



OPERATIONAL REPORT

End of Phase 2 Report: 1 July 2014 – 31 December 2017

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1 INTRODUCTION

The present report summarizes the main achievements and lessons learnt of the Swiss Water & Sanitation Consortium in phase 2 (July 2014 to December 2017). The report highlights both achievements at outcome and output level during the period. It further presents selected lessons learnt of phase 2 and describes the strategy on how to continue to work as a Consortium. Additional information available regarding this period are the Results, News and Publications presented on the Consortium website: www.waterconsortium.ch.

2 OUTCOMES ACHIEVED

2.1 Increased access to WASH (Outcome 1)

Outcome 1

Increased and sustainable access to safe drinking water, improved sanitation and hygiene at home, in schools and health centres

Communal WASH services

Water supply service

Following the path set by the SDGs, emphasis has been laid on moving from access to water towards providing water supply services for all. This means that beside the appropriate technologies, functional management structures (incl. repair service) and agreements between the different local stakeholders (local government, water user committees, private operators, etc.) need be in place that can keep the system functional and cover the various costs. Water tariffs collected from users can usually cover the operation and minor maintenance (O&M) costs of the system. This is also the case for the Consortium, where in average **86% of the water supply systems** (supported by Consortium projects) **can cover their O&M costs** by the collected fees. In Bangladesh, the management committees even managed to mobilize funds to upgrade the hand-pump to a submersible electric pump. In Mozambique, the breaking even point for running a business by a private operator was found to be at 250 household connections. It shows that a **certain density and household connection rate needs to be achieved**. In Nepal, two water tariff collection system are in place. For public taps (on average 6-8 families using one tap) a fix prize is paid per month and household. For the private house connections, each household pays a connection fee to the user committee (onetime payment deposited at the bank account) and monthly payment for the water quantity consumed (progressive tariff). The two water tariff collection systems allowed to carry out all repairs timely and led to 100% functionality of the schemes. Another successful way to **increase payment of water tariffs** was found in Madagascar were **small market gardening** was established together with the installation of a manual pump. Families have understood the value of growing vegetables and thus, feel directly concerned with the maintenance of the pump (see quote from Saolino). Alternatively,

"I am able to properly operate and maintain our hand-dug well. I have repaired the system on time whenever needed", said a trained operation and maintenance worker in Ethiopia.

“... if the pump breaks down and will not be repaired we will no longer be able to produce vegetables and we will certainly suffer. This is why we pay for water to sustain these gains”, said Soalino, farmer at Beraketa South Betsioky Madagascar.

community members raise funds in case of breakdown only (no regular fee collection) in Togo. Until now, they were always able to repair the system. More challenging remains the situation in South Sudan, where water tariff collection is very low. It can be (partly) explained through the highly fragile situation and the fact that the local government temporarily suspended the collection of water fees during the economic and food crisis in 2017. As mentioned earlier, the Consortium projects show that fixed and recurrent costs (operation and minor maintenance) can be covered by the water tariff. However, **for capital maintenance costs (and replacement costs) there is a need for external support.** Often it is (would be) in the responsibility of the local government as the asset owner, but this remains a challenge. Thus, agreements between the different local stakeholders and local authorities need to be set-up (e.g. based on a life-cycle-cost-approach as in Ethiopia).

The **overall functionality rate of 95% of the communal WASH services¹** implemented by the Consortium projects is very high (ranging from 75% to 100% for the different projects), which indicates that projects have implemented appropriate technologies and successfully established functional management structures. The **investor-operator approach** used in Madagascar is an innovative and particularly sustainable alternative. A private operator finances 10-15% of the infrastructure and afterward manages the water supply and sale according to a 10-15 years’ contract. This approach encourages a reasonable sizing and good quality of the infrastructure. While operating the system, the **operator remains vigilant to a functional system** because he is directly penalized in case of system failure (no income).



Figure 1: Woman using the saved time for gardening in Kalikot, Nepal

The main improvement in water service provided has been reported as the **reduced water fetching time** and thus an increase in time availability for other activities. The roundtrip time for fetching water has been reduced from 93 minutes (average of baseline data) to 23 minutes per household and day (endline data), which signifies **over one-hour time-saving per household and day** or a 68% reduction of total roundtrip time. In one project area in Nepal, the time-saving on unpaid care work is nearly 2 hours per household and day, where women often use it for productive

work (vegetable farming and livestock raising). These activities generated an additional income of 210 CHF per year (average) for 19% of the households. Other women used the time for more rest and improved health (specifically a decrease in uterine prolapse) was reported. Women in Ethiopia started to grow vegetables and go to the market themselves to sell their products. In South Sudan, people used the reliable water supply and time saved for increased personal and household hygiene practices (daily bathing during the dry-season).

¹ Percentage of functioning communal water facilities = Number of functional water facilities / total number of water facilities (%); The indicator refers to **communal** (used by several households) **drinking water supply systems** such as hand dug wells, tube wells, piped schemes. It does not refer to household systems such as household filters, rainwater harvesting systems. It does not refer to sanitation systems; **Functioning is defined as follows:** during the last 6 months, the system may have broken down (breakdown=not function anymore at all or deliver less than 50% of designed water yield) but has been repaired within 1 week.

In line with SDG 6, the Consortium laid a **strong focus on improving the water quality at the point of use** and achieved a significant improvement. Providing access to safe drinking water by constructing facilities with good water quality at the point of collection (most people used to rely on unsafe sources of water such as river) is the first step. Going beyond and monitoring the water quality at the point of use is, when comparing with the water quality at the source, a good indicator of hygiene practices (transport and storage as well as household water treatment). Today, **68% of the households** using community water supply services **drink safe water** (i.e. <10 E. coli/100ml of water in their drinking glass or storage container), compared to 27% before the project interventions. However, it varies widely from 29% to 100%. Not surprisingly, the best results in terms of water quality at point of use are achieved in communities with household connections. A further strong argument, to move towards piped water supply systems with private connections.

For further reflections see lessons learnt in chapter 4.2. It also shows that further efforts are needed in future on good hygiene practices (see next chapter) and household water treatment options, especially if there is no chlorination in the water system. In Benin and in Togo, the water treatment at home with locally produced chlorine (WATA device) or Aquatab tablets has become a habit. And sand filters have successfully been introduced and used in South Sudan. In Mozambique, a drastic reduction of water-



Figure 2 : Taking water sample at point of use (bucket) in a household in Madagascar.

borne diseases and diarrhea (by 90%) was observed according to official statistics of the ministry of health. It can be partly explained through intense hygiene awareness sessions by the so called PEC team, consisting of local community educators providing hygiene education systematically for any water point (or system) constructed as well as improved water quality at the point of collection. At Consortium level, the water quality at the point of use still does not comply with health standards (> 10 E. coli/100 ml of water sample) for 32% of the population, nevertheless, the water quality at point of use has also improved for those people from very contaminated to contaminated.

Sanitation and hygiene

The **CLTS approach** has been successfully implemented in nearly all Consortium projects and led to **116 open defecation free (ODF) declared communities in 9 countries**. This represents a strong impact on health, especially for children, but also on safety and dignity. The government's policy has been strong and clear in Bangladesh, Ethiopia and Nepal, which was of great importance and help for successful project interventions. In Nepal, the local authority even officially declared a ward in the Consortium project area as a total sanitation² model. And during the participatory impact assessment (former beneficiary assessment) in one project area in Nepal 98% of the respondents said that their health condition has significantly improved and that they rarely visit health centres. And in Ethiopia, an intensive follow-up by the project team has allowed to adjust the design and improve the quality of the latrines when the first latrines collapsed during the rainy season. Nevertheless, the challenge of sustaining ODF communities needs to be taken into consideration while designing and implementing the sanitation component. One important element is the involvement of the local actors (i.e. the local government). Besides Bangladesh and Nepal,

² Total sanitation in Nepal is measured by 5 indicators on latrine use, use of safe water at home, handwashing, food hygiene, clean house and surroundings

this has been strong in Ethiopia and Mozambique. An **ODF monitoring framework at national level** with an official mandate of the local government to monitor, contributes to sustain ODF in the communities (Ethiopia). And in Mali, authorities in partnership with UNICEF are reflecting on the implementation of the **post-ODF strategy**. One Consortium project was involved in the various reflections and participated in a training session in October 2017. Even though the schedule did not allow the actual implementation of the activity (which lasts about a year), the project staff acquired the necessary skills and will be able to implement the activity in the future (as project activities are continued by the organization itself in 2018). **Climbing the sanitation ladder** is the official goal in Nepal, where the **total sanitation ladder** has been designed and is in use to attain the full sanitized status of the community. ODF is the starting and primary step in the ladder (compulsory) whereas total sanitation stage is the ultimate goal.

For the CLTS approach, the consortium caused a **ripple effect** as some projects did not plan to apply the CLTS approach, but decided to do so and proceeded successfully. The most striking case is the project in Togo where the Consortium organization is considered as national specialist in CLTS now whereas initially they planned to construct ECOSAN latrines.

In general, improved **hygiene and sanitation practices** are observed in the communities, which is also reflected in the improved water quality at the point of use. For cleanliness of containers, a good practice was identified in Ethiopia, where kiosk attendants check the cleanliness of Jerricans and would let women fetch water only when containers are clean. Regarding handwashing, **63%** of the population practice **proper hand washing with soap or ash** at critical times. This is a considerable increase compared to the baseline with 23% of the population. The **availability of hand-washing stations with water and soap can be observed in all countries**. An exchange visit to a model village has inspired villagers to replicate tippy-taps or other simple hand-washing stations in Ethiopia. In Madagascar, a sketch on washing the hands with ash – presenting the hand-washing device as practical and modern objective – has been particularly successful. As the device is not expensive and the followers convinced by this novelty, it was seen as a way to show their desire to progress and be modern. In the given project area, 85% of the population and school children are washing their hands with soap or ash today.

Schools

Thanks to combining (solar-powered) **small piped water supply systems** for communities with schools (e.g. Bangladesh, Benin, Ethiopia, Nepal and Mozambique) as well as hand pumps over 66,000 students have now access to drinking water at their school. With the help of hygiene promotion by the use of different approaches (among others CHAST in Ethiopia and South Sudan) and water treatment systems (WATA, aquatabs, filters, etc.), the interventions focused strongly on the **water quality at point of use** (either the tap for drinking or the container for storing the treated drinking water) with the successful result that 84% of the students can drink safe water (< 10 E. coli / 100 ml sample) at their schools today. In South Sudan, a positive effect on the retention of children in school related to reduced diarrhoea incidents was reported in focus group discussions.

Another strong focus was laid on **gender-friendly sanitation facilities** and **menstrual hygiene management (MHM)** in schools. For MHM, the main objectives were to address the challenges and hardships that many women and girls face during their menstruation, to break the silence on menstruation and to increase accessibility of sanitary products needed during menstruation. In Nepal, the efforts led to increased school attendance rate of girls reported by a secondary school teacher in the project area.



Figure 3: Ms. Janaki Bhandari demonstrating reusable sanitary pad in Nepal.

The **Blue School** concept has **spread** within the Consortium over the last years. In the meantime, the concept or components of it have been implemented in 8 countries (Benin, Bangladesh, Ethiopia, Madagascar, Nepal, Niger, South Sudan, Togo). Furthermore, meetings or exchange visits have been organized with the respective education and agriculture ministries. In various countries, **effects at community level** have been observed, i.e. gardens with vegetables or flowers at children's homes (Benin, Niger, Togo). In Nepal, replication at home has been effectively promoted through school contests. And in Ethiopia, the school garden became a learning media for students and parents as vegetable production is not usually practiced in that area (Southern Ethiopia). Based on the various experiences, the **Blue School Kit** has been developed (see chapter 4.5). And various projects teams are planning to implement the Blue School approach in the near future.

Health centres

WASH in health centres has been improved in 9 countries. Also here, focus has been laid on the water quality at point of use **which is of safe quality in 84% of the health facilities**. In Benin and Togo, chlorine is produced in health centres (WATA device) and not only used within the centre itself but also sold to the community around. In partnership with Eawag-Sandec, one organization developed the Facility Evaluation Tool for WASH in Institutions (FACET). FACET is based on the recommended Core Indicators for Schools and Health Care Facilities (2016) by the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP). FACET offers state-of-the-art online/offline mobile data collection on an open source platform and a corresponding online/offline analysis tools that allows a WASH delivery service level graduation of surveyed institutions. It was used to evaluate Consortium's work in 143 HCF in Bangladesh and Mali with 74% of those facilities achieving the targeted "basic" level of water service (WHO standards). Furthermore, the practical guide developed for biomedical waste handling has proven a useful tool to train health agents in Mali. With support of the Global Advocacy Fund, the Consortium organizations were at the origin of organizing the first ever national conference on WASH in health care facilities in Bangladesh (December 2017) bringing WHO, Unicef, WaterAid and other actors to the table to discuss and plan the event with the Ministry of Health (for more information see chapter 2.3).

2.2 Improved access to water for family farming (Outcome 2)

Outcome 2

Improved access to efficient low cost water systems for irrigation purpose and livestock watering

Thanks to the Consortium programme, the access to water for family farming and livestock watering has been improved in 5 countries (Bangladesh, Ethiopia, Niger, Madagascar and Mali). This led to



Figure 4: The nearby water point allowed the women in Beraketa, South Madagascar, to establish vegetable gardens.

an **increase in crop diversity** grown in the target areas: in average 8 more crops are now produced, thus raising from 1 to 3 crops already grown to 9 to 13 produced crops during end line surveys. This allowed to **increase the resilience** of the local population and enrich their diet. In Madagascar, sensitizing people on nutritional aspects was included in the program and motivated families to start small-scale vegetable gardening around their homes (from around 200 families at the start to around 1'700 families at the end). The increased crop diversity combined with the **prolonged productive period** (in average 5 months' longer production period per year), also allowed to generate more income. In Ethiopia, introducing farming in pastoralists communities was combined with

market access activities. Selling vegetables instead of the traditional maize on the local market generated seven times more income from the same plot of land. Nevertheless, access to markets still remains a challenge in some areas where there is no road access. Today, **83% of the formed water user associations for irrigation and livestock watering are operational**, meaning that they have an O&M plan and are able to recover costs (revenue \geq operation, maintenance, and repair costs). In Mali, mobilizing funds for the operation and maintenance of the combined water supply system for drinking water and irrigation use has become easier as the families have now also an income during the dry season.

Efficient irrigation practices have also been introduced. Particularly successful has been the drip-irrigation systems demonstrated in schools in South Sudan, where it was soon taken up and replicated by the community at their farming plots.



Figure 5: Small scale irrigation scheme and farming practices introduced in pastoralists communities in Kela, Ethiopia



Figure 6: Water supply systems shared between agro-culture based communities and pastoralists (type PHNS = “The Programme Hydraulique Niger-Suisse”)

The issue of **conflicts around water points in an agro-pastoral environment** remains a problem, particularly in Ethiopia and Niger. Conflict resolution does not depend on the type of infrastructure implemented but on the involvement of the different actors throughout the process. The development of wells in Niger contributed to improving relations between herders and farmers, because all stakeholders were involved in choosing the location of the well and contributed to developing the user regulations.

2.3 Knowledge & policy (Outcome 3)

Outcome 3

Increased knowledge and expertise of the Consortium partners and the water sector in general facilitate the replication of good practices and shaping of appropriate sectoral policy frameworks.

Knowledge sharing

The Consortium has proven to be a good mechanism for knowledge sharing among the Consortium organisations and replication of good practices in different organizations and contexts. The knowledge sharing which started in phase 1 and continued/intensified in phase 2, led to various good practices that were taken up by other project teams and scaled-up. Below some examples:

- **Blue Schools:** Starting in Benin and Nepal (small scale) during phase I, it was taken up and successfully implemented in Benin, Madagascar, Ethiopia, Bangladesh, Nepal during phase 2. Other projects in Madagascar, Niger and South Sudan added certain components (e.g. gardening) to their initial WASH in school projects. The newly developed Blue School concept 2.0 and toolkit is based on the different project experiences and will allow to spread and upscale this successful approach even beyond the Consortium.
- **Community-Led Total Sanitation (CLTS):** This zero subsidy approach for sanitation and hygiene (including the construction of hand-washing stations, e.g. the tippy-tap stands) was taken up in all 10 Consortium countries.
- **Mobile-based monitoring and data collection** has been applied in different projects (Bangladesh, Benin, Mali, Nepal) and projects from Bangladesh and Nepal teamed up to jointly present their experiences at the RWSN forum 2016 in Abidjan
- **Menstrual hygiene management:** The good approaches used in Menstrual Hygiene Management, namely providing appropriate sanitation facilities with water and private space for washing, a bin with lid and a system for safe disposal of pads, or demonstrating how to produce reusable pads in schools or how to organize public events and celebrations and breaking a taboo has been shared and then taken up by other project teams in Bangladesh and Nepal.

- **Biomedical waste treatment:** A focus on biomedical waste treatment and even the design and implementation of biomedical waste incinerators has been taken up by project teams in Benin, Mali and Togo.
- **Water quality at the point of use:** Measuring, analysing and interpreting the water quality at the point of use (household level) was conducted in all 10 Consortium countries for the baseline and end line survey. For many project teams it was the first time to do so, and thanks to the common indicator set, various exchanges in Switzerland, support by the regional advisors and trainings during the regional workshops, the information was gathered and led to important learnings for the project teams regarding sanitation and hygiene interventions.

The active Consortium involvement and presentation of good practices at the **Stockholm World Water Week** in 2015 and 2016 as well as at the **Rural Water Supply Network forum** 2016 in Abidjan, Côte d'Ivoire, and the **University of North Carolina (UNC) conference on Water and Health** in 2017 allowed to present the Consortium's experience and knowledge internationally to the wider water sector. In Madagascar, the Consortium projects contributed very actively to the Swiss booth at the **Sommet de la Francophonie** in 2016. In Switzerland, successful approaches and experiences were shared at various occasions: multiple AGUASAN Community of Practice meetings, the DRR platform face-to-face in 2015, the AGUASAN workshop in 2017 as well as SDC Water Team Days and SDC GPW Peer Reviews.

Advocacy and policy development

The Water Consortium Phase 2 aimed, among others, at **shaping appropriate sectoral policy frameworks** as a way to contribute to **scaling up of good practices** and strengthening the civil society voice as well as enhancing the visibility of good practices developed by Swiss NGOs and their partners. In order to keep flexibility to respond to advocacy opportunities arising throughout the phase and hence optimise the potential of the Water Consortium to contribute to influence policies, a **Global Advocacy Fund (GAF)** amounting to 150,000 CHF was set up. It was invested in **joint advocacy initiatives** at country level and in the participation of the Consortium in global events. All advocacy initiatives were presented to the steering board in a competitive manner and then decided upon.

The GAF supported four country-level advocacy initiatives. An inclusive and participatory process involving communities in Mali supported the reflection on a **better integration of the human rights to water and sanitation principles in the new Water Law**. The initiative resulted in enhanced advocacy capacity of the civil society organisations in Mali and in a new draft Water Law which largely considers the communities' concerns. In Mozambique, the Consortium was instrumental in reactivating the Group for Water and Sanitation (GAS, a Forum for development partners from public and private sector, civil society, and academia). This resulted among others in the promotion of the **standard design of latrines in schools and health centres** including flush toilets and showers, which are now being adopted by various organizations (Provincial level) and **contribution to the reflections on the national sanitation policy** (in revision).

The GAF initiative in Bangladesh culminated with a national workshop attended by key government officials. As a result, a **mechanism** under the leadership of UNICEF and WHO was created to **develop a national guideline, strategies, and a plan of actions for the provision of quality WASH services at all levels of health care facilities**. In Nepal, a regional workshop on Menstrual Hygiene Management (MHM) was organised in Dang district in collaboration with the Regional WASH Coordination Committee. International and national NGOs, government representatives, and community leaders from 18 districts participated. The workshop resulted in the **Dang declaration: a set of principles to improve MHM**. Following this, the Consortium participated in

the MHM policy consultation workshop organised in Kathmandu by the Ministry of Water Supply and Sanitation in collaboration with the Water Supply and Sanitation Collaborative Council. The MHM-related good practices of the Consortium and the Dang declaration were considered as key inputs for the national policy.

Key success factors for the different GAF initiatives were the **evidence-based approach** (policy recommendations backed up by robust implementation results) and the **partnership with existing advocacy networks**.

Moreover, the GAF also contributed to enhance visibility of the Consortium at international level. 16 Consortium representatives from 9 countries actively participated in the **Rural Water Supply Network Forum** in 2016. This promoted **documentation and sharing of a series of good practices** in the form of articles, posters, and videos. Additionally, it supported participation in the **World Water Week** in 2016 and 2017, incl. a presentation on Blue Schools.

The GAF is considered as a **very promising instrument** that enables to react to advocacy opportunities, unleash the potential of the Consortium as a stronger advocacy voice at country level, and promotes knowledge sharing at international level. More so, as advocacy work is usually challenging to finance. However, the limited experience of the project teams in advocacy represents a challenge. For future phases, it is recommended to maintain the GAF as a competitive mechanism to support advocacy initiatives while ensuring systematic coaching from planning to reporting.

2.4 Transversal themes

Gender and social inclusion

The Consortium projects played an important role in strengthening the **role of women in water management**. Gender equality was fostered by inviting women to be part of Water User Committees and take over leadership positions. In Nepal, for instance, the projects successfully managed to involve women in all planning steps from the very beginning. A challenge remains to not only involve women, but give them more power in decision-making. In Ethiopia, a **more equal distribution of the work load** between men and women related to WASH activities (fetching water, bathing children, etc.) has been achieved through the couple training approach. The findings of an [ICIMOD study](#) in Nepal show that the WUMP process has promoted gender inclusiveness. Women said they had opportunities to enhance their capacity, confidence and courage.

Particular focus on gender aspects was given in schools with menstrual hygiene management. Besides constructing separate latrines with an incinerator to dispose used sanitary pads, the training to prepare reusable menstrual hygiene sanitary pads for teachers and students in Nepal has been extended to mother groups and to Bangladesh. Breaking the taboo of menstruation in public events has been important to improve girl's personal hygienic practice in Bangladesh and in Nepal and generally leads to increased school attendance of girls.

The Consortium also strived to strengthen the position of disadvantaged groups, by empowering them to participate and having a voice. To include the **most vulnerable people**, the gender training in Ethiopia has helped to improve the social relationships and the caring for disadvantaged people. Men started to support single headed household or elderly people in fetching water and constructing latrines. In all programme districts in Nepal, ODF has been achieved without financial and material support, except small support i.e. toilet pan and pipe to ultra-poor families (5%), which had been identified by the Sanitation Committees and is in line with the national hygiene and sanitation policy. Still, improvements can be made and projects reported to take better into account

expectations of women and disadvantaged groups in future projects. A more systematic approach could be developed and the couple training approach further promoted and replicated in other projects.

Good governance

Participation and bottom up approaches are of great importance for all the Consortium organisations. Key elements are to involve key stakeholders from the very beginning (communities, local authorities, and local private sector) and support coordination mechanisms. In Bangladesh and Nepal, Consortium partners initiated **joint monitoring visits with representatives from all key stakeholders** (district government authorities, local government authorities, line agencies at the district level such as district water supply and sanitation office, district health office, district education office as well as the user's committee). The monitoring team interacted with the community and observed ongoing activities including procedures followed for procurement of services and materials, as well as the spending and financial statements. Furthermore, user's committee organized **public hearings and public audits** at various stages during implementation. Hence, it enhanced largely the transparency and accountability of the interventions. In Mozambique, **procurement** has been carried out at the **lower district level** (compared to provincial level which is usually responsible for it), which has led to reduced costs by 25% compared to the budget (due to lower prize achieved for purchasing material and contracting services). Furthermore, participatory decision-making processes in the districts with active involvement of community representatives have resulted in water sources being built where they are most needed.

A collaboration with the Multi-Country Water Integrity Program (MCWIP) has been initiated. The good practices of Consortium projects, namely the couple training approach and community audit, have been included in the **Integrity Management (IM) toolbox** developed by MCWIP in Kenya. The IM toolbox for small water supply systems is currently being transferred and piloted in Ethiopia with two Consortium organizations, the third organization also showing great interest to use this approach. After having reviewed the regulatory framework in Ethiopia, teams have jointly identified potential for advocacy work on the legalization process of Water, Sanitation and Hygiene Committees (WASHCO) and how to bring it into practice afterwards. In 2018, the three Consortium regional workshops (in Mali, Mozambique and Nepal) will focus on good governance and water integrity as main topic. Experts from the MCWIP actively engage and facilitate parts of the workshops.

Capacity building

Capacity building was a major focus of all consortium projects. Besides installing infrastructure, competent and operational stakeholders are an essential element to ensure functional infrastructure and smooth operation.

Local stakeholders have been strengthened in different areas. At the public level, policy makers have been supported to strengthen their capacity in planning, launching tenders, setting-up contracts with private operators and infrastructure management. The authorities have also been made aware of the integrated management of water resources, for example in Madagascar and Nepal. Private operators have been trained and assisted in the construction of latrines (masons), the repair of manual pumps (repairmen) and the management of small piped networks (private managers). The technical services associated with the activities were involved in field activities such as in Mali, where health workers were trained to use a smartphone application to conduct health facility and sanitation assessments. Education officers have been strengthened in "blue school" activities, particularly in the areas of environmental protection and gardening techniques. In Togo, women's groups have been trained in the local production and sale of chlorine for the

disinfection and treatment of drinking water. Water user committees have been trained in overall management, legal aspects and accounting.

At the household level, individuals were sensitized to understand and adopt good behaviours such as washing hands with soap, using latrines or treating drinking water. In Nepal, campaigns and celebration of WASH events and international days were organized. Actions have also been implemented to improve solid waste management in Mali and to reduce conflicts between farmers and pastoralists in Niger. On the agricultural front, farmers have been trained to adopt better farming methods and seeds that are better adapted to local conditions.

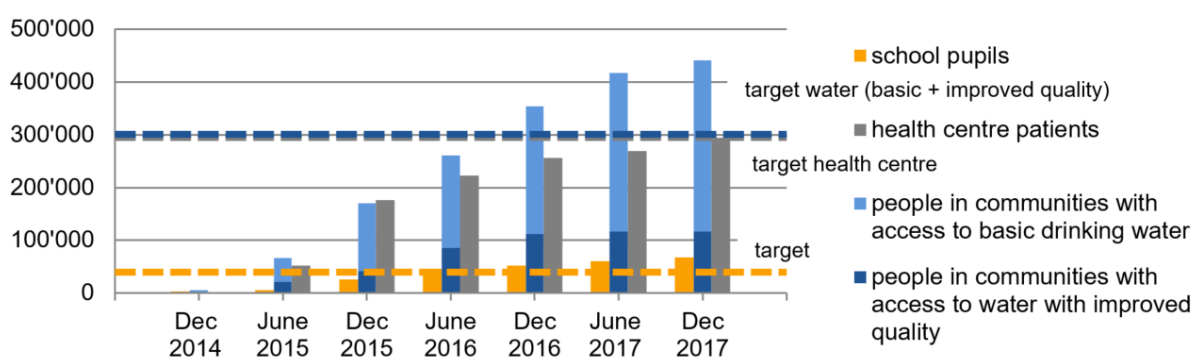
But in addition to the local actors, the project teams were also strengthened as the collaboration within the Consortium provided new working conditions, and an opportunity to exchange and build-up a personal network. Annual workshops enabled participants to learn new approaches and techniques from other teams. The proximity support of the regional advisors was an opportunity to strengthen skills and make actions more effective. Exchange trips and sharing of documents and experiences via the intranet platform have been opportunities for discovery and learning. The funding of advocacy activities provided the possibility for project teams to strengthen their advocacy skills by partnering with specialized structures. In addition to the regional workshops, trainings and workshops have been organized by single organizations and opened up to the other Consortium members.

3 OUTPUTS AND PERFORMANCE, PARTNERS AND CONTEXT

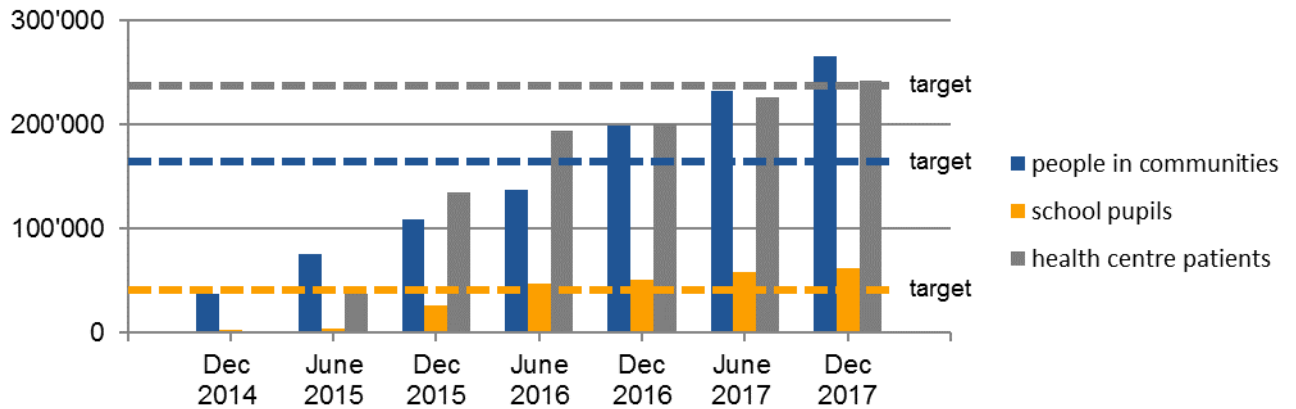
3.1 Summary of main outputs / outreach

The following graphs and table summarise the outputs achieved throughout the Consortium Phase 2 in terms of beneficiaries. In average, there are as many beneficiary males as females except for health centers where female beneficiaries amount to around 60%.

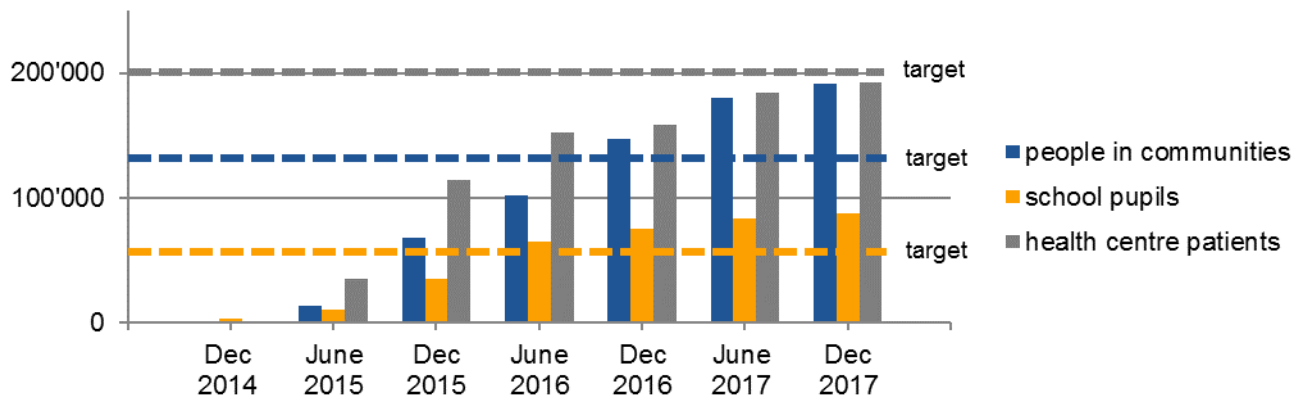
Access to basic drinking water supply + water with improved quality



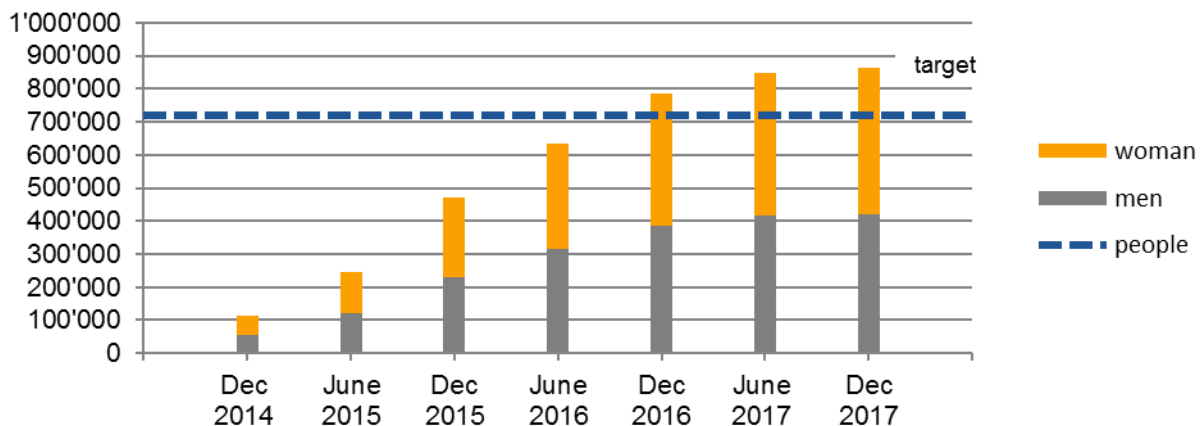
Access to adequate sanitation



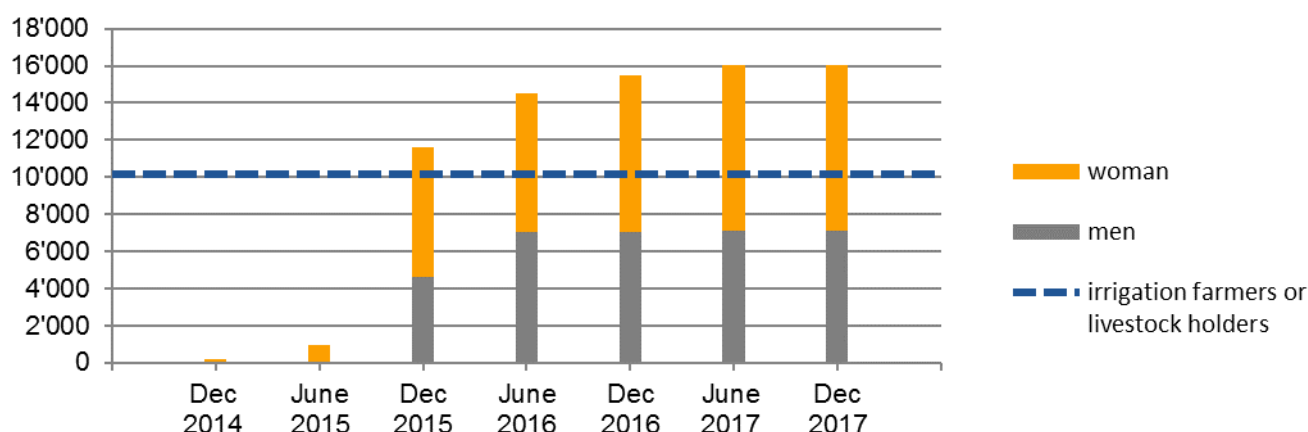
Access to hand washing facilities



People reached by hygiene promotion interventions



Beneficiaries of irrigation/livestock watering facilities



Indicator	Target (contract)	Realised	%
Communities (number of people with access to)			
Water supply	301'450	441'442	146%
Adequate sanitation	164'826	265'244	161%
Handwashing facilities	131'221	191'591	146%
Hygiene promotion interventions	717'940	897'949	125%
Irrigation/livestock holders	10'170	16'073	158%
Schools (number of students)			
Water supply	38'947	68'108	175%
Adequate sanitation	41'486	62'068	150%
Handwashing facilities	56'375	87'520	155%
Health centres (number of patients)			
Water supply	294'568	294'892	100%
Adequate sanitation	237'923	242'028	102%
Handwashing facilities	200'623	192'161	96%

The results show that most of the targets have been exceeded expect for the hand washing facilities at health centres (96% reached). The table in Appendix I summarizes the achievements in terms of beneficiaries reached during phase 2.

The results on the [selected indicators](#) above and selected [success stories](#) are shown on the public website.

3.2 Transformations of context

The context has changed considerably in a the past few years. This chapter summarised a few selected changes, which have been relevant for the Consortium programme.

Sustainable Development Goals (SDGs)

In September 2015, countries adopted the Sustainable Development Goals to be achieved until 2030. Goal 6 is specifically on water and shall ensure access to water and sanitation for all. It goes far beyond the MDGs which focused on WASH solemnly, and implies a holistic thinking for the

sector, which includes Integrated Water Resource Management, pollution of water bodies, water-use efficiency, water-related ecosystems). For the topics 6.1 and 6.2 on water supply, sanitation and hygiene, the Consortium interventions have been well aligned with the focus on safe drinking water, end open defecation and paying special attention to the needs of women and girls and those in vulnerable situations. As well as to provide WASH services in institutions (schools and health centres). In future, still more emphasis needs to be laid on integrated water resource management and environmental considerations.

Climate change

Most Consortium countries report climate change effects i.e. changed rainfall pattern and often increased water scarcity. The Consortium projects implementing the WUMP approach progressed in a better integration of the consideration of climate change. In Madagascar for instance a **risk and vulnerability analysis** has been integrated in the WUMP process (based on the CRiSTAL and CEDRIG tools). Additionally, in Nepal, Recharge, Retention and Reuse (3R) measures have been planned and implemented more systematically, enabling thus to enhance water availability in dry periods and to protect water infrastructure against landslides.

Security situation and conflicts

Most Consortium countries are fragile states. Instability heavily increased in South Sudan, where the two Consortium projects had to be stopped or considerably reduced. In Mozambique mainly one Consortium project was affected; the project team was able to continue its activities as planned but often under very difficult conditions. In Francophone Africa, even though security conditions have deteriorated in some countries such as Niger, Madagascar or Mali, this has not had major consequences for the progress of projects. In Nepal, the earthquake in 2015 has led to delay in project implementation for the teams and the political situation remained unstable. Nevertheless, all project activities could be implemented until end of 2017. In Bangladesh, the security situation remained difficult. However, it did not have a big impact on project implementation. The Consortium organisations very closely monitored the security situation in all these countries and took adaptive measures.

Changing roles

The trend that local NGOs are getting more professional continues. Therefore, the role of international NGOs is also changing. Supporting the local system actors, strengthening local NGOs to further improve their capacity and develop their own visions as well as playing a stronger role in advocacy and policy development, promoting values such as non-discrimination, participation, transparency and accountability is more and more important for international NGOs.

4 LESSONS LEARNT

4.1 The Swiss Water & Sanitation Consortium model

The Water Consortium model proved to be an efficient mechanism to considerably increase water and sanitation coverage and an appropriate vehicle to trigger knowledge sharing and mainstream innovations, replicate and scale-up promising approaches. It also proved to be a successful mechanism for testing approaches in various contexts and settings, and compile learnings and experiences (e.g. Blue School Kit). The improvements made in phase 2 compared to phase 1 have proven successful and allowed to build trust and good relationships: the geographic clustering (from 16 to 10 countries with minimum of two Consortium projects per country); increased resources for

knowledge management (annual regional workshops, fostering exchange of project teams, peer-reviews, intranet); increased collaboration at country level (joint annual planning, joint advocacy interventions, etc.); supporting existing networks and platforms (advocacy interventions strengthened those local networks, e.g. GAS in Mozambique); increased role in advocacy and policy development (see chapter 2.3); improved reporting (common set of indicators, less frequent, online-reporting on the Consortium website); and organisational development (dedicated steering board chair and vice-chair positions, increased resources for coordinator position (70%), terms of reference for CMU staff. The consortium also acted as partner to SDC for feedback and comments of papers and strategic development in order to include civil society view in a concerted manner.

However, Phase 2 also enabled to identify challenges of the model and suggest improved mechanisms for a future collaboration and for other Consortia in terms of implementation as well as in terms of organisation. Many of which have been identified during the internal review and are documented in a [synthesis publication](#) on the added value of working as a Consortium.

Long-term vision and engagement

The financial insecurity between consortium contracts and the gap between phase one and two was a challenge for the implementation of the projects and the respective project teams. There is a need to jointly develop a long(er)-term vision for collaboration and engagement as a basis to build trust and relationship for knowledge sharing.

Thematic clustering and focus

A focus on certain new and/or innovative topics or approaches would allow to test and pilot them in different settings, compile lessons learnt and develop way of working (similar to the Blue School concept 2.0 developed during Phase 2). Possible topics are: WASH in emerging towns, WASH in institutions, Blue Schools, WASH marketing, advocacy and policy development, to mention just a few possible options.

Explore other joint project modalities

The Joint Emerging Town Project (JETP) was the first jointly implemented project (by three organizations in Nepal) within the consortium framework. The managerial set up was questioned and it is worth exploring whether there would be more efficient ways of organisation. Possible modalities are a clear lead of one organisation per topic with the partner organisations contributing to the implementation.

Strengthening advocacy and policy development

The stronger focus on advocacy and policy development has been assessed as challenging but important element to continue. For many project teams it has been a totally new experience with immense learning and obtaining self-confidence during the process. Closer involvement and more resources for the regional advisors and/or an advocacy advisor (at Consortium level or ad-hoc in the countries) should be foreseen in order to guide and support the project teams in their advocacy interventions (i.e. strategic planning, aligning to national developments and events, etc.). Furthermore, documentation of evidence is to be strengthened.

Create innovation fund

In addition to the Global Advocacy Fund, an "Innovation Fund" should be created to which an organisation/project can apply to for additional funding if they want to implement an innovation (new, which was not yet there when the project proposal was written) and/or if they plan to implement newly acquired knowledge (shared by others in the Consortium), which is rather costly and could not be integrated in the current project due to funding reasons.

Knowledge management

Knowledge sharing requires trust and good relationships, which also shape the collaboration and cooperation of partners, and has been built up over the years. Different instruments were used for knowledge sharing and found useful:

- **Annual regional workshops** (2014, 2015 & 2016) were held in each of the three regions enabling the project teams to focus on selected topics, exchange on good practices as well as common challenges and discuss promising approaches to tackle them. These exchanges have been extremely appreciated and constitute a **great opportunity for learning and critical review** of own project activities and approaches. The **annual character** of the face-to-face workshops allowed to establish a **network of experts** and resulted in exchange visits between project teams. The **peer learning** seems to be a very efficient way of learning and replicating good practices.
- The **regional advisors** played a crucial role in knowledge sharing. They identified good practices from the different project teams and promoted knowledge sharing within their respective regions but also across regions. Their proximity and involvement – in case project teams asked for backstopping support – led to increased learning and better implementation results.
- The **intranet** to store and share Consortium related documents, knowledge management products and project reports has been useful, especially for the CMU and Swiss-based colleagues. Activity and use of the intranet varied heavily between project teams which often stated that internet connectivity makes it difficult for them to access. Very useful has been the communication option to share information or news with a predefined group of people, for example one regional community.
- The **website** (www.waterconsortium.ch) has allowed to increase external visibility, share Consortium progress and reports publicly and also make various promising knowledge management products (posters, videos or articles on certain good practices) available to the public.

Thematic trainings

Project teams expressed their wish for more thematic trainings. This could either be taken up within the regional workshop (focus topic during the workshop, thematic “training” sessions, etc.) or offered in addition. (Similar to the already existing shared trainings organized by single organisations and opened up to the others.) The Blue School workshop inspired to move more towards workshops during which a certain product/approach is jointly developed/improved.

Reporting

Individual Excel-based reporting should be replaced with a web-based reporting system to simplify and speed up processes.

Organisational development

The internal organisation of the consortium has been strengthened and adapted from phase one to phase two. Clear roles and responsibilities of the Steering Board members and chairs, the focal points and the CMU staff have facilitated the efficient cooperation among the eight organisations. The eight organisations are working towards shared objectives within the frame work of the consortium, which also fostered exchange on several levels. It goes without saying, that the fact of being unified in the Consortium did not change the competitive environment the eight organisations are in regarding the Swiss fundraising market.

At the time of writing, the results of the SDC mandated external evaluation considering the organisation and functioning of the consortium were not yet available. While the eight organisations have already extended their mutual interest in a new consortium agreement, the outcomes and recommendations from the mentioned evaluation will be of high interest to the consortium members.

4.2 Sustainability of WASH services

Providing access to WASH is one thing, to sustain it on the long-term is – still – a great challenge in the sector. Different lessons learnt drawn from our experiences are:

Appropriate management model

An open question remains what is the most appropriate management model for WASH infrastructure. While in some areas, by lack of alternatives (scarce and remote settlements which are financially not viable for the private sector) in South Sudan or because of the governmental strategy (Ethiopia), **community management** is still the most applied management model. Nevertheless, it often comes with sustainability challenges (high rotation of trained volunteers in water user committees due to rather high work load, unpaid or not rewarded service to the community, etc.). Alternative models such as the **private operator model** have been supported in Madagascar and Mozambique. The “investor operator” model developed in Madagascar, has been a real innovation and constitutes a major breakthrough in terms of sustainability. The fact that a local operator invests its own funds in the operation proves high confidence and trust in making the system profitable. It is a guarantee that the operator will ensure the operation of the system over the contract period of 10 or 15 years, since he wants not only to recover his investment but also to make profits. Even though, only mid-term experiences could be gathered during the given time-frame, it can already be seen as real advance in areas with a certain density compared to conventional water user committees.

Improving good governance

Another factor that has appeared to be key is to ensure **accountability mechanisms** (up-wards and downwards) and ensure that the **roles and responsibilities are clear from the start**, e.g. support that can be expected from the local government (technical and financial), cash or in-kind contribution from communities, responsibility and limitations of the private operator, etc. Promising practices are: applying the life cycle costing approach with all stakeholders and clarifying cost contributions (Ethiopia) or the integrity management toolbox for small water supply systems (Ethiopia), compulsory fund matching as well as joint monitoring visits with local governments in Bangladesh and Nepal. Accountability mechanisms from the water user committees to the duty bearer (local government) are important as well as platforms for people to report on complaints (bad quality of service, etc.).

Improved water services (climbing the ladder)

Improved water services lead to increased ownership and willingness to pay for water services: Households are more willing to pay for water services when they have **household connections** rather than buying the water from a nearby water kiosk, where the added value in terms of services is less obvious. As consequence from the higher water tariff collection rate, functionality for those systems is very high (Nepal, Madagascar, Mozambique) and water quality at point of use increased. If household connections cannot be implemented, **social connections** (connections

shared by several households located close to each other) as implemented in Madagascar have also proven a major step forward.

As the sustainability of hand pumps remains a global challenge, various projects moved towards small-piped systems and will increase to do so in future. Small-piped systems allowed to increase coverage and improve services (closer to the users and thus reduced water-fetching time, running water for institutions such as schools and health centres or even at household level) in Benin, Niger, Madagascar, Mozambique, and Nepal. This led to increased willingness to pay by the users and allowed repairs to take place promptly. Altogether, this increases the sustainability of the infrastructure.

Another cost-effective measure to increase the level of water service, i.e. the water quality, is to **improve or rehabilitate existing infrastructure**, e.g. establish sanitary seals and concrete platforms on existing tube wells.

Operation and maintenance (O&M) costs

All project teams have established **operation and maintenance (O&M) covering** mechanisms (e.g. water tariffs) and 86% of water supply systems are able to cover O&M.

Nevertheless, it remains a challenge to establish agreements between the different stakeholders and water tariffs with full **life-cycle-cost-recovery**. Usually, the water tariff paid by the users allows to cover operation costs and – often – minor maintenance costs. Major maintenance costs including breakdown of pumps, etc. can often not be covered by the water tariff and are the responsibility of the asset owner which is often the local government. Contractual agreements with the local government need to be established for them to take over these costs.

It is important to establish clear **cost-sharing agreements** with the different involved stakeholders (local government, communities, NGO contribution) at the very beginning of the project. Agreement on water-tariffs and the cost recovery mechanism to be put in place need to be defined at an early project stage.

Engagement of local government

To ensure sustainability and ownership, the engagement of local government is key for any project intervention. This needs clear agreements of roles and responsibilities between the different stakeholders as well as communicating clearly and openly on the project's exit strategy. To build ownership, joint monitoring visits in the project area with district authorities have been found effective in Nepal. Improvements in transparency, accountability and participation (e.g. public audits, community meetings, etc.) increase the ownership of users.

WASH marketing

Involving the private sector in providing WASH services or selling WASH products is very promising. In Nepal for example, the promotion of supply chains for ceramic filters has proved very effective in scaling up the adoption of household water treatment. In general, it would need to be further strengthened and developed within the Consortium.

Long-term sustainability

At the moment, no conclusions regarding long-term sustainability can be drawn. It is recommended to carry out a functionality study and evaluation in 5 to 10 years' time to draw final conclusions.

4.3 Water quality at point of use

To carry out water quality at the point of use has been an important **learning exercise for project teams and local partners**. They are now all aware that the quality of the water at the point of distribution is not a guarantee for safe water to be consumed.

Overall, still more focus need to be laid on **behaviour change** regarding hygiene practices (particularly on transportation and storage of water) as well as systematic **household water treatment systems (HWTS)**. This is especially important for areas with use of well water (e.g. Niger), for which tests provided further evidence that it is vulnerable to contaminations. Good practices in regard to household water treatment are: introducing WATA production at health centres to sell to the community (Benin, Togo), increase availability and strengthen the supply-chain of HWTS products (Nepal), e.g. Aquatabs, chlorine, javel, ceramic filters, sand filters, etc. In addition to HWTS, hygiene practices during transport and storage need to be improved. For example, attendants checking the cleanliness of Jerricans before fetching water (Ethiopia), promoting the use of closed containers (Madagascar), community hygiene volunteers rotating from house to house (Ethiopia). In general, hygiene and sanitation promotion campaigns should be carried out at **community level** (e.g. group discussions, couple trainings, exchange visits to model villages) **as well as at household level** (door-to-door visits by health staff, model households, information sessions to small groups). Engagement of **influential personalities**, e.g. elders or religious leaders, have proven to be successful in order to change the attitude and behaviour of other community members. This is in line with the Risk, Attitude, Norm, Ability, Self-Regulation (RANAS) approach which was developed by Eawag and has also observed that the norm factor (e.g. how important a certain behaviour is for an important person in the community and its public demonstration). The **RANAS methodology** has been translated into a [Manual for practitioners](#) by one Consortium organization and has been implemented among others in Mozambique with remarkable results. The approach and lessons learnt have been presented to the other Consortium organizations and several showed great interest to implement the systematic approach to trigger WASH behaviour change in future projects.

Nevertheless, carrying out hygiene and sanitation promotion and expecting a real change in behaviour requires a stable context. In South Sudan and in Ethiopia, the start of political instability also led to lower result in terms of good hygiene and sanitation practices (due to security reasons follow-up could not be ensured by the project team nor the local government).

Wherever possible, water should be brought as near as possible to the point of use to further reduce the risk of contamination, which mainly happens during transport and storage. Thus, moving towards **household connections is highly encouraged** (see more in chapter 4.2).

And last but not least, the role of the local government and health staff regarding the monitoring of water quality at source and at point of use needs to be clear and as active as possible during the whole intervention.

4.4 WASH in Emerging Towns

The Joint Emerging Town Project in Katarniya, Nepal, has been a unique learning opportunity for the involved Consortium team. An internal review in November 2017, showed the following (abstract from [internal review report of the Joint Emerging Town project](#)):

*“The relevance has been clearly demonstrated and both government agencies and other implementers are eager to have **adapted approaches for the emerging or small town context**.*”

*The project achievements in terms of developing promising elements of a model for emerging towns are very positive. In particular, the **institutional model with the local government** as entry point and the **Water User and Sanitation Committee (WUSC) leading the implementation** was assessed as effective and is directly applicable in the new administrative structure. Integrating both the **Community-Led Urban Environmental Sanitation (CLUES) planning principles** (e.g. considering the entire sanitation chain) and **CLUES steps** in the Project Implementation Guideline is a pragmatic way to facilitate replication of this approach.*

The Water Consortium principles such as gender and social equity, participation and empowerment, transparency and accountability have been successfully operationalised within the framework of this project.

*The motivation and ownership of the local stakeholders is reflected in the **project cost-sharing** (38% local contribution- local government, district government and the user's group). The Consortium partners' efforts to implement the project in a cost-efficient way were successful.*

*A number of changes in the community could be observed as result of the project, mainly in terms of **awareness raising** (relevance of water quality and of improved sanitation), and in the **capacity of the WUSC** to autonomously mobilise additional funds, and act beyond WASH interventions, such as in the case of conflicts in the community.*

A number of elements have been put in place to ensure the sustainability of the project results such as strong ownership by the local population, a recognised and capacitated WUSC, and a well designed and constructed water supply system.”

4.5 Blue Schools

The Blue School concept continued to be a very promising approach not only to improve WASH in schools but also to raise awareness among children about the entire water cycle and the importance of water resources protection. The concept raised interest not only among the Consortium organisations but also among local stakeholders such as school directions and local authorities.

In terms of knowledge sharing, **Blue Schools is the most successful example** within the Consortium. Starting in Benin and Nepal in phase I, the approach has been piloted and implemented by 5 organizations in 6 countries during phase 2. In general, the Blue School concept was much appreciated and the various attempts promising. Going beyond WASH in schools and combining it with gardening and environmental education is also fully in line with SDG target 6. It has been reported that children in general like gardening (it is not perceived as a chore) and that many private gardens with vegetable production have been initiated at the household levels.

The Blue School consolidation workshop held in Kenya in July 2017 enabled the Consortium and selected partners (Eawag, IRHA) to develop the **Blue School concept 2.0 with Kit**, which integrates the experiences made by the project teams in different contexts and further strengthened the environmental aspects, i.e. the sustainable water and land management practices. The Blue School Kit allows now to scale-up a harmonized approach and spread the word beyond the Consortium.

The Blue School approach starts in schools, but could potentially be extended to community level (“Blue Villages”) as suggested by one organization in Niger. The how and where still needs to be developed.

4.6 Integrated Water Resource Management

The Water Use Master Plan (WUMP) has again been successfully implemented in Nepal. Furthermore, the Consortium enabled to replicate the WUMP approach in Ethiopia and Madagascar through a WUMP training organized in Ethiopia in 2015 by Nepali trainers. The Consortium teams further developed the approach with a better integration of the consideration of climate change: risk and vulnerability analysis in Madagascar and more systematic planning of Recharge, Retention and Reuse (3R) measures in Nepal (see chapter 2.4 on climate change). The replication in Ethiopia has been found challenging, due to the lack of regulatory framework for water resources management. Integrated water resource management is an aspect that needs to be further addressed in future, especially when taking into account climate change, water scarcity, water pollution and increasing conflicts around water.

4.7 Smart-phone based technologies

The use of smart-phone based technologies for survey, monitoring has been introduced and applied by various projects and organizations (Bangladesh, Benin, Nepal, Mali). It is not of importance which application one uses (Akvo Flow, Open Data Kit (ODK) and iform builder), but rather the step towards mobile-based data collection. One big advantage is the **improved quality of collected data**, because developing the online questionnaire forces project teams to be clear on what type of information they would like to gather. It makes field surveys more efficient (simplified data entry, e.g. reduction in time and mistakes) and data is available at once and quality of data collection can be checked immediately, also by a person sitting far away in the capital. Nevertheless, the data analysis and interpretation still needs specific skills and knowledge, and should not be underestimated.

5 EXIT STRATEGY AND SCALING-UP

The implementation of the projects, approaches and knowledge management during phase I and II of the consortium was initiated and co-financed through Swiss government contributions for Water and Sanitation during two three-year phases. From the beginning of phase II it was clear that SDC did not intend to extend the financial contributions through the consortium mechanism. And this was formally confirmed in 2017.

WASH projects have been carried out at country level by the eight organisations as part of their portfolio. Each organisation is responsible for the smooth transition or continuation of project implementation at country level. While many projects will continue with next phases, others have foreseen phasing out scenarios. Therefore, the consortium as such has no commitment in phasing out or exit strategy, but the consortium members do and have all taken up this responsibility.

The benefit of knowledge sharing, concertation of implementation at country level and exchange was strong during the consortium phase. Some of this will remain with the continuation of the consortium beyond 2017, and some will remain through the contacts that have been fostered during the consortium phase I and II.

The eight consortium members have decided to continue the cooperation in terms of knowledge sharing among the 55 water related projects (WASH and small-scale irrigation) which will continue to be implemented by the eight Consortium organizations and their partners in the three regions. This exchange shall allow to further scale-up successful approaches and lead to improved project practice. For this, a new agreement for a self-financed consortium has been established.

The objectives of the new consortium are:

- Actively collaborating with focus on knowledge sharing among the 8 organizations and their water, sanitation and hygiene (WASH) as well as small-scale irrigation project teams
- Publishing and disseminating publications or videos on good practices through the Consortium website and during events (e.g. AGUASAN meetings)
- Exchanging on strategic issues concerning the contracting parties and further build trust and strengthen the relationship between all members.
- Carrying out joint advocacy initiatives
- Advocating for and discussing opportunities for continued partnership with SDC.

It means, that the annual regional workshops for the project teams, as well as documenting and sharing good practices on the public website will be continued. In case of a new program, the Consortium organizations recommend amongst others to establish a “Global Innovation Fund” (similar set-up to the Global Advocacy Fund), which could be applied for testing new approaches or adopting learnings from other project teams which are rather costly (new approaches, upgraded systems, etc.) into existing projects. Further exchange beyond the Consortium – be it at international or national events – will also broaden the learning and lead to replication of good practices.

APPENDIX I: RESULTS PHASE 2

Key indicators	Targets Consortium ProDoc	Baseline Consortium Total	Results Consortium Total	WEST AFRICA								ASIA						EAST AFRICA						
				MADA FO	MADA HSI	NIGER SW	NIGER HEKS	MALI Tdh	MALI CACH	BENIN HSI	TOGO SRC	NEPAL SRC	NEPAL HSI	NEPAL Tdh	Small Town I	BG CACH	BG Tdh	ETH CACH	ETH HSI	ETH HEKS	MOZ HSI	MOZ SOL	SSUD CACH	SSUD HEKS
OUTCOME 1 - INCREASED ACCESS TO WASH	0																							
1.1 Percentage of functioning communal water facilities	85%	81%	95%	98%	100%	100%	100%	100%	80%	100%	82%	100%	84%	92%	100%	100%	100%	100%	100%	100%	75%	98%	100%	n.a.
1.2 Percentage of households/schools/health centres with improved water quality at point of use	75%	35%	74%	100%	13%	66%	0%	95%	75%	90%	62%	95%	67%	56%	100%	97%	78%	72%	69%	78%	85%	29%	82%	n.a.
- percentage of households	75%	27%	68%	100%	n.a.	54%	-	96%	n.a.	71%	76%	96%	54%	36%	100%	92%	33%	65%	69%	33%	85%	29%	63%	n.a.
- percentage of schools	75%	38%	84%	100%	8%	100%	100%	n.a.	n.a.	100%	55%	88%	80%	33%	100%	100%	100%	100%	n.a.	100%	n.a.	n.a.	100%	n.a.
- percentag of health centres	75%	60%	84%	n.a.	18%	100%	100%	97%	77%	100%	55%	100%	n.a.	100%	n.a.	100%	100%	50%	n.a.	100%	n.a.	n.a.	n.a.	n.a.
1.3 Percentage of water supply systems where O&M costs are covered by collected fees	85%	40%	86%	98%	100%	100%	100%	100%	80%	28%	-	100%	58%	67%	100%	100%	100%	83%	78%	100%	75%	90%	0%	n.a.
1.4 Reduction of total collection roundtrip time	60%	-	68%	51%	80%	84%	94%	55%	22%	84%	-	95%	90%	-75%	90%	60%	-33%	60%	42%	67%	76%	58%	46%	n.a.
1.5 Percentage of population practicing proper hand washing with soap or ash at critical times	60%	23%	63%	85%	0%	100%	-	22%	0%	95%	31%	66%	48%	10%	75%	98%	72%	73%	77%	48%	85%	37%	57%	n.a.
1.6 Number of open-defecation-free communities	306	1400%	116	36	2	8	-	4	0	0	17	0	18 VDCs	9	1	11	1	6	0	2	19	0	0	n.a.
OUTPUT 1.1 – WASH INFRASTRUCTURE																								
1.1.1 Number of drinking water supply systems constructed/rehabilitated																								
Community	4'168		2'446	62	2	25	8	14	5	0	30	106	58	11	1	923	788	6	81	10	224	47	4	41
Community: communal	1'953		2'045	62	3	25	6	0	5	0	30	31	53	11	1	843	788	6	81	10	21	47	1	21
Community: household (e.g. rainwater harvesting)	0		363									75	5			80					203			0
Community: only household treatment/disinfection	0		24													0					0		4	20
School	68		138	4	4	10				5	5	28	24	18	2	4	4	3		2		15	6	4
School: school	0		91	0	2	2				0	5	26	24	18	2					2			6	4
School: blue school	0		51		2	8				20		2	8	0	0	4	4	3						0
Health centre	49		62			4		8		2	14	4		5	0	2	14	3		2		2		2
1.1.2a Number of people with access to basic drinking water supply																								
Community (improved water sources)	224'000		325'344	17'005	9'800	26'024	12'949	5'600	8'075	5'500	40'500	14'315	20'341	2'664	2'275	34'440	20'585	4'210	14'457	10'714	6'980	47'628	5'561	15'721
Community communal women	0		164969	9'728	5'635	13'027	6'633	2'800	4'296	2'860	20'800	6'981	9'904	1'300	1'143	16'443	10'292	1'986	6'691	5'352	2'990	25'242	2'780	8'086
Community communal men	0		157473	7'277	4'165	12'997	6'316	2'800	3'779	2'640	19'700	6'899	9'475	1'364	1'132	17'572	10'293	2'224	7'766	5'362	2'910	22'386	2'781	7'635
Community household women (e.g. rainwater harvesting)	0		1460									220	488			209					543			
Community household men (e.g. rainwater harvesting)	0		1442									215	474			216					537			
School	38'947		52'199	1'708	1'259	2'511	6'636		645	4'120	2'550	6'132	6'285	4'425	1'240	2'292	1'934	1'651		1'472		5'400		1'939
School girls	0		18439	971	282	808	2'718		129	0	1'114	2'498	2'867	2'078	637					725		2'700		912
School boys	0		19615	714	270	679	3'912		508	0	1'374	2'371	2'701	2'237	533					732		2'592		992
School teachers	0		1019	23	14	57	138		8	0	62	194	171	110	70					29		108		35
Blue school girls	0		10145		355	412				2'080		584	2'369			922	2'634	789						
Blue school boys	0		8627		320	524				1'920		458	2'190			1'276	1'106	833						
Blue school teachers	0		588		13	31				120		27	146			94	128	29						
Health centre	294'568		294'892			11'509	3'000	39'646		3'437	23'000	29'431		14'227	0	7'047	100'307	18'284		754		6'000		38'250
Health centre: women patient	0		171'239			5'744	1'556	19'362		1'352	11'800	18'000		8'546	0	5'234	66'871	9'214		500		3'060		20'000
Health centre: men patient	0		119'060			5'758	1'436	19'617		1'248	11'150	11'400		5'681	0	1'801	33'436	8'854		250		2'930		15'500
Health centre: staff	0		3826			7	8	668		14	50	31		0	0	12	56	216		4		10		2'750

Key indicators	Targets Consortium ProDoc	Baseline Consortium Total	Results Consortium Total	WEST AFRICA							ASIA					EAST AFRICA								
				MADA FO	MADA HSI	NIGER SW	NIGER HEKS	MALI Tdh	MALI CACH	BENIN HSI	TOGO SRC	NEPAL SRC	NEPAL HSI	NEPAL Tdh	Small Town I	BG CACH	BG Tdh	ETH CACH	ETH HSI	ETH HEKS	MOZ HSI	MOZ SOL	SSUD CACH	SSUD HEKS
OUTPUT 1.1 – WASH INFRASTRUCTURE																								
1.1.2b Number of people with access to water with improved quality																								
Community (disinfection)	77'450		121'867																			28'700	198	
Community women: only household treatment/disinfection	38'750		64'752																			17'220	94	
Community men: only household treatment/disinfection	38'700		57'115																			11'480	104	
School	0		14'176																			3'412		
School girls	0		1'400																			1'400		
School boys	0		1'896																			1'896		
School teachers	0		116																			116		
Blue school girls	0		5'408							5'408														
Blue school boys	0		4'992							4'992														
Blue school teachers	0		364							364														
Health centre	0		0																					
Health centre: women patient	0		0																					
Health centre: men patient	0		0																					
Health centre: staff	0		0																					
1.1.3 Number of adequate sanitation facilities constructed/rehabilitated																								
Community	9'550		46'572	707		220		505	353		1'248	4'346	1'467	652	391	1'265	21'683	6'581	3'077	749	2'772		8	548
Community: household	0		48283			217		505	351		1'248	4'345	3'979	650	391	1'223	21'683	6'581	3'033	749	2'772		8	548
Community: shared facilities	0		721	627		3			2			1		2	0	42				44				
School	108		176	4	14	16	41		11	0	27	24	4	17	0	4	4	2		1		4		3
School	0		161	2	7	16	41		11	10	27	22	0	17	0	0	0			1		4		3
Blue school	0		35		7		0		0	7		2	9	0	0	4	4	2						
Health centre	78		47			2	8					9		6	0	2	14	2		1		2		1
1.1.4 Number of people with access to adequate sanitation																								
Community	164'826		265'244	11'942		2'519	0	10'100	6'257		9'546	49'825	24'871	19'594	2'275	8'057	38'440	35'966	20'272	6'043	14'557		48	4'932
HH women	0		110'245			758	0	5'050	2'715		5'050	12'011	12'336	8'170	1'143	3'845	19'220	16'440	10'481	3'002	7'345		32	2'647
HH men	0		112'904			761	0	5'050	2'462		4'496	11'564	12'535	10'654	1'132	3'769	19'220	19'526	9'181	3'041	7'212		16	2'285
shared women	0		19269	6'717		500	0	0	648			10'500		350	0	237				317				
shared men	0		22826	5'225		500	0	0	432			15'750		420	0	206				293				
School	41'486		62'068	1'713	1'259	2'511	4'903		2'482	3'296	18'155	8'961	5'284	4'203	1'240	2'292	1'934	1'160		1'472		550		653
School girls	0		21650	971	282	808	1'826		709		9'063	4'110	0	1'949	637	0	0				725		300	270
School boys	0		22724	714	270	679	2'963		1'724		8'726	3'619	0	2'160	533	0	0				732		238	366
School teachers	0		1117	28	14	57	114		49		366	267	0	94	70	0	0				29		12	17
Blue School girls	0		9446		355	412				1'664		501	2'662			922	2'634	296						
Blue School boys	0		8218		320	524				1'536		437	2'458			1'276	1'106	561						
Blue School teachers	0		575		13	31				96		27	164			94	128	22						
Health centre	237'923		242'028			1'510	3'000	39'646		9'649	55'463		16'047	0	3'990	100'307	708			750		2'000		8'958
Health centre: women patient	0		145'376			766	1'556	19'362		4'992	34'000		8'145	0	2'990	66'871	324			500		1'190		4'680
Health centre: men patient	0		94'929			743	1'436	19'617		4'608	21'400		7'902	0	998	33'436	312			250		796		3'432
Health centre: staff	0		1789			1	8	668		49			63		0	0	12	56	72			14		846

