

# WASH TRACKING

Raising sanitation standards at the community level



More than one third of the world's population does not have access to adequate toilets and hand washing. Inadequate access to sanitation leads to the spread of parasites, bacteria and viruses that contribute to more than 760,000 child deaths per year. For those children who survive, the infections can contribute to malnutrition, one of the principle drivers in the perpetuation of poverty.



A significant proportion of diarrheal disease can be prevented through access to safe drinking water and adequate sanitation and hygiene. The solutions are simple, but information is needed about where to intervene. Just like with any effective public health program, we need to be able to track areas without access as well as improvements being made so we can deploy our resources effectively. In this case, those resources come in the form of community health workers educating the population on improved sanitation practices and proper latrine construction.

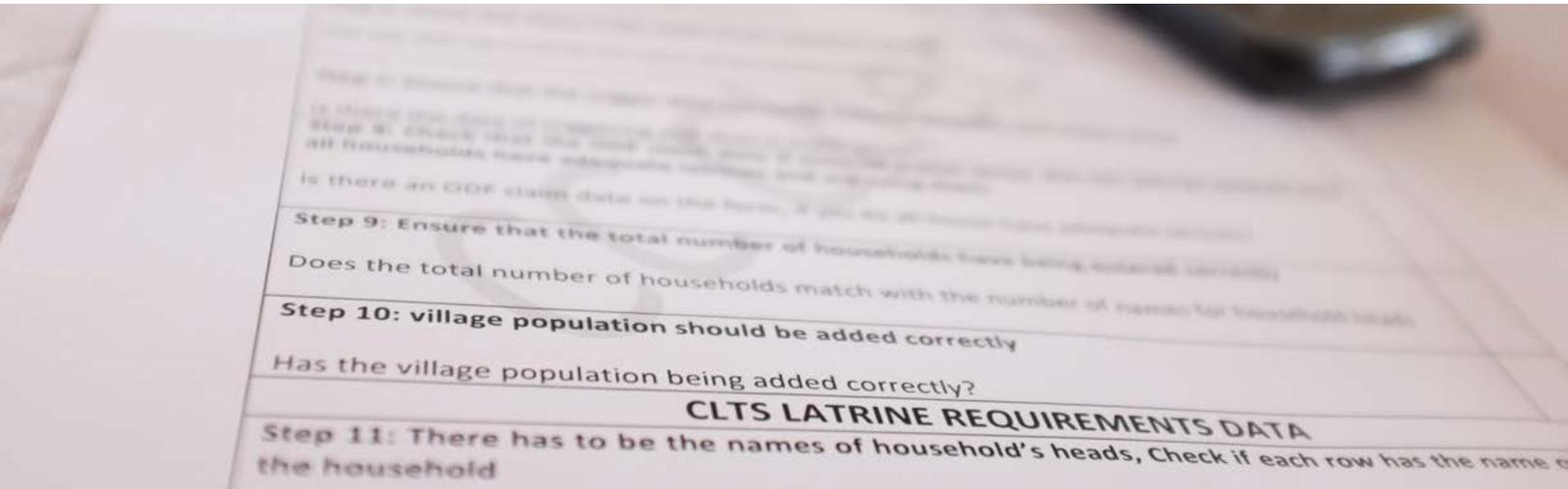
## Our approach

Akros is experienced in this kind of tracking, and we applied our knowledge and experience to community-level tracking of latrine construction all across Zambia. In partnership with UNICEF Zambia and Ministry of Local Government and Housing (MLGH), Akros conceptualized, developed and rolled out the first water, sanitation and hygiene village-level mobile surveillance tool to be taken to scale in sub-Saharan Africa. Using a health information system called DHIS2 ([www.dhis2.org](http://www.dhis2.org)) Akros provided a turnkey solution by creating an innovative strategy both for information management and logistics deployment.

More than 1,300 village-level Community Champions (CCs) provide monthly reports to DHIS2 from over 13,500 villages through a simple, user-friendly mobile application. Real-time data on open-defecation indicators are available through maps, graphs and charts within the DHIS2 platform. This immediate feedback empowers government actors to make informed decisions to improve latrine progression, effectively allocate resources and support all levels of the administrative hierarchy.



Routine text alerts are sent to CCs and sub-District staff without computer access, reminding them to send their monthly reports, informing them of CLTS progress and reporting rates, and triggering necessary activity follow-up.



1,500,000

**After just one year, this system has led to 1.5 million new users of sanitation.**

### Involving Traditional Leaders

The success of Akros' approach to water and sanitation includes engaging traditional leaders. These highly respected, powerful community members are able to effect behavior change. Through hands-on training, Akros empowers the Chief with real time data on the chiefdom's progress toward open defecation free status.

After just one year this system has led to 1.5 million new users of sanitation and the first open defecation free district in sub-Saharan Africa. The average cost per new user of sanitation is just \$1.65, making Akros' model cost-effective and scalable.



**Akros strengthens national health systems in developing countries.**

We use sophisticated tools to collect essential health data and then teach our counterparts how to use that data effectively. We believe that if the right systems and tools are deployed in the right places at the right time, many lives can be saved and the quality of those lives raised.