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OPERATIONAL REPORT PHASE III

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# Annual Report 2020

## 1 April – 31 December

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## List of Abbreviations

CHAST	Children Hygiene and Sanitation Training
CLTS	Community-led Total Sanitation
CMU	Consortium Management Unit
CoP	Community of Practice
FACET	Facility Evaluation Tool
FTE	Full Time Equivalent
GAF	Global Advocacy Fund
GIF	Global Innovation Fund
HCF	Health Care Facilities
HWD	Hand Washing Device
IPC	Infection Prevention and Control
JMP	WHO/UNICEF Joint Monitoring Programme
KAP	Knowledge, Attitudes, Practices
MDC	Mobile Data Collection
O&M	Operation and Maintenance
PPE	Personal Protection Equipment
RANAS	Risks, Attitudes, Norms, Abilities, Self-Regulation
SDC	Swiss Agency for Development and Cooperation
SDG	Sustainable Development Goals
SWSC	Swiss Water and Sanitation Consortium
ToT	Training of Trainers
WASH	Water, Sanitation and Hygiene
WASH FIT	WHO/UNICEF Water and Sanitation for Health Facility Improvement Tool

The Swiss Water and Sanitation Consortium (SWSC) was created in 2011 as a mechanism to significantly improve water and sanitation coverage, to trigger innovation and knowledge sharing, and to engage in advocacy and influence policies. Two subsequent phases, co-funded by the Swiss Agency for Development and Cooperation (SDC), were implemented from August 2011 to December 2013 (Phase I) and July 2014 to September 2017 (Phase II), followed by a transition phase that allowed for an external evaluation while at the same time consolidating learnings from the past phases.

Recommendations from the evaluation were considered while designing Phase III, which started in April 2020. The SWSC member organisations – Caritas Switzerland, HEKS-EPER, Fastenopfer, HELVETAS Swiss Intercooperation, Solidar Suisse, Swissaid, Swiss Red Cross, and Terre des hommes – target their know-how and resources to make a significant difference in the living conditions of the most vulnerable people by improving access to drinking water, sanitation and hygiene in schools and health care facilities (HCF) in order to contribute to the Sustainable Development Goal (SDG) 6.1 and 6.2 of reaching universal access to water, sanitation and hygiene (WASH) by 2030.

The Consortium is structured around three regions: West Africa, East Africa, and Asia and for Phase III counts 16 projects in 12 countries.

By all means the year 2020, during which Phase III kicked off, was exceptional with the COVID-19 pandemic affecting literally each country on the globe. The pandemic did, however, provide a unique opportunity for hygiene to be elevated as one of the key interventions to control viral transmission, and it confirmed the strategic focus on WASH in institutions for Phase III of the Consortium had been opportune.

Downside of the pandemic has been the significant impact on project start-up and implementation. The results achieved in 2020 – corresponding to an eight-month project period (April to December 2020) – were significantly constrained by the COVID-19 pandemic, and to a lesser extent delay in signing the contract with SDC, resulting in some projects not starting until late in the year. Overall, however, 2020 was used effectively by the SWSC members to start Phase III projects, including mobilizing project teams, setting-up M&E systems, conducting project baselines and finetuning project planning and global workstreams on advocacy, innovation and knowledge management.

Some key moments from a Consortium-wide perspective, involving projects, member organizations, the Consortium Management Unit (CMU) and the Steering Board (SB), during this period were:

**Minor adjustments to the SWSC Phase III Programme Document (ProDoc)** targets and budgets were necessary mainly because the project planned in South Sudan was cancelled. Budget originally destined for South Sudan was re-oriented to other projects in a concerted planning exercise with all Consortium members.

**Development of the online M&E system** through partnering with CartONG, using open source data collection and analysis platforms and off-the-shelf visualisation tools.

For **innovation and advocacy workstreams**, the Steering Board and CMU began working on guidance notes and templates for the Global Innovation Fund (GIF) and the Global Advocacy Fund (GAF). Furthermore, the CMU started drafting a concept note for the **evidence building strategy**.

The **CMU operational structure** was strengthened by creating a tandem coordination comprised of a CMU Coordinator role (35% FTE) and a Global Advisor role (25% FTE) to work with the Knowledge Manager, the Finance Manager and three Regional Advisors.

All projects have **established baselines** for schools and health care facilities using the WASH in Institutions Facility Evaluation Tool (FACET). WASH services were measured using the WHO/UNICEF Joint Monitoring Programme (JMP) service laddered approach for schools and

health care facilities to measure the level of WASH services in line with the SDG monitoring framework. For Blue Schools, the CMU partnered with Eawag to formulate indicators for additional services (including solid waste management, menstrual health and hygiene, school gardening and environmental activities). Baseline surveys for WASH in communities also followed the JMP service ladder indicators, for which project teams used their own data collection methods. (Details on baselines can be found in Section 3 and Appendix I)

In the 2020 project period, **160,457 people have gained access to an improved drinking water supply** (Communities: 5,347; Schools 4,960; HCF 150,150), **25,066 people to improved sanitation facilities** (Communities: 6,615; Schools: 8,067; HCF: 10,384) and **51,643 people to hand hygiene facilities** (Communities:10,254; Schools 15,306; HCF 26,083). Due to the COVID-19 pandemic and administrative delays, only a few projects were able to complete infrastructure work for 2020. (Details on 2020 Output results can be found in Section 4 and Appendix I).

Among the various **knowledge management** achievements in 2020, the initiation of Communities of Practice (CoP) for both signature approaches stands out. Open to project teams of Phase III as well as further staff of SWSC members regardless of their involvement in Phase III, CMU advisors led four Blue Schools introduction sessions (two in both English and French) and two WASH in HCF introduction sessions (one in each language).

The **SWSC Intranet** was restructured with many new pages created. Nearly 100 users – project teams, focal points, steering board members and CMU members – consulted reference documents, submitted reports, updated content and posted messages responding to content posted by other members. In 2020, a steady stream traffic saw 19 blog posts published and around 75 page views per day.

The **SWSC Website** has been partially updated; namely to introduce the signature approaches and share key articles. This workstream will continue beyond 2020 and include sharing of results achieved and significant milestones in terms of project implementation, knowledge management and evidence building.

The **SWSC Newsletter** was officially launched in 2020. The CMU published two editions that put the spotlight among others on successful Blue Schools in Cambodia, improved WASH services in Health Care Facilities in Mali through the use of the WHO/UNICEF Water and Sanitation for Health Facility Improvement Tool (WASH FIT) as well as the CHAST toolkit (Children Hygiene and Sanitation Training).

In terms of **budget expenditure**, the overall delivery of the SWSC in 2020 reached CHF 2,191,748 or around 51% of planned budget for 2020. The low expenditure is mainly attributed to the impact of the COVID-19 pandemic and some late project starts. (Details on 2020 financial performance can be found in Section 6 and Appendix II).

Although consortium projects in several countries still faced challenges in early 2021 related to the pandemic and the security situation, delivery in 2021 is expected to accelerate and the projects put maximum effort to catching up as much as possible. By mid-2021, the project teams and the CMU will gauge mid-year progress on delivery of results against the 2021 annual implementation plans, both at project as well as CMU level (for CMU annual plan of implementation, see Appendix III). This will be covered in the next round of operational reporting due in October 2021.

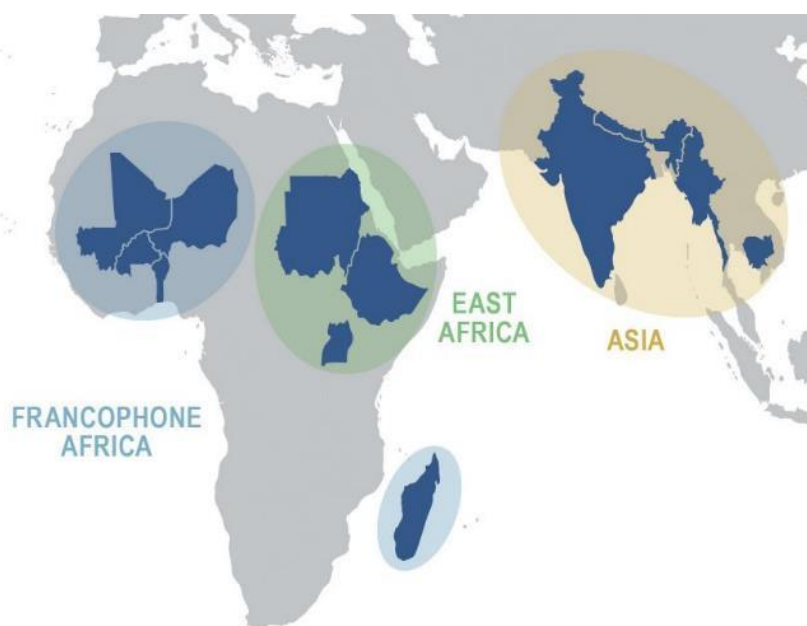
## 2 INTRODUCTION

The Swiss Water and Sanitation Consortium (SWSC) was created in 2011 as a mechanism to significantly improve water and sanitation coverage, to trigger innovation and knowledge sharing, and to engage in advocacy and influence policies. Two subsequent phases, co-funded by SDC, were implemented from August 2011 to December 2013 (Phase I) and July 2014 to September 2017 (Phase II), followed by a transition phase that allowed for an external evaluation while at the same time consolidating learnings from the past phases.

Recommendations from the evaluation were considered while designing Phase III, which started in April 2021. The SWSC member organisations – Caritas Switzerland, HEKS-EPER, Fastenopfer, HELVETAS Swiss Intercooperation, Solidar Suisse, Swissaid, Swiss Red Cross, and Terre des hommes – target their know-how and resources to make a significant difference in the living conditions of the most vulnerable people by improving access to drinking water, sanitation and hygiene in order to contribute to the SDG 6.1 and 6.2 of reaching universal access to WASH by 2030.

Phase III allows the consortium members to further provide access to WASH with a strong focus on institutions: schools and health care facilities (HCF). Additionally, the third phase allows to further scale-up the two promising approaches (Blue Schools and WASH in HCF) by building the evidence of success regarding their effectiveness, efficiency, and scalability. Together with selected partners, the SWSC joins forces to advocate and influence sectoral policies and global dialogues. To reach scale and link different levels (from field to global), the SWSC builds on five interrelated building blocks: i) fostering exchange and learning, ii) building evidence, iii) outreach and dissemination, iv) strengthening partnerships, and v) enhanced advocacy through the Global Advocacy Fund (GAF). While triggering innovation has been a focus since 2011, Phase III will see more concerted efforts through the inauguration of the Global Innovation Fund (GIF).

The Consortium is structured around three regions (**Fehler! Verweisquelle konnte nicht gefunden werden.**): West Africa, East Africa, and Asia and counts 16 projects in 12 countries: Benin, Burkina Faso (2 projects), Madagascar, Mali and Niger (2 projects), Ethiopia (3 projects), Sudan, Uganda, Cambodia, India, Myanmar and Nepal as shown in the below map.



**Figure 1:** Three regions and 12 countries – Francophone Africa: Benin, Burkina Faso, Madagascar, Mali and Niger; East Africa: Ethiopia, Sudan and Uganda; Asia: Cambodia, India, Myanmar and Nepal

The present report summarises the results of the period from April until December 2020.<sup>1</sup> The report highlights both achievements at project level as well as at regional / global level. It further presents the lessons learnt and joint activities realized during the reporting period. Additional information available regarding this period are published on the Consortium website: [www.waterconsortium.ch](http://www.waterconsortium.ch).

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<sup>1</sup> For consistency purposes, all results reporting in this Annual Report is conducted against the modified SWSC ProDoc Targets and Budget (March 2021).



Data presented in this report was collected in 2020 and in the first quarter of 2021 to establish baselines for all Outcome indicators as per the SWSC ProDoc Logical Framework.<sup>2</sup> All projects have conducted baseline surveys of schools and health care facilities using the WASH in Institutions Facility Evaluation Tool (FACET; see Section 4.1). Water, sanitation and hygiene services were measured using the core indicators and questions recommended by the WHO/UNICEF Joint Monitoring Programme (JMP) for schools and health care facilities. The JMP created a ladder approach to measure the level of WASH services under the 2030 Agenda for Sustainable Development, setting criteria for *Basic*, *Limited* and *No Service*. For Health Care Facilities, the JMP added indicators for health care waste management and environmental cleaning. For Blue Schools, the CMU and its partner, Eawag, formulated indicators for additional services based on the logic of the JMP ladders, including solid waste management, menstrual health and hygiene, school gardening and environmental activities. Baseline surveys for WASH in communities also followed the JMP service ladder indicators, for which project teams used their own data collection methods.

The indicators are ambitious, especially against the backdrop of the baseline data presented below. Nonetheless, the 16 Consortium project teams are committed and motivated to accompany our partners in the field, including health, education and local governance authorities, to realize substantial progress over the course of the third phase of the SWSC.

Details for all baseline data by project can be found in Appendix I.

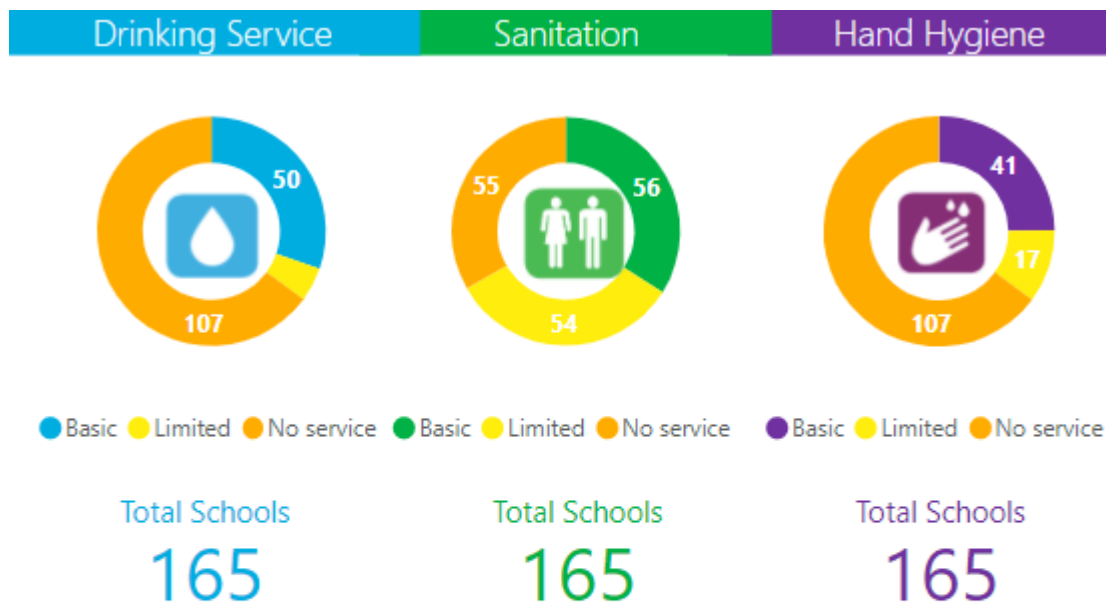
#### 3.1 Blue Schools

Of the 12 Blue Schools projects, nine have accomplished full baseline surveys in 2020 and three projects completed partial baseline surveys with plans to cover remaining schools in 2021.<sup>3</sup> Although 165 schools were surveyed, the total number of schools is expected to increase to around 180 once the baseline data collection is finalised during the first semester of 2021. Out of 165 schools, 65% have either no water source or an unimproved source, and two-thirds lack improved sanitation facilities which are single sex and useable. Only one in four schools have hand hygiene facilities with soap and water. The data analysis is shown in **Fehler! Verweisquelle konnte nicht gefunden werden.** and **Fehler! Verweisquelle konnte nicht gefunden werden.** below.

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<sup>2</sup> The detailed indicator definitions are described in the SWSC Indicator Definition Sheets.

<sup>3</sup> In Sudan, due to the emergency flood response, COVID-19 school closures and delays in establishing the SWSC project team, the Member organisation mobilised personnel from another project to conduct baseline surveys in 19 schools in North Kordofan in December 2020. The baseline survey of 21 additional schools West Kordofan will take place in 2021. In Madagascar, baseline data for six of the twelve schools will be collected in 2021; and three schools in Ethiopia's Oromia Region were inaccessible due to insecurity.



Type	Schools	%	Type	Schools	%	Type	Schools	%
Basic	50	30%	Basic	56	34%	Basic	41	25%
Limited	8	5%	Limited	54	33%	Limited	17	10%
No service	107	65%	No service	55	33%	No service	107	65%

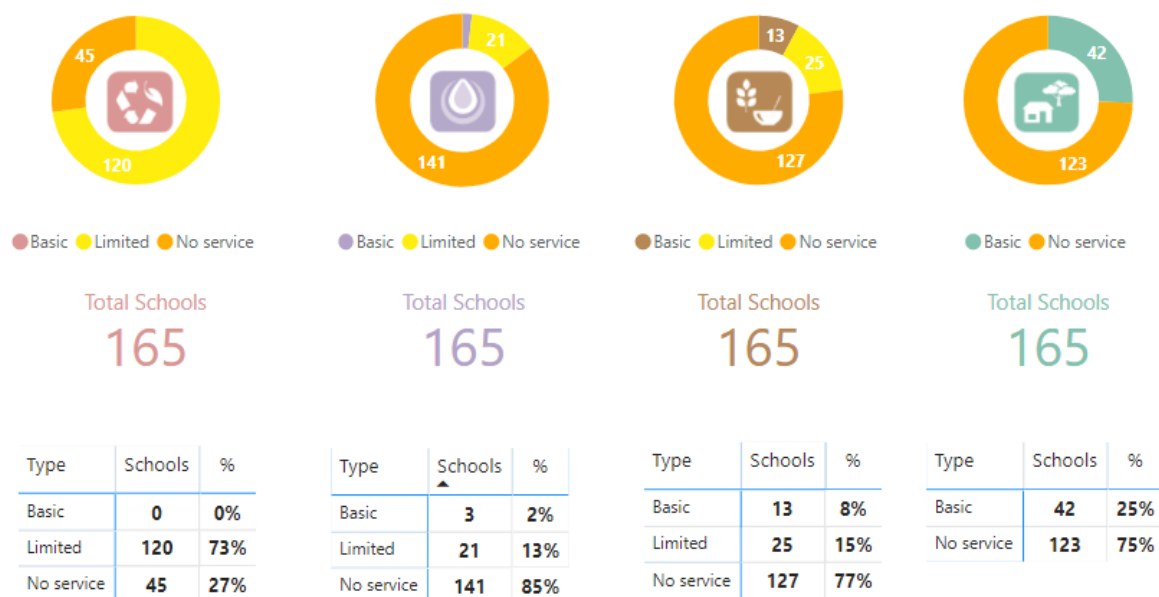
**Figure 2:** Baseline status of JMP service levels for WASH services in 165 schools

A comparison of baseline data for WASH service levels among the selected schools in the three geographic regions, East Africa (six projects, 45 schools), West Africa (six projects, 69 schools) and Asia (two projects, 51 schools) shows that selected by project teams in East Africa tend to start from higher existing service levels for water, sanitation and hygiene services. In general, the schools selected in Asia have a lower starting point of with respect to basic level WASH services.<sup>4</sup>

The baseline tallied only 7% of schools among the projects with **functional water supply systems** – where functional is defined as having an improved source, a dedicated budget for operation and maintenance (O&M), and any breakdowns within the six months prior to the survey were repaired within one week. (The Phase III target for schools is 80%.)

Microbiological testing during Baseline data collection on **drinking water quality** at point of use is still pending in eight projects. The average for the four projects tested is 76% of schools with an absence of faecal coliform; however, this figure represents only 25 of the 165 schools and will be updated.

<sup>4</sup> This analysis between regions only encompasses the schools selected by project teams. As project teams have, in most cases, selected the schools that are most in need in their project areas, the schools selected do not constitute a representative sample for the region as a whole. There is a strong selection bias and, thus, the analysis does not reflect the general situation in the regions.



**Figure 3:** Baseline status of service levels of four SWSC Blue Schools components (165 schools)

Analysis of data on the additional Blue Schools services (**Fehler! Verweisquelle konnte nicht gefunden werden.**) puts these novel indicators to the test. For menstrual health and hygiene, only 2% of schools have at least one private space with water and soap where girls can wash or change, and bins with covers for disposal of sanitary materials menstrual health and hygiene (basic service). For solid waste management, the baseline surveys revealed that none of the schools meet the SWSC basic service level criteria:

- No signs of waste litter and burning of plastic
- Inorganic waste is separated from organic waste and a compost pit or pile in use
- Non reusable/recyclable waste is disposed onsite in a protected waste disposal pit or given for disposal by an authority outside the school

Over three-quarters of schools do not offer school gardening and environmental activities as part of the students’ learning experience at baseline.

A regional comparison of baseline data for Blue Schools services did not show significant differences for the schools selected, with the exception of menstrual health and hygiene; the projects in East Africa have slightly higher service levels than for the other regions.<sup>5</sup>

The Blue Schools baseline data summary in **Table 1** below shows the number of people benefitting from various Advanced Level services in schools and the percentage of the nearly 64,000 students and teachers targeted in 165 schools surveyed.

The table below shows the baseline situation of the number of people benefitting from various Advanced Level services in schools and the percentage of the nearly 64,000 students and teachers targeted in 165 schools surveyed. To be eligible for “advanced”, schools must have already achieved a “basic” level for the concerned service. Since JMP has not published specific indicators and questions for monitoring advanced level services in schools, and as none of the Phase III countries have defined advanced level service standards, SWSC indicators are based on recommendations by JMP and the experience of CMU members within the Wash in Schools community of practice.

<sup>5</sup> As disclaimed above, the schools selected in the project areas are the ones most in need and do not reflect a representative sample that is conclusive for the region as a whole.

**Table 1:** Blue Schools Baseline data for advanced WASH service level indicators

Service	Advanced Service Indicator	People with Access (% of target pop.)
Water	Available when needed	21,674 (34%)
	Free from E. coli	17,932 (28%)
	Accessible to students with limited mobility / vision	16,372 (26%)
	Onsite source (on school grounds)	22,889 (36%)
Sanitation	Toilets are accessible to all	13,529 (21%)
	Appropriate menstrual hygiene mgmt. facilities	8,184 (13%)
	Toilets are inspected for cleanliness	14,140 (22%)
	Sufficient quantity of toilets for girls and boys	8,364 (13%)
Hygiene	Accessible to all	15,535 (24%)
	Available at critical times	15,876 (25%)
	Provision of menstrual hygiene management products and education at the school	6,920 (11%)

Analysis of baseline data for the 165 schools shows that 25,365 people have access to at least one of the three advanced level services for water, 17,082 to at least one of the four advanced level services for sanitation and 16,798 to at least one of the three advanced level services for hygiene.

### Identifying survey bias and taking corrective measures in Cambodia

In October 2020, the project team trained two local partners on mobile data collection (MDC) tools including FACET. After training and field testing, participants collected data at the 45 target schools that had been selected based on government *Fit for School* (GIZ) rankings. However, the project team suspected that the data was unreliable due to:

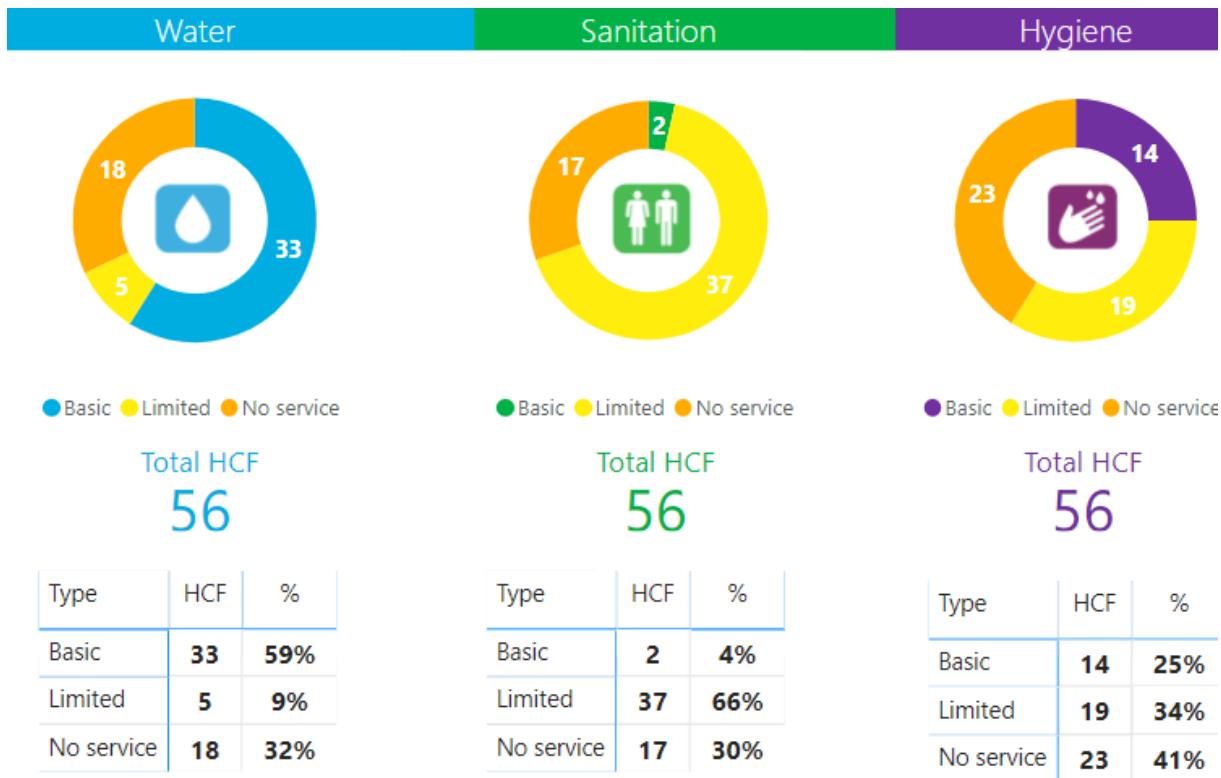
1. Limited English capacity of partners to master the questionnaires that were not translated into Khmer;
2. One partner's track record of using surveys as performance-based monitoring tools and tendency for enumerators to select "safe responses" – a conformity bias that led to artificially inflated service level rankings;
3. Emphasis on the technical MDC process rather than the qualitative aspects of data.
4. Questions asked without considering dry/wet season variability;
5. Lack of triangulation: Answers provided by teachers were not cross checked through physical verification or cross-interviewing different respondents.

Based on its awareness of the ground reality, the SWSC project team ruled the dataset invalid and decided to redo the baseline survey in the first quarter of 2021 with enhanced social and technical analysis and a focus on infrastructure and water availability. For this, the Consortium Management Unit supported the project team to translate the FACET into the Khmer language, creating the first Khmer version of FACET.<sup>6</sup>

## 3.2 WASH in Health Care Facilities

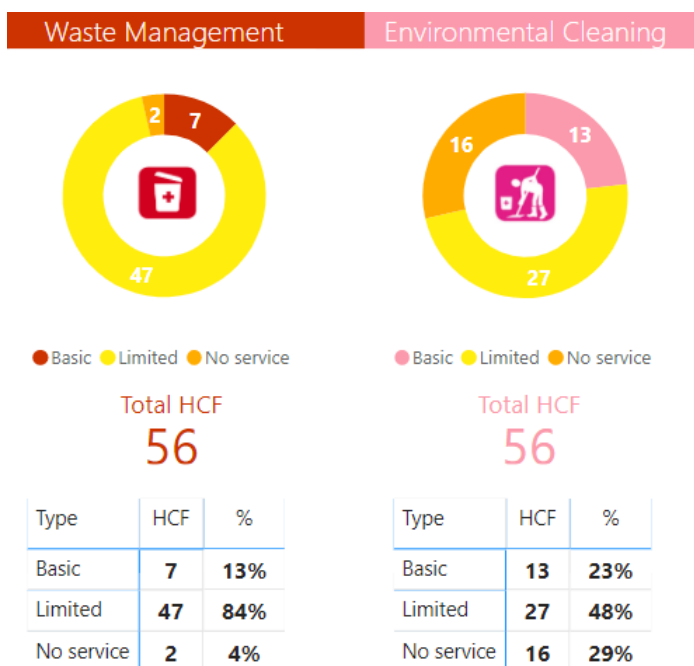
All eight Consortium projects intervening in HCF completed baseline surveys of general service areas in 56 facilities. The data analysis is shown in **Fehler! Verweisquelle konnte nicht gefunden werden.** and **Fehler! Verweisquelle konnte nicht gefunden werden.** below.

<sup>6</sup> The March 2021 survey data from the project in Cambodia is included in the baseline analysis of this report.



**Figure 4:** Baseline status of JMP service level indicators for WASH in 56 HCF

For the 56 HCF, over 40% lack an improved water source located onsite with water available at the time of the survey. Only 4% offer sanitation facilities to patients, carers and staff that are usable (accessible, private and functional) with at least one toilet dedicated for staff, at least one sex-separated toilet with menstrual hygiene facilities, and at least one toilet accessible for people with limited mobility (basic). Only one in four HCF have hand hygiene stations with water and soap or alcohol-based hand rub.



**Figure 5:** Baseline status of JMP service level indicators for waste management and environmental cleaning in HCF - General Service Areas

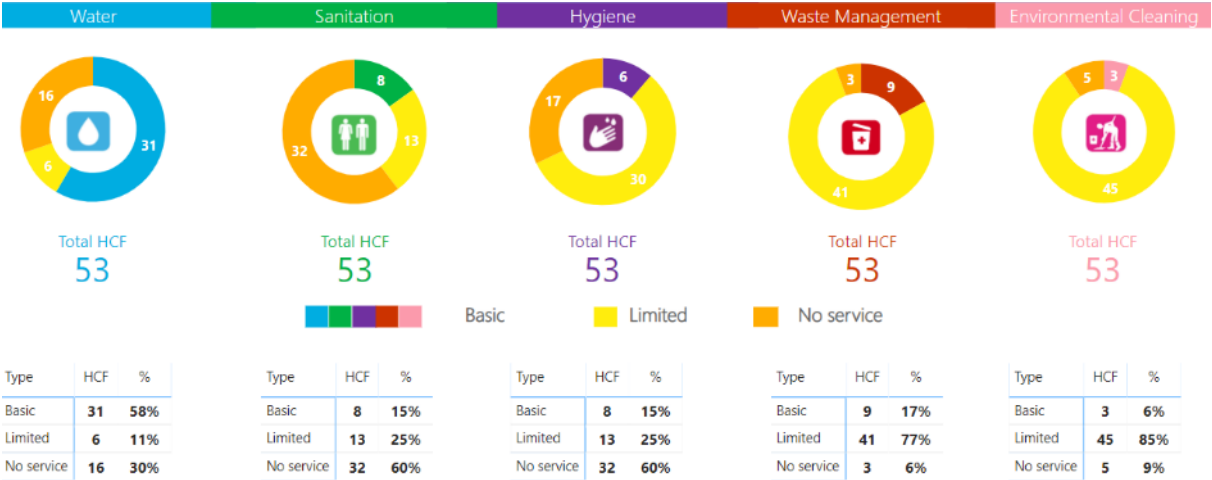
Seven of the 56 HCF (13%) segregate waste into at least three bins and treat and dispose safely of sharps and infectious waste. A basic environmental cleaning service requires availability of basic protocols for cleaning at the HCF and training for all staff in charge of cleaning, which was the case for only 13 HCF (23%).

A comparison of baseline data between SWSC interventions in Africa (East/West: five projects, 32 HCF) and Asia (three projects, 24 HCF) shows that HCF selected by SWSC projects in Africa are starting from a lower of water, sanitation, hygiene and environmental cleaning services, while waste management service levels are roughly the same.<sup>7</sup>

The baseline tallied only 12% of HCF among the projects as having **functional water supply systems** – where functional is defined as having an improved source, a dedicated budget for operation and maintenance, and any breakdowns within the six months prior to the survey were repaired within one week. (The Phase III target for HCF is 98%.)

Testing during Baseline data collection on **drinking water quality** at point of use is still pending in five projects. The average for the three projects which tested water quality is 36% of HCF with an absence of E. coli; however, this figure represents only 25 of the 56 HCF and will be updated.

Furthermore, 53 of the 56 HCF covered by the SWSC have delivery rooms for childbirth services. In the early stage of Phase III, SWSC members working on WASH in HCF decided to focus additional monitoring on WASH in delivery rooms. New core indicators and questions for the five WASH service levels in delivery rooms shared by the JMP were included in the SWSC baseline survey. These indicators differ somewhat from the General Service Area indicators. The baseline data analysis is summarised in Figure 6.



**Figure 6:** Baseline status of JMP service level indicators for WASH in HCF Delivery Rooms

Among these 53 HCF, 58% already have a basic water service; only 15% had a basic sanitation and hand hygiene services; 17% a basic waste management service and 6% a basic environmental cleaning service.

<sup>7</sup> This analysis between regions only encompasses the HCF selected by project teams. As project teams have selected the facilities that are most in need in their project areas, the selection does not constitute a representative sample for the region as a whole. There is a strong selection bias and, thus, the analysis does not reflect the general situation in the regions.

### 3.3 Communities

Improving WASH services in households is complementary to the SWSC Phase III focus on institutions. Eleven of the 16 projects have allocated resources and planned activities for WASH service improvements in communities where they work on schools and/or health care facilities. Of these 11 projects, teams in Benin, Burkina Faso (Est), Ethiopia (Amhara), India, Madagascar and Niger (Dosso) work all three WASH services. Two additional projects in Ethiopia (Oromia) and Niger (Zinder) focus only on sanitation and hygiene. The project in Uganda works only on water and hygiene, the project in Nepal only on hygiene and the other project in Burkina Faso (Plateau Central) only on community-led total sanitation (CLTS).

All eleven projects conducted baseline surveys in 2020. The data revealed that of the 56'896 people targeted for a basic water service only 7% had access to an improved source within walking distance (30 minutes round trip including cueing) of their household. Seven of the 11 projects work on water quality improvement at point-of-use in communities and of those, three were able to conduct microbiological drinking water quality analysis at household level (E. coli). The average for the three projects tested is 43% of households with an absence of E. coli at point of use; however, this sampling represents only a quarter of all households covered in Phase III and will be updated.

Of the 62,701 people targeted for a basic sanitation service, only 17% (10,652) use an improved sanitation facility in their household that is not shared with other families. Of the 79,291 people targeted for a Basic hygiene service, only 10% (7,639) have a functional hand hygiene facility (i.e. with water and soap) in their households. Ten projects conducted surveys on household hand hygiene practices, finding that 29% of respondents (Phase III target: 82%) reported washing their hands with soap at critical times (before handling food, feeding a child, cooking and eating, and after defecating and changing diapers).

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## 4 KEY ACHIEVEMENTS AND LESSONS LEARNT

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SWSC members have used the updated annual reporting formats developed by the CMU to report on qualitative and quantitative results in the first calendar year of Phase III. Quantitative reporting is against the SWSC ProDoc Logical framework output indicators. Of the 16 projects, only the HCF projects in Mali and India were in a position to complete annual quantitative outcome reports since they were ongoing at the start of Phase III; 15 of the 16 projects completed a quantitative output indicator report – the exception being the SWSC project in Sudan that only started collecting baseline data in December 2020.

In the following sections, the key achievements and lessons learnt from the first nine months of Phase III are described, both at project level as well as at regional / global level. Following the SWSC ProDoc objectives structured under Outcome 1 (Increased WASH services) and Outcome 2 (Scaling up of good practices, policy influencing and advocacy), but appreciating the interlinkages of the thematic topics within both Outcomes, results are presented in the following way:

- **Sections 4.1, 4.2 and 4.3** focus mainly on activities and outputs in Schools, HCF and Communities achieved at country level under Outcome 1, but also reflects on specific and interlinked activities and achievements under Outcome 2 (sub-heading “e” in each section).
- **Section 4.4** synthesizes progress on knowledge management, evidence and advocacy under Outcome 2, both at regional and global level, but building on the results at national level.

Detailed output results for 2020 by project can be found in Appendix I.

### 4.1 Blue Schools

In the first nine months of Phase III, 12 projects initiated the Blue Schools approach in 165 schools in Benin, Burkina Faso, Cambodia, Ethiopia, Madagascar, Nepal, Niger, Sudan and Uganda. Project teams focused on convening and orienting stakeholders both at governmental offices (Ministry of Education) and at school levels around the Blue Schools concept. Project teams also reviewed national curricula to outline how Blue Schools practical exercises are complementary for topics, such as the environment, the water cycle and gardening. Seven projects started works on priority WASH infrastructure improvements in schools. These activities met with severe curtailments due to pandemic lockdowns which saw school closures in all projects of the Asia and East Africa regions (90 of the 165 schools where work had begun in 2020). With the challenging times, the efforts of SWSC project teams and their local counterparts to launch a wave of Blue Schools was delayed, though not lacking in achievements and learning as describe below.

#### a) Key Achievements in increasing sustainable services in schools (Outcome 1)








Key highlights of progress against selected Output indicators are presented in **Table 2** below. Some performance analysis is provided against Phase III targets<sup>8</sup>. (Full details can be found in Appendix I).

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<sup>8</sup> As no annual targets were developed by the project teams for 2020, limited performance analysis is provided against the 2020-2023 targets.



**Table 2:** Blue Schools – Output progress

	<b>Water:</b> 17 water supply systems were realised in 24 schools (representing 11% completion against Phase III target). Over 4,960 girls, boys and school personnel newly gained access to drinking water from an improved source in target schools (11% of Phase III target). In Burkina Faso, 1,558 girls, boys and school personnel newly gained access to a water supply with a treatment system installed (13% of target).
	<b>Sanitation:</b> 213 improved toilets were newly constructed / rehabilitated (33% of Phase III target), benefitting 8,067 boys, girls and school personnel (19% of target).
	<b>Hand Hygiene:</b> 326 hand hygiene facilities with water and soap were installed in schools (53% of the Phase III target), benefitting 15,306 boys, girls and school personnel (29% of target).
	<b>Menstrual Health and Hygiene:</b> No results to be reported in current reporting period
	<b>Solid Waste Management:</b> No results to be reported in current reporting period
	<b>School Gardening:</b> No results to be reported in current reporting period
	<b>Environmental Activities:</b> No results to be reported in current reporting period

Training on management, operation and maintenance of water supply and sanitation services reached 206 school staff and caretakers (13% of targets).

## Insights and Highlights

### Convening national public, private and civil society actors as Blue Schools facilitators

In Cambodia, the project’s design in 45 schools calls for three implementing partners from three different sectors – government, civil society and private sectors. These partners will deliver school-based trainings as well as implementation and monitoring of Blue Schools activities, each working in 15 schools. Over the course of the third phase, the project will gain insights from any differences in approach among the three sectors, with a strategic aim to build cross-sectoral synergies and shared learning for potential upscaling from provincial to national level after the project. The selected government partner is the only government authority within the framework of the SWSC directly implementing WASH in primary schools. The local NGO under the lead of the SWSC member organization has already successfully piloted Blue Schools in five schools since 2018. The project team selected a private company via a public bidding process.

### Blue School topics and activities complement the national school curriculum

In **Ethiopia**, one project team worked with the sub-district (woreda) education office to identify specific lessons in the official primary school science curriculum that match well with Blue School topics. The exercise revealed that in the case of Ethiopia, there is a strong alignment between the

Blue Schools topics and the existing curriculum. Understanding which grade levels correspond to a given Blue Schools topic helped to engage more effectively with education authorities and teachers and gain their interest and support for the approach. Students in lower grades receive simplified introductions to the topics, with the depth of discussions increasing by grade level. Reaching a consensus on the alignment was also important to allay concerns about Blue Schools being an extra – and potentially burdensome – undertaking for teachers. The experience from Ethiopia shows the potential for Blue Schools to enhance learning by systematically introducing relevant practical exercises and demonstrations in regular lesson plans.

In each of the project's seven schools, the project team organised half-day sessions to introduce Blue Schools to representatives of the woreda offices for education, water, women and children's affairs, schoolteachers, and parents' committees. The project team explained that Blue Schools is not an additional curriculum, but rather a practical way to teach topics within the national curriculum, such as: My School Compound, Food and Family Health, Plants and Agriculture, Water and Water Treatment, Environmental Sanitation, Waste Management and Pollution and Natural Resources. In coordination with woreda authorities, school stakeholders select, topic by topic, practical exercises from the Blue Schools Kit catalogues<sup>9</sup> that are relevant to the local context and to identify and coordinate their contributions.

**In Burkina Faso** (Plateau Central), the project team launched the Blue Schools approach by presenting the project to national, regional and provincial authorities before consulting with municipal and local education authorities and leaders to select the schools and villages. Local experts shared guidance on:

- Soil typology diagnosis and gardening in schools (provincial directorate for agriculture)
- Water point diagnostics (provincial directorate for water and sanitation)
- Selection of gardening crops (teachers and community members)
- FACET and KAP surveys (local enumerators)

The project team's effort to engage the school stakeholders, namely the Provincial Directorate for education and municipal educational authorities, to contextualize the Blue Schools approach for the target area is held as good practice. However, since the departmental services in charge of agriculture and the environment were not involved from the beginning, the Provincial Directorates reminded the project team of the necessity to involve these experts to enhance monitoring. Going forward, the team foresees to involve these actors in field activities as well as in evaluation and learning exercises.

**In Uganda**, the project team engaged with various stakeholders in zonal and sector coordination meetings to i) unpack the Blue Schools concept, activities and design, to ii) popularize the project and to iii) document stakeholder support and commitment from the onset. Owing to the uniqueness of the Blue Schools approach, several stakeholders (including the District Education Office, Assistant Community Development Officers, School Management Committees and Parents / Teachers Associations) expressed the necessity to embrace the concept in school interventions. They noted that menstrual health and hygiene, solid waste and environmental components are rarely included in WASH interventions. The team is therefore confident that dissemination of best practices shall lead to replication and influence the government system, especially the Health and Education sector.

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<sup>9</sup> The full Blue Schools Kit is available in English, French or Spanish on the SWSC Website: <https://waterconsortium.ch/blueschool>

## Blue Schools opens possibilities for learning about menstrual hygiene management

From the project launch, the project team in **Benin** involved school authorities, teachers and principals in presenting the Blue Schools concept and topics. The teachers were asked to identify the topics with links to the national education program's existing curricula for social education, science and technology education, and French. This exercise revealed that the crucial topic of menstrual hygiene management was absent from the government curricula. Since the topic is important, the teachers suggested that this learning goal should be achieved through the students' mothers' associations and the school health committees (teachers, students, food sellers, parents) outside of school hours.

### Reusable hygienic pads changing the lives of rural students (Burkina Faso)

One project in Burkina Faso sensitised nearly 1,500 students in six schools on menstrual hygiene management. 43 girls who already have their periods were provided with reusable « palobdé » pads and guidance on how to safely use them. During visits of the project teams in the schools, girl leaders did not hide their enthusiasm about the usefulness of the reusable pads provided in the MHM kits. Fadima, from Néiba School, shares her experience:

*Before, I used to double up my skirts and underwear and hope that it would cover up. But unfortunately, I was obliged to stay at home because if I came to school there was a good chance that it would overflow. And very often when I tried to go to school, I had to go home at recess and come back later. With the pads provided in the kit, I don't have this problem anymore. Even if I wear a pad, people don't know it.*

For educators, the approach offers hands-on tools to address MHM and opportunities for linking it with the regular life skills curriculum in schools. According to the teachers in Neiba School, the distribution of the pads and the MHM kits has considerably reduced girls' absences from school. There is also a strategy in motion to train women's groups to produce the pads in their communities.



Neiba primary school, Commune de Coalla, Gnagna Province, Région de l'Est



Dayendé primary school, Commune de Manni, Gnagna Province, Région de l'Est

In **Ethiopia** (Oromia), one SWSC project trained local caretakers to assure operation and maintenance (O&M) of school water supply systems connected to a scheme serving over 20,000 people. School directors and parent-teacher association representatives from the three schools participated alongside the twelve care-taker trainees. Trainees carried out O&M in their respective schools. The project also intervened in Chatumena and Kope schools following a sudden loss of water supply. The schools rely on piped water supply from Kofele's Wolensu Keransa water scheme. The scheme was damaged in a lightning strike during the rainy season and rendered non-

functional. With support from zonal and district water offices, the project team assured emergency maintenance of the damaged electromechanical parts enabling over 14,000 people, including 1,521 students and teachers in the two schools, to regain access to water.

Until 2020, the Agnena Malaza school in **Madagascar** had never enjoyed a basic water service for students and teachers since no improved source had existed in the entire village. People were forced to fetch water from distant ponds. Students brought dirty water in their plastic bottles for drinking and handwashing. The SWSC project has accompanied an improvement from no service to basic level water service in both the community and the school.<sup>10</sup> The school director expressed his satisfaction: *“Since the water point is here, diarrhea and scabies have decreased among students. The presence of water in the school has led to a hygienic learning environment for students and faculty.”*

In the **Niger** (Zinder) project, school gardens were initiated in six schools. The project team organized a training for 90 school actors including the parents’ association, students’ mothers’ associations and fathers’ associations on cultivation techniques, including the production of compost from organic waste. The training was led by the head of the Tirmini District Agriculture Service experience. It aroused the enthusiasm of these communities **to use compost** to increase their gardening and agricultural productivity and thus fight against food insecurity.

After this training, the project team observed that waste sorting systems were established in approximately 240 compounds (small clusters of several households) whereby organic waste, that can be composted, is separated from other types of waste. With the multiplication of sanitation sessions in the villages (inside the concessions and in public places), waste, especially organic waste, is now seen as having "a certain value" according to the testimonies of some heads of households. *"We have realized that anything that can be composted is precious,"* affirmed Oumarou Mamane, Director of Dakouma Didiari Primary School.

## **b) COVID-19 Interventions**

All the schools in Asia and East Africa regions were closed due to the pandemic during project start-up activities. Thus, the SWSC project direct support to schools was limited to West Africa. A few highlights follow:

In **Burkina Faso**, the project team working in the East Region bolstered the government’s response plan by providing kits composed of hand washing devices, soaps and COVID-19 posters to five primary schools, one middle school and three schools for students that get a second chance to pass, helping those who left school to become more employable.

In **Niger**, the project team in Zinder supported the national response to the pandemic by providing 149 handwashing stations and masks for students and teachers in 22 schools.

In **Benin**, while handwashing in schools is part of the official daily routine, the use of soap is usually rare. However, the COVID-19 pandemic has shaken up habits and made this practice more systematic. Thus, as part of its support in the schools of the commune of Banikoara and Segbana, the project team has adopted an original and effective solution: the eco-sanitary tap *The Drop*. The Drop is a faucet with impressive hygienic and economic properties. It saves water while ensuring effective cleaning. But above all, it is practical. According to ZAKARI Azoulia, a student in Lougou-

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<sup>10</sup> This 2020 achievement will be verified through a survey in December 2021. Since baseline surveys and works had not begun in all 12 schools in 2020, this outcome will be reported as part of a survey analysis of all school in the Madagascar project for the 2021 annual report.

Niagara, it makes washing hands a pleasure: "This faucet is very pretty! It makes us want to wash our hands every time. The water does not flow with great pressure, it's easy and effective."

Guidance on prevention measures provided by the Benin project team's media campaign saw students help their parents to erect low-cost tippy tap hand hygiene facilities in approximately 80 homes.

### **c) Lessons Learned and Factors for Success**

#### **Rolling out Blue Schools Step by Step for a Successful Implementation**

Learning from previous phases has encouraged one project team in **Ethiopia's** Oromia Region to take a step-by-step approach to influence a more thorough integration of Blue Schools within the experience of the teachers, students, and parent committees. Formerly, Blue Schools components were simultaneously introduced in the classroom, including WASH software and hardware, school gardening, environmental activities, and waste management. However, the SWSC colleagues contributing to the Blue Schools Kit (2018) agreed on a step-by-step pathway to avoid overwhelming teachers and students. Consequently, the current project aims for a soft landing by first accompanying schools to achieve basic WASH services and hygiene routines before a step-wise transition to gardening, waste management, etc.

#### **Missed Opportunity for Local Ownership: Construction work started before organizing the wider planning workshop involving the local government due to COVID-19 restrictions**

**Nepal:** In two public schools, the implementing partner NGO constructed toilets for girls before holding wider stakeholders' meeting given the restrictions on gatherings during the COVID-19 pandemic situation. Those toilets were built out of necessity with handwashing stations following the several requests from school authorities before reopening of schools. As the initial meeting was skipped, the team recognised a missed opportunity to negotiate with the municipalities for co-financing for construction activities. However, the implementing partner and school administration initiated communication with municipal authorities to allocate budget for operation and maintenance and received commitments to allocate in the next fiscal year.

#### **Balancing inflation through enhanced procurement practices and community participation**

In **Ethiopia**, costs of construction inputs rose sharply in 2020, including a doubling of the price of cement. The rate of inflation was much higher than the amount factored by the project team during proposal development in 2019. To offset the unexpected costs, the project team sought to enhance procurement through bulk purchases and community participation in every aspect of construction and rehabilitation activities. Parents and other community members contributed labour to the construction of school latrine blocks. As the interventions align well to the needs perceived by the community, the participation is substantial, which stands to enhance the ownership and sustainable use of the sanitation facilities.

#### **Parents and teachers: clarifying mechanisms for shared management of school gardens**

**Madagascar:** At the beginning of the year 2020, teachers and students planned to create school gardens in six schools. The project accompanied these schools in setting up the gardens by providing them with seeds and materials to get started. Unfortunately, with the sudden closure of classes in March 2020 due to COVID-19, the management of the school gardens was taken over by the parents. When classes resumed in October 2020, the transfer of garden management from

parents to teachers encountered difficulties in some schools. These difficulties were mainly related to the transfer of revenues from the sale of vegetables. As a result, some schools had difficulty setting up new crops. In the future, the project team will assist schools in setting up simplified management tools to facilitate the seasonal transfer of garden upkeep between parents and school personnel.

### **Feasibility assessments required to identify community water systems with adequate capacity for school connections**

While the project team in **Sudan** conducted groundwater assessments before selecting 19 schools in North Kordofan, the **Niger** (Zinder) team directly contacted villages already having mini water supply systems to receive piped water supply connections to schools. After the start of the project, the firm in charge of monitoring the works in Zinder found that some of the selected systems had insufficient capacity to supply the Blue Schools. Based on these observations, the project team organised a feasibility assessment in each pre-selected village to verify the system's capacity to provide water to schools and health care facilities. This not only delayed the realisation of the water connections but also required a budget adjustment to cover the study. Some initially selected villages whose water systems were found to be lacking capacity expressed discontent – reinforcing the project team's learning about the necessity of performing feasibility studies before setting expectations.

### **d) Promising Practices for Scaling up**

#### **Adaptation of the CHAST Training Modality for Blue Schools**

In the past, the CHAST training of trainers (ToT) was delivered during a one-time five-day training for only two teachers per school. Five consecutive days of training can be intense and lead to an overload of information. When the teachers returned to their schools to train their colleagues, gaps in understanding and remembering of key messages were often evident. These teachers were also expected to assume full responsibility of Blue Schools activities and fellow teachers (who were not part of the ToT) were less likely to participate.

To tackle this problem, one project team in Ethiopia (Oromia) decided to spread the training on CHAST topics (14 topics for lower primary grades and six for upper primary grades) over several months. The project team visits each school every 15 days and provides a teacher training on one or two topics. The teachers, in turn, engage their students in the topics during the 15-day interim before their next training. In this way all teachers get a chance to be trained and involved in Blue Schools activities and assigned to at least one classroom for more consistent coverage of Blue Schools activities among the student body. The training of all teachers will also help teachers to support each other in case of difficulties in understanding the topic contents.

The project will carefully monitor and reflect on the new training modality in order to strengthen the lesson learned and to evaluate, whether the new training and cascading methodology adds value to the experience of the teachers and enhances Blue Schools programming results.

#### **Hand Hygiene: parents and students learning together**

In **Madagascar**, the project team's approach to influence effective hand hygiene practices brings parents and students together in the same session. The approach allows the students and their parents to see the difference between their hand hygiene practices before and after practicing an enhanced method. The project team also reports that the training events lead to an improvement in handwashing routines in schools at critical moments.

### Sharing experiences and encouragement among school stakeholders via WhatsApp

Hygiene and other school trainings supported by the **Madagascar** team were conducted in collaboration with teachers and associations having experience in Blue Schools implementation. To facilitate experience sharing and inspire activities, the project team created the "Blue School" WhatsApp group connecting stakeholders from different schools. Teachers shared photos, brief commentaries and words of encouragement, thus facilitating the dissemination of good practices in schools. In 2021, the Madagascar team will extend this practice to all community activities.



Sharing Blue Schools experience via WhatsApp



Students and parents maintaining gardens together

### e) Innovation, Evidence Base, Policy and Knowledge (Outcome 2)

The new Blue Schools monitoring framework was shared with the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation, which led to an invitation to share the same during their event on monitoring WASH in schools at the **University of North Carolina's annual Water and Health Conference** in October 2020.

The Blue Schools Kit was selected as a good practice for the **UN-HABITAT Waste Wise Education**, highlighting innovative educational activities and practices on waste management thanks to collaboration between SWSC and Eawag. The UN-Habitat Waste Wise Education programme, that aims to map the best innovative practices on waste education, selected Blue Schools and featured it [here](#).

The SWSC Blue Schools project in Cambodia from Phase II combined the Blue School approach with community-led disaster risk reduction efforts. The project improved awareness in partner schools on environmental and climate risks and, through concerted prevention efforts, decreased the vulnerability of the schools and its sanitation systems to disaster risks. These lessons learned in Phase II will be integrated and applied in the 45 schools of the current project. At the same time, the project also strongly increases community engagement – in particular about the management and maintenance of school sanitation facilities.

A SWSC Regional Advisor supported the **WinS Network** to review COVID-19 guidance materials for the school re-opening process: This included action points and checklist.

An article to launch the SWSC for the **SDC Water News** was published ([here](#)) providing an overview over the SWSC's achievements to date and the work planned for the recently started Phase III.

The SWSC supported an organisation called **Integrity Action** to channel a survey part of a global research on integrity of teachers and health workers. The results of this survey will be used to draft a workshop for project teams as part of the respective CoP.






### 4.2 WASH in Health Care Facilities

In the first nine months of the third phase, eight projects started WASH interventions in 56 HCF in Benin, Ethiopia, India, Mali, Myanmar, Nepal and Niger. Five projects followed the SWSC signature approach by initiating the WASH FIT participatory quality improvement process before working on hardware, while three other projects focused on infrastructure first and, through the WASH FIT experiences shared by their fellow members, expressed interest to start WASH FIT in 2021.

#### a) Key Achievements in increasing sustainable services in HCF (Outcome 1)

Key highlights of progress against selected Output indicators are presented in **Table 3** below. Some performance analysis is provided against Phase III targets<sup>11</sup>. (Details can be found in Appendix I).

**Table 3:** Health Care Facilities – Output progress

	<p><b>Water: 10 water supply systems</b> were constructed in HCF (29% of Phase III target) benefitting over 150,000 patients and staff (40% of target) in India and Niger (Zinder) (multi-tapped drinking water stations fitted with water filters in five HCF) and Niger (connections for three HCF with existing small water supply networks).</p> <p><b>Nearly 160,000 patients and staff</b> (650% of Phase III target) newly gained access to drinking water treated by appropriate treatment systems including reverse osmosis water purifiers in four HCF in Myanmar and five HCF in India. The target was exceeded because it was not planned to implement water treatment systems in India. However, water treatment emerged as a priority for investment during the WASH FIT process.</p>
	<p><b>Sanitation: 43 improved toilets</b> (47% of Phase III target) were newly constructed/rehabilitated in HCF in Mali (3), Myanmar (8) and Niger (32), with <b>over 10,300 patients and staff</b> benefitting from improved sanitation in HCF (3% of target).</p>
	<p><b>Hand Hygiene: 70 hand hygiene facilities</b> (43% of Phase III target) were newly installed with the support of SWSC projects in Myanmar and Niger (both projects).</p> <p><b>Over 26,000 patients and staff</b> benefit from acquiring access to handwashing stations with water and soap (39% of Phase III target).</p>
	<p><b>Waste Management:</b> A waste treatment system (sharps / infectious incinerator) was installed in one HCF in Myanmar (4% of Phase III target) that serves 886 people (&lt;1% of Phase III target).</p>
	<p><b>Environmental Cleaning:</b> 140 health care workers were supported with professional training on cleaning procedures and infection prevention and control (IPC) in four projects in Mali (69% of target).</p>

<sup>11</sup> As no annual targets were developed by the project teams for 2020, limited performance analysis is provided against the 2020-2023 targets.



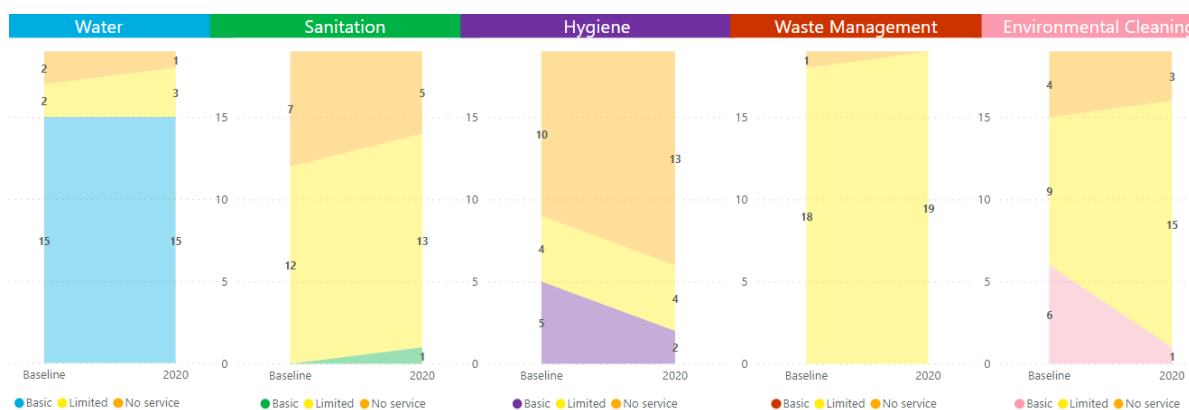
## Capacity Building

The WASH FIT methodology of participative risk assessment and continuous quality improvement is central to SWSC’s WASH in HCF signature approach. Projects in Nepal and Mali enabled WASH FIT trainings for 192 stakeholders; including: 174 HCF staff members (64 women, 110 men), eight health authorities (6 women, 2 men) and ten locally elected officials (2 women, 8 men).<sup>12</sup>

Thanks to a training of trainers programme by the Consortium member organisation working in Nepal in 2018, government health authorities were rapidly mobilised to lead Infection Prevention and Control (IPC) trainings in three HCF in April 2020. The trainers, certified by the by the National Health Training Center, led a three-day IPC training based on a national curriculum for all staff, including cleaners. The follow-up of these one-time training events is done through periodic review of the action plans prepared at the end of the training.

## Outcomes

Although the current report does not cover progress on outcome level indicators, two WASH in HCF projects (India and Mali) conducted both baseline and year-end outcome surveys covering 19 (India: 9; Mali: 10) of the 56 HCF in Phase III projects. An analysis of the baseline and year-end surveys for these two projects (Figure 7) reveals little progress in water, sanitation and waste management services and worsening situation in hygiene and environmental cleaning services.



**Figure 7:** Change in WASH service levels in 19 HCF of two ongoing projects: June to December 2020

The achievement of one HCF reaching a basic sanitation service thanks to the efforts of the Mali project through WASH FIT is described in the *Insights and Highlights* section below.

In India, the decline of environmental cleaning and hygiene services from Basic to Limited and No service, respectively, is due to the COVID-19 response directives whereby cleaning staff from three HCF covered by the project were deputed to other HCF with COVID-19 treatment centers. This left the HCF without cleaners and/or personnel trained in environmental cleaning. This, in turn, negatively affected adequacy of hand hygiene stations for medical personnel and patients since assuring the presence of soap is the responsibility of cleaners.

<sup>12</sup> The Myanmar project had introduced WASH FIT in Myanmar, through orientation and training just prior to the debut of Phase III. This [SWSC experience was published](#) in 2020 on the WHO washinhcf.org website. The project translated and piloted WASH FIT in the Yangon region.

**Insights and Highlights**

**WASH FIT mobilizes local stakeholders to finance toilets in Kokry HCF (Mali)**

Sanitation facilities were unusable at the Kokry HCF, one of ten HCF supported by SWSC in Mali’s Ségou Region. The facility’s surroundings were rife with signs of open defecation. Initially, the HCF management association (ASACO) did not allocate resources for WASH. From April 2020, the project initiated WASH FIT with ASACO members, community leaders and influential persons. After reviewing results from the WASH FIT risk assessment, and with the technical guidance of the project staff, the Kokry “WASH FIT team” decided to mobilize funds, materials and labor to construct a toilet block with three cabins, including facilities for menstrual hygiene management and access for people with limited mobility. The estimated worth of the structure – CHF 4’000 – was contributed entirely by the community and the municipality. Since September 2021, the facility offers a **Basic level of sanitation service**. Following the construction works, the ASACO created a budget line for WASH maintenance services and subscribed to the services of a local sanitation service provider to facilitate the future emptying, transport and disposal of excreta at a site designated by the Regional Directorate for Hygiene and Sanitation.



A meeting of the Kokry ASACO on World Toilet Day



The new toilet block at Kokry HCF

**Niger: HCF Manager observes WASH improvements coincide with an increase in health care seeking behaviour**

The manager of a HCF in Niger describes the improvements achieved thanks to the project intervention as follows: *“The project began by furnishing handwashing stations in response to the COVID-19 pandemic and awareness raising sessions on preventing COVID-19. Latrines were constructed for patients and medical staff to ensure hygiene and to prevent diseases, and a piped connection was installed linking our health center and the village water supply system. These interventions coincided with an increase in patient visits for vaccinations and maternity consultations. The rate of assisted deliveries also rose with the arrival of water in the maternity ward. Within the context of the project, we also have a monthly meeting with the village health and water committees, schoolteachers, female leaders, and community health agents for good coordination of the activities already underway. Thanks to the cleanliness of the village, we see fewer cases of diarrhea, vomiting and conjunctivitis caused by poor sanitation.”*

**Nana Challare, manager of Dakouma Liman HCF, district de Takieta, région de Zinder**

## WASH FIT improvement plans leverage resources from municipalities for HCF in Nepal

When the project in Nepal started in April 2021, management committees of eight HCF in the Bardiya District did not have a clear list of WASH issues needing improvement. HCF personnel lacked strong arguments to highlight WASH needs with the local government. The project oriented trained WASH FIT teams to assess conditions and prepare an improvement plan following the WASH FIT methodology. HCF managers were encouraged to refer to their improvement plans when requesting allocation of “health management” funding resources from municipality officials. As of December 2020, three HCF have obtained resources for priority actions in their plans. For example, the Deudakal HCF improvement plan called for staff capacity building on water quality testing. When a representative from the WASH FIT team shared a copy of the Improvement Plan, the municipality quickly responded by conducting a training for HCF personnel in November 2020 and furnishing a set of water testing kits from the Environment and Public Health Organisation (ENPHO) to the Deudakal staff.

Having involved municipal health coordinators in WASH FIT trainings, the project team also noted that these coordinators began asking about the progress of the WASH FIT implementation during their monthly meetings with area health center managers, valuing WASH FIT and its implementation. Although HCF are entitled to receive the health management funds, some are yet to access it due to lack of information, lengthy procedures and, in some cases, lack of interest. The integration of WASH FIT in the municipal planning process stands to bridge such gaps.



WASH FIT Assessments: Water Source



WASH FIT Assessments: Water Storage

## b) COVID-19 Interventions in HCF Programming

### Distributions of essential supplies and equipment and training (Benin, Ethiopia, Niger, India, Nepal)

Responding to a request from **Benin's** Agency for Integrated Management of Borderlands, the SWSC project team contributed to COVID-19 prevention efforts by setting up 32 handwashing stations at eleven border stations for border security forces and nine health centers outside the scope of the project. The emergency intervention included hygiene awareness campaigns.

In **Ethiopia**, the project team supported the national government's COVID-19 prevention and response efforts by procuring and distributing personal protection equipment (PPE), hand sanitiser and liquid soap in two HCF in collaboration with district health office.

Both SWSC project teams in **Niger** provided support to 15 HCF in the form of PPE, disinfection kits, handwashing stations and COVID-19 prevention posters.

The **India** project team procured PPE for 281 staff in nine HCF and organised customised trainings on IPC for all HCF staff, including cleaners.

Local health authorities in **Nepal** mobilised HCF personnel and made public announcements to promote hygiene education and COVID-19 awareness sessions in eight HCF that reached 5,836 people (3,342 female, 2,394 male).

### **Community leaders and HCF committees central to pandemic response planning in Mali**

At the first signs of the COVID-19 outbreak in Mali, health authorities enacted COVID-19 response plans at the regional and national levels and sought the support of partners, including the SWSC project team. The process, however, was "top down" and neither involved nor considered the specific needs of community members. To reverse this trend of a top-down intervention in the Ségou Region, the project team initiated a collaborative approach with local partners and beneficiaries. SWSC supported the COVID-19 Regional Committee, led by the Regional Health Directorate, to organize support missions to the eight non-functioning local committees. This helped to revive the local committees, strengthen their capacity and leadership and improved coordination for the response to the pandemic. Following the joint support missions, the eight local committees developed their action plans in a participatory manner, integrating the priority needs of the health centers and communities. This "bottom up" approach led to an inclusive revision of the COVID-19 regional action plan.

## **c) Lessons Learned and Factors for Success**

### **Convening health and water sector officials for commitment and involvement in WASH FIT from the outset is crucial**

In **India**, subdivision and district level workshops with government health authorities were planned to share the findings from the WASHFIT assessment and FACET survey with the aim of jointly developing WASH improvement plans, including cost sharing commitments. These meetings could not take place using the full participatory process required under WASHFIT because government officials were focused on response and recovery work related to Super Cyclone Amphan and COVID-19. The project team had to settle for individual meetings with a few available officials while roles and responsibilities of within government departments were being shuffled, making impossible a clear and participatory joint plan of action with key commitments from the required departments. These circumstances hindered the effective empowerment of HCF managers to take decisions related to their improvement plans. To address this challenge, the project is discussing with the subdivision and block level authorities to increase their involvement. The commitment and involvement of these departments and bringing their officials together from the outset is critical to ensure joint planning and ownership.

### **Committed and motivated WASH FIT team members make a difference**

**Myanmar:** WASH FIT team members from Shwe Lin Ban Health Center in Yangon Township proactively supported HCF staff to clean the facility and surroundings and repair hand washing sinks and broken water pipes. The SWSC project team invited two staff members from Shwe Lin Ban to share their experiences of implementing WASH FIT with the Kalargyisu HCF WASH FIT team, which enhanced their motivation to progress on their own facility improvement journey.

In contrast, efforts to form WASH FIT teams in two HCF were less effective. Several members were unable to participate in meetings due to conflicting priorities, which undermined teamwork on the timely preparation of WASH FIT plans and the proper maintenance of WASH facilities. Working with authorities on processes for selecting and onboarding motivated team members is needed.

### **Strengthen regional WASH in HCF coordination mechanisms while promoting WASH FIT**

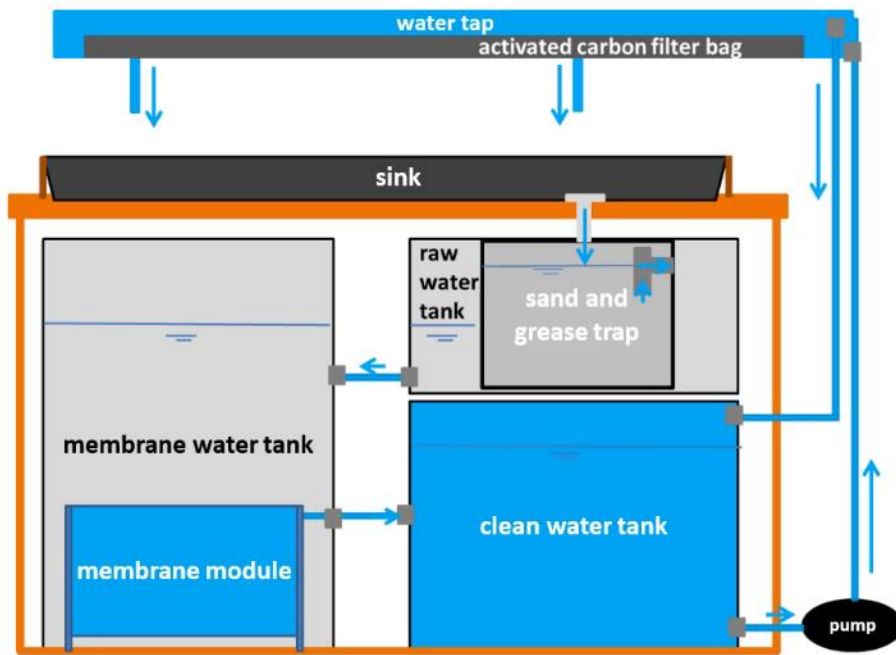
**Mali:** At the start of the project, the regional coordination framework of WASH in HCF actors, under the lead of the Ségou Region Health Directorate, was not functional. Instead of revitalizing the regional coordination mechanism, the SWSC project team organized separate meetings to present the project and operational planning with the Regional Directorate for Water and the Regional Directorate for Hygiene and Sanitation. This had consequences on operations in the Folomana HCF, one of ten targeted in Ségou. While preparations were underway to launch the WASH FIT process, another donor began installing a water supply system in Folomana that conformed neither to the Ministry of Health's technical specifications nor to the logic of the SWSC recommended WASH FIT approach to implement works *after* the HCF WASH FIT team prepares its Implementation Plan. A functional regional WASH in HCF partner coordination network could have avoided the loss of resources and time, by enabling complementarity and harmonizing of interventions in the same HCF. For the remainder of the project and for future experiences, the project team will consider WASH FIT as an interdependent element within overall health system and will support the health authorities in revitalizing a regional coordination mechanism to optimize the WASH FIT process.

### **Before hardware: WASHFIT participatory improvement planning**

**Benin:** Having understood that basic water service in schools is a prerequisite for the additional Blue School interventions, the project team in Benin projected this idea on its interventions in health care facilities. Works on water infrastructure in HCF were announced to stakeholders before starting the WASH FIT process. The team learned that the intervention process in schools and health care facilities is not necessarily the same. In 2021, the team aims to use the WASH FIT participatory process to determine how to manage the infrastructure, and to make an Improvement Plan before starting works in sanitation, hygiene, waste management and environmental cleaning.

### **d) Promising Practices for Scaling up**

In Mali, SWSC is supporting the development of a holistic approach to hand hygiene promotion through the complementarity of two innovations: the innovative handwashing station that recycles its own water, Gravit'eau, and the behaviour change methodology RANAS (Risks, Attitudes, Norms, Abilities and Self-regulation).



**Figure 8:** Diagram of Gravit'eau water recycling handwashing system (© Gravit'eau)

**Gravit'eau** provides a low-cost, effective solution for handwashing in crisis and water shortage contexts. The device has a gravity-fed filter that recycles water without electricity (Figure 8). Up to 100 people per hour can wash their hands, consuming (after recycling) only 2 ml of water per washing. The water is changed once a month and the system requires minimal skills to install, operate and maintain. Gravit'eau systems are currently operating in five HCF with SDC COVID-19 relief grants. The team in Mali plans to pilot the experience in all ten HCF under the SWSC project as part of the WASH Fit approach implementation process in collaboration with health authorities.

The use of the **RANAS** methodology will allow for a better understanding of the factors that can be influenced to encourage the adoption of good handwashing practices and for the development of appropriate communication strategies. The Consortium's Regional Advisor provided RANAS training to the project team in Mali in June 2020. A second training session for the Ministry of Health and its deconcentrated services in Ségou is planned for February 2021 in order to pilot the experience.

Through these complementary initiatives Gravit'eau technology will be disseminated using an online knowledge sharing platform that will be available under a Creative Commons license. Locally developed capabilities will be accessible to all consortium members and other organizations on a non-exclusive basis.

### **e) Innovation, Evidence Base, Policy and Knowledge (Outcome 2)**

The Mali team's support to the **Regional Health Directorate (DRS)** in pioneering the COVID-19 adaptation of WASH FIT aims to enhance the resilience of HCF personnel to manage risks of COVID-19 and other health care acquired infections. The adaptation involved:

- Reducing the WASH FIT team size, appointing an IPC / COVID-19 focal points and training ASACO members on preventing and managing COVID-19.
- Integrating the twelve COVID-19 monitoring indicators for HCF issued by the Ministry of Health and WHO.

Thanks to this harmonized approach and new indicators, WASH FIT teams from nine HCF focused on procuring PPE and initiating a system of patient triage, case alerts and isolation zones. The experience was shared with the WASH in HCF national task force and attracted the attention of the Global Fund, which accorded funding to the SWSC member for **replication in 20 additional health facilities in Ségou as part of the integrated health systems strengthening** project to be implemented with the DRS (2021-2022).

**The Global Progress Report on WASH in Health Care Facilities**, a new comprehensive summary of global progress on improving WASH and waste services in HCF, was released on December 14 2020 jointly by WHO and UNICEF.<sup>13</sup> The CMU channelled member contributions to the WHO/UNICEF authoring team. SWSC colleagues from Mali, Myanmar, Benin and the CMU are named as contributors to the report. The Mali project team's achievement to integrate national COVID-19 response indicators into WASH FIT is mentioned, as is the Myanmar project team's first training and implementation of WASH FIT in Myanmar in collaboration with WASH Division of the Ministry of Health and Sport.<sup>14</sup> The SWSC member working in Benin initiated contact with the Ministry of Health to secure the country's first ever contribution to the report: Data on Benin's progress with "practical steps" to fulfil the 2019 World Health Assembly Resolution for WASH in HCF. One of only 47 countries to contribute such information, the project team received approval from the Minister of Health to transmit the information directly to WHO before the publication went to print.

The new global health movement for WASH in HCF has, as stated by **Global Water 2020**, "in a matter of just three years, turned a 'neglected crisis' within global health into a global health movement". The SWSC joined a movement for WASH in HCF convened by Global Water 2020 making commitments along with over 100 organisations.

The SWSC team supported Global Water 2020's effort to form a platform on **Elevating the Role of Cleaners** in HCF, providing input for a [guidance note](#) published in September 2020. In December 2020, several Global Water 2020 and SWSC colleagues met online to discuss the possibility of further collaboration on the global level about this critical sub-topic of WASH in HCF.

### 4.3 WASH in Communities

Eleven of the 16 projects have allocated resources and planned activities for WASH service improvements in communities where they work on schools and/or health care facilities. Of these eleven projects, teams in Benin, Burkina Faso (Est), Ethiopia (Amhara), India, Madagascar and Niger (Dosso) work all three WASH services. Two additional projects in Ethiopia (Oromia) and Niger (Zinder) focus only on sanitation and hygiene. The project in Uganda works only on water and hygiene, the project in Nepal only on hygiene and the other project in Burkina Faso (Plateau Central) only on community led total sanitation.

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<sup>13</sup> The report, also supported by SDC, identifies major global gaps in WASH services: warning that across the world's least-developed countries, half of health care facilities lack basic water services, one in four health care facilities has no hand hygiene facilities at points of care; and three in five lack basic sanitation services. The SWSC contributions to the report are featured in an SWSC news article: <https://waterconsortium.ch/swsc-contribution-to-the-2020-global-progress-report-on-wash-in-health-care-facilities/>




<sup>14</sup> The work on WASH FIT by SWSC project in Myanmar is [featured on the WHO WASH in HCF website](#).

**a) Key Achievements in increasing sustainable services in Communities (Outcome 1)**

Progress in communities in 2020 has centered around planning, community mobilisation and starting actual construction works of a number of community water supply systems (piped systems, boreholes / shallow wells fitted with boreholes), construction of household sanitation facilities through Community-led Total Sanitation (CLTS) activities and hygiene promotion through outreach and behavior change communication activities.

Key highlights of progress against selected SWSC indicators for WASH in communities are summarised in Table 4 below, with performance analysis where possible against Phase III targets. Full details can be found in the Appendix I.

**Table 4:** WASH in communities – Output progress

	<p><b>Water: 17 water supply systems</b> (19% of the Phase III target) installed in 2020 by projects in Benin, Burkina Faso and Madagascar.</p> <p><b>5,347 people</b> received access to water from an improved source (10% of the Phase III target). <b>7,035 people</b> (68% of Phase III target) gained access to chlorine locally through WATA electro chlorinator technology managed by women’s groups in Burkina Faso.</p>
	<p><b>Sanitation: 768 improved toilets</b> (8% of the Phase III target) were newly constructed / rehabilitated in Burkina Faso (Est), India, Madagascar, Niger (Zinder) and Uganda, of which a significant portion is through CLTS. The 54 toilets in India are Ecosan toilets accounting towards safely managed onsite sanitation.</p> <p><b>6,640 people</b> received access to an improved toilet in their households (8% of the target).</p>
	<p><b>Hand Hygiene: 1,401 hand hygiene facilities</b> (12% of the Phase III target) were newly installed by families with support from SWSC projects in Benin, Burkina Faso (Est), India, Madagascar, Nepal, Niger (Dosso) and Uganda.</p> <p><b>10,373 people</b> have gained access to handwashing facilities with water and soap in their households (12% of the target).</p>

The significant progress for water supply, despite the short implementation period was possible as some of these systems were already planned under projects ongoing in the SWSC countries by the members and the consortium funding could be channelled directly for construction works.

Training for management, operation and maintenance of water supply and sanitation services began in 2020, reaching 314 people (117 women, 197 men; 9% of Phase III target) in Benin, Madagascar and Niger (both projects).

The results for access to hand washing facilities might be much bigger as due to the COVID-19 related activities in communities and HCF (section below) a larger audience has been reached (spanning the HCF catchment area) but the monitoring system was not set up to cover non-intervention villages.

For five projects, no results for interventions in communities at output level have been recorded in 2020 (Sudan, Cambodia, Ethiopia Oromia and Chacha as well as Burkina Faso). Although various activities have started in these projects (including coordination, planning, community mobilization), they have not yet led to tangible outputs picked up by the monitoring system. First results will be recorded in the 2021 reporting.



## Insights and Highlights

### Capacity building of small firms in rural Madagascar

The team in Madagascar trained six contractors working in small rural firms with the aim of enhancing the quality of installation of water supply systems and sanitation facilities. The training centred both on hardware construction, such as water catchment systems and sanitation user interface facilities (latrines), as well as on software planning and management of works and installation and maintenance of rope pumps. The project team observed that the quality and timely execution of contracted works has improved in the project region.

### Mobilizing Visual Artists in Benin against COVID-19

Visual artists in Benin have contributed to the project's awareness raising efforts on the importance of WASH. Through a drawing contest supported by the SWSC, artists expressed themselves especially on barrier gestures in different contexts: at school, at home, in the street, at nightclubs and in traffic. A protocol of the works to be presented as well as the criteria of evaluation were elaborated in a concept note and shared to all the competitors. A jury presided by the president of the association of visual artists of Borgou reviewed all the works and selected the most captivating artworks for dissemination (link to the initiative: <https://youtu.be/sWby163rKIk>).

### b) COVID-19 Interventions in Communities

Across the SWSC projects, consortium members have tried to respond to the pandemic by a variety of actions, always in coordination with local government as to contribute to the national response and in collaboration with local partners.

In **Uganda**, to combat and prevent the further spread of COVID-19 in the Bidibidi refugee settlement, the team has been involved in the following interventions:

- The project team is a member of the District COVID-19 response team and Risk communication and community engagement team for the Yumbe district.
- During routine sanitation and hygiene sessions in the communities the team made sure that all Standard Operating Procedures laid out by Uganda's Ministry of Health and the WHO are observed.
- Physical meetings of large groups of people were suspended to minimize the spread of the virus.
- The team also trained community-based hygiene promoters on prevention of COVID-19 and integrated COVID-19 prevention messages into the day to day house to house visits. As a result, this greatly improved hygiene and COVID-19 prevention behaviors in the settlement. For example, as evidenced by a household survey undertaken by the UNHCR WASH implementing partner, handwashing coverage in the Bidibidi refugee settlement increased from 36% to over 75%. This is attributed to routine sensitization and awareness sessions on COVID-19 prevention delivered by different key players that include development partners, UN agencies and the government.

In **Niger**, the communities of Tanantsoa, Agnena and Malazaln were supported by the project in the fight against COVID-19 through hygiene promotion in support of IPC. The team promoted and used the COVID-19 posters endorsed the Ministry of Health reminding the community members of the key barrier actions towards preventing COVID-19.

The advantages of using the posters from the Ministry of Health is important as they are already validated by government and are in line with WHO guidelines. The key messages on frequent handwashing with soap, wearing masks during meetings or when with others, respecting social distancing and, when feeling sick, going directly to the health centers to see a doctor and avoiding matrons or traditional healers, are complemented by demonstration session on the use of hand washing devices (HWD).

#### 4.4 Innovation, Evidence-Base, Policy and Knowledge (Outcome 2): Synthesis

Table 5 below summarises the results achieved in the reporting period 2020 against the Phase III targets for outputs set out in the ProDoc) under “Outcome 2 – INNOVATION, EVIDENCE-BASE, POLICY & KNOWLEDGE”.

Specific activities and achievements under Outcome 2 that link to one of the signature approaches are highlighted in more detail under point “e) Innovation, Evidence Base, Policy and Knowledge (Outcome 2)” in sections 3.1 for Blue Schools and 3.2. for HCF.

**Table 5:** Summary of results under Outcome 2 (Innovation, Evidence-Base, Policy and Knowledge)

Indicator	Target Phase III	2020 Progress	Comments
<b>OUTCOME 2 - INNOVATION, EVIDENCE-BASE, POLICY &amp; KNOWLEDGE</b>			
2.1 Number of organizations (both Consortium and non-Consortium organisations) that adopt good practices (approaches/technologies such as Blue Schools or WASH in Health Care Facilities) promoted by the Consortium	40	9	8 SWSC member organisations as well as the Global Fund which accorded funding to an SWSC member in Mali for replication of activities in 20 additional health care facilities.
2.2 Number of Consortium lessons learnt reflected in sectoral policy frameworks (policy, strategies, norms, standards) and implementation guides	23	0	None thus far
<b>OUTPUT 2.1 – INNOVATION</b>			
2.1.1 Number of innovation initiatives launched (e.g. in collaboration with private sector, academia, other NGOs, etc.) supported by the SWSC	33	1	See Section 4.1a about the replication of the innovative ecological sanitary pad <i>palobdé</i> , in Blue Schools in Burkina Faso.
<b>OUTPUT 2.2 – EVIDENCE-BASE</b>			
2.2.1 Number of Schools and Health Care Facilities where the signature approaches promoted by the SWSC have been successfully implemented and monitored: Blue Schools in schools and WASH FIT (or other quality improvement mechanism) in HCF.	174	25	Ongoing projects in 25 Health Care Facilities have successfully utilised the WASH FIT process for positive outcomes (Myanmar, Mali, Nepal). It is too early to measure success of Blue Schools projects.
Blue Schools	124	0	
WASH in Health Care Facilities	38	25	
<b>OUTPUT 2.3 – ADVOCACY AND POLICY INFLUENCING</b>			
2.3.1 Number of new initiatives launched in advocacy bodies (e.g. civil society or multi-stakeholder platforms) supported by the SWSC	27	5	SWSC contributed, along with 100 other international organisations, to Global Water 2020 Commitments statement about improving WASH services in HCF. SWSC also supported Global Water 2020's effort to providing a platform on Elevating the Role of Cleaners in HCF.

Indicator	Target Phase III	2020 Progress	Comments
			At the local level, the SWSC member working in Mali supported the Regional Health Directorate in pioneering the adaptation of WASH FIT to the context of COVID-19. In Madagascar and Niger, SWSC member organisations are advocating with national and communal officials to prioritise WASH and to include it in the governmental budgets.
<b>OUTPUT 2.4 – KNOWLEDGE SHARING</b>			
2.4.1 Number of documents published by the Consortium (case studies, fact sheets, policy briefs, etc.) <sup>15</sup>	45	8	SWSC published one factsheet on Blue Schools within the Framework of the UN Habitat Waste Wise Education framework, one article on the SDC RésEAU Shareweb and four SWSC website articles on lessons learned and best practices (two on Blue Schools topics and two on HCF topics). WHO published two articles on the <a href="http://www.washinhcf.org">www.washinhcf.org</a> about the SWSC Myanmar project's institutional learning brief on introducing WASH FIT (case study and presentation).
2.4.2 Number of meetings/workshops with Consortium participation/facilitation (national/regional/global level)	77	18	As mentioned in sections 4.1e and 4.2e, SWSC contributed to the WHO/UNICEF JMP session at the University of North Carolina's annual Water and Health Conference, to the WHO 2020 Global Progress Report on WASH in Health Care Facilities and to the WINS network COVID-19 guidance. On the country level, the SWSC member in Mali shared learnings on the adaptation of WASH FIT to the context of COVID-19 in the WASH in HCF national task force in Mali. Furthermore, the SWSC member in India contributed to the elaboration of a National Road-Map for Hand Hygiene. SWSC facilitated six global trainings on mobile data collection and six global webinars for Signature Approaches CoP.
2.4.3 Number of Clicks/Down-/Uploads on Consortium intranet and webpage	-	138'797	Intranet page views: 8'297 Website clicks: 130'500 (based on monthly average, see section 4.3)

<sup>15</sup> Publications of videos on the SWSC YouTube channel as well as publications on the SWSC Intranet (as they are only visible to SWSC member organisations) are not counted towards Output 2.4.1.

### 5.1 Phase III Monitoring and Evaluation System

Phase III called for the development of an online reporting system that combines mobile data collection tools with online reporting forms and dashboards. For data collection and preliminary analysis, the WASH in Institutions Facility Evaluation Tool (FACET)<sup>16</sup> survey forms and the offline Analyser were adapted to align with SWSC's Blue Schools and WASH in HCF indicators and the geographic parameters of the 16 projects. The FACET adaptation was achieved through a collaboration between the CMU and the technical consultant CartONG. In September 2020, the creation of the online reporting forms and the dashboards for outcomes (baseline, annual and endline reports) and outputs (6-monthly reports) was started, using off-the-shelf tools Enketo forms and Power BI.<sup>17</sup>

Project teams were introduced to the quantitative online reporting system via a three-part training series on FACET in both French and English (six training events in total), facilitated by the CMU and CartONG. The teams have access to links to training videos and presentations as well as reporting guidelines and templates through the SWSC intranet. An ongoing "hotline" is available for technical support and troubleshooting. These quantitative reporting tools are complemented by a qualitative narrative report template completed every six months.

### 5.2 Technical Support to Project Teams

Although project visits and in-person workshops planned for 2020 were not possible due to the pandemic, the SWSC Advisors worked together and supported global and regional efforts at a distance. Globally, they updated the Phase III monitoring framework indicators and indicator definition sheets, held regional kick-off meetings and initiated Communities of Practice for both Signature Approaches (see section 5.3). They also conducted trainings on signature approaches, behaviour change communication (RANAS methodology) and provided follow-up support with the new online reporting system tools.

With the CMU began drafting guidance documents on Global Advocacy and Innovation Funds and a concept note on the SWSC Evidence Building Strategy; and developed the online reporting system and contributed to SWSC intranet and SWSC website publications.

The CMU also developed resources to guide project teams on:

- COVID-19 response guidelines on WASH in HCF and Schools
- Stakeholders engagement (Blue Schools)
- Situation analyses for programming in schools and health care facilities
- The revised M&E and new online reporting system (explanatory videos / webinars)
- Using the SWSC Intranet

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<sup>16</sup> FACET was developed in 2018 by Eawag and Terre des hommes with technical support from CartONG and financial support from the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP) and SDC. SWSC project teams use FACET for reporting on Blue Schools and WASH in HCF and their own reporting processes for baseline / endline and six-monthly reporting.

<sup>17</sup> The graphics included in this report are taken directly from the new SWSC Power BI platform.

### 5.3 Knowledge Management

During the first nine months of phase III (April – December 2020), various activities were conducted to actively tackle knowledge management within the SWSC:

#### **Communities of Practice for Both Signature Approaches**

To foster learning and exchange about the two signature approaches, a Community of Practice (CoP) was launched for each signature approach. The initial priority for both CoP is to accompany project teams to take ownership of the signature approaches. Each CoP has sub-groups for anglophone and francophone project colleagues and is organised by the CMU. In all CoP sessions, Phase III project teams have contributed presentations and insights from their experiences relevant to the session topic.

In 2020, the CoP for Blue Schools held four information sessions (2 sessions each in English and French) and the CoP on WASH in HCF held two information sessions (one in English and one in French). The sessions focused on bringing all teams to the same level of understanding on the approaches, including tools and kits and their contextualisation per the local context. The sessions helped to jumpstart project activities in the right direction and set the tone for direct collaboration between SWSC members. The CMU realised that both signature approaches require a change in mindset where project teams do not impose predefined solutions to local contexts.

**Implementing Blue Schools** means working with education authorities to guide each school to define what and how they want to implement Blue Schools' activities; for example, through existing curricula, extracurricular activities and/or student groups. The emphasis should be on children's learning and not only on infrastructure construction (hardware). To avoid overwhelming school stakeholders with too much information on the various topics beyond WASH, project teams are encouraged to go through the process step by step and to ask for support from local experts (environment, agriculture, water resources, etc.) when required.

**Implementing WASH in HCF** through the WASH FIT process calls for reversing the trend of "infrastructure first" in favour of a participative risk assessment whereby allocation of resources (whether from the community or SWSC) on hardware and software is prioritised and decided by the WASH FIT team (HCF management committee members, personnel and local leaders). The emphasis is on building local capacity to own the WASH service improvement process, thereby enhancing infection prevention and control.

The CMU members involved in facilitating the CoP apply these same principles to supporting project teams by alternating between i) meetings restricted to Phase III project managers to have close coordination and experience sharing between Phase III project teams, and ii) meetings on topics of interest selected by the project teams (such as water quality and waste management). The latter sessions are agreed ahead of time, may be facilitated by external experts and are open to all SWSC members regardless of whether they are part of a Phase III project. For Blue Schools, such "SWSC guests" have included Caritas Switzerland colleagues from Mali and South Sudan as well as Swiss Red Cross colleagues from Laos and Ghana. For WASH in HCF, the CoP welcomed colleagues from SRC Nepal and HEKS Bangladesh. This demonstrates that SWSC members are implementing the signature approaches beyond the SWSC Phase III projects.

In general, the CoP sessions in English have more participants of a wider range, from head office staff to project teams from different sides of the world. Even though this limits the opportunities for individual participative exchanges, it also increases the range of experiences and expertise coming together from various CoP members.

## SWSC Intranet

The SWSC Intranet is a virtual platform where participants of the SWSC have access to, including key project team members of all SWSC projects, Focal Points, Steering Board members, financial officers and CMU staff. The primary aim of the Intranet is for SWSC members to have access to and to share information on programmes, lessons learned, reporting, agenda, news, project information, regional information, results, etc.

All participants have editing rights: They can create pages / blog posts and can comment on existing content. The policy of non-restrictive editing rights creates a culture where participants are willing to share content freely and have a low barrier to interact on the platform.

During the first months of Phase III, the SWSC Intranet was resuscitated. Pages were revamped and, from April to December 2020, 673 new pages were created. Furthermore, 19 blog posts were published in 2020. From April to December 2020, 8,297-page views were registered. Thus, traffic has increased continuously since the start of the Phase III and many project team members started to *like* and comment on posts and pages. Since the intranet has been updated, traffic has stabilised at an average of 70-80 views a day from November / December 2020 (see Figure 9 below). This is a considerable number of views, when considering that only 96 users have access to the intranet.



**Figure 9:** Page views, edits and creates on the SWSC Intranet (November and December 2020)

In order to cater to English-speaking as well as French-speaking project teams, the SWSC Intranet is available in French and English: Pages, key documents and guidance videos are available in both languages. Furthermore, SWSC communications, such as blog posts, are made in two languages whenever possible.

## SWSC Website

The SWSC website provides an overview of the SWSC projects, the two signature approaches and functions as a platform to share articles on topics relating to Blue Schools and WASH in HCF. The website was updated during the initial months of Phase III. Two new pages were created to describe the signature approaches and to publish and link important reference documents.<sup>18</sup> Furthermore,

<sup>18</sup> The pages on the signature approaches are available here: <https://waterconsortium.ch/signature-approaches/>

four news posts were published in 2020 and promoted via the SWSC newsletter.<sup>19</sup> These news posts contain best practices and lessons learned, and thus contribute to a culture of learning and sharing within the WASH community globally.

The traffic on the website since the update and the launching of the SWSC newsletter (that links to the SWSC website) can be viewed in Figure 10 below. Between July and December 2020, an average of over 14,500 clicks were registered per month (this is an average of over 4,700 clicks per day).

Summary by Month										
Month	Daily Avg				Monthly Totals					
	Hits	Files	Pages	Visits	Sites	KBytes	Visits	Pages	Files	Hits
<a href="#">Jun 2021</a>	2155	1924	1029	349	1861	977669	3840	11321	21164	23706
<a href="#">May 2021</a>	2499	2220	1560	343	4295	2365768	10658	48372	68850	77493
<a href="#">Apr 2021</a>	1653	1408	952	213	3232	2082273	6417	28576	42244	49609
<a href="#">Mar 2021</a>	778	647	707	81	1738	1323780	2535	21917	20059	24125
<a href="#">Feb 2021</a>	346	168	250	88	1432	1454020	2464	7014	4723	9688
<a href="#">Jan 2021</a>	400	168	304	111	2267	2180579	3465	9425	5217	12421
<a href="#">Dec 2020</a>	434	250	338	108	2209	2065370	3366	10502	7772	13471
<a href="#">Nov 2020</a>	2258	1866	1912	147	2431	3242030	4415	57376	56004	67763
<a href="#">Oct 2020</a>	4701	4462	3950	263	3593	5428166	8154	122461	138342	145733
<a href="#">Sep 2020</a>	4827	4596	4132	293	3977	4053070	8794	123979	137909	144833
<a href="#">Aug 2020</a>	7751	7542	7006	247	3798	4369963	7663	217198	233808	240285
<a href="#">Jul 2020</a>	8345	8153	7651	206	3503	4235177	6402	237182	252771	258722
<b>Totals</b>						<b>33777865</b>	<b>68173</b>	<b>895323</b>	<b>988863</b>	<b>1067849</b>

**Figure 10:** Page hits on the SWSC Website (from July 2020 to June 2021, report generated by Webalizer Version 2.23 on June 11<sup>th</sup>, 2021)

**SWSC Newsletter**

In 2020, the SWSC Newsletter was officially launched. The first newsletter was sent out for World Toilet Day in November 2020, featuring three stories of SWSC member organisations. The second newsletter was a Christmas Mailing featuring the SWSC contributions to the 2020 Global Progress Report on WASH in Health Care Facilities.

On the SWSC website, a subscription button was installed, so that any interested stakeholders can subscribe to the SWSC newsletter.<sup>20</sup>

**5.4 SWSC Promotion and Partnerships**

SWSC liaises regularly with its external partners, such as Eawag Sandec for Blue Schools, Global Water 2020 for WASH in HCF advocacy, WHO for WASH FIT revisions, Simavi for indicators for

<sup>19</sup> All news articles are available here: <https://waterconsortium.ch/news-insights/>  
<sup>20</sup> Any interested stakeholders are able to subscribe to the SWSC newsletter here: <https://waterconsortium.ch/mailling-lists/>

the Blue Schools monitoring framework and Integrity Action for research on personnel working in schools and HCF.

### **Blue Schools programming beyond SWSC**

Miet Africa, an education organisation implementing an SDC-funded project called FutureLifeNow! (based in South Africa) approached the SWSC for support on implementing Blue Schools. The project team was trained on the Blue Schools Kit after signing a collaboration agreement where they acknowledge the SWSC as a key partner for their project.

## **5.5 Risk management**

As outlined in the ProDoc, the SWSC aims at addressing risks at both Consortium level and at Operational level. In the section below, some highlights of risk management in the consortium in 2020 are provided. Operational risk management at project level is managed at individual Consortium member level.

2020 was an exceptional year with the COVID-19 pandemic hitting suddenly around the time of the Phase III launch and posing a major risk factor (that was not foreseen in the risk matrix) immediately playing out at a scale and duration that few could have imagined at the start of the year.

### **Consortium level**

At consortium level, the **SWSC Steering board** has guided the first year of implementation under Phase III, through regular board meetings and ad-hoc mail polls for timely decision to address some of the risks. Also, roles and responsibilities within the consortium structure, well established and outlined in the SWSC ProDoc, have been further finetuned and operationalized in 2020. Linked to this, the **SWSC Communications Guidelines** have been finalized and submitted to the SB for approval. Furthermore, 2020 was used to **further strengthen the CMU structure** by splitting the Coordinator role in a Coordination / Management position and a Global Advisor. This to better cater to the increasing complexity of backstopping and support to the projects and Regional Advisors on the Phase III thematic areas, innovations and advocacy at country and regional level.

The **Consortium's work on the M&E system in 2020** has been instrumental in setting-up an online monitoring system (see Section 5.1 above) for more streamlined results reporting, reducing error and improving accuracy and allowing for timely course correction with inputs from all levels, with the system being set up and tested for baselines and 2020 Annual reporting.

At the same time, though, the COVID-19 pandemic and security issues in some countries have thrown up a major barrier for **workshops and regional events, as well as oversight / results verification by project teams and by the CMU** (see also the operational risk section below). However, a rapid shift to online modalities was established in 2020 which helped the consortium to carry out a satisfactory level of oversight considering the circumstances.

In terms of **project selection**, one of the key risks identified in the ProDoc played out in its full extent with the situation in South Sudan becoming too complex for the consortium member to maintain the South Sudan project in the SWSC viable. The decision was taken to cancel the project and ensure appropriate modification of other projects to ensure delivery of targets as per the ProDoc.

**2020 Annual review and 2021 planning processes** at project and at CMU level have been used to adjust workplans and budgets for 2021 with the aim to accelerate implementation towards



delivering outputs and outcomes and at same time maintain and enhance oversight mechanisms for technical backstopping, monitoring and oversight.

### **Operational level**

By and large the COVID-19 pandemic has been a key risk factor (that was not foreseen in the risk matrix) playing out in full in the second quarter of 2020, right at the start of Phase III. Although the pandemic has also brought the focus and attention on hygiene (from global to local level) and has provided huge opportunities in this regard, the operational impacts have been significant.

The pandemic, next to some security issues in some countries, have thrown up a major barrier for country project teams to engage in planned activities, including activities in schools, coordination meetings, capacity development workshops, community mobilization as well as oversight / results verification. However, adaptations to online modalities were established quickly after the pandemic started which helped consortium members to carry out a maximum of planned activities in alternative ways.

Nevertheless, as described in the relevant sections in this report, the COVID-19 impact on the project implementation has been significant and will certainly remain so in early 2021. Furthermore, also security concerns, linked to political factors, are a growing concern in West-Africa and Myanmar.

The 2020 Annual review and 2021 planning processes have been used by project teams to analyze progress, bottlenecks and risk and plan for delivery in 2021, which is expected to accelerate and projects will put maximum efforts to catching up as much as possible on delays. However, due to the volatile situation in many countries this will be carefully and continuously monitored as part of the ongoing risks management.

6 FINANCIAL STATEMENT

The contract with SDC for Phase III covers the period from 1 April 2020 to 30 September 2023. Hence the 2020 annual financial reporting covers the period of 1 April – 31 December 2020.

A modification of the total Phase III budget has been prepared since late 2020 (along with a modification of the ProDoc due to the cancelling of the South Sudan project) and sent to SDC in April 2021, for which formal approval is still expected. The total budget, compared to the signed contract, increased from CHF 14,811,046 to CHF 16,116,192. This modified budget is used in the analysis below.

The total expenditure for the reporting period amounted to CHF 2,191,748 which represents 51% utilization against the 2020 budget of CHF 4,281,333. Against the total Phase III budget of CHF 16,116,192, it represents 14% expenditure (see Figure 11).

Expenditure against SDC’s cumulative instalment(s) of CHF 1,600,002 is CHF 1,032,696, resulting in a balance of CHF 567,306 in favour of SDC.

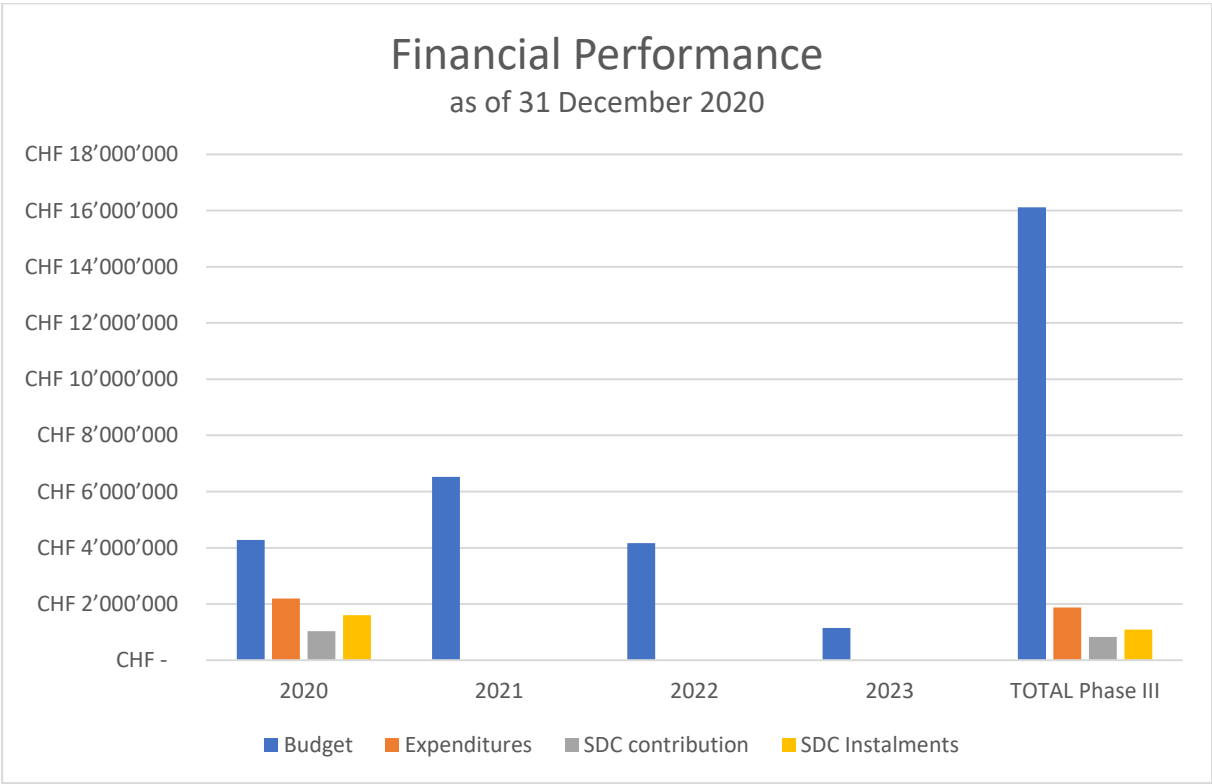
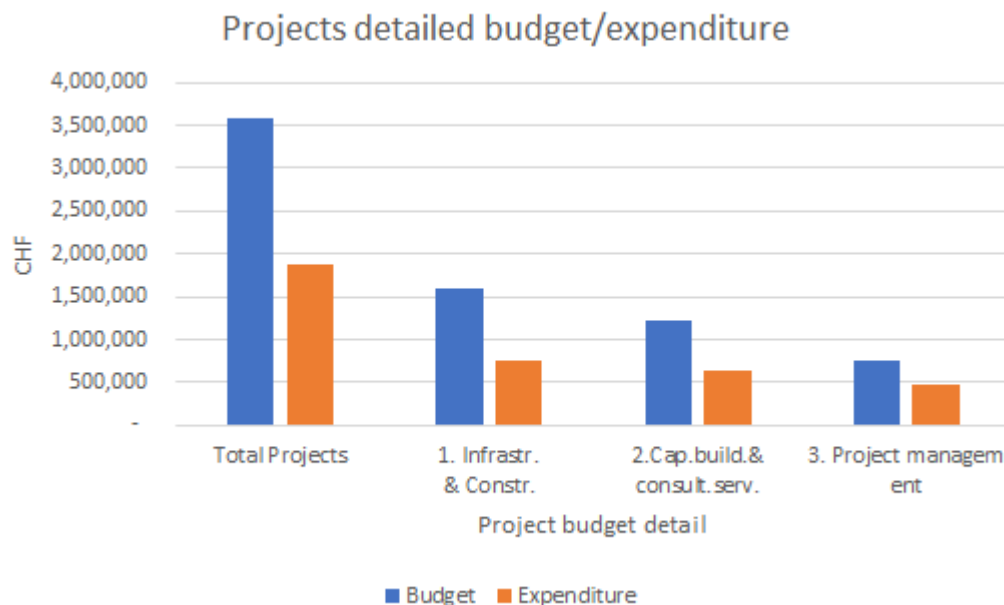


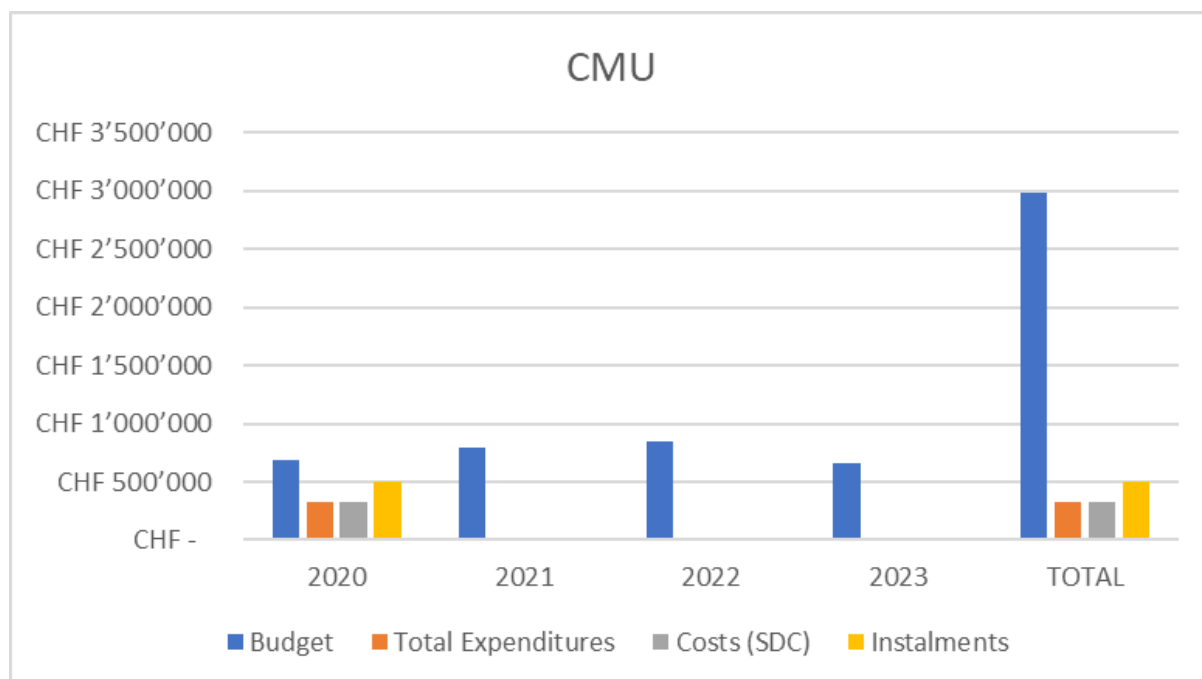
Figure 11: 2020 Annual expenditure and cumulative Phase 3 expenditure against budget

Expenditure at project level reached CHF1,859,238 or 52% of the 2020 budget. A closer analysis of the expenditure at project level (Figure 12) shows a relatively large underspending against 2020 budget for *Infrastructure & Construction* (48% budget utilization) and *Capacity building & consultancy services* (52%) budget lines, and less but still significant underspending on *Project Management* budget line (62%).



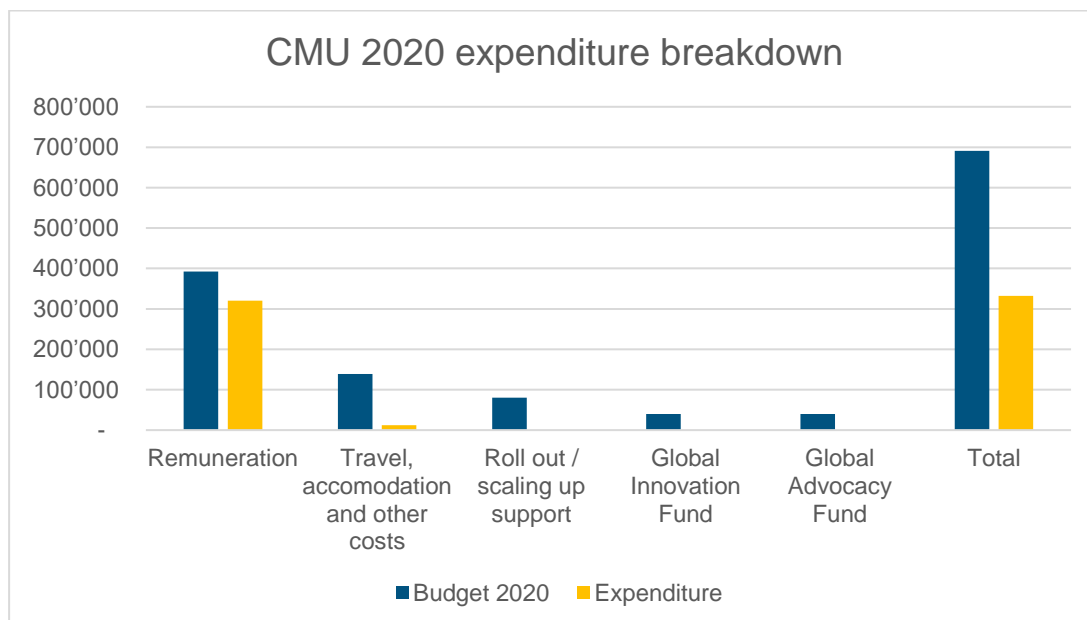
**Figure 12:** 2020 Expenditure against budget for Projects by budget category

Expenditure at CMU level reached CHF 332,510 or 48% of the 2020 budget (Figure 13).



**Figure 13:** 2020 Annual and Phase 3 cumulative Expenditure

Expenditure on remuneration in the CMU totalled to 82% of the 2020 budget (CHF 320,079 against a budget allocation of CHF 392,530). As can be seen in Figure 14, significant underspending occurred on the other CMU budget lines of Travel & Workshops (CHF 12,431 vs. CHF 138,500, or 9% utilization) and the three funds (Roll out / scaling up support, Global Innovation Fund, Global Advocacy Fund: CHF 0 against CHF 160,000, 0% utilization).



**Figure 14:** 2020 CMU detailed expenditure by budget category

Expenditures in 2020 are considerably lower than what was initially budgeted for 2020. Main factors for this situation were:

- **Projects – Phase III Start-up:** As 2020 was the first year of Phase III and had foreseen project implementation from April onwards, due to late signing of the consortium contract several projects did not start implementation of construction and capacity development activities until very late in the year. Setting up the new M&E system and online tools for establishing baselines took considerably more time than previously foreseen.
- **Projects – COVID-19:** The start of Phase III fell right in the first months of the COVID-19 pandemic, paralysing most countries for significant periods of time and demanding some project teams to focus on emergency issues. Many activities (learning and exchange activities, including face-to-face trainings, workshops, etc.) had to be re-designed to take place virtually. For schools, activity planning had to be adjusted, with a focus on hardware, due to COVID-19-related school closures. Capacity building activities were on hold, waiting for the schools to reopen.  
Also travel (in-country travel by project teams, international travel for monitoring visits of Regional Advisors, for learning and exchange events) had to be adapted to various degrees, all in all limiting expenditures in these areas. Some re-programming of funds has taken place with purchasing of PPE and other IPC measures.
- **GIF and GAF funds budgeted for 2020,** although low, were not spent as the foundational work for the Funds was done by the CMU and SB rather than as planned by external consultants.
- **CMU travel and workshops:** Also travel and workshops of the CMU had to be put on hold or switched to online format due to COVID-19.

With projects accelerating implementation in 2021, it is anticipated that delivery will be significantly increasing in 2021. It has to be noted, however, that the pandemic continued to hamper implementation in early 2021 in most countries. Assessing the situation continuously in 2021, with a review planned mid-year, will be critical for ensuring realistic expenditure forecasts aligned with updated planning.

For further details, see Appendix II Financial report (unaudited) and the Audit Report 2020.

The SWSC's third phase was successfully launched in 2020 amidst the gravity of the global COVID-19 pandemic. The choice of signature approaches, agreed by SWSC members in 2019, resonates strongly with the international priority to reinforce prevention of COVID-19 in institutions offering public health and education services. Although already familiar with working on WASH in schools and health care facilities, most project teams have never designed projects through the lenses of the Blue Schools Kit and the WASH FIT process. A few project teams tested and implemented these approaches prior to Phase III: Cambodia and Ethiopia (for Blue Schools) as well as Mali, Nepal and Myanmar (for WASH in HCF). These teams have proven invaluable in animating the experience sharing and the collective learning of the Communities of Practice and support paving the way forward in in Phase 3.

**In 2021** the SWSC will leverage its resources to enhance advocacy, innovation and evidence building within the 16 projects. Competitive, global funds for advocacy and innovation will be launched, in addition to evidence building mandates with the purpose of scaling up the signature approaches. Project teams will continue to advance the implementation of signature approaches; and strategic evidence building initiatives will be deployed to assess their effectiveness and added value.

For **WASH in HCF**, SWSC members will contribute to several workstreams led by WHO experts as part of their WASH FIT revision process in 2021, including updating of the WASH FIT indicators and broader manual, and testing a new digital WASH FIT App. As part of scaling up, project teams in Ethiopia, Mali and Nepal will coordinate to pursue embedding WASH FIT as a tool for local government planning and teams in Benin, Ethiopia and Niger aim to introduce WASH FIT in the communities where they work.

For **Blue Schools**, further collaboration with Eawag on solid waste management and Simavi on menstrual health and hygiene is foreseen, as is promoting collaboration among the SWSC members especially on Blue Schools "road maps". The CMU anticipates that additional Consortium member country teams and non-consortium members will be inspired to start work on Blue Schools through expanding membership of the SWSC Blue Schools Community of Practice.

The Consortium's **advocacy** work stream will see collaboration with the U.S.-based think tank Global Water 2020 to jumpstart the Global Advocacy Fund, and international WASH in HCF experts to explore how to form a new global WASH in HCF community of practice and elevating the role of HCF cleaners. Global Water 2020 has opened the door for the SWSC to actively contribute to international communities of practice on WASH in HCF and Advocacy, and it is anticipated that the secretariats will be handed over to other reputed structures after June 2021.