Access to water, sanitation and hygiene (WASH) services aren’t only important in the home: to successfully improve basic health, WASH services and education must be extended to schools, health centres, workplaces and public places like bus stations and marketplaces.

WASH services and education in schools and health facilities lag far behind WASH at household level. Currently 31% of schools in developing countries have no access to an improved water source. In 2015 the World Health Organization (WHO) and UNICEF published an assessment of WASH services in 66,000 healthcare facilities in 54 low- and middle-income countries. This joint report concludes that 38% of facilities have no access to any water source, 19% have no sanitation facilities and 35% lack water and soap for staff and patients to wash their hands and maintain basic hygiene.

The availability of WASH facilities at hospitals, health centres and clinics is vital to provide basic, routine services, such as child delivery, and to prevent and control infections. It is impossible to carry out proper infection prevention without basic access to water and sanitation. This leads to disturbing figures as presented in a recent WaterAid report, which stated that half a million babies die in the first month of life due to unhygienic conditions in maternity clinics and hospitals.

Moreover, WASH facilities at schools are fundamental for teachers and pupils being able to work and learn in a healthy and safe environment – a requisite for sustainable economic development. People can only go to school, work and contribute positively to their community when they’re healthy. This is why Simavi wants to make WASH facilities accessible and available in public places, not just in the home.
How to increase access to WASH in schools and health centres

Simavi’s approach

Together with its local partners, Simavi simultaneously works on the following areas to improve WASH services at schools and health centres:

1. **Advocacy**
   We advocate on both regional, national and international level for sustainable WASH financing to reach poor and marginalised people. In addition, through our active membership of the End Water Poverty (a coalition of 270 CSOs) we advocate for the inclusion of WASH in schools and healthcare facilities in the post-2015 development agenda. Our role in the End Water Poverty coalition is to keep a close eye on the international WASH agenda and publish papers and opinion articles to influence the international debate. In this way we strive to ensure adequate WASH resources reach the people who need them the most.

2. **Improved WASH services**
   Simavi works across Africa and Asia to upgrade water supply and sanitation systems in schools and health facilities. For example, in the Football for Water programme we improve the health situation of primary school children and their families in Kenya and Ghana by providing access to water and sanitation facilities in combination with education on life skills and proper hygiene behaviour. So far we have reached at least 750,000 pupils.

3. **Community awareness and engagement**
   Improved access alone is not sufficient to live and maintain a healthy life: it’s just as important to empower communities so they can actually utilise these services and practice hygiene behaviour. We promote hygiene measures and practices in and with communities, while community health workers are trained to raise awareness of WASH in family homes and via community health trainings.

Together with local partners, we involve all stakeholders (at individual, community and governmental level) from the start to analyse the current WASH situation and actively collaborate in planning, designing and implementing solutions. For example, we facilitate community meetings to map current water governance structures; engage local government partners to ensure they fulfil their roles and responsibilities; organise advocacy activities with policymakers at different levels; and train school management committees and health centre staff members on operation and maintenance of the WASH facilities. The empowerment and involvement of committees at school and health facilities for maintenance and service provision is crucial for the sustainability of the WASH services.
Impact of our work

We have seen that as a result of improved WASH services in schools and health facilities, everyone in these places and the wider community can apply hygienic practices and behaviour, leading to improvement in their basic health. Staff and pupils in schools, as well as staff and patients in health facilities, can share this knowledge with their families and communities too. In health facilities, healthcare workers can now adequately carry out proper infection prevention with safe water, toilets and soap. This decreases the potential risk of the outbreak of communicable diseases and infections during routine patient care and treatment. In schools, the provision of WASH services improves school attendance and education outcomes, particularly among adolescent girls. The construction of gender-friendly sanitation facilities enables more girls to go to school and miss fewer classes during menstruation.

The long-term sustainability of the WASH services is supported by effective management structures and the integration of the operation and maintenance of the new water supplies into the policies and budgets of each school and health centre.

Case Study: MKAJI Project, Tanzania, 2013-2019

Together with engineering company Witteveen+Bos and three Tanzanian partners, Simavi is currently implementing the Maji Kwa Afya ya Jamii (MKAJI) - Swahili for ‘Water for Community Health’- programme to upgrade water supply and sanitation systems in primary health facilities in the Dodoma Region of Tanzania.

Out of the 342 primary health facilities in Dodoma, half have no water at all, only a third have access to tap water, and the remaining part has access to water via boreholes with varying quality levels. Sanitation and hygiene levels remain low due to limited access to clean water and lack of adequate sanitation facilities. The goal of MKAJI is to reduce the high risk of infection transmission and improve quality of care in health facilities.

The consortium combined the construction of WASH infrastructure with capacity building activities on sustainable water supply operation and maintenance, improved hygiene behaviour, and responsible governance. Healthcare staff and members of the surrounding communities all participate in these capacity building activities.

By 2015, all preparations for the water supply and sanitation construction works at the first 20 primary health facilities had been completed and a rainwater collection system was constructed at four health facilities. In addition, at each of these four health facilities a bathroom was built next to the delivery room, as well as latrines with hand-washing facilities and a drain for wastewater. This enables health workers to clean their hands, wash patients with safe water and ensure medical instruments are sterile. By 2019, 100 health facilities in Dodoma will have proper WASH services.
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.

Theory of Change
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.

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.

We are working towards basic health for all
Health is the first step out of poverty