



Facts about each of the key WASH themes

WASH in schools

Of the 57 million school aged children out of school, girls are more likely to be out of school than boys, with a wider gender gap in lower secondary. Part of this disparity is attributed to a lack of separate WASH facilities at schools, especially for girls during menstruation age. Menstrual hygiene is fundamental to the dignity and wellbeing of school girls and an important part of the basic hygiene and sanitation to which every girl has a right¹. The availability of WASH services and hygiene education in schools is also important for achieving behavioural change of children and their parents.

WASH in health care facilities

The availability of water sources and sanitation facilities are often not taken into consideration when health centres are built. Health facilities in many lesser developed nations are not even meeting the minimum requirements of standards for emergency settings and health facilities are fully dependent on water and sanitation service providers whose performance is often very poor on both the quality and quantity sides of the service².

WASH in the workplace

For every US\$ 1 invested in water and sanitation, US\$ 4.30 is generated in economic returns through increased productivity. There is a compelling and clear economic case for businesses to therefore demonstrate leadership by addressing WASH at the workplace. Investing in WASH at the workplace means a healthier and more productive workforce, increased brand value, lower reputational risks and a more secured social license to operate. Finally, it results in expanded and more vibrant markets; countries with higher percentages of the population with access to safe WASH enjoy higher growth³.

WASH in prisons

In places of enforced confinement such as prisons and other places of detention, access to basic necessities and a salubrious environment are of the utmost importance for ensuring that the inmates remain in good health. Supplying sufficient amounts of water is one of the basic services which must be provided without interruption in any place where persons deprived of their freedom are being held. Given that every human being generates waste. One individual produces an average of 1 to 2 litres of waste per day. This figure represents the volume of urine and faeces and does not include the material used for anal cleansing or the amount of water used for washing. Therefore the need for adequate sanitary facilities is also of critical importance.

The need for water and toilets at schools, health centres, the work place and prisons

Water, sanitation and hygiene in schools, health care facilities, workplace and prisons need to be put part of the post-2015 development agenda.

Sustainability of WASH services

The Millennium Development Goals will end this year and will be succeeded by the Sustainable Development Goals. The SDGs are agreed upon, but the indicators for monitoring its implementation are currently being discussed by the Inter-Agency Expert Group on SDG Indicators (IAEG-SDGs). WASH at the household level is clearly addressed under targets 6.1 and 6.2. An indicator for WASH in schools has been proposed under target 4a. and therefore not as prominently included in this overview. However, WASH in health centres, prisons and at the workplace is currently not taken into account in the discussion about SDG indicators.

Why is institutional WASH so important?

Access to WASH facilities at home is simply not enough to achieve complete behavioural change and sustainable impact. The availability of WASH facilities at schools for both students and teachers is of critical importance, especially for girls at menstruating age. As important is the availability of WASH facilities at hospitals, health centres and clinics, as this is key to preventing infections and other diseases. In addition, the availability of WASH facilities ranging from the workplace to prisons is fundamental so that people are able to survive in a healthy and safe environment; a requisite for sustainable economic development.

What are our key messages?

- Need for stronger advocacy for WASH in extra household settings which include schools, health care facilities but also other settings as workplace, prisons, etc at international and national level. This will be done through collaborating with like-minded organisations to strengthen our message. A group of SuSanA workshops on extra household settings will be set up by IRC to further engage other organisations for this topic.

¹ See <http://www.un.org/millenniumgoals/pdf/report-2013/mdg-report-2013-english.pdf>.

² See <http://whqlibdoc.who.int/publications/9241560487.pdf>.

³ See <http://www.wbcsd.org>.

- Further strengthening our ties with Sanitation Water for All and End Water Poverty to ensure institutional WASH including hygiene are included in the post-2015 SDGs and corresponding indicators⁴. Simavi is engaged in the SDG task team of End Water Poverty and is looking for other opportunities to actively campaign for inclusion of a global indicator on hygiene and an indicator for WASH in health centres.

What proposed target indicators can be implemented?

As a means of bringing these settings into the SDGs, the following are some of the suggested target indicators:

Overall indicator

6.1 by 2030, achieve *the realisation of the human right to water through universal and equal equitable access to available, safe and affordable drinking water for all - in homes, schools, workplaces, health centers and refugee camps, paying special attention to the needs of women and girls and those in vulnerable situations.*

6.2 by 2030, achieve *the realisation of the human right to sanitation through universal and equal access to adequate, affordable and acceptable and equitable sanitation and hygiene for all - in homes, schools, health centres and refugee camps, paying special attention to the needs of women and girls and those in vulnerable situations - and end open defecation.*

Given that there are now WASH in schools indicators included in the SDGs these are not included in this overview below.

Proposed health care facility indicators

- Basic drinking water service (5 liters per day per patient and staff). In addition, availability of safe water for other functional purposes on facility premises.
- Gender disaggregated toilets with bins with lids in women and girls' washrooms.
- Handwashing facility with soap and water in or near the sanitation facility and delivery room/ operation room.

Proposed WASH at the workplace indicators

- Companies provide and maintain access to safe drinking water, appropriate sanitation facilities and supplies to allow for proper hygiene at the workplace, together with education and awareness building.

Proposed WASH in prison indicators

- In places of detention, where the latrines may be used by large numbers of people, the figure expressed in cubic metres – e.g. 3 m³ for 10 detainees over one year (equivalent to 300 l/ person/year) is used to calculate the volume of excreta produced by the detainees.

What is happening next?

The following are some of the key events organized by IRC and Simavi, as partners in the WASH IT! programme funded by DGIS (2015-2020), for the remainder of this year.

- Side event at the Water and Health conference in Chapel Hill on 27 October 2015 linked with SuSanA.
- Partnership meeting of SWA on 3-4 November 2015 in the Netherlands with an informal evening event.
- New items of the IRC website.

Where can I find more info?

Through the following link <http://www.ircwash.org/resources/case-studies-institutional-wash> you can find more information about the importance of WASH in schools, health care facilities, WASH at the workplace and WASH in prisons including relevant facts and figures.

If you have further specific questions, please contact Marielle Snel from IRC at snel@ircwash.org or Roel Blesgraaf from Simavi at roel.blesgraaf@simavi.nl.

IRC

IRC is a think-and-do tank. Our approach is different, and it is transformational. It involves everyone, in every part of the process, thinking and acting in new ways to find long-term solutions to the global crisis in water, sanitation and hygiene services.

www.ircwash.org

Simavi

Simavi realises structural improvement to the health conditions of people in marginalised communities in Africa and Asia since 1925. Simavi invests in Water, Sanitation and Hygiene (WASH) and in Sexual and Reproductive Health and Rights (SRHR) because these basic services are vital for people to be able to lead a healthy life, build a better existence and find a way out of poverty. Therefore Simavi strives for a world in which basic health is accessible for all. Simavi aims to structurally improve the basic health of ten million people by 2020. Simavi works on this mission by collaborating closely with civil society organisations to build capacity and create structural, lasting change.

www.simavi.nl

⁴ This was advocated in the informal SWA evening event in the Netherlands 4 December 2014. See <http://www.ircwash.org/resources/case-studies-institutional-wash>.