

Our programmes in numbers

WASH SDG

the Netherlands Water, Sanitation and Hygiene Sustainable Development Goal Programme

Donor	Dutch Ministry of Foreign Affairs
Consortium partners	SNV, Plan International Netherlands and WASH Alliance International (WAI) partners: Simavi (consortium lead), Amref, Akvo, RAIN (Aidenvironment), WASTE (via Nedworc-STIP), IRC, Wetlands International, PRACTICA Foundation and RUAF (Hivos).
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 an improved WASH situation for all 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. This programme builds upon our experience leading the WAI and its past programmes since 2011.

Overall goals The WASH SDG programme is built on three core strategic objectives:

- increased demand for improved WASH facilities and practices through improved behaviour change interventions;
- 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;
- 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.

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.

Period 6 years (2017–2022)

Progress 2021 In all the countries where the WASH SDG programme is being implemented, the effects of COVID-19 and the corresponding lockdown measures were also during 2021 clearly noticeable. Despite the challenges, Consortium partners noted important progress in their sub-programmes (15) in all three pathways indicated above. During 2021 the mid-term-evaluation was held which shows that the programme is largely on track in achieving its targets. Although the results are encouraging, progress in lower wealth quintiles remain slower than for others, and needs continued (and intensified) efforts to address their specific barriers.

Some 2021 highlights from the WAI sub-programmes in Bangladesh, Nepal and Uganda in which Simavi has a lead role:

- In Uganda, the integrated water resource management interventions have led to a reduction in soil erosion, improved household income levels, and improved household nutrition through the use of water conservation technologies and the establishment of demonstration gardens. The Innovation Fund project has been able to improve functionality of WASH services at four health centres in Agago district through strengthening demand and supply chains for WASH in health care facilities.
- In Bangladesh, an additional two partners are now also using the gender inclusive budget monitoring tool in their respective working areas. It is evident that this helped with an increased budget allocation for poor, women, people with disabilities and elderly people. Furthermore the local government in our working areas increased its initiative to test water quality in light of high water contamination with iron, arsenic and e-coli. As a result, people now know which water points are contaminated, and which are not.
- In Nepal, the interactive evidence-based advocacy campaign through SMS was able to gather citizen voices from over 10,000 people. Also micro-credit products worth \$41,000 were disbursed to 337 people by creating community linkages to financial institutions.

WASH SDG

		Bangladesh		
Level	Outcome indicators	Baseline 2018	Result 2018-2021	Target 2018 - 2021
Outcome	1. Number of people (and % of people) who reach basic and/or safely managed service levels of drinking water of the JMP-ladder (1)	736.317	798.466	149.900
	2. Number of people (and % of people) who reach basic and/or safely managed service levels of sanitation of the JMP-ladder (2)	435.070	579.509	252.100
	3. Number of people (and % of people) who reach basic levels of hand washing practices of the JMP-ladder (3)	82.151	536.709	94.700
	4. Level of effective demand-creation strategies by local agencies within their areas/jurisdiction/programme	15	37	75
	5. % of households that has invested in WASH facilities in their household or contributing user fees to WASH services during the last year	48	52	65
	6. Level of participation of women and girls in decision-making about WASH activities in the communities	40	65	70
	7. Level of participation of socially excluded groups in decision making about WASH activities in the communities	0	38	55
	8. Level of outreach and suitability of WASH products and services for consumers at the bottom of the pyramid	25	43	75
	9. % of WASH businesses in the intervention area that indicate that their sales went up significantly;	0	93	20
	10. % and # of women WASH entrepreneurs	1	26	20
	11. Level of strength of WASH sector policies and regulations	25	37	75

		Bangladesh (4)	
Level	Output indicators	Result 2018-2021	Target 2018 - 2021
Output	1. Number of people trained (e.g. entrepreneurs, community members, staff from institutions and local partners)	6.391	5.599
	2. Number of people present at direct awareness raising activities	192.413	178.248
	3. Number of studies/mappings done	236	199

Nepal			Uganda		
Baseline 2018	Result 2018-2021	Target 2018 - 2021	Baseline 2018	Result 2018-2021	Target 2018 - 2021
83.722	30.761	30.157	69.284	134.007	86.400
39.464	152.945	54.042	96.453	104.436	86.400
128.396	128.343	44.560	24.953	81.234	60.500
25	50	75	25	50	50
61	57	80	67	44	90
25	50	70	25	75	70
55	75	70	10	50	55
25	25	50	25	25	75
0	0	20	0	86	25
0	10	25	11	65	25
25	50	75	25	50	75

(1) The benchmark for indicator 1 was set at basic in Bangladesh and Uganda, and safely managed in Nepal.
 (2) The benchmark for indicator 2 was set at basic in Bangladesh, safely managed in Nepal and limited in Uganda.
 (3) The benchmark for indicator 3 was set at basic in Bangladesh and Nepal, and limited in Uganda.

Nepal (4)		Uganda (5)		Overall	
Result 2018-2021	Target 2018 - 2021	Result 2018-2021	Target 2018 - 2021	Result 2018-2021	Target 2018 - 2021
10.790	8.263	6.222	7.277	23.403	21.139
49.245	27.382	48.981	57.101	290.639	262.731
73	60	51	48	360	307

(4) Overachievements in Bangladesh and Nepal come from previous years.
 (5) Covid-19 restrictions in Uganda caused the number of awareness raising activities, the number of people attending them and the number of people trained to be lower than planned.

WASH First**Scaling up WASH SDG efforts: the first line of defence against COVID-19**

Donor	Dutch Ministry of Foreign Affairs
Consortium partners	WASH Alliance International (WAI) partners Simavi (consortium lead) and Amref, SNV and Plan International Netherlands
In-country partners	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
Description	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.
Overall goals	<p>The overall goal of WASH First programme is 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. The programme will focus on specific objectives for high at-risk and most marginalised populations:</p> <ul style="list-style-type: none"> • Result 1: enhanced understanding of individuals, communities, health workers, schools and WASH service providers about mitigation measures against COVID-19 transmission; • Result 2: 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)); • Result 3: 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.
Period	September 2020 to 30 November 2021
Progress 2021	Despite the challenges resulting from COVID-19 and related measures to reduce its risks, implementation of WASH First programme was successfully and timely completed by November 2021. In total around 9.8 million people (58% more than initially planned) were reached through mass media campaigns aimed at raising awareness on how to reduce transmission of the virus that causes COVID-19. About 2.8 million people (78% more than initially anticipated) were also reached directly through campaigns aimed at awareness raising on how to reduce transmission of the virus that causes COVID-19 and with messages to improve hygiene practices. Further, more than 37,500 (Community) health workers, WASH/health committees, schools, WASH service providers (i.e. water vendors, sanitation workers, sellers of hygiene products, relevant local government officials, etc.) were trained on how to reduce transmission of COVID-19 following WHO guidelines on COVID-19 and WASH, which is 38% more than anticipated.

WASH First

		Kenya		Uganda	
Level	Indicator description	Result 2020 - 2021	Target full programme"	Result 2020 - 2021	Target full programme"
Output	Nr of people that are reached through mass media	1.733.345	1.000.000	265.893	271.015
	Nr of people trained on COVID transmission reduction	4.661	200	15.288	13.143
	Nr of WASH providers supported on safe supply and provision	110	30	743	425
	Total nr of people provided with soap, disinfection equipm.	98.570	20.000	123.300	48.500
	Nr of people that are reached directly with awareness raising activities	373.100	400.000	82.535	92.900
	Nr of soaps, disinfection equipm. provided directly to ppl	16.434	6.700	11.243	3.370
	Total number of at Risk Population who are provided with PPEs	4.741	2.350	11.501	7.140
	Amount of PPE that have been provided directly to people	23.246	6.400	11.411	5.260

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 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.
Specific objectives:

- 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.
- 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.

Period 5 years (2019–2023)

Progress 2021 During 2021 the effects of the COVID-19 pandemic and the corresponding lockdowns and travel restrictions affected the smooth implementation of the programme activities throughout the year. The baseline was finalised in 2021 providing important data with regards to the challenges that the indigenous women and girls face with regards to decision making on their SRHR, access to SRH services and violence risks that they face.

With regards to progress to realise outcome 1, in 2021 we did a revision of the Organisational Capacity Assessments (OCAs) with 10 CSOs in the CHT to review progress against the first assessments realised in 2019. We noticed progress in areas of finance, programme management, gender mainstreaming and administrative practices as well as in the technical expertise on MH and SRHR. Most of the organisations rated L&A and M&E as the areas where they face bigger challenges. Based on the OCAs, each organisation developed and agreed on an action plan for improvement in three priority areas of their choice. In 2021, the 11 partner organisations finalised the lobby and advocacy strategy to be implemented in the remaining two years of the programme. The focus of the L&A strategy will be on advocating towards the government for the implementation of the Tribal Health Plan and the establishment of Adolescent Friendly Health Service (AFHS) in 50% of health facilities in 17 upazillas in the CHT.

In 2021 we also made progress on achieving outcome 2, as girls' sessions on Menstrual Health and how to make re-usable pads were rolled-out in all 300 girls clubs in the CHT. We also advance in the roll-out of community sessions, mothers, fathers and men and boys' sessions on SRHR and GBV to increase support towards the priorities of women and girls. At the end of the year 2021, women and girls participating in the girls' clubs identified their priorities with regards to their SRHR and their safety for the development of key messages and demands towards their families, communities and local leaders through creative projects.

Our Lives, Our Health, Our Futures

		Bangladesh		
Level	Indicator description	Baseline 2019-2020 *	Results 2019-2021	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%	-	57%
	Number of reported incidents of GBV	681	889	50% increase
	% of women and girls that report having used SRHR services in the past 6 months	33%	33%	38%
Output	# of advocacy and stakeholder meetings organised by local partners	-	10	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	-	295	300
	# of girls' clubs established	-	300	300
	% of young women and girls that are regularly involved in girls clubs	-	74%	70%
	# of women that participated in sessions	-	15.243	11.963 (1)
	# of men and boys that participated in sessions	-	13.739	22.076 (1)
	# community, traditional and religious leaders participated in sessions of women and girls whom have received guidance and GBV clinical and psychosocial response	-	666	445 (1)
		-	234	360

* Progress will be measured in the mid-term evaluation in 2022.

(1) More individual women, men and boys reached: due to loss of livelihoods as a result from COVID-19 it has been challenging to reach the same people with multiple trainings as was the intention.

Kapilvastu

Donor	Simavi own funds and Hike for Health
In-country partners	Kapilvastu Integrated Development Services (KIDS), Society for Local Integrated Development Nepal (SOLID Nepal)
Description	The Nepal Learning Programme pilots new ways of combining WASH and SRHR with a focus on inclusion of those left behind. 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.
Overall goals	<p>The programme has two main goals:</p> <ul style="list-style-type: none"> • gain more experience in combining WASH and SRHR, focusing on a different aspect of hygiene and health (hygienic behaviour during pregnancy and safe delivery); • pilot the inclusion approach developed within Simavi to reach disadvantaged people and ensure inclusivity in the way we design and implement our projects.
Period	3.5 years (2018–2022)
Progress 2021	<p>During 2021 the project activities progressed as best as possible within the local COVID-regulations. Most of the time it was not possible to meet with large groups, so the project activities were adjusted and more meetings with smaller groups of women and family members were held and house visits to ensure all households and women are reached proved to be a good strategy during COVID times. The end-line evaluation showed that the women living in the project area increased their knowledge on healthy and hygienic behaviour during pregnancy, delivery and after delivery. They also had more confidence in making their own decisions regarding their pregnancy and delivery, and increasingly felt supported by their families to practice healthy and hygienic behaviour. Home delivery decreased among all cultural groups (from 49% to 28%). Families having functional and improved WASH facilities increased about twofold compared to baseline (from 31.1% to 61%). The average participation of women in decision making processes also increased. However, the cultural groups most behind at the start of the project also made the least progress on all project aspects, making us realise that even more specific continued attention needs to be given to those most left behind. As implementation slowed down due to COVID the budget is not yet depleted at the end of the contract so a 6-month extension was granted during which KIDS and SOLID will focus on specific activities that will ensure sustainability of the results reached.</p>

Kapilvastu

		Nepal		
Level	Indicator description	Baseline 2018	Result 2018-2021	Target Full programme
Outcome	% women practicing healthy and hygienic behaviour during and after pregnancy and delivery	11	70	80
	% women who can make their own informed decision regarding their health and the health of their baby	65	85	80
	% households with functional and improved WASH facilities	31	61	80
	% women with resources available for hygienic pregnancy and safe delivery	24	28	80
Output	# women's groups active	-	43	40
	% women with resources available for hygienic pregnancy and safe delivery	-	4.020	2.280
	# wards with active WASH committee	-	4	4

Targets were to ambitious. Covid regulations have also severely affected project activities and therefore outcomes.

(1) The focus of the project was adjusted to ensure all different groups were included instead of working on resource availability.

WASH & Learn 3.0

Donors	Made Blue and other foundations
In-country partners	Jese and HEWASA in Uganda and E-mac and CEMDO in Tanzania
Description	Between 2016 and 2019, Simavi has implemented the WASH & Learn programme 1.0 and 2.0 in Kenya, Tanzania and Uganda. Building upon the success, the programme has been extended to Uganda and Tanzania for another three years.
Overall goals	<p>The programme has four main goals:</p> <ul style="list-style-type: none"> • Improved WASH in communities by developing smarter and more effective governance strategies. • Solve sanitation challenges in schools • Reduce the drop-out rate of girls and increase confidence and school performance • Enhance socio-economic status of women in the communities
Period	3 years (2020-2023)
Progress 2021	<p>During 2021, we initiated the WASH & Learn 3.0 programme. The focus during inception was collecting data to know more about the roots of the WASH challenges in the areas this programme operates, from there targets were established for the programme. The WASH & Learn programme always had a strong focus on innovation. In previous activities this was mainly done via Netherlands-Africa partnerships – which resulted in a lot of lessons learned and pilots with innovative technology. However, one of the challenges that was identified is the local value chain integration, and also working with the local innovation ecosystem. To address this issue (and learn from previous experiences) – the current programme is working with local stakeholders, and a process is led by WeKconnect to understand the challenges in the areas we work, and match them with innovative approaches that aim to have more impact and better results than the existing ones. Additionally, we have started with local innovative workshops to kickstart this approach. Multiple other activities were carried out to reach the goals, partnerships were created and trainings on risk assessments were done. Despite the COVID-19 pandemic, the project has been recording progress such as improved community actions on issues that were identified. Progress was made in the access to safe water, hand-washing facilities, the construction of standard latrines and the establishment of economic empowerment women groups facilitated with skills in making soap, bangles and reusable pads.</p>

WASH & Learn 3.0

		Tanzania			Uganda		
Level	Indicator description	Baseline 2020	Result 2021	Target full programme	Baseline 2020	Result 2021	Target full programme
Impact	% of women with reduced time for fetching water (more time to do other economic and school activities)	-	-	75	-	-	75
	# of schools implementing O&M plans for latrines	3	-	10	1	-	10
Outcome	# of women holding a leading position in WASH committees	2	-	5	80	-	120
	# of women making use of VSLAs	15	-	300	223	-	340
	% of girls and women stating that they feel safe when accessing water or sanitation services	59	-	80	59	-	80
	% of women and girls able to purchase the desired menstrual products	63	-	80	99	-	100
	% of women that voice their priorities (rights) or participate in decision making in households and/or WASH committees	3	-	6	25	-	37
	% or # of women and girls that feel confident managing their menstruation	63	-	80	99	-	100
	# installed/rehabilitated improved water points community level	-	2	17	-	4	8
Output	# installed/rehabilitated improved water points school level	-	6	8	-	5	10
	# of latrines rehabilitated/constructed in schools	-	39	119	-	6 blocks	12 bocks (1)
	# of latrines rehabilitated/constructed in the community	-	0	0	-	589	1026
	# of latrines with handwashing facilities within 10m of latrines	-	80	43	-	201	462 (2)
	# of menstrual pads distributed (sold) by entrepreneurs	-	218	8000	-	404	1000
	# of soaps distributed (sold) by entrepreneurs	-	98 Lts	3000	-	741	1487 (3)
	#of school management committees trained on good hygiene and sanitation practices, Risk assessment and cost recovery programme	-	4	8	-	4	12
# of women-led WASH businesses formed/strengthened	-	19	21	-	14	38	

(1) Tanzania: more work will be done in the next years. Uganda: Some latrines were rehabilitated by the local government, funds will be reallocated.

(2) The overachievement was realised through awareness raising campaigns. The campaigns and inspections of the district health team also contributed to the results.

(3) Instead of pieces of soap in Tanzania litres were counted as output.

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 2021	In the first year of the ASHA programme, the focus was on generating equitable access to water through new constructions and restoring water supply schemes. This second year, capacity development, coordination and ensuring the sustainability of the water supply schemes beyond the programme period are the main goals. All in all, ASHA has achieved most of the targets set for the first half of the year II, and rescheduled any targets not yet achieved for the second half of the year. These results were achieved despite the challenges that the SEBAC team was faced within this reporting period. During the spring of 2021, the COVID-19 numbers went up again and a new lockdown was imposed by the Nepalese government. Moreover, the project areas were tormented by major floods. These challenges asked for creativity, flexibility and resilience if all stakeholders involved. The SEBAC team worked on adaptive management scenarios and adjusted additional activities to best address the needs of the people in Sindhupalchowk and Dolakha. Also, the coordination between local stakeholders, rural municipalities, field staff and management of SEBAC-Nepal team remained a key element. To express the ambition for long-term cooperation, local governments sent SEBAC a proposal for a structural partnership, aiming to work together on all potential upcoming projects.

Access to Sanitation and Hygiene for all (ASHA)

		Nepal		
Level	Indicator description	Baseline 2020	Result 2019-2021	Target
Outcome	% of people using water from the water schemes	27	-	50
	% of HHs with a water point within 20minutes walk from HHs	88	-	95
	% of mothers using soap after toilets and before eating food	20	-	60
	% people in community used improved latrine at HH level	97	-	98
	% of HH where both men and women take financial decisions jointly in the family	67	-	75
	% of respondents' women in the family participate in the WASH meeting	63	-	80
Output	1.1.1 Construction/ renovation / rehabilitation of DWSS	-	58	56
	1.1.2 No. of water quality test conducted	-	5	2 (1)
	1.2.1 Facilitate users committee to establish Operation and Maintenance (O&M) Fund	-	4	4
	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	-	15	3 (1)
	1.3.1 Mobilisation of WUSC and VMW for sustainability of DWSS / Sanitation messages in their respective communities	-	14	6 (1)
	1.3.2 Orientation/Training to Health Person on WASH	-	31	16 (1)
	1.4.1 Mobilisation of ward level women network through Palika level/Municipality level women network members through mass meeting	-	34	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	-	33	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	-	13	18

(1) Overachievements come from additional funding received from donor in response to flooding, the fundings was used to build more water schemes and increase the reach outside of the programme area

Gender & WASH: Exploring Violence against Women & Girls (VAWG) in relation to the use of WASH resources

Donor	Simavi
In-country partners	Nepal, Uganda and Bangladesh WASH Alliances
Description	<p>This research aims to explore the connection between availability and accessibility of WASH and Violence Against Women and Girls /Gender Based Violence in Bangladesh, Nepal and Uganda. Research questions:</p> <ol style="list-style-type: none"> 1. How are the decisions about access to and control over WASH resources made, in the community and at the household level? 2. Do women and girls experience violence/problems in the use of and access to WASH? 3. If yes, what kind of violence and how is it related to harmful social and cultural norms? 4. What are the consequences for women/girls of the violence they experience in relation to the availability and accessibility of WASH?
Overall goals	This research is intended to build research and evidence to help understand the pressing issues of gender-based violence in relation to WASH and WASH services. The outcomes of this research will then better inform our organization and programmes on how to help tackle this complicated and sensitive issue while also sharing findings within the sector.
Period	2 years (end 2020- mid 2022)
Progress 2021	<p>We have gathered a team of gender-sensitive researchers to partner with on this research and completed both literature reviews and fieldwork for all countries. By conducting various trainings, focus groups, interviews, and field visits we have gathered a large amount of data that we have been analysing. Reports are drafted with the intent to disseminate, share, and learn from in 2022.</p> <p>*As this is a research project, there is no progress data available.</p>

Making the Most of What We Know (MMWWK)

Donor	Dutch Ministry of Foreign Affairs
Consortium partners	Save the Children Netherlands (lead), Oxfam Novib, Population Council
In-country partners	Child marriage organisations in nine countries: Bangladesh, Ethiopia, India, Malawi, Mali, Nepal, Niger, Pakistan, and Uganda
Description	<p>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.</p>
Overall goals	<ol style="list-style-type: none"> 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. 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. 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 design and implement interventions, and thus contribute towards achieving the Alliance's objectives more effectively.
Period	23 months (August 2019 to September 2021)
Progress 2021	<p>2021 was the final year of MMWWK and the programme ended in September. Simavi successfully closed a participatory grant-making mechanism called 'the Learning Spark Fund' in all nine participating countries. Through the facilitation of community learning exchanges, this Fund has connected community members and practitioners in the field of child marriage around core questions related to community knowledge and child marriage practices. In total, 19 learning exchange grants were finalized; 11 'Community Skyrocket' grants aimed at facilitating learning between organizations and communities, seven 'Spark' grants facilitating local and national learning and one 'Fireworks' grant aimed at cross-regional and cross-country exchange.</p> <p>The team was able to engage with 40 national and subnational child marriage organizations and 1,382 community informants including key influencers such as traditional leaders, religious leaders, parents, adolescent boys and girls, teachers, health workers and other government and political functionaries. Furthermore, Simavi developed several learning products on the topic of girls' agency in child marriage decision-making, as the level of autonomy that girls have regarding their sexuality and decision to marry is topical in the child marriage sector. To help frame the issue of girls' choice and voice in child marriage decision-making and stimulate future discussions, six 'critical conversations' were convened and hosted by Simavi, bringing together 32 thought and practice leaders from the child marriage sector and beyond across four continents. These conversations created a space for global colleagues to listen, interact and learn from each other, hereby framing key discussion points that can take this global conversation to the next level.</p> <p>*As this programme was focused on learning, we don't have any progress data.</p>

The Perfect Fit

Donor Stichting Merk Biologisch Plus, Stichting Valleij, Schmallhausen, De Johanna Donk-Grote Foundation, Anna Muntz St, Stichting Familiefonds Jan Waal Gz, St. Majoh, St. Boaz, St. Vierhout, St. Dando Felix, St. Vooruit- en inwendige zending, Flexiplan, St. Main, Rooms Katholiek Weeshuis Bergen op Zoom, Steunfonds Fajans

In-country partners Kopernik, PT Putri Fajar Inspirasi (Perfect Fit Indonesia)

Description The second phase of Perfect Fit – Transition To Scale (TTS) - is being implemented in Labuan Bajo, West Manggarai, Indonesia and 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 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. In 2019, Perfect Fit started a new production hub in Labuan Bajo by engaging with 10 female local tailors to manufacture the reusable pads and local agents to promote menstrual health knowledge to women and girls. In Mid-2021 we extended to the next (third) phase: Market Expansion and Impact Strengthening (MEIS) to ensure that women and girls in other location, including urban areas are reached out and have access to menstrual products and education.

Overall goals The programme has three main goals:

- To empower women and girls in Indonesia to have better period experience by enhancing their knowledge on MHM and SRHR;
- To create an enabling environment for MH by engaging with various stakeholders;
- To scale up the production and distribution of reusable menstrual pads in Indonesia; consist of affordable reusable sanitary pads for urban and rural areas as well as menstrual underwear;
- become an independent business with and improve the business model;
- 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.

Period 5 years (2019–2023)

Progress 2021 Initiated in 2019, the Perfect Fit has continued to steadily grow as a social enterprise and independent entity and therefore, it turned to be start up in leading the MHM education and menstrual product provision in Indonesia. Legally, the initiative turned into a private company. This transition helped Perfect Fit to focus on improving sales and education campaign beyond project based. As a result, sales were slightly increased and collaboration with other organizations were conducted, such as with UNICEF to lead the implementation of Oky App – a period track application provided in Bahasa Indonesia for girls. As a new start up, Perfect Fit also successfully gained an award from SEED Award (funded by UNDP) and SheDistruct Award (funded by UNWomen Indonesia) and it helped Perfect Fit to be acknowledge by potential investors. Additionally, some coaching sessions were provided by the grants to increase the capacity of PF team in improving market strategy and impact achievement. In 2021, to reach more women and girls in urban areas, PF designed two new products namely menstrual underwear and reusable pads that are intended to be sold in urban areas. These pads differed from the ones manufactured by tailors in Labuan Bajo, Manggarai Barat. The products are made in collaboration with a factory in Java to ensure a good quality so that urban women can be interested in. The intention behind this production was that the profit generated from urban sales will be used for supporting the operation of in rural areas and providing donation to women in need. We call it buy one help one; in which every 1 purchase of urban menstrual product will support one pad to be donated to a woman in need in rural areas. Currently, the start-up focuses on increasing selling the products through online and offline marketplaces in Indonesia as well as making an impact by collaborating with women led local organizations to raise awareness about the importance of menstrual health and hygiene. Furthermore, to attract potential investors and to sharpen the branding, Perfect Fit is in collaboration with several local media so that our campaign can be heard more people inl for a structural partnership, aiming to work together on all potential upcoming projects.

The Perfect Fit

		Indonesia			
Level	Indicator description	Baseline 2018	Result 2018-2021	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%	*
Output	# of (Perfect Fit) pads distributed	-	33.589	33.000	
	# of people reached with education campaign	-	110.630	133.000	
	# of pad distributors trained	-	193	141	(1)

*The baseline was conducted in the area of the previous phase of the Perfect Fit programme, it was decided to use the end-line data as baseline for the new phase.

(1) The overachievement comes from the results of the previous phase. In 2021 the number of pads distributed was actually lower due to COVID-19 restrictions.

GC_1000 (Check2Gether Ghana)

Donor EU (Horizon 2020)

Consortium partners 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)

Description 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.

Overall goals 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.

Period 4.5 years (2020–2024)

Progress 2021 Extensive baseline data was collected in all seven countries, and adaptations to the models for each country were discussed. In Ghana, steering committees at national, regional and district levels became operational, to gain support for the project interventions and receive advice on how to increase its relevance, tailor strategies and increase support from policy makers. In close collaboration with TNO and the Presbyterian Church of Ghana Health Service as well as with experts from the Ministry of Health, trainings for health staff and supervisors took place in September-October 2021 to introduce our innovations. Simavi visited the five clinics, during the kick-off of using the Check2Gether, also in order to identify potential problems. So far, the C2G interventions seems to work well; 120 consultations of 120 pregnant women with the new device have been reported.

*As we are fulfilling a technical advisory role, there is no progress data to report on.

PROPOPI

Donor Fonds Duurzaam Water

Consortium partners PERUMDA Kota Bandung, VEI Dutch Water Operators and Delft University of Technology (TU Delft)

Description The Bandung water company, PERUMDA, 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 6 years (2015–2021)

Progress 2021 The initial project period ran from January 1, 2015, to December 31, 2019, but was extended in 2018 until December 31, 2021, with a final reporting date of March 1, 2022. In 2020 we had agreed to become a silent partner and contracts with Simavi staff (in Amsterdam and Bandung) were subsequently not renewed. The mid-term review was concluded by June 2021 (to which our staff in 2020 had already given input). The independent external evaluator concluded that the partnership in principle showed great potential, but that the delays in implementation and the reality that many sub-results were no longer achievable, means that the benefit of the partnership has perished. The water supply problems in Tegallega could not be resolved, therefore no new connections for public and low-income (MBR) households could not be achieved. Simavi was asked to finalise the guidelines for consumer-level Water Safety Plan (RPAM), which was concluded by December 2021.

Give Wings to our Mulange Girls

Donor	Diorapthe, Stichting Zien, Dutch Foundations
In-country partners	Hygiene Village Project (HVP) and Girls Empowerment Network Malawi (GENET)
Description	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 washrooms 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.
Overall goals	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
Period	3 years (2018–2021)
Progress 2021	<p>Partners observed all the guidelines as directed by the government and health expertise and have been recording interesting progress during the implementation of Give Girls Wings in 2021, such as pushing Menstruation Health and Hygiene, Sexual Reproductive Health and Rights, and Sanitation and Hygiene into a National Agenda. We continued working with women members and mother groups from the identified schools' communities and facilitate them with greater awareness and knowledge towards women empowerment -on issues of Entrepreneurship, Village Savings & Loans and Group Dynamics.</p> <p>Through women's regular collaborations and working together, women and mother groups, are exceling with their products in number, types, and quality; 4,500 re-usable sanitary pads benefitting 800 girls and 1,200 carrier bags, they also made 3,900 cloth face masks. These are locally sold and have significantly contributed to improved household income, especially during this COVID-19 pandemic as most people have lost a source of income.</p> <p>Through working in school clubs and the availability of the reliable sanitation infrastructure and facilities coupled with services (toilets and water supply), the project has increased girls' retention and attendance in school. This is evidenced by the fact that at baseline 40% of the learners would be absent from school during menstruation which is no longer the case with zero absenteeism due to menstruation.</p> <p>The project managed to engage communities on different issues such as SRHR, SGBV (Sexual and Gender Based Violence) and justice services, this triggered various women movements, individuals, and groups to hold accountable state actors to enforce the laws against sexual violence perpetrators.</p>

Give Wings to our Mulange Girls

		Malawi		
Level	Indicator description	Baseline 2019	Result Sept 2018-Aug 2021	Target full programme
Level	% increase of menstrual hygiene and SRHR knowledge of pupils	90%	100%	100%
	% of girls (from the ones who use) satisfied with washable sanitary napkin (affordability, accessibility, quality, availability, acceptability)	50%	72.2%	-
	% of girls that drop out of school	7%	0%	-
	% of girls that perceive improved attitudes towards MHM from their environment	0%	100%	100%
	% of girls that use school toilets for changing pads during their menstruation	0%	83%	2,400 (1)
	% of menstruating girls that use washable sanitary napkins (for girls who have reached menarche)	11%	86%	70%
	Average profit made from production and sale of washable sanitary napkins	-	MK 1,464,000	-
Output	# of people reached by campaigns to increase awareness of importance of sexuality education and hygiene	-	61,500	50,000 (2)
	# of people trained on providing SRHR and WASH information	-	240	192 (3)
	# of school health clubs established and trained	-	6	6
	# of schools with MHM friendly WASH facilities	-	6	6
	# of women who are trained to produce and sell washable sanitary napkins and provide information about SRHR and hygiene	-	60	60

(1) Initial target was in # of girls, endline measured percentage of girls.

(2) During lockdown partners conducted awareness campaign in clusters to avoid mass gathering and following government advice, therefore the target was exceeded.

(3) Additional top-up training provided that reached new individuals.