



## Community management of school sanitation programme – India

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### UNICEF AND SCHOOL SANITATION – Role towards achieving Millennium Development Goals

UNICEF HAS BEEN supporting the central and state governments of India in implementing water and environmental sanitation programmes primarily in rural areas. The school sanitation programme is a critical component of UNICEF's Child's Environment Programme. This programme promotes hygiene education among children in primary schools and aims to transmit proper hygiene practices to the community through the children. The current case study presents the status and impact of the programme in achieving the Millennium Development Goals (MDG) in Orissa, one of India's backward states.

The Specific MDGs linked to School Sanitation and Hygiene Education (SSHE) are:

- Goal 2 on Achieving universal primary education
- Goal 7 on Ensuring environmental sustainability

What makes the Orissa case study distinctive is the approach adopted towards implementing SSHE. Towards this end, a new concept of initiating environmental sanitation and water supply as an integrated approach has been put into operation by promoting community-based WATSAN (Water and Sanitation) model villages in selected districts of Orissa.

During the planning and implementation of the integrated approach at the community level it was realized that schools are an integral part of a village's social infrastructure.



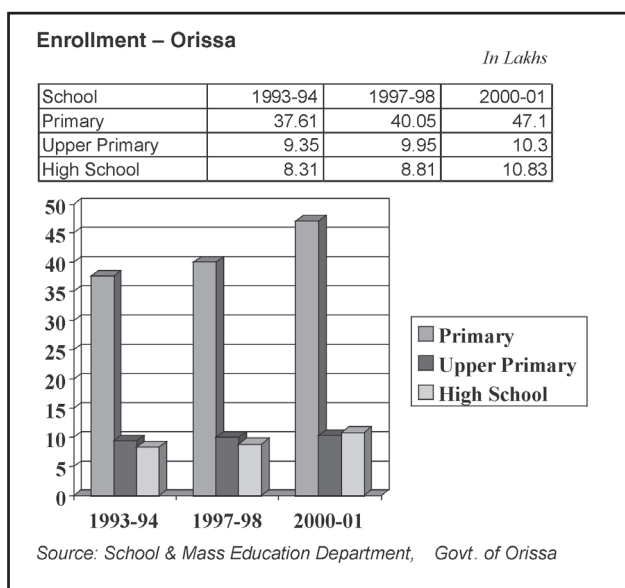
**Child-to-Child Hygiene Education**

Involvement of community in school sanitation and hygiene activities increases the effectiveness of the programmes. It also promotes a sense of ownership within communities to sustain the school systems for operation and maintenance. Although school sanitation and hygiene promotion brings health benefits for the children and their family members who may improve their sanitation, it is clear that sanitation improvement has much greater benefit when it is achieved by the whole community. Our experience has shown that children can act as potential agents of change within their homes and communities through their knowledge and use of sanitation and hygiene practice learned at school. However, without mobilization and motivation of the community as a whole, the impact of a school sanitation and hygiene promotion programme may remain limited. Further experimentation is needed to maximize the use of schools as an entry point for community sanitation and hygiene promotion and support from a community level is needed to make the intervention sustainable and cost effective.

### Context to the Orissa case study on school sanitation

The case study is based on an Integrated WATSAN Programme implemented by UNICEF in Orissa, which is situated on the coastal plain of Bay of Bengal. Orissa is one of poorest states of India with highest rates of infant (91 per 1000) and maternal mortality (361 per 100,000) in the country, as well as the lowest rate of toilet coverage. Less than 10 percent of the state's population has access to sanitation, and even less use the facilities provided. Over half the population is designated as living below the poverty line. Although 98 percent of the population is reportedly covered under various drinking water schemes, UNICEF estimates that about 60 percent of them have access to these facilities. Before the project started, toilet coverage was measured at 4.7%.

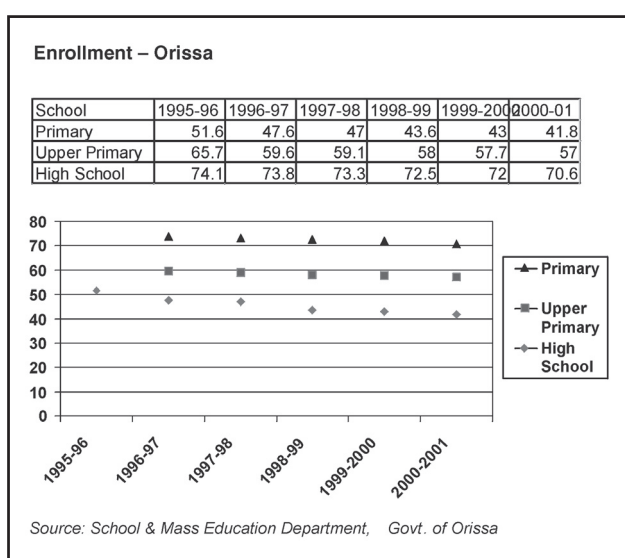
In 1999 there was a fundamental shift from top-down, isolated interventions to a demand-driven, community managed process. This fundamental change of approach and attitude has led to significant and sustained improvements. One of the most important strategies for this change has been the promotion of school children as agents of change in their own community, through a community-based school sanitation and hygiene education campaign.



### Achievements

Before this shift in thinking, the sanitation coverage was a meagre 4 percent with school sanitation virtually non-existent. Three years later, the figure is 40% and growing. More importantly, the toilets are being used. This intervention and its convergence with the Primary School interventions of the Government has helped in an increase in enrolment and the resultant decrease in dropout rates of the school children in the state, as the following two graphs indicate.

The most important part of the programme, however, has focused on school sanitation and related hygiene education. This has complimented other demand-based initiatives that have included garbage disposal and storm water drainage to improve the school and village environmental sanitation. Water supplies have been improved, especially in primary schools and there have been major changes in hygiene practices.



In all, over 4000 schools now have an established system of community based school sanitation packages that includes both hardware (toilets, urinals, water systems) and software (hygiene education system). Over 25 percent of the cost is borne by the school and the community.

### How was this achieved?

UNICEF’s strategy in Orissa started with establishment of integrated water and sanitation at village/community level, in which intensive interventions were undertaken on a cost-sharing basis. The assumption was that these would serve learning nodes and stimulate interest and as demand elsewhere.

The process started in a very modest scale with a few schools in one of the districts of Orissa. Each school was facilitated by a local NGO. To ensure that participation and decision making was mainstreamed, much use was made of Participatory Learning Action (PLA) techniques and in particular the development of a school sanitation action plan.

The investment that the school committee and the community were prepared to make was considerable. In tangible terms, the cash, labour and key contributions amounted to over 25 percent of the project cost. The figure masks the other inputs consisting of peoples’ time, interest, knowledge and skills. Extensive capacity building inputs were provided to the teachers who played a major role in the entire process. A wide variety of methods were used to communicate ideas and promote messages. The school children also took up responsibilities that included monitoring the impact of their plan through simple wall mounted monitoring chart.

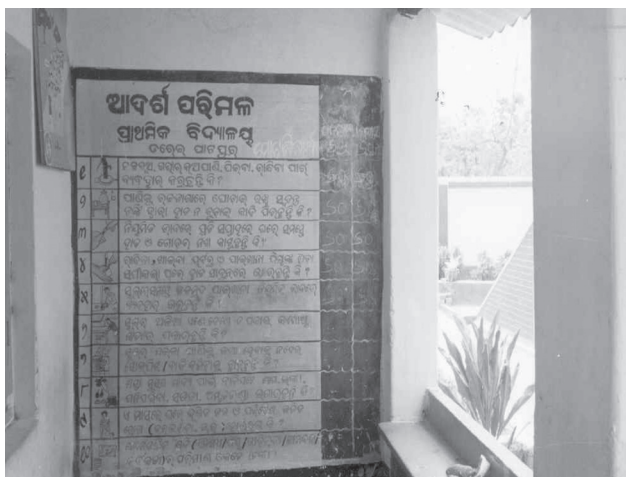
### Partnership

Scaling up such a system requires partnership. In all, there are six key partners: Community, Parent Teacher Associations, the local NGOs, District Administration, State Government and State Council of Education, Research & Training. The result is a network, not a vertical structure. Key relationships are reflected in clearly defined memorandums of understanding.

A key aspect of the UNICEF school sanitation programme in Orissa is the involvement of the State Government and the Orissa Primary Education Programme Authority (OPEPA) through the District Primary Education Programme (DPEPs). The School WATSAN Committees have also been recognized by the Administration, increasing their credibility and authority to collect and manage funds. In return, UNICEF has supported the Administration with field level extenders who are responsible for day-to-day operations.

### Community-based Monitoring of Indicators

One of the most significant activities of the programme has been the school-based monitoring of their achievement and not necessarily the input activities. In every school a huge



**Monitoring of the 10 Health Indicators**

wall poster is displayed where the teachers and students monitor 10 important achievement indicators every month. One of the nominated students from each class, assisted by the teacher, facilitates this monitoring system. The students analyze the results and the best practices are rewarded as a token of encouragement. The findings are then shared with the parents and the community for influencing their behavioral practices at home.

The 10 achievement indicators under reference are, (1) use of safe drinking water, (2) storage of water, (3) use of sanitary toilet, (4) hand washing practices, (5) personal hygiene i.e. nail cutting, clean dress, brush teeth, (6) garbage disposal, (7) prevalence of water and sanitation related diseases, (8) dropout rate among girls, (9) worm infestation, and (10) waste water disposal and kitchen garden.

### Scaling Up

Following the success in the initial few schools, the programme was extended to 4000 schools in 5 districts across the state. Each school became a learning centre. Exposure visits stimulated interest and demand for expansion. Work in these schools is in an advanced stage with additional funds available from Orissa Primary



**A Modest school toilet**

Education Programme Authority (OPEPA) and the Total Sanitation Campaign by the Government of India. The local representatives have also started to contribute from their Local Development Fund. While there is uniformity in approach, each school plan is unique in reflecting local perceptions and priorities.

The challenge now is how to integrate this process with the Government of India's Sector Reforms initiative (Total Sanitation Campaign). Although both initiatives have much in common, the scale and time frame of the Government process poses new problems to be overcome, especially if quality is to be maintained. Some 25,000 schools are to be involved in 15 pilot districts in Orissa. This is our current challenge. The bigger challenge is our Mid Decade Goal (MGD), which envisages to cover all 52,000 schools in the State and 7.9 million schools in India.

### Lessons Learned

- Children can truly influence their parents to change their traditional habit of open defecation and change to use of household toilets. Triggered by the School Sanitation Programme, the coverage of rural household by home toilets increased from 4 to about 40 percent. The symbiosis between school sanitation and rural sanitation induces an element of sustainability, flowing naturally in the process of implementation.
- Community management only becomes a reality if decision-making, including financial control, is devolved to community itself. This itself is a political decision, requiring political support.
- For community management to be effective, it needs quality facilitation. Quality cannot and should not be sacrificed to achieve quantitative targets. Time frames need to be realistic. Once developed, a successful demand driven approach can achieve more in three years than decades of top down approach.
- Communities do not exist in isolation. Community management requires support, above all, political leadership. The results can overturn a top down attitude to service delivery and bring government on side.
- School sanitation encourages enrolment and checks dropout rates, especially of the girl students.
- In terms of providing more technical options (for example, piped water supply) and longer-term support, there is a need to mobilize local government institutions.

Ultimately, scaling up community management needs effective, sustainable partnerships with communities, intermediaries (NGOs) and government working in tandem to achieve common objectives. It is believed that such encouraging experiences in the grassroots will eventually flow upward and influence policy makers to opt for scaling up and ensuring inter-sectoral convergence.

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