This Briefing Note presents evidence for the impact of water supply, sanitation and improved hygiene on education.

Key references


Full details of all the material used in support of this policy briefing are available at www.lboro.ac.uk/well

There are six briefing notes in this series:

1. The Poverty Millennium Development Goal: What water, sanitation and hygiene can do
2. The Education Millennium Development Goal: What water, sanitation and hygiene can do
3. The Child Health Millennium Development Goal: What water, sanitation and hygiene can do
4. The Gender Millennium Development Goal: What water, sanitation and hygiene can do
5. The HIV/AIDS Millennium Development Goal: What water, sanitation and hygiene can do
6. The Environmental Sustainability Millennium Development Goal: What water, sanitation and hygiene can do

What water, sanitation and hygiene can do

The EDUCATION Millennium Development Goal

In September 2001, the United Nations Millennium Summit agreed a set of time-bound and measurable goals aimed at combating poverty, hunger, illiteracy, environmental degradation and discrimination against women.

The second Millennium Development Goal (MDG) is education. The right to complete primary education is a basic human right and is essential for ensuring children develop the knowledge and skills required to participate fully in society. The right to education is enshrined in the 1989 United Nations Convention on the Rights of the Child, which has been ratified by 190 countries.

Since the implementation of WaterAid clean water programmes in India, Tanzania and Ghana, teachers are more likely to accept posts in areas where recruitment was difficult due to the lack of clean drinking water.

Why water, sanitation and hygiene?

WELL is a network of resource centres:

- WEDC at Loughborough University, UK
- IRC at Delft, The Netherlands
- AMREF, Nairobi, Kenya
- IWSD, Harare, Zimbabwe
- TREND, Kumasi, Ghana
- SEUF, Thiruvananthapuram, India
- ICDDR, B, Dhaka, Bangladesh
- NETW AS, Nairobi, Kenya

This note was funded by the UK Department for International Development (DFID). The views expressed, however, are not necessarily those of DFID.

www.lboro.ac.uk/well/index.html
About 6 million people are blind from trachoma. Adequate water supply can reduce the infection rate by 25%.

An assessment in 20 schools in rural Tajikistan revealed that all girls choose not to attend when they have their periods, as there are no facilities.

Poor access to clean water and good sanitation is associated with poor growth in children. In Lima, Peru, those whose living and working conditions were the cleanest were 1cm shorter and had 54% more episodes of diarrhoea than children who grew up in the cleanest conditions.

In the Noakhali district of Bangladesh in 1998, the provision of water and sanitation facilities increased girls’ attendance at school by 15%.

In rural Pakistan more than 50% of girls drop out of school in grade 2-3 because the schools do not have latrines.

Small rural settlements in Malawi developing safe water sources and upgrading sanitation facilities saw a reduction in diarrhoea and helminth infections among school children.

About 200 million people are infected with schistosomiasis. Studies found that adequate water supply and sanitation could reduce the infection rate by 77%.

The Water and Sanitation Extension Programme (WASEP) in Pakistan 1997-2001 found that children not living in WASEP villages had a 33% higher chance of diarrhoea than those who did.

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There was a 12% increase in Tanzanian school attendance when water was 15 minutes away rather than an hour.

A school Environmental Health Club was also established in the Nigerian village of Baabta, promoting hygiene behaviour in the homes. By 2001, hand washing had increased by 95%, with 90% bathing and brushing teeth regularly.

In schools

Where there are working and well-maintained separate sanitation facilities for girls, school enrolment increases.

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