

The Sanitation and Hygiene Fund Strategy

2021–2025



The Water Supply and Sanitation Collaborative Council has been advocating and supporting sanitation and hygiene for 30 years. We are now stepping up and evolving into The Sanitation and Hygiene Fund for a global, transformative and long-term approach to help achieve Sustainable Development Goal 6.2.

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1 Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
AMCOW	African Ministers' Council on Water
AMR	Anti-Microbial Resistance
BMGF	Bill and Melinda Gates Foundation
EMIS	Education Management and Information Systems
GDP	Gross Domestic Product
GLAAS	Global Analysis and Assessment of Sanitation and Drinking-Water
GSF	Global Sanitation Fund
JMP	Joint Monitoring Programme
LDC	Least Developed Country
LIC	Low-Income Country
L-MIC	Lower Middle-Income Country
LMIC	Low- and Middle-Income Country
LNOB	Leave No One Behind
MAM	Mutual Accountability Mechanisms
MHH	Menstrual Health and Hygiene
MHM	Menstrual Hygiene Management
NGO	Non-Government Organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
ODF	Open Defecation Free
SDG	Sustainable Development Goal
SHF	Sanitation and Hygiene Fund
SWA	Sanitation and Water for All
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOPS	United Nations Office of Project Services
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WSSCC	Water Supply & Sanitation Collaborative Council

2 Letter from the Executive Chair

A renewed global commitment to sanitation and hygiene for a healthier, better educated and more gender equal world

As we enter the final year of the Water Supply & Sanitation Collaborative Council's (WSSCC) 2017-2020 strategy, WSSCC's Steering Committee is looking to the future. The challenges are enormous. Globally, more than 1 in 2 people do not have access to safely managed sanitation services, nearly 9% of the world's population still practices open defecation and more than 1 in 3 people do not have basic handwashing facilities at home. 1 in 3 schools and 1 in 5 health care facilities do not even have basic sanitation and hygiene services. On any given day, 300 million women and girls menstruate but often they do not have the means to manage their menstrual health safely. The 2020 COVID-19 pandemic, recent cholera outbreaks in Yemen and Somalia and the 2014-2016 Ebola outbreak in Guinea, Liberia and Sierra Leone are painful reminders of the absolute importance of sanitation and hygiene, not only to health but also to economic stability. Yet at the current rate of progress, the Sustainable Development Goal (SDG) target on sanitation will only be realized well beyond 2070.

Recognizing the magnitude and importance of the task, the Steering Committee has endorsed a vision for WSSCC to break with business as usual and to bring transformational solutions to the global sanitation and hygiene crisis. To that end, the Steering Committee has asked the Secretariat to develop a new strategy that evolves WSSCC into a scalable Fund, the Sanitation and Hygiene Fund, that can tackle the sanitation and hygiene crisis. It also commissioned a review of WSSCC's governance structure in view of the Sanitation and Hygiene Fund's ambition and revised operating model.

While the Steering Committee decided to evolve WSSCC, it also agreed that WSSCC – and now the Sanitation and Hygiene Fund – would continue to focus on the poorest and most marginalized to ensure that no one is left behind. The 2021-2025 strategy further focuses on the most pressing issues: improving sanitation and hygiene levels in households, schools and health care facilities. Recognizing the fundamental importance of menstrual health to achieving the sanitation and hygiene SDG and the key role of innovation, the Steering Committee has decided to make both a stronger focus of the Sanitation and Hygiene Fund's work going forward.

Our five-year strategy describes that mission. It encapsulates the Sanitation and Hygiene Fund's vision, practical approach and dedication to partnership.

Billions of people around the world need help to overcome the sanitation, hygiene and menstrual health crisis. With the support of our donors and partners we can help make sure a brighter future comes true for them.

Ms Hind Khatib-Othman

WSSCC Executive Chair



3 Executive Summary

3.1 Overview

Safely managed sanitation and hygiene services provide the foundations of a life which offers better health, improved nutrition, greater educational, social and economic opportunity, a life of greater wellbeing, confidence, security and dignity. The United Nations recognizes access to water and sanitation as a basic human right.

The Millennium Development Goals for sanitation and hygiene were missed by a significant margin. The SDGs have upped the ante on sanitation and hygiene, awarding the sector its own discrete and separate target – SDG 6.2, with its indicator **to achieve universal access to safely managed sanitation and hygiene and to end open defecation, paying special attention to the needs of women and girls and the most vulnerable.**¹ Progress on securing access to safely managed sanitation services also advances many of the other ambitious 2030 goals of the SDGs, such as ending poverty and hunger, promotion of healthy lives and wellbeing, achieving better health, education and economic outcomes.

Many of the most serious diseases in the developing world and many leading causes of child mortality are directly related to poor sanitation and insufficient hygiene practices. Handwashing and safe sanitation are some of the most important and cost-effective measures to prevent diarrhoea, reduce the spread of infectious diseases and to protect human life. This has been learned through past experiences in outbreaks of cholera and Ebola and is particularly relevant in 2020 in the face of the devastating COVID-19 pandemic.²

Additionally, **for women and girls, access to gender appropriate sanitation and improved menstrual health and hygiene** help to protect and empower, to improve their ability to access an education, employment and social participation, to eliminate gender-based inequality, violence and exclusion.³

Yet, as important as sanitation and hygiene are to the overall SDG agenda, progress is lacking, funding is inadequate, and there is a lack of urgency in the sector. More than half of the world's population does not have access to safely managed sanitation and 3 billion lack basic hygiene services.⁴ Across the globe people live with inadequate sanitation and hygiene services in their houses, in their schools and even in their health care facilities. Open defecation is still practised by 673 million people, predominantly those of disadvantaged rural communities.⁵ The poorest, least developed countries of the world are particularly affected but there are also disadvantaged communities within countries, in fragile and conflict affected situations, among minorities and other vulnerable population groups.

At the current trajectory the SDG 6.2 indicator of safely managed sanitation will not be realized until the 22nd century. Even universal access to basic sanitation, a lower hurdle, will not be reached until 2043.⁶ It is time to act to keep the commitment of the SDG agenda alive so that we leave no one behind.

3.2 Establishing the Sanitation and Hygiene Fund

One organization that is uniquely placed to understand the urgent challenge of bringing access to safely managed sanitation services to millions in need is WSSCC and its Global Sanitation Fund (GSF). WSSCC has been advocating for equality and non-discrimination with its investments in water, sanitation and hygiene for the last three decades.

WSSCC was not, however, set up to operate at the scale now needed. Trends of greater urbanization and population density, climate change effects, population migrations arising out of conflict situations, and population growth, particularly in the least developed countries, can be expected to exacerbate the challenges of today – making determined, targeted action even more important in the next decade.

To deliver that action at the scale required WSSCC will evolve into the **Sanitation and Hygiene Fund (SHF)**, a dedicated global fund large enough to have a real impact and which is committed to leave no one behind. It is ready to step up as a financing mechanism to fill a gaping void in the international response to the sector.

The SHF operating model has been designed to deliver sustainable impact at scale. Its design learns from GSF but also other global funds in the health sector that are successfully operating at scale.

In line with **aid effectiveness principles** set out in the Paris declaration,⁷ the SHF's policies and operating model will enable the objective identification of countries most deserving of support due to greatest need and least ability to respond. Multi-stakeholder collaboration will be required to determine country priorities, and an independent technical review will assess soundness, sustainability, feasibility and value for money of funded national programmes. Co-financing requirements will be built into the model to encourage country ownership and support self-sufficiency and sustainability over time. Performance based grants will ensure results, transparency and accountability.

To be fit for purpose the Fund's governance structure will be modernised giving voice to all key stakeholders and ensuring accountability.

The Fund, through its 2021-2025 strategy, will pursue four main strategic priorities: (i) scale up household sanitation and hygiene services; (ii) address menstrual health⁸ and hygiene⁹ (MHH) gaps, promote gender equality and the empowerment of women and girls; (iii) increase sustainable water, sanitation, hygiene and MHH services in schools and health care facilities; and (iv) support all forms of innovation which work towards providing access to safely managed services for all.

3.3 Closing the gap

The 2019 UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) study¹⁰ confirmed the enormous gap between funding available and that needed for the task of ensuring access to at least basic, preferably safely managed, sanitation and hygiene services. It found that less than 15% of countries surveyed had enough funds to meet their national targets.

To close the gap between what must be done and what has been achieved to date, the Fund must provide **significant predictable resourcing support** to the sector and invest these funds strategically for optimum impact, while leveraging increasing domestic resources.

The Fund will utilize its structures, including the funding mechanism described above, to redress a somewhat fragmented approach to resource mobilization approaches in the past. It is particularly important for countries to know that grant financing will be sustained and predictable over multiple years and therefore capable of supporting concerted ongoing development of quality sanitation and hygiene investments in country.

3.4 Securing the resources for impact at scale

The ambition of the Sanitation and Hygiene Fund's strategy can only be achieved if sufficient funding can be mobilized.

The SHF therefore aims to secure significant funding for its 2021-2025 strategy. This will be addressed in an aligned Investment Case. Using these scaled-up funds, it will re-galvanize flagging national programmes, while leveraging increasing amounts of domestic resources. The SHF intends to target nearly one billion people who do not have access to even basic sanitation in the countries that it will support, with a strong focus on innovation and sanitation, hygiene and MHH in households, schools and health care facilities.

3.5 Time to Act, to keep the commitment alive

We are a decade away from 2030 and well off-track to achieve the sanitation and hygiene related targets of SDG 6.2. These targets must be pursued for the good of all, but particularly and urgently to prepare nations to better respond to outbreaks or pandemics of infectious disease. The Fund is already retooling its strategy and organization – staff, structures, management and governance – to act at a scale that can catalyse lasting impact. We must collectively scale up our actions, ensuring that the most vulnerable and marginalized are not left behind. **It is time to act now and to do so decisively to keep the commitment of realizing the SDGs alive.**



4 Sanitation and Hygiene – Global Context

4.1 Global sanitation and hygiene trends

Sustainable Development Goal (SDG) 6 seeks to ensure availability and sustainable management of water and sanitation for all. Within this goal, SDG target 6.2 addresses the area of sanitation and hygiene:¹¹

SDG 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.

Indicator 6.2.1

Proportion of population using safely managed sanitation services, including a handwashing facility with soap and water

Global progress on achieving safe sanitation¹² and hygiene¹³, however, is lagging and lacks urgency. Under the current trajectory universal access to at least basic sanitation services, let alone the more challenging SDG target of safely managed sanitation services for all, will not be achieved by 2030. Instead, at the current rate universal access to basic sanitation will only be achieved in 2043 and the SDG 6.2.1 indicator of safely managed sanitation will not be reached until the 22nd century.¹⁴

In 2017, 4.2 billion people – more than half of the world’s population – did not have access to safely managed sanitation services.¹⁵ Of this number 2 billion did not even have basic services and 673 million practiced open defecation, with rural populations accounting for over 90% of those defecating in

the open and 70% of those without access to at least basic sanitation.¹⁶ At the same time, 1 in 3 people globally did not have basic handwashing facilities with soap and water at home.¹⁷ And in 2016, 1 in 3 schools – affecting around 620 million children worldwide¹⁸ – and 1 in 5 health care facilities did not even have basic sanitation and hygiene services,¹⁹ with approximately 70% of health care workers not routinely practicing hand hygiene.²⁰ On any given day, around 300 million women and girls menstruate²¹ but often do not have the means to manage their menstrual health and hygiene (MHH) safely. Access to water and sanitation are also recognized by the United Nations as a human right,²² reflecting the fundamental nature of these basics in every person’s life.

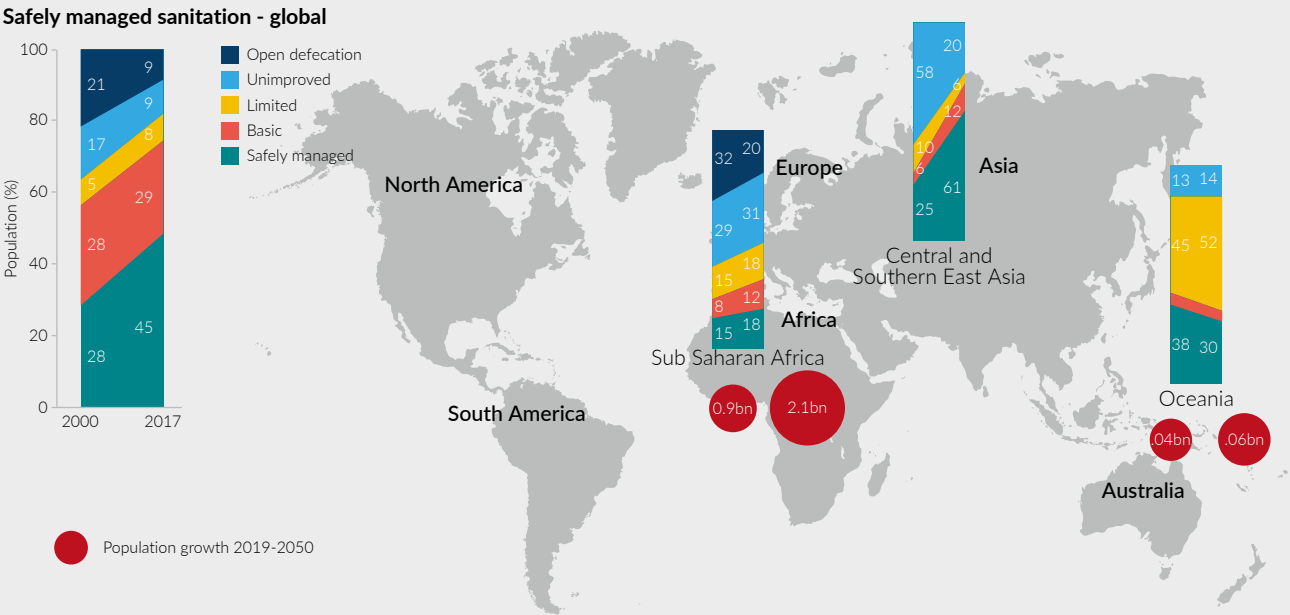
The global sanitation and hygiene numbers mask big disparities across the world (Refer to graphic on page 4):

- In the group of 47 Least Developed Countries (LDCs) countries, 66% of the population did not have access to even basic sanitation and only 28% had access to at least basic handwashing facilities; in some countries, such as Liberia, this dropped to 1%.²³
- In Sub-Saharan Africa, almost half of all schools did not have access to even basic sanitation with a third having no services at all; ²⁴ 77% of health care facilities had no basic sanitation services and 36% had no hand hygiene facilities at points of care.²⁵ The percentage of people without access to at least basic sanitation services in the region even increased markedly between 2000 and 2017 by 42%.
- Sanitation also significantly lags indicators for drinking water with only 34% of the population in LDCs having access to at least basic sanitation versus 65% having access to at least basic drinking water services.²⁶

Furthermore, lack of menstrual health and hygiene (MHH) disproportionately affects women and girls in LDCs and other resource-poor settings, their physical and psychological health, education, employment, and social participation.²⁷



Access to safely managed sanitation at home by region²⁸



Significant disparities also exist within countries, with vulnerable and marginalized people in resource poor settings – including in many instances those with disabilities, the elderly, the homeless, the poorest, people on the move, and minority groups –being most at risk of being left behind and least able to respond.

Several contextual factors are set to further aggravate the situation:

- **Climate change.** Climate change induced events such as flooding, which can rapidly spread bacteria through a community and contaminate ever-scarcer water sources make climate resilient sanitation and hygiene solutions critical to saving lives and to protecting household investments in infrastructure. The World Health Organization (WHO) estimates that between 2030 and 2050, climate change will cause approximately 250,000 additional deaths per year from malnutrition, malaria, diarrhoea and heat stress.²⁹
- **Population growth.** Over the next 35 years, nearly 2 billion babies will be born in Africa as the population doubles in size.³⁰ Africa will face acute challenges in ensuring safely managed sanitation, hygiene and MHH for this rapidly expanding populace.
- **Urbanization.** By 2050, 68% of the world’s population will live in urban areas – an increase of 2.5 billion people. Almost 90% of this increase will take place in Asia and Africa, putting further strain on already stretched sanitation and hygiene systems, particularly in informal settlements.³¹
- **Conflict and forced migration.** The United Nations High Commissioner for Refugees (UNHCR) estimates that by the end of 2018 almost 70.8 million individuals were forcibly displaced worldwide.³² Effective sanitation and hygiene services are essential for both short term health and wellbeing and long-term development during forced migration.

- **Inadequate social protection safety nets for the poorest.** Many of the world’s poorest are unable to afford even basic sanitation and hygiene standards at home.

However, progress is also evident, albeit not at the scale and pace required.³³ The concerted efforts of countries and many partner organizations have between 2000 and 2017 led to:

- The population using safely managed services increasing from 28% to 45% despite a more than 1.4 billion increase in global population in the intervening years.
- 2.1 billion people gaining access to at least basic services.
- Those who practice open defecation falling from 1.3 billion to 673 million.

There have also been notable successes in certain countries. In South Asia, a trend in recent years towards nationally backed, large scale sanitation campaigns with high levels of political leadership has created enabling environments. Several WSSCC supported countries saw a dramatic increase in sanitation coverage, including Nepal and India which both declared milestone success with national open defecation target achievements in 2019.

The successes, though notable, have been isolated. The global rate of progress is slow. This poses public health security risks particularly in resource poor settings.

At the start of what the UN General Assembly recently labelled the ‘decade of action’³⁴ the five-year period covered by this 2021-2025 strategy is shaping up as critical for ‘bending the curve’. To keep alive the commitment of the SDG ambition for equitable sanitation, hygiene and menstrual health for all, including those most left behind, and an end to open defecation, the next five years need to be transformative.

4.2 Link to SDGs

Safe sanitation and hygiene help to protect investments across several key interconnected SDGs and are core to the achievement of the SDGs:

Beyond SDG 6, this includes SDG 3³⁵ which aims to ensure healthy lives and promote well-being for all at all stages, in particular:

- **By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births:** Safe sanitation and hygiene are key to preventing maternal and neo-natal deaths with more than one million deaths each year being associated with unclean births and infections, which account for 26% of neonatal deaths and 11% of maternal mortality³⁶
- **By 2030, end preventable deaths of new-borns and children under 5 years of age... end the epidemics of ... neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases:** Safe sanitation and hygiene could be a game changer in reducing diarrhoeal diseases which are among the main contributors to global child mortality, causing about 10% of all deaths in children under five years.³⁷ Safe sanitation and hygiene are also essential to combating other water-borne diseases³⁸
- **By 2030, ... promote mental health and well-being:** Safe sanitation and hygiene positively impact people's wellbeing and mental health, in particular women and girls who are at risk of gender based violence when practicing open defecation, particularly at night, or are restricted from accessing health, education, employment and social opportunities. Women and girls also face the consequences of stigma and taboo around menstruation³⁹
- **Achieve universal health coverage, including financial risk protection, access to quality essential health-care services...:** Safe water, sanitation and hygiene (WASH) services in health care facilities are essential to safe and quality treatment, to reducing antimicrobial resistance (AMR) and for preventing or mitigating the impact of outbreaks or pandemics
- **By 2030, ensure universal access to sexual and reproductive health-care services...:** Access to MHH is an essential aspect of girls' and women's sexual and reproductive health⁴⁰
- **Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks:** The 2020 COVID-19 pandemic, recent cholera outbreaks in Yemen and Somalia and the 2014-2016

Ebola outbreak in Guinea, Liberia and Sierra Leone are painful reminders of the importance of sanitation and hygiene, not only to health but also to global economic stability⁴¹

Sanitation, hygiene and MHH are also key to SDG 4⁴² which aims to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

- **By 2030, eliminate gender disparities in education and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all:** Safe WASH and access to MHH in schools are essential to ensuring a safe, non-violent, inclusive and effective learning environment for all children and contribute to higher retention rates, particularly of girls. Healthy children also reach higher educational attainment.⁴³

Sanitation, hygiene and MHH are further key to SDG 5⁴⁴ which aims to achieve gender equality and empower all women and girls

- **End all forms of discrimination against all women and girls everywhere; Eliminate all forms of violence against all women and girls...; Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life; Ensure universal access to sexual and reproductive health and reproductive rights ...:** Safe sanitation, hygiene and MHH positively impact women's and girls' safety from sanitation related gender based violence, mobility, freedom of choice, health (including sexual and reproductive health) and their access to education, employment, and social and economic power, including in particular during menstruation⁴⁵

Beyond SDGs 3, 4, 5 and 6 sanitation and hygiene have an important role to play in contributing to SDG 1 on addressing poverty⁴⁶ (by reducing health care costs and by preventing or managing outbreaks and pandemics), SDG 2 on hunger⁴⁷ (safe sanitation and hygiene are essential to preventing malnutrition and stunting), mitigating climate change impact (SDG 13⁴⁸) and building resilient and inclusive societies (SDG 11⁴⁹).

4.3 Link to Health Outcomes

Many of the most serious diseases in the developing world and many leading causes of child mortality under five are directly related to poor sanitation and insufficient hygiene practices.

Poor sanitation and hygiene are a root cause of the transmission of infectious diseases such as **cholera** (worldwide each year there are about 1.3 million to 4 million cases⁵⁰), **Ebola** (the 2014-2016 Ebola epidemic recorded 11,300 deaths in Guinea, Liberia, and Sierra Leone⁵¹), **dysentery**, **hepatitis A**, **typhoid** and **polio**. Safe sanitation and hygiene are also central to containing the rapid spread of the ongoing **COVID-19 pandemic**.⁵²

Diarrhoeal diseases are among the main contributors to global child mortality, causing about 10% of all deaths in children under five years.⁵³ WHO recently estimated that more than 5% of all deaths in this age group in low- and middle income countries, could have been prevented through reduction of exposure to inadequate drinking-water, sanitation and hygiene.⁵⁴ Another large contributor to mortality in children is pneumonia – an illness that kills 1.5 million children each year and that has also been linked to poor hygiene and sanitation.⁵⁵

By reducing the incidence of infection particularly in hospitals, effective sanitation and hygiene are also key to curbing the spread of **anti-microbial resistance (AMR)** which, according to estimates could cost US \$100 trillion between now and 2050, with the annual death toll reaching 10 million over that period. ⁵⁶

Safe sanitation and hygiene, as mentioned above, are also crucial to **reducing maternal and neonatal death** and to preventing **sepsis**, which is estimated to kill more people (11 million) each year than cancer. ⁵⁷

Inadequate sanitation and hygiene are also a major factor in several **neglected tropical diseases**, including intestinal worms, schistosomiasis, and trachoma, which affect millions each year. ⁵⁸ Poor sanitation and hygiene further contribute to malnutrition⁵⁹ and stunting.⁶⁰

This connection between poor sanitation and hygiene and health risks underscores why greater action is needed to accelerate access to safe sanitation and hygiene. WHO identifies **lack of sanitation and hygiene in health care facilities as one of 13 urgent health threats** of the new decade.⁶¹

The health impacts of inadequate sanitation and hygiene, as outlined above, continue to be further aggravated by **climate change**, making **climate resilient** sanitation and hygiene essential and lifesaving.

4.4 Impact on women and girls

Sanitation and hygiene play a key role in the health, wellbeing, education and empowerment of women and girls.

Globally, hundreds of millions of menstruators lack the means to ensure their menstrual health in a safe way.⁶² Due to stigma and ignorance women and girls face restrictive and discriminative practices, such as often **being restricted from daily activities such as going to school during their period** and in extreme cases being confined to cow sheds or menstruation

huts during their menstruation.⁶³ According to the United Nations Educational, Scientific and Cultural Organization (UNESCO), worldwide, 130 million girls are out of school.⁶⁴ And while there are many reasons for this, periods and a lack of sanitation, hygiene and menstrual health play a major role as girls from resource-poor countries attribute frequent school absences to difficulties managing their menstruation, with absenteeism being associated with lack of privacy and limited availability of water and sanitation facilities at schools. ⁶⁵

Stigma, taboos and lack of knowledge can also leave girls poorly equipped to make decisions about their **sexual and reproductive health**,⁶⁶ thereby contributing to a cycle of early pregnancy and child marriage. According to the United Nations Population Fund (UNFPA), around 7.3 million girls under age 18 give birth every year⁶⁷ (a number that is much higher if all pregnancies are included, not just births) and in 2017 21% of young women around the world were child brides.⁶⁸

A lack of access to basic hygiene products has also been linked to **increased health risks**, such as reproductive and urinary tract infections.⁶⁹ The importance of adequate menstrual health, beyond access to hygienic products, was also recognised in a 2018 resolution by the **Human Rights Council**.⁷⁰

For periods to be seen as a normal biological occurrence, for girls to remain and succeed in schools and ensure their sexual and reproductive health, and for women to have equal access to health and economic and social power, **social attitudes** to the right to **sanitation, hygiene and menstrual health need to change**.

4.5 WASH in schools and healthcare facilities

The sanitation and hygiene crisis also extends to public institutions, including schools and health care facilities, with 1 in 3 schools lacking basic sanitation services.

In 2016, 620 million children worldwide lacked basic sanitation services at their school. Among them over 410 million had no sanitation service at their school at all. This translated to 34% of schools with limited or no service globally – but closer to 50% for the least served regions of sub-Saharan Africa.⁷¹

Lack of safe gender segregated sanitation and hygiene facilities at school not only puts children's health and dignity at risk, it significantly reduces the quality of the education environment and means that some children, especially adolescent girls, will miss school. Poor latrine design can mean that children with disability cannot access a toilet, and lack of basic maintenance leaves facilities dirty, smelly, broken and generally unfit for use. Lack of basic handwashing facilities, including soap, means that children fail to wash their hands prior to eating their midday meal, or after defecating, increasing the risk of disease.

In 2016, globally 21% of health care facilities had no sanitation services, directly impacting more than 1.5 billion people, while 43% of health care facilities had no hand hygiene facilities at points of care and 16% had no hygiene services at all.⁷² **Lack of basic sanitation and hygiene in health care facilities leads to poor quality care and an increased chance of infection for**

patients and health workers, and in the long run contributes to AMR. Most health care associated infections are preventable through good hand hygiene, with about 70% of health care workers seemingly not routinely practicing hand hygiene.⁷³

The need for improved WASH services at health care facilities⁷⁴ has been identified by WHO as one of the top thirteen urgent global health challenges for the next decade. The goal “is for all countries to have included WASH services in plans, budgets and implementation efforts by 2023, and by 2030 that all health care facilities globally should have basic WASH services.”⁷⁵ Ensuring adequate WASH in health care facilities, particularly in poorer countries, will also serve to address persistent inequalities in health care across the world.

4.6 Economic impact

Sanitation related loss of productivity – such as missed workdays – costs some countries over **six percent of their gross domestic product (GDP)**, thereby costing individual countries billions of dollars each year.

The 2014-2016 Ebola outbreak is estimated to have reduced the GDP of Guinea, Liberia, and Sierra Leone by US \$2.2 billion.⁷⁶ That outbreak and the current COVID-19 outbreak are a reminder of the important role sanitation and hygiene can play in limiting the economic costs associated with outbreaks or pandemics.

Conversely, a WHO study shows that every US \$1 invested in improved sanitation translates into an average **global economic**

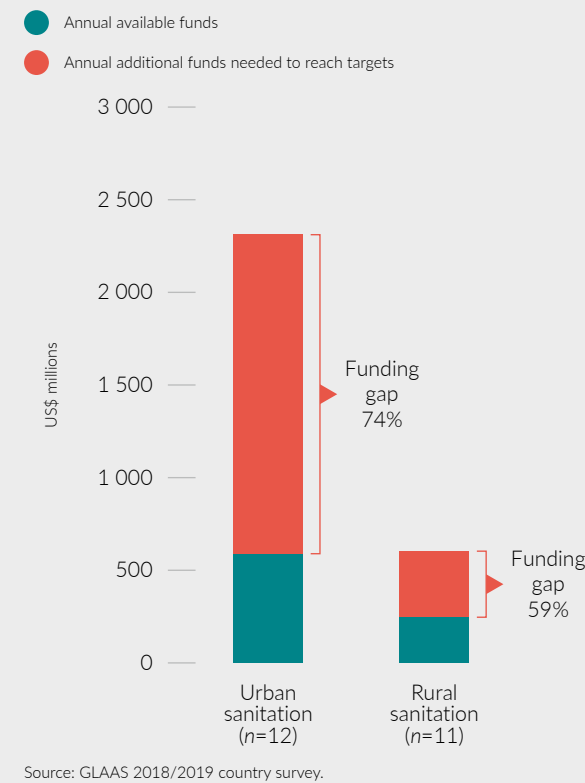
return of US \$5.5, more than double the economic return on water spending (US \$2) or an overall estimated gain of 1.5% of global GDP.⁷⁷ Good hand hygiene is the cornerstone of safe and effective health care, making health care more effective and saving billions of dollars in associated costs.⁷⁸

4.7 Funding need to reduce the sanitation, hygiene and menstrual health gap

Low-income countries (LICs) and lower middle-income countries (L-MICs) collectively account for a disproportionate share of the global burden of those without access to basic sanitation and the populations that openly defecate.

The 2019 UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) country survey shows that globally, there is **renewed commitment to achieving SDG 6.2**. Countries are increasingly prioritizing achieving safe levels of sanitation and hygiene: 94% of countries surveyed had national policies for sanitation and 79% for hygiene.⁷⁹ This ambition and focus are a welcome development. However, policies and stated ambition do not automatically lead to adequately costed and resourced implementation plans. This is well illustrated by Graph 1 which shows that **only six countries** of those surveyed **reported fully costed plans with enough financial and human resources for urban sanitation and only three reported fully costed plans with sufficient financial and human resources for rural sanitation**.

Graph 2: Shortfall in funding for reaching urban and rural sanitation targets⁸²

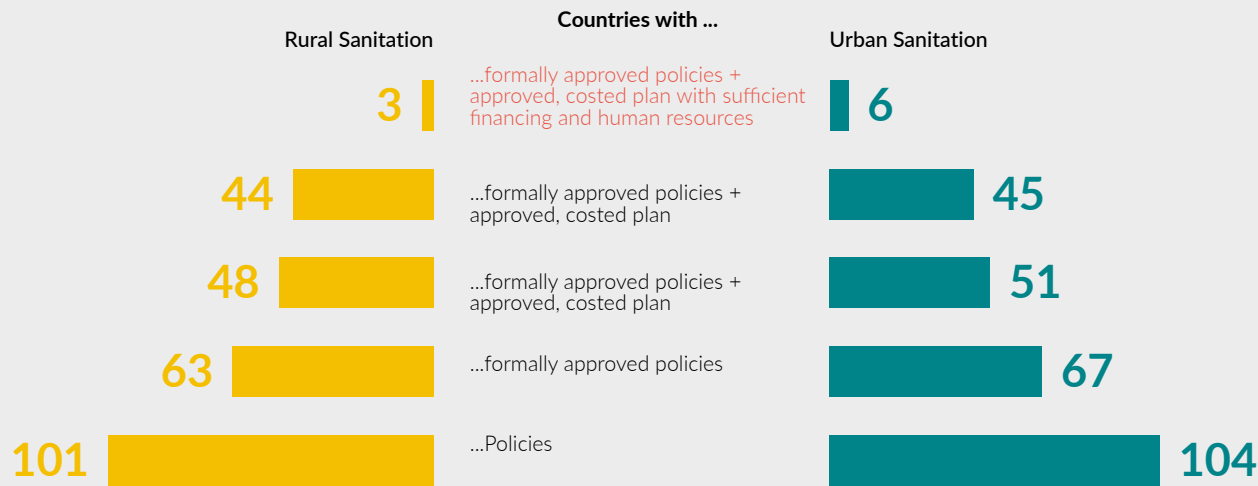


In addition, **funding needs for hygiene, and MHH, can be unaffordable**. While funding needs for hygiene promotion and facilities are often considered within that of wider sanitation programmes, and while there are currently no comparable estimates for MHH related costs, reports on the **cost of periods** suggest that these **can be exorbitant to households**.⁸³ In India, for example, sanitary pads can cost between 5 to 12 rupees (8 cents to 20 cents) per pad, which is a luxury household expense for the nearly 800 million people who live on less than US \$1.90 a day.⁸⁴

The funding needs for sanitation, hygiene and MHH are thus clearly significant and will impose a huge burden on public spending and on consumers, especially for low-income countries. This level of funding poses a challenge despite increases in WASH budgets averaging 4.9% in 2016/17 and 11.1% in 2018/19⁸⁵, and despite regional commitments such as the 2015 Ngor Declaration on Sanitation and Hygiene⁸⁶ by African Ministers, committing governments to spend 0.5% of their GDP on achieving universal access to adequate and sustainable sanitation and hygiene services.

This underscores the need for a step up in international assistance. The international support must be significant. Recognizing inevitable funding constraints and therefore trade-offs, investments will need to be targeted at populations that are most disadvantaged, based on country priorities, and focused on bringing innovative solutions, while leveraging other international and domestic financing.

Graph 1: Number of countries reporting formally approved sanitation policies supported by resourced plans⁸⁰



What is very evident is that available funding for sanitation and hygiene falls considerably short of need, and in many countries systems to support the sector are weak and lacking investment and capacity. The GLAAS findings show a **shortfall in funding (Graph 2) of 74% for urban and 59% for rural** albeit on a sample of 20 countries. For certain countries this funding gap can translate into billions of dollars.⁸¹



4.8 Time to Act

There is now greater recognition of the wide-ranging impact of inadequate sanitation and hygiene especially on those most disadvantaged, marginalized and vulnerable.

Developing countries recognize this. Many of those surveyed in the 2019 GLAAS report have established policies, costed plans, and the ambition to meet SDG targets and move up the sanitation ladder. **There is no room for complacency or inaction. It is time to act.**

5 Establishing the Sanitation and Hygiene Fund

WSSCC will evolve into an efficient, scalable and global Sanitation and Hygiene Fund that takes the response to the global sanitation, hygiene and menstrual health crisis to a new level, while adopting a funding-model and governance structure befitting its mission and scale.

5.1 Learning from the past, building for the future

WSSCC has a proud history of bringing access to adequate levels of sanitation and hygiene, including MHH, to millions of those most in need, yet often most left behind. Working often in remote rural settings, WSSCC's Global Sanitation Fund has enabled 28 million people to live in open defecation free environments across 13 countries. Through its programmes the GSF has also empowered communities to equitably and sustainably change their sanitation and hygiene situation, ensuring that 20 million people gained access to improved sanitation and 28 million gained access to improved hygiene facilities. WSSCC and the GSF have also, at the international level, and by supporting human rights initiatives, country to country learning and by participating in technical knowledge building, continuously advocated for improved and equitable sanitation and hygiene standards.

Over the years, WSSCC has further become a leading agency in MHH, supporting governments to develop national MHH policies and pioneering the development and use of MHH programming. In 2019 WSSCC further took the initiative to facilitate the **Global MHH Collective**, bringing together development agencies, private sector, civil society, academia and activists to drive a common agenda and tackle the urgent need to build MHH data.

However, as the final decade to the SDG agenda approaches, and as WSSCC's recent mid-term review states, it is evident that WSSCC was not set up to deliver at the scale now needed to ensure that the SDGs can be reached. GSF's support has

been catalytic and has contributed to important and lasting improvements in GSF-supported countries, but its support was too limited in size to influence national strategies or planning. It was also unable to ensure countries gain the important health benefits that come from widescale improvements in sanitation and hygiene. For example, limited resources prevented proper mapping and targeting of cholera hotspots. The urgent need for a scale up of investments was further underscored by a 2019 GSF Outcome Survey.

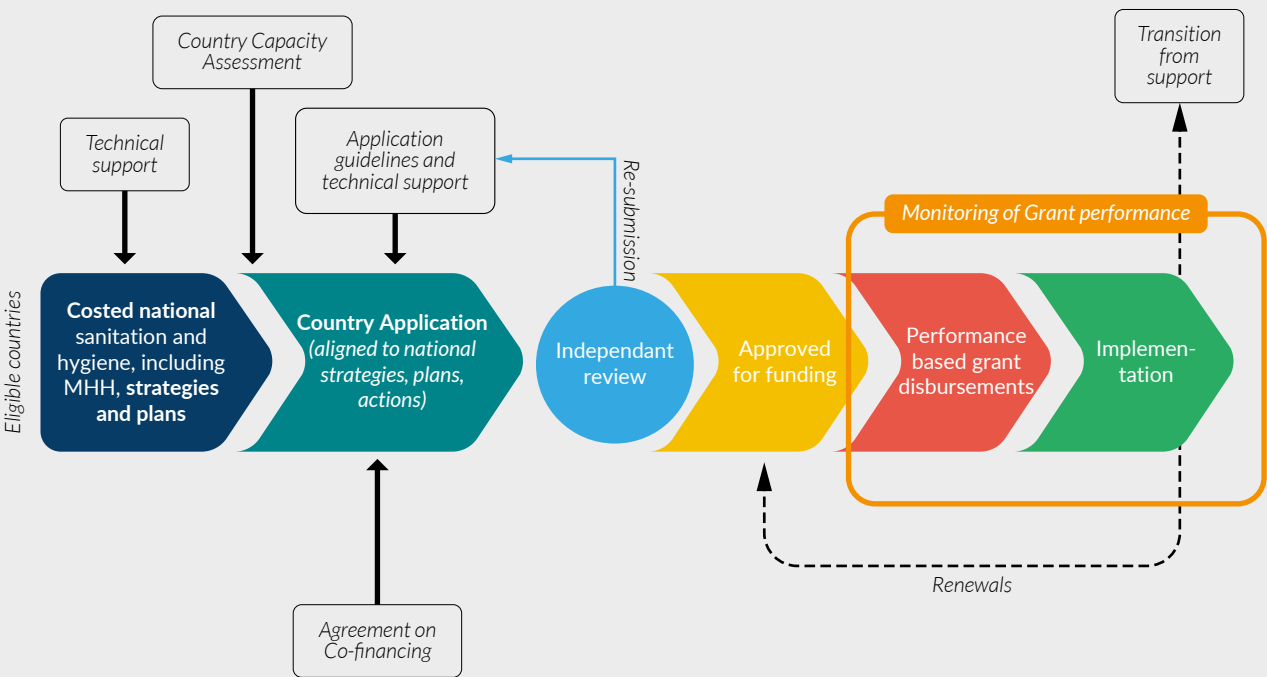
To bridge the gap, WSSCC is evolving into the Sanitation and Hygiene Fund (the 'SHF' or the 'Fund'), giving the world a well-resourced financing mechanism to take its response to a new level. The Fund is stepping up to fill an obvious void in the international response to the sanitation and hygiene crisis.

In line with this ambition, it is recognised that the Fund's governance structure needs a fundamental rethink to be fit for purpose. Following recommendations from an independent assessment, the Fund will adopt a governance mechanism aligned with principles of good governance that learns from peer organizations, gives voice and decision-making responsibility to all key stakeholders, including governments and donors, ensures accountability towards those the Fund serves, and is capable of being responsive and dynamic.

5.2 A new Funding Model

At the core of the new architecture is a new funding model designed to be an efficient and effective mechanism that can operate at scale and deliver impact.

Image 2: The Sanitation and Hygiene Fund's operating model



In line with aid effectiveness principles, key new elements that will underpin the model include:

- **Focus on countries most left behind and least able to respond:** Countries that the Fund will support are identified based on greatest need (those that have a high burden) and the least ability to respond (factoring in a country's income level). This allows an objective determination of countries most requiring support.
- **Country owned, country led:** The Fund will invest in proposals that are aligned to national plans and strategies, based on national funding priorities. A national level body which brings together key stakeholders from government, civil society, NGOs, development partners and the private sector will help shape a country request through a multi-stakeholder process. Where investment-ready national plans or strategies do not yet exist, countries will, through partners, receive support to develop these.
- **Sound investments and value for money:** Applicants will go through a robust independent review process, assessing technical soundness, capacity constraints and value for money. Value for money will be central to how the Fund allocates resources. Reviews will also look at levels of government commitment – both as regards implementation success and financial investment. Applications that at first do not satisfy the review will have the opportunity to resubmit.
- **Performance and impact focused:** The Fund will hold itself and recipients accountable for results by adopting a performance and results-based model which will integrate learnings from other funds operating at scale. Performance will influence funding allocations and will dictate periodic disbursements based on clear programmatic

results. Reprogramming will be actively encouraged where changed circumstances require this.

- **Focus on sustainability and leveraging of government actions and funding:** A requirement for government co-financing (on a sliding scale) will be part of all applications. This will help ensure the investments are sustainable, while also leveraging government action and funding on sanitation and hygiene. Sustainability of investments will be further reinforced by the Fund's transition policy.
- **Data and monitoring:** The Fund will ensure strong monitoring and evaluations of its programmes and results. For MHH it will be critical to build robust data. The Fund will further facilitate the establishment of WASH Accounts (using the WHO TrackFin tool⁸⁷). This will generate consistent and comprehensive data on sanitation and hygiene spending which, together with other health and education data systems, will contribute to evidence-based policymaking.
- **Innovation:** New, innovative and climate resilient ways of countering the risks of poor sanitation and hygiene must be pursued. The Fund therefore explicitly includes innovation as one of its strategic goals.
- **Strong risk management:** The Fund will place a strong emphasis on strong programmatic and fiduciary risk management.

5.3 Projected Impact through scale up and larger reach

WSSCC has operated to date with modest resources. This has not allowed the scope or scale that is now needed, has constrained geographic reach, and has prevented sustained

investment. The aspiration is to build the Sanitation and Hygiene Fund into an organization capable of serving the sector through sustainable investing, at scale, across a larger footprint of countries. The scale of investment will give the Fund a louder voice. This can be used to catalyse action and commitments at country level.

Through significantly scaled-up investment over 2021-2025, and by leveraging additional funding from governments and households, the Fund expects to contribute to improving the sanitation and hygiene service levels in LIC and select L-MIC countries. By empowering countries through its country led programmes and by ensuring technical assistance is effective and targeted, in addition to its strong focus on innovation, the Fund will maximise its impact and results, targeting nearly 1 billion people without access to at least basic sanitation services.

5.4 Transforming the Secretariat

With the Fund's new focus on investing at scale, increased risk management and oversight, performance orientation and value for money, there is a need to make the Secretariat fit for purpose. The Fund will adopt a matrix management approach, with a Programmes Department representing the core of the organization (at least 60% of the staff), and cross-cutting functions providing guidance, expertise and support.

5.5 Working with partners

The bedrock of everything the Fund does will be **partnership** – with countries, technical partners, the private sector, international NGOs and in country civil society and stakeholders representing key populations and demographics. The Fund will leverage, cultivate and complement these partnerships, not replicate or compete with them.

during programme implementation. The Fund will not compete with these partners but rather support and complement their engagement through catalytic investments.

Civil society has a key role in ensuring mutual accountability and adherence to Leaving No One Behind (LNOB) principles. Civil society representation at the in-country committees that formulate and sign off on the funding request to the Fund is therefore critical. **WSSCC members**, through their connection to civil society, will be able to meaningfully engage and influence through this space.

The **private sector** and leading foundations, such as the **Bill and Melinda Gates Foundation (BMGF)**, engage in support of universal access to and use of sanitation and hygiene facilities and drive much needed **innovation** in the sector. A strategic partnership with the BMGF, the World Bank and key academic institutions will, for example, ensure that **city wide inclusive sanitation⁸⁹, container based sanitation and equitable rural**

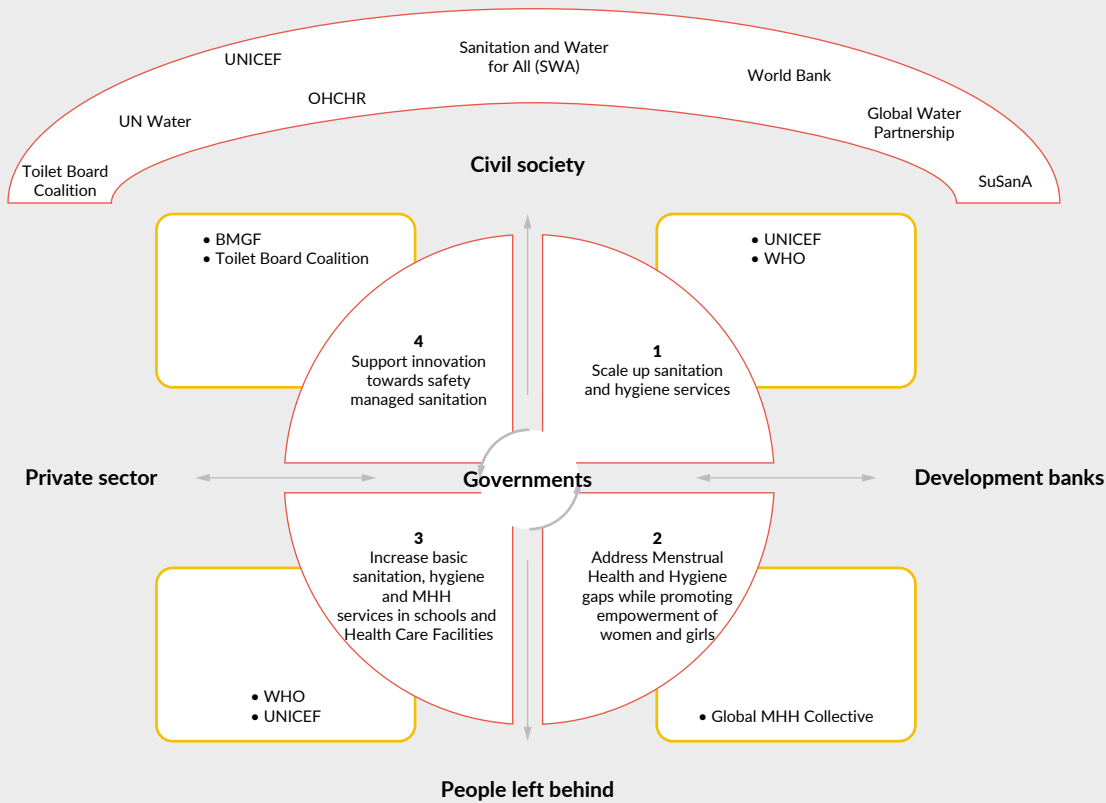
access to safely managed sanitation is afforded priority through innovation.

Enabling **private sector engagement**, for example through a close cooperation with the **Toilet Board Coalition**, is critical to the Fund. The private sector will play a key role in the national committees that develop and sign off on the application for funding to the Fund.

Coordination, networking and joint advocacy will be further ensured through UN Water, which coordinates WASH concerned UN agencies and works to strengthen Member States in their efforts to ensure sustainable water and sanitation for all, including through the SDG 6 accelerator initiative.

In the area of menstrual health and hygiene, the Fund will continue to co-host and draw on the support from the members of the **Global MHH Collective**.

Image 3: Indicative overview of the Sanitation and Hygiene Fund’s partnerships



At the core of the Fund's relationship is **partnership with governments**, as outlined above.

At the global level, **the Sanitation and Water for All (SWA)** partnership ensures **high level dialogue, political leadership** and the tracking of national commitments, including through Sector Minister Meetings and, with the **World Bank Global Water Practice**, the Finance Ministers' Meetings. WSSCC is an active member in the SWA partnership and supports the implementation of the SWA building blocks⁸⁸ through its in-country programmes.

Data, normative guidance and technical advice is critical for the Fund. At the global and country level this is provided by **UNICEF** and **WHO**.

UNICEF and the World Bank also play a key role in the **implementation** of national programmes, including in humanitarian and fragile country settings and with respect to major infrastructure programmes. These partners will be key in providing the necessary technical and implementation assistance to countries in which the Fund operates, including in the preparation of applications to the Fund and



6 Vision, Mission and Principles

6.1 Vision

SDG 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

6.2 Mission

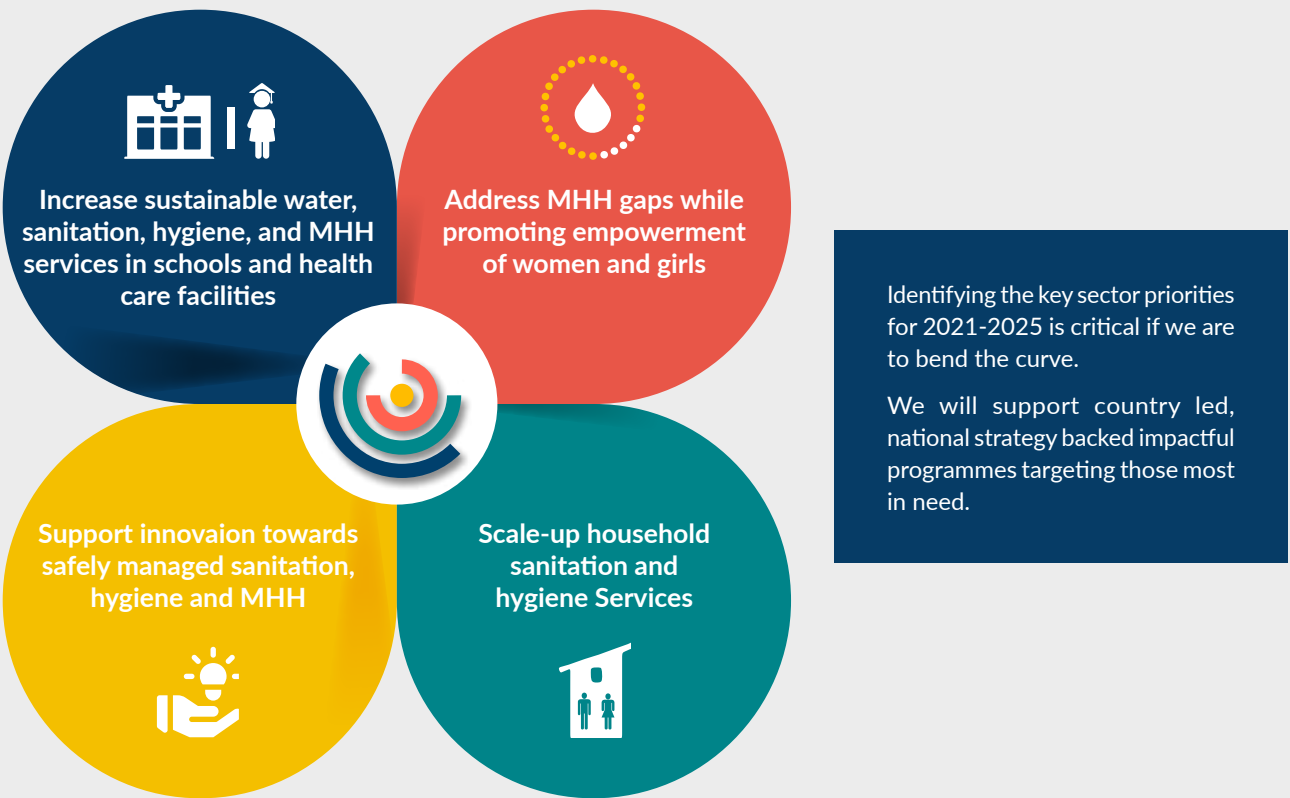
To effectively address the sanitation, hygiene and menstrual health gap; raise, catalyse and invest resources to accelerate delivery of sustainable sanitation and hygiene services for people with the highest burden and lowest ability to respond

6.3 Principles

- Accountability and transparency
- Country led, community owned
- Serving those left behind, with a focus on women and girls
- Efficiency and value for money



7 Strategic Objectives



7.1 Strategic Objective 1: Scale-up household sanitation and hygiene services

Strategic Action 1.1: Support the development of national sanitation and hygiene policies, systems, costing plans and strategies

The Fund supports eligible countries to accelerate progress toward safely managed sanitation and hygiene, with a particular focus on those most left behind. This requires country owned robust, costing and viable sector policies, strategies and plans. The Fund supports governments in developing such plans, policies or strategies. It will have a financial provision for technical advice, through partners, should this process need support.

Strategic Action 1.2: Support the implementation of national plans to increase household sanitation and hygiene services

The Fund supports the effective implementation of national costing plans or strategies that seek to ensure equitable access to safe sanitation and hygiene, across entire districts, including both rural and urban populations. Key components of good national sanitation and hygiene programmes usually include the creation of new social norms for toilet use and handwashing with soap by all and behaviour change, as well as the SWA building blocks. The Fund also recognizes the

importance of enabling affordable off grid sanitation solutions for the poor, including those living without government recognition or land tenure. Therefore, in urban settings, the Fund focuses its support on non-sewered sanitation systems in slums, informal settlements, peri-urban areas, compounds and small towns and supports interventions along the sanitation services value chain (capture and storage, empty and transport, treatment, reuse) and city-wide inclusive sanitation.

Governments will also be supported to put in place adequate mechanisms to track value-for-money through improvements to financial tracking and budget flows, and to monitor the sustainability of services and behaviour change.

Strategic Action 1.3 Invest to extend sanitation and hygiene services to vulnerable populations

The Fund supports national strategies that leave no one behind. This includes measures put in place by governments such as data gathering and mapping of vulnerable populations to reduce inequalities in access to sanitation and hygiene services and strengthen climate change resilience. Well targeted social safety net programmes and financing procedures with potentially smart subsidies for infrastructure will be considered.

7.2 Strategic Objective 2: Address Menstrual Health and Hygiene gaps while promoting empowerment of women and girls

Strategic Action 2.1: Support the development of systems for effective MHH multi-stakeholder programming, including linkages to sexual and reproductive health and education

MHH, with its important links to women's and girls' empowerment, is accorded high priority by the Fund. Many countries lack national strategies or costed plans to adequately address nationwide MHH needs. The Fund therefore supports countries to develop and put in place building blocks, national policies, strategies, costed plans and monitoring strategies that seek to ensure equal access to MHH and that are essential for effective, large scale MHH programming. Given the multi-stakeholder nature of MHH interventions (which often involve a variety of ministries, partners and stakeholders), and the different stages within the life cycle where interventions can make a difference to the health and wellbeing of girls, adolescents and women, inter-ministry collaboration and programming for the design and delivery of costed plans, policies and strategies are encouraged where necessary and supported through the Fund. The Fund further supports results monitoring for MHH through national household, health and education surveys and information systems.

Strategic Action 2.2: Support the implementation of national plans to address stigma and increase MHH services for adolescent girls and women

The Fund supports countries to implement national plans that ensure that all girls and women, including those most vulnerable

and marginalised, have the confidence, knowledge and skills to manage their menstruation safely and have sustainable access to adequate menstrual information, materials and facilities. This includes support to governments in removing barriers to girls', adolescents' and women's education and political, economic and social participation, including through knowledge and skills building, and by helping them make informed choices about menstrual products and the management of their menstruation.

Advocacy and youth engagement through social media and other communication channels to change attitudes, beliefs and norms within families, communities and wider society, and to end menstrual stigma and discrimination, are also supported by the Fund.

Strategic Action 2.3: Support measures for affordable and accessible menstrual materials and facilities

The Fund supports governments to assess the availability and affordability of menstrual products, and to develop necessary legislation, standards and guidelines (including for gender responsive WASH services e.g. in schools, health care facilities, public spaces and the workplace) on the affordability and accessibility of menstrual materials and facilities with a view to enable girls and women to manage menstruation safely.



7.3 Strategic Objective 3: Increase sustainable water, sanitation, hygiene and MHH services in schools and health care facilities

Strategic Action 3.1: Increase the availability of sustainable WASH services in schools, contributing to retention rates, especially of adolescent girls

The Fund supports countries to build integrated policies, strategies, mapping, and costed plans for the provision of equitable and sustainable WASH services and WASH related education at schools. Building on country experience and global best practice, the Fund encourages national adoption of proven at scale WASH in schools programme approaches, namely the "Three Star Approach" (UNICEF)⁹⁰ and "Fit for School" (GIZ).⁹¹ It also supports the strengthening of monitoring for WASH in schools through national education management and information systems (EMIS).

Implementation support may include the initial capital cost of new infrastructure and, where appropriate, rehabilitation. Eligible infrastructure will include water supply based on local parameters, adequate numbers of gender segregated and disability inclusive toilets, with easily accessible water and handwashing facilities, waste disposal for menstrual materials (in accordance with national standards and norms), and group handwashing facilities. The Fund further supports knowledge and skills building for boys and girls through the curriculum and school-based behaviour change programmes.

Strategic Action 3.2: Increase the availability of sustainable WASH services in health care facilities, especially in maternal and primary health care settings and in support of universal health care

Robust systems for WASH in health care facilities save lives. The Fund supports countries to set national standards on WASH (aligned to WHO guidance of WASH in Health Facilities⁹²), including health care waste management, hygiene and cleaning, and hygiene behaviour protocols and norms, through public health policies, strategies and costed plans. The Fund also supports the monitoring of WASH in health care facilities through national health management and information systems. Facilities may be in rural or urban settings. A special emphasis is placed on maternal and primary health care settings.

The Fund will further finance the implementation of WASH plans in health care facilities, including the design of training for health care workers on infection prevention and control, the initial capital cost of new infrastructure and, where appropriate, rehabilitation. Eligible infrastructure will include water supply based on local parameters, adequate numbers of gender segregated and disability inclusive toilets, with easily accessible water and handwashing facilities, health care waste management and waste disposal for menstrual materials.

7.4 Strategic Objective 4: Support innovation towards safely managed sanitation, hygiene and MHH

Strategic Action 4.1: Catalyse innovations in technologies and other sanitation, hygiene and MHH solutions that are cost effective, sustainable and climate resilient

The Fund plays an active role in supporting governments to incentivise innovations for technological solutions that move households up the sanitation ladder in the quickest, simplest and most efficient manner and with the intention and potential of at scale replication.

Such measures may include recent learning about safe abandonment as a safely managed sanitation technique; technological solutions adapted to extreme weather conditions such as heavy rains and floods as well as to geological challenges including collapsing and rocky soils; or advances in the sanitation economy to scale up initiatives to transform waste into economic resources.

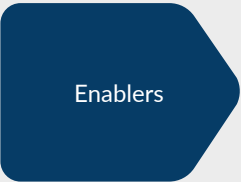
The Fund will also play an interlocutor role to promote local platforms that enable connections between large and small companies, innovators and investors.

Strategic Action 4.2: Work with partners to scale up market-based sanitation and hygiene to deliver quality and value for money products and services

To help governments create a healthy market for sanitation and hygiene products and services, the Fund supports a growth in demand for safe sanitation, hygiene and MHH while ensuring that a sustainable supply of affordable and appropriately designed products and services are available to meet it. The Fund will also support supply chain strengthening for sanitation and hygiene products, including menstrual material.

8 Enablers

To be fulfilled, the strategic objectives need to be enabled by effective partnerships, accountability and mobilizing significant sums of new resources



8.1 Strengthen partnerships

Strengthen partnership and collaboration with key partner organizations and influential individuals, including private sector:

The Fund will partner with governments, civil society, technical agencies, donors, the private sector, influencers and people most affected by the burden of inadequate sanitation, hygiene and MHH. Partners will extend across sectors, notably to health, education and gender to ensure complementarity with other SDG outcomes. It is this collaborative effort that will harness the best possible experiences, insights and innovations to enable the acceleration of SDG 6.2 and related goals.

We support partners to stimulate demand generation, provide technical guidance for key influencers and better enable, inform, motivate and empower those left behind to access sanitation, hygiene and MHH services.

Strengthen multi-stakeholder processes, incorporating voices of key populations, in the planning, development and implementation of programmes:

To ensure the Fund only funds programmes that are inclusive and leave no one behind and that perform and can deliver value for money, it is necessary that all relevant stakeholders are included in the development and implementation of programmes. To that end, country coordinating mechanisms (that develop and sign off on proposals and monitor programme implementation) must incorporate the voices of key populations, usually in the form of civil society organizations.

8.2 Build commitment and accountability

Harness societal engagement and secure political commitment for improved sanitation and hygiene, and MHH:

To obtain support the Fund expects governments to be committed to achieving high and equitable sanitation and hygiene outcomes. The Fund also recognises that support for equitable sanitation and hygiene, requires that wider society is also engaged, as influencers and persuaders for investment and ongoing support. Hence, the Fund will encourage governments to harness the voice and support of other stakeholders, including civil society and the private sector, through platforms afforded by SWA and others.

Ensure country level oversight is integrated into national systems:

Achievement of SDG 6.2 requires governments to not only engage with all stakeholders through participatory multi-stakeholder processes but to also demonstrate accountability in decisions that are taken. This is especially important to ensure that programmes are inclusive and leave no one behind.

The SWA Mutual Accountability Mechanism (MAM),⁹³ can provide a framework for national accountability and monitoring. Fiduciary and programmatic oversight will also be ensured through the Fund's government led programme coordination mechanisms, an independent country programme monitor to verify financial and programmatic results and reporting, annual in country external audits and regular independent outcome surveys to verify the sustainability of results.

Monitor and evaluate all funded programmes, gather evidence and data to strengthen investment effectiveness, sustainability, value for money and to course correct:

Monitoring and evaluation are integral to the planning, design, implementation and course correction of policies and programmes. The Fund supports countries to strengthen a culture and use of national inclusive monitoring and evaluation systems. Adhering to WHO/UNICEF Joint Monitoring Programmes⁹⁴ and related sector norms, the Fund supports robust and, where appropriate, integrated data gathering to inform evaluations and policy and programme decisions. For MHH it will be key to build up a set of robust data. The Fund will also support the establishment of WASH Accounts, using the WHO TrackFin tool.

8.3 Mobilize resources

Invest in sanitation and hygiene programmes serving those with the highest burden and least ability to respond

The Fund recognizes that massive inequalities exist between those who have access to sanitation, hygiene and MHH and those who do not, and that marginalised and vulnerable populations, women and girls are disproportionately affected. The Fund will invest in reducing inequalities by specifically targeting those countries with the highest burden, yet who are least able to respond. Within countries, the Fund will encourage programmes and interventions, including at policy level, that invest in harder to reach and left behind populations.

Leverage additional international and domestic investments for enhanced results

A key tenet of the Fund's approach to resource mobilisation is to increase the availability of national budgets and household

investments in sanitation, hygiene and MHH. The Fund will seek to catalyse these additional investments through the implementation of sustainability, transition and co-financing policies and its resource mobilization strategy.

9 Roadmap to Impact

At the time of writing, much work has been done, and more is ongoing in order to set up the Sanitation and Hygiene Fund to take up the foreseen key role. Key policies have been developed and collectively these will underpin the transition to the new Fund and set it up to invest to benefit populations most in need.

As these multiple strands of policy and functionality are being developed, the Fund will start road testing its new focus by shifting its investments in several countries in 2020 to better align with its revised strategic goals. In these countries it will redirect its investments in line with its new strategy and test several elements of its new operating model. This preparatory work will include revised programming to better address and manage the COVID-19 outbreak in the current GSF countries.

The Fund aims to raise significant new funds over the next strategic period to substantially scale up investment in the sector.

This will allow it to reach nearly 1 billion people in LIC and select L-MIC countries. The development of a full investment case is ongoing and planning for a formal launch event of the Fund is under way. At the same time, the Secretariat will develop the results and monitoring framework for the strategy which will be presented to the Steering Committee.

The time to act is now. Once all elements of its governance, policies and funding model are in place, the Sanitation and Hygiene Fund will be in a position to act decisively and with meaningful impact. Championed by the countries of the developing world, adequately backed by its donors, and working in collaboration with its partners in the sector, the Sanitation and Hygiene Fund can step up to the challenge and begin to truly make a difference in the global sanitation and hygiene crisis.



End notes

- 1 <https://sustainabledevelopment.un.org/sdg6>
- 2 World Bank (2020). WASH (Water, Sanitation & Hygiene) and COVID-19 [website]. <https://www.worldbank.org/en/topic/water/brief/wash-water-sanitation-hygiene-and-covid-19> (accessed 7 April 2020).
- 3 Sommer, M., Ferron, S., Cavill, S., and House, S. (2014). "Violence, gender and WASH: spurring action on a complex, under-documented and sensitive topic," in *Environment and Urbanization* 27(1): 105-116. London: IIED. Retrieved from: <https://journals.sagepub.com/doi/full/10.1177/0956247814564528>
- 4 World Health Organisation (2019). 1 in 3 people globally do not have access to safe drinking water [press release]. Retrieved from: <https://www.who.int/news-room/detail/18-06-2019-1-in-3-people-globally-do-not-have-access-to-safe-drinking-water-unicef-who>
- 5 United Nations Children's Fund (UNICEF) and World Health Organisation (WHO) (2019). Progress on household drinking water, sanitation and hygiene 2000-2017: Special focus on inequalities. New York: UNICEF and WHO, p8, 20. Retrieved from: https://www.who.int/water_sanitation_health/publications/jmp-report-2019/en/
- 6 World Bank (2019). Delivering Rural Sanitation Programs at Scale, with Equity and Sustainability: a call to action, p1. Retrieved from <http://pubdocs.worldbank.org/en/959161570454050835/Rural-Sanitation-Call-to-Action-10-07-2019.pdf>
- 7 The Paris Declaration on Aid Effectiveness: Five Principles For Smart Aid <https://www.oecd.org/dac/effectiveness/45827300.pdf>
- 8 Menstrual health refers to the broader psychological, socio-political and environmental factors that impact mental, physical, and emotional health during menstruation.
- 9 Menstrual hygiene refers to access to menstrual materials, and their safe use and disposal.
- 10 World Health Organisation and UN-Water (2019). National systems to support drinking-water, sanitation and hygiene: global status report 2019. UN-Water global analysis and assessment of sanitation and drinking-water (GLAAS) 2019 report. Geneva: WHO, p.7. Retrieved from: https://www.who.int/water_sanitation_health/publications/glaas-report-2019/en/
- 11 <https://sustainabledevelopment.un.org/sdg6>
- 12 Use of improved facilities which are not shared with other households and where excreta are safely disposed in situ or transported and treated off-site
- 13 Basic hygiene includes a hand-washing station with soap and water for every household.
- 14 World Bank (2019). Delivering Rural Sanitation Programs at Scale, with Equity and Sustainability: a call to action, p1. Retrieved from <http://pubdocs.worldbank.org/en/959161570454050835/Rural-Sanitation-Call-to-Action-10-07-2019.pdf>
- 15 World Health Organisation (2019a). 1 in 3 people globally do not have access to safe drinking water [press release]. Retrieved from: <https://www.who.int/news-room/detail/18-06-2019-1-in-3-people-globally-do-not-have-access-to-safe-drinking-water-unicef-who>
- 16 United Nations Children's Fund (UNICEF) and World Health Organisation (WHO) (2019). Progress on household drinking water, sanitation and hygiene 2000-2017: Special focus on inequalities. New York: UNICEF and WHO, p8, 20. Retrieved from: https://www.who.int/water_sanitation_health/publications/jmp-report-2019/en/
- 17 *ibid*, p.36.
- 18 United Nations Children's Fund (UNICEF) and World Health Organization (WHO) (2018). Drinking water, sanitation and hygiene in schools: Global baseline report 2018. New York: UNICEF and WHO, p.6. Retrieved from : <https://washdata.org/report/jmp-2018-wash-in-schools-final>
- 19 World Health Organisation (WHO) and the United Nations Children's Fund (UNICEF) (2019). WASH in Health Care Facilities: Global Baseline Report 2019. Geneva: WHO/UNICEF, p.4-5. Retrieved from: https://www.who.int/water_sanitation_health/publications/wash-in-health-care-facilities-global-report/en/
- 20 WHO (n.d.). SAVE LIVES: Clean Your Hands: WHO's Global Annual Campaign Advocacy Toolkit. Geneva: WHO. Retrieved from https://www.who.int/gpsc/5may_advocacy-toolkit.pdf?ua=1
- 21 [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(18\)30143-3/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(18)30143-3/fulltext)
- 22 United Nations (2010). General Assembly resolution 64/292, The human right to water and sanitation, A/RES/64/292 (28 July 2010). Retrieved from: <https://undocs.org/en/A/RES/64/292>
- 23 *Op cit*. United Nations Children's Fund (UNICEF) and World Health Organization (WHO) (2019). p.8,9, 37.
- 24 *Op cit*. United Nations Children's Fund (UNICEF) and World Health Organization (WHO) (2018). p6.
- 25 World Health Organization (WHO) (2019b). Water, sanitation and hygiene in health care facilities: practical steps to achieve universal access. Geneva: WHO, p.4,5. Retrieved from: https://www.who.int/water_sanitation_health/publications/wash-in-health-care-facilities-global-report/en/
- 26 *Op cit*. United Nations Children's Fund (UNICEF) and World Health Organization (WHO) (2019), p7,8.
- 27 Kaur, R., Kaur, K., and K, R. (2018). "Menstrual Hygiene, Management, and Waste Disposal: Practices and Challenges Faced by Girls/ Women in Developing Countries," in *Journal of Environmental and Public Health*. Retrieved from: <https://doi.org/10.1155/2018/1730964>

- 28 Adapted from: United Nations Children's Fund (UNICEF) and World Health Organization (WHO) (2019). Progress on household drinking water, sanitation and hygiene 2000-2017: A special focus on inequalities. New York: WHO and UNICEF, p.8.
- 29 World Health Organisation (2018). Climate change and health [website]. <https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health> (accessed 7 April 2020).
- 30 UNICEF (2014). Generation 2030/Africa: Child demographics in Africa. New York: UNICEF, p5. Retrieved from: https://www.unicef.org/publications/files/Generation_2030_Africa.pdf
- 31 United National Department of Economic and Social Affairs (2018). 68% of the world population projected to live in urban areas by 2050, says UN [website]. <https://www.un.org/development/desa/en/news/population/2018-revision-of-world-urbanization-prospects.html> (accessed 7 April 2020).
- 32 United Nations High Commissioner for Refugees (UNHCR) (2019). Global Trends – Forced Displacement in 2018. Geneva: UNHCR, p.2. Retrieved from: <https://www.unhcr.org/5d08d7ee7.pdf>
- 33 Op cit United Nations Children's Fund (UNICEF) and World Health Organization (WHO) (2019). p.8, 75.
- 34 <https://www.un.org/sustainabledevelopment/decade-of-action/>
- 35 <https://sustainabledevelopment.un.org/sdg3>
- 36 Op cit. World Health Organization (WHO) (2019b). p1.
- 37 <https://apps.who.int/iris/bitstream/handle/10665/254678/WHO-FWC-IHE-17.01-eng.pdf?sequence=1>
- 38 See for example: World Health Organization (WHO) (2015). Water, Sanitation & Hygiene for accelerating and sustaining progress on Neglected Tropical Diseases – a global strategy 2015-2020. Geneva: WHO. Retrieved from: https://apps.who.int/iris/bitstream/handle/10665/182735/WHO_FWC_WSH_15.12_eng.pdf?sequence=1
- 39 Sommer, M., Ferron, S., Cavill, S., and House, S. (2014). "Violence, gender and WASH: spurring action on a complex, under-documented and sensitive topic," in Environment and Urbanization 27(1): 105-116. London: IIED. Retrieved from: <https://journals.sagepub.com/doi/full/10.1177/0956247814564528>
- 40 Hekster, O., and Punzi, MC. (2019). Technical brief for the Integration of Menstrual Health in SRHR. Amsterdam: Stichting PSI-Europe. Retrieved from: https://www.psi.org/wp-content/uploads/2019/06/PSI_MHSRH_TechnicalBrief_English.pdf.
- 41 World Bank (2020). WASH (Water, Sanitation & Hygiene) and COVID-19 [website]. <https://www.worldbank.org/en/topic/water/brief/wash-water-sanitation-hygiene-and-covid-19> (accessed 7 April 2020).
- 42 <https://sustainabledevelopment.un.org/sdg4>
- 43 Kuhlmann, A.S., Henry, K., & Wall, L.L. (2017). "Menstrual Hygiene Management in Resource-Poor Countries," in Obstetrical & Gynecological Survey, 72(6), p.356–376. Retrieved from: <https://doi.org/10.1097/OGX.0000000000000443>
- 44 <https://sustainabledevelopment.un.org/sdg5>
- 45 Op cit Sommer, M., Ferron, S., Cavill, S., and House, S. (2014).
- 46 <https://sustainabledevelopment.un.org/sdg1>
- 47 <https://sustainabledevelopment.un.org/sdg2>
- 48 <https://sustainabledevelopment.un.org/sdg13>
- 49 <https://sustainabledevelopment.un.org/sdg11>
- 50 World Health Organization (2019c). Cholera. [website]. <https://www.who.int/news-room/fact-sheets/detail/cholera> (accessed 7 April 2020).
- 51 World Health Organization (n.d.). Ebola outbreak 2014-2016 [website] <https://www.who.int/csr/disease/ebola/en/> (accessed 7 April 2020).
- 52 Op cit World Bank (2020).
- 53 <https://apps.who.int/iris/bitstream/handle/10665/254678/WHO-FWC-IHE-17.01-eng.pdf?sequence=1>
- 54 World Health Organization (2017). Don't pollute my future! The impact of the environment of children's health. Geneva: WHO. Retrieved from: <https://apps.who.int/iris/bitstream/handle/10665/254678/WHO-FWC-IHE-17.01-eng.pdf?sequence=1>
- 55 Water for People and Erchick, D. (n.d.). Partner Highlight: Fighting Pneumonia through Sanitation as a Business website~. <https://stopnpneumonia.org/partner-highlight-fighting-pneumonia-through-sanitation-as-a-business/>
- 56 O'Neill, J. (2015). Review on Antimicrobial Resistance. Securing new drugs for future generations: the pipeline of antibiotics. London: Wellcome Trust, p1. Retrieved from : https://amr-review.org/sites/default/files/SECURING%20NEW%20DRUGS%20FOR%20FUTURE%20GENERATIONS%20FINAL%20WEB_0.pdf
- 57 Gallagher, J. (2020). "Alarming' one in five deaths due to sepsis. 16 Jan 2020" BBC News 16 January <https://www.bbc.com/news/health-51138859> (accessed 7 April 2020).
- 58 World Health Organization (2015). WHO strengthens focus on water, sanitation and hygiene to accelerate elimination of neglected tropical diseases [website]. https://www.who.int/water_sanitation_health/events/wash-and-ntd-strategy/en/ (accessed 7 April 2020).
- 59 World Health Organization (2019). Sanitation [website]. <https://www.who.int/news-room/fact-sheets/detail/sanitation> (accessed 7 April 2020).
- 60 49 million children under 5 years of age are wasted, 17 million are severely wasted and 149 million are stunted. Around 45% of deaths among children under 5 years of age are linked to undernutrition. See: World Health Organization (2019). Malnutrition [website]. <https://www.who.int/news-room/fact-sheets/detail/malnutrition> (accessed 7 April 2020).
- 61 World Health Organization (2020). Urgent health challenges for the next decade [website] <https://www.who.int/news-room/photo-story/photo-story-detail/urgent-health-challenges-for-the-next-decade> (accessed 7 April 2020).
- 62 United Nation's Children Fund (2019). Guidance on Menstrual Health and Hygiene. New York: UNICEF, p13. Retrieved from: <https://www.unicef.org/wash/files/UNICEF-Guidance-menstrual-health-hygiene-2019.pdf>
- 63 Op cit Sommer, M., Ferron, S., Cavill, S., and House, S. (2014).
- 64 Guyatt, T. (2019). "millions of Girls Are out of School – But Data Show that Gender Alone Is Not the Main Culprit," 60 million girls Foundation. Retrieved from: <http://uis.unesco.org/en/blog/millions-girls-are-out-school-data-show-gender-alone-not-main-culprit>
- 65 Kuhlmann, A.S., Henry, K., & Wall, L.L. (2017). "Menstrual Hygiene Management in Resource-Poor Countries," in Obstetrical & Gynecological Survey, 72(6), p.356–376. Retrieved from: <https://doi.org/10.1097/OGX.0000000000000443>
- 66 Op cit Hekster, O., and Punzi, MC. (2019).
- 67 United Nations Population Fund (UNFPA) (2017). Adolescent pregnancy [website]. <https://www.unfpa.org/adolescent-pregnancy> (accessed 7 April 2020).
- 68 United Nations Population Fund (UNFPA) (2020). Child Marriage [website] <https://www.unfpa.org/child-marriage> (accessed 7 April 2020).
- 69 United Nations Children's Fund (2018). Fast facts: Nine things you didn't know about menstruation [website]. https://www.unicef.org/press-releases/fast-facts-nine-things-you-didnt-know-about-menstruation#_edn2 (accessed 7 April 2020).
- 70 United Nations (2018). Human Rights Council resolution 39/8, The human right to water and sanitation, A/HRC/RES/39/8 (27 September 2018). Retrieved from: <https://undocs.org/en/A/HRC/RES/39/8>
- 71 Op cit. United Nations Children's Fund (UNICEF) and World Health Organization (2018), p.20.
- 72 Op cit. World Health Organisation (WHO) and the United Nations Children's Fund (UNICEF) (2019). p 28 and 38 . Retrieved from: https://www.who.int/water_sanitation_health/publications/wash-in-health-care-facilities-global-report/en/
- 73 Allegranyi, B., Bagher Nejad, S., Combescure, C., Graafmans, W., Attar, H., Donaldson, L., et al. (2011). "Burden of endemic health-care-associated infection in developing countries: systemic review and meta-analysis," in The Lancet 377(9761): 228-241. Retrieved from [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(10\)61458-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)61458-4/fulltext)
- 74 The term "WASH in health care facilities" refers to the provision of water, sanitation, health care waste management, hygiene and environmental cleaning infrastructure, and services across all parts of a facility. "Health care facilities" encompass all formally recognized facilities that provide health care, including primary (health posts and clinics), secondary, and tertiary (district or national hospitals), public and private (including faith-run), and temporary structures designed for emergency contexts (e.g., cholera treatment centers). They may be located in urban or rural areas. https://www.who.int/water_sanitation_health/facilities/healthcare/en/
- 75 World Health Organization (2020). Urgent health challenges for the next decade [website] <https://www.who.int/news-room/photo-story/photo-story-detail/urgent-health-challenges-for-the-next-decade> (accessed 7 April 2020).
- 76 United States Department of Health and Human Services, Centers for Disease Control and Prevention (2016). Cost of the Ebola Epidemic. Retrieved here: <https://www.cdc.gov/vhf/ebola/pdf/cost-ebola-multipage-infographic.pdf>
- 77 Hutton, G. (2012). Global costs and benefits of drinking-water supply and sanitation interventions to reach the MDG target and universal coverage. Geneva, World Health Organization. Geneva: WHO, p.31. Retrieved from: https://www.who.int/water_sanitation_health/publications/2012/globalcosts.pdf
- 78 Singh, P.K. (2018). "Good hand hygiene: A simple, cost-effective way to save lives and transform the quality of health care at all levels" [website] <https://www.who.int/southeastasia/news/opinion-editorials/detail/good-hand-hygiene-a-simple-cost-effective-way-to-save-lives-and-transform-the-quality-of-health-care-at-all-levels> (accessed 7 April 2020).
- 79 World Health Organisation and UN-Water (2019). National systems to support drinking-water, sanitation and hygiene: global status report 2019. UN-Water global analysis and assessment of sanitation and drinking-water (GLAAS) 2019 report. Geneva: WHO, p.5. Retrieved from: https://www.who.int/water_sanitation_health/publications/glaas-report-2019/en/
- 80 Adapted from World Health Organisation and UN-Water (2019). National systems to support drinking-water, sanitation and hygiene: global status report 2019. UN-Water global analysis and assessment of sanitation and drinking-water (GLAAS) 2019 report. Geneva: WHO, p7.
- 81 For example, achieving SDG 6 in Nigeria, one of the nations in the world with the highest number of people practicing open defecation would require a tripling of the country's budget or at least an allocation of 1.7 per cent of its current GDP to WASH. This signals a need for a significant ramp up in resourcing.
- 82 Adapted from World Health Organisation and UN-Water (2019). National systems to support drinking-water, sanitation and hygiene: global status report 2019. UN-Water global analysis and assessment of sanitation and drinking-water (GLAAS) 2019 report. Geneva: WHO, p.26.

- 83 Rodriguez, L. (2019). "The Indian Government May Soon Make Period Products More Affordable" Global Citizen 26 August. <https://www.globalcitizen.org/en/content/india-to-control-prices-of-sanitary-pads/> (accessed 7 April 2020). <https://www.reuters.com/article/us-health-menstruation-usa/even-in-the-u-s-poor-women-often-cant-afford-tampons-pads-idUSKCN1P42TX>; <https://www.theguardian.com/commentisfree/2015/sep/08/periods-pain-expensive-luxury-item-menstruation>
- 84 Rodriguez, L. (2019). "The Indian Government May Soon Make Period Products More Affordable" Global Citizen 26 August. <https://www.globalcitizen.org/en/content/india-to-control-prices-of-sanitary-pads/> (accessed 7 April 2020).
- 85 Op Cit World Health Organisation and UN-Water (2019), p. vx.
- 86 African Ministerial Council on Water (AMCOW) (2015). The Ngor Declaration on Sanitation and Hygiene (27 May 2015). Retrieved from: https://www.amcow-online.org/images/docs/ngor_declarations_signed.pdf
- 87 https://www.who.int/water_sanitation_health/monitoring/investments/trackfin/en/
- 88 The SWA building blocks are key elements that the sector must have in place to be able to deliver sustainable services and progressively eliminate inequalities in access to sanitation. <https://www.sanitationandwaterforall.org/about/our-work/priority-areas/building-blocks>
- 89 Citywide Inclusive Sanitation – a call to action. Retrieved from: <http://pubdocs.worldbank.org/en/589771503512867370/Citywide-Inclusive-Sanitation.pdf>
- 90 United Nations Children's Fund (UNICEF) (2013). Field Guide: The Three Star Approach for WASH in Schools. New York: UNICEF. Retrieved from: https://www.unicef.org/wash/schools/files/UNICEF_Field_Guide-3_Star-Guide.pdf
- 91 Fit for School (2019). Making Children Fit for School: Transforming schools into healthy places. Eschborn: GLZ. See also: <http://www.fitforschool.international/>
- 92 the WHO/UNICEF JMP on Health Care Facilities, 2019, https://www.who.int/water_sanitation_health/facilities/healthcare/en/
- 93 <https://sanitationandwaterforall.org/about/our-work/mutual-accountability-mechanism>
- 94 <https://washdata.org/>

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