Today, 2.5 billion people around the world lack access to adequate sanitation and 1.8 billion people use a drinking-water source that is contaminated with faeces. Without access to safe water and sanitation, diseases spread fast: for example, over 13,700 people die every day from diarrhoeal diseases alone.

These are desperate facts that Simavi wants to eradicate as we work towards a world in which basic health is accessible to all. However, being able to live and maintain a healthy life is influenced by many factors, not just increased access to WASH facilities, medical check-ups or treatment. Most water and sanitation related diseases can be prevented by implementing changes in hygiene behaviours: ending open defecation, washing hands with soap, and ensuring drinking water remains free from faecal contamination. That’s why behaviour change is just as crucial in improving basic health as access to clean water and sanitation.
Making a long-term change in hygiene behaviour is rarely an easy process. Individual, social and external factors have to be considered and addressed simultaneously to positively influence healthy behaviour. Our experience has taught us that behaviour change is only possible when communities are triggered to understand that there is a problem to resolve and that they can change the situation themselves. To do this effectively, it is vital to understand the needs and habits of each community, including its cultural beliefs and values, knowledge, attitude and enabling factors. With this in mind, we focus on creating a stimulating environment in which people are motivated and enabled to change their behaviour, and to maintain that new behaviour. Once this behaviour change is internalised, families are stimulated to construct the necessary facilities and then to use and maintain them. To achieve this goal, we facilitate governments, social organisations, entrepreneurs and donors to work together to increase both awareness of healthy behaviour and access to WASH facilities.

Simavi considers behaviour change communication an essential element in WASH programmes at individual, community and national levels. It is widely used and stimulated by Simavi and our local partners to motivate healthy behaviour within empowered communities, improve utilisation of sustainable WASH services, and contribute to a supportive environment.

1 Individual level
Knowledge, awareness, beliefs and feelings about hygiene practices play an important role in determining health behaviour at individual level. Obtaining an insight into these differences in behaviour is the first step to changing healthy behaviour. We address these motivations, concerns and constraints to facilitate changes in health behaviour and create a sustained demand for health resources.

2 Community level
Once individuals realise they should change their hygiene behaviour and have the knowledge to do this, they can start influencing others. This represents the vital next step towards increasing behaviour change: collective action.

3 National level
Lobby and advocacy strategies are an important aspect of behaviour change, especially in terms of changing the enabling environment (availability of services and goods, policies, staff etc.) Simavi focuses on the responsibility of national government stakeholders to improve allocation of qualitative WASH facilities in line with the need of the community, as advocacy strategies on national level affect individual health behaviour.

We also embrace a non-subsidy approach in which we encourage communities to mobilise their own resources and purchase hardware (e.g. toilets and latrines) from local entrepreneurs. Micro-finance institutions and local governments are stimulated to enable the financing of WASH facilities. Local partners also undertake activities to convince local authorities and committees to invest in WASH facilities at schools, health centres and other public places.
Behaviour change communication concerns the development and rollout of communication strategies that trigger positive health-seeking behaviour. It involves a large variety of proven approaches and building blocks to inspire sustainable behaviour change. By researching intrinsic motivations, concerns and constraints, we empower individuals and communities to achieve sustained changes in health practices and create a sustained demand for health resources. Together with our local partners, we use different communication channels and messages that are adjusted to the setting of the target audience. The building blocks to improve WASH behaviour include:

1. Knowledge Attitude and Practices (KAP) Study
   A KAP study provides formative research and is built on what local individuals and communities know, do and need across different cultures, genders and ethnic groups. In this stage of formative research, risk practices are investigated through observations, interviews & focus group discussions.

2. Community Led Total Sanitation (CLTS)
   Communities are mobilised to conduct their own appraisal and analysis of open defecation and take action to become open defecation free. By raising awareness, providing skills and letting people perceive the benefits of healthy behaviour, CLTS triggers the community's desire for collective change and propels it into action. This encourages the community to innovate, provide mutual support and think about appropriate local solutions, leading to greater ownership and sustainability.

3. Social marketing
   With social marketing Simavi utilises commercial marketing principles to promote the adoption of behaviour change for communities. The goal is to create demand for WASH services and products. As in commercial marketing, the primary focus is on the end-user, however social marketing is based on learning what people want and need, rather than persuading them to healthy behaviour. This leads to the creation of products and services that communities genuinely need and can afford to pay for in the long-term.
Simavi stimulates and supports local partners in using different methodologies to change behaviour within our WASH programmes. These have been developed and improved through our experience on the ground in working with marginalised communities in Africa and Asia. This integrated approach leads to improved community mobilisation and empowerment. Our WASH programmes raise awareness of the importance of good hygiene, create demand for sanitation facilities and increase capacity for sustained WASH services and practices. Healthy practices are internalised in daily life, and communities are empowered to demand WASH services, resulting in long lasting health improvements. Adapting behaviour change communication to local contexts, and delivering services and education that respects local cultural beliefs, laws and values, ensures its success in every place we work.

Case Study: The Total Sanitation Approach in Indonesia, 2010 – 2015

Simavi and a consortium of five local partners supported the Indonesian government in its objective to scale up community-based total sanitation in Eastern Indonesia. The overall goal is to create an enabling environment where communities in nine districts on five islands in Eastern Indonesia can achieve sustainable healthy behaviour and a healthy living environment. The programme was the first in Indonesia to focus in an integrated way on behaviour change by working simultaneously on five pillars: 1) eradicating open defecation, 2) providing clean drinking water, 3) hand washing with soap, plus 4) solid and 5) liquid waste management.

People are empowered to adopt sustainable healthy behaviour and thereby increase the community’s demand for water and sanitation services. At this point we began a dialogue with the communities on how financial support for this can be found. These possibilities included lobbying at the district government, building low-cost sanitation facilities that the communities can fund themselves, or contacting other organisations that can provide facilities.

The SHAW programme has proven that investing resources to address behavioural change on all five pillars in an integrated way is not only feasible but yields excellent results in sustaining healthy living and healthy behaviour. This success was also due to our local partners working directly with village volunteers at grassroots level to motivate the community and introduce all aspect of household WASH practice in a holistic way: there are currently 10,700 trained village volunteers actively promoting and monitoring the practice of the five pillars of STBM in each household.

To date, approximately 1,400,000 million people (twice the target) have been reached with education and behaviour change activities. Out of these people, around 1,065,000 (from a target of 750,000) have actually changed and sustained their behaviour and practice, including contributing to construction of improved toilets, which is a great result. With this result, our local partners were able to lobby the local government to commit budget for continuation of the activities in more locations. Healthy practices among WASH are now deeply internalised in daily life.
We are working towards basic health for all

Health is the first step out of poverty

About Simavi

Simavi is an international non-profit organisation working towards a world in which basic health is accessible to all. Our goal is to structurally improve the basic health of 10 million people in marginalised communities in Africa and Asia by 2020. By doing so, we enable them to build a better existence and break the cycle of poverty.

Our experience over the past ninety years has shown us that investing in water, sanitation and hygiene (WASH) and in sexual and reproductive health and rights (SRHR) is vital for people to be able to lead a healthy life. Therefore we concentrate our efforts in these two areas.

In the many years Simavi has been active, we’ve built up an extensive network of reliable and capable local partners and gathered a deep understanding of the religious, ethical and cultural sensitivities within every community we work with. This is crucial to realise sustainable change.

We know how to build the capacity of local partners to make sure that the community’s demands are voiced to regional, national and international influential stakeholders, according the law, legislation and regulation of the countries we work in.

We’ve established extensive local and international networks in WASH, SRHR and beyond. We believe that the interaction between these different stakeholders is crucial to learn from each other and to make sure that expertise and experience of our local partners are shared at international WASH and SRHR conferences, as this enables the southern voice in the international debate. In this way we create new synergies and partnerships within our networks, bringing together partners whose expertise complements each other with one goal: to facilitate more people enjoying basic health.

Theory of Change

All our programmes are based on three integrated pillars:

1. Empower communities to demand quality services and to practice healthy behaviour;
2. Create a supportive, enabling environment in which all stakeholders are aware of their roles and responsibilities, work together and can be held accountable;
3. Ensure that people use affordable, suitable and sustainable WASH and SRHR services. This is the core of our Theory of Change – it’s designed to ensure that everyone involved, from community to governmental level, works together towards realising sustainable improvement of basic health.