

Relevance

Worldwide more than 2.2 billion people don't have access to safe drinking water

More than 50% of the world population don't have a safe toilet

Three billion people lack proper hygiene as they don't have access to soap



Relation WASH and Health



20% of hospital beds are occupied by people with water-related diseases (cholera, typhoid, diarrhea)



I in 4 local hospitals does not have basic **WASH** services



WHO estimate shows the world loses **\$260 billion a year** in economic activities due to water scarcity, poor sanitation and lack of proper hygiene



Every dollar invested in clean water, **safe toilets and good hygiene yields 5.5-dollars** because of lower health costs, increased labor productivity and reduced mortality



20% of all deaths of children in Africa could be **prevented with adequate WASH**



Amref's approach in WASH

Amref works on:

- **a.** Strengthening communities on health, WASH and climate adaptation through capacity building, empowerment and giving voice to the communities.
- **b.** Strengthening governments and authorities on health, WASH and climate adaptation, through mutual accountability systems and capacity development.
- **c.** Developing and supporting sustainable business models for WASH and health.

All three objectives are based on evidence generated through data, coordination, learning and partnerships.

Our principles:

- African spirit: Ubuntu, Integrity and Quality
- 2. Community led solutions
- **3.** Leave no one behind equitable opportunities (Gender Equality and Social Inclusion)
- 4. Evidence based
- 5. Human Rights based



Interventions

Strengthening communities

- O,T.
- Behaviour change communication
- Demand creation
- Capacity building (a.o. operation and management, WASH committees)
- Giving voice: dialogue
- Advocacy
- Support Community led WASH Solutions and business models
- Menstrual Hygiene and Health interventions

Strengthening governments

- O'T'
- Policy dialogue: regulations mutual accountability
- Setting up learning platforms, focus on leaving no one behind
- Capacity building and support to WASH authorities (data, management information systems, implementation strategies, gender and social inclusion)
- WASH in Health Facilities

Sustainable business development/services



- Capacity building entrepreneurs on WASH and Health
- Developing WASH business models with entrepreneurs
- **Financial Institutions:** WASH loans for households and entrepreneurs
- Rehabilitation
- Menstrual Hygiene and Health interventions

Current WASH-portfolio

- WaterStarters
- FINISH Mondial
- WASH SDG
- WASH in school: Menstruation Hygiene and Health
- WASH in Health Facilities
- Climate and Health Pilot
- Integrated WASH and SRHR portfolio



WaterStarters

Where:

Kenya Makueni County & Kajiado County

Partners:

MegaGroup, Maji Water Storage, Maji Milele and Upande

Supported by:

Invest International, Aqua for All, Marie-Stella-Maris Foundation and private donors

Approach:

WaterStarters increases access to safe, sustainable and affordable drinking water for people living in remote areas by renovating and building water systems together with entrepreneurs and the community. We offer entrepreneurs and communities (franchisees) the opportunity to

own and manage this successful business, providing water them with access to funding for the initial investment. The precondition is that franchisees contribute at least 15% of the upfront, increasing investment their ownership and commitment. The remaining 85% is split between a grant and a loan. The loan is to be repaid by the franchisee to WaterStarters through water sales. Our comprehensive water solution includes groundwater scans, solar energy, pre-paid water meters, and a monitoring dashboard. It is also combined with training community health volunteers who provide health and hygiene education to communities. The education helps to prevent waterborne illnesses and increases demand for safe water.





FINISH Mondial

Where:

Kenya, Ethiopia, Uganda, Tanzania, India and Bangladesh

Partners:

WASTE, ACTIAM and local NGO's such as Hewasa, BBBC, FINISH Ink, FINISH Society, Caritas

Supported by:

Ministry of Foreign Affairs The Netherlands

Approach:

Creating sanitation markets: FINISH creates demand within the community for safely managed sanitation facilities. **Entrepreneurs provide affordable and good quality products and services, and financial institutions provide soft loans for households and entrepreneurs**. Governments are key implementers and involved to set the regulation and policy frameworks.

By taking a **market-based approach**, local entrepreneurs get a decent price for their work and clients get what they need. By involving financial institutions for smaller loans, the toilets also become accessible for people who

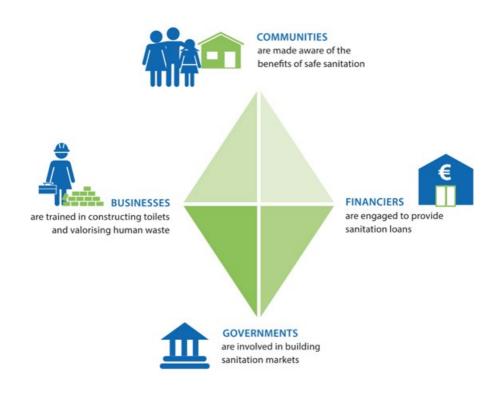
cannot afford a toilet (on average 300 euro) out of pocket. By working with governments and local health workers quality is being ensured and monitored.

The toilets and hygiene practices contribute to a healthier life but also more privacy and dignity for the users, especially women and girls, as these often fear gender-based violence when defecating in the open. It also improves the lives of the elderly, as well as children and people living with disability who cannot walk far to relieve themselves.

Results (since 2019):

- 750.000 sanitation systems built by households
- 3.75 million people reached
- 225 million euro mobilized through household financing









WASH - SDG

Where:

Ethiopia, Uganda, Tanzania

Partners:

Simavi, Plan International, SNV, IRC, Wetlands International, WASTE, AKVO (and many more...)

Supported by:

Ministry of Foreign Affairs The Netherlands

Approach:

The WASH SDG programme contributes to sustainable system change in the countries in which they work, through the realisation of three key strategic objectives:

- **1.** increased demand for improved WASH facilities and practices
- **2.** improved quality of WASH service provision
- **3.** improved governance of the WASH sector (including MIS). All activities under the WASH SDG programme contribute to one or more of these objectives

Gender equality and social inclusion (GESI) and climate vulnerability and resilience (CVR) are cross-cutting issues.

- 200,000 households enjoy access to safe drinking water
- 230,000 households have access to their own improved sanitation facility
- I50,000 households have their own basic handwash facility.



WASH in schools: Menstrual Hygiene and Health

Where:

Ethiopia: urban areas in Addis Ababa, Oromia dialogue increases the willingness of schools to invest in WASH and MHH

Supported by:

VEI, Made Blue

Approach:

Amref implementing is comprehensive **WASH** and Menstrual Hygiene and Health (MHH) programme in schools and its surrounding communities. MHH is an important aspect of eliminating inequalities in WASH service access. The existence of safe menstrual management facilities at schools improves school attendance rates of girls, their performance and school completion. This also contributes to reducing early marriage.

The programme promotes and installs WASH and Menstrual Hygiene infrastructure in schools and for communities residing in slums, formal and informal settlements. Part of the programme is the development of a MHH curriculum as well as training of teachers and government officials. In addition, advocacy and

- 9.945 girls have safely managed toilets, water and access to menstruation rooms in their schools
- 9.600 people have access to water via a WASH kiosk or communal sanitation services
- 3,570 households have a home water connection MHH curriculum developed and taught at 15 schools
- Government willing to adapt to other schools
- VAT on menstruation products banned





WASH in Schools and Health Facilities

Where:

Uganda, Amuru district (2021-2024)

Partners:

VEI and MoWE, Amuru District, Schools and Communities

Supported by:

Amref NL private donors and foundations

Approach:

Amref aims to reduce the number of teenage pregnancies in Amuru, Uganda by improving access to clean water and safe toilets in the communities, hospitals and schools. Moreover, solar driven water mini-grids and pipeline networks are being established to connect surrounding villages. We are also working to increase safe sanitation to 35% in de district

Besides this, we host radio talkshows and outreaches around sexual education and MHH especially for the youth. We are also lobbying local governments to make more funding available in the areas of WASH and sexual rights and reproductive health (SRHR).

- Avert teenage pregnancies among 2,357 adolescent girls in Amuru
- Improved government accountability for SRHR, hygiene and sanitation status of 3,712 households, local hospitals and 5 primary schools in Amuru
- Increased access to safe water to 20,000 people in Amuru (5 schools, I health facility and I6 villages/rural centres)
- Improved governance and coordination for creation of enabling environment for WASH and SRHR



Climate and Health Pilot

Where:

Kenya (Isiolo)and Ethiopia (Gambela/Oromia) (2022-2023)

Partners:

Local governments and local communities

Supported by:

private donors and foundations

Approach:

Amref is piloting two Climate and Health projects in Ethiopia and Kenya. Both countries have a similar approach but a different focus to find out what the best way forward is. In both Ethiopia and Kenva, we educate both the communities as well as governments on the impact of climate change on health, with the ambition to make both more resilient to the effects of climate change. Besides this, meteorological data is compared to health data to get more insights into which health problems occur in which weather. This is used to prepare the health clinics and the health workers on what to expect.

In Kenya the focus is One Health, which is in essence

the connection between the environment. animals and humans. Mobile clinics in which both veterinarians and health workers are present travel to rural communities to address animal and human health. Ethiopia the focus is on mitigating change by climate replacing diesel water pumps with solar water pumps, and building biogas digesters. The digester create biogas out of the manure from cattle, which households can use for cooking and lighting.

- 67 county officials are trained on Climate Change adaptation
- 60 local health care workers are trained on Climate Change adaptation
- I20 community leaders are trained
- 20 biogas digesters are build
- 2 solar water pumps are installed

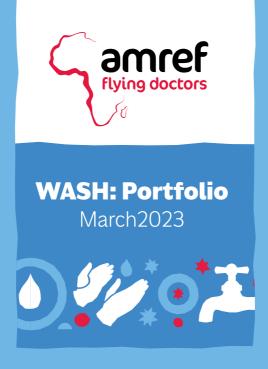
WASH integrated Portfolio

In several programmes we implement an integrated approach of **WASH and SRHR**. With our integrated model we aim to reduce issues of **gender-based violence (GBV)**, improve community health and promote gender equality. For example, in Kenya we implement a programme where we work towards open defecation free villages together with a renunciation of female genital mutilation. We have seen the impact of water and sanitation on the wellbeing of girls and the decline of violence against girls.





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