



# School Sanitation and Hygiene Education

## **Thematic Overview Paper**

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Please note that the TOPs are a web-based series. However, we feel that those who don't have access to the Internet should be able to benefit from the TOPs as well. This is why we have also made them available as paper versions.

The structure of the TOP web pages is different from that of the paper documents. We have tried to accommodate that by placing the links in footnotes of this document and also by placing information that is not part of the running text of the web version, in the annexes of this paper version.

However, you may still come across some sentences or paragraphs that seem a little strange in this paper version. If you do, then please keep in mind that the TOPs are primarily intended to be web pages.

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## Thematic Overview Papers (TOPs): an effective way to TOP up your knowledge

Do you need to get up to speed quickly on current thinking about a critical issue in the field of water, sanitation and health?

Try an IRC TOP (Thematic Overview Paper). TOPs are a new web-based initiative from IRC. They combine a concise digest of recent experiences, expert opinions and foreseeable trends with links to the most informative publications, websites and research information. Each TOP will contain enough immediate information to give a grounding in the topic concerned, with direct access to more detailed coverage of your own special interests, plus contact details of resource centres or individuals who can give local help. Reviewed by recognised experts and updated continually with new case studies, research findings, etc, the TOPs will provide water, sanitation and health professionals with a single source of the most up-to-date thinking and knowledge in the sector.

Contents of each TOP

Each TOP consists of:

- An Overview Paper with all the latest thinking
- Case studies of best practice
- TOP Resources:
  - links to books, papers, articles
  - links to web sites with additional information
  - links to contact details for resource centres, information networks or individual experts in your region
  - a chance to feedback your own experiences or to ask questions via the Web.

To help those who have little or no access to the Internet, the TOPs will be available in hard copy format too. IRC will produce printed copies at intervals, and the website will contain a .pdf version of the most up-to-date version, so that individuals can download and print the information to share with colleagues.

The TOPs are intended as dossiers to meet the needs of water, sanitation and health professionals in the South and the North, working for national and local government, NGOs, community-based organisations, resource centres, private sector firms, UN agencies and multilateral or bilateral support agencies.

Not all the information will be of interest to everybody. The strength of the TOPs is that you can easily find the parts that matter to you. So, if you want to be up-to-date on what is happening in this important sector, don't search around aimlessly; go straight to the TOP!

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How to make the most of this TOP

IRC's Thematic Overview Papers (TOPs) aim to give their readers two kinds of help:

- Easy access to the main principles of the topic — in this case School Sanitation and Hygiene Education — based on worldwide experiences and views of leading practitioners
- Direct links to more detailed explanations and documented experiences of critical aspects of the topic on the world wide web

To find out what this TOP is about, read the Summary before you go into the document.

You'll find the main components of this TOP in the menu on the left. If you want to read the TOP from start to finish go to the Introduction and click on 'continue' or 'read on' at the bottom of every page. This will take you through the whole TOP. If you wish to short-circuit the full read, the menu on the left allows you to hop to any special area of interest you may have within the TOP.

As you read, you will find various temptations to link to other documents with useful and more detailed advice or experiences. In most cases, the underlined link will take you first to an abstract on this website telling you more about the linked document. You may then decide whether to let your browser take you to the full reference for reading, printing or downloading.

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## Summary

A schoolchild educated to the benefits of sanitation and good hygiene behaviour is a conduit for carrying those messages far beyond the school walls, bringing lasting improvement not only to his or her health and wellbeing, but also to that of the family and the wider community. It is difficult therefore to over-emphasise the importance of school health and hygiene education (SSHE), the subject of this TOP.

Despite the potential for such far-reaching benefits and the apparent popularity of the issue with politicians because the practical outcomes attract voters, SSHE has not yet achieved widespread prominence in national water, environment and sanitation (WES) programmes. The authors say there is evidence of change, with many governments now adopting strategies that support SSHE, and several international agencies playing an important part in encouraging appropriate developments. Amongst several initiatives cited are those of UNICEF and the more recent 'life skills approach' being promoted by that agency in conjunction with IRC.

Perhaps the most important lesson from past experience is that SSHE is an 'approach to life' rather than an academic subject that can be taught with a focus on theory and written examinations. With that in mind classroom teaching has to go hand in hand with practice and that in turn demands that schools have adequate, clean and well maintained water and sanitation facilities.

Shortcomings in all these areas have been, and still are, frequently evident, and are the inevitable prelude to poor project outcomes. Such basic difficulties have therefore to be overcome but the authors make clear that success depends on instituting systems in which political support from the highest level permeates through all levels of administration and is allied to demand and active participation in the communities.

Teachers have to be motivated and well informed – including on the basic workings and maintenance needs of installed facilities – and should be kept abreast of SSHE advances by means of short courses after their initial training.

Programme monitoring is of extreme importance and should be seen as an avenue to 'assessment and adjustment' rather than merely an exercise in data gathering. It should be applied not only to classroom activities but also to the 'hardware' of SSHE – the school sanitation facilities – and to the programme outcomes in terms of disease control and, not least, the enrolment of girls into schooling.

In the shorter term, positive impacts on student health and on attendance of girls will be the most tangible evidence of success. Many references within the TOP, for example chapter 3, make it clear that children burdened by diarrhoea or parasitic infection develop more slowly, both physically and in their education. It is evident too that parents are less

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likely to enrol girls and that drop-out rates are higher at puberty when schools lack facilities or have poorly maintained, dirty latrines; privacy is also an important factor here.

For maximum impact an SSHE project has to be sustainable. Collaboration in several areas is an important element in meeting that objective - collaboration between government departments (health, water and sanitation, education etc), between professional disciplines and between the school management and the community. Those are the foundations for providing schools with clean drinking water and well-designed and maintained sanitation facilities; a healthy school environment and a platform for competent teaching to implant the hygiene habits that can bring lasting benefits to entire communities.

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## 1. Introduction – School Sanitation and Hygiene Education

Focus of this TOP

This TOP focuses on sanitation and hygiene education at the school level. It may be of relevance to practitioners and to academics who are working directly or indirectly on School Sanitation and Hygiene Education (SSHE)<sup>1</sup>. For example managers and trainers involved in SSHE programmes operating at the state, district or community level may find the paper useful and it may also assist teachers at the community level who are focusing on certain aspects of SSHE.

Although there are no predetermined steps to creating a successful SSHE programme, the TOP does give insight to a number of elements that the reader should keep in mind for an SSHE project.

The following pages describe:

- Some basic facts and challenges about school sanitation and hygiene education
- Some initiatives taken in SSHE
- The implications of SSHE across the range of levels from policy-making to field activity.
- Steps that can be taken to improve SSHE at the macro and micro level
- Lessons learned and issues which stakeholders should take into consideration
- Important information sources
- Case Studies

Why does the theme SSHE really matter?

Globally some 1.1 billion people are currently without access to improved water supply and about 2.4 billion don't benefit from any form of improved sanitation services (WHO, 2000). The majority of these people live in Asia and Africa. In Africa, for example, two out of five people lack improved water supply.

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<sup>1</sup> If you are interested in School Sanitation and Hygiene Education, you might also want to read the TOP on HIV/AIDS and water: <http://www.irc.nl/page.php/15>

The provision of safe water and sanitation facilities in schools is a first step towards a healthy physical learning environment, benefiting both learning and health<sup>2</sup>. However, the mere provision of facilities does not necessarily make them sustainable or produce the desired impact. It is the use of latrines and the related appropriate hygiene behaviour of people that provides health benefits. In schools, hygiene education aims to promote those practices that will help to prevent water and sanitation-related diseases as well as encouraging healthy behaviour in the future generation of adults (Burgers, 2000). As reflected in the following table, water-related diseases caused an estimated 3.4 million deaths in 1998 alone.

**Table 1: Number of estimated deaths from water-related diseases (1998)**

Disease	# of deaths (000)
Diarrhoeal Diseases	2,219
Malaria	1,110
Trypanosomiasis	40
Intestinal worm infestation	15
Dengue	15
Schistosomiasis	7

Source: WHO (1999).

The combination of adequate facilities, correct behavioural practices and education is meant to have a positive impact on the health and hygiene conditions of the community as a whole, both now and in the future. The success of a school hygiene programme is therefore not determined only by the number of latrines constructed and the number of handpumps installed or water connections built. Nor is the success of a programme determined simply by what children know. Knowledge that is not applied to hygiene behaviour in practice has no impact on health.

School sanitation and hygiene education (SSHE) in this paper therefore refers to the combination of hardware and software components that are necessary to produce a healthy school environment and develop or support safe hygiene behaviour. The hardware components include supply of drinking water and facilities for hand washing and safe disposal of excreta and solid waste in and around the school compound. The software components are the activities that promote conditions at school and practices of school staff and children that help to prevent water and sanitation-related diseases and parasites (UNICEF and IRC, 1998).

<sup>2</sup> Primary schools in some of the poorest countries have inadequate sanitation facilities, according to a pilot survey of 14 countries in 1995. The average number of users is often higher than 50 students per toilet in city schools. None of the 14 countries had increased the number of school toilets by more than 8% since 1990, suggesting that they are barely managing to keep up with the rise in student populations. Somewhat better progress had been achieved in providing safe water in schools. Inadequate sanitation and water in schools jeopardize not only students' health but also their attendance. Girls in particular are likely to be kept out of school if there are no sanitation facilities (UNICEF, Progress of Nations 1997, p. 13).

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The focus of school sanitation and hygiene education is on the development of life-skills, a healthy and safe school environment and outreach to families and communities<sup>3</sup>. Investing in school sanitation and hygiene education has many benefits. It is in essence an investment in our future which:

- **Promotes effective learning:** Children perform better when they function in a hygienic and clean environment.
- **Increases enrolment of girls:** The lack of private sanitary facilities for girls can discourage parents from sending girls to school and contributes to the drop out of girls, particularly at puberty.
- **Reduces incidences of disease and worm infections:** If school sanitation and hygiene facilities are absent, or are badly maintained and used, schools can become a health hazard.
- **Promotes environmental cleanliness:** Presence and the proper use of facilities will prevent pollution of the environment and limit health hazards for the community at large.
- **Implements children's rights:** Children have the right to be as healthy and happy as possible. Being clean, healthy and having clean water and proper sanitation facilities contribute to a happy childhood.

The framework for school sanitation and hygiene education will, of course, change depending on the situation. However, the issues listed in Table 2 are usually benchmarks of an effective SSHE programme. This table also presents what most SSHE programmes would like to achieve.

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<sup>3</sup> For more information on life skills and life skills education, [www.irc.nl/sshe](http://www.irc.nl/sshe).

**Table 2: Effective school sanitation and hygiene education in a school**

<p><b>A healthy physical environment</b></p>	<ul style="list-style-type: none"> <li>• Keeping the compound and classrooms clean and free of waste and faecal matter;</li> <li>• Providing toilets that are designed for children (boys and girls);</li> <li>• Providing convenient hand washing facilities;</li> <li>• Providing not only sufficient safe drinking water, but also sufficient water for handwashing;</li> <li>• Providing classrooms which are well ventilated, provide enough light for studying and have appropriate furniture (e.g. chairs and tables) for the students.</li> </ul>
<p><b>Active and organised children</b></p>	<ul style="list-style-type: none"> <li>• Clean and convenient use of facilities by all children and teachers;</li> <li>• Consistent and organised cleaning and maintenance of toilets, hand washing and drinking water facilities by all children;</li> <li>• Roles for older children to help and monitor younger children in using facilities and maintaining school cleanliness.</li> </ul>
<p><b>Trained and committed school personnel</b></p>	<ul style="list-style-type: none"> <li>• Head teacher and key teachers have been trained/oriented;</li> <li>• Learning in the classroom which is relevant and strives to be child-centred for more information about life skills: <a href="http://www.irc.nl/SSHE">www.irc.nl/SSHE</a>);</li> <li>• Educators make and carry out a plan for organising children in use, monitoring and maintenance of facilities and in personal hygiene;</li> <li>• Planned programme exists for hygiene education, for example, involving school health clubs.</li> </ul>
<p><b>Links to home and community</b></p>	<ul style="list-style-type: none"> <li>• Key health and hygiene information and behaviours flow to the home;</li> <li>• Children and school are good examples and enter the community for special activities related to health and hygiene;</li> <li>• Families and community provide finance and other support for maintenance and repair of school facilities.</li> </ul>

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## 2. Past Mistakes and Current Challenges

Unfortunately the promises of school health and hygiene education programmes have not always been fulfilled. In many countries schools are not safe for children due to neglect of the operation and maintenance of facilities. In addition there has been a lack of hygiene education for the students. These schools often suffer from:

- Non-existent or insufficient water supply, sanitation and handwashing facilities;
- Broken, dirty and unsafe water supply, sanitation and handwashing facilities;
- Toilets or latrines that are not adapted to the needs of children, in particular girls;
- Children with poor hand washing habits and practices;
- Non-existent or irrelevant health and hygiene education;
- Unhealthy and dirty classrooms and school compounds.

Table 3 gives a checklist for the kind of problems that can be found in many schools. Under these conditions schools become unsafe places where diseases are transmitted (WHO, 1997). Poor health of children affects their ability to learn and therefore influences their prospects in life. A study by Nokes et al (1992), for example, shows that children with worm infections have lower marks in schools than non-infected children. Basically this means that children with heavy worm infections begin at a disadvantage and have a slower start in the learning process. These children have only a few years of opportunity to benefit from a formal education.

**Table 3: The 'reality picture'- School Sanitation and Hygiene Education in many schools today**

<b>An unhealthy physical environment</b>	<ul style="list-style-type: none"><li>• Compound and classrooms often not clean;</li><li>• Toilets that do not work and are kept in poor conditions (e.g. faecal matter around the toilet);</li><li>• Lack of convenient hand washing facilities;</li><li>• Lack of safe drinking water.</li></ul> >>
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<p><b>Passive and disorganised children</b></p>	<ul style="list-style-type: none"> <li>• Lack of clean and convenient use of water and sanitation facilities by all children and teachers;</li> <li>• Lack of consistent and organised cleaning and maintenance of toilets, hand washing and drinking water facilities by all children;</li> <li>• Lack of roles for older children to help and monitor younger children in using facilities and maintaining school cleanliness;</li> <li>• If children/teachers contribute, tasks are often unevenly divided.</li> </ul>
<p><b>Untrained and lack of committed school personnel</b></p>	<ul style="list-style-type: none"> <li>• Head teacher and key teachers have not been trained/oriented;</li> <li>• Hygiene education is not part of the curriculum;</li> <li>• Lack of learning in the classroom which is relevant and strives to be child-centred;</li> <li>• Educators not making or carrying out any programmes for organising children in use, monitoring and maintenance of facilities and in personal hygiene;</li> <li>• No organisation in school and for hygiene and health, school health clubs, parent health clubs.</li> </ul>
<p><b>Links to home and community</b></p>	<ul style="list-style-type: none"> <li>• Few or no key health and hygiene information and behaviours transferred to the homes of the children;</li> <li>• Children and school set poor examples;</li> <li>• No programme is centred around the community for special activities related to health and hygiene;</li> <li>• Families and community do not provide finance and other support for maintenance and repair of school facilities.</li> </ul>

### The main challenges

SSHE is an integral package of school education systems on water, sanitation and hygiene and needs to be recognised and endorsed by all stakeholders. School sanitation in essence requires an inter-sectoral approach within national education, health, water and sanitation departments. Other actors such as NGOs, UN Agencies and the private sector could also play a role. Overall, the importance of SSHE needs to be recognised at all levels, but it certainly needs to be supported and advocated by national governments to ensure long-term sustainability.

SSHE inevitably faces a number of challenges from the social, political, institutional, technical and financial perspectives. Some of the issues are listed in Table 4. Please be

aware that this list is not exhaustive; rather it provides a basis for making an inventory of the main challenges which may exist in a particular situation and which need to be focused on in future SSHE projects and programmes.

**Table 4: Some of the main challenges in SSHE**

<p><b>Social and educational aspects</b></p>	<ul style="list-style-type: none"> <li>• Promoting a structured, child-centred curriculum for health and hygiene education appropriate to the child’s developmental level, abilities and learning style;</li> <li>• Placing high priority on the needs of children over the needs of other actors in the system;</li> <li>• Equipping students to serve as agents of change within their families and community;</li> <li>• Stimulating consideration of gender and other issues of social equity in all SSHE activities (e.g. religious and ethnic groups, etc.).</li> </ul>
<p><b>Institutional aspects</b></p>	<ul style="list-style-type: none"> <li>• Implementing a demand driven approach to reflect genuine interest by schools;</li> <li>• Working with existing organisations such as the various ministries, NGOs, and others;</li> <li>• Moving towards group ‘ownership’ of SSHE projects.</li> </ul>
<p><b>Political aspects</b></p>	<ul style="list-style-type: none"> <li>• Informing policy makers on SSHE and obtaining their support;</li> <li>• Acknowledging local authorities/politicians who support better SSHE practices;</li> <li>• Getting the child into the centre of development;</li> <li>• Implementing policies which make safe water and sanitation facilities at schools and hygiene education compulsory;</li> <li>• Involving all stakeholders in developing an inter-sectoral approach that includes the education, health, water and sanitation sectors. &gt;&gt;</li> </ul>

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<p><b>Technical aspects</b></p>	<ul style="list-style-type: none"> <li>• Providing locally appropriate adequate hardware facilities;</li> <li>• Developing design options and minimum standards;</li> <li>• Establishing a programme with the collaboration of the schools and parent/teacher organisations so that construction, education and participation are linked.</li> </ul>
<p><b>Financial aspects</b></p>	<ul style="list-style-type: none"> <li>• Focusing on funding at the national and regional level. In securing funds specific activities include: advocacy; programme design for school water, sanitation and hygiene education and school health promotion; monitoring; evaluation; and inter-agency co-ordination;</li> <li>• Mobilising financial support for: <ul style="list-style-type: none"> <li>• Construction and installation of the facilities and their maintenance;</li> <li>• Enhancing teachers' capabilities and production of teaching materials.</li> </ul> </li> </ul>

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### 3. Important Lessons Learned

The wisdom of the present builds on lessons from the past. This includes making use of the understanding that has emerged on the important gaps in SSHE. The following are some of the major lessons learned about SSHE to date:

Insight 1: Importance of interventions to prevent diarrhoea

Research (Esrey, 1994) has shown which interventions are most strongly related to the reduction in cases of and deaths from diarrhoea; in the order of their possible impact these interventions are:

- Safe disposal of excreta;
- Household and personal hygiene, especially hand washing;
- Quantity of water used;
- Quality of water.

The safe disposal of excreta is often not given a high priority in school for a number of reasons, including the following:

- Sanitation is not particularly appealing to deal with from a cultural-sensitive personal and communal waste perspective;
- For engineers, the technical aspects of low-cost sanitation are often not very interesting;
- For Departments of Public Health and some donors, the level of finance and project time-lines are less attractive in the sanitation than in the water sub sector;
- Sanitation programmes are challenging to organise and control as they relate to small expenditures over scattered areas and require repeated private individual supervisory attention.

Consequently many schools do not have the physical facilities (hardware) available for their pupils and staff. In addition many pupils lack knowledge of 'correct' household and personal hygiene, especially about hand washing - a major preventive measure against disease.

Hand washing facilities are essential in schools and need not be expensive.

Finally, apart from the quantity of water often being insufficient, e.g. for hand washing, the quality of drinking water may be inadequate, inevitably exposing pupils to the threat of diarrhoea.

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## Insight 2: Importance of eliminating worm infestation

Children are particularly at risk from worm infection. Such infections can be prevented by practices such as: safe disposal of excreta, washing hands after defecation, wearing shoes or sandals and food hygiene (such as only eating food from vendors who have good hygiene practices).

School performance and school attendance have been correlated to worm infections as reflected in some studies. Differences in test performance, equivalent to a six-month delay in development, can typically be attributed to heavy schistosomiasis infections (Partnership for Child Development, 2002). Absenteeism is also more frequent among children infected with helminths than in uninfected children, with the more heavily infected children spending more time absent from school (Nokes and Bundy, 1993). Another study indicated that after de-worming, many pupils showed considerable improvement in growth and educational development (Curtis, 1998).

## Insight 3: Need for co-ordination and collaboration

One of the major needs currently existing in SSHE programme management is the co-ordination and integration of inputs. Only when different groups working on SSHE co-operate and come together *at the right times* does a qualitatively superior programme result. Co-operation and coordination is particularly necessary:

- among different departments in government (education, health, water and sanitation);
- among school staff, school management and board and parents-teacher associations and school health clubs;
- among different agencies - NGO/government/UN organisations;
- among different disciplines, such as engineers/social scientists, etc.;
- among hardware inputs and educational software;
- among community initiatives/projects and community organisations linked with SSHE and community health.

## Insight 4: Need for systematic monitoring and evaluation

Monitoring of on-going programmes and evaluations of past programmes can yield useful lessons that can be applied to future projects and programmes. Monitoring can also be used for taking problem solving actions especially at the school and district level. Unfortunately monitoring and evaluation are often not done systematically. This area therefore remains a major gap in SSHE programmes.

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#### Insight 5: Need for well maintained hardware facilities in combination with hygiene education

The hardware components of water and sanitation facilities are necessary to produce a healthy environment in and around the school compound. As previously noted, drinking water, sanitation and hand-washing facilities are often not there, or are broken, dirty and unsafe to use. Toilets are often not adapted to the specific needs of children, especially girls - part of the broader issue of a lack of child and gender-friendly design of facilities. The issue of lack of maintenance of facilities and lack of finance for maintenance should also be noted. Furthermore the impact of new improved facilities is minimal without the support of hygiene education programmes that allow children to make appropriate decisions with regard to water and sanitation-related behaviour.

In addition technicians are often placed in the position of choosing the hardware required at the school. Families of pupils, teachers and school management are frequently omitted from this process.

Finally, construction monopolies, whereby government agencies or large contractors provide all water and sanitation facilities at schools, are found in many countries. Such arrangements are not always the most efficient or cost-effective and can encourage dishonesty. Therefore there is currently a need to create a healthy competitive market for the construction of water and sanitation facilities at schools.

#### Insight 6: Need for education

- Children are frequently not recognised, or given the opportunity to act, as agents of change in their homes through their possible knowledge and use of sanitation and hygiene practices learned at school;
- Learning and teaching materials are often still lacking in schools. In addition, creative use of local materials for hygiene education is a subject often not incorporated into teacher training;
- Without proper training teachers are limited in their capacity to teach life skills.

#### Insight 7: Need for teacher commitment, training and monitoring

- Teacher commitment is crucial but as an element it is frequently not given sufficient consideration;
- Teachers also need training. This is a key issue which is often forgotten or left out due to financial constraints. Refresher training should include instruction on how to involve children and staff in maintenance and use of school facilities, making work plans and making activity plans for school health clubs;
- Other constraints to successful teaching of SSHE include: encumbering teachers with too many responsibilities handed over in a top-down way; very poor teacher pay and excessive numbers of students in classes;

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- Capacity building and monitoring with appropriate learning methods are often missing from schools. Relevant learning materials are therefore needed. Most important, however, is the follow-up by supervisors, school management and teachers. Lack of follow-up after one short training event has seriously weakened SSHE programming in many places.

Insight 8: Need for subsidised, yet demand-based school programmes

It is possible to have subsidised yet demand-based school programmes. This requires that schools and communities cover some of the costs and demonstrate their demand for the programme. Finance may come from various sources but must not be too complicated or bureaucratic to activate.

At present approaches on these lines remain rare, leaving a gap in strategies to make school programmes work both more effectively and efficiently.

Insight 9: Need for involvement of non-governmental sector

The non-governmental sector – NGOs, CBOs, private providers – could play a significant role in the development of school water, sanitation and hygiene education if it was given the scope and training. Because this is not happening many schools are being left to struggle on their own.

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## 4. Some SSHE Initiatives

In most industrialised countries it is almost impossible to imagine a school system or pre-school which is not concerned with the health and hygiene of children. Personal hygiene and hygiene education are usually strongly emphasised. The roots of this are to be found, for example, in the early 19<sup>th</sup> century Scandinavian continuing education movement and in the early curricula of North American schools. Education in both Europe and North America was initially based on personal hygiene and hygiene education and only later was there a focus on the facilities themselves.

In the same way the early programmes developed in the post-colonial periods in many African, Asian and South American nations emphasized learning about personal hygiene. In many instances, when children learned (and sometimes still learn) about the importance of hand washing and using latrines or toilets these facilities were not available in the school.

Partly because of this gap between what was being taught and what facilities were available, many of the 1980s water and sanitation programmes for schools focused on construction and meeting construction targets. In consequence many construction-oriented programmes did not sufficiently emphasize teacher training, the organizational needs of the school or the hygiene education needs of the children - all crucial to effective use and maintenance of the water and sanitation facilities.

Two further developments over the last 50 years have made it difficult to effectively continue education related to sanitation and hygiene in many school programmes. First, school systems in many countries have retained a largely academic orientation, despite many efforts at reform. These systems are led, to a lesser or greater extent, by examination syllabi that do not include life skills such as hygiene or health education. As a result, these subjects can be under-emphasized or omitted. Secondly, the growth of mass education has brought many millions of children into schools who would never have been able to attend in earlier generations. The influx has been so great as to overwhelm the ability of education systems to provide sufficient facilities for hygiene and water.

Now however this trend is slowly changing. Many educational systems and schools are beginning to adopt strategies that can support strong health and hygiene education. These strategies include the development of the school as resource base, peer learning and peer teaching, programmes that stimulate child-to-child education, child-to-family learning and school-to-community transfer. A good school sanitation and hygiene programme can benefit from these strategies *and* can support them.

What organisations are involved in SSHE?

Apart from national governments several other organisations are involved in SSHE.

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The World Bank, for example, has developed some initiatives (refer to [www.worldbank.org](http://www.worldbank.org)) such as the Effective Schools and Teachers Thematic Group. This aims to contribute to the effectiveness of World Bank education projects through a focus on teaching and learning by pursuing two specific objectives: developing an internal and external community of practice on teaching and learning; and furthering a knowledge base which supports best practice ([www1.worldbank.org/education/est](http://www1.worldbank.org/education/est)).

Another involved agency is the World Health Organization whose Global School Health Initiative, launched in 1995, seeks to mobilise and strengthen health promotion and education activities at the local, national, regional and global levels. The Initiative is designed to use the schools to improve the health of students, school personnel, families and other members of the community. The goal of the Initiative is to increase the number of schools that can truly be called "Health-Promoting Schools". Although definitions will vary, depending on need and circumstance, a Health-Promoting School can be characterised as a school constantly strengthening its capacity as a healthy setting for living, learning and working ([www.who.int/school-youth-health](http://www.who.int/school-youth-health)).

UNESCO has also focused on SSHE with an emphasis on various case studies in the African, Asian and South American context ([www.unesco.org/education/asp/school](http://www.unesco.org/education/asp/school)).

For additional information on other relevant sites refer to the section on TOP websites and mailing lists.

#### UNICEF SSHE initiatives

Before 1982 UNICEF and its partners focused on sanitation and hygiene education. There was in this early period no focus on sanitation hardware or technology but, in 1982, UNICEF became involved in sanitation construction projects for the first time when it initiated a rural sanitation programme with three NGOs in West Bengal (Samanta and Van Wijk, 1998).

Currently school sanitation and hygiene education are integral parts of more than 30 UNICEF country programmes. (For more information on UNICEF's SSHE programmes [www.unicef.org](http://www.unicef.org)). Different approaches have been tried in different countries, ranging from the mere provision of facilities to hygiene promotion and broader environmental education. Valuable experiences exist on the development of children as potential agents of change within their homes and communities, on the training of teachers and other community members, and on the construction of separate school sanitation facilities for boys and girls as a means to increase enrolment and attendance of girls. Inevitably, working with schools requires an integrated holistic approach with collaboration among different sectors, addressing issues of health, education, nutrition and water and sanitation.

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One of the focus areas of UNICEF's intervention in this new century is "helping all children to enter and remain in school, by giving them the chance to learn in a child-friendly environment, to master basic education and to develop the social and intellectual skills needed for responsible life in a free society...". 'Child-friendly' and 'girl-friendly' school projects have already been initiated in a number of countries.

Since the beginning of 2000, UNICEF, together with IRC has been involved in two major school sanitation and hygiene education projects:

A pilot project in Burkina-Faso, Colombia, Nepal, Nicaragua, Vietnam and Zambia focuses on the development of approaches to promote life skills, a healthy and safe school environment and outreach to families and communities.

UNICEF India with the support of IRC, has initiated another project focusing on school sanitation and hygiene education issues in specific states of India. Both projects aim at ensuring that the present and future health and education of school-aged children improves through better hygiene behaviour and a healthy school environment.

Besides the UNICEF/IRC projects, many other programmes involve schools in one way or another. Within most of these programmes a broad spectrum in SSHE programmes and projects stands out, namely the FRESH initiative.

#### The FRESH Initiative

FRESH (**F**ocusing **R**esources on **E**ffective **S**chool **H**ealth) is an initiative which promotes the focusing of resources on the school-aged child.

The FRESH Start initiative was launched at the Education for all Conference in April 2000 in Senegal by UNICEF, WHO, UNESCO, and the World Bank (World Bank, 2001). It is also supported by a number of other agencies, including Education International, EDC, The Partnership for Child Development, WFP and partners from the private sector.

It has developed a common framework as a starting point for an effective school health component in a broader effort to achieve more child-friendly schools. This framework includes a core of simple and familiar interventions that capture the best practices from programme experiences. When they are supported by effective inter-sectoral and community partnerships they can even be implemented in the poorest schools and in hard-to-reach rural areas, as well as in more accessible urban areas.

The framework is increasingly popular around the world as the basis of both government policy and school-community practices. On the basis of the framework, the individual countries are encouraged to develop their own strategy to match local needs.

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The four core interventions in the framework are:

***Provision of safe water and sanitation***

An essential step towards a healthy physical learning environment.

***Skills based health education***

This approach to health education focuses on the development of knowledge, attitude, and life skills needed to deal with health and social issues. The development of specific psycho-social skills and the opportunity to use and practice them are central to effective skills-based health education. When individuals have these skills, they are more likely to adopt and sustain a healthy lifestyle during schooling and the rest of their lives.

***School-based health and nutrition services***

Schools can effectively deliver a variety of health and nutritional services provided that the services are simple, safe and familiar, and address problems that are prevalent within the community and are recognised as important.

***Health-related school policies***

Health policies in schools can support the three interventions above. In addition, these policies could help promote strategies of inclusion and equity in the school environment if addressing issues like the further education of pregnant school girls and young mothers and of children (in)directly affected by HIV.

Besides the above noted four core interventions, the FRESH start approach defines three supporting activities that provide the context in which the interventions can be implemented. These supporting activities are:

- Effective partnerships between teachers and health workers and between the education and health sectors;
- Effective community partnerships: promoting a positive interaction between the school and the community is fundamental to the success and sustainability of any school improvement process; and
- Pupil awareness and participation - children must be important participants in all aspects of school health programmes and not simply the beneficiaries.

Life skills approach

Another more recent approach developed by UNICEF and IRC is the life skills approach. IRC and UNICEF have integrated their work in this area and are developing a booklet on the subject. The booklet includes lesson plans which can be used for the teaching of life skills-based hygiene education.

The life skills approach focuses on the knowledge, attitudes and behaviours that support people in taking greater responsibility for their own lives. It focuses on promotion, among children, of positive attitudes and skills and on habits for risk reduction. Life skills education recognises that it can be challenging for children to make healthy life choices, or resist negative pressures, or reduce risky behaviours.

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Life skills education uses teaching and learning methods that go beyond the transmission of information. They are interactive and participatory with room for both information-focused sessions and child-centred sessions. Through the use of participatory learning activities, such as games, exercises, and group assignments, the children acquire a *wider range of life skills including those of health and hygiene*. For example, as part of the lessons on health and hygiene, they may develop respect for the opposite sex, for older and younger people and for those who are weaker or less fortunate than themselves. They could practice activities that show openness to and respect for habits of other groups.

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## 5. Issues in Planning and Implementation

### Policy level

One of the most important requirements in SSHE is political support at all levels. Among the various stakeholders the policymakers clearly have a crucial role in inspiring interest and providing the base for successful implementation of SSHE programmes. Without political will small-scale experiences remain small and achievements cannot be sustained and expanded.

Generally SSHE programmes are popular with politicians because they can show concrete results in communities and are therefore usually popular with constituents. Nevertheless, the literature regarding policies reveals that many countries, specifically in Asia, do not yet mention schools or teachers in their WES programme objectives. 'Community Water Supply and Sanitation in South-East Asia Region', for example, reviewed achievement and prospective policies for the 1990s among ten nations in Asia including India. Only two countries (Bhutan and Nepal) mentioned the theme of schools and teachers (WHO, 1993). A summary of some of the lessons learned regarding SSHE at the policy level has been compiled in the following table.

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**Table 5: Key lessons for policy makers**

**Some of the issues for policymakers in SSHE include:**

- *Political support and commitment*
  - SSHE should be *demand-based (not free)*. Communities must contribute and participate.
  - SSHE should be more than construction and coverage. The impact of the programme comes through sustaining the facilities, using them as intended, developing healthy behaviours. Thus, SSHE is basically an education programme with some construction. This point needs to be accepted - and supported - by state and local government, by WES and education personnel, by the public at large. In successful programmes, people agree that SSHE is more than construction and includes hygiene education, continued maintenance, development of new behaviours, and links with community. The politician and policymaker have a crucial role in advocating this.
- *Co-ordination and commitment*

Policymakers should stimulate *co-ordinated approaches and commitment* among different departments and specialisations. At the same time implementation must be co-ordinated. Both safe water and sanitation facilities are needed. Construction must be controlled so that it is timed correctly with training and community mobilisation. The policy maker can stimulate implementers to follow these guidelines.
- *Clearing financial blockages between institutions*

Policymakers and managers should clear away blockages. This could be needed, for example, in the case where financing is complex because it comes from different sources
- *Setting up minimum objectives, coverage and standards*

Policymakers should help set the minimum objectives, coverage and standards. Flexibility is needed. Experience has shown that one uniform construction plan and model cannot be relevant in all situations. The design and the decisions about who constructs depends on the situation. Small schools in active communities may wish to have all construction done locally. Larger schools might want to identify their own designs.

Programme design level

In the past SSHE has not always been supported by a strong national policy. The following lessons on programme planning and management come from several nations and are often incorporated into policies and programmes. As the development of baseline surveys is critical in programme design a section has been included on this aspect. A focus on gender and the poverty-sensitive approach is also described.

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**Table 6: Key lessons for programme planning and management**

**Lessons about programme strategies and management:**

- *Sustainability must be a major focus of the SSHE programme.* A central SSHE objective is sustained behaviours and sustained facilities that are consistently used.
- *Integration or co-ordination of inputs.* The inputs and co-operation of different groups results in a qualitatively superior programme This is particularly necessary:
  - between different departments in government (education, health, water and sanitation);
  - between different disciplines;
  - in hardware inputs, educational software and community organisation.
- *Subsidised but demand-based is one important key to success:* Schools and communities cover some of the costs and demonstrate their demand for the programme. Finance often comes from various sources but must not be too complicated or bureaucratic to activate.
- *Role of the non-governmental sector.* The non-governmental sector – NGOs, CBOs, private providers – can play a significant role in the development of school water, sanitation and hygiene education if they are given the scope and training.
- *Competition and control are needed in construction.* Construction monopolies (such as Government or large contractors) are not always the most efficient, least costly or most honest in the construction for school programmes.
- *Capacity building and monitoring with appropriate learning methods.* Capacity building and monitoring with appropriate learning methods are essential for school teachers and their supervisors. Relevant learning materials are needed.
- *Follow-up by supervisors and trainers at the school level.* Lack of follow-up after one short training event has seriously weakened programming in many places.

*Baseline studies*

Baseline studies of schools are useful for programme planning at the beginning of the programme and also for monitoring at later stages.

The purpose of a baseline study is to build on current strengths and get information to make plans that will prevent or solve problems. In school programmes similar challenges appear again and again. Therefore a small survey will usually give sufficient information for planning. In most cases a sample of 10 to 20 schools in different parts of a district is sufficient.

The following is an example of a baseline study focusing on some of the main topics in and around the school.

**Table 7: Topics for a baseline study: suggested topics for investigation**

**SCHOOL YARD, COMPOUND AND CLASSROOM CLEAN?**

**Water**

Functioning water point within the school area? Or within about 150 steps from school?

Functioning during whole school year?

When school water point is not functioning how do children drink water ?

Drinking quality at the water point? Safe water storage?

How will children know if water quality is good or not ?

Are ladles or cups with handles used to take drinking water?

How does the school ensure that the water container is clean?

Who is responsible for cleaning the container and maintaining the facilities?

**Latrines, lavatories, toilets**

Latrines within the school compound?

How many girls use one toilet? How many boys use one toilet or urinal?

Are the toilets and urinals clean?

Are they well lighted and ventilated?

Are there puddles of water around the toilet pan or just outside?

Are the toilets and urinals smelly?

Is there a jug for lifting water to flush and wash hands?

Water for cleansing inside or beside the toilets?

Is there soap or ash?

Do teachers have separate latrines from children?

Are latrines being used?

Do children wash their hands correctly after using the toilet?

Do children help clean the school, including the latrines?

Do the children take turns (rotate) in cleaning the latrines?

**Teachers**

Are teachers trained in School Sanitation and Hygiene Education?

When and for how many days were teachers trained?

Do teachers have a guide book for hygiene and sanitation?

Does that cover all relevant topics?

What is teacher's opinion about hygiene teaching?

Have teachers taught anything about hygiene?

Any teaching materials, books or learning materials in school about SSHE?

Can teacher explain correctly what sanitation and hygiene means to him/her?

Can teacher explain correctly what sanitation means to him or her?

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### **Community**

Are parents, PTA or other community groups involved in the school? In supporting the school?

Is the PTA active? Do they keep minutes? Have they met in the last few months?

Do the parents know about the sanitation and water facilities provided by the school?

Do the parents provide a financial contribution towards the sanitation and water facilities at the school?

Are there household latrines (more than one out of ten households) in the community?

### *Gender and poverty-sensitive approach*

When undertaking planning and assessing the possible actors and roles in developing an SSHE programme, it is important to take gender and poverty issues into account. Without this, one loses sight of the needs and interests, and the special skills and insights, of women and poorer families.

One also needs to have an understanding of gender dynamics specific to the culture and social norms. How do boys and girls perceive each other's roles and responsibilities? What is their concept of sharing both the burdens and the benefits generated through the improved water and sanitation situation? One must take account of issues such as:

- Who decides on technology?
- Who collects water?
- Who is on committees?
- Who decides on payments and collects money?
- Who provides free labour?
- Who participates in O&M?
- Who teaches children how to use facilities?
- Who decides on programme strategy in the district? In the village?
- Whose children benefit most? Benefit least?
- Who pays? How much? and Who does not pay?
- Who serves the tea in meetings ?
- Who washes the dishes?
- Who speaks the most ?

Gender and poverty-sensitive approaches can help school water and sanitation projects succeed in achieving their objectives for all: girls and boys, men and women, rich and poor members of the community.

Agencies and project staff should know that these approaches are not difficult but before they can implement them in policy making or the design of technologies or in project

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planning and implementation they should understand some basic aspects of gender. These are explained in table 8.

**Table 8: Gender and poverty-sensitive approaches: some principles**

*1. Gender relates to girls and boys, men and women*

“The gender and development approach focuses on men and women and on the relationships between them.” (Wakeman, 1995)

*2. Gender is a social concept*

Gender relations are shaped in the homes, schools, and in the labour market. It refers to social differences between girls and boys, men and women. What are these social differences?

*3. Men and women have different roles, tasks, responsibilities*

In the water supply and sanitation sector these differences appear quite clearly.

Women are the managers of water in the household. They collect water and transport, store and distribute it for the various uses: cooking, washing, for hygiene of the family, for cleaning the environment, giving water to the cattle and other domestic animals around the house.

Men are more occupied with construction and management. They may favour more complex technologies than women. Men are less likely to fetch water for the household but they often fetch water for irrigation and cattle. They prefer to use diesel-run electric pumps for irrigation purposes if they can afford to pay the price.

*4. Gender needs: practical (access) and strategy (control, sustainability)*

It is important for the health and convenience of children to have (and use) clean drinking water, hand washing facilities and latrines within or near the school. These are practical needs.

Girls and women tend to use sanitation facilities more than boys or men. Design differences can also be related to gender. For example, boys tend to urinate outside more often than girls. Therefore it might be useful to construct urinals that are easy to use for boys. For girls, sometimes it is more important that facilities are private but have enough light. Such differences should be discussed and taken into account in designing facilities.

While practical needs refer more to the short term, meeting strategic needs will improve the position of women, making them more independent over the longer term.

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5. *Class and caste differences: not all women and men are the same*

The results of differences in wealth, class and caste in water supply and sanitation can mean that benefits and responsibilities are not always properly distributed among different people. Furthermore, wealth, class and caste differences are more important in some cultures than others, and these differences change over time. Those who design programmes and those who are involved in them, such as head-teachers and teachers, need to be sensitive to these differences and act to avoid or solve problems which can arise because of differences in wealth, class and caste.

Some schools assign roles to children on the basis of class, caste or gender.

Examples of this are: only girls fetch water or only low-caste children are told to clean latrines. Will these problems come up in your area? If so, what should be done about these problems? How?

Educational level (schools)

After the family, schools are the most important learning settings for children and are central to life in the society and community. Schools can – and should - be stimulating environments for children. Schools can also influence communities through outreach activities, through their students, who are in touch with the whole community. Through schools, children can develop as learners, teachers, development agents and responsible adults.

The SSHE programme can help education systems achieve their own goals. SSHE can improve school facilities, improve hygiene education programmes and enrich the opportunities for personal growth among children by bringing life skills into the classroom. To achieve these outcomes programmes must address the potential weaknesses and meet the challenges that frequently appear. Some of the key implications of doing so are reflected in the following box.

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**Table 9: Key lessons for educators**

**The following are some of the main issues which educators, in relation to SSHE, need to keep in mind:**

*Focusing on sustainability*

At the school level facilities must continue to function and remain clean but be used. This entails proper operation and maintenance. At the community and school level plans may need to be made and carried out for repair of facilities, payment for repairs, preventive maintenance and ensuring participation of all children in cleaning (not just the poor children or low-caste children). In addition the issue of some financial contribution by parents to maintain the school could also be considered to maintain facilities.

The issue of sustainability also implies a major focus among head-teachers and selected teachers on organising and training the children. School health clubs can be useful here in addition to parent-teacher associations.

*Identifying and emphasising hygiene behaviour*

In some schools, for example, there is emphasis on nail-cutting but not on handwashing. The priority should be reversed.

*Developing capacities*

High quality training of teachers, head teachers and community representatives is needed, using appealing and effective methodologies. This implies that the old-fashioned 'guest lecturer' way of organising training needs to be changed. Experience shows that periodic training is far more effective in a programme than one-time events. Orientation of supervisors and head teachers who support the programme is also essential.

*Teacher training*

The training of teachers on SSHE should be a part of their development. Currently there is not much emphasis placed on this aspect, with the assumption that teachers already have this knowledge.

*Focusing on supervision of teachers*

This includes follow-up through a supervisory system and periodic visits to schools.

*Focusing on links to curriculum development:*

This includes reviewing the syllabus and examination questions, in addition to reviewing the curriculum.

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### *Training level*

Children are future parents and what they learn is likely to be applied during the rest of their lives. Moreover, they have important roles in the household, for example in taking care of younger brothers and sisters. They may also share concerns about existing practices in the household.

If children are brought into the development process as active participants they can become agents for change within their families and a stimulus to community development. They are eager to learn and help, and if they see environmental care and their role in it as important, they will take care of their own health and the health of others. Being tomorrow's parents, children are also likely to ensure the sustainability of a programme's impact.

To achieve this, teachers must be able, in simple ways at least, to become *guides* and *motivators*, fulfilling the promise of the school as a resource base, providing opportunities for peer learning child-to child, school child to non-school going child, child to family and school to community support.

At the training level therefore, teachers are a large and enthusiastic resource that should be supported in their efforts to make the school a child friendly and healthy environment. The participation and enthusiasm of schools, school management teams and the teachers (especially the head teachers), is crucial.

**Table 10: Key lessons for training**

**Some of the issues regarding training include:**

- *Developing and production of teaching materials:* This entails developing and producing hygiene education materials which can be reproduced on large scale so that they are not too costly and can be easily adapted to suit circumstances.
- *Understanding the basics of the more technical aspects of sanitation facilities at the school.* This is in reference to teacher training; teachers should be aware of how sanitary facilities work in practice and know something of their construction and operational and maintenance needs.
- *Being aware of the organisational issues of sanitary facilities.* This also refers to ways they can monitor behavioural changes.
- *Focusing of teacher training.* This entails training teachers on: the subject of SSHE; how to use the materials of SSHE; how to organise/implement SSHE programmes; and how to focus on ideas of planning for the replacement of facilities.
- *Aiming at outreach programmes to the community.* For the support of the communities as well as to ensure that the learned behaviour can be practiced at home.
- *Focusing on monitoring, evaluating and documentation of SSHE experiences for teachers in schools around the world.* These materials should be simple to use and should take very little time.

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*Field level*

One of the major continuing challenges at the field level of SSHE relates to what might be termed 'software issues.' Questions such as: how can the water supply and education sectors effectively support schools?; How can teacher training be adapted to suit the needs for the implementation of SSHE?; How can teachers be helped specifically in adapting and producing materials, developing outreach programmes? *And most importantly: how can we learn from experiences gained so far in ways to motivate children to undertake proper hygiene habits?*

The following table is a brief overview of some of the key issues to be considered, based on field level experiences.

**Table 11: Key lessons for field work**

**Some of the key issues for the SSHE manager based on field experience include:**

- *Defining clear roles of all the actors directly or indirectly involved in SSHE*
- *Focusing on close monitoring of these actors*
- *Organising regular visits to schools to monitor and evaluate the SSHE situation*
- *Developing and implementing refresher training courses for teachers and headteachers*

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## 6. Programme Monitoring

Monitoring should be an on-going activity in school sanitation and hygiene programmes. Monitoring is not simply collecting information to “see how things are going”. It is meant to help improve programmes and activities over the short term. Monitoring involves checking, analysing and acting to improve a situation. The action should be taken at the lowest possible level, with cross checks to make sure that the situation has in fact improved.

Most programmes that are serious about monitoring try to develop a small set of indicators that describe the minimum necessary conditions for programme success at the school level. It is very useful for those involved in projects, or those working in a particular place, to develop mutually-agreed and bottom-up lists of basic indicators. An indicator shows a standard that you want to reach. It can be written as a sentence or a question, as long as people understand its meaning in the same way.

The following is an example of a checklist which can be used by teachers at a school. In any particular school this can be adapted to the local situation.

**Table 12: Example of a minimum checklist for latrines at a school**

Indicator		Answer
Are the latrines functioning?	Yes or No	
Total number of existing latrines	Number	
Are there separate latrines for girls?	Yes or No	
Are there separate latrines for female teachers?	Yes or No	
Is there easy access to the latrines for the boys and girls?	Yes or No (e.g. in bad condition, locked so that there are not enough latrines for the children)	
Number of girls who use one latrine	Good (less than 60 girls to 1 latrine); fair (60 girls to 130 to one latrine); poor (more than 130 girls for one latrine)	
Number of boys who use one latrine	Good (less than 60 to 1 latrine); fair (60 to 130 to one latrine); poor (more than 130 boys for one latrine)	
Condition of doors (also hinges and frame) for privacy	Good; fair (needs repair); bad (needs replacement)	
Condition of roofs for protection	Good; fair (needs repair); bad (needs replacement)	
Condition of slabs and pans	Good; fair (needs repair); bad (needs replacement)	

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Condition of vent pipes	Good; fair (needs repair); bad (needs replacement)	
Condition of Y-junctions	Good; fair (needs repair); bad (needs replacement)	
Condition of concrete covers	Good; fair (needs repair); bad (needs replacement)	
Is there a bucket at least 1/3 full of water and a mug inside each latrine?	Yes or No (no cup, no bucket, or bucket is not 1/3 full)	
Cleanliness: no visible garbage, excreta on floors. No visible excreta or dirt in pan	Good; fair (should be cleaned better or more often); bad (children don't like to use the latrine)	
Are there hand washing facilities near the latrine?	Yes or No	
Can these facilities be easily used by children? (has water, easy to reach etc.) Does it smell? Are there puddles or pools of water/urine ?	Yes or No	
Is there soap by the hand washing facility	Yes or No	
Do children use the hand washing facilities? When?	Yes or No	
How far is the water supply facility from the latrines?	Distance in time or (k)m	
Is there a concrete apron and drain in good repair?	Good; fair (cracks, parts fallen off, needs repair); bad (needs replacement)	
Is the area around the water point clean, free from visible garbage and puddles?	Good; fair (some garbage or puddles); bad (standing water and garbage make it difficult to walk)	
Is the water from the facility safe for drinking purposes?	Yes or No	

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The following table points to some of the key issues to be considered in monitoring:

**Table 13: Key lessons for monitoring**

<p><b>Some of the key issues in monitoring are:</b></p> <ul style="list-style-type: none"><li>• <i>Costs and cost control of items used for the maintenance of sanitation and water facilities.</i> Some type of record book should be kept that reflects all of the costs that may have been made to maintain the facilities. This record system should be in place for the schools and the responsible government authorities.</li><li>• <i>Construction quality</i> Who is being asked to construct the water and sanitation facilities? Experience has shown that many facilities are constructed by a specific government department. This often means that monitoring during construction is not adequate. In such cases there should be more careful monitoring by the school teachers. If construction is not of the correct quality the monitoring system should provide for this to be reported and checked.</li><li>• <i>Training of small contractors and masons</i> Training small contractors and masons is one way of involving people in the community, for example, in building latrines. Experience in Kerala (India) has shown this to be a great success as it ensures quality products because it is a demand-driven and private-based initiative.</li></ul>
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This list is by no means exhaustive but it highlights some of the issues that need to be considered when developing SSHE programmes and projects.

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## 7. Steps to Improving SSHE Outcomes

In this chapter we suggest actions and approaches designed to overcome some of the difficulties and challenges that have led to unsatisfactory results in some past SSHE projects. The outlined steps at the macro level and the suggestions for micro level actions in Table 14 are together aimed at achieving more successful SSHE outcomes in future.

**1. Establish working group collaborative structures at the different levels (e.g. state, district) specifically on SSHE.**

This requires that national level work on guidelines, policy and appropriate legislation, focuses on increasing inter-sectoral collaboration between the various stakeholders. This would apply also to research and development in SSHE in such areas as technical design and hygiene promotion techniques.

**2. Review current situation at the most basic level in terms of practical as well as institutional issues.**

Once a formed group has taken shape one of the first tasks is to review the current situation to decide priorities for action. This might involve holding meetings with schools, parents and other community members, meeting field staff and carrying out research and data-gathering.

For this reason there is a continual need to review the current situation in the specific area(s) under investigation in terms of the practical as well as more institutional issues regarding the overall SSHE situation.

**3. Prepare and implement actions plans which can be developed at the district level.**

The Plan of Action (PoA) defines the rationale for the programme, the overall strategy, main actors and the financial allocations. It is an important document, but it is not sufficient to guide implementation. ***A plan is needed that details exactly how the programme will be carried out and who is responsible at each point.*** Thus, the PoA needs to be transformed into an interdisciplinary district work plan, showing activities, responsibilities, inputs and dates.

The district work plans should be prepared with sufficient knowledge of the local context, the local institutions and status of the schools. It is also important to prepare the district (or block) plan in consultation with all the groups that will be responsible. This ensures action and ownership.

**4. Monitor and evaluate the existing SSHE programmes in terms of what has gone well and less well.**

Monitoring should be an on-going activity in school sanitation and hygiene programmes. Monitoring is far more than collecting information to “see how things

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are going". It is meant to improve programmes and activities over the short term. Monitoring involves checking, analysing and acting to improve a situation. The action should, of course, be taken at the lowest possible level, with cross checks to make sure that the situation has in fact improved.

**5. Share experiences and lessons with others.**

Experiences that are gained should be shared with others. Only in this way can we build up a body of knowledge on effective SSHE. Some ways of doing this are: preparing reports on SSHE projects which can be distributed to others; writing an article on an SSHE project in one of the journals/newsletters focusing on this issue such as Notes and News; writing a more detailed paper for a scientific/academic journal; preparing a case study using written information, video or slides on the project that can be circulated widely and be used in training courses; inviting others to a workshop at the end of an activity where the results can be presented and the implications discussed; and finally, undertaking a presentation or description of your project at district, state or national level meeting.

**6. Develop stronger links between school sanitation and hygiene education and development.**

There are major links between school sanitation and hygiene education and development. If SSHE continued to improve, various health, social and economic benefits would also accrue. Besides the number of deaths which would be avoided, children would have the chance of a better education. Increasing the number and standard of school latrine facilities would decrease the dropout rates especially for adolescent girls. Together, these improvements would also result in increased personal dignity and a greater sense of national pride.

**7. Undertake more research in both the hardware and software aspects, such as:**

- **Hygiene promotion techniques** with emphasis on the role of the child. Currently little research exists focusing on the types of technique which could be used to promote hygiene education specifically related to the school child. The linkages with outreach programmes as part of the life skills approach also require more research.
- **Technical designs for difficult water and sanitation conditions.** Some schools require special attention due to high water table, hard-rock or other difficult topographical conditions. More focus should also be placed on recycling options for excreta, solid and liquid wastes.
- **National level work on legislation, policy and guidelines which should focus on** increasing inter-sectoral collaboration between the various stakeholders in SSHE. This would include research and development in SSHE, technical designs and hygiene promotion techniques.

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The following table indicates a number of 'do's' that can be undertaken at the micro-level, namely at the school level itself. Note that this table remains flexible as it continues to be developed.

**Table 14 : 'Do's' at the micro-level**

<p><b>School level:</b></p> <ul style="list-style-type: none"><li>• ensure that there is soap available near toilets or otherwise ash to clean hands after using the latrine;</li><li>• make sure that latrines are kept clean;</li><li>• assist a monitoring team of students to check that latrines and washing facilities are kept clean.</li></ul> <p><b>Teachers and headmasters level:</b></p> <ul style="list-style-type: none"><li>• ensure that teachers and principals are given annual training on SSHE;</li><li>• motivate teachers and headmasters to support teaching and undertaking SSHE at their school.</li></ul> <p><b>Students and community level:</b></p> <ul style="list-style-type: none"><li>• encourage students and community members to identify their own needs and design and search for their own potential solutions to problems regarding SSHE;</li><li>• have students as 'motivators' who can bring messages back to the home. School health clubs, for example, or sanitation scouts can be useful for this.</li></ul>
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## 8. Summary Remarks

The lack of proper SSHE remains a challenge today but one which can be brought under control. The children of today will be the adults and citizens of 2025, central to the future vision of a clean and healthy world. They will be the inheritors of an improved environment. Today's interventions, through the school system, are directly focused on the child's impact on his/her chances of growing to be a healthier and happier person. By focusing on children today, by giving them tools and knowledge to change behaviours today, future generations can be stronger and healthier.

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## TOP Resources

TOP Books, papers, articles

**Bilqis, A.H, Zeitlyn, S and Ali, N. (1994). *Promoting sanitation in Bangladesh.***

**In: *World Health Forum*, vol. 15, no. 4, p. 358-362.**

A quick community-level survey was made in a sub-district in Bangladesh to assess the effectiveness of a health promotion campaign on sanitation. Barisal has a population of about 170,000 and a sanitation programme was launched in 1990 with the objective of making people aware of the benefits of sanitation and motivating them to build 'ring-slab' (a cement squatting slab) and 'home-made' latrines themselves. To stimulate mass motivation and awareness, court yard meetings were arranged throughout Barisal involving field workers from family planning, social services, agriculture, public health and education departments discussing sanitation, immunization and family planning with 20-25 families. Attempts were also made to involve the local high schools, religious schools (madrasas) religious leaders (imams) and other local leaders in the sanitation activities. To encourage school children to adopt the sanitation message, the District Commissioner of Barisal announced that the school which achieved the highest sanitation coverage in its catchment area would be rewarded with a contribution to its development fund. The local schools and madrasas were encouraged (among other things) to form groups of eighth grade students to go into their local community to promote the programme. The survey conducted after the competition found that 91 percent of those who had built latrines during the programme said that the need to do so had been communicated to them by the school or madrasa students. Statistically there was an increase of latrine coverage from the beginning of the project but the rate increased significantly when the schools got involved. When the schools themselves were looked at, however, their sanitation was extremely poor with none of the schools visited having an adequate number of sanitary latrines for the students.

**Burgers, L. (2000). *Background and rationale for School Sanitation and Hygiene Education.* (available online)**

**New York, NY, USA, UNICEF**

<http://www.irc.nl/sshe/resources/rationale.html>

The paper describes the importance of school sanitation in eight steps. It reminds us of the 2.3 billion women and men, girls and boys still without access to sanitation facilities, and the diseases caused by poor sanitation. The importance of sanitation and hygiene for school-aged children is stressed as well as the important role schools could play in attaining the fundamental right of access to sanitation facilities and the prevention of water related diseases by providing these facilities. This paper focuses on the link between health and the present situation in schools.

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**Doyle, B. A. (1995). *Increasing education and other opportunities for girls and women with water, sanitation and hygiene.***

**New York, NY, USA, UNICEF (Paper based on issues raised by the author during the UNICEF Meeting on Education for All, New York, September 1994).**

Although two-thirds of the nearly one billion illiterate adults in the world are women, boys continue to get preference for education, which perpetuates this gender gap. Deprived of basic education in childhood, women have less confidence and therefore do not take advantage of opportunities such as basic rights, access to loans, job opportunities, higher education, participation in political decision-making, and advancing the health and education status of their children.

There are several reasons why more girls than boys do not get a basic education. In poor households, girls are needed for domestic tasks viewed as 'women's work' such as collecting water and firewood, and looking after children. They also have to contribute to the household income. Social attitudes and distance from the homes are also reasons for keeping girls out of school. The lack of private sanitary facilities for girls discourages parents from sending girls to school, contributes to the drop-out rate of girls at puberty and is a contributing factor to fewer women teachers, who are needed to encourage girls to attend school. Girls are more susceptible to disease, infections and work-related hazards. This is because they are often fed less, offered less nutritious food and given less health care, yet they have more work to do than boys. This all leads to poor attendance and performance at school.

**Environmental sanitation and hygiene - a right for every child: a summary of lessons learned and new approaches from the UNICEF Workshop on Environmental Sanitation and Hygiene. (available online)**

**New York, NY, USA: UNICEF, Water, Environment and Sanitation Section**

<http://www.unicef.org/programme/wes/pubs/wshop/wshop.htm>

In 1998 a workshop was held on different aspects of sanitation. During the workshop, sanitation was defined as "a process whereby people demand, effect and sustain a hygienic and healthy environment for themselves by erecting barriers to prevent the transmission of disease agents". Twenty case studies were divided into four main themes and were assessed by participants during the workshop. These themes were: Integrated Approaches, Sanitation Promotion, School Sanitation, Urban Sanitation.

Working groups discussed these themes extensively to come up with workable recommendations, both for short-term interventions and for the medium/longer term. The report also notes the recommendations for internal UNICEF action.

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**Snel, M., Ganguly, S., Kohli, C., and Shordt, K. (2002). School Sanitation and Hygiene Education- India. Resource book.**

**IRC and UNICEF- New Delhi.**

This resource book is meant for managers and trainers involved in SSHE programmes operating at different levels, such as state, district or block level in India. Although it was developed in the context of the School Water and Sanitation Towards Health and Hygiene (SWASTHH) programme in India, this book provides many useful guidelines and activities that apply to similar programmes elsewhere.

**UNICEF and IRC (1998). *Towards Better Programming: a Manual on School Sanitation and Hygiene.* (available online)**

**New York, NY, USA: UNICEF, Water and Environmental Sanitation Section. (Water, Environment and Sanitation Technical Guidelines Series/UNICEF; no. 5)**

<http://www.irc.nl/sshe/manual/>

In 1998, UNICEF and IRC developed A Manual on School Sanitation and Hygiene, published in the Water, Environment and Sanitation Technical Guidelines Series. The document follows the different phases in the development of a school sanitation approach, both at district and national level and at school and community level. It gives very practical guidelines for implementation and a variety of ways to promote a safe environment for children through education within formal and informal school and education systems. The document illustrates the guidelines with examples that are gathered from many different countries, through UNICEF offices but also from other sources involved in school sanitation.

The manual has been translated into French and Spanish. All three language versions can be downloaded as PDF files from the IRC web site. For people who are interested in the manual, but for whom it is not possible to download the electronic version, hard copies can be obtained free of charge from UNICEF New York through e-mail: [wesinfo@unicef.org](mailto:wesinfo@unicef.org) or by writing/faxing to: UNICEF, Water, Environment and Sanitation Section, 3 United Nations Plaza, TA 26-A, New York, N. K. 10017, fax: (212) 8246480. UNICEF (1999).

**WHO (1997). *Strengthening interventions to reduce helminth infections: an entry point for the development of health-promoting schools.* (available online)**

<http://www.who.int/hpr/gshi/docs/index.html>

This document provides information that will help people implement interventions in schools to reduce helminth infections and show positive impacts on children's health, their learning potential and school attendance. It also focuses on the development of supportive environments, reorientation of health services, development of personal skills, and mobilisation of community action.

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TOP Websites and mailing lists

### **Initiatives related to SSHE**

#### **Bernard van Leer Foundation**

**<http://www.bernardvanleer.org/page.asp?pid=25>**

The Bernard van Leer Foundation is a private foundation created in 1949 that is based in the Netherlands and operates internationally. The Foundation seeks to enhance opportunities for children aged 0-7, growing up in circumstances of social and economic disadvantage, with the objective of developing their innate potential to the greatest extent possible. Information can be found on the projects that the Foundation has supported over the years, its grants programme and funding policy.

#### **Early Childhood Matters (ECM)**

**<http://www.bernardvanleer.org/page.asp?pid=25>**

ECM is published by the Bernard van Leer Foundation in English and Spanish, every four months. The periodical about early childhood development is addressed primarily to practitioners in the field. Beside disseminating practice as experienced in the projects supported by the Foundation it also features outside experiences. Each issue of Early Childhood Matters centres on a theme that is currently relevant in the field of early childhood. Early Childhood Matters is also available in print.

#### **Environmental Health Project (EHP)**

**<http://www.ehproject.org>**

The EHP site includes general information on the organisation's activities, its key message, and information services. It provides access to EHP news and other newsletters, publications, and a meeting alert, and has links to related websites.

#### **FRESH Intersectoral Action**

**<http://www.freshschools.org>**

FRESH (Focusing Resources on Effective School Health), an initiative of WHO, UNICEF, UNESCO and the World Bank aims to create an environment in schools and in basic education programmes in which children are both able and enabled to learn. The FRESH website, under construction, describes the four components of the core framework for action: health related school policies; provision of safe water and sanitation; skills based health education; and school based health and nutrition services. It explains the three supporting activities: effective partnerships between teachers and health workers and between the education and health sectors; effective community partnerships; and pupil awareness and participation. Links are provided to FRESH related sites.

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### **IRC Hygiene**

**<http://www.irc.nl/themes/hygiene>**

Hygiene promotion is a major theme at IRC. Therefore, on this webpage, you will read about the role of each actor to pay their contribution for a better, more hygienic environment. Furthermore, you will find an overview of training sessions IRC are dispensing in the months to come. Publications on the subject are available from the Sanitation pages of the same site.

### **IRC Sanitation**

**<http://www.irc.nl/themes/sanitation>**

Directly related to the Hygiene theme page is the webpage that IRC has dedicated to Sanitation. This page focuses on preventive approaches and on the activities the organisation has undertaken in various countries. In terms of material, you will find an array of online documents, from presentation papers to geographically-targeted papers to workshop reports. A list of IRC publications on hygiene and sanitation is available here as well.

### **NSW Commission for Children and Young People- Australia**

**<http://www.ikds.nsw.gov.au/ourwork/schooltoilets.html>**

The aim of the NSW commission for Children and Young People, an independent organisation that advocates for children and young people of New South Wales, Australia, is to undertake projects to help improve the lives of children and young people in NSW. Improving school toilets is one of these projects in which the Commission is working with schools and universities on innovative ways to improve the standard of school toilets. Children and young people have told the Commission that clean and safe school toilets are important to them and are often inadequate in their schools. Findings of research undertaken by students from the University of New South Wales' Faculty of the Built Environment can be found on the site.

### **The Partnership for Child Development, Imperial College Faculty of Medicine- Department of Infectious Disease Epidemiology, London.**

**[www.med.ic.ac.uk/divisions/62/IDE\\_intro.asp](http://www.med.ic.ac.uk/divisions/62/IDE_intro.asp)**

The Partnership for Child Development is an international collaboration to improve the health, nutrition and education of school aged children, through programmatic research, technical advice, support, networking and dissemination of information for school health programming, primarily in Africa and Asia. The Partnership is based in the Department of Infectious Disease Epidemiology, Imperial College. This new department was established in October 2000 on the St Mary's Campus of the College to promote interdisciplinary research in the Epidemiology, population biology, evolution and control of infectious diseases.

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**Sanitation Connection: School Sanitation**

**<http://www.sanicon.net/titles/topicintro.php3?topicId=20>**

This webpage is part of the Sanitation Connection website. It provides information on the reasons for advocating school sanitation and on the best ways to achieve effective results. More importantly, the page provides interesting lists of publications, websites and mailing lists that deal with School Sanitation and Hygiene Education.

**School Health: Improved learning through better health, nutrition and education for the school-aged child**

**<http://www.schoolsandhealth.org>**

This site provides information on the importance of health interventions for school-aged children's possibilities to learn and to take full advantage of what is often their first and only opportunity of formal education. The site contains the following sections: what's new ; introduction ; why school health. It gives access to documents to download, agencies and links, a school health bibliography, country programmes, case histories, and resources. In addition, it has a search facility and includes mail lists and feedback pages.

**Teachers Talking About Learning**

**<http://www.unicef.org/teachers/build.htm>**

This website offers a forum for a dialogue amongst teachers world-wide. It offers ideas to be explored, issues to be discussed online and actions that could be taken, respectively equivalent to reading, talking and learning. The forum is an option to consider when advocating School Sanitation and Health Education.

**UNICEF School Sanitation and Hygiene Education**

**<http://www.unicef.org/programme/wes/info/school.htm>**

The UNICEF school sanitation web site is part of the site on Water, Environment and Sanitation. UNICEF's views on the importance of school sanitation are given. There is a link with the Manual on School Sanitation and Hygiene and information on UNICEF's school sanitation and health education project. The site has a link to the IRC / UNICEF web site on school sanitation and hygiene education (SSHE).

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### **UNICEF Water, Environment and Sanitation**

**<http://www.unicef.org/programme/wes/>**

The focal point for all UNICEF activities related to water, environment, and sanitation. You will find extensive content including the WES Newsline, information and articles, publications, newsletters, statistics, the WES guide, bringing together water and sanitation resources available on the Web, and Weblinks. This site is also available in French and Spanish.

### **Voices of Youth**

**<http://www.unicef.org/voy/>**

Voices of Youth, UNICEF's Internet forum for young people, has been developed as part of UNICEF's 50th Anniversary celebration. Through Voices of Youth, young people can take part in an electronic discussion about the future as we face the 21st century. They are invited to discuss how this world can become a place where the rights of every child are protected. One of the present subjects for discussion is Community / School Water and Sanitation Issues.

In support of the "Water for People" day of the World Water Forum, sponsored by the Water Supply and Sanitation Collaborative Council (18 March 2000), the Voices of Youth and UNICEF's Water and Environmental Sanitation Section co-organized an Internet chat with youth participants from seven countries to discuss water and sanitation issues. The site holds [excerpts from the chat](#) with young people and the chairman of the World Water Forum HRH Willem Alexander, Prince of Orange, Netherlands

### **WaterAid**

**[http://www.wateraid.org.uk/site/get\\_involved/community](http://www.wateraid.org.uk/site/get_involved/community)**

Children are often the first to suffer from a lack of access to safe water and the simple message that safe clean water is not available to everyone, everywhere, is something that children of all ages can readily understand as a problem. As a result of this simple message schoolchildren are often keen to help children in other parts of the world gain access to safe water and sanitation. As well as learning about WaterAid through our **educational resources** every year children take part in fundraising events as diverse as welly-disco's, and sponsored water carrying, where children can empathise with those in the developing world who have to spend much of their day carrying heavy loads of water for their families needs.

### **WHO School Health and Youth Health Promotion**

**<http://www5.who.int/school-youth-health/main.cfm?s=0009>**

This site provides information on the importance of health interventions for school-aged children's possibilities to learn and to take full advantage of what is often their first and only opportunity for formal education. The site contains the following sections: what's new; introduction; why school health. It gives access to documents to download; agencies & links; a school health bibliography; country programmes; case histories; and resources. It has a search facility and includes mail lists and feedback pages.

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### **World Bank Water Supply and Sanitation**

**<http://www.worldbank.org/education/schoolhealth>**

The themes of the World Bank's water and sanitation site are rural and urban water supply and sanitation. The site features a Water Help Desk, regional information and information on various topics and project lending. It includes publications and presentations and a training and events section. The site has a search facility and provides links with related web sites. Together with The Partnership for Child Development the World Bank maintains a site on school health which provides information, resources and links to related agencies.

### **School Health Mailing List**

**[schoolhealth@ic.ac.uk](mailto:schoolhealth@ic.ac.uk)**

This list was established to help bring together people working in the field of school health.

The purpose of the list is to:

- Share information on school health
- Serve as a forum for discussion and debates
- Act as point of contact for interested organisations and individuals
- Share documents relating to school health

The School Health Mailing List is administered by the Partnership for Child Development, as a component of the World Bank's new International School Health initiative, in partnership with other organisations.

### **International Water and Sanitation Centre - Notes and News on SSHE**

**<http://www.irc.nl/sshe/nn/index.html>**

This is a UNICEF and IRC joint newsletter in English, French and Spanish which is available in hardcopies and on the web. In the latest Notes and News, for example, a focus is placed on hygiene and sanitation which comprises of general news, news on other SSHE projects; and local initiatives. All news items are sorted by date of publication. The School Sanitation and Hygiene Education Notes and News is part of the joint UNICEF/IRC global School Sanitation and Hygiene Education project. SSHE Notes and News aims to provide a channel for:

- The dissemination of good practices
- Current information
- Knowledge and experiences to all stakeholders that carry out activities in school sanitation or have an interest in the subject

Issues from earlier phases of the project are also available, in English, French or Spanish.

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TOP Contacts

## **THE NETHERLANDS**

### **IRC International Water and Sanitation Centre**

<http://www.irc.nl>

IRC is an independent, non-profit organisation supported by and linked with the Netherlands Government, the United Nations Development Programme, the United Nations Children's Fund, the World Health Organisation, the World Bank and the Water Supply and Sanitation Collaborative Council. IRC facilitates the sharing, promotion and use of knowledge so that governments, professionals and organisations can better support poor men, women and children in developing countries to obtain water and sanitation services they will use and maintain. Using its web site, documentation, publications, IRC advocates change and aims to improve the information and knowledge base of the sector.

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E-mail: [snel@irc.nl](mailto:snel@irc.nl)

## **UNITED KINGDOM**

### **Imperial College Faculty of Medicine- Department of Infectious Disease Epidemiology**

[http://www.med.ic.ac.uk/divisions/62/IDE\\_intro.asp](http://www.med.ic.ac.uk/divisions/62/IDE_intro.asp)

The new department was established in October 2000 on the St Mary's Campus of the College to promote interdisciplinary research in Epidemiology, population biology, evolution and control of infectious diseases, including helminth infections and HIV.

Contact person : Dr. Celia Maier

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## **UNITED STATES OF AMERICA**

### **World Bank - Human Development Network**

<http://www.worldbank.org/education/schoolhealth>

The Effective Schools and Teachers Thematic Group aims to contribute to the effectiveness of World Bank education projects through a focus on teaching and learning, by pursuing two specific objectives, namely: developing an internal and external community of practice on teaching and learning; and furthering a knowledge base which supports best practice.

Contact person: Professor Don Bundy

World Bank

Human Development Network

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Washington D.C., 20433

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E-mail: [dbundy@worldbank.org](mailto:dbundy@worldbank.org)

### **United Nations International Children's Funds (UNICEF)**

<http://www.unicef.org/programme/wes/info/school.htm>

UNICEF works with national governments, NGOs (non-governmental organisations), other United Nations agencies and private-sector partners. UNICEF's mandate is to protect children and their rights by providing services and supplies and by helping shape policy agendas and budgets in the best interests of children.

Contact person: Ms. Lizette Burgers

UNICEF

Water Environment and Sanitation Section

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USA

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Fax: 1-212-8246480

E-mail: [Lburgers@unicef.org](mailto:Lburgers@unicef.org)

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TOP Courses and conferences

### **School Sanitation and Hygiene Education Course**

This course on SSHE deals with both the 'hardware' and 'software' aspects needed to bring about changes in hygiene behaviour of students and in communities. The hardware is the total package of sanitary conditions and facilities available in and around the school compound. The software is the activities aiming to promote conditions at school and practise of school staff and children that help to prevent water and sanitation-related diseases.

The course is targeted towards programme staff involved in working in government and the private sector that may become trainers in the area of School Sanitation and Hygiene Education (SSHE). In addition trainers/facilitators of organisations wanting to develop learning-oriented training courses for their field staff on SSHE.

The purpose of the course is to enhance the capacity of professional staff, trainers, and facilitators who may give training in the area of SSHE. The specific objectives are:

- To allow participants to develop and organize country-specific courses for field staff on SSHE
- To update knowledge on the major issues related to SSHE aspects in the programme cycle which participants can use in their training courses
- To comprehend how participatory learning methodologies can be used in training settings on SSHE
- To enable participants to translate these SSHE issues into a training package

The course methodology is based on adult learning principles, building upon participants' existing experiences and knowledge, and promoting active participation in all sessions, including relevant excursions, using state of the art participatory learning methodologies. Two field trips will be made around Uganda which is considered to have a strong SSHE programme. The course will therefore not be limited to content and training methods but will also address training management issues and identification of modalities for structural long-term collaboration between IRC and the institutes in which participants work.

The course content starts with an assessment of the SSHE sector, the training needs and the market potential in the various countries from which the participants have come. Once a country assessment has been made, participants will focus on contents and deal with SSHE issues from both the 'software' and 'hardware' side. After a focus on content issues, the participants will develop specific skills as well as lesson plans required for their targeted trainees. These skills in addition to the other contextual knowledge from the course provide the building blocks for participants to develop their own SSHE training programme in the own country

**Date:** July 8-17<sup>th</sup> 2003

**Place:** Kampala, Uganda

**Contact:** NETWAS, Uganda or IRC

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### **School Sanitation and Hygiene Education: the way forward- learning workshop for policy makers and managers**

This workshop focuses on how to create more effective school sanitation and hygiene education programmes. There is a major focus on creating a conducive environment, assessing current conditions, planning and implementing improvements in SSHE programmes. The purpose of the course is:

- to gain insight into the socio-cultural aspects of SSHE programmes, which to a large extent determine the feasibility of SSHE interventions;
- to upgrade knowledge about health and environmental risk reduction and key issues in hygiene education promotion;
- to review low-cost technologies for latrines used within the school areas; to provide those involved in developing an SSHE programme with effective planning and management skills.

The course methodology is based on adult learning principles, building upon participants' existing experiences and knowledge, and promoting active participation in all sessions, using state of the art participatory learning methodologies. Participants will play an active role in obtaining interesting and useful results.

The workshop will be geared to: awareness for capacity building at all levels to promote SSHE; identifying needs to promote sustainability programmes in SSHE; assessing and formulating strategies to scaling up SSHE; exchanging experiences on the promotion of sustainable SSHE models; and sharing products and tools developed by IRC and partners on SSHE. In order to focus the discussions of the workshop, the participants will have to present and discuss their conclusions and recommendations with a panel of experts on the last day of the workshop.

**Date:** 23 September-2 October 2003

**Place:** Delft, The Netherlands

**Contact:** IRC

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TOP Research programmes

This section now only contains two research programmes. We would very much like to know if your organisation is involved in other research programmes focussing on SSHE. You can submit your contribution at the bottom of this page.

### **SSHE UNICEF/IRC global project**

Since the beginning of 2000, UNICEF, together with IRC has been involved in school sanitation and hygiene education projects which focus on the development of approaches to promote life skills, a healthy and safe school environment and outreach to families and communities. The first project is carried out in six countries: two each in Asia, Africa and South America, while the second focuses on specific states within India. The overall aim of both projects is to ensure that the present and future health and education of school-aged children improve through better hygiene behaviour and a healthy school environment.

In February 2000, UNICEF's Education and Water, Environment and Sanitation Programmes entered into a joint partnership with IRC for the implementation of a school sanitation and hygiene education project, financed by the Dutch government. It will be carried out in six countries: Nepal and Viet Nam in Asia; Burkina Faso and Zambia in Africa; Nicaragua and Colombia in Latin America.

The project is two and half years old and is testing and implementing the approach as described in the Manual on School Sanitation and Hygiene, developed by UNICEF and IRC in 1998. The overall aim of the project is to ensure that the present and the future health and education of school aged children improves through better hygiene behaviour and a healthy school environment. Focus will be on the development of approaches to promote life skills, a healthy and safe school environment and outreach to families and communities.

### **SSHE India**

The overall objective of the School Sanitation and Hygiene Education programme in India is to develop, test and successfully demonstrate replicable models for hygiene education, water supply and environmental sanitation in rural primary schools and pre-schools. Currently, India has approximately 600,000 primary schools in the rural area. Only one of ten schools has adequate toilets and urinals, while safe water is available in only one of every two schools. However, there is at present no school sanitation programme in the country, as toilets and urinals are all too often not considered much of a priority. Where these are constructed, it is usually at the initiative of the school teachers, the block or district administrations, or occasionally, at the behest of the households whose children attend the school.

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External support projects, such as the Primary Education Project and others, also include school sanitation elements, but none are exclusively dedicated to improve school hygiene practices. Some of the specific activities in this programme include packaging approaches, methods, techniques and materials to be used by the school, adapting designs for school sanitation facilities and developing other school sanitation communication materials for teachers and students.

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## TOP Case studies

**Note:** For information on various specific case studies we suggest you refer to the SSHE e-conference which took place in July last year. The link to these case studies is: [www.irc.nl/sshe/nn/index.html](http://www.irc.nl/sshe/nn/index.html). The following case studies are a few cited in the WHO publication (1997- refer to reference list).

Please note that other case studies are under preparation. To contribute your own case study, just click on the link at the bottom of this page.

### **Case study 1: A school for a growing population: Bogotá, Colombia**

**Background:** The capital of Colombia, Bogotá, is a classic example of a Latin American city which, over the last 30 years, has undergone a dramatic transformation through the large scale and rapid growth in informal settlements. The Barrio Vista Hermosa is in one of the oldest parts of Ciudad Bolívar and is around 30 years old. The school of San Rafael was formed by a committee of parents in Barrio Vista Hermosa early in the life of the settlement. In many ways it is typical of an urban school in Latin America. The original school building was built by the community, and over the years, the school has spread up the steeply sloping site in a piecemeal way. There are now 19 classrooms. The school now has 1400 pupils ranging from 5 to 14 years old. They are taught in two shifts of 700 pupils each by 22 teachers.

Unfortunately the school has only one toilet for the teachers and a further 20 for the pupils. Approximately 30% of these toilets are in some way damaged but the rest are functioning.

**Conclusion:** San Rafael is neither an exceptionally innovative school, nor particularly bad. It illustrates that people on the margin of Latin American urban society are keen to have schools for their children and prepared to invest their time and resources to obtain them.

Source: WHO, 1997.

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## Case study 2: Schools in a hot, dry climate: Rajasthan, India

**Background:** The state of Rajasthan in north-western India has a typical desert climate: hot and dry, with extreme temperature variation between night and day. Rajasthan has a population of about 47 million people, living in over 50 000 villages and smaller communities. Many of these are located far away from any road usable by motor vehicles. There are an estimated 10 million primary school-age children (6-14 years). Officially there are about 37 000 primary schools in Rajasthan. In addition, thousands of informal education centres cater for children unable to attend formal school.

Most of the schools consist of a stone or concrete building with two or three classrooms and a veranda on one side. Some schools have no classroom accommodation. Others have no more than a simple teaching space of mud and thatch. According to the Fifth All-India Educational Survey, there are more than 6000 schools without any building or with buildings made of non-permanent materials. About 5000 communities are not served by a school at all.

The standard classroom in Rajasthan has heavy masonry walls and small, shaded window openings. It is primarily designed to protect its users against excessive heat, yet for a large part of the year, temperatures inside these classrooms are far below what is required for comfort.

**Conclusion:** This case study shows that conventional primary-school buildings in Rajasthan are poor and potentially health threatening environments. Teachers and students are able to cope with cold, poor light and overcrowding by using a variety of open and semi-open teaching spaces. Other deficiencies, particularly lack of water and sanitary facilities and inadequate maintenance, require attention.

Attempts are being made, however, to reorder priorities through the Lok Jumbish Programme for Improvement of Primary Education in Rajasthan. Village education committees have been formed and village-based funds established for the repair and maintenance of school buildings. Between 1992 and 1996, building development work began in 800 villages. A large number of architectural and engineering consultants continues to participate in this unique research and development effort. The Lok Jumbish programme, with its emphasis on maintenance and repairs, construction of boundary walls and the creation of 'gardens of learning', is now beginning to have an impact on the general school building programme of the Rajasthan Government.

Source: WHO, 1997.

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### Case study 3: Schools made by people: Kenya

**Background:** Kenya shares many of the characteristics of other developing countries. More than 50% of its population is under 15 years old. The projected population growth indicates a doubling of the number of school-age children every 17 years. But where Kenya differs from many countries is that, rather than seeing this as a massive problem to be resolved by central governments, Kenyans are using traditional methods of community self-help to tackle the problem from the bottom up.

The formal schooling system in Kenya was initiated by Christian missionaries in the mid-19<sup>th</sup> century. By 1950 three-quarters of schools were missionary schools. From the outset, the normal course was for the local community to provide land and buildings while the missionaries provided trained teachers and teaching materials. However, many communities became dissatisfied with the type of education offered and, since they were already providing the school facilities, decided to break free of the missionary system and set up their own schools.

To this day, the central government does not get involved in primary school construction (except in some exceptional circumstances, such as schools for nomadic groups). The Ministry of Works provides prototype designs for schools and there are regulations governing materials and standards. However, it is clear that these regulations are not rigidly imposed since many schools are built of mud and thatch which is explicitly prohibited. Also, unlike many other countries, the Kenyan primary school is not a static creation; there is a steady process of gradual improvement. A school may start as a simple hut of mud and thatch but gradually become transformed into a complex of concrete and corrugated-iron classrooms.

**Conclusion:** Even though the Kenyan government has never financed the construction of primary schools, most communities now have sufficient basic facilities to ensure that their children receive eight years of schooling. While the standards of construction, furniture and maintenance cannot be described as high, they are in fact higher than in neighbouring countries where schools are provided by government. The conditions which have made Kenya's achievement possible can be listed as:

- The high priority given to education by local communities;
- The well-established tradition of communal self-help;
- A consistent government policy, since independence, giving the local community responsibility for the construction of schools and teachers' houses, the provision of furniture and maintenance;
- No government interference in design, choice of materials and construction methods.

Source: WHO, 1997.

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IRC facilitates the sharing, promotion and use of knowledge so that governments, professionals and organisations can better support poor men, women and children in developing countries to obtain water and sanitation services they will use and maintain. It does this by improving the information and knowledge base of the sector and by strengthening sector resource centres in the South.

As a gateway to quality information, the IRC maintains a Documentation Unit and a web site with a weekly news service, and produces publications in English, French, Spanish and Portuguese both in print and electronically. It also offers training and experience-based learning activities, advisory and evaluation services, applied research and learning projects in Asia, Africa and Latin America; and conducts advocacy activities for the sector as a whole. Topics include community management, gender and equity, institutional development, integrated water resources management, school sanitation, and hygiene promotion.

IRC staff work as facilitators in helping people make their own decisions; are equal partners with sector professionals from the South; stimulate dialogue among all parties to create trust and promote change; and create a learning environment to develop better alternatives.

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