LEAVE NO ONE BEHIND

Voices of Women, Adolescent Girls, Elderly, Persons with Disabilities and Sanitation Workforce

MALDIVES COUNTRY REPORT
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This report is one in a series of 8 reports produced as a result of a regional consultation process in preparation for SACOSAN VI held in January 2016 in Dhaka.
MORE INFORMATION:

Leave No One Behind, report and resources:


The eight country reports:

- [http://wsscc.org/resources-feed/leave-no-one-behind-reports](http://wsscc.org/resources-feed/leave-no-one-behind-reports)

Video:

- [https://www.youtube.com/watch?v=RCGm3t6DX-c](https://www.youtube.com/watch?v=RCGm3t6DX-c)

Credits:

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**Leave No One Behind** is a call to listen and learn by putting people in the centre, asking them what they need and valuing the one in everyone. It is based on the belief that human beings come in different shapes and sizes and a single solution cannot meet their diverse needs. WASH services are mostly designed to meet the needs of the mainstream, dominant community. But what happens to those that are traditionally left behind ... the last mile ... adolescents, pregnant women, the elderly, people with disabilities, migrant workers, rag pickers, transgender people? How do they take care of their daily sanitation and hygiene needs? What are their challenges and aspirations? Do they have insights and suggestions to improve sanitation services?

The Kathmandu Declaration from SACOSAN V recognized the importance of “addressing diversity in service provision for infants, children, youth, adolescent girls, women, people with disabilities, chronically ill and elderly in rural area and people affected by poverty...” and committed to significant direct participation of these groups in SACOSAN VI, Dhaka and systematically thereafter. (Commitment X)

As part of the preparation for SACOSAN VI in Dhaka, the Freshwater Action Network South Asia (FANSA) and Water Supply and Sanitation Collaborative Council (WSSCC) organized a consultative process with marginalized groups in South Asia to listen to their sanitation and hygiene needs, challenges, hopes and aspirations. Over 2700 adolescents, women, elderly people, persons with disabilities, sanitation workers, rag pickers and transgender people participated in 55 consultations organized with the support of 70 local partners across Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka.

Across these eight countries, this was the first time many of these groups were being consulted on their sanitation and hygiene needs, aspirations and challenges. In spite of regional variations, the challenges they faced were remarkably similar. Their key issues and demands can be found in the Leave No One Behind regional report, the individual country reports and a film that was screened at the plenary session at SACOSAN VI, Dhaka.

In January 2016, twelve community representatives participated in the plenary session¹ at SACOSAN VI, Dhaka where they eloquently presented the sanitation and hygiene challenges of their constituencies to the Ministers and key decision makers of national governments, international development agencies and other stakeholders. The Dhaka declaration² is a testimony to the influence this session had on policy makers.

The Leave No One Behind consultation process is an important, first step towards addressing equity and inclusion in sanitation and hygiene. However, we need to continue and deepen this process by systematically creating more platforms for constructive dialogue, so that duty bearers can listen to the needs and aspirations of marginalised groups and include them in the design, delivery and management of sanitation services. For, unless we put the last mile first and listen, they will continue to be left behind.

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¹ Plenary session on ‘Grass-root Voices: Women, Adolescents, Elderly, Persons with Disabilities and Sanitation Workforce’
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Relatively low investment in the sanitation sector or even efforts to ensure coverage of sanitation services to communities often run the risk of leaving several groups behind, who are unable to access their Right to Sanitation. Commitment made at SACOSAN V in 2013 to ensure direct participation of the vulnerable groups at SACOSAN VI, Dhaka in January 2016, addressed the issues of non-inclusion of vulnerable groups in sanitation and hygiene development programmes in the region. This Country Report summarizes the main challenges as well as key asks of people with disabilities, adolescent school children, construction workers, fishermen, elderly and sanitation workers in Maldives with regard to access to hygiene and sanitation services. These groups raised their concerns in the consultation held by WaterCare in the Maldives National University at the initiative of Freshwater Action Network of South Asia (FANSA) and Water Supply and Sanitation Collaborative Council (WSSCC) to support South Asian countries to implement their commitments made at SACOSAN V in Kathmandu.

While acknowledging the success achieved in delivering sanitation services in the face of development challenges of the scattered islands that form the Maldives, we have also taken into account important issues highlighted for the first time during the community consultations, such as poor access to sanitation facilities by the elderly and the disabled and inadequate menstrual hygiene (MHM) facilities for adolescent girls and women. Further, concerns of risks of poor plumbing in cities that are rapidly urbanizing, health and safety of sanitation workers and the need for regulations ensuring occupational health and safety raised questions about strengthening of institutions, effective stakeholder consultation, CSO empowerment, capacity building and good governance of the water sector.

We appreciate the initiative taken by FANSA and WSSCC to have voices of the vulnerable from the Maldives heard at SACOSAN VI. We believe that the asks and recommendation of these groups will be included in the national sanitation policy; as a water and sanitation CSO we are committed to result-oriented stakeholder engagement to support policy and planning to achieve sanitation for all. Only then can everyone realize their Rights to Water and Sanitation - as envisioned in the Constitution of Maldives.
EXECUTIVE SUMMARY

Background

In the South Asian Conference on Sanitation (SACOSAN V) in 2013 at Kathmandu, delegates recognized the fact that many marginalised groups like women, adolescents, people with disabilities, the elderly and sanitation workers are excluded from the development process on sanitation, even though they face specific challenges with regard to access to water and sanitation. A commitment was therefore made to include the voices of these groups through direct participation at SACOSAN VI. To support the South Asian Governments to implement Commitment X of the Kathmandu Declaration, Fresh Water Action Network South Asia (FANSA) and the Water Supply and Sanitation Collaborative Council (WSSCC) organised a consultative process in all eight member countries. The purpose of the consultations was to listen to the voices of marginalised groups and learn about their current WASH practices, challenges and aspirations.

Key Findings

The Country report for Maldives is based on the insights gained during a consultation with persons with disabilities, the elderly, women and adolescent girls and other vulnerable groups such as construction workers and fishermen about their WASH-related practices and challenges. The participants cited the lack of adequate and hygienic toilet facilities with adequate water in several public places and institutions as the main challenge. Public toilets, where available, often lack soap for washing hands after defecation, as well as Menstrual Hygiene Management (MHM) facilities and may not be accessible to the disabled.

Lack of regulated, standardised & approved household plumbing results in exposure to potential environmental health hazards. Inappropriate wastewater disposal systems in several islands, inadequate storm water management and untreated waste water falling into ocean, were some of the challenges noted by participants. The government is continuing programs for extending improved water and sanitation facilities to cover even the smaller non-served islands.

3 http://www.sacosanv.gov.np/file_down/AYisr2Kathmandu%20declaration%202024%20ct%20FINAL.pdf
The major asks of the people consulted were to ensure availability of clean and hygienic facilities in public and educational institutions with MHM and hand washing facilities. The needs of people with disabilities should be taken into account while designing these facilities. The participants also highlighted the need to sensitize service providers on the sanitation needs of different groups. The government should develop and enforce appropriate guidelines to improve the WASH services for these marginalised groups.

Key Recommendations

◊ Establish regulations, guidelines and policies to ensure adequate and accessible toilets with safe water supply and facilities for cleansing and menstrual hygiene management.

◊ Develop and implement guidelines and technical specifications for disabled friendly WASH facilities.

◊ Develop, implement and monitor operation and maintenance plans for public toilets and ensure that an adequate budget is allocated for the purpose.

◊ Implement and monitor MHM guidelines in schools and public facilities ensuring provision of supplies and safe disposal facilities for managing menstrual hygiene.

◊ Formation and capacity building of a WASH network that facilitates dialogue between community groups and service providers to improve WASH services.
Ever since the new Constitution came into force in 2008, the Government of Maldives is committed to improving access to safe drinking water and sanitation to all. It is giving due consideration to the provision of appropriate water supply and sewerage services with the main task to protect the island aquifers from fecal contamination.

Current Sanitation Coverage of Maldives (2015)

<table>
<thead>
<tr>
<th>Status</th>
<th>Urban</th>
<th>Rural</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>Improved facilities</td>
<td>97%</td>
<td>98%</td>
<td>98%</td>
</tr>
<tr>
<td>Shared facilities</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Other improved facilities</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Open defecation</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
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(Source: JMP WHO-UNICEF)

Understanding the need for action to improve sanitation services in the atolls to protect the island aquifers from fecal contamination, the government is setting up improved sewerage systems using a wide range of technologies. Presently, 49% of the population has access to improved sanitation and 37% to safe water.

Challenges:

- The Maldives geography – the country has over a thousand small and scattered islands making it difficult to provide, manage and monitor sanitation services effectively
- Increasing ground water fecal contamination due to lack of proper fecal sludge management. 46% population uses septic tanks and infiltration wells, discharging the effluent directly in groundwater.
- High cost of sanitation technology for ensuring sustainable solutions for preventing fecal contamination of ground water limits their application
- Limited technical expertise in implementing sanitation programs
- Poor engagement of private sector in sanitation due to lack of capacity (financial, technical and human)
- Appropriate sanitation facilities in public places
- Frequent floods and other natural disasters

The Maldives is the only country in South Asia that eliminated open defecation and claims to be close to achieving the goal of 100% coverage with improved sanitation. However, even then some groups of population, such as women, adolescent girls, elderly, persons with disabilities, sanitation workers and people living on remote islands face specific challenges with regard to access to water and sanitation. Fresh Water Action Network South Asia (FANSA) and Water Supply and Sanitation Collaborative Council (WSSCC) organised consultation meetings with the above mentioned groups in the eight member countries with the dual purpose of supporting the South Asian Governments to implement Commitment X of the Kathmandu Declaration, and ensuring direct voices of adolescents, women, disabled/ill people, elderly men and women and sanitation workers are heard as a first step towards their inclusion in the design, delivery, management of sanitation and hygiene services.

In the Maldives, a consultation meeting was held with women, adolescent girls, the elderly and people with disabilities, along with construction workers and fishermen from various islands on 17th November, 2015 at the Maldives National University. The major objectives of the meeting was to explore and understand the availability and accessibility of WASH facilities, at home, schools, workplace and public places, as well as the practices around sanitation and hygiene. The meeting also aimed at learning about the initiatives taken up by the government and other organisations for improving the access of vulnerable groups to WASH facilities in Maldives. The meeting was organised by WaterCare, an NGO working on safe water and sanitation in the Maldives, with support from the Ministry of Environment and Energy (MEE). Representatives of MEE and the Ministry of Health and Education also participated in the meeting.

KEY ISSUES

WOMEN AND ADOLESCENT GIRLS

The women from Male shared that modern sanitation facilities are available at home with adequate water supply to maintain hygiene and sanitation. Every household has a rainwater harvesting system and there is desalinated water supply through a pipe network in Male and administrative capitals of island atoll groups. This is supplemented by groundwater from household shallow dug wells and rainwater from individual home roofs. On other islands, people rely only on rain and groundwater harvested privately within the households. Some islands have access to tap bays that distribute rainwater harvested and stored at public rainwater harvesting sites. Desalinated water plants have been set up on some of the islands to supply drinking water during the dry season.

Participants reported that everyone uses household toilets. Open defecation is practically nil, but handwashing with soap, though practiced by many, is not yet a universal habit. Most women and girls use sanitary napkins to manage their menstruation but the used material is disposed off in general waste without any segregation.

According to the participants, the difficulty arises while they are travelling or visiting a public institution. Public toilets are small, ill-maintained, have slippery floors and are unsafe to use. Often the flush system does not work properly in public toilets and there is a bad odour. Toilets lack toilet paper or tissue for cleansing and sometimes even soap and sanitary napkins are not available. In other public places such as hospitals, participants highlighted the lack of privacy due to the close proximity of the men’s toilet. Unregulated plumbing in traditional as well as newly built multistory building complexes poses serious water and sanitation safety challenges to the residents. Poor and unregulated plumbing leads to leaky pipes as well as cross contamination and back flow leading to health risks. One of the participants shared that the situation is even more demanding with rapid urbanisation in Hulhumale (a reclaimed island near Male) where many houses have a peculiar odour due to sewage back flow resulting from failure of pumping systems due to factors such as power failures or heavy storms.

“When we have our periods, we face a lot of challenges, especially if we need to go to the toilet when we are outside home. There aren’t that many public toilets and the public toilets aren’t hygienic so we have to go back home and use the toilet or hold it in.” – A participant.

1 Consultation Meeting held at Maldives National University on 17/11/2015
The adolescent girls highlighted the fact that WASH facilities in schools are poorly maintained and at times not functional. Leaky fixtures, wet floors and faulty flush systems make it difficult for girls to use the toilets, particularly during menstruation. The situation is compounded by lack of regular supplies of soap, toilet paper and sanitary napkins, and absence of bins for disposal of used sanitary material. Many girls do not drink water during school hours to avoid using the school toilets and wait to return home before changing their sanitary napkins or using toilets.

The toilets in several schools are also not accessible by students with physical disabilities.

Regular supply of safe drinking water is a challenge in the Maldives. Rainwater harvested on rooftops often gets contaminated by bird droppings or rodents leading to health risks. Poor plumbing in households and lack of storm water management leads to flooding and unsanitary conditions, especially in the rainy season. While direct pumping of storm water into the sea helps to prevent street flooding during the rains, it is also viewed as a waste of a valuable resource, especially given the prohibitive costs of the desalination process.

Several islands still discharge domestic sewage into the ground via subsurface disposal of septic tank effluent. These septic tanks are built by households using low quality concrete which often leak and further contribute to the contamination of groundwater from the septic tank effluent. Participants from these islands shared that generally they use septic tanks that are emptied manually and fecal waste buried in the ground which causes ground water contamination.

The septic tanks are now being replaced with sewerage systems which transfer sewage to the ocean via a pipe. This sewage may be treated depending on financial, operational and environmental criteria. Often wastewater is not treated and although there are guidelines to have a treatment system on every island, they are not enforced due to high costs.
Participants shared that they have access to modern bathrooms at home with easy wheelchair access and raised toilet seats. A few of them, however, cited the lack of railings and narrow doorways as barriers to access. The inadequate maintenance of hygiene in public toilets, such as in hospitals and airports, continues to be a challenge. Taps and other fixtures are also generally installed at a height that is out of reach. The lack of separate toilet facilities for persons with disabilities in buildings, apartments, sea transportation systems and on domestic flights also heightens their vulnerability and leads to limited mobility. Women with disabilities also did not want to share the toilet with men as they felt that it encroached on their privacy.

Students with disabilities often require assistance from their parents and struggle at school, especially when it comes to taking care of personal and menstrual hygiene. The schools also do not have disabled-friendly, or separate toilets for girls. There is also a lack of awareness among school authorities and parents of the specific needs of students with disabilities. The lack of toilet paper/tissue and soap in the toilets along with inappropriate design of toilets were raised as key challenges. Because of these reasons, the participants shared that they avoid using toilets when they go to school or visit other people, and prefer to wait until they return home and can use their own toilets.

“I find it difficult to live my life fully and without restrictions, because of the barriers and lack of accessibility to WASH facilities for wheelchair users. For example, when I need to travel by ferry, the lack of toilets makes me think twice about making the journey. The ferry terminal has a toilet but it is not accessible by wheel chair. Where public toilets exist, they have narrow doorways and often no ramps or railings to hold on to. The washbasin is also often too high or the taps are too far to access in a wheel chair. Even in the apartments, the toilets are not disabled-friendly. I feel that society needs to be sensitized to the challenges people with disabilities face so they can design facilities that cater to everyone’s needs, including our needs.” Aisath Nazhath

Imadhuheen School is an exception because it caters to students with special needs as well. The parent community advocated for these changes with the school management and as a result of their efforts, the school now has disabled – friendly toilets with wider entrances for wheelchair users, signage in braille, hand railings for support and fixtures at an appropriate height.

**KEY ISSUES**

**ELDERLY AND DISABLED**
Considering inadequate health and safety regulations at the workplace, some utilities have started to voluntarily provide sanitation workers with safety equipment, such as masks, rubber gloves and gumboots, as part of their company policy. They also have access to potable water and soap for cleaning at work sites and access to public toilets during work hours. However, it was also reported that many of these workers are migrants from other countries and live and work in crowded, unsafe and unhygienic conditions, often sharing one toilet between 20-30 residents.

There is no proper system for managing solid waste. Currently, the garbage in Male is collected and transferred to the landfill at Thilafushi, a newly reclaimed stretch of land across the sea, a few minutes away from Male. Since land is scarce, there is little space for dumping garbage. In Villigali, the nearest island from Male, the beach is used as a garbage dump.

The sanitation workers have to lift heavy loads and work in terribly unhygienic environments, with high risk of back injuries and skin infections. Due to the lack of waste segregation at source and improper disposal of potentially harmful waste, the sanitation workers are further prone to infections and injuries while handling this waste. Medical waste is also disposed together with general waste as biohazard waste management is not strictly enforced.

There have been a few instances of people dying while working in sewers, due to the toxic gases and the lack of proper aeration. To avoid such accidents, a safety rope is used while going down into the sump well. Also the cover of the well and the nearest manhole is kept open for at least two hours to allow the toxic gases to escape.
Participants in this group highlighted several challenges with regard to lack of proper toilet facilities at the work place, such as on some fishing boats and construction sites. In the Maldives, boats are the main form of transportation. Although the larger boats traveling long distances do have toilets, generally they do not have soap or water for anal cleaning and hand washing. The smaller fishing boats do not have any sanitation facilities. The water collected from the islands to refill water supply onboard fishing boats may not be safe and hygienic if its source is groundwater.

Fecal sludge and wastewater disposal is another challenge in the Maldives. Most households use septic tanks where the wastewater leaches through the soil and contaminates the ground water. Improved sewage systems are being constructed in several islands but there are no regulatory mechanisms for the assurance of safety standards and compliance with engineering standards during construction. One participant reported that while a new sewer system is under construction on the island of H.Dh. Hanimaadhoo, sewage collected from all septic tanks in the last pumping station is discharged into the nearby bush, which is close to residential housing. Although this is a temporary measure it compromises health and environmental safety. Instances of sewer flooding and overflowing septic tanks were also reported. Male’ with a populations of 150 000 and an area of 6 sq km faces huge challenges in shifting to a wastewater treatment regime. However, internationally accepted standards on marine discharge are complied with.
KEY ASKS

1. Ensure availability of toilets on fishing boats and in public places and institutions such as schools, markets, hospitals, etc. which are well maintained, hygienic, safe and have facilities for hand washing and menstrual hygiene management.

2. Establish mechanisms for maintenance of toilets in public places and institutions, so that they are usable at all times.

3. Ensure men, women and children with disabilities are able to access sanitation facilities in public places, schools, colleges and work places. The design of facilities should be disabled-friendly, with wide doors and ramps, railings for support, non-slippery floors and high seats.

4. Pay attention to operation and maintenance of WASH facilities in schools to ensure they are clean and functional. Ensure availability of sanitary napkins in schools, as well as provision of bins for safe disposal of used materials. The girls also wanted access to a counselor in school with whom they could discuss the issue of menstruation.

5. Improve water and sanitation services to all atolls including small islands, ensuring availability of desalinated water and connecting the septic tanks to a piped sewerage system.

6. Build awareness among sanitation service planners and providers about the need for special facilities with respect to WASH for people with disabilities.
1. Establish and monitor guidelines for rental residential buildings to ensure adequate and safe access to toilets with safe disposal mechanisms.

2. Establish regulations, guidelines and policies to ensure adequate and accessible toilets with safe water supply, and facilities for hand washing and menstrual hygiene management in public places and public transport.

3. Develop, disseminate and implement guidelines and technical specifications for building disabled-friendly WASH facilities in public and educational institutions and public spaces. These facilities should have adequate space, ramps and wide entrances for wheelchair users, railings for support, non-slippery floors and facilities for hand washing and MHM.

4. Enforce building codes that ensure adequate and safe WASH facilities for people with special needs, before granting permission for construction.

5. Extend MHM guidelines developed for schools to public WASH facilities as well. Implement and monitor these guidelines to ensure adolescent girls have access to MHM education as well as the facilities required for maintaining menstrual hygiene, including the safe disposal of used sanitary materials.

6. Develop and enforce guidelines for installment of toilet facilities on board fishing boats.

7. Form and strengthen a WASH network of local NGOs and CBOs to positively influence WASH policies and advocate for the increased access to WASH services. Capacities of the network on advocacy skills should be built so that it can, in turn, build capacities of vulnerable groups to engage local authorities and services providers for improved WASH services. This would strengthen local capacities to influence decision makers, plans and budgets and improve service provision within their communities.

8. CSOs and academic institutions should undertake relevant policy analysis and research to generate information and evidence for strengthening their advocacy work and influencing
WASH policies and strategy development. CSOs should focus on equity issues, map local government planning and budgeting processes and generate case studies documenting good practice on effective pro-poor service delivery. This information will be used to engage and influence decision makers and WASH service providers to improve the framework for WASH services in small communities. The legal and institutional framework for the rights to water and sanitation must be developed urgently with active engagement of citizens and CSOs. Training of trainers should be organised with community members and CBOs/NGOs working with marginalised groups.

9. Monitoring systems should include community based monitoring groups on each island to ensure established safety and technical guidelines for installation of water and sanitation facilities are adhered to.

10. Develop solid and liquid waste management systems to reduce environmental pollution.
The Way Forward:
The Leave No One Behind consultation process and subsequent participation of marginalised groups at SACOSAN VI is an important, first step towards addressing equity and inclusion in sanitation and hygiene. It is, however, critical to continue and deepen this process by systematically creating platforms for constructive dialogue so that policy makers and duty bearers can listen to the needs and aspirations of marginalised groups. The challenge will be to institutionalize such processes so that the perspectives of those, who are traditionally left behind, routinely inform policy and practice.

As the key findings of the consultation process have shown, we need to look beyond the provision of taps and toilets and ensure safer management of septic effluents. We also need to address discrimination that acts as barrier and prevents the marginalized from accessing and using safe sanitation facilities. Above all, we need to put the last mile first and listen, to ensure that no one is left behind.
LEAVE NO ONE BEHIND
About FANSA

The Freshwater Action Network South Asia (FANSA) aims to improve governance in WASH sector by strengthening the role of civil society in decision-making. It considers both environmental and developmental aspects as crucial for the realization of the right to water and sanitation for present and future generations. FANSA was established in 2008 based on the felt need of the civil societies to ensure that their local experiences and voices are represented at the policy-making discussion and fora. The South Asian network is a member of Freshwater Action Network (FAN), a global consortium of civil society networks engaged in implementing and influencing water and sanitation policy and practice.

About WSSCC

WSSCC is at the heart of the global movement to improve sanitation and hygiene, so that all people can enjoy healthy and productive lives. Established in 1990, WSSCC is the only United Nations body devoted solely to the sanitation needs of the most vulnerable and marginalized people. In collaboration with our members in 150 countries, WSSCC advocates for the billions of people worldwide who lack access to good sanitation, shares solutions that empower communities, and operates the GSF, which since 2008 has committed close to US$ 109 million to transform lives in developing countries.

Learn more at www.wsscc.org

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