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ABBREVIATIONS AND ACRONYMS

CLTS community-led total sanitation
EA executing agency
GDP gross domestic product
GSF Global Sanitation Fund
INGO international non-governmental organization
NGO non-governmental organization
ODF open defecation free
PCM programme coordinating mechanism
M&E monitoring and evaluation
MHM menstrual hygiene management
NC national coordinator
SACOSAN South Asian Conference on Sanitation
SDG Sustainable Development Goal
UNOPS United Nations Office for Project Services
VfM value for money
WASH water sanitation and hygiene
WSSCC Water Supply and Sanitation Collaborative Council

COVER: WSSCC’s Strategic Outcomes for 2017-2020 will improve the sanitation and hygiene - and therefore the lives - of millions of people. ©WSSCC/Jason Florio (NIGERIA). ABOVE: Since 1990, WSSCC has been putting people at the centre of its work. ©WSSCC/Javier Acebal (CAMEROON)
Foreword

The 2030 Agenda for Sustainable Development\(^\text{1}\) calls for each and every one of us to “transform our world.” That agenda is a plan of action for people, planet, peace and prosperity that identifies 17 ways in which we can collectively make the world a better place for everyone, and especially for those always left behind.

The Sustainable Development Goals therefore point the way forward. Each is important in its own right but they are also interdependent and reinforce one another. To see this, one needs to look no further than Goal 6, on Water and Sanitation. Investments in sanitation and hygiene are investments in poverty reduction, in women’s empowerment, in health, in education, in community mobilization, in local governance, and much more.

Sadly, inadequate or non-existent sanitation and hygiene disproportionately hurts the poorest and most vulnerable people in the world. Today, 2.4 billion people – some 30 per cent of humanity – suffer physically, emotionally, economically and socially without access to this fundamental human right. Working with them, their organizations and governments is essential.

I am therefore proud to serve as Chair of the Water Supply and Sanitation Collaborative Council (WSSCC), a UN hosted, membership organization that embodies the transformative spirit of the SDGs. This strategy is the result of a year-long effort where we listened to our partners and stakeholders, talked to people without safe sanitation and hygiene, examined what we have done, and considered how, going forwards, we can do it better. In short, the strategy outlines how WSSCC will work with countries, communities and people from West Africa to Southeast Asia to achieve the dignity, privacy, health and comfort that comes with safe sanitation and hygiene.

The strategy puts people first. In it, WSSCC commits to improve the quality of life for tens of millions of people, regardless of age, gender or physical ability, around the world.

Let us aspire in this new, exciting era. Let us transform the world into one that we would be proud to bequeath to our children.

Amina J. Mohammed
Chair, WSSCC
December 2016

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\(^{1}\) In 2015, countries adopted the 2030 Agenda for Sustainable Development and its 17 Sustainable Development Goals. Governments, businesses and civil society together with the United Nations have started to mobilize efforts to achieve the Sustainable Development Agenda by 2030. Universal, inclusive and indivisible, the Agenda calls for action by all countries to improve the lives of people everywhere.
1. Introduction

The Water Supply and Sanitation Collaborative Council (WSSCC) is a United Nations-hosted partnership and membership organization founded in 1990. It contributes to national, regional and global efforts to improve sanitation and hygiene in ways that accelerate women's empowerment, education, health and other positive human development outcomes. WSSCC focuses particularly on poor and vulnerable people and works mainly in support of governments and their citizens in Sub-Saharan Africa, South Asia and Southeast Asia, where the sanitation and hygiene needs are the greatest. WSSCC’s work supports direct implementation programmes that deliver sanitation and hygiene improvements at scale. It also drives policy advocacy, evidence collection, national coordination and knowledge sharing to engender sanitation and hygiene services that are inclusive and promote equality and non-discrimination.

WSSCC’s vision is a world in which everyone, everywhere is able to practice safe sanitation and hygiene with dignity. This vision is supported by an organizational mission, values and principles identified in Section 2 that guide WSSCC. Readers with limited time should focus on the Summary of Strategic and Intermediate Outcomes described in Section 3. This section provides a broad overview of the end result of our work in the coming four years, including a snapshot of intended key results for Target 6.2, but also for SDGs on education, health and gender equity, among others. WSSCC operates in a broad professional sector that has evolved over the last 30 years. Section 4 describes this evolution and sets the context within which WSSCC works.

Sections 5 and 6 are at the heart of this report. They describe WSSCC’s Strategic Outcomes and Intermediate Outcomes - what WSSCC will achieve as an organization and how it will do it using proven, impactful approaches. One approach involves collective and inclusive large-scale transformation of peoples’ sanitation and hygiene behaviours through national programmes supported by the Global Sanitation Fund. Other approaches include policy advocacy, capacity building on menstrual hygiene management and other issues, learning, partnerships, and momentum-building through an engaged membership. Section 7 describes how WSSCC is organized, governed and managed, and Section 8 presents our Results Framework, including Key Performance Indicators and measurable Targets. Sections 9 and 10 reflect our financial projection and geographic presence, respectively.

At a glance

Under the two strategic and four intermediate outcomes, WSSCC will orient its work over the next four years to:

- Increase its emphasis on establishing sanitation and hygiene policies and practices that leave no one behind, with continued commitment to promote equality for poor, marginalized and vulnerable people, and specific attention to empowering women and girls through, for example, improved menstrual hygiene management
- Support partners to achieve their targets not only for Sustainable Development Goal (SDG) 6.2, but also to promote sanitation and hygiene to advance other related SDGs such as health, education, nutrition, women’s empowerment, poverty reduction, climate change mitigation, urbanization and others
- Expand its role as a partner with governments, organizations and private companies to promote sanitation and hygiene in ways that are country-led, country-owned and that bring about positive health, education and livelihood outcomes
- Continue its role as convener at all levels. WSSCC will continue to support the global WASH agenda to minimise fragmentation, while advocating for country-owned policy outcomes and enabling environments, and at the same time ensure that governments, local communities and individuals are empowered to improve their own sanitation situations
- Facilitate evidence-based learning, particularly with in-country and South-to-South exchange, and leverage opportunities for learning
- Through its Global Sanitation Fund, continue to develop effective large-scale sanitation and hygiene models that deliver equitable and sustainable sanitation and hygiene access for millions of people, that ensure use and maintenance, and maximize value for money
- Expand its work to assist the poorest and most vulnerable in newly urban areas, and in areas impacted by climate change
- Upgrade technical and capacity development support to its members and partners to maximize outcomes. This includes continued support to monitoring and evaluation
## 2. Vision, Mission, Values and Principles

### Our Vision

A world in which everyone, everywhere is able to practice safe sanitation and hygiene with dignity

### Our Mission

To enable all people and especially women, girls and those living in vulnerable situations to practice the right to sanitation and hygiene across the course of their lives with dignity and safety

### Our Values

Our values are echoed in the Sustainable Development Goals:

- **Respect for Difference:** we value diversity and strive to uphold the rights of all human beings
- **Integrity:** we act with honesty, upholding the highest principles of the United Nations
- **Collaboration:** we work with individuals and partners in-country and across the world, valuing diverse contributions to amplify overall impact and sustainability
- **Conviction:** we undertake our mission with determination and do not fear to fight stigma and discrimination

### Our Principles

To Leave No One Behind in achieving access to safe sanitation and hygiene, we will:

- Prioritize South-to-South leadership and learning
- Work with, learn from, and contribute to the water, sanitation and hygiene (WASH) sector, along with other sectors contributing to universal access to sanitation and hygiene
- Be dynamic and flexible, to seize opportunities
- Innovate and catalyze positive, sustainable change
- Focus all activities on achieving universal access in countries where we operate
3. Summary of Strategic and Intermediate Outcomes

WSSCC’s work from 2017-2020 is guided by the United Nations Sustainable Development Goals (SDGs). The Strategic Outcomes, described on the facing page, contribute to the achievement of SDG 6 on Water and Sanitation, and specifically to the Target 6.2: "By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations."

This goal underlies many other SDGs, having significant impact on them. By assisting partner countries to achieve their targets for 6.2, WSSCC is in the position to support them to attain their goals for related SDGs.

Sanitation and hygiene are linked to most SDGs. The SDGs marked below are specifically identified in WSSCC’s new Results Framework found in Section 8.
Strategic Outcomes

Between 2017-2020 WSSCC will pursue two strategic outcomes:

1. Country policies, capacities and mechanisms to Leave No One Behind
2. Safe sanitation and hygiene access and use for everyone, everywhere

To achieve these strategic outcomes, the Council’s energy, strategies and investments will focus on delivering the four intermediate outcomes:

1. Local, national, regional and global sanitation and hygiene policies and practices that pay special attention to women and girls and persons living in vulnerable situations
2. Adequate resources, capacities, coordination and accountability for inclusive and sustainable sanitation and hygiene
3. Effective large-scale delivery models for equitable and sustainable sanitation and hygiene access, use and maintenance
4. Safe and sustainable sanitation and hygiene are recognized as critical determinants for human health and dignity, poverty reduction and well-being

We will work in parallel to demonstrate the centrality of safe sanitation and hygiene in achieving health, education and livelihood outcomes in rural and urban contexts so that:

Figure 2 Outcomes summary
Working towards these outcomes. WSSCC, with its programmatic and donor partners, aims to achieve the following results by 2020* (more results in Section 8):

<table>
<thead>
<tr>
<th>SDGs</th>
<th>Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sanitation and Hygiene:</strong></td>
<td>16 million more people living Open Defecation Free (ODF)</td>
</tr>
<tr>
<td><strong>Sanitation and Hygiene:</strong></td>
<td>16 million people that have access to and use a handwashing facility with soap and water</td>
</tr>
<tr>
<td><strong>Sanitation and Hygiene:</strong></td>
<td>12 million people that have access to and use an improved sanitation facility</td>
</tr>
<tr>
<td><strong>Sanitation and Hygiene:</strong></td>
<td>80 per cent of women and girls satisfied with appropriate sanitation and hygiene services inside and outside the home in areas verified Open Defecation Free (ODF)</td>
</tr>
</tbody>
</table>

By assisting partner countries to achieve their targets for 6.2, WSSCC aims to significantly impact the indicators for related SDGs.

| Health | increase in the number of health care centres in targeted countries with functioning latrines and basic hygiene behaviours that follow national standards |
| Education | more schools in areas of operation with adequate number of gender-separated, improved sanitation facilities in line with national standards |
| Education | new menstrual hygiene management policies and standards for schools |
| Gender Equality | women and girls living in ODF environments indicating satisfaction with appropriate menstrual hygiene management services inside and outside the home |
| Reduced Inequalities | the public and private sectors integrate gender and WASH-related stigma and discrimination issues in their deliberations, policies and investments |
| Urban Sanitation | subnational administrations develop strategies and plans to address equitable and sustainable sanitation and hygiene in urban areas of rural districts |
| Climate Change | subnational administrative areas have developed strategies to mitigate the consequences of climate change |

* All indicators and targets are subject to modifications following the ongoing consultations and piloting of the WSSCC/GSF new Results Framework within countries
4. Context: WASH in the 2030 Agenda

Sanitation, hygiene and drinking water are essential to human life, and when they are not adequately available, quality of life and development efforts across all sectors suffer. SDG 6.2 acknowledges the critical importance of sanitation and hygiene, yet progress towards this goal is challenged in a complex situation involving human behaviour, politics, geography, inequality, increasing urbanization, climate change, financing deficits and more.

The persistent sanitation and hygiene challenge
About 2.4 billion people lack adequate sanitation, and nearly one billion people defecate in the open. The vast majority of women and girls in this demographic are without access to menstrual hygiene knowledge and services, including the absence of vital hand washing facilities for most. Diseases caused by poor water, sanitation and hygiene lead to malnutrition, stunting and child mortality, with nearly 600,000 children under the age of five losing their lives every year in preventable situations. Millions of school days are lost, and billions of dollars of potential GDP remain unearned as a result of inadequate sanitation and hygiene facilities. The dignity and personal safety of women and girls in vulnerable situations is at risk, and the psychosocial stress that affects women and girls is significant.

Financing
In response to a collaborative, well-prepared WASH sector effort, in recent years governments in low- and middle-income countries and international development actors have given more attention to initiatives for sustainable sanitation and hygiene. However, this is only the beginning, particularly considering the enormous potential that improved sanitation and hygiene has to advance development in other sectors. Significant financial resources will be needed to achieve the SDG 6.2 targets, and those for SDG Goal 6 as a whole. The World Bank estimates that investment to be USD 1.8 trillion, about three times what is currently projected for the WASH sector. In addition to overseas development assistance, domestic resources - including from the community, private sector funding and other innovative financing mechanisms will be needed to realize the 2030 targets.

Efforts to end historical forms of inequality
The SDGs are committed to universal coverage: to reach everyone, to leave no one behind. This marks a change from the Millennium Development Goals (MDGs), where governments, agencies and intermediaries pursued generic coverage without due regard for the needs of diverse populations, for example, the disabled and persons with limited mobility. Just as the sanitation needs of adolescent girls are different from those of men, sanitation and hygiene needs change during the course of life as a person journeys from infancy, childhood, puberty, pregnancy, mother-hood, maturity, menopause and old age. Gender, age and physical condition can present a barrier to accessing sanitation and hygiene with convenience every day.

Rather than modifying existing programmes in order to reach vulnerable groups, a deeper reflection about basic service delivery from the perspective of marginalized populations is required. The very poor, the socially marginalized and women are the people most likely to lack appropriate sanitation; yet women are the primary drivers of any efforts to improve sanitation, and they are the ones on whom the responsibility for maintenance and waste removal lies. To avoid perpetuating inequalities, governments and organizations must increase the involvement of those traditionally left behind directly in the processes of policy reform, and programme design and implementation.

The impact of climate change and urbanization
The increasing incidence of severe weather and erratic climate places additional pressure on WASH and livelihoods, as this can lead to urbanization, demographic shifts and pollution. Inequalities in access to sanitation and good hygiene practices are more evident in locations affected by climate change. By 2050, two thirds of the global population will live in urban areas, and most urbanization will take place in Africa and Asia. While much of the investment in urban sanitation goes into physical infrastructure, very little is dedicated to education and behaviour change approaches to convince people to adopt good hygiene practices and to invest in safe sanitation.

The sanitation and hygiene sector is, for the most part, institutionally fragmented - split between national level ministries, platforms and organizations, resulting in weak leadership and coordination. In Asia and Africa, ministries involved in WASH include those for Water, Health, Environment and Urban Development. This
leads to a lack coordination, and separate implementa-
tion. Sanitation officers from implementing partner
networks and within government are in a difficult situ-
ation, attempting to navigate a complex landscape to get
work done.

SDG 6 does not have a dedicated United Nations pro-
gramme to coordinate its implementation. In addition,
there is no inter-governmental mechanism, for exam-
ple, a 'Commission on Water and Sanitation' to enable
countries to officially report to the General Assembly
on the implementation progress towards global tar-
ggets. In this void, governments and organizations are
turning to the institutional architecture of associated
SDGs, such as the Commission on the Status of Women
to advance women’s empowerment, and the World
Health Assembly for health matters in order to elevate
sanitation and hygiene in those areas. The 2030 era will
necessarily see WASH organizations engage in special-
ized partnerships regarding sanitation in the work
place, urban, peri-urban, and public space sanitation,
sanitation technology development, climate change ad-
aptation, environmental health, and more.

The development of any global institutional architecture
is likely to include country-led, sub-regional platforms
that are based on South-to-South cooperation such as
the South Asia Conference on Sanitation (SACOSAN),
a sub-regional, inter-governmental platform dedi-
cated entirely to sanitation, and its African counterpart,
AfricaSan.

Effective, country-led means of implementation
There has been widespread adoption of collective behav-
ior change methodologies among governments, with
the recognition that success lies in direct engagement
with communities and local authorities. Governments are therefore increasingly concerned about the capacity of duty-bearers at sub-national levels when determining how to assign the mandate for sanitation and hygiene. For this reason, governments in Africa and elsewhere are looking to align support for sanitation programming to the ministries of health, utilizing the fact that local health officers and health extension workers are well placed to work with communities and their organizations to change behaviour. Global funds are also viewed as effective supporting mechanisms for achieving national health and development gains. The Third International Conference on Financing for Development (2015) cited the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), the Global Alliance for Vaccines and Immunizations (GAVI) and WSSCC’s own Global Sanitation Fund (GSF) as appropriate mechanisms.

Monitoring and information challenges
Despite the post-2015 ‘Data Revolution for Development’, a number of agencies and governments are struggling with how they measure progress through monitoring, evaluation and verification systems, which are vital for the successful scaling up of sanitation and hygiene programmes. At national level, governments are constrained by poor management information systems for the collection of WASH-related data. There is often insufficient capacity to carry out monitoring and evaluation, and challenges exist in applying international standards to complex local contexts, for example, in counting toilets. Capturing equity and inclusion dimensions of sanitation and hygiene programmes is also problematic.

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2 www.undatarevolution.org
Figure 3: A brief history of WSSCC and major water, sanitation, hygiene and related developments

- **1990**: United Nations Conference on Environmental Development (UNCED)
- **1991**: World Summit for Children
- **1992**: Global Consultation on Safe Water and Sanitation for the 1990s
- **1993**: WSSCC hosting at World Health Organization commences
- **1994**: WSSCC publishes Vision 21
- **1996**: Special Session of the UN General Assembly to Review and Appraise the Implementation of Agenda 21
- **1997**: WSSCC promotes focus on advocacy, national coordination & membership
- **1998**: UN Fourth World Conference on Women
- **1999**: International Conference on Water and Sustainable Development
- **2000**: International Conference on Fresh Water
- **2001**: UN General Assembly's Millennium Summit
- **2002**: World Summit on Sustainable Development, Johannesburg
- **2003**: WASH Campaign launched (successor campaigns in 2007 & 2011) at World Summit on Sustainable Development with aim for addition of a Millennium Development Goal target for sanitation
- **2004**: UN Resolution proclaiming 2005-2015 International Decade for Action 'Water for Life'
WSSCC spent the 1990s providing much-needed thematic networking and knowledge building around Water, Sanitation and Hygiene (WASH). In the 2000s, WSSCC concentrated on advocacy and support of a nascent network of WASH coalitions in developing countries and put together a membership base. A new strategy in 2007 turned WSSCC’s focus to sanitation and hygiene – left behind issues in the MDG era. In the 2010s, this shift saw sanitation and hygiene programmes supported by the Global Sanitation Fund successfully enable 15 million people to end open defecation and influenced others to adopt similar approaches. WSSCC also spearheaded a growing international movement to ‘leave no one behind’ by advocating for better policies and practices that benefited women and girls, the elderly, the disabled, LGBTQ communities, and others. WSSCC is now poised to help the countries where it is active to achieve universal coverage not only for sanitation and hygiene, but also for education, health and more. In all of this, WSSCC recognizes the leadership and ownership of national and local governments in planning and implementing an SDG agenda that works for them.
5. What We Will Achieve

WSSCC will orient its work over the next four years to assist countries to achieve their targets for multiple SDGs. Emphasis will be placed on sanitation and hygiene in line with the principles of Target 6.2 — to reach women and girls and people in vulnerable situations. WSSCC will work in partnership with governments, organizations, communities and the private sector to promote sanitation in ways that bring about positive health, education and livelihood outcomes.

Strategic Outcome 1: Country policies, capacities and mechanisms to Leave No One Behind

**Emphasis on sanitation and hygiene for women and girls**

WSSCC encourages policies that are inclusive and have directed resources to promote sanitation and hygiene access and use for all. To achieve Target 6.2 and targets in the other SDGs to which WSSCC associates, duty bearers and rights holders are to recognize the specific sanitation and hygiene needs of the female half of the world’s population, linked to their biological cycle and context-specific, socio-economic reality. WSSCC will continue to build upon its pioneering work in menstrual hygiene management (MHM) and its engagement with individuals and groups to break the silence on stigma and discrimination that prevent people from accessing their basic human right to sanitation, hygiene and water. To do this and have a lasting impact on multiple basic services, WSSCC will continue to contribute efforts to articulate the concepts and practices of MHM and key linked issues. These include safe and inclusive
sanitation and hygiene services at school, work and in public spaces, as well as national policies, regional frameworks and adequate resources that ensure these services are well supported and include monitoring and accountability frameworks to assess use and sustainability.

Providing a space for listening and exchange
WSSCC will continue its efforts to facilitate the development of platforms for listening and learning, at regional, national and local levels, to facilitate exchange and action between duty bearers and the most marginalized and unheard rights holders. These platforms may be, for example, conferences, workshops, meetings, parliamentary seminars, training sessions, or virtual professional networks. At these gatherings, governments at different levels and their constituencies are able to share the common aim of an improved environment where every individual can live with dignity and pride regardless of age, gender or physical condition. WSSCC will continue to work through listening and learning platforms to trigger practical joint actions to advance the situation of adolescent girls and boys, elderly persons and persons with disabilities or who are socially excluded, or people that are marginalized due to ethnicity, caste, gender, sexual preference or occupation.

Addressing stigma
Stigma can dictate who gains access to what type of water, sanitation and hygiene services. It can therefore have deep influence on the issues of: human dignity; the human right to water, sanitation, non-discrimination and equality; the prohibition of degrading treatment, and the right to privacy. Important work done by the UN Special Rapporteur shows that States cannot fully realize the human rights to water and sanitation without addressing stigma as a root cause of discrimination and other human rights violations.

WSSCC will deepen its analysis and normative work on stripping away the multiple layers of discrimination and stigma. Breaking the silence on the taboo subject of menstruation uncovers deep rooted issues that have long-prevented women and girls from accessing and using sanitation and hygiene services safely, with dignity and privacy. Empirical research by WSSCC and UN Women in Senegal, Cameroon, Niger and India demonstrates how difficult it can be to talk about menstruation, and how little information girls and even women have about their cycle. Proper hygiene at this time of the month is something every woman and girl wants. Denial of this basic need destroys confidence and self-worth with negative and long-lasting impacts on health, mobility, school attendance and productivity. Other stages of life that people are reluctant to talk about, such as menopause, aging and incontinence, also bring specific needs. WSSCC will continue to highlight and address sanitation and hygiene needs at these important stages as well. People with disabilities experience different realities based on their gender, age, socioeconomic status, sexuality, ethnicity or cultural heritage. While an illness or disability often leads to barriers in participation, access and use of services, not all people with disabilities are equally disadvantaged. Women with disabilities experience the combined disadvantages associated with gender as well as disability.

Strategic Outcome 2: Safe Sanitation and Hygiene Access and Use for Everyone, Everywhere

Achievement of Target 6.2 and associated goals will require a commitment by governments to translate sanitation policies, capacities and mechanisms that leave no one behind into safe sanitation and hygiene access and use for everyone, everywhere.

Development of inclusive, nationally-owned programmes
WSSCC will encourage government commitment and accountability by continuing to facilitate the development of national sanitation and hygiene improvement programmes that are community-based and government supported. During the four years of the Strategic Plan, WSSCC’s Global Sanitation Fund will deepen its country engagement and bolster the national programmes it supports. These programmes are delivering strong results, serving as transformative catalysts for meaningful change.

This will involve creative programming that puts in practice the policy reforms and monitoring frameworks that WSSCC has helped bring about through its listening and learning platforms to leave no one behind. Programmes will cover thousands of villages as access and use extends throughout entire administrative areas. It will include strategic efforts by WSSCC national coordinators to leverage the gains made by national sanitation improvement programmes in order to strengthen coordination mechanisms, mobilize public investment, and reinforce the push for more inclusive sanitation policies.

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3 United Nations Human Rights, Office of the High Commissioner: Stigmatization in the realization of the rights to water and sanitation 2012
WSSCC brings together policymakers and representatives from marginalized and vulnerable communities, including rag pickers shown here in India, to share experiences and identify sanitation and hygiene solutions that ensure no one is left behind. ©WSSCC/Javier Acebal (INDIA)
Widening the scope and impact of programmes

Creative programming will also include widening the scope and scale of national sanitation improvement so that the momentum needed to achieve the ambitious SDG targets can be built and maintained. In addition to continuing to focus support on sustainable collective behaviour change, WSSCC will steadily increase its efforts in total community sanitation, including:

- Extra-household approaches such as WASH in schools, WASH in health care facilities and other public spaces
- Achievement of open defecation free (ODF) status in entire sub-national administrative areas
- Work in highly populated areas, including towns, peri-urban areas and other urban settings
- Inclusion of people in vulnerable situations in programme design, and in pre-triggering, triggering and post-triggering activities, as well as in institutional triggering and monitoring of ODF status
- Addressing the particular needs of women and girls with focus on MHM modules in pre-triggering, triggering and post-triggering activities
- Sustainable hygiene behaviour change, such as hand-washing with soap
- Supply-side approaches, including small-scale entrepreneurs operating at various stages of the supply chain of sanitation and hygiene services and products
- Safely managed waste, including waste water, faecal sludge, and safe use of stabilized sludge for the purposes of bio-gas and agriculture production
- Water for sanitation and hygiene, with focus on low cost, local material solutions involving rainwater harvesting among other technologies
- Bolstering efforts to widen and deepen national sanitation improvement programmes by developing new dynamic partnerships, collaborative learning hubs, and systems to expand or replicate innovative methods
- Strengthening learning, documentation and monitoring systems to support programme effectiveness and ensure that WSSCC provides evidence and contributes lessons learned to the international community
- Use all forms of media and messaging to reinforce and sustain behaviour change until new social norms are firmly and irrevocably established, making best use of traditional partners such as governments as well as non-traditional partners such as national telecom agencies

Throughout its work, WSSCC will incorporate Value for Money (VfM) principles of efficiency, effectiveness and economy, seeking to maximize the impact and sustainability of investments. Investment in online monitoring and reporting systems will improve real time availability and data analysis.

The Global Sanitation Fund (GSF) was established by WSSCC in 2008 to improve access to sanitation and hygiene for large numbers of people living in developing countries. This is accomplished through: supporting national programmes that implement collective behaviour change approaches; establishing and maintaining sanitation ‘movements’; and development of enabling environments at local and national levels. By the end of WSSCC’s 2012-2016 Strategic Plan, the GSF had demonstrated its ability to serve as a catalyst to improve sustainable access and use of sanitation and good hygiene behaviour for millions of people.
6. How We Work

In order to realize its twin strategic objectives, WSSCC will pursue a mix of normative and operational initiatives in accordance with four intermediate outcomes. These involve working with countries and various non-state actors to attain: appropriate sanitation policies and their application; sanitation capacities, coordination mechanisms and resources; practical models and tools to achieve sanitation results at scale; and sanitation as a social determinant for health, education and livelihood outcomes.

Intermediate Outcome 1: Local, national, regional and global sanitation and hygiene policies and practices that pays special attention to women and girls and persons living in vulnerable situations

WSSCC upholds that in order to have an impact, action must be locally-owned, guided by national policies and frameworks for adequate resourcing and accountability. We will deepen our work with national governments in Africa and Asia and share the lessons more widely on clearly articulated, normative frameworks that commit to services across the human life course. WSSCC’s key focus going forward will be to merge the separate conversations on achieving open defecation free communities and equity and inclusion in WASH into one approach. We will deploy collective behaviour change approaches that ensure the full participation of people regardless of age, gender, physical condition or social situation.

Applying regulatory frameworks in local contexts

The normative agenda will set standards and regulatory frameworks concerning sanitation at home and in institutions, and also in public spaces particularly where women and girls gather. WSSCC will test these frameworks in partnership with local and national govern-ments. These frameworks assign clear duty bearer responsibility, and can demonstrate country delivery and ownership of Target 6.2, raising standards and catalysing further demand and resources for human-friendly services, not just in WASH. WSSCC commits to integrating the standards into its direct delivery programme in a context specific, resource appropriate manner.
Knowledge sharing
Bringing the learning from its actions to the sanitation and hygiene sub-sector and other sectors will be a priority in order to continually update the approach, and also to ensure its application with associated outcomes in health, education, livelihoods and climate change. Knowledge sharing will need to be done in a deliberate and systematic way.

The regional sanitation conferences in Asia (SACOSAN) and Africa (AfricaSan) have been vibrant mechanisms for learning and sharing, assessing progress, regional advocacy and benchmarking. Attended by ministers responsible for sanitation from ministries of water, sanitation, health, urban and environment, they offer key platforms for the new integrated, multi-sectoral agenda. In the past decade SACOSAN has highlighted the themes of disability and menstrual hygiene management in its declarations and commitments, and more recently included marginalized groups to talk directly with ministers to negotiate their individual needs. WSSCC will continue to support work on key issues such as the rights of sanitation workers; shared responsibility and accountability towards the poorest, most stigmatized and excluded; cleaning burdens, safe waste management and its links with dignity and safety, and more.

Additionally, WSSCC will commit to strengthening learning and sharing between the sanitation conferences in order to accelerate progress towards total sanitation. In Africa, the ministerial Ngor Declaration anticipates and embraces the SDGs because of its strong equity commitments. To realize the ambition of Ngor, WSSCC with other sector partners, will continue to support capacity strengthening in Sub-Saharan Africa to implement and monitor Ngor commitments, and provide normative and capacity support to the African Ministers Council on Water (AMCOW).

Contributing to regional sanitation learning agendas
WSSCC will also explore ways to contribute meaningfully to the regional sanitation learning agendas in South and Central America, East Asia and the Pacific. WSSCC will work with governments that have shown leadership, nationally and in sub-regional platforms, in bringing about policy reforms and effective national sanitation improvement programmes in order to inform global policy debates. This will include supporting governments to participate in inter-governmental meetings such as the Commission on the Status of Women and the World Health Assembly to influence discourse on sanitation as a social determinant of women’s empowerment, health and livelihoods.

Additionally, WSSCC will support South-to-South cooperation, drawing upon the leadership of India and Nigeria among other countries that are committed to ending the practice of open defecation. WSSCC’s 2018 Global Forum on Sanitation and Hygiene would be a key milestone of the Strategic Plan, offering delegations of the regional sanitation conferences further opportunity to advance progress towards the attainment of Target 6.2 and its associated goals.
Intermediate Outcome 2: Adequate resources, capacities, coordination and accountability for inclusive and sustainable sanitation and hygiene

Working with members, national coordinators and partner networks

The membership and partner networks are the basis by which WSSCC engages at country level to strengthen local capacities and coordination mechanisms essential for the realization of equitable sanitation access and use. WSSCC will continue to work with members and partner networks, with a view to be smarter and more effective about how it engages at country level.

Governments and various non-state actors have made considerable progress in prioritizing sanitation and hygiene in the development agenda. While much work remains, most countries in sub-Saharan Africa and Asia have adopted sanitation policies and strategies. They have coordination mechanisms that include NGOs as well as representatives from government and development partners. Communities and their organizations are increasingly investing in sanitation and adopting safe hygiene behaviours. Public and private investment is slow, but growing.

However, WSSCC members and partner networks recognize that the road to Target 6.2 is fraught with challenges. As participants of WSSCC-facilitated listening platforms, GSF Programme Coordinating Mechanisms (PCMs), and of national consultations convened by WSSCC national coordinators, they are aware of the bottlenecks. In some countries, the key challenge is strengthening the national sanitation coordination mechanisms and identifying creative ways to promote coordination among line ministries. In others, the problem is limited capacity to implement policy guidelines due to weak sub-national, local government structures. Almost all countries have failed to make the political case for public investment in sanitation. Some have the funding but are unable to apply it effectively, and almost all countries have not yet internalized equality and non-discrimination such that these are part and parcel of the capacity, coordination and investment needed to end open defecation.

Given that sanitation and hygiene issues are highly contextual, WSSCC is keen to identify what members and
partner networks consider to be the key problems and the specific actions needed to address these. Thus, WSSCC will work more deliberately through listening platforms, PCMs and national consultations to understand the particularities of the local WASH agenda, and strategize its policy advocacy and strategic engagement to advance that agenda as part of the 2017-2020 Strategic Plan.

**Country strategies**

To do this, the organization will introduce holistic strategies in the countries where it is active in Africa and Asia. Partners working on GSF-supported programmes and WSSCC policy advocacy initiatives will work closely with the national coordinator and the leadership of the Council to design, implement, monitor and adjust the country strategies. These will not be rigid documents, instead offering a set of priorities and tactics that can guide coordinated actions by participants of policy advocacy listening platforms, PCMs, and national consultations.

**WSSCC membership**

Dedicated efforts by WSSCC to sharpen its engagement to better reflect the strategic priorities of its members and partner networks will necessarily require a revitalization of WSSCC membership globally, as well as in specific countries. The Council will therefore intensify ongoing efforts to strengthen membership. This will include updating and maintaining the membership database and managing the content on the members’ user website. It will also involve support to national coordinators in their more regular engagement of national members in the implementation and monitoring of the country strategy.

Intermediate Outcome 3: Effective large-scale delivery models for equitable and sustainable sanitation and hygiene access, use and maintenance

Over the next four years, WSSCC will deepen its support for the use of models that empower hundreds of millions of people to end the practice of open defecation, invest in sanitation, and adopt good hygiene behaviour. WSSCC’s methods of direct implementation are an ongoing process of innovation and development, grounded in practical application and modified to local contexts.

**Innovative programme design with local inputs and South-to-South sharing**

WSSCC will continue to facilitate South-to-South peer exchanges among practitioners to improve programmatic approaches and methods of pre-triggering, triggering, institutional triggering, reduction of slippage, and post-ODF monitoring. As part of this process, WSSCC will work with governments, international and local NGOs, community-based organizations, academia, and various other actors to ensure the presence and capacity of local systems and structures to sustain the results achieved. New behaviour is to be engrained over time, providing opportunities for people to improve the quality of their sanitation facilities. WSSCC’s experience with rural sanitation and hygiene programmes will also be applied in small towns in rural districts.

**Behaviour change**

The Council will continue to apply collective behaviour change methods to schools, health clinics and public spaces while engaging development partners and governments with expertise in education, health and urban development. The organization will enhance models to achieve equality at scale. This will involve championing holistic collective behaviour change approaches that, for example, incorporate social mapping as part of pre-triggering exercises and introduce modules, such as menstrual hygiene management as part of Community Led Total Sanitation (CLTS) triggering. In addition, wider consideration will be given to performance indicators and the composition of PCMs, executing agencies and implementing partners to ensure that models for collective behaviour change produce patterns of equality.

**Strengthening local capacities**

WSSCC will continue to strengthen local capacity to deliver change at scale with equity and sustainability. This will require practical ways of merging the narrative on ending open defecation with that on equality and inclusion into one conversation. Whether it is collective behaviour change with equity and sustainability or...
Open Defecation Free status can only be achieved when all members of the community are included. The needs of people with disabilities are factored into the design of programmes supported by WSSCC. ©WSSCC/Javier Acebal (BANGLADESH)
menstrual hygiene management, building local capacity to institute and sustain positive behaviour change will be an important part of our investment.

**Enabling environments to encourage innovation and partnerships**

In the process of supporting direct implementation of country-driven programmes, WSSCC has improved enabling environments, along with collective behaviour change methods that are supported by supply-side approaches. This has included sanitation marketing, support for local entrepreneurs and supporting communities to identify and develop various appropriate and affordable technologies that contribute to sustainability of sanitation infrastructure and behaviour. WSSCC will continue to promote innovations that are emerging in many national sanitation and hygiene improvement programmes, while at the same time forging new partnerships with institutions that have expertise in small business development.

Establishing the right balance between behaviour change and supply-side approaches for sustainable behaviour change will be based on evidence of what really works in specific country and community contexts. WSSCC will promote local entrepreneurs to develop low-cost products using local materials for sanitation and hygiene that enables households to move up the sanitation (and hygiene) ladder in an affordable manner. Efforts will also be made to identify latrine and toilet construction methods that are adapted to climate change and are accessible for people with physical disabilities. Through partnerships, micro-finance and existing institutions such as community solidarity mechanisms, programmes will more systematically promote ways in which households can access higher levels of sanitation and hygiene. This is to include addressing safe containment, management and re-use of waste. WSSCC will also identify ways to make innovations known and available within and between countries, sharing knowledge and lessons learned beyond GSF-supported programmes.

**Sustainability**

Sustainability is a multi-faceted and complex issue that requires constant attention and innovation. WSSCC-supported country programmes have embarked on intensive reflection among behaviour change practitioners to share knowledge and identify tools to ensure sustainability in terms of sanitation and hygiene behaviour. A common thread in these discussions is the need for strengthened enabling environments. This involves a variety of factors addressing dimensions of sustainability - institutional, financial, technical, social, and environmental. The discussions identify support for community champions of sanitation and hygiene; capacity building for implementing partners; broadened involvement of multi-sector stakeholders; support for national policies, systems and roadmaps; increased sectoral coordination; and adequate resourcing for sanitation and hygiene programmes to increase prospects for sustainability. WSSCC recognizes the important role performed by government at all levels and continues to promote strong government involvement.

WSSCC will invest on multiple fronts to address the challenge of sustaining Open Defecation Free (ODF) status, while supporting communities to improve the quality and availability of sanitation and hygiene facilities. This includes identifying and analyzing behaviour change patterns and risk factors, as well socio-economic and environmental factors.
Intermediate Outcome 4: Safe and sustainable sanitation and hygiene are recognized as critical determinants for human health and dignity, poverty reduction and well-being

Extending impact beyond SDG Target 6.2
WSSCC shall extend its work to engage with agencies, corporations and sector ministries to embrace sanitation and hygiene as a means to achieve positive outcomes for other SDGs, including those for women's empowerment, health, education, urban development and climate change adaptation. New and continuing partnerships will also amplify the impact of WSSCC’s own learning and work.

Strategic partnerships
Women’s empowerment shall be embedded into all aspects of WSSCC, and shall be accelerated by the continuation of partnerships with UN Women and the environmentally conscious and socially-committed Swedish multinational feminine hygiene company, SCA. Over the past three years, the Council has worked with these organizations to elevate the importance of menstrual hygiene management (MHM). In particular, partnership with SCA has elevated the importance of MHM within the industry, communicating this aspect of hygiene to a wider audience via collaboration on policy papers and research.

WSSCC aims to deepen its partnership with UN Women building upon policy advocacy initiatives in Senegal, Niger and Cameroon and assisting the agency to mainstream sanitation as a social determinant of women’s empowerment.

Working with the health sector
WSSCC will expand current programming to establish partnerships with health institutions. Currently, WSSCC supports the ministries of health in seven countries in Africa to design, guide and monitor sanitation and hygiene improvement programmes that promote collective behaviour change at scale, also elevating preventive services and environmental health. The Council will expand programming beyond households to include health clinics, and incorporate the findings of research it supported with London School of Hygiene on the psychosocial stress women experience pursing coping strategies in the absence of basic sanitation. 4 WSSCC will accelerate the momentum by working with participating governments of the World Health Assembly and WHO colleagues working on environmental health, sexual and reproductive health, and child and maternal health care.

Cross sectoral challenges of urbanization
Urban sanitation constitutes a huge challenge for all governments, especially countries with rapidly urbanizing populations in Africa and Asia with the growth of informal settlements and slums in district towns. WSSCC will extend its promotion of policy advocacy and direct implementation methodologies to small towns and peri-urban areas of large cities. This will include supply-driven and demand creation approaches, and safe waste management in urban households and in public spaces, such as markets and transport hubs, to help subnational administrative units achieve SDGs 6.2 and 6.3. The Council will also explore how sanitation solutions in affordable housing can improve housing and end the practice of open defecation. In all of its work on urban sanitation, WSSCC will consider questions of equality and non-discrimination. Specifically, WSSCC will explore the suitability of urban sanitation solutions for women, the elderly, disabled and socially marginalized groups, as well as ways to improve conditions for scavengers and sanitation workers for whom urban sanitation is a livelihood.

WSSCC will work closely with local and national organizations with expertise in urban development, and partner with international organizations such as UN-Habitat. The Council sees such collaboration as essential given the complexity of the task – urban sanitation cannot be improved in isolation. Efforts to generate demand, enhance supply chains and ensure safe waste

GSF support for school WASH – building on past achievements
❖ Girls and boys are engaged to become champions for improving sanitation and hygiene in schools, households and communities
❖ Teachers, headmasters and other school officials are trained to guide school WASH champions
❖ Parents and local governments are sensitized in school WASH
❖ Additional resources and investment is mobilized for sanitation and hygiene facilities, including handwashing and MHM
❖ Advocacy is conducted, using evidence of successful interventions, to integrate school WASH into school policies and curricula

management require a systems approach that includes land tenure, municipal governance, and financing, as well as basic services.

Climate change mitigation
There is an increasing incidence of erratic or extreme weather, placing pressure on some communities in the countries where WSSCC is active. They may face reduced access to water resulting from desertification and droughts, or destruction of sanitation infrastructure from flooding and storms. Poor sanitation also affects the environment as human waste contaminates water sources. WSSCC will build upon its current country-level work by increasing resources and attention to communities vulnerable to climate change. This will include efforts at supporting community adaptation through identifying and promoting climate-resilient toilet construction, promotion of bio-gas production, supporting water supply for hygiene, and assisting communities in mitigating their impact on the environment through safe containment, management and re-use of waste.

Inclusion of climate-resilient sanitation and hygiene services is an essential element of WSSCC's commitment to equity and sustainability.

Addressing the needs of girls in schools
Girls, specifically adolescents, have particular needs in terms of the availability of adequate sanitation and hygiene facilities. The absence of suitable facilities can affect girls' school performance and attendance. Through behaviour change approaches, WSSCC will continue to mobilize community members and local authorities to construct and maintain separate, appropriate, and adequate sanitation facilities for girls and boys. MHM training will also be provided to teachers, female and male students. These interventions will complement other collective behaviour change activities being conducted within communities. Through both WSSCC’s support to direct sanitation programme implementation via the GSF, and through its policy advocacy work, WASH in schools – for girls in particular – will remain at the centre of WSSCC’s attention.

After WSSCC advocacy efforts, India modified its Nirmal Bharat Abhiya Policy Guidelines to include activities related to Menstrual Hygiene Management as a permissible activity, including in schools. ©WSSCC/Kiran Negi (INDIA)
7. WSSCC Organization

Organizational Structure – fit for purpose

WSSCC has developed a new organizational structure that will allow for implementation of the 2017-2020 Strategic Plan.

WSSCC and the United Nations

Hosted by UNOPS within the United Nations (UN) system, WSSCC is uniquely positioned to work on a transformative agenda with partner UN agencies, governments and regional bodies. Our membership is rooted in-country and brings a range of practitioner and civil society voices to inform and tailor our approaches to suit the context.

To identify synergies, avoid overlap and share knowledge for greater impact and as is appropriate within the UN, WSSCC should maintain relations and collaboration with the Permanent Missions to the United Nations in New York and Geneva. Over the next four years WSSCC will deepen its UN relationships, including with the Executive Office of the Secretary General, the Department of Economic and Social Affairs, UNICEF, UN Women, UNFPA, UNHCR, UNEP, UN Water, UN-Habitat and the Resident Coordinators in countries where WSSCC is operational.

WSSCC will also build its relationships with the World Bank, including the Office of the President, Senior Directors of Practices (Water, Health, Urban and Social Development), and Country Directors in the countries where WSSCC is operational.

Positioning of WSSCC through external relations and corporate communications

Media relations and the digital frontier

WSSCC will strengthen relations with international and national print, television, and radio media, providing opportunities for journalists to participate in field visits to WSSCC supported programmes. This will promote the work being done and build awareness of the need to support increased access to sustainable sanitation and
hygiene, while attracting increased resources. WSSCC will also enhance its digital online presence and corporate communications, designing and producing a wide range of products, including reports, brochures, infographics, posters, cards, and so on, and carry out online fundraising.

**Governance, management and administration**

WSSCC will administer all aspects of its work in accordance with biennium work plans and budgets, ensuring smooth cooperation with UNOPS to provide financial management, procurement, human resource management, travel and office management. The Executive Director will oversee the Senior Management Team and Thematic Task Teams to guide the implementation of annual plans, address management issues, respond to opportunities and challenges and ensure effective resource mobilization to deliver the Strategic Plan.

Leveraging government funding in order to ensure country leadership, buy-in and sustainability will inform how and where WSSCC invests financial and human resources. WSSCC and UNOPS will develop and implement a robust financial risk management strategy.

In addition, the Directorate within WSSCC’s Secretariat will implement special projects that provide the Council with an opportunity to incubate new projects and innovative research, and explore future areas of programming, including Water for Sanitation and Hygiene, Sanitation and Affordable Housing, and Equal Access to Sanitation and Hygiene in Public Spaces. WSSCC’s flagship global event, the Global Forum on Sanitation and Hygiene is planned for 2018.

**Did you know?**

- WSSCC activities and programmes are country-led, country owned and, in some cases, country co-financed
- WSSCC generates evidence-based studies to inform pro-poor policy decisions
- WSSCC is active at all levels, from triggering local communities to ensuring that change is embodied in country policy
- WSSCC insists on equality, ensuring that the poorest, the marginalized and most vulnerable are included
- WSSCC is a leader in advocating for menstrual hygiene management, stressing the benefits for development of empowered women and girls
- The Global Sanitation Fund, WSSCC’s funding arm, is the only global fund dedicated solely to supporting nationally owned behaviour change sanitation and hygiene efforts
- WSSCC is a membership organization, providing its members with a voice, platform and learning space
- WSSCC is a global movement with members in 141 countries
8. Results, Monitoring and Evaluation

In support of the ‘Data Revolution for Development’ prompted by the SDGs, WSSCC commits to bringing its lessons to inform the evidence questions and also to support the global and national statistics and information systems to make the Data Revolution an Equity Data Revolution. WSSCC shall explore new and creative methods of collecting data that puts citizens and rights bearers, particularly the most vulnerable, at the centre stage of the data revolution. The aim is to more accurately reflect the experiences of vulnerable people and groups such as women and girls, children, persons with disabilities etc. and more importantly, to put data in the hands of people themselves.

WSSCC’s engagement at the global level will be judicious and guided by the additional value that it can bring to the Data Revolution platforms and meetings, in line with its strategy focus on efficiency and effectiveness.

WSSCC shall continue to strengthen evaluation as a key instrument for accountability and learning for improved action. In order to address the complexity of the SDGs and their achievement, through an inter sectoral approach, evaluation will contribute to identifying and filling the evidence gaps. WSSCC shall also continue to support country-led joint evaluations to respect the principles of aid effectiveness.

WSSCC shall work towards a more balanced approach required in supporting and measuring the social transformation and the need to capture the measurable results outlined in the Results Framework for the next four years. The findings of monitoring and evaluation will be systematically applied to measure results, inform decision making, and improve programme quality and impact, thereby strengthening the culture and practice of results-based management.

WSSCC will continue to strengthen monitoring and evaluation as key instruments for accountability and learning. ©WSSCC/Jenny Matthews
Primary Higher Outcome: SDG 6, Target 6.2
By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations

Associated Higher Outcome:
Contribution to other critical SDGs (Education, Health, Women's Empowerment, Reducing Inequality, Urbanization, Climate Change)

SO 1: Country policies, capacities and mechanisms to Leave No One Behind
SO 2: Safe sanitation and hygiene access and use for everyone, everywhere

IO 1: Local, national, regional and global sanitation and hygiene policies and practices that pay special attention to women and girls and persons living in vulnerable situations
IO 2: Adequate resources, capacities, coordination and accountability for inclusive and sustainable sanitation and hygiene
IO 3: Effective large scale delivery models for equitable and sustainable sanitation and hygiene access, use and maintenance
IO 4: Safe and sustainable sanitation and hygiene are recognized as critical determinants for human health and dignity, poverty reduction and well-being

EO 1: Strengthened learning, evidence gathering and its application through Applied Research, Monitoring, Evaluation and Knowledge Management
EO 2: Special initiatives supporting innovation

CO 1: Effective management of performance & administration of human, financial & other resources/assets
CO 2: Competent leadership for a fit-for-purpose organization
CO 3: Adequate resources mobilized to deliver the current Strategic Plan
CO 4: Strengthened governance for relevance, equity, accountability & transparency
CO 5: Positioning WSSCC through external relations & corporate communications
## HIGHER ORDER OUTCOMES

### Primary Higher Outcomes

**PHO 1 Clean Water and Sanitation (SDG 6)**

- **Target 6.2** - by 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations
- **KPI 1** # of people living in targeted administrative areas where ODF status has been verified using national systems
- **KPI 2** # of people that have access to (and use) a handwashing facility with soap and water
- **KPI 3** # of people that have access to and use of an improved sanitation facility
- **KPI 4** % of people sustaining ODF status living in ODF verified communities
- **KPI 5** % of women and girls are satisfied with appropriate sanitation and hygiene services inside and outside the home in ODF verified areas
- **KPI 6** % of women and girls living in ODF environments indicating satisfaction with appropriate MHM services inside and outside the home
- **KPI 7** % of elderly people (aged 65 and above) are satisfied with appropriate sanitation and hygiene services inside and outside the home in ODF verified areas
- **KPI 8** % of persons with physical disabilities are satisfied with appropriate sanitation and hygiene services inside and outside the home in ODF verified areas

### Associated Higher Outcomes

**AHO 1 Health (SDG 3)**

- Associated with 3.1, by 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births; 3.2, by 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births; 3.7, by 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
- **KPI 9** # of health care centres in targeted countries with functioning latrines and basic hygiene behaviours following national standards
- **KPI 10** # of countries with inclusive national standards for health care facilities (people with disabilities, MHM, etc.)

**AHO 2 Education (SDG 4)**

- Associated with target 4.5, by 2030 eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous people and children in vulnerable situations
- **KPI 11** # of schools with adequate number of gender-separated, improved sanitation facilities following national standards
- **KPI 12** # of countries with MHM policies and standards for schools

**AHO 3 Women's Empowerment (SDG 5)**

- Associated with 5.1, end all forms of discrimination against all women and girls everywhere; 5.5, ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life; 5.6, ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences; 5.9, adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels
- **KPI 13** # of WSSCC priority countries wherein the non-WASH ministries/departments include WASH for women and girls, adopt and strengthen transformative inclusive policies, strategies and or regulatory frameworks for the promotion of gender equality and empowerment of all women and girls
- **KPI 14** % of women and girls living in ODF environments indicating satisfaction with appropriate MHM services inside and outside the home

### Reducing Inequality (SDG 10)

- **KPI 15** # of countries, development partners and private sector companies that integrate gender and WASH-related stigma and discrimination issues in their deliberations, policies and investments

### Urbanization (SDG 11)

- Associated with target 11.7, by 2030 provide universal access to safe, inclusive and accessible green and public spaces, in particular for women and children, older persons and persons with disability
- **KPI 16** # of countries with policy changes supported by WSSCC to ensure adequate, safe and affordable sanitation and hygiene facilities with special attention to the needs of those in vulnerable situations such as women, children, persons with disabilities and elderly people
- **KPI 17** # of countries where the sub-national administrations that have developed strategies/plans to address equitable and sustainable sanitation and hygiene in urban areas in rural districts

*All indicators and targets are subject to modifications following the ongoing consultations & piloting of the WSSCC/GSF new Results Framework within countries.
<table>
<thead>
<tr>
<th>Targets (End of 2020)</th>
<th>Data/Means of Verification</th>
<th>Risks/Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 million</td>
<td>GSF routine data and outcome survey data</td>
<td></td>
</tr>
<tr>
<td>16 million</td>
<td>GSF routine data and outcome survey data</td>
<td>The risk is that the international community and countries decide that sanitation and hygiene are not a priority, despite best efforts by WSSCC, partners and other actors. If political will falters, or Goal 6 is de-prioritized among the other goals, then sanitation and hygiene will continue to not be achieved. The risk is also around the commitment to respect, and addressing the specific sanitation and hygiene needs of special, marginalized and vulnerable groups. If the discourse and commitment continue to be about infrastructure (number of toilets etc.), the commitment to leave no one behind will falter.</td>
</tr>
<tr>
<td>16 million</td>
<td>GSF routine data and outcome survey data</td>
<td></td>
</tr>
<tr>
<td>80%</td>
<td>GSF routine data and outcome survey data</td>
<td></td>
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<tr>
<td>80%</td>
<td>Annual, sample countries through outcome survey data</td>
<td></td>
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<tr>
<td>75%</td>
<td>Annual, sample countries through outcome survey data</td>
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<tr>
<td>80%</td>
<td>Annual, sample countries through outcome survey data</td>
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<tr>
<td>80%</td>
<td>Annual, sample countries through outcome survey data</td>
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<tr>
<td>5% over baseline</td>
<td>Annual routine data GSF</td>
<td>It is clear that the SDGs demand that WSSCC, like many other development actors, contribute to associated goals. The risk is that WSSCC’s assumption of the link between sanitation and hygiene and other goals, as stated, does not materialize and any attribution of WSSCC’s contribution is not forthcoming. There is a risk that WSSCC will be spread too thinly, and in focusing on Target 6.2, it will not have enough time, resources or the right structure to contribute to the associated goals. At country level, the siloed and sectoral approach towards development goals could pose a major risk.</td>
</tr>
<tr>
<td>2 countries (Senegal, Kenya)</td>
<td>National Health Care Facilities Standards/Guidelines</td>
<td></td>
</tr>
<tr>
<td>25% above baseline</td>
<td>Annual routine data GSF</td>
<td></td>
</tr>
<tr>
<td>3 countries (Nepal, Kenya, Senegal)</td>
<td>National Policies and Guidelines</td>
<td></td>
</tr>
<tr>
<td>3 countries (Senegal, India, Kenya)</td>
<td>Actual Policy, Strategy, Regulatory Framework</td>
<td></td>
</tr>
<tr>
<td>75%</td>
<td>GSF routine data and outcome survey data</td>
<td></td>
</tr>
<tr>
<td>4 countries</td>
<td>Routine Citation Tracking Report</td>
<td></td>
</tr>
<tr>
<td>3 countries (Kenya, 3 states in India and Senegal)</td>
<td>National Policies and Data</td>
<td></td>
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<tr>
<td>4 countries</td>
<td>GSF routine annual data</td>
<td></td>
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<tr>
<td>4 countries</td>
<td>GSF routine annual data</td>
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</tbody>
</table>
## CODE  KEY PERFORMANCE INDICATORS (KPIs) *

<table>
<thead>
<tr>
<th>CODE</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHO 6</td>
<td>Climate Change (SDG 13)</td>
</tr>
</tbody>
</table>

Associated with 13.1, strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries; 13.2 Integrate climate change measures into national policies, strategies and planning; 13.3, improve education, awareness-raising and human and institutional capacity on climate change mitigation, adaptation, impact reduction and early warning; 13.a, implement the commitment undertaken by developed-country parties to the United Nations Framework Convention on Climate Change to a goal of mobilizing jointly $100 billion annually by 2020 from all sources to address the needs of developing countries in the context of meaningful mitigation actions and transparency on implementation and fully operationalize the Green Climate Fund through its capitalization as soon as possible; 13.b, promote mechanisms for raising capacity for effective climate change-related planning and management in least developed countries and Small Island Developing States, including focusing on women, youth and local and marginalized communities.

| KPI 18 | # of sub-national administrative areas (where GSF is working) that have developed strategies to mitigate the consequences of climate change |

### STRATEGIC OUTCOMES

<table>
<thead>
<tr>
<th>SO 1</th>
<th>Country policies, capacities and mechanisms achieve sustainable sanitation and hygiene for all</th>
</tr>
</thead>
</table>

KPI 19  # of countries with policies, strategies and or regulatory frameworks developed/modified to reflect the commitment towards 6.2, ODF, Equity and Hygiene

KPI 20  # of countries with a policy implementation plan (with monitoring indicators and budgetary allocation) to reflect the commitment towards 6.2, ODF, Equity and Hygiene

<table>
<thead>
<tr>
<th>SO 2</th>
<th>Everyone, everywhere has access to and uses safe sanitation and hygiene</th>
</tr>
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</table>

KPI 21  # of countries adopting and applying GSF supported delivery approaches beyond the targeted areas

### INTERMEDIATE OUTCOMES

<table>
<thead>
<tr>
<th>IO 1</th>
<th>Local, national, regional and global sanitation and hygiene policies and practices that pay special attention to women and girls and persons living in vulnerable situations</th>
</tr>
</thead>
</table>

KPI 22  # of sub-national roadmaps or plans in place on collective behaviour change at scale

KPI 23  # of sub-national guidelines and plans that integrate MHM and access for persons with disability, elderly persons etc.

KPI 24  Significant representation and direct participation of vulnerable groups & people (e.g. hearing and visually impaired, elderly persons, adolescent girls and boys, widows and transgender) at SACOSAN and AfricaSan

KPI 25  SACOSAN & AfricaSan Declarations and progress reports reflect the progress on key issues affecting the marginalized groups

KPI 26  # of politicians, donor constituencies, sector platforms, and popular public personalities who champion the cause of sanitation and hygiene including the MHM

*All indicators and targets are subject to modifications following the ongoing consultations & piloting of the WSSCC/GSF new Results Framework within countries.*
**STRATEGIC OUTCOMES**

All indicators and targets are subject to modifications following the ongoing consultations and piloting of the WSSCC/GSF new Results Framework within countries.

**CODE**

**KEY PERFORMANCE INDICATORS (KPIs)**

- **AHO 6 Climate Change (SDG 13)**
- **KPI 26 # of politicians, donor constituencies, sector platforms, and popular public personalities who champion the cause of sanitation and hygiene**
- **SACOSAN & AfricaSan Declarations and progress reports reflect the progress on key issues affecting the marginalized groups**
- **KPI 22 # of sub-national roadmaps or plans in place on collective behaviour change at scale**
- **KPI 21 # of countries adopting and applying GSF supported delivery approaches beyond the targeted areas**
- **KPI 19 # of countries with policies, strategies and or regulatory frameworks developed/modified to reflect the commitment towards 6.2, ODF, Equity and**

**SO 2 Everyone, everywhere has access to and uses safe sanitation and hygiene**

- **IO 1 Local, national, regional and global sanitation and hygiene policies and practices that pay special attention to women and girls**
  - including focusing on women, youth and local and marginalized communities
  - raising capacity for effective climate change-related planning and management in least developed countries and Small Island Developing States,
  - implementation and fully operationalize the Green Climate Fund through its capitalization as soon as possible; 13.b, promote mechanisms for
  - developed-country parties to the United Nations Framework Convention on Climate Change to a goal of mobilizing jointly $100 billion annually
  - climate change measures into national policies, strategies and planning ; 13.3, improve education, awareness-raising and human and institutional
  - capacity on climate change mitigation, adaptation, impact reduction and early warning; 13.a, implement the commitment undertaken by
  - Associated with 13.1, strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries;13.2 Integrate

**INTERMEDIATE OUTCOMES**

**STRATEGIC PLAN 2017-2020**

The risk is that WSSCC will be unable to respond to the demand from governments for policy advice under its present structure. Secondly, WSSCC may be unable to respond to all aspects of sanitation and hygiene related policy for example public spaces, waste management, institutions, small towns and urban centres. These aspects may require progressive attention, or specialized skills which WSSCC may not have. Thirdly, WSSCC’s approach to lead with an equality angle such as menstrual hygiene, may be met with resistance. WSSCC has had experience where menstrual hygiene has been a powerful starting point for policy dialogue and action, however it may not apply in all contexts and therefore it may not be a sustainable approach.

The risk is that the tools, instruments and approaches of WSSCC, and in particular the GSF, fail to adapt to the SDG context. This is particularly the case where existing programmes were designed in the MDG period and WSSCC risks losing momentum created by national programmes by trying to transition too quickly. The mitigation strategy includes a country-led plan to allow local actors to make these choices and focus of their programmes and sequences of events. Secondly, the risk is that WSSCC is not able to dedicate time and resources at all levels to sustain results. WSSCC needs to balance the expansion of its mandate in urban and public spaces with its focus on equity and sustainability.

**RISKS/ASSUMPTIONS**

<table>
<thead>
<tr>
<th>TARGETS (END OF 2020)</th>
<th>DATA/MEANS OF VERIFICATION</th>
<th>RISKS/ASSUMPTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>GSF routine annual data</td>
<td></td>
</tr>
<tr>
<td>7 countries</td>
<td>Policies, strategies and or regulatory frameworks (documents)</td>
<td>The risk is that WSSCC will be unable to respond to the demand from governments for policy advice under its present structure. Secondly, WSSCC may be unable to respond to all aspects of sanitation and hygiene related policy for example public spaces, waste management, institutions, small towns and urban centres. These aspects may require progressive attention, or specialized skills which WSSCC may not have. Thirdly, WSSCC’s approach to lead with an equality angle such as menstrual hygiene, may be met with resistance. WSSCC has had experience where menstrual hygiene has been a powerful starting point for policy dialogue and action, however it may not apply in all contexts and therefore it may not be a sustainable approach.</td>
</tr>
<tr>
<td>3 countries (Senegal, Kenya, India)</td>
<td>Policy implementation plan (with monitoring indicators). Document indicating the earmarked budgetary allocation</td>
<td></td>
</tr>
<tr>
<td>7 countries</td>
<td>PCM reports</td>
<td></td>
</tr>
<tr>
<td>6 countries (Cameroon, Madagascar, India [3 states], Kenya, Nepal, Senegal)</td>
<td>Sub-national guidelines and plans Sub-national roadmaps or plans</td>
<td>In addition to the risks outlined under SO1 and SO2 above, the assumption is that WSSCC’s demonstration of results proves catalytic and others adopt the methods and approaches to deliver sanitation and hygiene at scale. The challenge is when capacity at the country level does not materialize, particularly in government.</td>
</tr>
<tr>
<td>SACOSAN 2018: significant progress beyond the representation and direct participation that took place at the Dhaka 2016 SACOSAN; AfricaSan 2017/18: institutionalize the representation and direct participation of vulnerable groups and people</td>
<td>SACOSAN and AfricaSan Communiques; the SANS reports capturing the feedback from different vulnerable groups and people as well as from the countries representatives</td>
<td></td>
</tr>
<tr>
<td>2018-2020</td>
<td>SACOSAN and AfricaSan Communiques; progress reports presented by the countries against the commitments made</td>
<td></td>
</tr>
<tr>
<td>Politicians representing at least 10 of 20 priority countries, 6 donors and 3 public personalities representing South Asia, Africa and Global</td>
<td>Council’s routine data/reports</td>
<td></td>
</tr>
</tbody>
</table>
### CODE KEY PERFORMANCE INDICATORS (KPIs) *

<table>
<thead>
<tr>
<th>CODE</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>IO 2</td>
<td>Adequate resources, capacities, coordination and accountability for inclusive and sustainable sanitation and hygiene</td>
</tr>
<tr>
<td>KPI 27</td>
<td># of countries where sub-national administrations have increased resource allocations to implement and sustain sanitation and hygiene interventions</td>
</tr>
<tr>
<td>KPI 28</td>
<td>% of trained practitioners (disaggregated by gender) who report applying the knowledge and skills as a result of the Council supported capacity building efforts</td>
</tr>
<tr>
<td>KPI 29</td>
<td># of countries with CBC/CLTS training programmes and methodologies that have integrated methodologies on equality and non-discrimination</td>
</tr>
<tr>
<td>KPI 30</td>
<td># of countries (multi-stakeholder platforms) at local and national levels that are actively engaged in joint learning, planning, advocacy and implementation towards 6.2 under national government leadership</td>
</tr>
<tr>
<td>IO 3</td>
<td>Effective delivery models that are replicated to scale up sanitation and hygiene access, use and maintenance</td>
</tr>
<tr>
<td>KPI 31</td>
<td># of countries where GSF supported proven delivery mechanisms or models are replicated in areas with increasingly more difficult contexts (i.e. hard to reach, populations vulnerable to climate change etc.)</td>
</tr>
<tr>
<td>IO 4</td>
<td>The recognition of sanitation and hygiene as critical determinants to reduce poverty and improve quality of life</td>
</tr>
<tr>
<td>KPI 32</td>
<td># of partners integrate, resource and highlight WASH-related stigma and discrimination issues in their policies and investments</td>
</tr>
</tbody>
</table>

### ENABLING OUTPUTS

<table>
<thead>
<tr>
<th>EO 1</th>
<th>Strengthened learning, evidence gathering and its application through applied research, monitoring, evaluation and knowledge management</th>
</tr>
</thead>
<tbody>
<tr>
<td>KPI 33</td>
<td>The Council effectively delivers its learning and evidence gathering agenda</td>
</tr>
<tr>
<td>KPI 34</td>
<td># of references made to the Council’s learning and evidence outputs by key sanitation and hygiene agencies &amp; constituencies</td>
</tr>
</tbody>
</table>

### INTERNAL OUTPUTS

<table>
<thead>
<tr>
<th>CO 1</th>
<th>Effective management of performance &amp; administration of human, financial &amp; other resources/assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>KPI 36</td>
<td>Council demonstrates good value for money (VfM standards to be established)</td>
</tr>
<tr>
<td>KPI 37</td>
<td>Positive reports by staff and national coordinators on the overall management of the Council</td>
</tr>
<tr>
<td>KPI 38</td>
<td>WSSCC scores high on gender and diversity audits</td>
</tr>
<tr>
<td>KPI 39</td>
<td>Timely, accurate &amp; high quality hosting services delivered by UNOPS (HR, Fund Management, Procurement &amp; Travel)</td>
</tr>
<tr>
<td>KPI 40</td>
<td>All staff members uphold WSSCC/UN values and principles</td>
</tr>
<tr>
<td>KPI 41</td>
<td>% of WSSCC evaluations and corporate reviews receiving a management response within six weeks of final report submission</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CO 2</th>
<th>Competent leadership for a fit for purpose organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>KPI 42</td>
<td>Evaluation (MTR &amp; ETR) scores on the relevance of the Council</td>
</tr>
<tr>
<td>KPI 43</td>
<td>Risk management plan for programme challenges and any fiscal austerity</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CO 3</th>
<th>Adequate resources mobilized to deliver the current Strategic Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>KPI 44</td>
<td>Funds committed in agreements to cover the current Strategic Plan</td>
</tr>
</tbody>
</table>

*All indicators and targets are subject to modifications following the ongoing consultations & piloting of the WSSCC/GSF new Results Framework within countries.
## TARGETS (END OF 2020) | DATA/MEANS OF VERIFICATION | RISKS/ASSUMPTIONS
--- | --- | ---
4 countries | GSF routine data | The assumption is that WSSCC is able to find the right balance between its own applied research and policy work, and the work it does in partnership with academic institutions.
80% | TOT follow-up survey data (Annual) | There is a risk that WSSCC does not raise adequate resources for its programmatic needs over the four years. To mitigate this, WSSCC is investing in staff and advisers dedicated to expanding WSSCC’s non-core donors.
4 countries (Asia: India, Nepal, Pakistan; Africa: Kenya) | Council’s routine data/ reports |  
16 countries | Annual feedback from the countries |  
13 countries | GSF routine data |  
4 (e.g. WHO, ILO, AMREF, SCA, etc.) | MoUs, flagship programmes, financial commitment etc. |  

### Agenda & HR Structure in place by October 2017
The new organogram

### Year on year increase in references (captured through annual stakeholder feedback surveys, other citation tracking mechanisms)
Annual stakeholder feedback surveys, other citation tracking mechanisms

### 4 special initiatives
Council’s routine data/ reports
<table>
<thead>
<tr>
<th>CODE</th>
<th>KEY PERFORMANCE INDICATORS (KPIs) *</th>
</tr>
</thead>
<tbody>
<tr>
<td>CO 4</td>
<td>Strengthened governance for relevance, equity, accountability &amp; transparency</td>
</tr>
<tr>
<td>KPI 45</td>
<td>% women’s representation from the global South on the Steering Committee</td>
</tr>
</tbody>
</table>

KPI 46  The Steering Committee has appropriate skills and expertise (is fit for purpose) to guide implementation of the Strategic Plan

KPI 47  The senior management team is gender balanced and diverse

<table>
<thead>
<tr>
<th>CO 5</th>
<th>Positioning WSSCC through External Relations &amp; Corporate Communications</th>
</tr>
</thead>
<tbody>
<tr>
<td>KPI 48</td>
<td>Effective communication of WSSCC’s means of implementation to contribute to efforts by countries to achieve 6.2 and associated outcomes</td>
</tr>
</tbody>
</table>

KPI 49  External stakeholders and partners are aware off what WSSCC stands for, its values and mission and purpose and ways of working

KPI 50  Perception analysis of external stakeholders regarding WSSCC’S brand identity, mandate & contribution

*All indicators and targets are subject to modifications following the ongoing consultations & piloting of the WSSCC/GSF new Results Framework within countries
<table>
<thead>
<tr>
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<th>Strengthened governance for relevance, equity, accountability &amp; transparency</th>
</tr>
</thead>
<tbody>
<tr>
<td>KPI 45</td>
<td>45% women's representation from the global South on the Steering Committee</td>
</tr>
<tr>
<td>Targets</td>
<td>One third of SC members are women and one third of members are from Africa, Asia and Latin America by 2018. 50% of SC members are women and 50% of members are from Africa, Asia and Latin America by 2020</td>
</tr>
<tr>
<td>Data/Means of Verification</td>
<td>SC composition report</td>
</tr>
<tr>
<td>Risks/Assumptions</td>
<td>SC composition report</td>
</tr>
</tbody>
</table>

| KPI 46 | The Steering Committee has appropriate skills and expertise (is fit for purpose) to guide implementation of the Strategic Plan |
| Targets | High score in the biennial self assessment |
| Data/Means of Verification | SC Self-assessment report |
| Risks/Assumptions | SC Self-assessment report |

| KPI 47 | The senior management team is gender balanced and diverse |
| Targets | 50% gender balance and 50% representation from Africa, Asia and Latin America |
| Data/Means of Verification | SMT composition |
| Risks/Assumptions | SMT composition |

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>KPI 48</td>
<td>Effective communication of WSSCC's means of implementation to contribute to efforts by countries to achieve 6.2 and associated outcomes</td>
</tr>
<tr>
<td>Targets</td>
<td>25 countries use WSSCC methods and tools to achieve 6.2 and its associated outcomes</td>
</tr>
<tr>
<td>Data/Means of Verification</td>
<td>Routine Citation Reports</td>
</tr>
<tr>
<td>Risks/Assumptions</td>
<td>Routine Citation Reports</td>
</tr>
</tbody>
</table>

| KPI 49 | External stakeholders and partners are aware of what WSSCC stands for, its values and mission and purpose and ways of working |
| Targets | 35 media articles covering WSSCC activities per year/50% year-on-year increase in traffic on WSSCC website social media properties and subscriber lists |
| Data/Means of Verification | Media including social media reports |
| Risks/Assumptions | Media including social media reports |

| KPI 50 | Perception analysis of external stakeholders regarding WSSCC'S brand identity, mandate & contribution |
| Targets | High score on the biennial perception analysis of the external stakeholders |
| Data/Means of Verification | Perception Analysis Report |
| Risks/Assumptions | Perception Analysis Report |
9. Finances

Prudent financial management is critical to WSSCC’s successful achievement of the 2017-2020 Strategic Plan. This includes ensuring that the organization has a secure resource base, is focused on results-based planning and budgeting, and is transparent in its financial actions.

Indicative budgets

The indicative budgets for the period 2017-2020 are shown below. They are based on the financial performance of WSSCC since 2012, the areas of work and activities set for the Strategic Plan, and WSSCC’s reasonable expectation of support from donors. The budgets reflect a balance between the compelling pressure to increase WSSCC’s work in sanitation and the availability of donor funding.

<table>
<thead>
<tr>
<th>Year</th>
<th>Budget (USD million)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>43.5</td>
</tr>
<tr>
<td>2018</td>
<td>44.6</td>
</tr>
<tr>
<td>2019</td>
<td>49.9</td>
</tr>
<tr>
<td>2020</td>
<td>52</td>
</tr>
<tr>
<td>Total</td>
<td>190</td>
</tr>
</tbody>
</table>

Fund and risk management

WSSCC and UNOPS will implement a risk management strategy that includes planning and managing the work in case the budgeted income is not received. This would have consequences for the achievement of the results stated in the Results Framework.

Resource mobilization

In line with the principles laid out in the Third International Conference on Financing for Development, a primary objective of WSSCC will be to secure additional long-term, predictable income for its core operations. This will involve increasing the number of governments that enter into contribution agreements, while encouraging all existing governmental donors to increase support, including additional funding as part of end-of-year reprogramming. Core operations include the income required (USD 190 million) to maintain WSSCC operations and achieve the results described in Section 8. These funds are separate from domestic resources that WSSCC will mobilize at country level, leveraging its policy advocacy and direct implementation in the form of community savings, counterpart government funding, and private investment. WSSCC aims to complement funding from core donors by securing multi-year agreements with governments which have not historically funded WSSCC, as well as through work with corporate philanthropies, private foundations and individuals.

WSSCC would like to thank and acknowledge its donors at the outset of the 2017-2020 period. Through performance-based contribution agreements, the governments of Australia, the Netherlands, Norway, Sweden and Switzerland have provided 33 per cent of the funding needed to successfully carry out the four-year work programme guided by this strategy.
10. Where We Work

WSSCC Secretariat
Geneva, Switzerland

3600 active members in 141 countries

GSF-supported Countries
- Benin
- Cambodia
- Ethiopia
- India
- Kenya
- Laos*

Countries with WSSCC-supported National WASH Coordinators
- Bangladesh
- Benin
- Madagascar
- Ethiopia
- Cambodia
- Nigeria

- Togo
- Kenya
- Nepal
- Uganda
- India
- Zimbabwe
- Pakistan

*GSF-supported countries commencing in 2017-2018