The final evaluation of the WSSCC/UN Women Joint Gender, Hygiene and Sanitation Programme (hereafter referred to as the Joint Programme) was undertaken from mid-October to 7 December 2017. It answered questions linked to the evaluation criteria of the Organization for Economic Co-operation and Development (OECD), that include relevance, efficiency, effectiveness and sustainability of the programme, in addition to assessing Gender and Human Rights principles. The evaluation was designed to be utilization-focused, draw key lessons learned and propose feasible recommendations.

The Joint Programme on “Gender, Hygiene and Sanitation” was designed to advocate and strengthen public policies, national, and regional legislation.

The Joint Programme developed policy advocacy strategies targeting Ministries responsible for water and sanitation, environment, women and the family, and maternal health and local development. It also works with municipalities and grassroots organizations, including a network of journalists.

With a budget of $2.65 million over four years from May 2014 to June 2018, the Joint Programme was implemented by WSSCC and UN Women in three countries: Cameroon, Niger and Senegal. This programme initiative was in line with the 2010 UN Resolution on the Right to Water and Sanitation; SDG 6 on Drinking Water and Sanitation under the 2030 Agenda; and Resolution 70/169 which makes a clear distinction between the rights to potable water and the rights to sanitation. The Joint Programme addressed some important, but traditionally taboo issues about menstruation linked to menstrual hygiene management, the availability and maintenance of toilets in schools and health centers, the right to water and sanitation, health, the environment, public policies, and national and regional legislations.
PURPOSE OF THE EVALUATION

The Joint Programme was required to undergo an independent final evaluation that is both summative and formative with the aim of supporting WSSCC and UN Women in their learning and future decision-making. The evaluation identified whether project objectives were met and whether resources were prudently utilized. In addition, it recommended immediate areas for course correction. To this end, the evaluation sought to measure the extent to which the Joint Programme fully implemented its activities, delivered outputs and attained planned as well as unplanned/un-intended outcomes. The Joint Programme also aimed to generate substantive evidence-based knowledge to provide forward-looking recommendations to sustain and build on its achievements.

JOINT EVALUATION MODALITY

The evaluation was managed and commissioned jointly by UN Women and WSSCC. The evaluation made arrangements to collectively assess the relevance, efficiency, effectiveness and sustainability of the Joint Programme to ensure shared ownership of the findings and recommendations. The evaluation findings aimed to help address broader evaluation questions, beyond the results of one individual agency.

METHODOLOGY

The evaluation used a mixed methods approach that consisted in literature review, interviews with 588 people from the government, the UN system, civil society, girls, women, men and policy makers, field visits, and five workshops with 96 stakeholders, and the analysis of 94 questionnaires and four debriefing presentations at the end of the mission to Senegal, Niger, Cameroon and Geneva where preliminary findings, conclusions and recommendations were presented. The findings were then triangulated based on various sources of information and evaluation methods.

EVALUATION MAIN FINDINGS

1. RELEVANCE: The Joint Programme was found to be relevant for girls and women who constitute approximately 24 million of the population in Cameroon, Niger and Senegal. The Joint Programme adopted a flexible strategy to intervene in each country guided by the socio-cultural and political context of each country. The Joint Programme benefitted from the technical expertise of WSSCC on MHM and sanitation while UN Women provided technical expertise and operational reach in advocacy, public policy, and women’s empowerment.
2. EFFECTIVENESS: The Joint Programme was launched with $2.65\textsuperscript{1} million to work on what the programme referred to as ‘breaking the silence’ a reference to the taboo on menstruation, a natural and biological process for women and adolescent girls. The Joint Programme achieved much of the expected results. Below are some of the results:

- **Joint Programme Objective 1 - Policy Change**: The specific needs of women and girls in sanitation and hygiene are integrated into policies, laws or regulations and budgeted in the target countries.

This result was successfully achieved in all three target countries, but significantly in Senegal and Niger. The Joint Programme had a strong influence on policies, which resulted in the integration of MHM into policies and technical notes, and into various sectoral documents and manuals. This integration is essential for developing MHM programmes, business plans, and budgets. The following are examples of the programme’s achievements:

- **Cameroon**
  - 3 National sector documents that were revised to include MHM

- **Niger**
  - 1 Law adopted to include MHM
  - 2 National policies revised to include MHM

- **Senegal**
  - 1 Law adopted to include MHM
  - 3 National policies revised to include MHM

- **Joint Programme Objective 2 - Knowledge and capacity building**: Good sanitation and hygiene practices for women and girls are integrated into some of the teaching curricula.

The Joint Programme helped build the capacity of nearly 90 ministry staff and about 30 non-governmental organizations throughout the region. It is estimated that the Programme trained 620 trainers\textsuperscript{2} since 2014 and reached 26,344 people which is relatively significant for a $2.65 million programme. The following are the number of people sensitized by trainers:

- Cameroon: 5,483
- Niger: 6,200
- Senegal: 8,469

- **Joint Programme Objective 3 - Action Research** Issues that were not covered by research are raised and documented to fill in knowledge gaps and improve practice.

Nine studies were funded by the Joint Programme and contributed to a better understanding of the status and practices of MHM in different geographic areas. The findings of these studies and data were cited by officials in meetings and presentations on MHM. The research posed fundamental questions on accessibility, affordability, availability of services and the need to renovate public spaces so they become female-friendly. The studies demonstrated that it is essential to meet the needs of women and girls in the design and construction of buildings and infrastructure.

- **Cameroon**:
  - 7 Studies conducted on MHM

- **Niger**:
  - 1 Study conducted on MHM

- **Senegal**:
  - 5 Studies conducted on MHM

\textsuperscript{1} This is the total amount spent by WSSCC of which USD 1.6 million was transferred to UN Women.

\textsuperscript{2} About 30% of trainers were men.
• Joint Programme Objective - 4
  – Inter-agency learning: An Advisory Committee was established for the Joint Programme aimed at inter-agency learning, particularly on the reduction of inequalities. Its purpose was to guide the programme to ensure a good results-based management system, however it met only three times in Senegal (it did not meet in Cameroon and Niger) and did not play an inter-agency learning role.

3. EFFICIENCY: UN Women was responsible for the finances of the Joint Programme. The evaluation team had difficulty extracting basic financial information for each country on budgets, disbursements and expenditures. Nevertheless, with a modest budget of $2.65 million, the Joint Programme achieved significant and extensive results in each country.

4. SUSTAINABILITY: The inclusion of MHM in public policies is an indicator of the sustainability of the programme. There are several government programmes and initiatives that will consider MHM in the future. In Niger for example, MHM is now explicit in the programmes of the Ministries of Hydraulics and Sanitation and will be considered in the budgets. In addition, sanitation infrastructure for toilets of health facilities, schools, refugee camps will be financed by public budgets. A total of 620 trainers were sensitized, reaching 26,334 people in a few years, which is quite impressive considering the short implementation time after initial programme delays in Niger and Cameroon. This training is an investment in human capital and will stay in the countries long after the Joint Programme. Overall, the following were the lessons learned from the joint programme:
  - Engaging decision-makers at the highest level leads to significant advances in MHM-inclusive government policies and budgets.
  - Men’s involvement has revealed to be a major enabler for MHM behaviour change at the community level.

  TESTIMONIALS:

  «The most important impact of the training in MHM has been to change the attitude on a topic considered taboo so that we can talk more easily about. I’m talking about it now without any fear or shame. Taking special needs of my gender (the needs of women) into account in our country. The impact is important because this subject has made women suffer psychologically and emotionally for a long time. » – Woman, 46, Cameroon

  «The training of trainers in MHM has had several impacts in my life, including the following:
  1) I did not know that MHM included many aspects like water and sanitation. I often dumped the towels in the bidet, which blocked them. At the end of this training, I stopped throwing them in the bidet. 2) This training allowed me to understand that MHM is a serious problem because if it is poorly managed it causes problems. 3) Behavioural change on menstrual perception perceived as a taboo subject. » - Woman, 25, Association PROFADE, Cameroon
5. GENDER AND HUMAN RIGHTS: Gender equality, non-discrimination and women’s rights, and water and sanitation are pillars of the Joint Programme. The Joint Programme worked with vulnerable populations, women with disabilities and in refugee camps. In all three countries, the evaluation found that change was seen in behaviour and practices by girls, women and men. Girls reportedly have a better knowledge of their bodies, have better management of their menstrual cycle, and improved their school attendance. Men were reportedly also more sensitive to the needs of their wives and daughters and have even become champions of MHM.

CONCLUSIONS
The Joint Programme pioneered discussions on MHM issues and taboos and was seen to respond to a real need and demand of women and girls. The Joint Programme provided a relevant and multi-sectoral approach to the sanitation needs of women and girls. Despite modest funding it produced great results at the political and community level through policy dialogues, produced action research, and trained key policymakers. The Joint Programme is already fully aligned with SDG 6.2, the results far exceeded expectations.

RECOMMENDATIONS
1. Expand the Joint Programme to UNFPA and UNICEF and various other Ministries (e.g. MHS, Health, Education, Environment), social enterprises and NGOs to create synergies in the spirit of SDG target 6.2 and SDG 17 (Partnership for Achieving Goals).
2. Integrate MHM into national WASH programmes and school curriculum throughout all regions, urban, rural, and refugee camps.
3. Develop a project document and fundraising strategy that will facilitate fundraising for an MHM programme.
4. Emphasize the bottom-up approach in programme implementation and strengthen the capacity of municipalities in implementing community plans and mobilizing their own resources on MHM.
5. Continue to promote training of trainers among practitioners and parliamentarians, integrating this training into the annual government training calendar through the core budget of all ministries, cross-country intercultural exchange, and include girls in the training of trainers programme to raise awareness among other girls.
6. Ensure that in-depth studies are carried out for the intervention sites to understand the socio-cultural specificities of the communities and the best intervention methods.