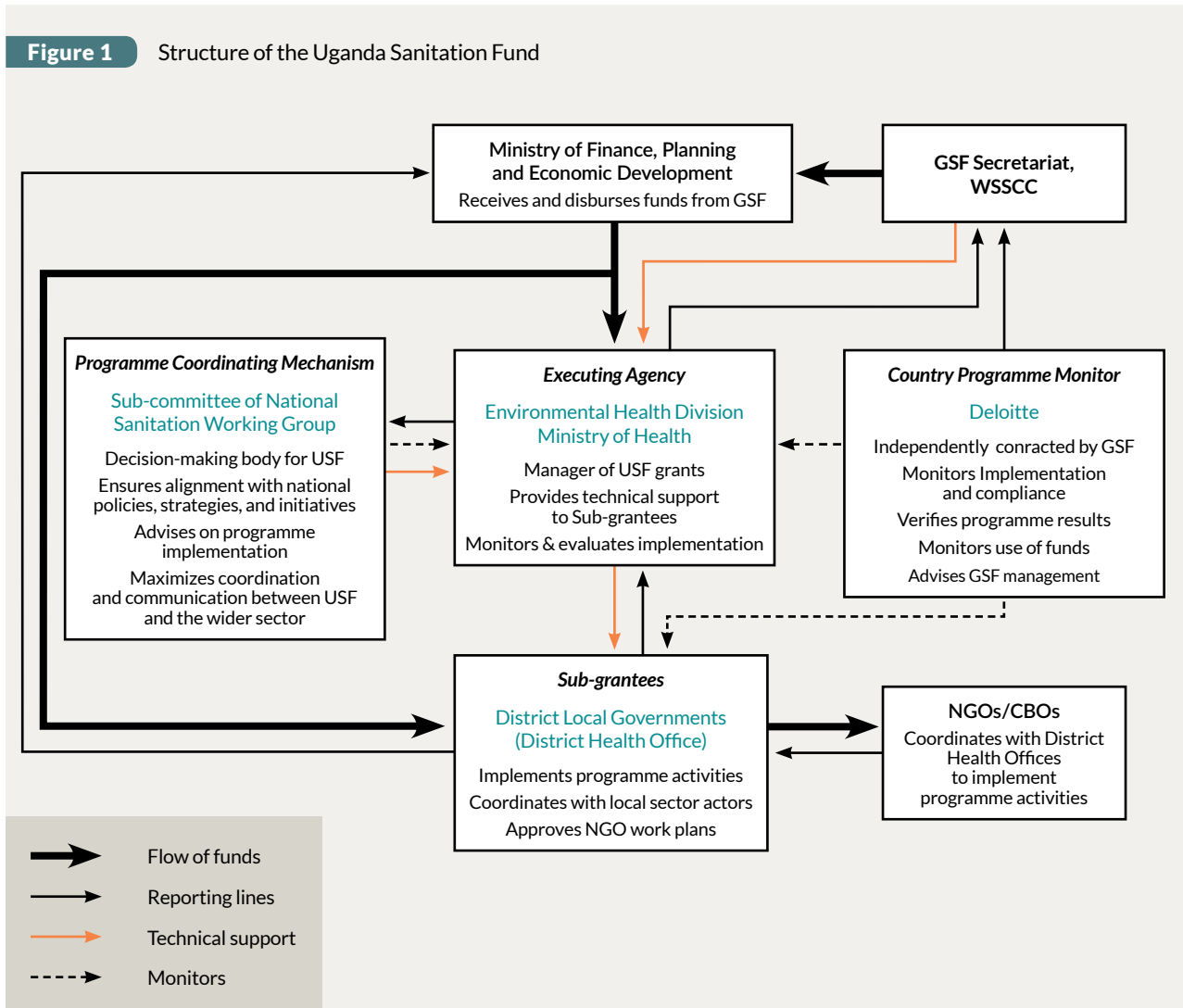
Globally, 2.4 billion people do not have access to adequate sanitation, with 946 million defecating in the open.⁴ The ‘silent’ sanitation and hygiene crisis contributes to some of the leading causes of under-five mortality, such as diarrhoea and respiratory infections. Poor sanitation and hygiene further contributes to malnutrition and

child stunting, costs economies millions in health expenditure and productivity losses, and adversely impacts on the dignity and wellbeing of the most vulnerable.⁵

The magnitude of this crisis needs sanitation and hygiene solutions that can be delivered at scale. Without question, this requires the close involvement of government. Not only does government have the mandate for ensuring universal access to sanitation and hygiene, but it already has in place many of the systems and structures

required for working at a national scale. As a growing number of governments move towards decentralizing public service delivery, engaging with local governments is key to fully unlocking this potential. Furthermore, closely involving government during programme roll-out is key to building local capacity, fostering national ownership, and ensuring sustainability. These activities are all vital ingredients for triggering an uptake in sorely needed investment, to ensure improved sanitation and hygiene for all.

⁴ UNICEF and World Health Organization. (2015). *Progress on sanitation and drinking water - 2015 update and MDG assessment*. Retrieved from http://www.wssinfo.org/fileadmin/user_upload/resources/JMP-Update-report-2015_English.pdf
⁵ World Health Organization. (2016). *Sanitation*. Retrieved from <http://www.who.int/mediacentre/factsheets/fs392/en>



Lesson 1: Ensure national ownership is at the centre

Sustainably implementing sanitation and hygiene behaviour change at scale requires strong government ownership. It is critical to anchor programme leadership within government-led national coordinating bodies, and that existing systems are complemented and strengthened.

The USF programme was designed to closely align with Uganda's

existing policies, sector strategies, and decentralized systems of local governance. The idea is to embed institutional sustainability and build an enabling environment to expand USF beyond the GSF-supported intervention areas to all 112 districts. Key elements in this process include:

USF-supported activities revolve around these three pillars, which in turn feed into the Government of Uganda's annual National Development Plan.

USF focus areas

The USF programme is based on the three pillars of Uganda's improved sanitation and hygiene strategy:

1. Create demand for basic sanitation and hygiene
2. Strengthen the sanitation supply chain
3. Create an enabling environment for sustained results

- **Supporting national sector strategies:** The USF was created to support the implementation of the Government of Uganda's improved sanitation and hygiene strategy. Developed in 2006, the strategy specifies three priority areas for attaining Uganda's national sanitation targets. All

- **Embedding the USF in sector leadership:** Sector-led and nationally owned, the USF is an initiative of the National Sanitation Working Group (NSWG), the nationally recognized coordinating body for all key players in the sanitation and hygiene sector. The NSWG engages with the USF through a dedicated Programme Coordinating Mechanism (PCM), which serves as the programme's principle architect and strategic



MINISTER OF HEALTH, HON. DR. JANE ACENG, WSSCC EXECUTIVE DIRECTOR, DR. CHRIS WILLIAMS (SIGNING THE VILLAGE CHAIRMAN'S GUEST BOOK), AND ASSISTANT DISTRICT HEALTH OFFICER (LIRA), MR. OPIO NELSON, PARTICIPATING IN A CLTS SESSION. ©WSSCC/RHIANNON JAMES

coordinating body (see ‘USF in Focus’).

- Aligning donor support with on-budget financing arrangements:** Support from the GSF is consistent with Uganda’s long-term

institutional arrangements for donor financing in the health sector. Under these arrangements, the USF programme was approved as part of the national budget by the Health Policy Advisory Committee. GSF funding

is first channelled via the Ministry of Finance, Planning, and Economic Development. Through a dedicated USF budget line, disbursements are then made to the Ministry of Health and local government District Health Offices.



THE UGANDA SANITATION FUND IS DELIVERED THROUGH A RANGE OF LOCAL ACTORS, SUCH AS THE COMMUNITY ENGINEER (FAR LEFT) AND AMURIA DISTRICT HEALTH OFFICE STAFF PICTURED HERE. ©WSSCC/PATRICK ENGLAND

USF in focus: The Programme Coordinating Mechanism

The National Sanitation Working Group is the coordinating body for the entire sanitation sector in Uganda, which harmonizes sector activities, delivers policy advice to government, and provides overall leadership for the USF. The NSWG engages with the USF programme through a dedicated Programme Coordinating Mechanism (PCM). The PCM consists of key government line ministries (Water and Environment, Education and Sports, Local Government, and Gender, Labour and Social Development), UNICEF, WHO, the World Bank’s Water and Sanitation

Program (WSP), the WSSCC National Coordinator, WaterAid, and the Uganda Water and Sanitation NGO Network.

The first main responsibility of the PCM was developing the USF proposal – an in-depth, three-and-a-half-year process involving the PCM, GSF, Ministry of Health, and the wider water, sanitation and hygiene sector. With strong initial support from sector partners, such as UNICEF and WSP, the PCM deliberately designed the USF to align with Uganda’s decentralized government system, build and strengthen existing capacities, and utilize

proven approaches. The PCM has also been the driving force behind scaling up the USF from an initial 15 districts to a planned total of 38.

The second main responsibility of the PCM is to provide overall direction and oversight for USF implementation. One of the key elements of success of the PCM has been consolidating intra-governmental cooperation: while the Executing Agency of the USF programme is the Ministry of Health, the PCM is chaired by a representative from the Ministry of Water and Environment. This close collaboration between

these ministries with historically overlapping mandates over sanitation strengthens the USF’s capacity to work with different government agencies and sanitation sector organizations at both the central and district level. In addition to its oversight functions, the PCM plays a critical role in external advocacy and communication, including leveraging technical expertise and experience from other sector players, mediation and conflict resolution, and advocating for increased political support and investment in the USF.

Lesson 2: Maximize existing local government structures

Working with local governments is not only important for sustainability. Rather than creating parallel systems, maximizing the use of existing decentralized governance structures is also an effective means to rapidly achieve scale and reach.

The USF programme is situated directly within Uganda’s decentralized system of Local Councils, where political leadership and public service delivery at the local level are focused within district, county, and village government structures.

Health departments of District Local Governments have a mandate for improving rural sanitation and hygiene, with existing, albeit underutilized, manpower and systems, due to budgetary constraints and capacity gaps. Rather than operating in parallel, the USF was designed to maximize these existing

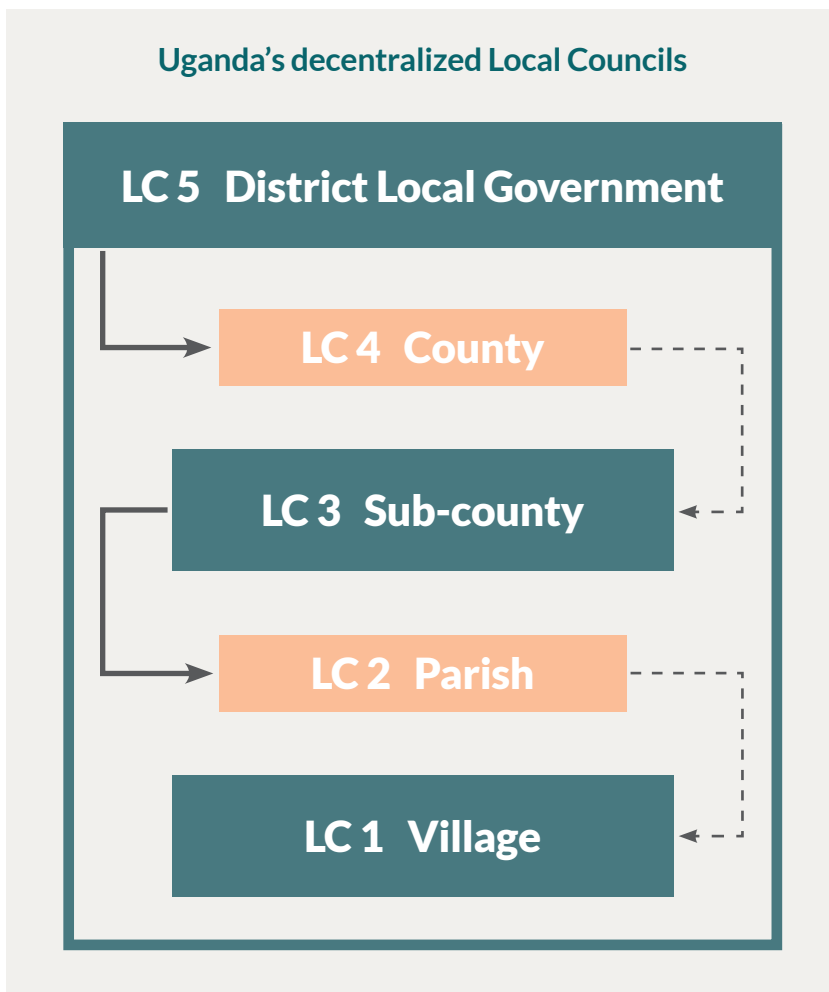
capacities. Leveraging these ready-made systems has allowed the USF to reach a large geographical scale – approximately one quarter of the country – at a significantly reduced cost.

Moreover, the injection of USF support in target districts has strengthened how decentralized health systems are operationalized. As one of USF’s focal persons explains: “Initially the government was putting very little money into environmental health, and was not tapping into the capacities of their local staff. This programme has

disproved the idea that extension staff do not want to work – if the funds are there, they actually work very well.” This has demonstrated that investing in the capacity of existing decentralized government structures, and allowing them to take the lead in implementation, can successfully achieve results at scale.

Capitalizing on local government structures further enables the programme to quickly reach the grassroots. District Health Offices take the lead in implementing programme activities and monitoring results, with health extension workers, based at the county or sub-county health facilities, rolling out CLTS interventions. At the village level, local health extension staff work closely with Village Health Team (VHT) volunteers. The link between VHTs and local government staff has been a decisive factor in successfully rolling out CLTS sessions and helping to sustain improved sanitation and hygiene behaviour in the long term (see ‘USF Profile: Magambo Issac’).

Finally, structuring the USF along Uganda’s decentralized governance system has cultivated a strong sense of local ownership. For the first time, districts are getting sufficient resources to promote sanitation and hygiene in communities at scale. This has contributed to increased motivation of health extension workers. Furthermore, it has triggered the support of district leaders in ensuring the timely flow of funds, monitoring results, and securing resources from other local government departments (see Lesson 7).





VILLAGE HEALTH TEAM MEMBER MAGAMBO ISSAC DEMONSTRATES HANDWASHING WITH SOAP USING A LOCALLY-DESIGNED FACILITY THAT HE HELPS PROMOTE. ©WS5CC/USF

USF profile: Magambo Issac • Village Health Team member, Bugangula Village

As part of the Ministry of Health's strategy to extend the delivery of health services, VHTs are essential conduits for facilitating health interventions at the community level. As 'village doctors', VHTs mobilize communities, treat simple illnesses (for example, by distributing oral rehydration therapy), prevent diseases by raising awareness, provide linkages with health facilities and services, and keep records up-to-date. VHTs are linked to their local sub-county health facility through a health extension worker, who coordinates their activities and reviews their reports on a monthly basis.

Through the USF, many VHT volunteers, such as Magambo Issac from Bugangula village (Butaleja District, Teso region), have emerged as behaviour change champions in their communities. Mr. Issac explains: "I've been a VHT [volunteer] for nearly 10 years. I was chosen by my village because I wanted to improve both my own health and that of my community, especially by reducing incidences of diseases like diarrhoea, dysentery, and cholera."

As local government health staff begin USF programme activities in a village, VHT's are the first point of contact. Mr. Issac recalls his own role and reaction when extension

workers recently came to trigger* collective behaviour change: "I remember helping mobilize our village for a visit from health workers, although I didn't know why they were coming. After walking through our village with them, we discovered areas where people were defecating in the open. Through their questions, we then realized that we had been unknowingly eating each other's shit! Out of the 68 households in the village, only 17 had latrines. I became so disgusted with the situation. We resolved as a village to stop eating each other's shit by constructing safe latrines for those who don't have them, improving old ones, and helping the elderly access and use their own".

Once a village has committed to stop defecating in the open, VHTs play a critical role in organizing collective action to reach ODF status. After creating a village action plan to stop defecating in the open, Mr. Issac and two other VHT volunteers took the lead: "Together with the LC 1 [village] Chairperson and four other enthusiastic community members, the VHT [volunteers] spearheaded the formation of a village committee to improve sanitation in our village. While we're not there yet, I know that we will very soon be celebrating our village as ODF".

Story by Emmerly Patrice Mbaha

* Triggering, in the context of CLTS, refers to a facilitated journey of self-realization mobilizing communities to take action to end open defecation and improve their sanitation and hygiene. Within GSF-supported programmes, communities are triggered at the start of the CLTS process through a community meeting or event, using a range of tools and approaches. Triggering can also be facilitated throughout the CLTS process, to achieve and sustain behaviour change.

Lesson 3: Balance local management with central support

Working through government means operating through hierarchies. While this allows for greater support and supervision, flexibility, dynamism, and context-specific planning at the local level are important elements for achieving results at scale. Working through government systems means finding this balance between local-level management and support and supervision from the centre.

Aligning with Uganda's system of decentralized governance, the USF situates different aspects of programme management at each level of government. The majority of programme planning, implementation, and management occurs at the local level.

At the district level, a dedicated USF focal person coordinates a network of health extension workers based at health facilities at the county and sub-county levels. In turn, these extension workers, comprising Health Inspectors and

Health Assistants, support village-level Village Health Teams (VHTs). Alongside emerging Natural Leaders,⁶ VHTs spearhead community initiatives to transform their sanitation and hygiene behaviour. Overall supervision lies with the District Health Officer and the Chief Administrative Officer, the latter of which is the head of the local civil service. District Water and Sanitation Coordinating Committees, consisting of key water, sanitation and hygiene (WASH) actors, also play an important role in local-level planning. These bodies eliminate activity duplication between organizations, maximize sector linkages, and review USF work plans from local health departments before they are

presented to District Councils and the Ministry of Health.

The Ministry of Health does not exercise direct managerial control over local health departments. Rather, it facilitates flexible local district planning by reviewing work plans, providing technical support, monitoring the use of funds, and supervising programme roll-out in conjunction with district leadership. To ensure that this support is grounded in local realities, Field Officers are placed at the regional level. By providing timely, on-demand technical support to districts, Field Officers help increase their capacity for localized planning and provide a vital link between the

⁶ Natural Leaders are activists and enthusiasts who emerge and take the lead during CLTS processes, driving their community to end open defecation and ensuring that everyone can access adequate sanitation.



FIELD OFFICER MUJUNI KITIMBO JIMMY
SHAKING HANDS WITH TRIGGERED
COMMUNITY MEMBERS. ©WSSCC/USF



HEALTH EXTENSION WORKERS IN ARUA DISTRICT FACILITATING A POST-TRIGGERING FOLLOW-UP SESSION. ©WSSCC/USF

Ministry of Health and local governments (see ‘USF Profile: Mujuni Kitimbo Jimmy’).

For the Ministry of Health, a key lesson learned is the importance of investing in the monitoring and evaluation capacity of the districts. Health extension workers are

responsible for validating ODF claims by communities, with systematic spot checks of programme results carried out by the Country Programme Monitor.⁷ However, there remains significant scope

to improve results verification at scale by further involving parish, sub-county, and district-level bodies in monitoring the quality and sustainability of ODF status across the programme.

⁷ Country Programme Monitors conduct programmatic and financial verification of GSF-supported country programmes, reporting directly to GSF management teams at the WSSCC secretariat.

USF profile: Mujuni Kitimbo Jimmy • Ministry of Health Field Officer, West Nile region

Even if provided with budgetary support to revitalize previously idle workforces, the Ministry of Health learned that District Local Governments still needed ongoing technical and managerial assistance from the centre. To facilitate this, Field Officers were embedded in each region to provide on-demand support to each of the USF’s 30 participating districts.

Mujuni Kitimbo Jimmy is a USF Field Officer supporting seven districts in the West Nile region. As part of the Ministry of Health’s mandate to provide on-the-job, technical assistance to districts, his job involves working in close partnership with District Health Offices to improve their

activity planning, CLTS facilitation, reporting, and results verification.

As Mr. Jimmy explains, “I see my role as a person who motivates district staff to take proactive action to support communities to end open defecation.”

He continues: “When you support local governments, you sit together with the person – very hands-on – using guidance and support, not direct instructions. This approach breaks barriers and establishes personal relationships.”

On-the-job mentoring is USF’s most effective capacity building method, which not only facilitates the development of greater technical and managerial

skills, but also instills greater confidence. “This is how you can better understand their challenges on their own terms, and enables you to give appropriate support and advice.”

Mr. Jimmy explains that one of their biggest challenges with working with District Local Governments is that sanitation and hygiene promotion is still looked at as solely the responsibility of environmental health staff. Mr. Jimmy thus explains: “One of the roles of the Field Officer is to enhance coordination by engaging the head of the district civil service and other local government departments to bring them on board.” One of his tools to achieve this are field-

based demonstrations: “In Arua, we took the [District Health Officer] and the district leadership to see what a real CLTS session looks like. This triggered the health extension workers to do things differently, and they appreciated that they need to more closely involve the political leadership.”

What inspires Mr. Jimmy to support his districts to improve their performance? “The people I work with make me passionate about my role. When you go to the district, and you get people that are really passionate and wishing to see change, it gives you more desire to achieve results. This desire to see change really inspires me – we really feel that together we are making an impact.”

Lesson 4: Go beyond training workshops

Being trained in CLTS does not necessarily equate to having the skills to trigger behaviour change. Rather than limiting CLTS training to formal workshops, it is far more effective to ensure that capacity building activities are demand-driven, context-specific, and as hands-on as possible.

Building CLTS skills requires consistent practice. As the USF programme evolved, it became clear that building solid CLTS facilitation skills must go beyond formal, blueprint capacity building workshops and towards flexible, on-the-job learning. This shift is especially important for local government extension workers. Decades of enforcement-based and infrastructure-focused approaches meant that old ways of working needed to be ‘unlearned’, to ensure high-quality CLTS facilitation and avoid undermining sustainable behaviour change. The USF programme put in place several mechanisms to ensure this shift:

- Field Officers:** To strengthen the linkage between the Ministry of Health and districts, Field Officers employed by the USF are placed at the regional level to provide technical support to local health departments. Rather than using ‘cascade’ or ‘step down’ training – which is typically often one-off and supply-driven in nature – Field Officers provide on-demand, field-based support. This is geared towards continually reinforcing CLTS skill development by demonstrating CLTS techniques live, observing sessions led by extension workers, facilitating collective performance analyses, and continually monitoring the progress of skill development. Furthermore, Field Officers build local capacity in monitoring and evaluation, financial management and reporting. They also

support strategic engagement with local political leaders and heads of civil service (see ‘**USF Profile: Mujuni Kitimbo Jimmy**’).

- Peer-to-peer learning:** While the Ministry of Health has the mandate to provide technical support to districts, they cannot do it all on their own. The USF’s three Field Officers, for example, are responsible for supporting 30 districts, each with approximately 10-20 Health Assistants and Health Inspectors. One successful solution has been identifying proven and successful CLTS facilitators among health extension staff,

and elevating them to become ‘coaches’ for their peers. Supported by Field Officers, coaches work in neighbouring districts to improve CLTS facilitation skills through field-based capacity building. This peer-to-peer support is usually more effective than relying on a central cadre of ‘master trainers’ alone. Coaches must demonstrate that they can achieve results (i.e. ODF communities), have an in-depth knowledge of the local context, and can continually keep abreast with how CLTS is implemented on the ground (see ‘**USF Profile: Annet Birungi**’).



HEALTH EXTENSION STAFF
INTERACTING WITH COMMUNITY
MEMBERS DURING AN ON-THE-JOB
CLTS TRAINING SESSION. ©WSSCC/USF



HEALTH ASSISTANT ANNET BIRUNGI CELEBRATING WITH COMMUNITY MEMBERS ON THEIR ACHIEVEMENT TOWARDS ENDING OPEN DEFECAATION. ©WSSCC/USF

USF profile: Annet Birungi • Local Government Health Assistant, Lira District

Through the USF's introduction of community-led behaviour change approaches, passionate extension workers are emerging as powerful champions for their peers. These leaders that are not only achieving results in the field – they are also inspiring their colleagues to continually innovate and improve.

Annet Birungi is a Health Assistant in Lira, one of the USF's new districts, which began implementation in early 2015. Ms. Annet has since emerged as one of the District Health Office's star facilitators. As the leader of her facilitation team, she has accompanied 12 communities on their journey to end open defecation.

When CLTS was first introduced in Lira District,

Ms. Annet was inspired by the new approach. She explains: *“Once I attended the trainings given by the Ministry of Health, I quickly took up interest and made sure that once I go to the field, I would perform my best. As I love the communities that I work in, I wanted to deepen my knowledge on this new CLTS approach.”*

Her enthusiasm for working with communities soon earned her a position as a team leader. *“Afterwards, we organized ourselves in groups as a district team, and I was chosen as a lead facilitator. As time went on, I continued to build my expertise. I went to the field every day, always as a lead facilitator, which really helped me gain experience.”* Bursting with energy in communities, Ms. Annet soon

became one of Lira district's star facilitators, using songs, dances, and humour to quickly build a strong bond with the communities she works with. For her, being an effective facilitator means, *“having good listening skills, getting down to earth with communities by supporting the emergence of local technologies and initiatives, and using flexibility and innovativeness to trigger behavior change”.*

She is now supporting her colleagues to build their own skills: *“It's my pride to see that others also come up like me, so I ensure that I also pass these skills on to my colleagues. I always keep encouraging them. When we get to the field, I take up a lead role to assign my colleagues roles and corrections, for example saying:*

‘you know what, you did not do this perfectly, could you improve next time?’ I feel that good facilitation is all about the attitude.”

Because of her strong facilitation skills and passion for CLTS, the Ministry of Health asked her to help provide technical assistance for three other neighbouring districts.

What personally inspires and motivates Ms. Annet is the passion for her job, which allows her to continuously learn new things and work closely with communities to improve their sanitation and hygiene on their own terms. She explains: *“My pride is seeing communities with a healthy environment, and my vision is to see not only an ODF Lira, but an ODF Uganda.”*



Lesson 5: Change attitudes to ensure communities take the lead

An understanding that open defecation is the community's problem – rather than the external facilitator's – is essential for fostering the emergence of dynamic local initiatives. This is especially important while working with government staff with a background in enforcement and sensitization.

As in many countries, sanitation and hygiene promotion in Uganda has traditionally been focused on enforcement, sensitization, and

prescription. In contrast, collective behaviour change approaches such as CLTS rely on facilitating a process of collective self-analysis

to trigger behaviour change, where communities themselves, rather than external facilitators, take the lead in finding solutions to end

CLTS innovations: Community rapport building

As in many other contexts, the relationship between local government staff and rural communities in Uganda has not always been smooth. Environmental health officers enforcing latrine construction with fines had created feelings of mistrust among community members. Moreover, by pushing hardware rather than changing behaviour, the

sanitation and hygiene situation remained unchanged.

This legacy can be a big challenge when local governments are directly implementing CLTS activities with community members. In order to overcome this background of mistrust, extension workers in the USF programme use songs,

dances, and stories to bring their CLTS sessions to life and rebuild rapport with the community. Even before formal introductions are made, facilitators – usually with the same customs, traditions, and language – dance and sing together with community members to break the ice and draw more people in. And of course, the more fun people are having,

the more they are likely to listen, participate, and learn from each other during the session.

This unique and energetic style of rapport building is now used across USF-supported districts, and has even been adopted by other GSF-supported countries, notably in Nigeria and Madagascar.

open defecation. Even though CLTS was adopted under the improved sanitation and hygiene strategy, old habits continue to shape how many local government extension workers engage with communities.

A key lesson learned in the USF's capacity building efforts has been to focus on shifting the ingrained attitude of local health extension workers that open defecation is their problem to solve, towards an understanding that it is a community problem that requires community solutions. When extension workers appreciate the importance of 'triggering the mind', rather than sensitizing, prescribing, or enforcing, the speed, quality, and sustainability of collective behaviour change is enhanced. The role of extension workers is merely to facilitate this journey by valuing local actors and initiatives.

For extension workers who are used to being health educators, seeing is believing. As part of the programme's hands-on CLTS training, local government staff are encouraged to enter communities as students and learn from emerging Natural Leaders that are driving initiatives to end open defecation, and from new Community Engineers⁸ that are crafting local technologies. For the USF programme, valuing dynamic local actors also means helping to build the capacity of Village Health Teams (VHTs) as behaviour change agents and to ensure that vulnerable people are not overlooked (see 'USF Profile: Otim Augustine and Obong Alex').

⁸ Community Engineers are innovative community members that use available and affordable materials to invent local sanitation and hygiene technologies, ranging from latrine designs to handwashing facilities. Community Engineers are usually skilled in construction and using tools, often helping out their neighbours and those that are less able.



VILLAGE HEALTH TEAM MEMBERS OBONG ALEX (LEFT) AND OTIM AUGUSTINE (RIGHT). ©WSSCC/USF

USF Profile: Otim Augustine and Obong Alex Village Health Team, Note En Teko Village

VHTs are vital structures in Uganda's decentralized public health service delivery system, and are principle behaviour change agents in the USF programme. VHT volunteers Otim Augustine Watt and Obong Alex from Note En Teko Village, Lira District, explain their role in organizing their community's push to end open defecation.

After Mr. Augustine and Mr. Alex helped trigger their community with a health extension worker from the sub-country health centre, the village decided that they needed to self-organize to stop the practice of open defecation in the shortest time possible. Mr. Alex recalls: "On that day the village identified action points. We decided to form a committee of emerging Natural Leaders who volunteered to support the people without any pay."

Mr. Augustine adds: "A team comprising of the Village Chairman, six sanitation committee members, and ourselves agreed on how to organize the work. Obong and I proposed to cluster the village between ourselves, with each supporting around 10 households. This was because we are the only VHTs and could not reach everywhere alone. This approach made everyone's work much simpler because they were in charge of few households."

"For us VHTs, we are responsible for supervising the sanitation committee who has a presence in each section of the community. As we continued to do that, we received reports that there were some people who were too old to construct their own latrines, so as a team we sat down with their relatives and some of the community members and agreed to give support to the elderly."

Mr. Alex adds: "Here we don't use enforcement on the people. We have made the people understand the importance of having the facility. For example, the sanitation committee takes the message to church so that sanitation issues are discussed during mass. We supervise them and ensure the targets are met, and if the people have challenges, we are called upon to support them."

Mr. Augustine notes that "since everybody uses latrines and handwashing facilities, we don't have many diarrhoea cases now". Mr. Alex adds: "Now I am looked at differently in the community because I am voluntarily doing this work, and my status has changed in the community. The people respect me a lot."

Story by Cecilia Adyero



Lesson 6: Encourage a strong focus on results

In the context of behaviour change programmes implemented by local governments, a persistent focus on achieving outcomes – rather than only activities – is critical for encouraging dynamic CLTS facilitation and achieving ODF communities at scale.

With work plans and budgets often linked to the completion of activities (e.g. triggering), rather than results (e.g. ODF communities), ensuring a strong focus on

outcomes is especially important if local governments are directly implementing CLTS interventions. If guided by a bureaucratic ‘checklist’ mentality, then CLTS facilitation risks becoming undynamic, procedural, and mechanical, thereby resulting in many triggered communities with few attaining ODF status. In contrast, if local government staff are focused on results, rather than just crossing off activities in a rigid work plan, then the quality of CLTS facilitation will improve dramatically.

In the context of the USF, a few lessons that have been generated from this emerging results-based mindset include:

• Focus on achieving ODF first:

Like many government-led environmental health initiatives, sanitation and hygiene promotion in Uganda is couched within an overall household improvement campaign. In addition to the universal use of latrines and handwashing stations, the campaign also covers safe refuse disposal, water drainage, and clean animal pens. While ingraining CLTS within a wider environmental hygiene campaign has the potential to magnify health outcomes, attempting to address everything at once can hinder advancement to ODF status. Too many health messages dilute the central

Open defecation free criteria

Definitions of ODF vary across countries. For many national sanitation programmes that the GSF supports (such as the USF), the minimum standard for ODF means the disruption of faecal-oral transmission routes, including the following:

1. No defecation in the open
2. All latrines are fly-proof
3. Access to handwashing facilities with soap (or ash) after defecating and before eating

behaviour change message of CLTS: open defecation leads to unknowingly eating your own and other peoples' faeces. This also raises the perceived effort to build, use, and maintain latrines with handwashing facilities.

Another critical component of focusing on results was shifting from a limited focus on sanitation coverage (i.e. counting toilets) towards behaviour change measurements that encompass the entire community (i.e. communities that have ended open defecation).

The USF learned that it is better to sequence its interventions by first ensuring that extension staff have a clear understanding of ODF criteria, and then focusing on ending open defecation, before introducing other components of environmental health as part of post-ODF follow-up.

- Focus on the post-triggering phase:** In particular, the enthusiastic adoption of the powerful post-triggering Follow-up MANDONA approach, first pioneered in the GSF-supported programme in Madagascar, had an enormous influence on the USF's results focus. This action-oriented, community-driven approach encourages communities to take immediate action to rectify anomalies and rapidly advance towards ODF status.⁹
- Trigger extension workers:** The USF learned that facilitating behaviour change at the community level requires changing the behaviour of the facilitators themselves. Before conducting hands-on CLTS training, the Ministry of Health team firsts triggers local government staff, in order to inspire a results-oriented focus. The approach

is similar to that used in triggering communities (see 'CLTS innovations: Triggering a focus on results').

- Aiming for ODF districts:** District Local Governments have a mandate to ensure that everyone has access to adequate sanitation and hygiene, with USF support aiming to achieve 100 percent ODF coverage in target districts. Having this clear vision of district-wide ODF status is a strong driver for focusing on results. The USF is currently in the process of supporting district governments to transform this vision into 'ODF investment plans'. These plans will serve as practical roadmaps for local decision makers, civil servants, and other actors within and beyond the sanitation sector.

CLTS innovations: Triggering a focus on results

One effective tool to trigger a focus on results is asking extension workers to calculate how much money they have spent using existing approaches, and how long it took to achieve the results to date. Based on their answer, they are then asked to calculate how much time and money it would take for their entire district to become ODF.

The figures are often astronomical, leaving extension staff feeling shocked (and even a little embarrassed) at how inefficient their current approaches are. Meanwhile, everybody is still 'eating each other's shit!' After this exercise, even the civil servants that are most set in their ways are more open to learn about new approaches and techniques that can end open defecation in the shortest time possible.

⁹ WSSCC. (2016). *Follow-up MANDONA: A field guide for accelerating and sustaining open defecation free communities through a Community-Led Total Sanitation approach*. Retrieved from <http://wsscc.org/resources-feed/follow-mandona-field-guide-accelerating-sustaining-open-defecation-free-communities-community-led-total-sanitation-approach/>



A WOMAN TESTS HER NEW HANDWASHING FACILITY BUILT BY HER NEIGHBOURS DURING A CLTS SESSION. THE PRESENCE OF HANDWASHING FACILITIES WITH SOAP OR ASH IS PART OF THE CRITERIA FOR ODF STATUS. ©WSSCC/USF

Lesson 7: Trigger local political support

As a government-led programme operating in a decentralized context, full ownership from the local political leadership is paramount for the USF.

Passionate political leaders acting as champions for the programme are strategic resources for enhancing coordination, motivating staff, enlisting the support of other actors, and even leveraging additional resources to reach even greater scale.

Health departments with strong support from district leadership have tended to perform significantly better. For example, in several districts, the District

Chairman, as the political leader, and the Chief Administrative Officer, as the head of the district civil service, mobilize staff from other departments to support health extension workers in carrying out the USF's activities. As local health departments are saddled with implementing a host of other community health interventions, such as vaccination drives, malaria prevention, and HIV/AIDS awareness campaigns, this extra manpower can make a significant

difference. At the sub-county level, leaders play a key role in mobilizing communities for CLTS sessions and helping to spread the word about the danger of open defecation (see ['USF profile: Aula James'](#)).

The fact that the USF is fully government owned and led is an added advantage for sanitation programming. However, improving sanitation and hygiene is not usually at the top of the political agenda. This is especially true for

CLTS Innovations: Institutional Triggering

This tool was introduced to Uganda by the GSF-supported programme in Madagascar, and is now one of the USF's standard tools for engaging local leaders. Institutional Triggering involves implementing the methods used in community triggering to ignite change at the institutional level, for example within national and local government entities. This can be a powerful advocacy approach to foster commitments among influential actors and decision-makers to improve sanitation and end open defecation. These commitments are followed up on emerging 'champions' who ensure that actions are carried out, and that their institution joins the movement to end open defecation. Any commitments made as a result of Institutional Triggering are systematically monitored by the USF.

While the USF is still expanding and refining Institutional Triggering across target districts, there have already been some early successes. In Pallisa District, an Institutional Triggering session of local political leaders led to the allocation of other local government staff to support health extension workers in communities. In Amuria District, one triggered participant committed to dedicating three hours each week at his local radio station to discuss sanitation and hygiene-related issues.



LOCAL GOVERNMENT STAFF AND CIVIL SERVANT HEADS COMMITTING TO IMPROVING ACCESS TO SANITATION AND HYGIENE AT HEALTH FACILITIES, AFTER AN INSTITUTIONAL TRIGGERING SESSION. ©WSSCC/USF

non-tangible behaviour change approaches where there is no obvious political appeal for championing approaches that do not provide subsidies for latrines or water supply. Like other community members, political leaders must be triggered to truly become behaviour change champions. The USF has discovered some successful tools for triggering local leaders.

- Bring local leaders to the field:** Inviting local politicians to join health extension workers during CLTS sessions presents strategic triggering opportunities for the USF. Not only will they appreciate how open defecation adversely impacts on everyone's

health and dignity, but while taking part in these energetic CLTS events, local leaders can appreciate how communities are already taking the lead. Once involved, political leaders usually realize that it is in their own interest to be closely associated with the USF.

It is usually preferable for local leaders to join follow-up or ODF verification visits, rather than the first triggering session. It is important not to disrupt the spirit of open dialogue, which such CLTS sessions aim to foster, while also allowing communities to take pride in their achievements.

AULA JAMES, DEPUTY CHIEF ADMINISTRATIVE OFFICER OF ABEBTONG DISTRICT. ©WSSCC/USF



USF profile: Aula James Deputy Chief Administrative Officer, Abebtong District

Deputy Chief Administrative Officer, Aula James, is one of the first champions in his district to push for universal access and use of sanitation and hygiene. *"I make sure that our district takes full ownership of the USF. I am responsible for ensuring that the USF runs smoothly by following up on the use of funds, reporting on programme progress to district technical committees and political leaders, and even take part in CLTS activities and the declaration of ODF villages."*

"When I first engaged with the USF programme, I became triggered as I realized that open defecation threatens our 'vision 2020' of achieving middle income status. But if we can sustain good sanitation and hygiene behaviour through preventative approaches, like the USF, our district can save a lot of money since most of the diseases we face are sanitation related."

"Sanitation and hygiene is everyone's business, so USF's integration with other local government departments is key. I therefore promote the involvement of other departments during CLTS sessions, or when we are going to declare villages as ODF."

Story by Cecilia Adyero



UNDER SECRETARY FOR UGANDA'S MINISTRY OF HEALTH, MR. RONALD SSEGAWA GYAGENDA, SHOWS HIS APPRECIATION FOR A COMMUNITY-BUILT HANDWASHING FACILITY IN IYUA VILLAGE, MOYO DISTRICT. ©WSSCC/USF

Lesson 8: Strategically partner with civil society

Local governments cannot do everything on their own. Working at scale means closely collaborating with local civil society organizations that can bring their different strengths to the table.

Decentralized programme delivery does not only mean working with local government structures – it

also means working alongside local organizations that can end open defecation together. Under the

USF's decentralized model, District Local Governments are encouraged to use their programme funds to partner with NGOs. Deepening collaboration with NGOs has often been challenging, with only a few local NGOs tapping into the district's USF funds. However, in several strategic areas local governments are learning that partnering with NGOs can significantly enhance delivery of results at scale.

In the West Nile region, local governments in the USF and NGOs are each targeting 50 percent of communities per district. The NGOs work under the Sustainable Sanitation and Hygiene for All programme, funded by the UK Department for International Development (DFID) and managed by the international NGO SNV. While the working relationship varies between districts, health offices with systematic coordination and joint learning with these local NGOs tend to perform considerably better. For NGOs, working closely with local government means taking part in enhanced cross-sector planning for achieving district-wide ODF coverage. Moreover, District Local Governments also play a critical role in quality control and results verification by ensuring that communities fully meet ODF criteria (see '[USF in focus: Government-NGO collaboration in Moyo District](#)').

District Health Offices in the West Nile have transformed into effective resource centres for local NGOs, offering opportunities for capacity building and hands-on learning in new CLTS approaches (see '[CLTS innovations: General](#)



GENERAL RONNIE IN ACTION: COMMUNITY MEMBERS SINGING AND CLAPPING TO INVITE THEIR NEIGHBORS TO THE CLTS SESSION. ©WSSCC/USF

CLTS innovations: The General Ronnie mobilization tool

Named after its creator, General Ronnie is a tool for proactive community mobilization and for enhancing participation prior to the facilitation of a triggering or follow-up session. This simple, yet effective, approach lets the community take the lead and helps build rapport between the community and facilitators. General Ronnie is now used by partners across USF-supported districts, and

has even spread to other GSF-supported programmes, such as in Madagascar and Nigeria, as a powerful community energizer.

If only a few community members assemble for a CLTS session, the team can choose to use the General Ronnie tool to bring as many people to the meeting as possible. This is done by asking present Natural Leaders to line up (with

participating community members and facilitators behind them), and like generals, lead their 'troops' through each section of the community. Singing and dancing is involved to muster as many people to the meeting as possible. If the community is large, General Ronnie can similarly be used to divide the community into smaller, more participatory groups while conducting the session.

Ronnie'). For local government extension workers, working with local NGOs helps them cover far more ground than they would on their own, with joint-field exercises increasing their exposure to new facilitation strategies.

In Soroti District, Teso region, the USF is partnering with the interna-

tional NGO Water for People, in a pilot project to improve the availability and affordability of locally developed sanitation and hygiene technologies (see Lesson 5). The partnership leverages the strengths of each organization and builds on lessons from previous sanitation marketing initiatives in the region. While extension workers focus on

changing sanitation and hygiene behaviour, or 'demand creation' through CLTS, Water for People focuses on supporting emerging sanitation entrepreneurs and developing local supply chains. Through these activities, the partnership aims to ensure that even the most remote areas can access improved sanitation and hygiene technologies.



HEALTH EXTENSION WORKERS AND STAFF FROM A LOCAL NGO JOINTLY FACILITATING A CLTS FOLLOW-UP SESSION. ©WSSCC/USF

USF in focus: Government-NGO collaboration in Moyo District

A partnership in Moyo District between the local government and the local NGO, PALM, is rapidly advancing the vision of universal ODF coverage. PALM's work is funded under DFID's Sustainable Sanitation and Hygiene for All programme. After only one-and-a-half years of implementation, nearly one-quarter of the 139,000 people in Moyo are now living in ODF environments.

According to Amoko Stephen, Principal Health Inspector and Moyo's USF Focal Person, a key

ingredient for success is ensuring that both health extension workers and staff from PALM are closely involved in each other's work. "PALM involves Health Assistants during the buy-in meetings with local leaders and in the implementation of CLTS activities in communities. Frequent technical review meetings are held so that effective approaches are shared to reach our common goal of ensuring that all villages are ODF."

It is often assumed that local government staff require

capacity building. However, in the case of many West Nile districts such as Moyo, it is the local government that is investing in enhancing the CLTS facilitation skills of local NGO staff. Mr. Stephen explains: "The district involves PALM during our CLTS training sessions, which has most recently included the Follow-up MANDONA approach. This capacity building has definitely had a positive impact on their quality of work and acceleration of ODF villages."

Local governments also play

important oversight functions with local NGOs. While health extension workers monitor the quality of CLTS roll-out, local government authorities help verify declared ODF villages and present independent reports to the District Chairman's Social Services Committee. These oversight mechanisms facilitate accountability and keep Moyo on track to achieving 100 percent ODF status.

Story by Bashir Hangi

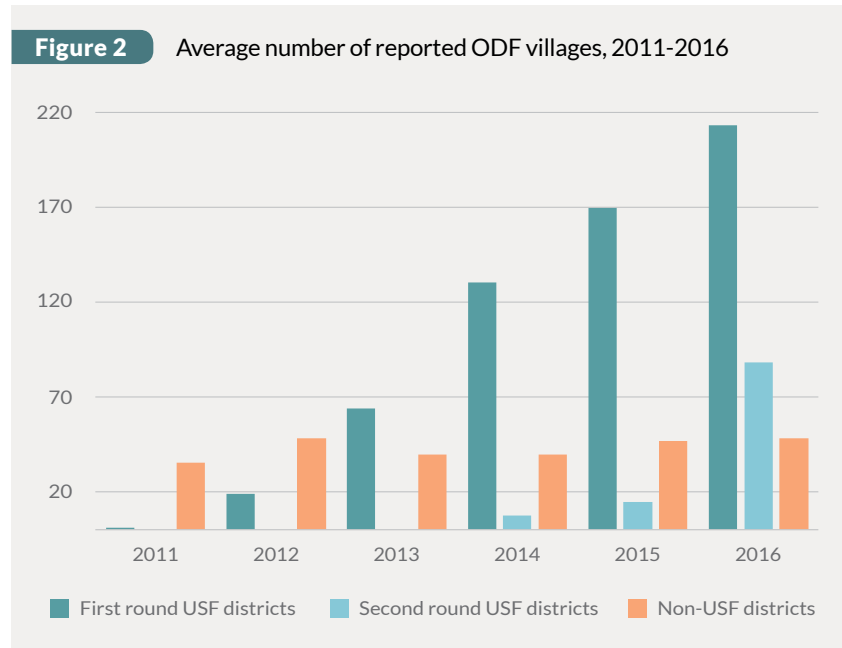
Reflections and emerging themes

By focusing on the eight lessons covered in this case study, local government health departments working through the USF have greatly enhanced their role as public service providers.

The most comprehensive dataset for comparing sanitation and hygiene outcomes between districts are tracked by the Ministry of Water and Environment's Annual Sector Performance Report.¹⁰ The ministry's District Sanitation and Hygiene Benchmarking is a district performance index scored out of 100. It is measured by average increases in sanitation coverage, the financial efficiency of sanitation and hygiene promotion per household toilet built, pupil-latrine ratios, overall percentages of sanitation and handwashing coverage, the number of ODF villages, and the ratio of triggered to ODF villages. Sourced from this data, the average

number of ODF communities for the original 15 USF-supported districts (implementing since 2011), the USF

second round districts (implementing since late 2014) and non-USF districts, is presented in Figure 2.



¹⁰ Ministry of Water and Environment, Republic of Uganda. *Sector Performance Reports*. Retrieved from http://www.mwe.go.ug/index.php?option=com_docman&task=cat_view&Itemid=223&gid=15





VILLAGE CHAIRMAN OBULEJO RICHARD (CENTRE, BLUE SHIRT) WITH MEMBERS OF IYUA'S VARIOUS VILLAGE DEVELOPMENT COMMITTEES. ©WSSCC/USF

USF in focus: Advancing beyond sanitation in Iyua Village

In the past, Iyua Village was widely known across the district for their poor water, sanitation, and hygiene situation. As Village Chairman Obulejo Richard recalls, *“Our village was known for not taking seriously issues of sanitation and hygiene, despite fines imposed by the local government”*.

He also notes that Iyua was falling behind on many development issues: *“There was no youth going to secondary school despite a secondary school being only three kilometres from the furthest household in the village.”*

However, once CLTS was introduced in early 2015, Iyua quickly became a model village for not only Moyo District, but for other communities in the West Nile region. Health extension workers in Moyo facilitated an Institutional Triggering session (see Lesson 7)

with sub-county leaders. After the sub-county Chairperson called a triggering meeting for all of the Village Chairpersons, Richard went back to Iyua to spread the message: *“I immediately called for a village meeting and shared what had transpired at the sub-county... that we were eating ours and others’ faeces, and that we had to take immediate action”*.

Once Iyua was triggered, the entire community took part in the drive to become ODF. According to Mr. Richard, community members formed teams, assigned themselves specific roles and duties, and focused on the participation of women, children, the elderly, and people with disabilities. The mobilizing power of CLTS has since transformed Iyua into a ‘school’ village, where Natural Leaders from within and outside the district come to learn how

to mobilize their own communities to sustainably end open defecation. Mr. Richard has even been featured on the local radio to spread the message to even more villages.

Driven by their success in ending open defecation, Iyua has embarked on other development initiatives beyond sanitation and hygiene. For example, the village recently started an initiative where all households are encouraged to have a vegetable garden to boost nutrition and income generation. To support this, Iyua formed a finance committee to collect community savings, which will be used for buying a water pump for irrigating their gardens and ensuring that they can finance the pump’s maintenance. Moreover, as part of their future plans, the community wants to register with FIT SEMA – a local NGO

for training on enterprise development and market linkages – so that they can engage in other income generating activities. These community-led initiatives continue to build momentum. For instance, Mr. Richard recalls that during a meeting to review progress on collecting money for the water pump, a community resolution was passed that there should be an update on school attendance as part of the village’s weekly report.

Mr. Richard says that before the push to improve sanitation and hygiene, he was not involved in government programmes. Now, his responsibilities have been reawakened: *“We not only have a responsibility for ourselves, but we also must support neighbouring villages to stop eating faeces and address their other problems.”*

Story by Mujuni Kitimbo Jimmy

Emerging themes

As the USF gains momentum, there is a growing recognition that ending open defecation can be a powerful entry point to wider development gains. In the era of the Sustainable Development Goals, demonstrating broader benefits of sanitation and hygiene behaviour change, such as increased access to education, improved nutrition, and greater gender equality, will become increasingly important.

While the USF is currently conducting correlational studies to assess the health impact of the programme's work, there is still a long way to go to in fully monitoring and documenting these wider development gains. Nevertheless, some emerging positive spill overs have been observed from USF interventions, which require further study and evidence gathering. These include:

- Promoting local technologies and expanding the sanitation supply chain:** High-quality CLTS

facilitates the emergence of affordable and locally appropriate technology options from communities themselves. By valuing these local technologies, and by creating an enabling environment for emerging businesses to market them further, local governments can help extend the sanitation supply chain to some of the hardest to reach.

For example, Ministry of Health's partnership with Water for People is developing viable business models for the marketing of sanitation products and services (see page 19). A key element of the partnership is the focus on reaching hard-to-reach rural areas vulnerable to periodic flooding. Through a participatory design process involving Community Engineers, Village Health Teams (VHTs), and health extension workers, a number of different latrine technologies were designed based on affordability, availability of local

materials, durability, community preferences, and access for the elderly and people living with disabilities.

- Wider community health:** With the community energized and the VHTs empowered, the USF has found that the collective momentum generated to reach ODF status is an effective entry point to addressing other critical health areas.

For example, health extension workers note that once a community resolves to sustainably end open defecation, then the door is open to facilitate improvements in other areas of environmental and household hygiene, such as safe water and food handling practices, as well as the storage of animals. What's more, local government staff report that introducing other health interventions, such as immunization, indoor residual spraying, and HIV/AIDS aware-



AGELILYEC'S VILLAGE SAVINGS AND LOAN ASSOCIATION, 'KONGWA', HOLDING A MEMBER'S MEETING. ©WSSCC/USF

USF in focus: Leaving no one behind in Agelilyec Village

Agelilyec Village, located in Lira District, has successfully been ODF for over a year. According to the village community members, one of the most important factors for sustaining their ODF status was ensuring that the entire community supported disadvantaged people to access and use improved sanitation and hygiene.

When health extension workers from the local government first came to Agelilyec to trigger, the community realized that vulnerable people, such as people living with disabilities and child headed families, would face challenges in

constructing sanitation and hygiene facilities. Moreover, the village was aware that ignoring these people leaves them with no option but to defecate in the open, which adversely affects the health and dignity of the entire community.

Agelilyec has a Village Savings and Loan Association established to improve household incomes in the community by lending money to those in need, so as to boost their economic status.

Agwer Geoffrey is the chairperson of the association, which is known

as 'Kongwa' ('help us') and is comprised of 11 men and 19 women. As Mr. Geoffrey explains:

"We use part of the profits [from the association] to buy materials and mobilize labour within the community to help child headed families and persons with disabilities have access to good sanitation. We recently constructed a toilet for a household and improved another one. We also help check that their water sources are clean. So far, we have helped five households in our village which made sure that we stayed ODF."

Story by Bashir Hangi

ness campaigns, is often much more effective in communities that have already become ODF.

- o **Equality and non-discrimination:**

Achieving and sustaining ODF status means that nobody is left behind, and that vulnerable groups meaningfully participate in their community's transformation. In order for everyone to access and use improved sanitation and hygiene, health extension workers use CLTS to strengthen existing community solidarity mechanisms in order to support those that are least able and ensure that vulnerable groups have a voice (see **'USF in focus: Leaving no one behind in Agelilyec Village'**). More exploration is needed, however, to fully determine the long-term impacts on equality beyond access and use of sanitation and hygiene.

- o **Mobilizing for development:**

Reaching ODF status is a powerful demonstration of what a community can do if they come together. In several emerging cases across USF-supported areas, improving sanitation and hygiene is often just the initial spark of a wider movement to improve other areas of community life. Building on the energy unleashed during the CLTS journey, a number of dynamic local actors and emerging community groups are already taking initiative to improve income generation, water and food security, school attendance, and security for women (see **'USF in focus: Advancing beyond sanitation in Iyua Village'**). Further tracking these initiatives, and linking them with supportive government agencies, local NGOs, and community-based organizations, will be a budding opportunity as the USF programme continues to evolve.

About the USF

Covering 30 districts, the Uganda Sanitation Fund (USF) enables communities to gain access to basic sanitation and adopt good hygiene practices. The overarching goal of the programme is to help these districts reduce morbidity and mortality rates due to sanitation-related diseases. Led by the Ministry of Health's Environmental Health Division, District Local Governments serve as Sub-grantees, which implement CLTS activities on the ground.

Implementation began in mid-2011 in 15 districts, with the aim of ensuring 100 percent ODF coverage. Due to strong performance, the GSF supported an expansion to 15 additional districts in 2014. In 2016, the Government of Uganda committed to the USF's third expansion in a step towards full government funding of the programme. While GSF support is focused on strengthening the enabling environment and sustaining results in existing districts – with a greater focus on equality and non-discrimination – the Government of Uganda is funding the scale-up to eight additional districts. These new districts will include areas primarily inhabited by extremely difficult to reach pastoral communities, with some of the lowest levels of sanitation coverage in the country.

About WSSCC

The Water Supply and Sanitation Collaborative Council (WSSCC) is at the heart of a global movement to improve sanitation and hygiene, so that all people can enjoy healthy and productive lives. Established in 1990, WSSCC is the only United Nations body devoted solely to the sanitation needs of the most vulnerable and marginalized people. In collaboration with our members in 150 countries, WSSCC advocates for the billions of people worldwide who lack access to good sanitation, shares solutions that empower communities, and operates the GSF, which since 2008 has committed over \$112 million to transform lives in developing countries.

About the GSF

The Global Sanitation Fund (GSF) invests in collective behaviour change approaches that enable large numbers of people in developing countries to improve their access to sanitation and adopt good hygiene practices. Established in 2008 by WSSCC, the GSF is the only global fund solely dedicated to sanitation and hygiene. WSSCC gratefully acknowledges the donors that, through its lifetime, have made the GSF's work possible: the Governments of Australia, Finland, the Netherlands, Norway, Sweden, Switzerland and the United Kingdom.

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BACK COVER: SINCE THE BEGINNING OF THE PROGRAMME, THE USF HAS REPORTED HELPING HUNDREDS OF THOUSANDS OF PEOPLE ACCESS IMPROVED TOILETS. ©WSSCC/MATILDA JERNECK

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