



OPERATIONAL REPORT PHASE III

Annual Report 2021

1 January – 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
MHH	Menstrual Health and Hygiene
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
WQ	Water Quality

1. SUMMARY

The Swiss Water and Sanitation Consortium (SWSC) was created in 2011 as a mechanism to significantly improve water, sanitation and hygiene (WASH) coverage, to trigger innovation and knowledge sharing, and to engage in advocacy and influence policies. The SWSC member organisations – Caritas Switzerland, HEKS-EPER, Fastenaktion, HELVETAS Swiss Intercooperation, Solidar Suisse, Swissaid, Swiss Red Cross, and Terre des hommes – with co-funding from the Swiss Agency for Development and Cooperation (SDC) – target their resources and know-how to make a significant difference in the living conditions of vulnerable populations by improving access to drinking water, sanitation and hygiene in schools, health care facilities (HCF) and communities.

Two subsequent phases (Phase I from 2011 to 2013 and Phase II from 2014 to 2017) were successfully implemented followed by a transition period that allowed for an external evaluation that consolidated learning and influenced the design of Phase III (2020-2023). The current phase III is fully aligned to contribute to the Sustainable Development Goal (SDG) 6.1 and 6.2 of reaching universal access to water, sanitation and hygiene by 2030.

The third phase focuses primarily on improving WASH in institutions, working in 176 schools and 50 health care facilities, but also in 228 surrounding communities through implementation of 16 projects in 12 countries in West Africa, East Africa and Asia.

The second year of Phase III, 2021, was also the second year in a row in which the COVID-19 pandemic directly and at significant scale impacted several of the SWSC project countries, which affected in many ways the delivery of the planned activities. In addition, the deteriorating security and political situation in a number of project countries has further required the consortium members to adapt to a changing context while implementing projects. However, overall progress of the SWSC has been encouraging thanks to very committed teams, solid implementation work and progressively intensified engagement of key stakeholders.

Since the start of Phase III, 342,568 people in communities and institutions have gained access to an improved drinking water supply (communities: 45,582; schools: 43,926; health care facilities: 253,060) through the construction or rehabilitation of **284 water supply systems** (communities: 101, schools: 125, HCF: 58). Progress on sanitation saw **325,315 people in communities and institutions gain access to improved facilities** (communities: 35,369; schools: 39,064; HCF: 250,882) through construction of **5,524 toilets** (communities: 4,643; schools: 714; HCF: 167) and **373,530 people in communities and institutions gained access to hand hygiene facilities** (Communities: 37,074; Schools 54,422; HCF 282,034) through construction of 7,179 **hand hygiene facilities** (Communities: 5,517, Schools: 1,498, HCF: 164). (Details on 2021 Output results can be found in Section 4 and Appendix I).

This report also highlights outcome progress in institutions since the baseline, showing encouraging results:

Blue Schools:

114 schools have achieved and/or maintained a basic water service level (increase of 64 from baseline), representing an 86% progress against phase III target of 133 schools;

124 schools achieved and/or maintained a basic sanitation service level (increase of 55 from baseline), representing 93% progress against phase III target of 134 schools;

99 schools achieved and/or maintained a basic hygiene service level (increase of 37 from baseline), representing 74% progress against phase III target of 133.

Health Care Facilities:

41 HCF have achieved and/or maintained a basic water service level (increase of 15 from baseline), representing 117% progress against phase III target of 35 HCF;

11 HCF have achieved and/or maintained a basic sanitation service level (increase of ten from baseline), representing 39% progress against phase III target of 28 HCF;

27 HCF have achieved and/or maintained a basic hygiene service level (increase of 27 from baseline), representing 82% progress against phase III target of 33 HCF.

Project teams have worked tirelessly to engage with local stakeholders in the target institutions and communities delivering activities jointly that go well beyond traditional WASH packages, both in terms of service delivery as well as in strengthening of capacity of local actors. Details of this are provided in Section 4.4 of this report.

For the **innovation and advocacy** workstreams, 2021 saw an accelerated activity in various projects with the first two awards under the Global Advocacy Fund (GAF) and three awards under the Global Innovation Fund (GIF) approved. Innovations on issues such as proper medical waste management are sought to be accelerated and learning from the experience shared strategically within and beyond the SWSC. Specific technical support has been provided to teams by consultants engaged for punctual advice on innovation development. Results on the ground and evidence collected are used by project teams to advocate at different levels for influencing leadership, policy and increased and better targeted investment in WASH. Through the engagement of an advocacy expert, technical support to the projects has been made available, backstopping GAF awards and organising workshops to strengthen the SWSC members advocacy capacity and practices.

As part of the SWSC **knowledge management** activities, the Communities of Practice (CoP) for both signature approaches continued its strong momentum with frequent moderated sessions, enabling members to share experiences and learn from each other on implementation. Open to project teams as well as other staff of SWSC members, twelve Blue Schools CoP sessions (six each in English and French) and eight WASH in HCF sessions (four in each language) were facilitated by the CMU in 2021. Regional workshops also provided opportunities to invite technical experts to share on regional and global cutting-edge thematic issues.

In the **evidence building** (EB) workstream, with the support of a consultant, the phase III EB strategy was developed in 2021 proposing a series of initiatives on generating evidence for the SWSC approaches, for which a detailed workplan will be developed in early 2022 by the CMU and for which activities will be implemented throughout 2022-2023 in the form of research and evaluation mandates.

The **SWSC Intranet** is continuously updated and was incrementally used (close to 15,000-page consultations) by SWSC members in 2021. Nearly 100 users – project teams, focal points, SB members and CMU members – consulted reference documents, submitted reports, updated content and posted messages responding to content posted by other members. In 2021, a steady stream of traffic saw 33 blog posts published and around 40-50 page views per day.

The **SWSC Website** has been further updated in 2021. Most importantly, the two pages on the signature approaches have been enhanced with resources for information, implementation guidance and visibility. In 2021, an average of ca. 35,000 website clicks per month were registered (which is more than double compared to 14,500 clicks per month in 2020).

Four **SWSC Newsletters** were published in 2021 on the occasions of World Water Day in March, World Environment Day in June, Global Handwashing Day in October as well as World Toilet Day in November. Furthermore, a website article was published on the occasion of Menstrual Hygiene Day in May, showcasing the experience from the project team in Burkina Faso on sensitising teachers and students on Menstrual Health and Hygiene.

The **SWSC partnerships and global footprint** for the reporting period included, among others, contributions to the German WASH Networks forthcoming Emergency WASH Hygiene Compendium where Blue Schools is included; contributions to the second edition of WASH FIT; the moderation of a session in the WHO/UNICEF Global "Meet-up" webinar on WASH FIT updates as a member of the steering board of the global WASH in HCF community of practice curated by Emory University; as well as Blue Schools featuring in SDCs first edition of the RésEAU Brief series.

In terms of **SWSC budget expenditure**, the overall delivery in the reporting period reached **CHF 5,236,694** which represents around **81% of planned budget for 2021**. Although the expenditure levels for several projects in the first half of 2021 were still impacted by the COVID-19 pandemic and local security and political situations, the second half of the year saw an accelerated budget delivery. (Details on 2021 financial performance can be found in Section 6 and Appendix II of this report).

Four of the 16 projects with initial project end-dates in 2021, have been extended into 2022 in order to ensure adequate time to complete the planned activities. Although nearly all projects are delivering at significantly higher pace than in 2020, it is expected that some projects will continue to be affected, for which in early 2022 there will be a further assessment to establish the need for requesting further (no-cost) extensions.

Project teams work hard to keep up the momentum on implementation and put maximum effort to further catching up with the COVID-19 and security-related delays. By the end of 2021, the project teams and the CMU have gauged progress on delivery of results against the 2021 annual implementation plans, both at project as well as CMU level, and have developed workplans for 2022 to ensuring delivery of full project scopes.

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, Fastenaktion, 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 SWSC member organisations to focus on providing access to WASH with a focus on institutions through the two signature approaches (Blue Schools and WASH in HCF). Additionally, the third phase allows to further build evidence of success with a focus on effectiveness, efficiency, and scalability of the signature approaches. 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 local 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, especially through the Global Advocacy Fund (GAF). While triggering innovation has been a focus since 2011, Phase III aims for concerted efforts through the launch of the Global Innovation Fund (GIF).

The SWSC is structured around three regions (Figure 1): 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.

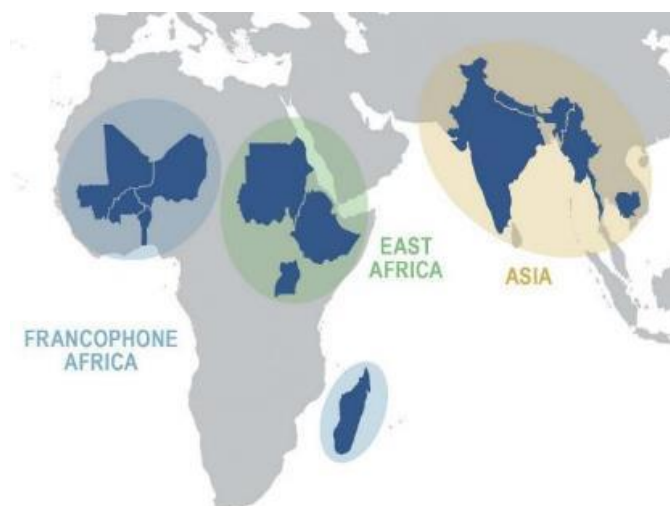


Figure 1: Three regions and 12 countries – Francophone Africa: Benin, Burkina Faso, Madagascar, Mali and Niger; East Africa: Ethiopia, Sudan and Uganda; Asia: Cambodia, India, Myanmar and Nepal

The present annual report 2021 summarises both the **cumulative outcome and output progress since the beginning of phase III** with details on progress of **output indicators during the period from January until December 2021**.¹ The report highlights both achievements at project level as well

¹ All results are presented against the approved modified SWSC ProDoc targets and budget (June 2021); however, due to the withdrawal of seven HCF in Myanmar and eight schools in Burkina Faso because of their inaccessibility owing to socio-political unrest and insecurity in the second half of 2021, a further target modification is required. A modified statement of targets reflecting these realities will be submitted to SDC.

as at regional and global level. It further presents the lessons learnt and joint activities realized during the reporting period.

A separate internal Mid-term Review of Phase III is being undertaken in March-June 2022 that will look at cumulative progress in 2020-2021 and lessons learned for steering purposes for the remainder of the phase as well at the added value of the members working as a consortium.

Additional information available regarding this period are published on the SWSC website: www.waterconsortium.ch.

3. BASELINE DATA COLLECTION

As part of the results-based approach of the SWSC, baselines for all Outcome indicators as per the SWSC ProDoc Logical Framework are to be established enabling measurement of progress over the projects lifespan.

As presented in previous reporting periods, baseline data had been collected for a large part of the planned schools, HCF and communities after respective project start. However, some projects had not yet completed baselines in all schools, HCF and communities due to various constraints. Other projects had not yet started baselines since the project start was delayed (e.g. Sudan, where the project delegate was only deployed to Sudan in August 2021). Table 1 below provides an overview of completion of the baseline data collection efforts as of December 2021.

Table 1: Baseline data collection progress in SWSC projects

Component	Item	Projects			Unit		
		# of projects in Phase III	Baseline done	Completed (%)	# of schools, HCFs, communities	Baseline done	Completed (%)
Schools	WASH services	12	12	100%	176	176	100%
	WQ testing	12	6	50%	176	31	18%
HCF	WASH services	7	7	100%	50	50	100%
	WQ testing	7	4	57%	50	29	58%
Communities	WASH services	11	11	100%	523		
	WQ testing	5	4	80%	89		

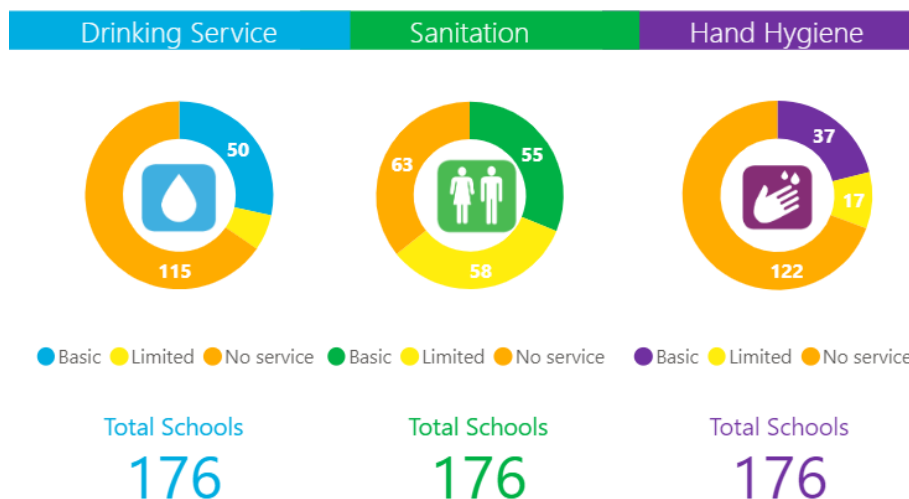
Baselines for WASH services have been completed in 100% of the 50 HCF and the 176 schools targeted by projects. Baseline data collection for WASH services in communities was also completed in all 11 projects in all communities.

Baselines for microbial water quality (WQ) at point of use was only partially completed in institutions and in communities due to difficulties to identify and contract testing labs and procurement of equipment and capacity, security issues and in some cases absence of water to test in some institutions.

Updated baseline data can be found in Appendix B.

3.1 Blue Schools: Baseline

All 12 Blue Schools projects accomplished baseline surveys. Teams from Sudan and Madagascar completed baseline data collection in 2021. Out of a total of 176 schools, **71% had either no water source or an unimproved source**, and more than **two-thirds lack improved sanitation facilities** which are single sex and useable. Around **one in five schools have hand hygiene facilities** with soap and water. The data analysis is shown in Figure 2 and Table 2 below.



Type	Schools	%	Type	Schools	%	Type	Schools	%
Basic	50	28%	Basic	55	31%	Basic	37	21%
Limited	11	6%	Limited	58	33%	Limited	17	10%
No service	115	65%	No service	63	36%	No service	122	69%

Figure 2: Baseline status of JMP service levels for WASH services updated from 165 (2020) to 176 schools

A comparison of baseline data for WASH service levels among the selected schools in the three geographic regions, East Africa (six projects, 52 schools), West Africa (six projects, 63 schools) and Asia (two projects, 51 schools) shows that, in general, the schools selected in Asia have a lower starting point of with respect to basic level WASH services.²

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 89%.)

Microbiological testing during Baseline data collection on **drinking water quality at point of use resulted in 58% of schools with an absence of faecal coliform**; however, this figure represents only 31 of the 176 schools (18%) and hence is not very representative.

² 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.

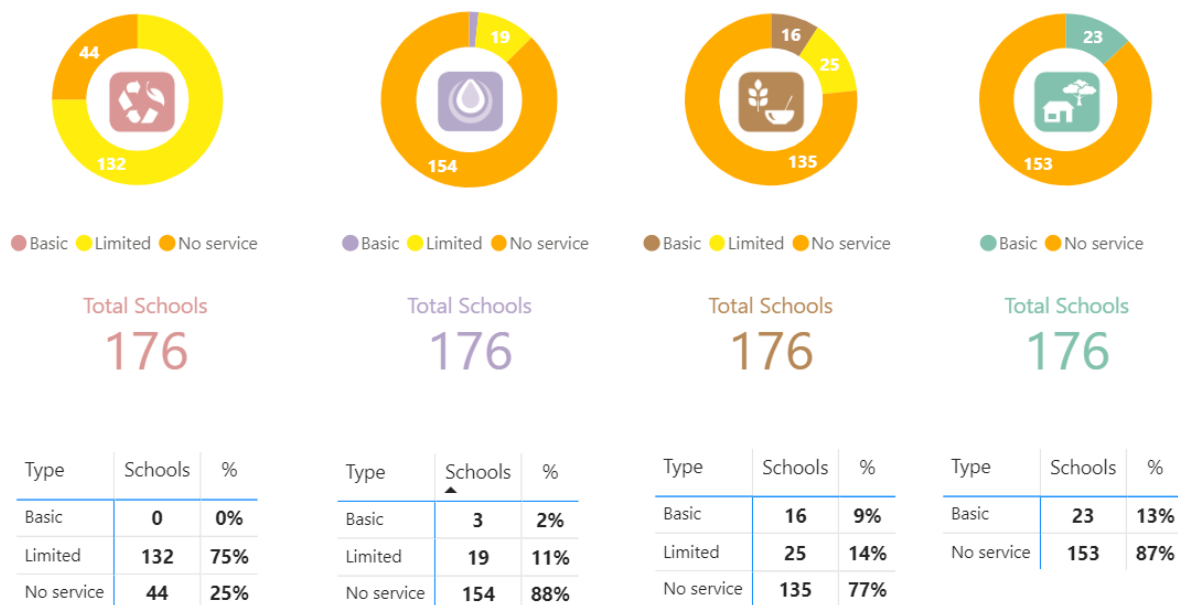


Figure 3: Baseline status of service levels of **Blue Schools** components updated from 165 (2020) to 176 schools

Analysis of data on the additional Blue Schools services (Figure 3) puts the related novel indicators to the test. For **menstrual health and hygiene (MHH)**, **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).

As per the baseline surveys, for **solid waste management, none (0%) 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 85% 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 MHH; the projects in East Africa have slightly higher service levels than for the other regions.³

The Blue Schools baseline data summary in Table 2 below shows the number of people benefitting from various Advanced Level services in schools and the percentage of the 69,546 students and teachers targeted in 176 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.

³ 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 2: Blue Schools baseline data for advanced WASH service level indicators

Service	Advanced Service Indicator	People with Access	% of target population
Water	Available when needed	22,071	32%
	Free from E. coli	15,573	22%
	Accessible to students with limited mobility / vision	17,211	25%
	Onsite source (on school grounds)	22,211	32%
Sanitation	Toilets are accessible to all	12,383	18%
	Appropriate menstrual hygiene mgmt. facilities	8,184	12%
	Toilets are inspected for cleanliness	12,994	19%
	Sufficient quantity of toilets for girls and boys	8,638	12%
Hygiene	Accessible to all	14,722	21%
	Available at critical times	15,063	22%
	Provision of menstrual hygiene management products and education at the school	6,338	9%

Analysis of baseline data for the 176 schools shows that 22,071 people have access to at least one of the three advanced level services for water, 12,994 to at least one of the four advanced level services for sanitation and 15,063 to at least one of the three advanced level services for hygiene.

3.2 WASH in Health Care Facilities: Baseline

As previously reported, due to the pervasive insecurity and socio-political crisis in Myanmar, since early 2021 the project team has not been able to access the seven HCF in its project and has shifted to working in communities. These seven HCF have been removed from the outcome level monitoring and reporting system. The seven remaining Consortium projects intervening in HCF completed baseline surveys of general service areas in 50 facilities. The data analysis is shown in Figure 4 and Figure 5 below.

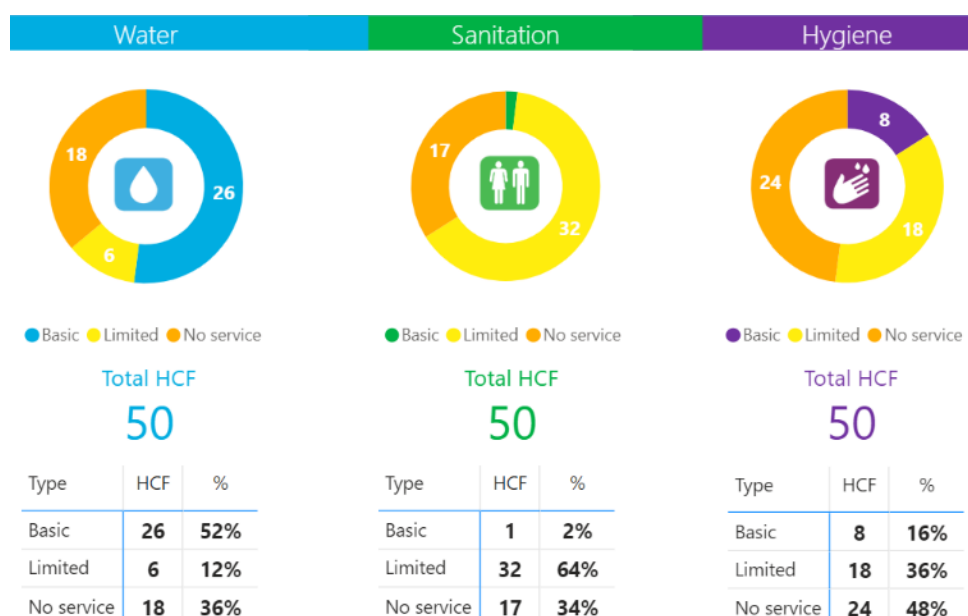


Figure 4: Baseline status of JMP service level indicators for WASH in 50 HCF

For the 50 HCF, **around half (52%) lack an improved water source** located onsite with water available at the time of the survey (basic service level). Only **one HCF (2%) offers 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 service level). Only **16% of HCF have hand hygiene stations with water and soap** or alcohol-based hand rub.

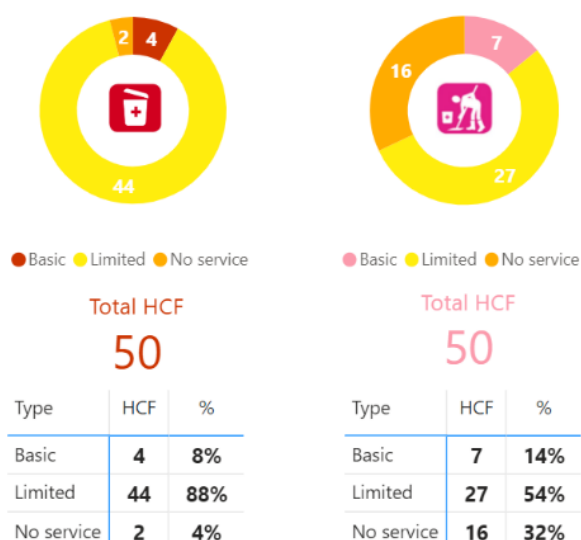


Figure 5: Baseline status of JMP service level indicators for waste management and environmental cleaning in HCF - General Service Areas

Four of the 50 HCF (8%) 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 seven HCF (14%).

A comparison of baseline data between SWSC interventions in Africa (East/West: five projects, 33 HCF) and Asia (two projects, 17 HCF) shows that HCF selected by SWSC projects in Africa are starting from a lower level of water, sanitation, hygiene and environmental cleaning services, while waste management service levels are roughly the same.⁴

The baseline tallied only 14% 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** was completed for four projects, representing 29 of 50 HCF (58%). An average of 38% of HCF have an absence of E. coli.

Furthermore, 47 of the 50 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.

⁴ 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.

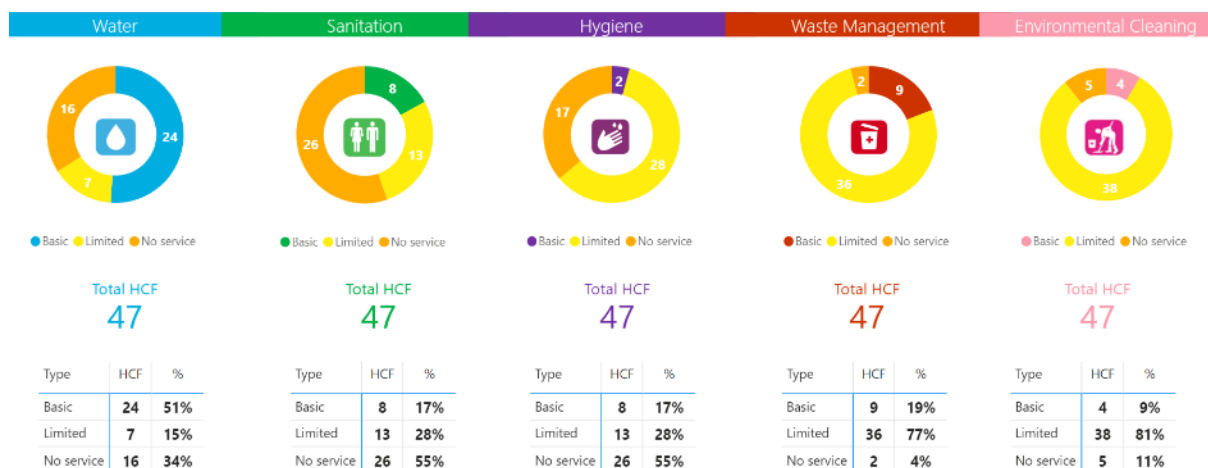


Figure 6: Baseline status of JMP service level indicators for WASH in HCF Delivery Rooms

Among these 47 HCF, around half already have a basic water service; less than one in five have basic hand hygiene and waste services; only 8% a basic waste management service and 9% a basic environmental cleaning service.

3.3 Communities: Baseline

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 228 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 on 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 second project in Burkina Faso (Plateau Central) only on sanitation and hygiene through community-led total sanitation (CLTS).

All 11 projects conducted baseline surveys in communities already in 2020. The data revealed that of the 55,896 people targeted for a basic water service **only 8% (4,231) had access to an improved source within walking distance** (30 minutes round trip including cueing) of their household (basic service level). Seven of the eleven projects work on water quality improvement at point-of-use in communities and of those, five were able to conduct microbiological drinking water quality analysis at household level (E. coli), though the sampling methodologies varied. The table below summarizes the survey results by project teams in four African countries (Uganda, Niger, Madagascar and Ethiopia) showing that **only around half of the households had no microbiological contamination at the point-of-use** (weighted average 51%), whereas for the only one Asian country (India) that tested water quality at the point-of-use, **81% of households had no microbiological contamination**.

Table 3: Baseline status of safe drinking water in households in selected projects.

	No. of HH tested	No. of HH with absence of E.Coli	Baseline Value
Africa			
Uganda	8	8	100%
Niger	62	12	19%
Madagascar	70	0	0%
Ethiopia	36	0	0%
	176	20	51%
Asia			
India	1270	1024	81%

Of the 62,701 people targeted for a basic sanitation service, only **22% (14,102) use an improved sanitation facility in their household that is not shared** with other families (basic service level). Of the 79,291 people targeted for a Basic hygiene service, only **12% (9,143) have a functional hand hygiene facility** (i.e. with water and soap) in their households.

Additional to surveying the presence of infrastructure, 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). Even though the self-reported behaviour is not the most robust measure and prone for over-estimating, it provides for interesting reflection.

4. KEY ACHIEVEMENTS AND LESSONS LEARNT

In the following sections, the key achievements from the current reporting period are described, both at project level as well as at regional / global level. Results are presented following the SWSC Phase III ProDoc objectives structured under Outcome 1 (Increased WASH Services) and Outcome 2 (Scaling Up of Good Practices, Advocacy and Policy Influencing) as well as appreciating the interlinkages of the thematic topics within both outcomes. Thus, the chapters are structured 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.
- **Section 4.4** synthesizes progress on knowledge management, evidence building and advocacy under Outcome 2, both at regional and global level, but building on the results accomplished at (sub-) national level.

Detailed output results for the reporting period by project can be found in Appendix B of this report.

In the table below, the distribution of components (target HCFs, Schools and communities) per project is reflected for an overview of geographical scope.

Table 4: Number of Schools, HCF, Communities targeted by SWSC interventions, by country

#	Country	Organization	Schools	HCF	Communities
1	Cambodia	Caritas Switzerland	45		
2	India	Tdh		9	20
3	Myanmar***	Tdh			6
4	Nepal	Tdh	6	8	20
5	Ethiopia	Caritas Switzerland	7 (5**)		
6		HEKS – Amhara	3	2	10
7		HEKS – Oromia	3		
8	Uganda	HEKS	7		6
9	Sudan	SRC	30		
10	Madagascar	Fastenaktion	12 (4*)		20
11	Niger	HEKS	22	8	24
12		Swissaid	18	7	9
13	Bénin	Helvetas	14	6	90
14	Burkina Faso***	Helvetas	4		18
15		Tdh	5		5
16	Mali	Tdh		10 (6*)	
		Total	176	50	228

* Institutions also covered under SWSC Phase II

** Institutions previously covered under another Blue School project (not Phase II)

*** Target changes in second half of 2021 due to security context in country.

4.1 Blue Schools: 2021 Achievements

In 2021, twelve projects in nine countries implemented the Blue Schools approach in 176 schools in Benin, Burkina Faso, Cambodia, Ethiopia, Madagascar, Nepal, Niger, Sudan and Uganda. Project teams continued engaging stakeholders both at (local) government level and at school levels around the Blue Schools approach, and have focused on consultation, mobilisation and capacity building of the different stakeholders, as well as infrastructure and practical learning exercises with students. Several of the activities met with curtailments due to continued or new pandemic-related lockdowns or security related restrictions (Burkina Faso, Ethiopia), which saw school closures in several projects of the Asia and Africa regions (see Table 5). Although the situation improved somewhat towards the second half of the year, several countries remained with restrictions throughout the 2021.

Table 5: School closures in SWSC project areas in 2021 due to COVID-19 or security situation

Country	School closures Jan-Jun 2021	School closures Jul-Dec 2021
Madagascar	16 weeks	12 weeks
Burkina Faso		12 weeks (except 1 school)
Uganda	20 weeks	21 weeks
Sudan	3-5 weeks	
Nepal	20 weeks	1 week
Cambodia	15 weeks	

a) Key Achievements in Increasing WASH Services in Schools (Outcome 1)

Progress through the end of 2021 against Phase III outcome targets for WASH service levels is shown in Figure 7. This includes an increase in the number of schools achieving a “Basic” service level per JMP recommended indicators and a decrease in the number of schools at “No service”, though eliminating the latter remains a priority. The results reflect the delay announced in 2020 in starting the Sudan project, SWSC’s second largest Blue Schools project (30 schools), due in part to limited access because of insecurity. Overall, SWSC is on track to achieve WASH outcome targets by the end of the phase.

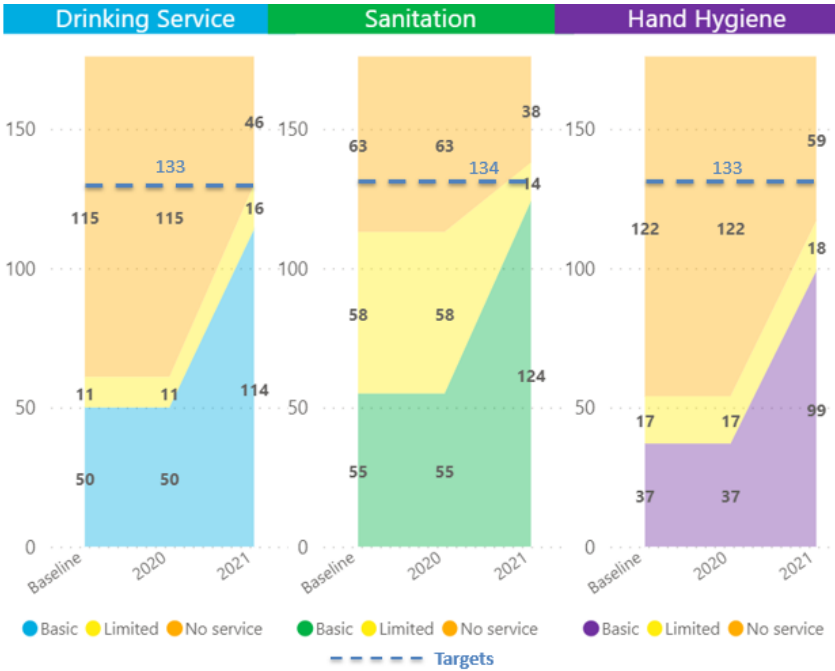


Figure 7: SWSC Phase III cumulative progress on JMP recommended service level indicators for WASH in Schools in 176 schools through 2021

The four additional Blue Schools components are usually addressed after WASH priorities have been tackled. As expected, progress against these targets (compared to WASH) was less evident at the end of 2021 (Figure 8). As indicated in the section on baselines above, these indicators are experimental and, in some cases, proving very ambitious.

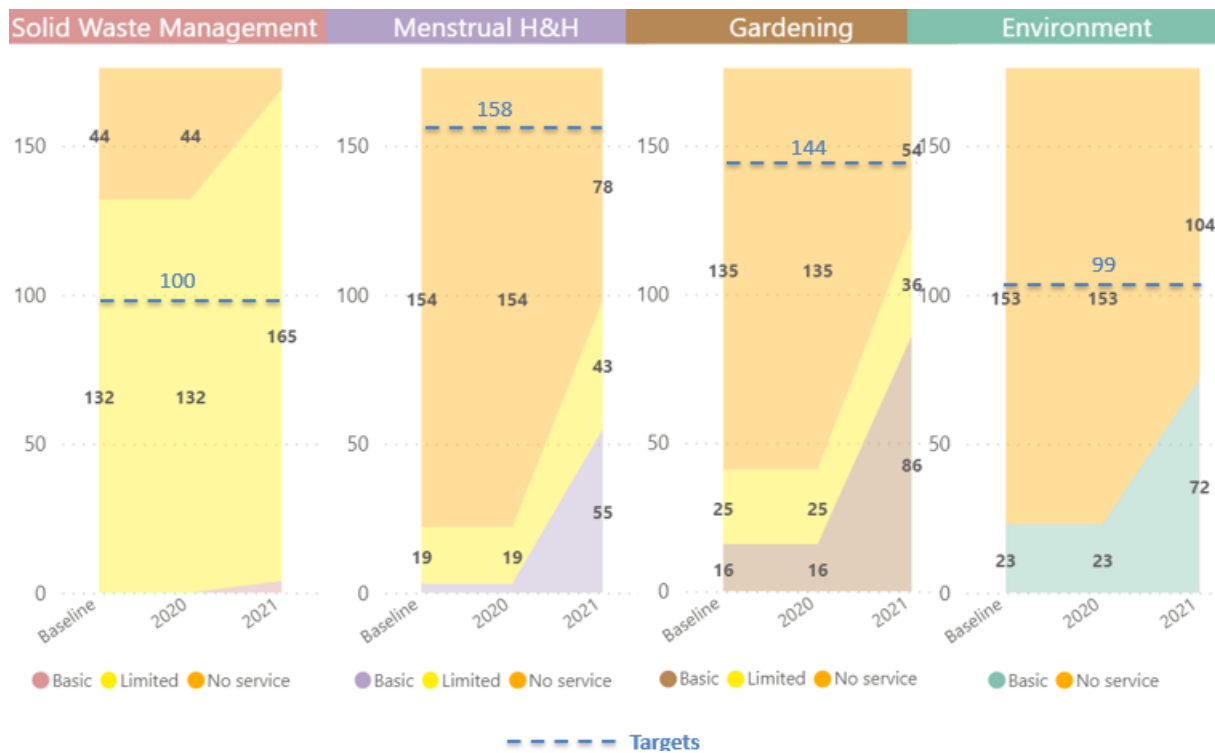


Figure 8: Phase III cumulative progress on SWSC recommended service level indicators for other Blue Schools services in 176 schools through 2021

Due to the experimental nature of the solid waste management indicator developed with Eawag, it is now clear that the target will not be met by the end of phase III. Analysis of the five aspects provisionally defined for a Basic level waste management service is part of the monitoring process and provides an opportunity for learning. Nearly all schools have progressed to at least a “Limited” service, while four schools reached “Basic”: fulfilling at least one but not all five aspects. Data available for 169 of the 176 schools (Figure 9) shows that separating organic and inorganic waste is the aspect most frequently achieved (82%).

Country	Number of schools with no signs of waste litter	Number of schools with no signs of burning plastic	Number of schools that separate organic and inorganic waste	Number of schools with a compost pit or pile in use	No. of schools disposing of inorganic wastes as recommended*	Total Number of Schools
Cambodia	2	3	45	21	1	45
Nepal	1	0	4	5	0	6
Madagascar	6	12	12	4	6	12
Benin	3	14	14	5	0	14
Burkina Faso (2 projects)	4	3	7	5	1	9
Niger (2 projects)	37	31	30	2	29	40
Sudan	4	17	21	13	10	30
Ethiopia (2 of 3 projects)	6	4	6	3	5	6
Uganda	6	7	0	4	1	7
Rate of uptake:	41%	54%	82%	37%	31%	169

*Non reusable/recyclable waste is disposed onsite in a protected waste disposal pit or given for disposal by an authority outside the school

Figure 9: Analysis of progress on each of the five aspects of the SWSC recommended service level indicator for solid waste management in 169 schools through 2021








Disposal of non-recyclable / non reusable waste (31%) proved most challenging as it requires onsite infrastructure or a local government collection and disposal service – both of which take time to influence. Starting a compost pit or pile usually accompanies gardening, which is yet to begin in 30% of schools.

2021 saw the reopening of schools following pandemic lockdowns and an opportunity for project teams to make use of the 2021 growing season. Their efforts saw an increase in **gardening** and

environmental activities and progress on outcome level indicators for those services. The reporting period also saw progress on private spaces with water and soap and bins with covers for **menstrual hygiene management** in schools. SWSC anticipates targets for these three services to be achieved, or nearly achieved by the end of the phase.

Key highlights on progress of selected **output indicators** in 2021 and cumulative progress against overall Phase III targets⁵ are presented in Table 6. (Details can be found in Appendix B).

Table 6: Blue Schools – Output progress 2021 and cumulative progress for Phase III

	<p>Water: 108 water supply systems were realised in schools enabling 38,966 girls, boys and school personnel to newly gain access to drinking water from an improved source in target schools. Cumulative progress Phase III: 125 systems (96% of Phase III target) benefiting 43,926 girls, boys and teachers (cumulative progress: 93%).</p> <p>Water quality: 15,985 students and school staff newly gained access to drinking water treated by appropriate treatment systems (cumulative progress: 17,543 people, 141% of Phase III target).</p> <p>Training on management, operation and maintenance of water supply and sanitation services reached an additional 3,261 school staff and caretakers, bringing the Phase III total to 3,467 people trained (227% of Phase III target).</p>
	<p>Sanitation: 501 improved toilets were newly constructed / rehabilitated benefitting 30,997 boys, girls and school personnel.</p> <p>Since the start of the phase, SWSC has supported installation of 714 sanitation facilities in schools for 39,064 people (112% and 91% of Phase III targets, respectively).</p>
	<p>Hand Hygiene: 1,172 hand hygiene facilities with water and soap were installed in schools in 2021 benefitting 39,116 boys, girls and school personnel.</p> <p>Since the start of the phase, 1,498 facilities were constructed (246% of the Phase III target), benefitting 54,422 boys, girls and school personnel (104% of target).</p>
	<p>Menstrual Health and Hygiene: 9,227 students, school staff and government representatives received menstrual health and hygiene training and awareness sessions at schools in 2021 (same as cumulative progress: 7,846 students and 1,181 adults).</p>
	<p>Solid Waste Management: 28,880 students, school staff and government representatives received solid waste management training and awareness sessions at schools in 2021 (same as cumulative progress: 27,124 students and 1,756 adults)</p>
	<p>School Gardening: 5,933 school staff and caretakers have been trained on management and maintenance of school gardens in 2021 (same as cumulative progress: 284% against phase III target).</p>
	<p>Environmental Activities: 24,670 students and school staff and government representatives received environmental promotion and awareness sessions at schools in 2021 (same as cumulative progress: 23,017 students and 1,653 adults).</p>

Insights and Highlights

MHH Interventions in Sokora Jide School – Caritas Switzerland in Ethiopia

Due to poor awareness about Menstrual Hygiene Management practices, it is common for female students to be absent from school during the time of their period. Caritas Switzerland had organized an awareness training on Menstrual Hygiene Management for female students and teachers in collaboration with Woreda Health Office in May 2021 for the Sokora Jide School. During the training, practical demonstrations of reusable sanitary pads, either homemade (using clean cotton or bed sheets) or sold at market options, to manage periods were explained. Since then, the school focal person for Menstrual Hygiene Management counselling had encouraged students to avoid being absent from

⁵ No separate annual targets were developed by the project teams for 2021 at the start of the year. Hence limited performance analysis is provided against the Phase III (2020-2023) targets in the tables above instead.

school and to use locally available clean materials during period time in schools. As a direct result of the awareness training and the focal person's efforts, students started to talk about MHH fighting the stigma. They are learning that menstruating is a natural process one can talk about without shyness. Hence, general shyness decreased and confidence was built. The counselling focal teacher attests that she could observe those changes among female students. Moreover, the use of local sanitary pads had increased and absenteeism decreased.

Inspiring Hygiene Champions – Caritas Switzerland in Ethiopia

The aim of the Blue Schools concept is to work with children on planting vegetable gardens, improving water systems and teaching them about the connections between health, nutrition and climate. By doing so, future hygiene champions are raised who promote the improved practices also in their communities.

Like this, the 13-year-old Fatiya who attends a Blue School of Caritas Switzerland in Ethiopia, learned in the school garden how to grow fruits and vegetables. Now, she has a garden of her own. She knows the rules of hygiene and has even built a latrine at home. Since then, she and the whole family get sick less often.

To learn more about this success story, please see the article on the SWSC website [here](#).

b) COVID-19 Interventions

Covid-19 Animation in Schools in Betioky – Fastenaktion Madagascar

In the 12 project schools in the Betioky area in Madagascar, monthly animation sessions on the barrier measures to limit COVID-19 transmission were held with the support of the teachers and Community Agents, accompanied by posters from the basic health centers. This animation always proceeds the animation of other themes as soon as possible in the presence of the parents who are available. Project facilitators at the school level introduce students to handwashing with soap. Teachers quiz students subsequently about the various aspects of barrier gestures and their benefits.



Although possibly unrelated, during the pandemic, there were no cases reported of COVID-19 at the level of these Blue Schools.

COVID-19 Impact on Hygiene Practices in Schools and Communities – HEKS Uganda

In the wake of the pandemic, information on the virus was not so readily available in Uganda. Some community members believed in rumours about the virus and some even did not believe in its existence at all. This led to poor responses in observing prevention measures such as frequent handwashing with soap, social distancing, wearing of face masks and vaccination. However, upon the resurgence of the second wave, more deaths were reported across the country and the urgency to adapt behaviour, including following prevention guidelines and handwashing practices, were felt more necessary.

The project mainstreamed COVID-19 in its activities and conducted community sensitization meetings to deliver messages on COVID-19 prevention targeting community leaders including Refugee Welfare Councils (RWCs), Village Health Teams (VHTs), hygiene promoters, church, and opinion leaders and school staff (for those schools/classes that were allowed to take place face-to-face during the National School Shift program).

Furthermore, the project implementing partner, ACORD-Uganda, is a member of the district COVID-19 task force that was charged with responsibilities to conduct trainings of Hygiene promoters on COVID-

19 management, to distribute information material and raise awareness to communities. The project has registered improved collaboration and coordination of local leaders with the Yumbe District Local Government through joint interventions and complementarity of the COVID-19 response as exhibited in zonal meetings, hygiene promotion sessions and awareness creation sessions. The communities have taken ownership of their role in protecting themselves and their households from the virus. This is also observed at school level where school administration was prioritizing availability of soap and water at handwashing facilities and students and teachers were consistently encouraged to wash their hands during daily parades, lessons and general assemblies. The project team is convinced that the COVID-19 pandemic boosted the project's efforts to promote good hygiene practices in schools and communities.

c) Lessons Learned and Factors for Success

Security Related Relocation of Schools and Impacts on the Provision WASH Services – Helvetas Burkina Faso

In the context of insecurity in the region, schools are forced to move to new localities with very little hygiene and sanitation infrastructure. The problem for the Laafia project is how to implement the Blue School lessons in the absence of WASH services. The majority of schools that are relocated move to sites with less infrastructure and less equipment. The relocation of students is a concern for the projects that accompany them, as well as the government. To enable relocated students to regain their WASH habits, the project seized the opportunity to make students and teachers understand that WASH is beyond equipment. The actions of the project in this new context consist of focusing on awareness raising on the environment around us and the equipment available as well as developing strategies to promote Blue School lessons and agents of change in the communities despite the difficulties on the ground.

School Gardening Evolution of Practices – Fastenaktion Madagascar

Early on in the project, the project staff recounts that students and parents were very motivated to develop the vegetable gardens including several flower beds. But over time, they have found that it takes a lot of effort and time to maintain them not to mention the demand for water. And even during periods when the school is not open, such as holidays, lockdowns and after a harvest, the gardens are neglected. During their follow-up, the project teams discussed this situation with the school communities to look for a way forward. The community initially wanted the gardens to be big, not yet knowing the consequences in the long run. Alternative techniques were discussed, such as the reduction of the size of the garden as well as the "Keyhole Garden" model that does not require much maintenance and watering. The school community readjusted their goal to have "a garden for students to learn about the relationship between Water, Earth and Nutrition" and not "a garden for vegetable production".

The main lesson to be learned is that before implementing or promoting vegetable gardens, it is necessary to focus on objectives and strategies and to establish an action plan based on the capacity of the stakeholders. It is noted that the school is not a place of vegetable production but rather a place of learning.

Improved Knowledge and Skills in Environmental Health Management for Clean School Compounds in Kofele Woreda – HEKS Ethiopia

As part of the environmental health management engagement, students in the Kope, Tulu Boke and Welensu Primary schools improved their knowledge and skills in environmental health management through the training they received using the Children Hygiene and Sanitation Training (CHAST) methodology.

They now regularly collect waste from school compounds, sorting it into bio-degradable and non-degradable. The school agricultural clubs that are trained on school garden development prepare composts from the bio-degradable waste and use it for vegetable gardening in the school yards. The students also separate the non-degradable waste into reusable and non-reusable waste and use the reusable ones such as plastic bottles to fence and decorate the school compound. The students also place waste collection bins at various locations in the school compounds and this, coupled with the hygiene promotion of school hygiene clubs, helped change the hygiene behaviour of students. This in turn resulted in a visibly cleaner school environment in the four schools.



d) Promising Practices for Scaling Up

Adaptation of the Blue Schools Kit into the Local Context in Cambodia – Caritas Switzerland in Cambodia

The Blue Schools Kit was adapted to the Cambodian context. It is now available as a technical resource material for implementing partners, school and PDoEYS staff. Caritas Switzerland introduced the Catalogues of practical exercise and technology and discussed their content among with implementing partners during the Blue Schools ToT training. This also included brainstorming new exercises that can be done with children to make them reach the learning objectives. Exercises were subsequently designed step by step and are easy to understand and to be practiced by children. Implementers are now rolling out the first draft of practical exercise and technology in the Blue Schools ToT training with teachers and also support the practicing with children for each component.

For more information, please consult the corresponding article on the SWSC website [here](#).

Mobilization of Local Expertise for Introducing Appropriate Technologies – Tdh Nepal

The construction of a school garden is one of the activities listed out in the Blue School roadmap developed by all the targeted six schools in Nepal. After the reopening of the schools (that were shut due to COVID-19), the school authorities decided to construct school gardening activities with a demonstration of locally appropriate technologies.

School authorities requested the project team for technical support to provide an agriculture expert who could provide training on gardening. The project team coordinated with the local authorities and identified a local agriculture expert. The expert along with an intermediate level agriculture teacher from one of the project intervened schools (Shree Jay Kalika Secondary School) then conducted trainings for the teachers and students in each school on gardening along with the demonstration of locally appropriate technologies, such as drip irrigation, bottle irrigation, composting etc. The trainer, being a local officer has great knowledge on the local soil conditions and the types of crops that can be grown. The schoolteachers and students found it very useful hence engaged meaningfully in the activities and their promotion. This is a good example of mobilizing local experts for building local capacities and identifying what is useful and appropriate in the local context.



Inspiring Community Volunteers to Support Blue Schools Interventions – HEKS Uganda

Following the outbreak and resurgence of COVID-19, the project faced challenges due to closure of schools, limitations on gatherings and curtailed movement in the communities. While the project management worked towards risk aversion, the pandemic meant that the project had to take on more creative measures. In that context, the project was re-programmed to conduct Blue Schools activities at community level. Community outreach and communication campaigns were organized at grassroots level for community leaders, hygiene promoters, parents and teachers to introduce Blue Schools concepts. The outreach provided a platform for recruitment of voluntary Blue Schools champions selected from parents, hygiene promoters and community leaders. Participants expressed interest in becoming Blue Schools champions charged with the task of promoting Blue Schools topics / approaches in schools and community.

It also presented an opportunity for the project to capitalize on promotion of proper hygiene practices in community and mainstreaming prevention and control of COVID-19. This was done through door-to-door sensitization campaigns by community volunteers. The foundation laid by the campaigns has fostered improved cooperation and collaboration among Blue Schools and communities to roll out planned Blue School activities. The project has learned that interventions should allow flexibility and inspire community volunteers to champion the support in promotion of Blue Schools activities in schools and on community level, and that interventions can be altered to include or try out new approaches.

4.2 WASH in Health Care Facilities: 2021 Achievements

Steady and, in some cases, significant progress on Phase III outcome targets for WASH service levels through the end of 2021 is shown in Figure 10 and Figure 11.

a) Key Achievements in Increasing WASH Services in HCF (Outcome 1)

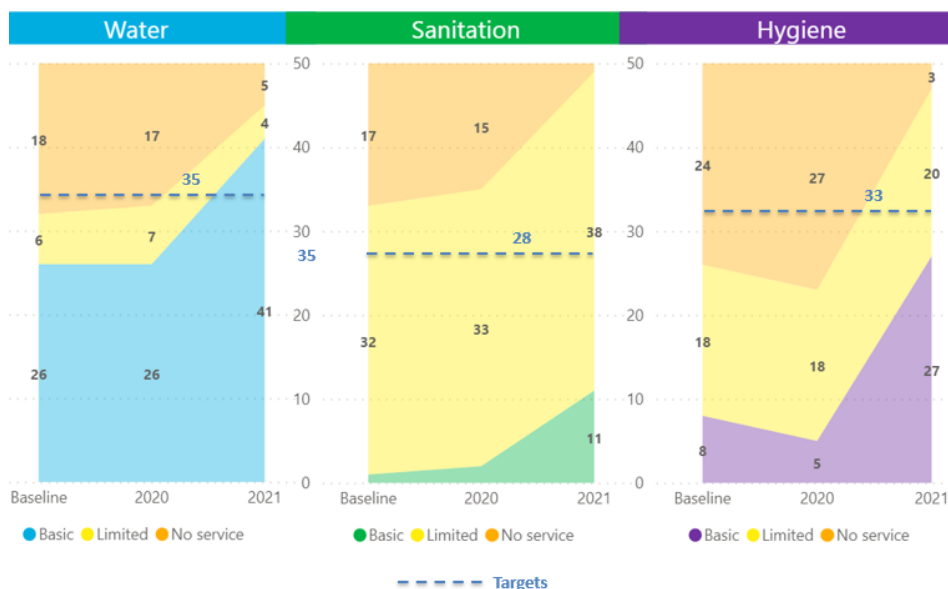


Figure 10: Phase III progress on SWSC recommended service level indicators Water, Sanitation and Hygiene services in 50 HCF through 2021






Collectively, the seven SWSC projects surpassed targets for number of HCF with “Basic” level water and environmental cleaning services. The JMP indicators for sanitation and waste management are acknowledged as the most challenging to fulfil, including, respectively, aspects for menstrual hygiene management, access to toilets for people living with disabilities and incinerators and/or autoclaves that meet standards to properly dispose of medical waste. For both services, SWSC teams have nearly eliminated the incidence of “No Service”. Five of the seven projects using the WASH FIT process follow the priorities indicated in each HCF’s Improvement Plan, which are usually focuses on breaking out of the “No Service” level and gradually working towards “Basic”. Overall, SWSC is on track to achieve WASH outcome targets for all services—with the possible exception of sanitation—by the end of the phase.



Figure 11: Phase III progress on SWSC recommended service level indicators Waste Management and Environmental Cleaning services in 50 HCF through 2021

Key highlights on progress of selected **output indicators** in 2021 and cumulative progress against overall Phase III targets⁶ are presented in Table 7 below. (Details can be found in Appendix B).

Table 7: Health Care Facilities – Output progress 2021 and cumulative progress for Phase III

	<p>Water: 48 water supply systems (defined as water points at different areas within the HCF) were constructed in HCF in 2021. These water points benefit 102,910 patients and staff. Cumulative Phase III progress: 58 systems (171% progress against Phase III target); and 253,060 people (71% progress)</p> <p>Water quality: 99,501 patients and staff newly gained access to drinking water treated by appropriate treatment systems (cumulative progress: 258,730 people, 1,079% of Phase III target). The cumulative target has been exceeded because it was not planned to implement water treatment systems in Benin, India, and Mali. However, water treatment emerged as a priority for investment during the WASH FIT process.</p>
	<p>Sanitation: 124 improved sanitation facilities were newly constructed / rehabilitated in HCF, enabling 240,498 patients and staff access to improved sanitation facilities in HCF. Cumulative progress: 167 toilets (182% of Phase III target) for 250,883 beneficiaries (72%).</p>
	<p>Hand Hygiene: 94 hand hygiene facilities were newly installed with the support of SWSC projects in HCF, allowing 255,951 patients and staff to gain access to handwashing stations with water and soap. Cumulative progress: 164 (101%) for 282,035 people (77%).</p>
	<p>Waste Management: Ten waste treatment systems (sharps / infectious incinerator) were installed in HCF in serving 166,911 people. Cumulative Progress: 11 systems (48%) for 167,797 patients and staff (53%)</p>
	<p>Environmental Cleaning: 196 health care workers were supported with professional training on cleaning procedures and infection prevention and control (IPC) during the</p>

⁶ No separate annual targets were developed by the project teams for 2021 at the start of the year. Hence limited performance analysis is provided against the Phase III (2020-2023) targets in the tables above instead.

	<p>reporting period. Cumulative progress: 333 (164%) health care workers training on cleaning procedures and IPC.</p> <p>WASH FIT training reached an additional 175 people from in 2021, bringing the cumulative number of people trained on WASH FIT in Phase III to 367.</p>
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Insights and Highlights

WASH-FIT Triggering Community Action to Improve Waste Management in HCF – HEKS Ethiopia

To improve WASH in health facilities, the project is implementing the WASH-FIT approach in two health care facilities (a health post and health center) in project target areas. In the Tsegereda health center, the assessment of the WASH conditions of the health center identified key WASH gaps, made an analysis of risk / hazard of the identified gap, and finally identified the most pressing gaps in the health care facility that should be addressed immediately. One of the priorities identified by the WASH FIT team was the lack of an adequate waste disposal facility. The members discussed on how to address this gap, take decisions and share responsibilities for addressing it. The representatives of the community in the WASH FIT team mobilized the community and contributed labour and local material and supported the construction of the solid waste pit. The community dug the waste disposal pit and provided stone for the construction, while the health care facility – allocated budget for the purchase of industrial material and skilled labour. The construction of the waste disposal system is underway. The WASH FIT approach triggered community action and collaboration between the community and the health centre for the improvement of the waste management.

b) COVID-19 Interventions

Promoting WASH Services in Health Care Facilities During a Global Pandemic in Segou – Tdh Mali

On the request of the Ministry of Health in Mali, Terre des hommes has proposed an emergency WASH and COVID-19 intervention in the Segou Region in the framework of their SWSC project. The activities are aligned with Mali's COVID-19 Response Plan, with the overall objective of limiting the spread of COVID-19 infections in the eight health districts of Segou.

To read the full story, please visit the SWSC website and find the article [here](#).

c) Lessons Learned and Factors for Success

Collaboration for Construction of a Disability-Friendly Toilet in HCF – Tdh Nepal

In 2021, the WASH FIT team of Mohammadpur HCF of Gulariya Municipality conducted the annual assessment following the review of WASH Improvement Plan (WIP). The WASH FIT team identified the need for a disability-friendly toilet on its premises therefore, they have included it in the WIP as a priority task. Since the HCF did not have resources, they approached Geruwa (Tdh' s local NGO partner in Bardiya district). Geruwa proposed a pre-condition that the Municipality has to contribute financial resources for the construction. Following this discussion, a joint meeting was called by the HCF, and it was agreed to construct a disable friendly toilet on a cost-sharing basis (Project 75% / ward office 25%). The construction work was completed within three months. The HCF and ward officials were proactively engaged in monitoring the construction works. Additionally, the ward office increased the allocation of annual funds for HCFs for operation and maintenance (O&M) of WASH infrastructures.

Capacitating Toilet Cleaners in HCF – Tdh India

The project facilitated a training on IPC for toilet cleaners from six HCFs from July to December 2021, to ensure cleanliness in HCFs.

The main objective of the training was to provide the basic knowledge of IPC and how hospital cleanliness is closely linked with IPC. Ms. Sujata Mistry, who is 42 years old, works as a delivery room cleaner at Matherdighi Rural Hospital for the last seven years. She shared how the training was very useful for her and her colleagues, as they had never received such a training on processes and techniques of cleaning previously.



After the training Ms. Sujata Mistry stated: "I feel very confident with the knowledge I gained from the training programme on cleaning, and I appreciated the PPE kits provided after the training programme. This type of hands-on demonstration training would capacitate us to ensure cleanliness and hygiene in our hospitals, so I recommend more such trainings in future"

Connecting Health Centres and Schools to Existing Water Distribution Networks – HEKS Niger

For the implementation of the Blue Schools and WASH FIT approaches, the project supported construction of nine water connections, six of which were in schools and three in health centres. The beneficiary schools and health centres were chosen in villages with mini water schemes, whose flow allowed additional connections to be made to the water distribution network. The realization of the connections allowed access to drinking water for students, teachers, patients and health workers, and enables the use of the sanitary facilities set up (latrines, handwashing devices). To guarantee access to drinking water services and the use of latrines, a series of trainings on the maintenance and management of water points have been organized for the benefit of actors in charge of the management of the mini systems, schools and health centers. These are the Associations of Users of Public Water Services (AUSPE), the Management Committees of Schools (COGES) and the Health Committees (COSAN). While the various training courses have made it possible to improve the management of water supply systems, the issue of paying water bills is a concern especially for schools that do not have a budget line in their action plans accordingly and this can be an obstacle in the medium and long term. Mechanisms that enable schools and health centres to finance the water supply must be further elaborated. The project is currently preparing a GAF proposal to advocate for sustainable financing for water supply.

d) Promising Practices for Scaling Up

Piloting of Methodology for Characterization and Quantification of the Healthcare Waste in Resource-Limited Settings – Tdh Nepal

Remote, rural facilities, including those in Nepal, often struggle with safe management and treatment of vaccine waste. Facilities from the periphery of Kathmandu Valley regularly request help to manage safety boxes, which frequently pile up around vaccination sites and health posts. Open burning of safety boxes is still the main treatment option in many places, posing health and environmental risks. Data on the quantity of waste generated are rarely collected, which makes planning for waste management more difficult.

Tdh Nepal has piloted a method for measuring waste in three rural healthcare facilities. Waste produced from the delivery room, the outpatient department and by facility staff was segregated and collected in plastic bags. The number of people who produced the waste each day was also recorded. Waste generated over a 24-hour period was transferred for digital weighing, and a new plastic bag was replaced at the point of collection to collect the waste for the next 24 hours with measurements over the



following 7 consecutive days. This tracking effort allowed accurate estimates of waste produced and to identify where segregation could be improved, thereby reducing the amount of waste that needs to be treated.

To see the detailed results of the study, please read the article on the SWSC website [here](#).

Piloting the RANAS Approach and Social Art for Changing Behavior in Medical Waste Management – Tdh Mali

This pilot is carried out with the first GIF grant awarded under Phase III. Tdh Mali in collaboration with the Ministry of Health and with the technical support of the Regional Advisor of the Consortium, decided to pilot the RANAS approach around the issue of segregating biomedical waste at the source by healthcare staff in targeted HCFs. According to various evaluations carried out by Tdh and the health authorities, this is one of the key challenges to be met in Mali's health centers, particularly in the Ségou region where Tdh intervenes.

The pilot is part of a collaboration by both Tdh and the health authorities, with support from RANAS Mosler. A small working group was established for guidance. Subsequently a survey was developed, investigators were trained and data were collected in June 2021 and administered in 30 HCF in the Consortium's areas of intervention. The presentation of the evolution of the RANAS process is carried out at the monthly meetings of the WASH Task Force (Ministry of Health, WHO, UNICEF, WaterAid, World Vision, USAID etc.) which follows with interest the conclusions of the pilot experiment. This ensures better prospects for adoption of the methodology by the Ministry of Health and Public Hygiene of Mali. The pilot experiment can be scaled up in partnership with Mali's Ministry of Health in other countries of the consortium. It can also be valued in WASH communities of practice in healthcare settings.

A simplified and automated RANAS data analysis tool will be developed by the RANAS Institute. The communication strategy and tools adapted to the identified RANAS factor(s) will be designed to carry out the communication campaign for behaviour change. A final RANAS survey will measure the changes. In collaboration with the Ministry of Health and professionals, social art will be used to stimulate behaviour change in favour of sorting waste at source.

4.3 WASH in Communities: 2021 Achievements

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.

a) Key Achievements in Increasing Sustainable Services in Communities (Outcome 1)




Unlike WASH in HCF and Blue Schools for which project teams report annually on outcome-level progress using FACET (see section 5.1), data collection for WASH outcomes in communities (access to JMP defined “Basic” services) happens at baseline and end line through project teams’ own data collection processes. Output progress, however, is reported every six months by all eleven projects working on water, sanitation and/or hygiene initiatives in communities, who have now started implementation of activities.

In 2021, teams continued working on community mobilization in new communities, accelerating construction works of a number of community water supply systems (piped systems, boreholes / shallow wells fitted with boreholes), triggering behaviour change and stimulating (self-)construction of household sanitation facilities through Community-led Total Sanitation (CLTS) activities, as well as sensitization and hygiene promotion through outreach and behavior change communication activities.

Progress on water outputs (82%) has nearly surpassed the Phase III target for number of people for whom water points were constructed / rehabilitated with the aim of keeping the time to walk, collect

water and return home to under 30 minutes. SWSC project teams reached close to 50% progress against phase III output targets for access to sanitation (45%) and hygiene facilities (47%) in the household. As this is largely based on triggering communities to build their own facilities with no or selective subsidies, the progress is somewhat slower but anticipated to pick up in the coming reporting period. Key highlights on progress against selected SWSC indicators for WASH in communities are summarised in Table 8 below, including progress against Phase III targets. Full details can be found in the Appendix B.

Table 8: WASH in communities – Output progress 2021 and cumulative progress for Phase III

	<p>Water: 84 water supply systems installed by projects enabled 40,235 people to gain access to water from an improved source. Cumulative progress: 101 water systems (113% progress against Phase III target) benefitting 45,582 people (82%).</p> <p>Water quality: 6,040 people gained access to drinking water treated by appropriate water treatment technology in 2021. Cumulative progress: 13,075 people (127%).</p> <p>Training on management, operation and maintenance of water supply services continued in 2021 reached 1,056 people. Cumulative progress: 1,684 people (48%).</p>
	<p>Sanitation: 3,875 improved toilets were newly constructed / rehabilitated, benefitting 28,729 people who newly gained access to a sanitation facility in their households.</p> <p>Cumulative progress: 4,643 sanitation facilities (45%) benefitting 35,369 people (45%)</p>
	<p>Hand Hygiene: 4,116 hand hygiene facilities were installed by families enabling 26,701 people to newly gain access to handwashing with water and soap in their households in 2021.</p> <p>Cumulative progress: 5,517 hand hygiene facilities for 37,074 people (47%).</p>

Insights and Highlights

"Bypassing" MHH's Sensitivity in Awareness-Raising by Getting the Message Carried by Community Members – HEKS Niger

In order to improve women's participation in project activities, 336 women leaders in the 24 villages of the project area were identified and trained on the project's intervention themes. These include communication techniques, local soap making and Blue School themes, such as Menstrual Hygiene Management, nursery preparation, compost preparation, biopesticide preparation and gardening techniques. After their training, the women leaders were part of the awareness raising sessions at the community level for the promotion of MHH. To do this, they initiate educational talks and home visits for women and girls. Women leaders work closely with members of husbands' schools, village health committees as part of community mobilization. They also demonstrate active participation in periodic meetings of stakeholders involved in the implementation of the project.

The involvement of women leaders in project activities, including their participation in trainings on gardening techniques, the preparation of nurseries, compost and biopesticides considered as traditionally "masculine" activities, improves gender perceptions within communities and promotes the inclusion of women's voices in activities. It thus improves the image of women in communities and is a factor in the appropriation and sustainability of the intervention.

Menstrual Health and Hygiene is a subject of relative sensitivity in the communities of intervention of the Niger project. Parents find it difficult to discuss MHH with their daughters at the family level. In schools, despite a strengthening of the capacities of educational staff on the theme, the subject still remains sensitive, and also is not reaching out-of-school girls. Taking into account the issues related to this theme, the project set up an awareness program on MHH at the community level by relying on women leaders and members of schools parent associations. This mechanism, in addition to bringing the message directly to parents and out-of-school girls, creates a favorable environment for girls from Blue Schools by preventing misconceptions about MHH within families. This initiative has thus made it possible to develop the theme of MHH by relying on community levers thus avoiding the communication obstacles related to an external stakeholder.

Communities Act to Build Their Own Latrines – HEKS Uganda

The Bidibidi refugee settlement (in the Yumbe district in Uganda) is one of the biggest refugee camps in the North of Uganda. In the settlement, many refugee families do not have access to proper water and sanitation services: A third of the population in the Bidibidi settlement does not have access to a toilet (UNHCR, June 2021). To change this and to improve access to sanitation services, the Agency for Cooperation Research and Development (ACORD) Uganda with support from work with the families in the Bidibidi settlement. With the help of the Participatory Hygiene and Sanitation Transformation approach (PHAST), families are sensitized about hygiene and health. The hygiene promoters of ACORD Uganda work with the communities in weekly sessions to promote improved WASH practices. An important part of their work is also to encourage families to construct pit latrines for their own use.

For more information, please consult the article on the SWSC website [here](#).

b) COVID-19 Interventions in Communities

COVID-19 Prevention Measures – Helvetas Burkina Faso

At the community level, the project in Burkina Faso continues to implement COVID-19 prevention measures at the beginning of any activity carried out by the project team. During the pandemic, meetings and working sessions with community members were consistently held with the requirement to wear a mask, and the project team always ensured appropriate distancing between participants. Hygiene actions on hand washing are encouraged. The Village Sanitation Committees (CVA) are empowered to carry out home visits and encourage each household to carry out at least two tipy-taps (one in front of the latrine and the other at the level of the kitchen or the place of preparation of meals).

COVID-19 Prevention Radio Programmes – Tdh Nepal

The Nepal project supported development and airing on local FM radio of messages on awareness on handwashing emphasizing installation of simple handwashing stations at household premises linking with COVID-19 pandemic was developed and aired through local FM stations. Tdh's local partner also participated in a district level joint campaign on importance of wearing masks along with distribution of masks in main market areas along with raising awareness on the importance of mask usage following proper methods

Hygiene Promotion Sessions to Prevent COVID-19 – Tdh India

Hygiene promotion sessions to disseminate key messages on hand hygiene, respiratory hygiene and other key messages were organized on dates of global and national importance (World Breast Feeding week, National Nutrition week, Global Handwashing Day, World Toilet Day). 136 such sessions were organized where key messages on Health and WASH along with COVID-19 prevention and vaccination were disseminated while maintaining COVID-19 safety protocols.

c) Lessons Learned and Factors for Success

Assessing Soil Type and Water Table Levels Before Sanitation Interventions – Tdh Burkina Faso

In the implementation of the CLTS in Tanwaka, the monitoring after CLTS triggering by the facilitators and project team during the rainy season made it possible to note a strong rise in the water table during this period. This has led to the collapse of a number of latrines despite the fact that they were stabilized. This situation led to the realization that more investigation is needed on the nature of the soil and the level of the water table in the rainy season before any intervention in terms of CLTS. This step during pre-triggering is essential to better support populations during the post-triggering phase and respect the principle of "do no harm".

d) Promising Practices for Scaling Up

Improved Latrines for Vulnerable Households – Helvetas Benin

As part of the implementation of the Water and Sanitation Improvement Project (NimDora), Helvetas Benin is promoting access to improved latrines for low-income households. A model of latrine called “watè Alafia” has been developed with the main innovation of the Satopan, a device put in the defecation hole that facilitates maintenance and prevents the proliferation of flies and odors.



Sabi Goura Yô is a resident of Sori, a district of the commune of Gogounou. He had a single son who passed away and left behind 15 children and three wives. In recent years, he has been suffering from blindness due to a disease that has not been diagnosed. He shared with the project team his former difficulties when he needed to go to the toilet: "When we didn't have a latrine in the house, each of us would defecate in the immediate vicinity of the house. We liked to do it especially at night because during the day when you hear footsteps you have to hide." This has often had consequences for their health. He illustrates

by saying, "We have a lot of diarrhea and dysentery. When this happens, we are shamed on a daily basis because before you get to the bush next door you tend to do it on yourself." Furthermore, his situation as a visually impaired person further complicated the situation: "I asked my grandsons to take me into the bush to do my business. After a while, they got tired of me. When I called them, they tiptoe away because I can't see them," he said.

The situation had to change. It was then that he heard of “watè Alafia”. "I found young people in the village who searched me. I then bought cement and the mason did the rest. Today I no longer have a problem with my grandsons that I bothered so much. With my cane, I go when I need it."

This latrine is now the delight of this house and all the households all around: "Today all the surrounding households come to use it. It benefits all my neighbors. Our health in the house has improved profoundly. It is a matter of joy and pride for us," he concluded.

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

Improved maintenance of Water Infrastructure Through Spare Part Bank – Tdh India

A spare part bank has been created for 30 water user's committees for their community tube wells constructed under the projects' interventions. The spare parts bank contains spare parts required for functioning of the tube wells. This will reduce interruption due to malfunctioning of tube wells in future, ensure sustainability in the long run, ensure community ownership while strengthening decentralization of regular operation and maintenance of the water points.

Flood Resilient Water Supply in Hediya – Tdh India

Hediya is a tribal village in Canning II block of South 24 Parganas district. The majority of people who live in this village work as day labourers. There is a lack of sufficient toilets and drinking water facilities to serve all households, and the government health care facilities and hospitals are far away, and not easily accessible to all. The project team identified the village tube well (which was previously constructed by the Gram Panchayat) which services approximately 150 households. This tube well was in very bad shape, where the platform was fully broken, and the water was not clean. With no other alternative, the villagers were compelled to consume the contaminated water. The community shared that children and adults would fall sick often with upset stomachs and diarrhea from drinking the water.

With a request received from the local government and the community in 2021, Tdh and its local partner renovated the installed tube well and rebuilt the demolished platform as a raised platform.

The villagers formed a committee, named "Jharna Jal Sanrakshan Committee" (Water Protection Committee) made up of eleven community members, where they collected a monthly fee of INR 5 per household to go towards any future maintenance of the tube well. The water user committee has now opened a bank account to deposit the monthly subscription fees, and monthly meetings are carried where any actions and follow ups are recorded. Under the supervision of the committee, the tube well is maintained, and people are able to access safe drinking water even during rainy season, thus reducing their risk to sickness as a result of exposure to contaminated drinking water.



Hedia village , Sarengabad GP , Canning II Block
 Before renovation of Tube well without raised platform After renovation of Tube well with raised platform

Tdh was also able to successfully liaise with local self-government officials to mobilize funds for the construction of tube wells with raised platforms, and in this reporting period, Tdh India was able to generate co-funding from the local self-government officials in the form of material supply, amounting to 19,20,000 INR (around 24,000 CHF) for the construction of 15 flood resilient high raised handpumps in communities, which cater to over 6,000 community members.

To read the full article, please visit the SWSC website [here](#).

4.4 Innovation, Knowledge Management, Advocacy and Policy Influencing (Outcome 2): Synthesis of 2021 Achievements

In this section a synthesis is provided on progress on knowledge management, evidence building and advocacy under Outcome 2, both at regional and global level, but building on the results accomplished at (sub-) national level.

Table 9 below summarises the results achieved in 2021 and cumulative progress against the Phase III targets for outputs set out in the ProDoc under Outcome 2. Some of the indicators in the results framework for Outcome 2 have been detailed with a more precise definition of the indicator in order to ensure consistent reporting. An updated description is being provided in the second column of the table below. Some key highlights are provided in the last column.

Table 9: 2021 Summary of progress under Outcome 2

Indicator	Refinement of Indicator Definitions	Target Phase III	2021 Progress	Cumulative Progress	Key Highlight 2021
2.1 Number of organizations (both SWSC and non-SWSC organisations) that adopt good practices (approaches/technologies such as Blue Schools or WASH in Health Care Facilities) promoted by the Consortium	Organizations implementing the signature approaches as part of their projects/programme; either in the framework of the SWSC phase III (SWSC members, implementing partners) or independently (I/NGO,	40	16	25	Besides local implementing NGOs there are also four local government departments and one private sector entity involved in implementation.

	government/other organizations)				
2.2 Number of Consortium lessons learnt reflected in sectoral policy frameworks (policy, strategies, norms, standards) and implementation guides		23	4	4	At local level, these include, among others, statutory annual budget allocation by the municipalities for promoting environment-friendly schools in Bardia district of Nepal and integration of Blue Schools approach in in the provincial Education Master Plan of Banteay Meanchey in Cambodia. At global level, the revised WASH FIT (2.0) reflects feedback from SWSC members in updated recommended indicator list.
2.1.1 Number of innovation initiatives launched (e.g., in collaboration with private sector, academia, other NGOs, etc.) supported by the SWSC		33	4	5	Initiatives launched through GIF support on HCF waste related innovation in Nepal and Blue School E-learning platform development in Cambodia.
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.	Schools and HCF with “No Service” at baseline must progress to at least “Limited” service. Institutions where “Basic” was already achieved at baseline must maintain the same level by the end of the project. Institutions having any of the services (of the seven for schools and five for HCF) at “No Service” are not counted. In addition, the below is applicable for the specific approaches:				
<i>Blue Schools</i>	Schools where i) students have been engaged in experiential learning on all seven themes, using practical exercises from the Blue Schools Kit and/or other exercises designed locally and ii) improvements in service levels are shown.	142	66	66	
<i>Health Care Facilities</i>	Health Care Facilities where at least one cycle of WASH FIT has been implemented and improvements in all 5 service levels across the overall project are shown.	42	9	34	
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	10	GAF grants awarded for advocacy for inclusion of the Blue School activities in the school curriculum at local level in Nepal and advocacy with municipalities to strengthen WASH in Institutions using WASH FIT in Mali.
2.4.1 Number of documents published by the Consortium (case		45	19	27	4 Newsletters published

studies, fact sheets, policy briefs, etc.) ⁷					13 Website articles published Tdh-Helvetas collaborated on behalf of SWSC to submit research on waste in HCF in Nepal to WHO global report on health care waste and COVID 19 "Global assessment of health care waste in the context of COVID-19: status, impacts and recommendations"
2.4.2 Number of meetings / workshops with Consortium participation / facilitation (national / regional / global level)		77	44	62	12 CoPs sessions on Blue Schools, 8 CoPs sessions on WASH in HCF
2.4.3 Number of Clicks/Down-/Uploads on Consortium intranet and webpage		N/A	433,793	572,590	418,111 website clicks 15, 682 Intranet page views

Advocacy & Innovation

In 2021, the SWSC Steering Board approved guidelines for the Global Innovation Fund (GIF) and the Global Advocacy Fund (GAF), which would guide project teams in the development of proposals for these competitive funding. Teams could enlist support from Regional Advisors for project development.

The Global Advocacy Fund was launched in April 2021 with submissions open on a rolling basis. The first GAF proposal submission (an advocacy project focused on Operations and Maintenance for WASH in Healthcare Facilities, was received from Nepal and a GAF Working Group (WG) composed of SB, Focal Point (FP) and CMU members was formed to review the submission. Subsequently, the grant was recommended for approval by the SB and SDC. A second advocacy proposal, from Mali focused on promoting WASH in HCF with the Ministry of Health in Mali, was also submitted and approved.

By the end of 2021, Global Advocacy Fund proposals were being developed in India (advocacy for prioritizing WASH in national health guidelines), Niger (for payment of water bills at rural healthcare facilities and schools) and Ethiopia (advocacy for WASH in HCF in Amhara region).

During the setting up of the GAF and the approval process of GAF proposals, the SWSC is drawing several learnings, such as: The proposal development is challenging for project teams, as the GAF is asking technical WASH leaders to expand their work into advocacy, a process with which many are less familiar; There are opportunities for enhanced advocacy trainings; Budget levels need ongoing consideration as they are chronically underfunded; Methods of putting local partners into leadership roles need refinement; And it is important to enhance partnerships and utilize liaison opportunities with other WASH advocacy leaders and networks, and with the health and education sectors.

Technical support to accompany the members advocacy work has been put in place (through a consultant with a set number of days for support in 2021). The SWSC convened two advocacy workshops in 2021, in both English and French, led by a global WASH advocacy expert. The workshops led participants through a multi-step process to building and implementing an advocacy campaign, integrated with their ongoing programming in Blue Schools and WASH in Healthcare Facilities. The workshops guided participants through the six key elements of advocacy: the message (or request), the target (who is responsible for WASH in institutions?), the messenger (who should make the request of the target?), the best timing for the campaign, the appropriate platform (grassroots or high-level?), and the follow-up (how to sustain the advocacy long after a technical project lifecycle).

Every advocacy campaign is unique, and each is very dependent on the local political and development contexts. However, certain key challenges surface repeatedly. The first is long-term financial sustainability: In Nepal, the GAF-funded advocacy effort is aimed at making sure that Operations and Maintenance (O&M) costs for WASH in Healthcare Facilities are taken care of over the long run. Another

⁷ 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.

widely seen challenge is outreach beyond the WASH sector: in Mali, the GAF-funded advocacy effort is designed to encourage the Ministry of Health to prioritize WASH in its next five-year plan. This is likely to pay dividends over the long term, and far beyond the WASH sector.

A third key challenge faced by many current and potential GAF grantees is localization – current GAF grantees in both Nepal and Mali are working diligently with local partners throughout the campaign. This will ensure that local voices are more prominent in advocacy efforts and may contribute to ongoing advocacy efforts far beyond the lifecycle of the GAF project. A final challenge faced by current and potential GAF grantees is bandwidth and capacity: GAF grantees undertake advocacy as a side project to their traditional WASH programming; advocacy requires skills that are separate and distinct from technical WASH programming, and grantees are working carefully to integrate and oversee the two aspects of WASH programming.

The Global Innovation Fund was launched in June 2021, with a submission window in September 2021. The Innovation Working Group (IWG) – comprised of one Steering Board member, three Focal Points and one CMU member – reviewed four proposals received from Cambodia, Ethiopia, Nepal and Mali. Three of the four proposals were considered for GIF, namely the following: i) e-learning modules to accompany both teachers and students using the newly adapted Blue Schools Kit for the Cambodian context, ii) methodological tools and guidance on assessing types and volumes of wastes generated in Nepal's rural HCF and iii) off-the-shelf RANAS tools for evidence-based behaviour change interventions for staff in rural health care facilities using social art in Mali. The IWG found the Ethiopia proposal would be better suited as an advocacy initiative and recommended that the project team convert it into a GAF proposal. After requesting and receiving clarifications and proposal revisions from the Cambodia, Mali and Nepal teams, the IWG recommended the Steering Board approve all three projects and allocate GIF resources for CMU to hire technical specialist consultants to accompany each team's innovation process and enhance documentation for eventual replication in other SWSC projects. Following the required approvals by the Steering Board and SDC the teams started work in early 2022 and CMU identified and started contracting processes with RANAS Mosler for Mali, a global expert on waste management for Nepal, and a Digital Learning expert at Eawag for Cambodia.

5. CONSORTIUM MANAGEMENT UNIT

5.1 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 a global dashboard to visualise the achievements and the progress of project teams and the Consortium as a whole. For data collection and preliminary analysis, the WASH in Institutions Facility Evaluation Tool (FACET)⁸ survey forms and the offline FACET Analyser were adapted to align with the 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. The online reporting forms and the dashboards for outcomes (baseline, annual and endline reports) and outputs (6-monthly reports) are in use and were slightly updated and improved for this reporting period. An ongoing "hotline" with CartONG is available for technical support and trouble shooting and enhancing the Power BI dashboards.

The verification of results in the field by the Regional Advisors was constrained, as in-person monitoring visits were in many cases still not possible due to Covid-related travel restrictions. Thus, alternative approaches, such as intensified online coordination, were explored in order to ensure a close follow-up with the project teams.

5.2 Technical Support to Project Teams

In 2021, only one in-person project monitoring visits (Nepal) and one in-person workshops (Benin) was possible. All other planned visits for 2021 were not possible due to the Covid-19 pandemic and security developments in various of the countries and they had to be reprogrammed to virtual sessions. Hence the SWSC (Regional) Advisors worked together and supported projects and regional efforts at a distance through the different modalities available, including regular calls, video conferences and online workshops.

Technical support consisted, among others, of planning support for annual workplans and provision of follow-up support with the new online reporting system tools, moderation of Communities of Practice for both Signature Approaches (see section 5.3), facilitating trainings on signature approaches, support to technical topics such as behaviour change communication (RANAS methodology), MHH and water quality management.

For the advocacy component, support was provided to project teams for GAF proposal development. Furthermore, a global WASH advocacy workshop was organized (see section 4.4 above). A senior advocacy expert from Global Water 2000 was subsequently contracted for providing punctual support to teams in the second semester of 2021.

Field monitoring by CMU Regional Advisors has not been possible in 2021 except for a single visit to the Nepal project and during the Benin regional workshop field visit. The importance of on-the-ground backstopping to projects and results verification is an essential part of Phase III but due to the pandemic and security context alternative methods, including virtual, had to be employed. It is however foreseen that travel in 2022 can recommence gradually to a number of project sites where security is not the main issue).

5.3 Knowledge Management

During 2021, various activities were conducted to actively tackle knowledge management and learning exchange within the SWSC. For a list of key highlights regarding knowledge exchange on local / regional level as well on the global activities of the SWSC, see section 4.4. above.

Communities of Practice

⁸ 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.

For each signature approach, Blue Schools and WASH in HCF, the SWSC keeps an active Community of Practice (CoP) to foster learning and exchange about the approaches, best practices, etc. 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 and further project teams (that are not part of Phase III) of SWSC members have contributed presentations and insights from their experiences relevant to the session topic.

In 2021, 12 sessions for the CoP for Blue Schools were held (6 sessions each in English and French). The topics covered general Blue School implementation topics as well as special focus topics, such as sustainable waste management or menstrual health and hygiene (MHH). For the CoP on WASH in HCF, 8 sessions were held in 2021 (4 in English and 4 in French). The sessions focused on the implementation of WASH FIT as well as general topics, such as enhancing the role of local governments, improving HCF waste management, or best practices during the Covid-19 pandemic, etc. The sessions enabled teams to share their implementation experiences, challenges and collaboratively look for and discuss best practices and solutions.

Project teams highlight the importance of such exchanges, especially since face-to-face meetings are rare in times of Covid-19. Thus, the bi-monthly meetings of both Communities of Practice and the fact that all projects focus on at least one of the signature approaches has greatly enhanced the collaboration and mutual learning among the Consortium members.

Regional Workshops

In 2021, in-person meetings remained a challenge due to the Covid-19 pandemic as well as the security situation in many focus countries. Nevertheless, in November 2021, a face-to-face regional workshop for francophone Africa took place in Benin: The SWSC project teams from Mali, Burkina Faso, Niger, Madagascar and Benin for an experience exchange. The regional workshop took place from November 15th – 18th 2021 with a field visit in Parakou region. Twenty-three participants working in seven different projects and six organizations met to exchange, discuss and learn from each other (the website article about the workshop is accessible [here](#)).

Furthermore, a four-day workshop was organised for project teams and their implementing partners in Ethiopia from the 27 January to 1 February 2021. Unfortunately, due to COVID-19 and travel restrictions, other teams from the East-Africa region could not join.

Moreover, several virtual regional meetings and workshops took place for the region of East-Africa (several one-day virtual meetings, e.g. on 2 December; as well as various update calls with individual project teams) and the Asia region (several one-day virtual region meetings, e.g. on 28 June and 9 November 2021; and a three-day regional workshop from 8 - 10 December 2021).

Evidence Building

In the evidence building workstream, the SB has approved the concept note for the development of the SWSC evidence building strategy in March 2021. SKAT Foundation was recruited to support the elaboration of the evidence building strategy for Phase III of the SWSC. In close coordination with the CMU, SKAT elaborated the evidence building strategy by the end 2021. Based on the strategy, the CMU proposed a concrete workplan and budget for the implementation of the suggested evidence building mandates. The strategy as well as the workplan were presented to the SB in April 2022 for approved after implementation of the various (external) initiatives to collect evidence for the signature approaches should start.

SWSC Intranet

The SWSC Intranet is a virtual platform where participants of the SWSC have access to; this includes 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, etc.

All participants have editing rights on some spaces of the intranet: They can create pages and 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.

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.

During 2021, the intranet was further updated and incrementally used (more than 15,000 page consultations) by consortium members. 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 2021, a steady stream of traffic saw 33 blog posts published and around 40-50 page views per day (see Figure 12 below).

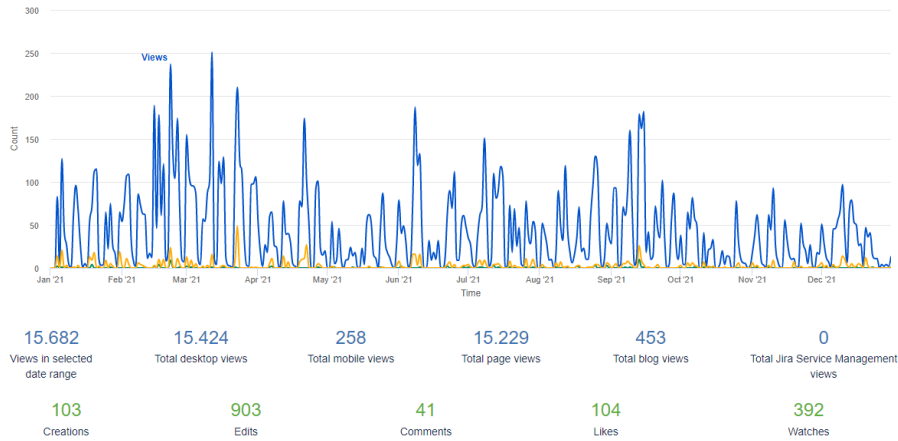


Figure 12: Page views, edits and creates on the SWSC Intranet (January to December 2021)

Communication & Outreach

In 2021, the **SWSC Website** has been further updated. Most importantly, the two pages on the signature approaches have been enhanced with resources for information, implementation guidance and visibility. Furthermore, it is envisaged to continue updating the website and to enrich it with content until the end of Phase III in order for the website to become a knowledge hub and a repository for Blue Schools and WASH in HCF.

The traffic on the SWSC website can be viewed in Figure 13 and Figure 14 below. In 2021, 418,111 clicks in total were registered on the website. This is an average of ca. 35,000 per month (which is more than double compared to 14,500 clicks registered per month in 2020).

Summary by Month										
Month	Daily Avg				Monthly Totals					
	Hits	Files	Pages	Visits	Sites	kBytes	Visits	Pages	Files	Hits
Oct 2021	225	108	131	94	461	118167	470	659	541	1126
Sep 2021	957	814	500	198	2589	2060176	5940	15015	24444	28728
Aug 2021	1939	1751	1211	422	4248	2679997	13097	37563	54288	60129
Jul 2021	2054	1852	1440	346	3704	2004349	10755	44644	57415	63676
Jun 2021	2105	1876	1160	383	4609	2501786	11507	34820	56289	63150
May 2021	2499	2220	1560	343	4295	2365768	10658	48372	68850	77493
Apr 2021	1653	1408	952	213	3232	2082273	6417	28576	42244	49609
Mar 2021	778	647	707	81	1738	1323780	2535	21917	20059	24125
Feb 2021	346	168	250	88	1432	1454020	2464	7014	4723	9688
Jan 2021	400	168	304	111	2267	2180579	3465	9425	5217	12421
Dec 2020	434	250	338	108	2209	2065370	3366	10502	7772	13471
Nov 2020	2258	1866	1912	147	2431	3242030	4415	57376	56004	67763
Totals						24078295	75089	315883	397846	471379

Figure 13: Page hits on the SWSC Website (from January to June 2021, report generated by Webalizer Version 2.23 on October 5th, 2021)

Summary by Month										
Month	Daily Avg				Monthly Totals					
	Hits	Files	Pages	Visits	Sites	KBytes	Visits	Pages	Files	Hits
Apr 2022	158	39	118	57	111	82614	230	472	158	633
Mar 2022	260	51	204	131	2466	635513	4077	6338	1611	8069
Feb 2022	311	86	216	177	3383	1187281	4983	6075	2435	8721
Jan 2022	312	125	201	138	2852	1286926	4305	6246	3888	9678
Dec 2021	439	85	358	308	6933	942556	9571	11116	2655	13614
Nov 2021	301	173	211	173	3678	1012493	5213	6345	5196	9034
Oct 2021	207	105	113	85	2202	992942	2659	3533	3280	6444
Sep 2021	957	814	500	198	2589	2060176	5940	15015	24444	28728
Aug 2021	1939	1751	1211	422	4248	2679997	13097	37563	54288	60129
Jul 2021	2054	1852	1440	346	3704	2004349	10755	44644	57415	63676
Jun 2021	2105	1876	1160	383	4609	2501786	11507	34820	56289	63150
May 2021	2499	2220	1560	343	4295	2365768	10658	48372	68850	77493
Totals						17752401	82995	220539	280509	349369

Figure 14: Page hits on the SWSC Website (from July to December 2021, report generated by Webalizer Version 2.23 on April 4th, 2022)

Four **SWSC Newsletter** were published in 2021 on the occasions of World Water Day in March, World Environment Day in June, Global Handwashing Day in October as well as World Toilet Day in November. Furthermore, a website article was published on the occasion of Global Menstrual Hygiene Day in May 2021, showcasing the experience from the project team in Burkina Faso on sensitising teachers and students on Menstrual Health and Hygiene.

5.4 SWSC Partnerships and Global Footprint

In 2021 SWSC liaised regularly with its longstanding 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 the Blue Schools monitoring framework and Integrity Action for research on personnel working in schools and HCF.

Furthermore, in 2021 the SWSC has newly partnered with German WASH Network (Blue Schools in Compendium of Hygiene in Emergencies), Emory University (WASH in HCF global community of practice) and the Susana Alliance (WASH in Schools global community of practice). Skat Foundation was a new partner for the Evidence Building Strategy (see section 5.3). In the context of the activities on innovation as part of the GIF grants, a close partnership with RANAS Mosler (WASH in HCF) was developed.

Furthermore, the SWSC can report the following highlights on global level for 2021:

- The SWSC was requested by the International Federation of the Red Cross (IFRC) to organize an info session on the Blue school approach for their Americas office, as there is interest in the federations network to expand their work on WASH in schools with a focus on the climate and environmental link.
- The SWSC moderated a WHO/UNICEF Global "Meet-up" webinar on WASH FIT updates and revision, with over 100 global participants.
- The SWSC participated in the Event "Elevating the role of HCF cleaners": In collaboration with the London School of Hygiene and Tropical Medicine, One Drop and Global Water 2020, SWSC organized a 90-minute workshop in May 2021 to discuss factors for success for elevating the role of cleaners and how to join efforts in a more concerted way. More than 30 experts from diverse organizations participated. (Link: <https://youtu.be/kerzQx5QB0A>).
- The SWSC participated in the Global WASH FIT Meet-up: WHO and UNICEF convened the first global WASH FIT "meet-up" on 28th June to share WASH FIT experiences among the countries using this tool. Nearly 100 people from different organizations participated in the program. Project officers from Nepal shared on behalf of SWSC the experiences of implementing this tool in eighth health care facilities in Bardiya district of Nepal; as did a SWSC project officer from Bangladesh (HEKS, additional project not part of Phase III funding). Both highlighted this tool being very useful in prioritizing the WASH needs in the health care facilities and its acceptance by the local government authorities (Link: <https://youtu.be/U6-QqCxj8P8>).

Moreover, the SWSC and its member organisations presented implementation guidance, best practices as well as success stories at various events and workshops. Among other, the following can be highlighted:

- HEKS at a WHO / UNICEF session at World Water Week at (27 August 2021) on supporting resilient communities through sustainable WASH and energy services in health care facilities
- Caritas Switzerland held a keynote speech at the University of Geneva (1 October 2021) on WASH and Blue Schools in Ethiopia
- Caritas Switzerland presented at the RECI Workshop in Bern (13 November 2021) on Blue Schools in Cambodia
- Regional Advisor East Africa presented the Blue Schools Concept at the virtual 8th WASH in Schools Learning Exchange for the East Asia and Pacific Regions (November 2021)

5.5 Risk Management

As outlined in the ProDoc for Phase III, 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 2021 are provided. Operational risk management at project level is managed at individual Consortium member level.

2021 was, after the declaration of the COVID-19 pandemic in March 2020, the second year with exceptional challenges (and to some extent opportunities) related to the impact at national and global levels and in particular on the WASH sector. It continued to be a major risk factor that had to be mitigated (that was not foreseen in the original Phase III risk matrix). Political and security situations developing in some of the countries in 2021 posed another major risk (e.g. Myanmar, Ethiopia, Burkina Faso).

Consortium Level

At consortium level, the **SWSC Steering Board** (SB) 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 2021. Linked to this, the **SWSC Communications Guidelines** (drafted in 2020) and **Guidelines on managing conflict of interest** were approved by the SB.

The **M&E system** development was completed in 2021 and has been instrumental (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. Some backstopping support from the developer has been required during the year.

The COVID-19 pandemic and security issues in some countries have remained a major barrier in the first half of 2021 for organizing **workshops and regional events, as well as oversight / results verification by project teams and by the CMU** (see also the operational risk section below). Although online modalities had been established in 2020, which helped the consortium to carry out a basic level of oversight considering the circumstances, the first field visits carried out towards the end of 2021 highlighted the importance of the monitoring function. Further adaptations are expected in 2022 and an important role for independent verification of results by the EB mandates is foreseen.

2021 Annual review and 2022 planning processes at project and at CMU level have been used to strengthen planning and budgeting at project level and to adjust workplans and budgets for 2022 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.

As several projects were set to ending in 2021 and early 2022, CMU worked with the respective members that had requested **project extensions** to ensure sufficient time to complete activities or accompany modifications in outputs, targets or budgets would be in place, and approved by SB and SDC where required.

Operational Level

The COVID-19 pandemic has remained a key risk factor (that was not foreseen in the risk matrix) playing out in full towards the first half of 2021 in most countries. Although the pandemic has also brought the

focus and attention on hygiene (from global to local level) and has provided potential opportunities in this regard, the operational impacts have been significant.

Security issues in West-Africa, Ethiopia and Myanmar have increasingly formed a 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.

Myanmar has requested a modification in the project shifting funds for capacity development to infrastructure (as many local stakeholders not available) and also other projects (w-Africa) have dropped partly institutions in areas that are off limits to NGOs currently.

The 2021 Annual review and 2022 planning processes have been used by project teams to analyze progress, bottlenecks and risk and plan for delivery in 2022, which is expected maintain good momentum 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 total expenditure for 2021 period amounted to CHF 5,236,694.83 which represents **81% utilization against the 2021 budget** of CHF 6,429,057 (see Figure 15). This is a significant increase against the 2020 annual budget utilization of 51%. Against the total Phase III budget of CHF 16,116,192, cumulative expenditure has reached CHF 7,428,442.92 or 46%.

Expenditure by 31 December 2021 against SDC’s cumulative instalments of CHF 5,308,877 is CHF 3,838,742.76, resulting in a balance of CHF 1,470,134.24 in favour of SDC.

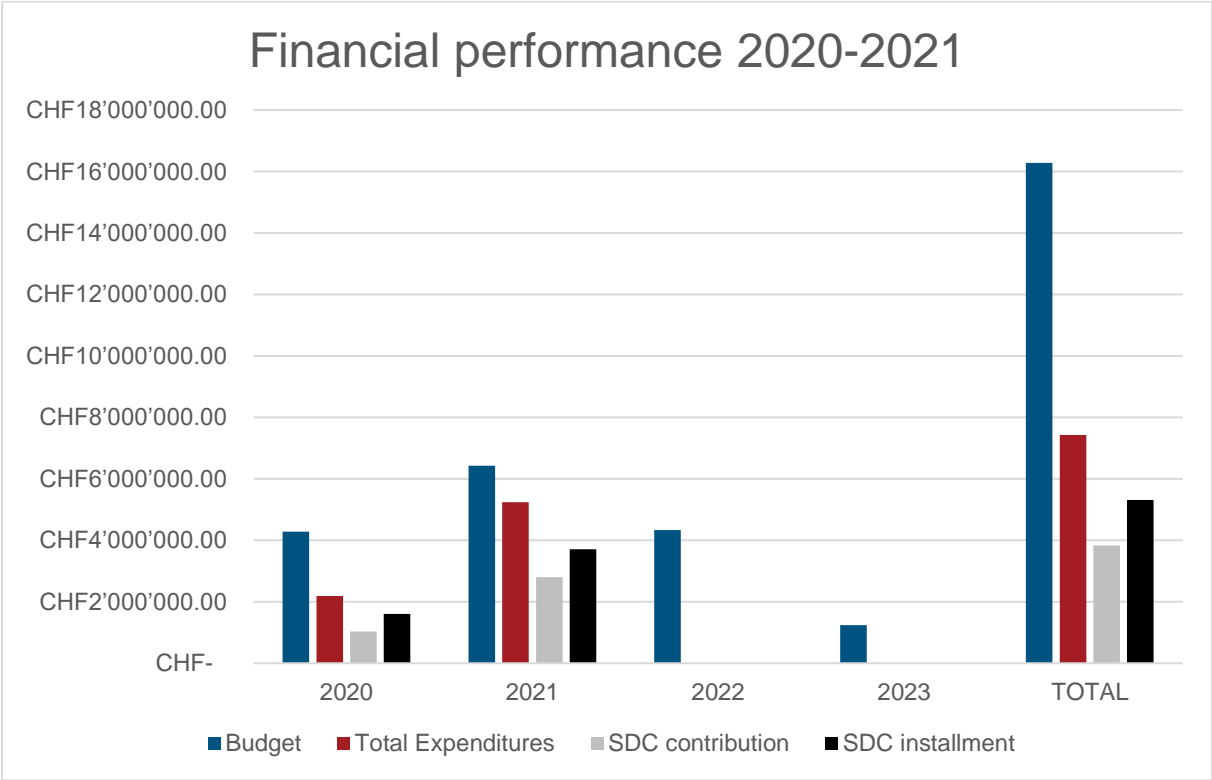


Figure 15: 2021 Annual expenditure and cumulative Phase III expenditure against budget

Annual expenditure at project level reached CHF 4,553,084.83, which translates into 77% utilization against the 2021 project budget of CHF 5,911,677 (see Figure 16). A closer analysis of the expenditure at project level by budget category shows a good utilization against *Infrastructure & Construction* (85% budget utilization) and *Project Management* budget categories (97%), and a more pronounced underspending on *Capacity building & consultancy services* (58%) budget category. The latter was mainly attributable to challenges in mobilizing partners (COVID-19 and security restrictions). Overall, progress was better than 2020, but not all delays from 2020 could be caught up on.

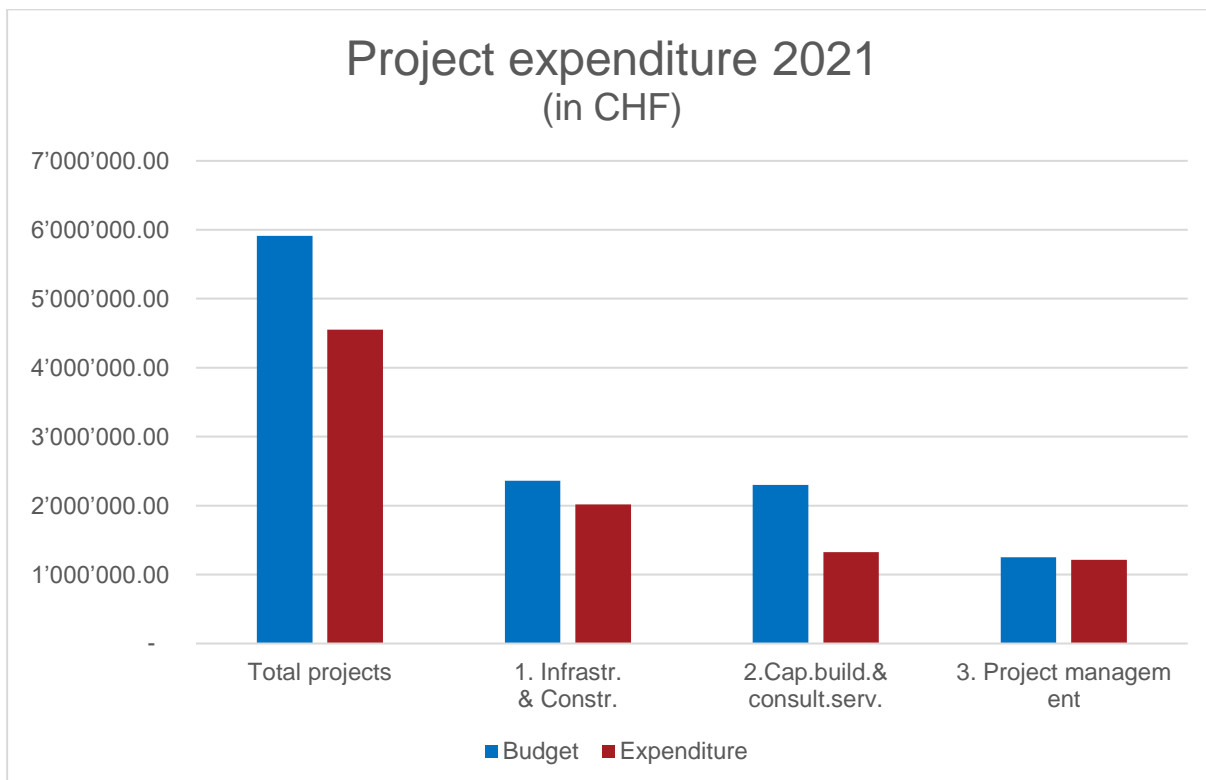


Figure 16: 2021 Expenditure against budget for Projects by budget category

Expenditure at CMU level reached CHF 683,610.00 (or 132%) of the 2021 budget of CHF 517,380.00 (Figure 17).

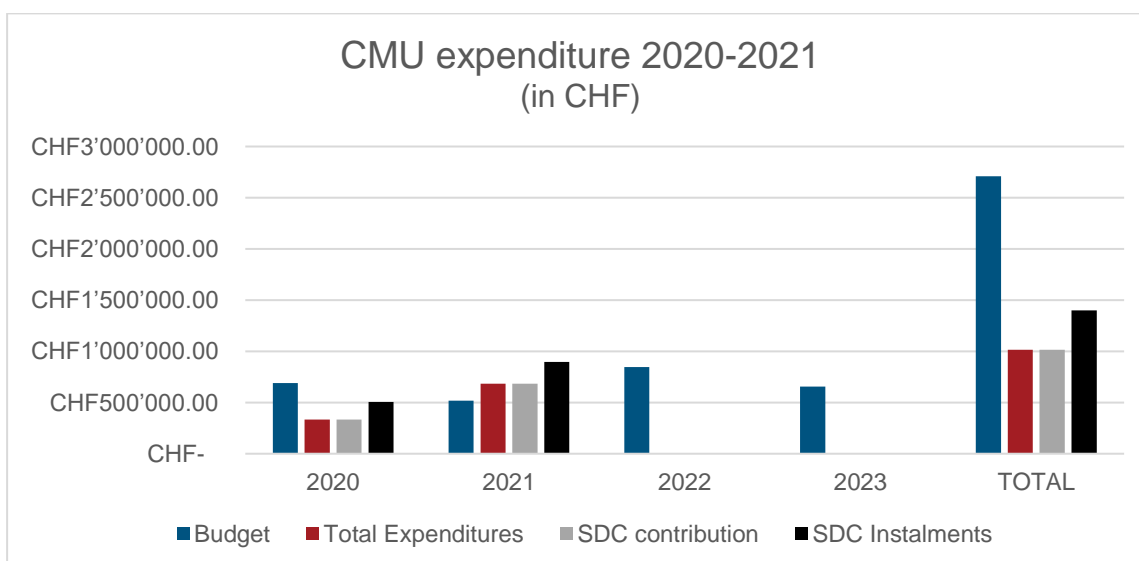


Figure 17: 2021 Annual and Phase III cumulative Expenditure CMU

Looking into more detail at the CMU budget categories (Figure 18), expenditure on remuneration in the CMU totalled to 116% of the 2021 planned budget (CHF 590,051.00 against a budget allocation of CHF 506,683.30). This was mainly due to changes in CMU staffing and related handover period that required significant additional time. Expenditure against CMU budget lines for Travel & Workshops is still relatively low at 62%, but an improvement compared to 9% in 2020 as travel has been picking up after easing of COVID-19 related lockdowns. Expenditure under the GIF/GAF has now picked up, disbursing relatively large shares as the budget was spread out over different years whereas e.g. GIF only has one award window.

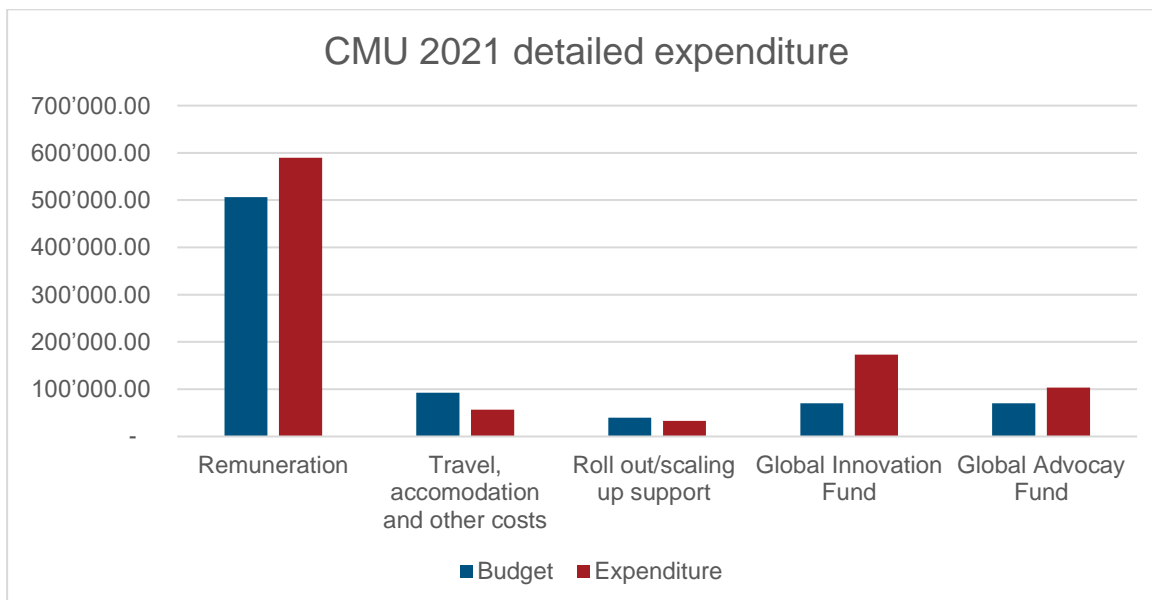


Figure 18: 2021 CMU detailed expenditure by budget category

Overall expenditures in 2021 were lower than what was initially budgeted for in the Prodoc III at 81% (no budget adjustment was done in January 2021). However, a significant improvement was observed compared to 2020. Main factors explaining this situation:

- **Projects:** the implications of the COVID-19 pandemic still had a strong impact on the delivery in 2021, still paralysing a number of 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. Significant security situation changes in a number of countries (Mali, BF, Myanmar, Ethiopia) continued or have become major factors affecting normal operations in these countries. 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.
- **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 keeping good momentum in 2022, it is anticipated that delivery will be further progressing and for most projects should. Assessing the situation in early 2022 as part of the scheduled Phase III internal Mid-Term Review will be critical for ensuring realistic expenditure forecasts aligned with updated planning for implementation during the remainder of Phase III.

For further details, see Appendix A Financial report (unaudited) and the Audit Report 2021.

7. OUTLOOK 2022

With most projects accelerating implementation in 2021, this trend is expected to be maintained during 2022 and beyond. Some projects still being constrained in implementation (due security or other bottlenecks) will ensure further adaptations of activities and put in place necessary extensions of project timelines (where required) so that achievement of project targets can be ensured within Phase III timeframe.

With further the GAF grants expected to be awarded in early 2022, focused funds for advocacy will be further made available to projects to boost specifically designed advocacy activities.

More first face-to-face Regional Workshop are planned for 2022, with an Interregional Learning Exchange scheduled for September 2022, firmly re-establishing these mechanisms for stimulating exchange of experiences and sharing of knowledge, after the first “live” workshop in Benin in November 2021.

The workplan with activities for evidence building for signature approaches, based on the now completed EB strategy, will see specific studies and mandates start in 2022 and beyond, with the ultimate goal to assess their effectiveness and added value that can inform scaling up strategies.

For a detailed overview of CMU regional and global planning see Appendix C.

APPENDIX A: FINANCIAL REPORT 2021 (UNAUDITED)

APPENDIX B: RESULTS 2021

APPENDIX C: OVERVIEW OF 2022 CMU PLANNING
