More than two million children die every year due to sanitation-related illnesses. This accounts for around 15 per cent of all deaths of under-fives in developing countries.¹

Vision 21, launched by the World Water and Sanitation Collaboration Council at the Second World Water Forum in March 2000, describes a future for water and sanitation for 2025 as one in which virtually every man, woman and child will know the importance of hygiene and will enjoy safe and adequate water and sanitation. Communities and governments will benefit from the resulting improved health and related economic development.²

If all of these goals are to be met, then it is important to target school-age children, since these will be the next generation. School sanitation and hygiene refers to the combination of hardware and software components necessary to produce a healthy school environment and to develop or support safe hygiene behaviours. The hardware components include drinking water facilities in and around the school campus. The software components are the activities that promote conditions at school and practices of school staff and children that help prevent water- and sanitation-related diseases and parasites such as worms.

Effective sanitation and hygiene in schools involves a healthy physical environment, active and organized children, trained and committed school personnel and links to home and the community. In Gujarat, the Water and Sanitation Management Organisation (WASMO) has successfully reached out to children through innovative and carefully designed programmes in 1,340 of the 2,410 villages wherein WASMO is currently engaged.³

**Sanitation programmes in India**

In India, around 180 million days are lost annually due to waterborne disease, at a cost of $280 million. The Government of India has launched a Total Sanitation Campaign (TSC) to encourage the building of sanitation facilities in rural areas, with the broader goal to eradicate the practice of open defecation. This programme is being run in 520 of the 602 districts in the country, with UNICEF support in 130 districts. A nominal subsidy in the form of an incentive is provided to poor rural households for toilet construction. Information, education and communication (IEC) are emphasized, together with capacity building and hygiene education for effective behaviour change with
Water and education

the involvement of local government
and civil society.4

Gujarat: reaching out

Inculcating the practice of sanitation
and adopting clean hygienic habits are
challenging tasks. Experience indicates
that communities express greater
interest and readiness to invest in
drinking water supply than in construc-
tion of toilets and sanitation.

In 2002, the Government of Gujarat
set up the Water and Sanitation
Management Organisation or WASMO as
an autonomous institution to facilitate
community-managed drinking water
supply and sanitation facilities.

WASMO is currently working with local
NGOs to implement water supply and
sanitation projects with the community
through the formation of pani samitis
(village water and sanitation commit-
tees) in 1300 villages. The communities
are facilitated and technically and
financially supported by WASMO.

NGOs functioning as implementation
support agencies (ISAs) work with the
villagers, empowered through various
rigorous capacity-building measures.

Since 2003, WASMO has made
special efforts to reach out to school-
children to promote environmental
sanitation for a clean habitat, encourag-
ing the use of toilets and hygienic
practices. While the children learn
about hygiene and use sanitation
facilities in their schools, they also
serve as agents of change, carrying
home the message of hygienic prac-
tices. Children attending school in all
the 1300 primary schools have been
targeted through software and hardware
activities. In fact, in some villages, the
construction of School Sanitation
Corners proved to be an effective entry
point activity for launching water
supply projects.

Important issues

Issues that were highlighted included:
• washing hands after defecation,
  before cooking and eating meals
• maintaining personal hygiene by
cutting nails, brushing teeth,
bathing, combing hair
• keeping drinking water clean
• keeping houses, streets and the
  village clean
• preventing open defecation and
  using toilets; and
• maintaining water quality.

Effective approaches

Special campaigns were launched to
promote sanitation and educate children
about hygienic practices. There were
hardware campaigns to construct
sanitation facilities, and a software
campaign in the form of intensive
information, education and communica-
tion activities.

Construction activities in schools
included building rooftop rainwater
harvesting systems for supplying water
for drinking and washing hands,
handwashing facilities, urinals and
separate toilets for girls and boys, and
installing dustbins.

Different and interesting approaches
were adopted for an intensive IEC
campaign to ensure that the messages
communicated were relevant, participa-
tory and practical. Since schools across
several villages were to be reached,
capable and interested volunteers were
sent for after-school activities and these
proved successful (see Box 1).

Some of the activities undertaken
during the campaign included:
  Distribution of print material.
    Posters and pamphlets on various
issues were distributed in schools and
amongst villagers, government staff and
NGOs.
  Name stickers for text and note-
books. These name stickers carried
couplets on various health and hygiene
issues and were a big hit with the
children.
  Writing slogans. Slogans depicting
the perils of poor sanitation and
hygiene and hygienic practices were
painted on the walls of prominent
buildings, in schools and along high-
ways. These slogans were selected
through a competition wherein senior
students from 360 rural schools
participated and 160 entries were
selected.

Competitions. Drawing and essay
competitions, sanitation puzzles, plays,
forecast games, personal hygiene
boards and passbooks, teaching songs,
story telling, snakes and ladders and
the distribution of nail cutters all formed
part of school activities. Winners of
these competitions as well as neatly
dressed children received awards.

Street plays. Lok dayros (a tradi-
tional folk form of story telling in
Saurashtra that uses poetry and rhythm
to get messages across) and plays by
schoolchildren focusing on basic
health, hygiene and environmental
sanitation were performed.

Rallies. Children and elders walked
along village streets with placards of
sanitation and hygiene issues, shouting
slogans, exhorting the community to
use toilets and practice hygiene.

Using special days to get the
message across. For example, in
Kathawa village, students performed a
play on Republic Day called Bhagdo
gandaki (‘Throw the dirt out!’) to
inform about sanitation practices. On
the last day of 2003, in a school in
Devghadh village, groups of children
cleaned up the village. They were given
lessons in personal hygiene like
handwashing and taking a bath every
day. On Republic Day, 2004, exactly
three years after the devastating
earthquake in Bhuj, the children of
Navanirani village paid tribute to those
who lost their lives by starting the day
with a Jan Jagrun yatra (public
awareness walk). On Martyrs’ Day,
2004, the children of Naranpar Ravri
village took matters into their own
hands and, armed with brooms and
buckets, cleaned up this prosperous but
dirty village. In a school health
programme, the personal hygiene of
each student was checked, and deserv-
ing children were awarded prizes. The
children took an oath to observe
personal hygiene. On Makarsankranti,
a five-day kite-flying festival, some 1,800
kites carrying sanitation messages were
distributed to students in 230 primary
schools across 100 villages.

School sanitation committees in
schools: Student school sanitation
committees or Eco Clubs were set up in
primary schools in 25 villages. These
clubs typically consist of different

Volunteers developed a great rapport with
school children
committees formed by children with specific responsibilities. In the primary school in Gundi village of Bhavnagar District, for example, five student committees consisting of five students each were formed. Each committee has a defined responsibility: to maintain cleanliness in and around the school; maintain hygiene in the School Sanitation Corner; water plants and trees; check the personal hygiene of the students every Thursday; and, ensure appropriate waste disposal and maintenance of dustbins in the school.

Practical sanitation kits, consisting of a broom, dustbin, washing powder and phenyl, were given to help them keep their school premises clean.

Planting trees as part of eco-sanitation: Saplings of fruit-bearing and avenue trees were planted in the school campus and other places in the village by school children.

Training programmes. Sessions on sanitation, health and hygiene were organized for school children, teachers and the village community to promote hygiene practices, the use of sanitation facilities and maintaining a clean village and household environment. Audio visual aids were extensively used while imparting training.

Efforts are made to change the behavioural pattern of adults as well. Through all these efforts, the children are not only informed, but they act as informers as well as they participate in street plays organized by the NGOs and undertake rallies to spread the message of sanitation and hygiene. NGOs work with women’s self-help groups and the pani samitis to spread the word. Pamphlets and posters prepared by WASMO on issues such as toilet options, the need to wash hands, hygiene practices, the impact of poor water quality, and practices to keep water clean are distributed. These issues are also discussed in gram sabhas that involve the whole village community. Messages are spread through fairs and exhibitions as well.

Conclusions

It is often difficult to convince villagers to adopt sanitation and hygiene practices, since they have been following other habits for years and there exists a great knowledge gap. This gap needs to be bridged by consistent information and knowledge bombardment. The methods used by WASMO, using all platform and media for spreading awareness, are based on planning and large-scale efforts aimed at reaching large audiences in the shortest possible time.

These efforts are beginning to bear fruit as is evident from small but increasingly visible changes. The number of children who have begun to maintain personal hygiene is slowly but surely growing. They are realizing the importance of sanitation and are demanding the same at home. Attendance in schools has increased and is ascribed by the school teachers to a decline in disease due to better hygiene.

Quantitative data to support this is being collected. In many primary schools the premises and surroundings are clean and hygiene practices have significantly picked up thanks to the efforts of the school teachers. In a school in Kutch District, a school teacher himself gives a bath to children who come to school un Lauhed.

The lessons learnt during these two years are being incorporated into future efforts.

About the author

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References


Box 1. Volunteer victory

A four-member volunteer team in Nakhatrana and Abdasa talukas in Bhuj District wrought wonders in the hygiene habits of children. The team visited more than 25 schools and interacted with the children. Posters and stickers carrying various messages were explained and distributed. Messages were also explained through games and plays. The children were revisited several times to monitor change.

The team became so popular that the moment they were spotted, the children would run up to them to show their neatly combed hair and clean and trimmed nails.