Simavi Theory of Change

To realise structural improvement of the health of people in marginalized communities, Simavi has developed a threefold, integrated approach - our Theory of Change. In the first place, our work focuses on empowering communities to ensure they will demand quality services and engage in healthy behaviour. Secondly, we build an enabling environment in which all stakeholders are aware of their roles and responsibilities, work together and can be held accountable to their responsibility of fulfilling people's rights. And finally, we ensure that affordable and sustainable WASH and SRHR services are in place and are actually utilised by the people. Our Theory of Change helps us to realise this structural change.

Pillar 1: Empowered Communities

How does it work?
Empowering communities means making sure that the voice of the community is being heard. And that the interests of all community members, irrespective of age, gender, sexual preference, religion or ethnicity, are being represented. We contribute to empowering communities through setting up and training community groups. Examples of this are training the organisational skills of WASH and health committees and raising awareness on WASH and SRHR issues. Increasing the capacity of community groups leads to a better understanding of how to monitor the health situation in their village and how to channel the population's demand for water, sanitation and sexual reproductive services and rights. At the same time, it supports them to stimulate healthy behaviour in their communities.

What is the outcome?
Increased knowledge about health contributes to healthy behaviour of individuals: when ways of preventing WASH and SRHR related health problems are known, people act accordingly. Examples of this behaviour are washing hands or demanding safe deliveries attended by skilled birth attendants. Empowered communities have the ability to analyse their own health problems, they know their rights, can to articulate their needs, and urge those whose duty it is to fulfil their needs. Finally, our community empowerment work stimulates communities to partner with local stakeholders in demanding adequate and sustainable services in the field of WASH and SRHR.

Pillar 2: Enabling Environment

How does it work?
A supportive, enabling environment means that stakeholders, such as governments and authorities on all levels, as well as those from the private sector, are actively involved in a community's health situation. All stakeholders work in line with their roles; they act according to laws and policies, rules and regulations, and are accountable for their responsibilities. Moreover, they work together to align their interests and efforts to improve the health of people. Simavi involves these relevant stakeholders and strengthens their capacity. The focus of our work in this area is on training governmental health and WASH providers and making them aware of national laws and regulations. Another priority is involving the private sector. An instance of this is training local craftsmen to build latrines in more sustainable ways, supporting small-scale businesses in producing for example quality latrine floors or menstrual hygiene products that meet the demands in communities.
International advocacy is a crucial factor in increasing the impact of our approach. We ensure that local evidence and information from the communities and partners we work with is heard and used by influential (inter)national stakeholders. This contributes to the development of an enabling environment with good policies in place, and sufficient budget allocation for WASH and SRHR both internationally and in the nine countries where we work.

What is the outcome?
Creating an enabling environment leads to more responsible and accountable stakeholders. They know it is their responsibility to deliver quality health services in line with the needs of the community. They know they need to be

Basic health for all.

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transparent about health budgets, WASH policies and management. At the same time, strengthening the capacity of relevant stakeholders leads to platforms on which transparent dialogue and collaboration between local stakeholders and the community can take place. For example, these platforms enable communities to engage in discussion with local governments concerning matters such as budget allocation for WASH facilities, or the presence of skilled health providers in health clinics. In the long run, an enabling environment encourages and enables healthy behaviour at the community level, and increases high quality and sustainable health services and facilities.

Pillar 3: Utilisation of sustainable WASH & SRHR services

How does it work?
Access to affordable, suitable and sustainable WASH and SRHR services is needed in order to improve basic health. These services should meet community needs and be set up according to the five sustainability principles of FIETS: Financial, Institutional, Environmental, Technical and Social sustainability. To this end, we train WASH and SRHR service providers, amongst others, in organisational and financial management. For example, we train WASH committees in simple bookkeeping, and in setting up a financially sound water and sanitation maintenance system for their communities based on actual water consumption, availability and costs.

What is the outcome?
The main consequence of increased capacity of WASH and SRHR service providers is that the sustainability, quality, affordability and availability of these services improves. This in turn causes a significant growth in the effective and sustainable use of WASH and SHRH services.

Conclusion
This threefold integrated approach, with Simavi's expertise and network as input, leads to structural improvement of basic health for marginalised communities in Africa and Asia. Simavi's added value lies in: our network and partnerships; our expertise on Sexual and Reproductive Health and Rights (SRHR); our expertise on Water, Sanitation and Hygiene (WASH); our FIETS sustainability principles, our community-based approach and our ability to lead complex programmes and consortia.

IMPACT	STRUCTURAL IMPROVEMENT OF BASIC HEALTH (WASH & SRHR) OF PEOPLE IN LOW INCOME AND MIDDLE INCOME COUNTRIES		
LONG TERM OUTCOME	Empowered communities: including healthy behaviour of individuals	Supportive enabling environment (government, private sector, NGOs)	Utilisation of sustainable WASH and SRHR services
OUTCOME	Active commitment of communities to stimulate healthy behaviour and maintain WASH and SRHR services	Transparent and effective collaboration between stakeholders; stakeholders act upon roles	Well managed WASH and SRHR services
OUTPUT	People with increased knowledge and attitudes / Functioning WASH and SRHR community groups	Stakeholders know role and responsibility and act accordingly; platforms are established	WASH and SRHR services established
THROUGH PUT	Capacity strengthening, community awareness, education and demand creation	Capacity strengthening, evidence-based advocacy, organising platforms and dialogues	Improving and linking all WASH and SRHR service elements
INPUT SIMAVI	• WASH EXPERTISE • SRHR EXPERTISE • SUSTAINABILITY (FIETS) • COMMUNITY BASED APPROACH • PROJECT AND PROGRAMME MANAGEMENT • NETWORK AND PARTNERSHIPS		

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