

WASH SDG	
Donor	Dutch Ministry of Foreign Affairs
Consortium partners	Simavi (consortium lead) for WASH Alliance International (WAI), SNV, Plan International Netherlands, partners: Amref, Akvo, RAIN, WASTE, IRC WASH, Wetlands, PRACTICA, RUAF
In-country partners	All partners from the Bangladesh WASH Alliance, Nepal WASH Alliance and the Uganda WASH Alliance
Description	The WASH SDG programme responds to the Dutch commitment to contribute to Goal 6 of the 2030 Agenda for Sustainable Development (SDG 6). Its aim is <i>an improved WASH situation for all</i> by sustainably improving access to, and use of, safe drinking water for at least 450,000 people and sanitation for at least 2 million people, and improving the hygiene behaviours of 1.6 million people before the end of 2022. This programme builds upon our experience leading the WAI and past programmes from 2011 to 2016.
Overall goals	<p>The WASH SDG programme is built on three core strategic objectives:</p> <ul style="list-style-type: none"> <li>increased demand for improved WASH facilities and practices through improved behaviour change interventions;</li> <li>improved quality of service provision, leading to increased availability and affordability of WASH products and services, which contributes to sustainable and equitable access to WASH;</li> <li>strengthened WASH governance and institutional framework in the sector, leading to efficient and effective delivery of inclusive and sustainable WASH services, which contributes to sustainable and equitable access to WASH.</li> </ul> <p>Gender and social inclusion will be an area of specific attention in each of the three strategic objectives in addition to climate vulnerability and resilience.</p>
Period	6 years (2017–2022)
Progress 2020	<p>In all the countries where the WASH SDG programme is being implemented, the effects of Covid-19 and the corresponding lockdown measures were clearly noticeable. In this context and despite the challenges, Consortium partners noted important progress in their sub-programmes (15) in all three pathways indicated above. This included:</p> <ul style="list-style-type: none"> <li>a positive attitude and behaviour change in many of the communities, resulting in improved sanitation and hygiene practices;</li> <li>an increase in the demand for WASH products and services and greater interest and involvement from WASH entrepreneurs and enterprises to provide these products and services;</li> <li>greater coordination and collaboration between the local authorities and different stakeholders.</li> </ul> <p>Some 2020 highlights from the WAI sub-programmes in Bangladesh, Nepal and Uganda in which Simavi has a lead role:</p> <ul style="list-style-type: none"> <li>In Uganda, a Covid-19 response was implemented to raise awareness through radio broadcasts and vehicles with megaphones on the importance of handwashing, facial masks and social distancing as prevention for Covid-19. A platform for Women Entrepreneurs in WASH (WEWASH) was started to support female entrepreneurs.</li> <li>In 2020, the WAI Bangladesh partners continued advocating improved WASH governance. As a result, eight new WASH desks were set up in four municipalities and nine Unions. In addition, five municipal government authorities and three Unions have allocated a segregated WASH budget for women and socially excluded people.</li> <li>In Nepal, water quality labs have been set up to test water quality and ensure safety.</li> </ul> <p>In 2020, the programme had an active community of practice that regularly discussed WASH programming from a gender equality and social inclusion approach. Finally, the programme invited organisations to present innovative proposals on the theme 'WASH in healthcare facilities'. Three projects were approved and will be implemented in 2021–2022.</p>

WASH SDG		Bangladesh		Nepal		Uganda		Overall	
Level	Indicator description	Result 2018-2020	Target Full programme	Result 2018-2020	Target Full programme	Result 2018-2020	Target Full programme	Result 2018-2020	Target Full programme
Output	1. Number of people trained (e.g. entrepreneurs, community members, staff from institutions and local partners)	2,355	1,816	7,175	3,139	3,922	3,745	13,452	8,700
	2. Number of people present at direct awareness raising activities	94,087	54,500	43,199	22,774	35,832	33,387	173,118	110,661
	3. Number of studies/ mappings done	59	20	22	8	45	46	126	74

WASH First	
<b>Donor</b>	Dutch Ministry of Foreign Affairs
<b>Consortium partners</b>	WASH Alliance International (WAI) partners Simavi, AMREF, SNV, Plan International Netherlands
<b>In-country partners</b>	WASH Alliance Kenya (WAK), Kenya Water and Sanitation Civil Society Network (KEWASNET), Kenya Water for Health Organization (KWAHO), Neighbours' Initiative Alliance (NIA), Water and Sanitation Entrepreneurs Association (WASEU), HEWASA Programme – DSSD Caritas Fort Portal, Joint Effort to Save The Environment (JESE), IRC Uganda
<b>Description</b>	On 10 July 2020, Ms Sigrid Kaag, Dutch Minister for Foreign Trade and Development Cooperation, informed the Dutch parliament that €150 million would be assigned to support the response to the Covid-19 pandemic and the socioeconomic consequences in the most vulnerable countries. Six million euros were allocated to the Netherlands WASH SDG Consortium, with the aim to prevent further spread of Covid-19 in marginalised countries through awareness raising and improved access to WASH services.
<b>Overall goals</b>	<p>The overall goal of WASH First programme is <i>the promotion of health-related hygiene practices to prevent further spread of Covid-19 in at-risk countries through awareness raising and improved access to WASH services</i>. The programme will focus on specific objectives for high at-risk and most marginalised populations:</p> <p><b>Result 1:</b> enhanced understanding of individuals, communities, health workers, schools and WASH service providers about mitigation measures against Covid-19 transmission;</p> <p><b>Result 2:</b> population at risk of Covid-19 have sufficient and constant access to commodities and consumables (handwashing facilities, disinfection equipment, soap, hygiene kits, including menstrual health products and personal protective equipment (PPE));</p> <p><b>Result 3:</b> population at risk of Covid-19 have safe (considering safeguarding and security) access to water and sanitation services through the construction of new and repair of non-functional water and sanitation facilities or through temporary/mobile water supply and services.</p>
<b>Period</b>	1 September 2020 to 30 November 2021
<b>Progress 2020</b>	The programme started in September 2020. The first months focused on the start-up of the programme and getting the agreements in place. Despite some challenges related to flooding and political unrest in Uganda and strikes in Kenya, the set targets were mainly achieved.

WASH First		Ghana			Uganda		
Level	Indicator description	Baseline 2020	Result 2020	Target Full programme	Baseline 2020	Result 2020	Target Full programme
Output	# of people that are reached through mass media	0	200,000	1,000,000	0	96,513	27,1015
	# of people trained on COVID transmission reduction	0	127	200	0	290	13,143
	# of WASH providers supported on safe supply and provision	0	52	30	0	10	425
	Total # of people provided with soap, disinfection equipment	0	0	20,000	0	750	48,500
	# of people that are reached directly with awareness raising activities	0	109,300	400,000	0	23,400	92,900
	# of soaps, disinfection equipment provided directly to people	0	0	6,700	0	100	3,370
	Total # of at Risk Population who are provided with PPEs	0	470	2,350	0	0	7,140
	Amount of PPE that have been provided directly to people	0	1,280	6,400	0	0	5,260

More Than Brides	
Donor	Dutch Ministry of Foreign Affairs
Consortium partners	Save the Children Netherlands (lead), Oxfam Novib, Population Council
In-country partners	in Malawi: Girls Empowerment Network Malawi (GENET) and Youth Net and Counselling (YONECO); in India: Voluntary Health Association of India (VHAI), Network for Enterprise Enhancement and Development (NEEDS), Child in Need Institute (CINI) and Bihar Voluntary Health Association (BVHA)
Description	Child marriage is a gross violation of children’s rights to health, protection and bodily integrity and an impediment to sustainable development. It often leads to negative health impacts, truncated education, lack of access to income generation opportunities and increased risk of intimate partner violence. This programme builds upon our past programme United Against Child Marriages (UACM) in India and Malawi.
Overall goals	<ol style="list-style-type: none"> <li>1. Empower at risk and already married adolescents, girls in particular, with life skills education (LSE), CSE and SRHR information.</li> <li>2. Provide alternatives to child marriage and mitigate the impact on married girls by improving access to education, economic opportunities and child protection systems for girls and their families.</li> <li>3. Increase access to SRHR services for young people.</li> <li>4. Change social norms; challenging harmful customs, traditions, norms and practices, is crucial in preventing child marriage.</li> <li>5. Influence legal and policy frameworks; a supportive policy and legal environment are crucial to our cause.</li> </ol>
Period	5 years (2016–2020)
Progress 2020	Despite Covid-19 disruptions, the fifth and last year of the MTBA sub-programmes in India and Malawi showed solid implementation; the intended results were achieved and visible effects were shown. Sub-programmes were also wound down and closed, with a focus on end-line reporting, learning and knowledge harvesting, the production of thematic reports for the MTBA final report to the Ministry and an evaluation of youth engagement. Adolescent girls are now able to interface with government and the media, participate in community-based decision-making forums and platforms, fight against gender-based violence and reach out to other girls’ groups. Girls’ lives have changed as they return to school, improve their livelihoods at family and community level, understand their sexual and reproductive health rights and reduce the prevalence of teenage pregnancy. Through behaviour change communications and training, men and boys are more sensitive to gender inequality issues and the malpractice of child marriage, while the community mindset on the value of the girl child has improved. Child protection committees are reformed and youth-friendly services and women’s desks at police stations have been established.

More Than Brides		India			Malawi			Overall		
Level	Indicator description	Baseline	Result	Target	Baseline	Result	Target	Baseline	Result	Target
		2016–2020	2016–2020	2016–2020	2016–2020	2016–2020	2016–2020	2016–2020	2016–2020	2016–2020
Impact	% girls that were married before 18 <sup>1</sup>	16%	4%	–	11%	4%	–	14%	4%	–
Outcome	% girls who know and can tell the legal minimum age at marriage for girls	62%	81%	–	44%	60%	–	53%	71%	–
	% of girls in school	58%	64%	–	62%	82%	–	60%	73%	–
	# documented cases of mediation for girls at risk of and affected by child marriage by Child Protection Committees, facilitated by the project	–	352	–	–	591	–	–	943	–
	# of these cases which resulted in a satisfying response for the girls concerned, in the reporting period	–	308	–	–	479	–	–	787	–
	# of girls who can convince their parents to delay a marriage	–	1250	–	–	813	–	–	2063	–
Output	# of boys and girls trained by the project on SRHR, CM, communication skills	–	36,004	35,860	–	3,397	3,032	–	39,401	38,892
	# of youth groups formed	–	1,679	1,545	–	259	248	–	1,938	1,793

1. Result for Malawi not available yet

Get Up Speak Out (GUSO)	
<b>Donor</b>	Dutch Ministry of Foreign Affairs
<b>Consortium partners</b>	Rutgers (lead), IPPF, Choice, Aidsfonds, Dance4Life
<b>In-country partners</b>	Instituta Hak Asasi Perempuan (IHAP), Kisumu Medical Education Trust (KMET), Centre for the Study of Adolescence (CSA), ACK Development Services (ADS), Tropical Institute of Community Health and Development (TICH), Northern Sector Action on Awareness Centre (NORSAAC), Savana Signatures, Hope for Future Generations (HFFG), Centre for Alternatives for Victimized Women and Children (CAVWOC), Presbyterian Health Innovative Projects Office (PHIP), Youth Net and Counselling (YONECO), SRHR Alliance Uganda
<b>Description</b>	Many young people lack access to comprehensive SRHR information, education and services, severely limiting their ability to make informed SRHR decisions, protect their health and stand up for their rights. GUSO builds upon the past experiences in UFBR and ASK programmes and works towards improved SRHR for young people in seven countries.
<b>Overall goals</b>	<i>All young people, especially girls and young women, are empowered to realise their SRHR in societies that are positive towards young people's sexuality.</i>
	<p><b>Outcome 1:</b> Strengthened and sustainable alliances comprehensively address the SRHR of young people, including sensitive issues.</p> <p><b>Outcome 2:</b> Empowered young people increasingly voice their rights.</p> <p><b>Outcome 3:</b> Increased utilisation of comprehensive SRHR information and education by all young people.</p> <p><b>Outcome 4:</b> Increased utilisation of quality and youth-friendly SRHR services that respond to the needs and rights of all young people.</p> <p><b>Outcome 5:</b> Improved social, cultural, political and legal environment for gender-sensitive, youth-friendly SRHR.</p>
<b>Period</b>	5 years (2016–2020)
<b>Progress 2020</b>	<p>This was a different year as we phased out our activities and brought the programme to an end. In the spring the rise of Covid-19 globally impacted our work, particularly within schools and communities. However, as many of our partners are services providers and community health organisations they were able to continue operating, but with a shift to Covid-19 response alongside the SRHR services. Despite everything, GUSO closed having fulfilled its goals and commitments. Teams worked with independent evaluators to measure the impact of their efforts and with each other to forge new relationships and plans for the years to come. Results show that in the five years of the programme we reached 4.2 million people with SRHR education and information, 7 million SRH services were provided to young people and over 144 million people were reached by social media campaigns.</p> <p>As in previous years, in Indonesia, Kenya, Malawi and Uganda Simavi had a lead role in strengthening country alliances. We provided direct support to the national country coordinators and supported many of the alliances to become legal entities and build sustainability plans for the future beyond the programme. All of these alliances have ambitions for the future and many have successfully received additional funding for continued programming beyond 2020.</p>

Get Up Speak Out (GUSO)		Ghana		Indonesia		Kenya	
Level	Indicator description	Result 2016-2020	Target 2016-2020	Result 2016-2020	Target 2016-2020	Result 2016-2020	Target 2016-2020
Output	# Young people reached with (comprehensive) SRHR information	73,365	41,827	3,863	570	174,875	170,410
	# Service providers who have been trained in Youth Friendly Services (YFS)	1,081	671	111	50	447	290
	# SRH services provided to young people (except condoms) <sup>1</sup>	111,139	79,060	3,780	5,100	875,128	229,400
	# People reached by campaigns and (social) media	211,395	74,392	2,283,439	728,500	5,100,925	699,100
	# People structurally involved in the implementation of the programme at community level (for example youth groups, CBOs, peer educators) <sup>2</sup>	2,735	1,095	611	167	1,672	1,205
	# Young people reached with (comprehensive) SRHR education	20,718	9,000	918	700	111,669	81,480

Get Up Speak Out (GUSO) – continued		Malawi		Uganda		Overall	
Level	Indicator description	Result 2016-2020	Target 2016-2020	Result 2016-2020	Target 2016-2020	Result 2016-2020	Target 2016-2020
Output	# Young people reached with (comprehensive) SRHR information	255,331	332,500	129,719	48,000	637,153	593,307
	# Service providers who have been trained in Youth Friendly Services (YFS)	160	73	309	402	2,108	1,486
	# SRH services provided to young people (except condoms) <sup>1</sup>	793,163	311,013	517,396	389,330	2,300,606	1,013,903
	# People reached by campaigns and (social) media <sup>2</sup>	5,280,282	1,765,000	3,529,889	604,904	16,405,930	3,871,896
	# People structurally involved in the implementation of the programme at community level (for example youth groups, CBOs, peer educators)	1,702	5,418	2,036	2,554	8,756	10,439
	# Young people reached with (comprehensive) SRHR education	110,828	125,750	0	–	244,133	216,930

1. Service uptake was higher than expected and youth access to services increased in most countries.
2. Targets were set conservatively and were overachieved in all countries through online campaigns with large reach.

Our Lives, Our Health, Our Futures	
Donor	European Union
Consortium partners	Bangladesh Nari Progati Sangha (BNPS)
In-country partners	Progressive, Hill Flower, Taungya, Weave, Ananya, Gram Unnayan Sa, Tahzingong, Zabarang, Khagrapur Mahila Kalyan Samity, Trinamul Unnayan Sangstha
Description	The forgotten conflict in the isolated Chittagong Hill Tracts (CHT) area of Bangladesh gravely affects the lives of the indigenous Jummas (11 ethno-linguistically and religiously diverse indigenous peoples). Traditional patriarchal social structures disadvantage women and girls, and restrict their bodily and sexual autonomy. Together with the prolonged conflict, this increases their vulnerability. Our Lives, Our Health, Our Futures is a holistic programme designed to support and empower indigenous women and girls to live their lives with dignity and without violence.
Overall goals	<p><i>Enable and support young women and adolescent girls from indigenous groups in the CHT of Bangladesh to transition into adult womanhood with dignity and bodily and sexual autonomy, without violence, coercion and/or discrimination.</i></p> <p><b>Specific objectives:</b></p> <ol style="list-style-type: none"> <li>Local CSOs have strengthened their technical, methodological, financial and administrative capacity to effectively respond to the SRHS needs of young women and adolescent girls and foster their rights to live free from violence, coercion and discrimination.</li> <li>Young women and adolescent girls from indigenous groups are empowered to make free and informed decisions about their SRHR, and are supported to do so, free from violence, coercion and discrimination.</li> </ol>
Period	5 years (2019–2023)
Progress 2020	The key activities in the communities started in 2020. Girls' clubs were set up throughout three regions of the CHT, with over 12,000 girls participating. Local CSOs hosted participatory workshops for local leaders, mothers of the girls and related men and boys. These groups engaged them in discussion about sexual health and reproductive rights and gender-based violence in relation to the young girls and women in their lives. Emphasis was maintained on supporting the local organisations with women-centred programming, finance and programme management to ensure success and quality of the programme. Covid-19 led to the communities being in lockdown for six months. Some delays and changes took place to ensure the safety of all participants and the distribution of PPE and other supplies.

Our Lives, Our Health, Our Futures		Bangladesh		
Level	Indicator description	Baseline*	2019-2020	Target 2019-2023
Impact	% of women who were married or in a union before age 15 in the Chittagong Hill Tracts (SDG 5.3.1)	3	–	remain <5%
	% of women who were married or in a union before age 18 in the Chittagong Hill Tracts (SDG 5.3.1)	19	–	14%
	% of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care in the Chittagong Hill Tracts (SDG 5.6.1)	17	–	Increase
	Public awareness regarding SRHR and GBV	3 out of 4	–	4 out of 4
	Influence on the public agenda on SRHR and GBV	2 out of 4	–	3 out of 4
	Existence of a local network of CSOs and partners for the protection assistance and promotion of adolescent girls and young women's rights in the Chittagong Hill Tracts	2 out of 4	–	3 out of 4
Outcome	% of girls that report using MHM friendly toilets	47	–	TBD
	% of girls that report using re-usable sanitary pads	3	–	50%
	Number of reported incidents of GBV	681	681	50% increase
	% of women and girls that report having used SRHR services in the past 6 months	33	33	TBD
Output	# of advocacy and stakeholder meetings organised by local partners	–	3	15
	# of local CSOs trained on impact-oriented and women-centred programming.	–	10	10
	# of local CSOs trained on SRHR, GBV and MH (WASH) thematic areas	–	10	10
	# of local CSOs trained on SRHR, GBV and MH (WASH) thematic areas	–	10	10
	# of female mentors trained	–	300	300
	# of girls' clubs established	–	294	300
	% of young women and girls that are regularly involved in girls clubs	–	74	70
	# of women that participated in sessions	–	10,225	11,963
	# of men and boys that participated in sessions	–	9,181	22,076
	# community, traditional and religious leaders participated in sessions	–	341	445
	# of women and girls whom have received guidance and GBV clinical and psychosocial response	–	234	TBD
	# of meetings to advocate to reduce violence against women at home, address idleness of men at home, increase trust level towards community	–	53	110
	# of banners/posters to advocate to reduce violence against women at home, address idleness of men at home, Increase trust level towards community	–	3,961	4,010
	# of videos/recordings to advocate to reduce violence against women at home, address idleness of men at home, Increase trust level towards community	–	5	94
	# of villages where leaflets/banners/posters were distributed that include contact details of service providers and are shared with community people, especially women	–	199	241
# of leaflets/banners/posters that were distributed and include contact details of service providers and are shared with community people, especially women	–	3,421	5,480	

\* Baseline values from 2019-2020. Progress will be measured in 2021.

Watershed – Empowering Citizens	
<b>Donor</b>	Dutch Ministry of Foreign Affairs
<b>Consortium partners</b>	IRC WASH, Wetlands International, Akvo
<b>In-country partners</b>	Hope for Future Generations (HFFG), Kenya Water and Sanitation Civil Society Network (KEWASNET), Kenya Water for Health Organization (KWAHO), Neighbours' Initiative Alliance (NIA), HEWASA Programme – DSSD Caritas Fort Portal, African Civil Society Network for Water and Sanitation (ANEW), Development Organisation of the Rural Poor (DORP), Wateraid Bangladesh, Gender & WASH Alliance (GWA)
<b>Description</b>	Strategic partnership under the 'Dialogue and Dissent' policy framework of the Dutch Ministry of Foreign Affairs, focused on capacity building of local CSOs in the area of policy influencing.
<b>Overall goals</b>	<p>The long-term objective is <i>improved governance of the WASH sector, responsive to the interests of marginalised groups.</i></p> <p><b>Overall outcomes:</b></p> <ol style="list-style-type: none"> <li>In the countries where we work: competent CSOs and their networks lobby effectively for the realisation of the human right to water and sanitation and the reduction of inequalities in access to WASH/IWRM services.</li> <li>Communities and citizens become capacitated and organised to demand their rights to water and sanitation and participate in WASH planning and budgeting.</li> <li>In the global WASH/IWRM arena: global civil society effectively demands realisation of the human right to water and sanitation and inclusive and sustainable allocation of water resources.</li> </ol>
<b>Period</b>	5 years (2016–2020)
<b>Progress 2020</b>	In this final year of programme, the high capacity, flexibility and resilience of our CSO partners enabled them, despite the Covid-19 challenges, to exceed the planned results. They were able to use their increased capacity to ensure that the Covid-19 response activities reached all target groups.

Watershed – Empowering Citizens		Bangladesh			Ghana			Netherlands		
Level	Indicator description	Result 2016-2019	Result 2020	Final result	Result 2016-2019	Result 2020	Final result	Result 2016-2019	Result 2020	Final result
Impact	DD1 # of laws, policies and norms, implemented for sustainable and inclusive development	5	5	10	6	4	10	0	–	0
	DD2 # of laws, policies and norms/ attitudes, blocked, adopted, improved for sustainable and inclusive development	8	5	13	13	6	19	1	–	1
Outcome	DD3 # of times that CSOs succeed in creating space for CSO demands and positions through agenda setting, influencing the debate and/or creating space to engage	74	83	157	18	12	30	2	–	2
	DD4 # of advocacy initiatives carried out by CSOs, for, by or with their membership/constituency	34	29	63	13	6	19	7	–	7
	DD5 # of CSOs with increased L&A capacities <sup>1</sup>	3	1	4	10	3	13	0	–	0
Output	DD6 # of CSOs included in SPs programmes <sup>2</sup>	30	11	41	121	40	161	0	–	0

- The indicator has been adjusted to only contain the implementing partners under Simavi in the Watershed programme.
- The result has been adjusted for double counting and the final result is the number of CSOs that has worked with the Watershed programme throughout the programme life cycle.

SEHATI	
<b>Donor</b>	Embassy of the Kingdom of the Netherlands, Indonesia
<b>In-country partners</b>	Yayasan Plan International Indonesia (YPII), Yayasan Dian Desa (YDD), Yayasan Rumsram, Yayasan Masyarakat Peduli NTB, CD Bethesda YAKKUM, Yayasan Kopernik, IRC WASH
<b>Description</b>	<p>The objective is that local government authorities (district, sub-district and village level) in seven districts in Eastern Indonesia ensure sustainable sanitation and hygiene through the implementation of the following five pillars of community-based total sanitation (STBM):</p> <ol style="list-style-type: none"> <li>1. stop open defecation,</li> <li>2. hand washing with soap,</li> <li>3. drinking water management and food safe storage,</li> <li>4. domestic solid waste management,</li> <li>5. domestic liquid waste water management.</li> </ol>
<b>Overall goals</b>	The goal of this programme is district-wide access to improved and sustainable sanitation and hygiene facilities and practices, which contributes towards the Indonesian government's target of providing universal access to water and sanitation.
<b>Period</b>	4.5 years (2016–2020)
<b>Progress 2020</b>	<p>During 2020 the capacity of local government stakeholders to lead the implementation of STBM was expanded. This capacity includes developing budget and plans for WASH, conducting effective hygiene promotion, monitoring, evaluation and village verification. Access to sanitation and hygiene facilities in the communities was increased through community triggering, and private sector sanitation service delivery was improved.</p> <p>The social inclusion approach has led to special attention to women living with disabilities, resulting in special toilets related to their needs. Additionally, we integrated menstrual health within STBM to support social entrepreneurship and the empowerment of women and to reduce solid waste. We collaborated with the Perfect Fit initiative from early 2019 in Manggarai Barat and Lombok Utara and from 2020 in Yayasan Kopernik. Kopernik established a production of hub for reusable pads in Labuan Bajo.</p> <p>In September 2019 SEHATI extended implementation to the districts of Lombok Utara (Lombok) and Manggarai Barat (Flores). This extension was granted by the Dutch Embassy in Indonesia following two big earthquakes on the island of Lombok in mid-2018 to guarantee a clear exit strategy in all districts by mid-2020. A study was conducted on safely managed sanitation to inform local government on how to move forward from improved to safely managed sanitation after the SEHATI programme ends and to contribute to the SDGs (2030). Despite the challenges presented by Covid-19 we were able to hand over the programme to the Government of Indonesia in August 2020.</p>

SEHATI		Indonesia			Netherlands		
Level	Indicator description	Baseline 2016	Result 2016-2020	Target Full programme	Baseline 2020	Result 2020	Target Full programme
Output	# of people trained in 5 pillars of STBM at all level (district, sub-district and village level)	–	3,928	–	–	1947	–
	# of sanitation entrepreneurs trained and supported to produce, sell and market sanitation products and services	–	183	–	–	–	–
	# of villages implement 5 pillars of STBM (pilot and replication villages)	–	404	76	102	227	–
	# of women working for 5 pillars of STBM at all level (district, sub-district and village level)	–	2,351	–	31	1,040	–
	total amount of communities' contribution for 5 pillars of STBM	–	0	–	–	–	–
Outcome	total amount of governments' contribution for 5 pillars of STBM (district, sub- district and village level)	325,954	8,994,019	15	–	7,127,726	–
	# of health centres with improved drinking water and sanitary facilities	584	844	–	–	–	–
	# of people living in open defecation free communities	69,041	210,223	–	–	–	–
	# of people using improved sanitation services	228,681	388,908	–	–	–	–
	# of people using improved sanitation services including a hand washing facility with soap and water	92,061	331,879	–	–	–	–
	# of people using safe water	473,121	531,809	–	–	–	–
	# of students/pupils with improved sanitary facilities in schools	94,833	117,121	–	–	–	–
	# of villages declared open defecation free	18	89	131	–	–	–

The Golden Line	
<b>Donor</b>	Dutch Ministry of Foreign Affairs
<b>Consortium partners</b>	Solidaridad, Healthy Entrepreneurs
<b>In-country partners</b>	Women's Promotion Centre (WPC), Hama cha Uzazi na Malezi bora Tanzania (UMATI), Presbyterian Relief Services and Development (PRS&D), Hope for Future Generations (HFFG)
<b>Description</b>	In artisanal small-scale gold mines women work under harsh circumstances. In the mines and surrounding communities they face discrimination at multiple levels. Responsibility to have (and care for) children, limited access to health services and prevailing sociocultural norms further prevent women benefitting from mining and other economic activities.
<b>Overall goals</b>	The overall objective is to <i>economically empower women in artisanal and small-scale gold mining communities in Ghana and Tanzania.</i>  <b>Specific objectives:</b> 1. improved working conditions for women within gold mines; 2. increased abilities to engage in economic activities for women in mining communities.
<b>Period</b>	5 years (2016–2020)
<b>Progress 2019</b>	Despite the Covid-19 pandemic, 1,704 women in mining communities were provided with access to savings and loan facilities, business skills training and SRHR information and services. In addition, Simavi partners engaged more than 1,600 men to raise their awareness on gender equality, SRHR and gender-based violence. The end-term evaluation conducted in 2020 concluded that the Golden Line had succeeded in creating many opportunities for women in and around artisanal and small-scale gold mining communities in Ghana and Tanzania. It also mentioned that the Golden Line operated as an integrated programme in a complex context on many issues in different very pragmatic and intelligent ways.

The Golden Line		Ghana			Tanzania			Overall	
Level	Indicator description	Baseline 2016	Result 2016-2020	Target 2016-2020	Baseline 2016	Result 2016-2020	Target 2016-2020	Result 2016-2020	Target 2016-2020
Outcome	% women engaged in economic activities	82	99	90	68	93	85	96	88
	% women that feel supported by their environment to engage in economic employment	65	92	80	62	84	80	88	80
	% increase in uptake of SRH services and products <sup>1</sup>	–	90	30	–	61	30	75,5	30
	Users' satisfaction rate of SRH services	6,7	8	7,5	5,8	7,4	7	7,7	7
	% of SRHR facilities that increased their compliance to (national) quality standards	–	100	75	–	76	75	88	75
	% of people who find it acceptable for women to decide on use contraceptives	49	72	–	31	34	–	53	–
	% of women with increased financial security	–	81	65	–	68	55	74,5	60
	% of women that experience an increase in joint decision-making in financial household decisions <sup>2</sup>	–	98	60	–	73	50	85,5	55

The Golden Line (Continued)		Ghana			Tanzania			Overall	
Level	Indicator description	Baseline 2016	Result 2016-2020	Target 2016-2020	Baseline 2016	Result 2016-2020	Target 2016-2020	Result 2016-2020	Target 2016-2020
Outcome	# of policies and standards under revision to become more women-friendly	0	1	–	0	1	–	2	–
	# of policies and standards that have been revised or developed that support a more conducive environment for women's economic empowerment	0	0	–	0	0	–	0	–
	# of civil society organisations (CSO) with stronger capacity to advance women's rights and gender equality	0	4	4	0	4	4	8	8
Output	# women that attended EA\$E groups	0	2,970	4,500	0	1,588	1,080	4,558	5,580
	# of women that regularly attended or participated in women's group	0	2,760	3,600	0	1,394	864	4,154	4,464
	# of EA\$E groups that have increased their share value (return on investment) <sup>3</sup>	0	119	180	0	46	48	165	228
	# of loans taken <sup>4</sup>	0	1,747	900	0	8,978	270	10,725	1,170
	# men who participated in EA\$E/EMAP <sup>5</sup>	0	2,022	5,400	0	1,075	2,165	3,097	7,565
	% of men who can list at least 3 measures related to women health needs and rights	0	93	70	0	89	70	91	70
	# of women who successfully completed basic health and business management training	0	3,743	4,500	0	1,424	1,080	2,584	2,790
	# of community members (disaggregated by gender) who attended sensitization meetings on gender equality and women's health needs and rights <sup>6</sup>	0	11,828	2,250	0	13,887	270	25,715	2,520
	# of multi-stakeholder dialogues	0	86	56	0	30	63	116	119
	# of events and dialogues organised to lobby and advocate for women-friendly policies and standards	0	135	–	0	46	–	181	–

1. all health facilities saw a gradual increase, but some health facilities also improved their recordkeeping of uptake of services, which may have boosted the figures.
2. This indicator improved beyond expectation.
3. At midterm, we decided to establish less groups than planned. However, still more than 80% of the groups increased their share value, which was the target (228 out of 285 groups).
4. Instead of taking occasional large loans, women were stimulated to take small loans and repay them quickly. This increased the effectiveness of the savings groups.
5. It proved to be challenging to engage men, with additional efforts their attendance increased over time, but we were not able to engage all.
6. Community sessions attracted bigger audiences than expected.



Making the Most of What We Know (MMWWK)	
<b>Donor</b>	Dutch Ministry of Foreign Affairs
<b>Consortium partners</b>	Save the Children Netherlands (lead), Oxfam Novib, Population Council
<b>In-country partners</b>	Child marriage organisations in nine countries: Bangladesh, Ethiopia, India, Malawi, Mali, Nepal, Niger, Pakistan and Uganda
<b>Description</b>	Although there is a good understanding of the diverse drivers of child marriage, the evidence and experience base on what works in these different situations is not as strong as we would like – and need – it to be. To remedy this, the MMWWK programme provides MTBA with a learning vision on the topic of linkages between adolescent sexuality and child marriage. It will facilitate cross-country thematic and strategic learning, capture evidence and support mutual capacity building and social innovation labs.
<b>Overall goals</b>	<ol style="list-style-type: none"> <li>1. Systematically unlock lessons learned from implementation and research on how social norms about female sexuality impact child marriage and conduct girl-led research to create new insights on young role models.</li> <li>2. Produce an interconnected set of public resources, including learning briefs, pathways of change with assumptions and a fact sheet with recommendations on how to design programmes in such a way that their evaluations can contribute to the evidence base. These products are expected to be beneficial for implementing partners, policymakers and donors.</li> <li>3. Create a demand-led small grants mechanism, the Learning Exchange Facility (LEF), in close consultation with implementing partners and girls themselves. Following a fully demand-led approach through the LEF, local organisations can tap into the support they need to more effectively design and implement interventions, and thus contribute towards achieving the Alliance’s objectives.</li> </ol>
<b>Period</b>	23 months (August 2019 to June 2021)
<b>Progress 2020</b>	During 2020 Simavi launched the Spark Fund, an online small grant mechanism. Three calls were issued for proposals exploring the link between adolescent sexuality and child marriage. The use of a participatory grant making model meant that in-country experts and adolescent girls assessed the grant proposals and decided which ones to fund. In total, they awarded 21 learning exchange grants. This financing enabled at least 33 organisations to create spaces where the viewpoints and perspectives of more than 800 community members could be heard. The effect was to amplify voices that are often unheard and overlooked in the child marriage sector, including those of traditional leaders, religious leaders, parents, adolescent girls and boys, and girls’ networks as well as community officials including mayors, teachers, birth registrars and health workers. The focus on community knowledge, social norms and institutions such as initiation schools and fertility testing, and the decisions and response of community members, including backlash to programmes and positive deviance (e.g. role model parents), has given the child marriage sector much greater insight into how communities see the issue. This flags where we need to know more in order to improve our programming. Among the interesting insights gained are that child marriage is not just a girl issue, but one that affects boys as well, that parents are key stakeholders who need to be focused on more, and that the issue of girls’ choice is a problem that needs to be unpacked more fully – in particular as it relates to love, marriage and elopement in Asia and transactional sex in African contexts. Findings are being documented into a trends and tendencies paper and deeper dives into key issues will be made in 2021.

Kapilvastu	
<b>Donor</b>	Simavi own funds and Hike for Health
<b>In-country partners</b>	Kapilvastu Integrated Development Services (KIDS), Society for Local Integrated Development Nepal (SOLID Nepal)
<b>Description</b>	The Nepal Learning Programme pilots new ways of achieving the Simavi mission as described in our Theory of Change. Its main focus is on implementing inclusive interventions to help disadvantaged women to practice hygienic behaviour during pregnancy and during safe delivery – at home and at the health facilities.
<b>Overall goals</b>	<p>The programme has two main goals:</p> <ul style="list-style-type: none"> <li>• gain more experience in combining WASH and SRHR, focusing on a different aspect of hygiene and health (hygienic behaviour during pregnancy and safe delivery);</li> <li>• pilot the inclusion approach developed within Simavi to reach disadvantaged people and ensure inclusivity in the way we design and implement our projects.</li> </ul>
<b>Period</b>	3 years (2018–2021)
<b>Progress 2020</b>	The Covid-19 restrictions have had a serious effect on progress during 2020. For a large part of the year the local partners were not able to visit the villages and women’s groups. During the full lockdown the social mobilisers had frequent phone communication with the pregnant women who were nearing delivery, providing support to them and their family members to ensure they gave birth at birthing centres. During the second half of 2020 small meetings with a maximum of six people become possible so we still managed to hold 1,036 meetings with 567 pregnant and 1,578 lactating women. We registered 185 new participants for the women groups. Household visits were intensified and 807 households with 6,002 family members were reached. This led, among other things, to the construction by households of 60 new toilets. Information, education and communication materials and methods have been adapted to the Covid-19 situation (radio messaging, wall paintings). It was reported by the local partners that all births in the area were done with the assistance of skilled birth attendance, even during the lockdown period. The assessment of the health facilities was finalised and placenta pits and waste disposal facilities were provided.

Kapilvastu		Nepal		
Level	Indicator description	Baseline 2018	Result 2018-2020	Target Full programme
Outcome	% women practicing healthy and hygienic behaviour during and after pregnancy and delivery <sup>1</sup>	11	–	80
	% women who can make their own informed decision regarding their health and the health of their baby	65	–	80
	% households with functional and improved WASH facilities	31	–	80
	% women with resources available for hygienic pregnancy and safe delivery	24	–	80
Output	# women's groups active	–	40	40
	# women participating in groups	–	2,145	2,280
	# wards with active WASH committee	–	4	4

1. Outcomes will be measured in 2021.

Ritu	
<b>Donor</b>	Embassy of the Kingdom of the Netherlands, Bangladesh
<b>Consortium partners</b>	RedOrange, Netherlands Organisation for Applied Scientific Research (TNO)
<b>In-country partners</b>	Bangladesh Nari Progati Sangha (BNPS) and Development Organisation of the Rural Poor (DORP)
<b>Description</b>	The programme aims to structurally improve the health, well-being around menstruation and social and economic participation of women and girls.
<b>Overall goals</b>	Improved menstrual health of girls from 10 to 15 years old in Bangladesh.
<b>Period</b>	4 years and 4 months (2015–2020)
<b>Progress 2020</b>	In August 2019 the Ritu programme entered a six-month costed extension period focused on sustaining the programme activities. In Netrokona, a total of 109 meetings were organised with various stakeholders, such as School Management Committees, teachers, education officers and community members, on sustaining the menstrual health lessons and maintaining the toilets that have been built. The Menstrual Health Management (MHM) Platform held several meetings and successfully lobbied for the inclusion of menstrual health in the school curriculum and the development of a national MHM strategy. Two trainings on evidence informed advocacy and outcome harvesting were facilitated for members of the MHM Platform. In addition, steps were taken to ensure the handover of the Ritu communication and social media materials to the Government of Bangladesh and NGOs.

Ritu		Bangladesh	
Level	Indicator description	Result 2016-2020	Target 2016-2020
Outcome	# of NGOs and CSOs that participated in training that have increased knowledge on MHM	40	30
	# of schools with better sanitation facilities for girls	89	89
	MHM platform members advocated on their own initiative for MHM model to <# and list of> relevant representatives of government	6	–
	% increase of MHM platform members actively engaging in platform meetings	29	100
	# of MHM platform members that are able to formulate concrete evidence/ harvested outcomes / best practices that can be used to carry forward advocacy related to MHM	15	15
Output	# CSOs and NGOs trained on advocacy regarding MHM	40	30
	# MHM friendly school WASH facilities realized	89	89
	# schools assessed on MHM friendly WASH facilities	176	176
	# people reached via community MHM awareness raising	9,230	14,000
	# school girls and boys participated in interactive MHM sessions	49,056	80,411
	# teachers participated in interactive MHM sessions	595	1,000
	# teachers trained on MHM and facilitation skills	1,000	1,000
	# of refresher meetings/trainings on MHM friendly toilets with schools	178	178
	# of meetings on sustained MH lessons/information provision, # of meetings on sustained MH lessons/information provision	32	32

PROPOPI	
Donor	Fonds Duurzaam Water
Consortium partners	PDAM Kota Bandung, VEI Dutch Water Operators and Delft University of Technology (TU Delft)
Description	The Bandung water company, PDAM, faces challenges in keeping up with and improving water services for the rapidly growing population and many areas are poorly served or not served at all. Poorer groups in the population are often left without adequate water services. Simavi is responsible for Result 3, on community awareness and participation.
Overall goals	The overall goal is to improve water supply in Bandung with a focus on increasing access to safe water for low-income households (masyarakat berpenghasilan rendah – MBR) and providing drinking water to at least 12,000 poor people (MBR) by building 25 public stand posts serving 2,500 people and 1,600 house connections serving 9,600 people.
Period	4 years (2018–2021)
Progress 2020	<p>Simavi conducted several activities in 2020, including translating the baseline analysis report from English to Bahasa Indonesia for perusal by PDAM. This report was based on the survey for selecting the first batch of 582 potential beneficiaries (MBR) and locations. PDAM Tirtawening has not made a final decision on the issue of a connection fee for MBR households already surveyed by Simavi in the Tegallega service area.</p> <p>Due to Covid-19 related travel bans, the scheduled Gender Equality and Social Inclusion training-of-trainers for PDAM and PROPOPI partners could not take place. We did manage to develop supplementary guidelines for customers of the PDAM’s water safety plan, which Simavi has been coordinating with the Ministry of Health to obtain its perspective and inputs.</p> <p>Tirta Gemah Ripah, the West Java provincial bulk water provider, was expected to finally start supplying water to the Tegallega supply area of PDAM Tirtawening Kota Bandung, but no bulk supply was realised by the end of 2020. The delay in the supply of water by the provincial bulk water supply company TGR to PDAM Tirtawening seriously affects the installation of new house connections. The fact that the actual supply has proven to be a moving target has been one of the main reasons for Simavi to decide to become a ‘silent partner’. Our dedicated deliverables cannot be achieved as long as the problem with water availability has not been resolved.</p>

The Perfect Fit Transition to Scale	
Donor	Stichting Merk Biologisch Plus, Stichting Valleï, Schmalhausen
In-country partners	Kopernik
Description	Perfect Fit TTS is being implemented in Labuan Bajo, West Manggarai, Indonesia. In its second period, Perfect Fit aims to scale up implementation to include urban areas in Java and Bali and so reach more women and girls, and to break the taboo and stigma around menstruation by providing an alternative menstrual product to women and girls that is affordable and sustainable. Perfect Fit breaks the silence of menstrual health (MH) and SRHR culture by providing education and knowledge. It enables women and girls to understand their natural menstruation process, empower them in daily activities and eventually achieve equality. Female local tailors manufacture the reusable pads and local agents promote MH knowledge to women and girls.
Overall goals	<p>The programme has three main goals:</p> <ul style="list-style-type: none"> <li>• scale up the production and distribution of reusable menstrual pads in Indonesia;</li> <li>• become an independent business with and improve the business model;</li> <li>• further build social marketing strategies to promote the product and provide information on MH and SRHR, with the ultimate aim of breaking the taboo surrounding menstruation and increase the uptake of SRHR services.</li> </ul>
Period	1 year (2020–2021)
Progress 2020	The first Perfect Fit initiative was successfully closed at the end of September 2019 in one regency in Manggarai, Indonesia. The production and distribution model is sustainable and our end-line study showed changes in knowledge and attitudes as well as preliminary signs of behavioural change. We were invited to submit a proposal to GCC to transition Perfect Fit to scale. Meanwhile, in collaboration with Kopernik and working within our SEHATI programme, we set up another production and distribution unit in a new regency, Labuan Bajo, West Manggarai. In the new production hub we trained ten female local tailors from diverse backgrounds, including muted woman, survivors of domestic violence and some incredible housewives who have produced more than 10,000 pads since 2020. Additionally, there are more than 50 women and men engaged as menstrual health agents to support menstrual health education and the distribution of reusable pads to the community in the regency. Currently, Perfect Fit is turning into a social enterprise led by local women in Indonesia to scale up the education services and menstrual products to other regencies, such as Java and Bali island. Furthermore, UNICEF is keen to collaborate with us in integrating the deployment of the period tracker app (Oky app) to support the education of menstrual health and hygiene for women and girls in Indonesia.

The Perfect Fit Transition to Scale		Indonesia		
Level	Indicator description	Baseline 2018	Result 2018-2020	Target
Outcome	% of women that have a high level of MH knowledge	17%	59%	47%
	% of women that practice health-seeking behavior when experiencing pain or discomfort in relation to MH	8%	19%	21%
	# of (Perfect Fit) pads distributed	0	25,120	33,000
Output	# of people reached with education campaign	–	109,066	33,000
	# of pad distributors trained	–	158	106

Mama-na-Mwana	
<b>Donor</b>	UNICEF Tanzania
<b>In-country partners</b>	Hama cha Uzazi na Malezi bora Tanzania (UMATI)
<b>Description</b>	This project builds on an ongoing initiative of UNICEF in Tanzania: a mobile platform called Mama-na-Mwana for pregnant women and new mothers to provide feedback on the services they received (antenatal care, delivery, postnatal care), in line with the health policy. UNICEF have piloted this platform and now want to improve the system and use the data for social accountability. The project uses a scoring card and community dialogues to improving services and operates in two entire regions (Mbeya and Njombe in South Tanzania), in 13 districts and more than 215 health facilities.
<b>Overall goals</b>	To enhance adoption and use of the Mama-na-Mwana feedback platform.
<b>Period</b>	3 years (2018–2020)
<b>Progress 2020</b>	Due to the Covid-19 restriction introduced in March 2020, a three month contract extension was granted and, due to unforeseen circumstances related to organisational issues at the local partner, a further three month extension to 30 November 2020 was arranged. During the entire project period, a total of 25,710 mothers were enrolled in the Mama-na-Mwana platform and 84.4% of those completed the Mama-na-Mwana survey. A total of 188 community dialogues took place and a total of 20,169 people participated in Mama-na-Mwana community dialogues, including 768 community leaders, 458 healthcare workers and 18,943 community members. Action plans were agreed to address the issues identified from the community dialogues. The platform and its use were presented and discussed with the relevant government departments at national and regional levels and they showed an interest in adopting the system as it focuses on community social accountability. Further follow up will be done by UNICEF Tanzania.

GC_1000 (Check2Gether Ghana)	
<b>Donor</b>	EU (Horizon 2020)
<b>Consortium partners</b>	Netherlands Organisation for Applied Scientific Research (TNO) (Lead), Academic Hospital Leiden (LUMC) Free University Brussel (Belgium), Group Care Global (US), City University Of London (UK), University Of Cape Town (South Africa), Action for Mothers and Children (Kosovo), Perisur (Surinam), Presbyterian Church of Ghana Health Service (PHS/PCG, Ghana)
<b>Description</b>	GC_1000 strategies integrate group care into antenatal and postnatal health systems for the first 1,000 days. Strategies and tools are built from lessons learned in demonstration sites in seven countries. Simavi will integrate Check2Gether (C2G) with group antenatal care by training midwives in Ghana to implement the C2G mobile diagnostic kit. This kit aims to give women in rural remote areas access to quality antenatal care services. It contains a testing kit to ensure early diagnosis of high risk pregnancies.
<b>Overall goals</b>	Co-create and disseminate evidence-based implementation strategies and tools to support successful implementation and scale-up of group care in the first 1,000 days in health systems throughout the world, with particular attention to the needs of vulnerable populations.
<b>Period</b>	4.5 years (2020–2024)
<b>Progress 2020</b>	In close collaboration with TNO and the Presbyterian Church of Ghana Health Service, Simavi made good progress in having the devices available for the Check2Gether backpack. The instruction videos for the Check2Gether devices have been developed and are almost final. In addition, we helped to develop the Data Protection Management Protocol, in line with EU General Data Protection Regulation and national policy in Ghana, to be submitted to the ethical committee at the beginning of 2021. Since the C2G backpack is part of the group care model in Ghana, Simavi formulated questions to be included in the research, from the baseline to the evaluation.

Give Wings to our Girls (Mulanje)	
<b>Donor</b>	Diorapthe, Stichting Zien, Dutch Foundations
<b>In-country partners</b>	Hygiene Village Project (HVP) and Girls Empowerment Network Malawi (GENET)
<b>Description</b>	Mulanje is a pilot WASH-SRHR nexus project. HVP implements the WASH component, consisting of upgrading the water supply and construction of gender-sensitive toilets, including wash-rooms for girls. GENET focuses on the SRHR component, menstrual health and comprehensive sex education. The project is being implemented in six schools from Chambe Zone in TA Nkanda and the surrounding villages.
<b>Overall goals</b>	The project aims to reduce school dropout among girls aged 10–16 years through adoption of menstrual hygiene management practices, utilisation of SRH information and services and improved WASH in school and surrounding communities. The integrated WASH-SRHR programme between the two partners seeks to make girls aged 10–16 years better prepared for their future and to improve the position of women and girls.
<b>Period</b>	3 years (2018–2021)
<b>Progress 2020</b>	Despite the challenges associated with the Covid-19 pandemic, the two partners managed to conduct a number of activities in the project areas. Women’s economic groups were trained in income generating activities, including sewing of sanitary napkins, masks, cloths and bags, which generates income and enables them to become more independent and provide for their families. Awareness of menstruation, sexuality, child marriage and the Covid-19 pandemic was raised through music, dance and theatre in schools and communities. Borehole rehabilitation and water quality testing at four schools provided access to clean and safe water, and six 4-holed VIP latrines and urinals, with three menstruation-friendly girls’ latrines, were built in schools at Chiwambo, Nogwe and Pasani.

Give Wings to our Girls (Mulanje)		Malawi			
Level	Indicator description	Baseline 2019	Result 2019-2020	Result 2020	Target Full programme
Output	# of people reached by campaigns to increase awareness of importance of sexuality education and hygiene	0	43,700	14,200	50,000
	# of people trained on providing SRHR and WASH information	0	360	0	192
	# of school health clubs established and trained	0	93	6	6
	# of schools with MHM friendly WASH facilities	0	18	3	6
	# of women who are trained to produce and sell washable sanitary napkins and provide information about SRHR and hygiene	0	96	30	60
Outcome	# of reported average missed school days per month (for girls who have reached menarche)	–	0	–	–
	% increase of menstrual hygiene and SRHR knowledge of pupils	90%	0	–	100%
	% of girls (from the ones who use) satisfied with washable sanitary napkin (affordability, accessibility, quality, availability, acceptability)	50%	0	–	–
	% of girls that drop out of school	7%	0	–	–
	% of girls that perceive improved attitudes towards MHM from their environment	–	80	–	100%
	% of girls that use school toilets for changing pads during their menstruation	0	0	–	2400
	% of menstruating girls that use washable sanitary napkins (for girls who have reached menarche)	11%	0	–	70%
	Average profit made from production and sale of washable sanitary napkins	–	0	–	–

Access to Sanitation and Hygiene for all (ASHA)	
Donor	Dopper
In-country partners	SEBAC
Description	ASHA operates in Nepal's Sindhupalchowk and Dolakha Districts of Nepal, where the 2015 earthquakes damaged many of the water supply systems and public infrastructure, resulting in widespread hardship and challenging conditions for public health and socioeconomic development. The project increases sustainable access to WASH. About 90% of housing construction has been completed and the development of adequate infrastructure now gives 82% of the population access to water. The target group of this programme are the most left behind Dalit and Janajati communities, with a focus on women and girls.
Overall goals	To improve access to and the quality of drinking water, improve sanitation status and hygiene behaviour, local governance and maintenance of WASH facilities, and empower local women and socially excluded groups.
Period	January 2020–December 2022
Progress 2020	<p>After a period of tight lockdowns and travel restrictions, SEBAC Nepal has resumed its activities related to ASHA, including the baseline study (which was planned for March, but could not be done due to Covid-19). All the water schemes have been finalised in cooperation with the Safaa Paani programme. The ASHA project has increased access to water. A total of 49 drinking water supply schemes have been either built or renovated: 5 new, 31 major renovations and 13 minor renovations.</p> <p>In view of the increase in external natural influences (the programme was initially started after the major earthquake, and currently Nepal is facing major flooding challenges), the programme takes the insurance component of the water schemes into account. Also, the programme is still working on the women-centred approach in WASH, which has led to women feeling more empowered beyond their role in WASH. The ASHA Programme coordinator is part of the Young Expert Programme, where talents working in water outside of the Netherlands are being coached. Two online organisers to replace the on-site training in The Netherlands.</p>

Access to Sanitation and Hygiene for all (ASHA)		Nepal		
Level	Indicator description	Baseline 2020	Result 2019-2020	Target
Outcome	% of people using water from the water schemes	27%	–	50%
	% of HHs with a water point within 20minutes walk from HHs	88,25%	–	95%
	# of government people participated in Mwater training	0	–	20
	# of WUCs trained and adopted plan of action on FIETS	0	–	10
	% of mothers using soap after toilets and before eating food	20%	–	60%
	% people in community used improved latrine at HH level	96,85%	–	98%
	% of HH where both men and women take financial decisions jointly in the family	67,38%	–	75%
	% of respondents' women in the family participate in the WASH meeting	62,91%	–	80%
	% of people gained WASH messages in program area	n/a	–	80%
	% increase in income for women from productive use of water	n/a	–	60%
Output	1.1.1 Construction/ renovation / rehabilitation of DWSS	0	49	56
	1.1.2 No. of water quality test conducted	0	5	2
	1.2.1 Facilitate users committee to establish Operation and Maintenance (O&M) Fund	0	5	3
	1.2.2 Training to Water users committee and VMWS related to construction (pre, during and post) work/GESI/Record keeping of status of DWSS using Mwater App , financial transaction and water safety plan	0	15	3
	1.3.1 Mobilisation of WUSC and VMW for sustainability of DWSS /Sanitation messages in their respective communities	0	0	6
	1.3.2 Orientation/Training to Health Person on WASH	0	0	16
	1.4.1 Mobilisation of ward level women network through Palika level/ Municipality level women network members through mass meeting	0	17	51
	1.4.2 Mobilisation of FCHV to orient mothers groups/ adolescents girls through mass meeting to promote sanitation and behaviour change in pesence of field staff	0	9	51
	1.5.1 Organize the mass awareness campaigns and WASH days celebrations i.e., toilet day, water day, handwashing day and rally, exhibitions, fairs, street drama etc.) in each district through mobilisation of FCHV /ward tole committee and field staff in participation of concerned palikas	0	5	6