



UNICEF/IRC Global Workshop on School Sanitation and Hygiene Education

Workshop Report

Delft, the Netherlands, 11-18 March 2000



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1 *Introduction*

From 11 to 18 March 2000, the first workshop of the Global School Sanitation and Hygiene Project was held in Delft, the Netherlands. This project will be carried out by UNICEF offices in six countries: Nepal and Vietnam in Asia; Burkina Faso and Zambia in Africa; Colombia and Nicaragua in Latin America and is financed by the Dutch government. UNICEF New York and IRC International Water and Sanitation Centre co-ordinate the project at global level, give technical support to the country offices and ensure that the experiences at country level are fed back into the global track. In addition UNICEF regional offices will be involved. At country level, the UNICEF offices are supported by resource centres from the country or region.

The project is expected to last for two and a half years and will test and implement the approach described in the School Sanitation and Hygiene Education Manual, developed by UNICEF and IRC in 1998. The overall aim of the project is to ensure that the present and 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 life skills, a healthy and safe school environment and outreach to families and communities.

In the countries, the focus will be on creating a conducive environment to SSHE ensuring involvement of key stakeholders and on the development and testing of low cost teaching aids and technical options for the improvement of hygiene practices and environmental conditions within and outside the schools and communities. This will be done in a participatory manner, with a special focus on life skills development using a child centred approach. New in the projects is also the collaboration of the water sector professionals with the education sector professionals, with the intended result of a tested approach for this collaboration at all levels: it is an educational programme requiring an educational approach to take hold.

The on-going experiences in all aspects of the programmes in the pilot-countries, will be brought to a larger audience through the World Wide Web and the Notes and News on School Sanitation. In order to increase global, regional and national awareness and commitment towards School Sanitation and Hygiene Education also an advocacy package will be developed.

The first workshop was held to discuss the overall programme approach, to establish what activities are already on-going in this field in each of the countries and to assess how in the countries both the education section and the WES section can be optimally involved in the project. Also plans were made for the country level workshops that will be held to make programme planning country specific and to ensure involvement and ownership of all local stakeholders.

The workshop was attended by UNICEF WES and Education Officers of the above mentioned participating countries together with government staff that are involved in school sanitation activities. Where already selected, also staff of the local resource centres participated. In addition, UNICEF staff from Bangladesh, India, Nigeria, South Africa and Uganda were invited as they could share their experiences in particular aspects of school sanitation and hygiene education with the workshop participants. In all participants from 11 countries attended the workshop (see Annex 1).

This workshop report is the first documented result of the project. It gives an outline of the workshop (chapter 2), followed by a general introduction and context of the School Sanitation and Hygiene Education project as well as an overview of the current situation with regard to SSHE in the different countries present (chapter 3). The subsequent chapters elaborate on the subject themes that have been discussed during the workshop (chapter 4,5,6 and 7). In chapter 8 other topics covered are shortly described with reference to the annexes that deal with these, such as the draft workplans that the six participating countries developed. The last chapter reflects on the outcome of the workshop.

The draft report of the workshop was meant for use of the participants in the planning of their country level workshops. It had as such of not much use for outsiders, as it really is a working document. This final workshop report is meant for a larger audience and contains more analysis of the issues covered during the workshop. After also the country level workshops have been carried out, it may be possible to establish a common 'module' or approach of such workshops on school sanitation.

The workshop and this report could not have materialised without the support and enthusiasm of the workshop participants and the inputs given by the various resource persons. We hereby would like to thank them all.

Delft, April 2000

Leonie Postma, IRC International Water and Sanitation Centre

Madeleen Wegelin, IRC International Water and Sanitation Centre

2 *Workshop outline*

2.1 **Workshop objectives**

The objectives stated for the workshop were to:

1. develop a common understanding of key issues, strategies and principles in SSHE, based on country experiences
2. agree on common objectives of the SSHE global programme
3. develop a draft workshop plan relevant for the country specific situation
4. develop criteria for success of SSHE at different levels
5. identify key mechanisms and tools for advocacy and dissemination of experiences.

In addition, participants expected to share experiences, to learn about monitoring of SSHE with trainers and communities and to discuss the institutional aspects of SSHE in depth. Guidance in the development of good materials to explain basic hygiene-sanitation concepts and insight in the supply needed for project implementation, which were also mentioned during the initial assessment of expectations, could not be discussed as these issues belong to the realm of implementation and are therefore dealt with at a later stage.

The detailed agenda can be found in annex 2.

2.2 **Methodology**

The workshop methodology was based on the experiences and working context of the participants and the resource persons enabling a focus on the key issues which play a role in SSHE programmes. The participants collected basic information regarding the situation of school sanitation in the country (see annex 4), which was presented in a poster presentation in the workshop. This served as reference for the presentations and discussions on key themes: policy and institutional framework, organisational aspects, documentation, dissemination and advocacy, technical aspects, educational aspects and monitoring and evaluation.

In the latter part of the workshop, the participants were asked to identify the problems and concerns with regard to the different key themes that they faced and to formulate the ideal situation towards which they would like to work in their country programmes. Based on this, an agenda for the National workshops as well as a Plan of action for the period leading to this National Workshop was drafted. The outcome of the global workshop thus served as an input for the national workshops and plan of action.

As the workshop was in part overlapping with the World Water Forum, the participants were given the opportunity to attend the UNICEF organised panel discussion on “The sanitation taboo: women and girls pay a higher price” in which the importance of gender sensitive hygiene education and school sanitation was highlighted. Some key results of the workshop were also presented in this meeting.

3 *Introduction to School Sanitation and Hygiene Education*

3.1 **General background and context**

Still over 2.4 billion people live without access to sanitation facilities and are unable to practise such basic hygiene as washing their hands in safe water. Yet, this access is a fundamental human right that safeguards health and human dignity. Children constitute an important target group to initiate a change in this situation as they have important roles in household chores related to hygiene and - depending on the culture - may question existing practices in the household and become agents of change within their families and communities. They, moreover, are expected to become good citizens and may be future parents. What they learn at a young age, is likely to be passed on to their own or others children. Children learn in schools where positive behaviour change can be stimulated and supported. However, in many countries throughout the world, schools, instead of being places to support and demonstrate positive behaviour change, have very poor sanitation environments and become risky places where diseases are transmitted. Poor health of children affects their ability to learn and therefore influences their perspectives in life. Although lack of latrines and poor hygiene affects both girls and boys, poor sanitation conditions at school have a greater negative impact on girls, with reduced school attendance and increased drop-out rates as a result. School sanitation and hygiene education not only are important from a health and a gender perspective, but also from a learning and educational perspective as well as from the technical perspective with regard to developing the most appropriate options for sustainable operation and maintenance in the school environment.

Internationally, the convergence of the health and education perspectives is being promoted in the activities of a number of agencies (among which UNICEF, UNESCO, WHO and World Bank), who recognise that a child's ability to attain her or his full potential is directly related to the synergistic effect of good health, good nutrition and appropriate education. Research shows that children with worm infections have lower scores in schools and that there is a radical improvement in cognitive ability in children that are treated. Children who start at a disadvantaged position (rural areas, poverty, gender) are also the worst off during the learning process. Since these children have only a few years of opportunities to learn during a few years of formal education, this time should be spent most effectively. Effective schools are child friendly schools which are characterised in being safe, healthy and health-promoting; protective of children and academically effective (see annex 5.1).

Positive experiences by the above agencies suggest that there is a core group of cost effective activities which could form the basis for intensified and joint action to make schools healthy for children and so contribute to the development of child-friendly schools. They therefore have launched a partnership for Focusing Resources on Effective School Health (FRESH) with a number core interventions (see annex 5.4.1 and 5.4.2):

- Effective health policies at schools
- Safe water and sanitation for all schools
- Skills based health & nutrition education
- Schools based health & nutrition services

These interventions need to be supported by an effective partnership between teachers and health workers, but also the communities in which the schools are located need to be involved

to ensure support to the children, commitment and communal ownership. Last, but not least, the children are important participants in all aspects of the programmes, not just as ‘beneficiaries’. In this context, the SSHE project provides a very good opportunity to explore synergies at the different levels of intervention that were indicated in the manual that was developed by UNICEF and IRC in 1998.

This manual suggests approaches for school sanitation and hygiene education based on the limited experience available at the time. While a main objective for the current project is to test these approaches and to promote a conducive environment to SSHE ensuring the involvement of all stakeholders, the project activities in the different countries are likely to be different due to differences in the starting situation. Thus, to further knowledge in this field and enable comparisons between approaches in countries, a minimum of ‘non-negotiable’ objectives and outputs was agreed upon in the workshop.

3.2 Objectives and outputs of the SSHE project

The overall objective of the SSHE project 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.

The specific project objectives and their outputs are:

1. Country-specific, child-centred teaching programmes utilising the life skills approach developed/improved
Output:
 - Child centred teaching programme in the pilot schools exists
2. Capacity to utilise technical guidelines for school facilities developed
Output:
 - Appropriate & accepted guidelines developed
 - Training programme for teachers developed & accepted (Teachers college)
 - Proper operation and maintenance of the facilities
3. Initiatives supported and sustained by the different stakeholders at community level
Output:
 - Description of methodologies to involve communities
 - Organisational set-up at community/municipal/district level exist
4. A methodology for improved SSHE field tested in at least six countries on three continents
Output:
 - Description of steps that are taken with regard to different sections in the manual
 - Analysis of results and experiences
 - Tested & revised manualThe experiences of the pilot projects documented and disseminated
Output:
 - Description of processes and outcomes in 10 schools
 - Dissemination in Country
 - Regular contributions to Notes and News on SSHE, the SSHE website and email conference

- Training modules for TOT (long-term objective)

5. Global, Regional and National awareness and commitment towards SSHE increased

Output:

- Advocacy package developed
- Funding obtained

In order to achieve these objectives, the project has been divided in five activity components:

- Preparation Phase and Baseline Country Studies
- Global Workshop
- National Workshops
- Country Plan Implementation
- Documentation, Dissemination and Advocacy

3.3 Current situation in the countries

The full text of the country presentations is given in annex 4, but some key issues and their status in each country are abstracted. Although these presentations may not necessarily reflect the situation all over the respective countries (as they are mainly based on information available to UNICEF offices), for a general overview and indication, the result may be helpful. The symbol ‘-’ indicates that the information was not presented; the symbol ‘x’ indicates that the issue is not addressed or not relevant in the country (based on information presented); the symbol ‘y’ indicates the issue is addressed.

Table 1: overview of key issues and their status in the different countries

ISSUE	B’Faso	Col	Nepal	Nica	Zambia	Vietnam	B’desh	India	S. Africa ¹
% of schools with inadequate WSS facilities	high	60%	most	80%	high	About half ²	45%	high	60%
SSHE Policy in place	y	y	y	-	y	y	-	y	y
SSHE included in curriculum	x	y	y	y	-	y	x	x	x
SSHE materials exist	x	x	y	y	x	y	y	x	-
SSHE activities at present	x	pilot	start	pilot	pilot	All schools	pilot	-	y
High girls drop-out	y	x	y	x	y	x	y	y	y

- 1) Research carried out in Kwa Zulu Natal and Western Cape in rural, peri-urban and informal settlements indicates 80%
- 2) In ’98, 46% of the 13.000 schools had WATSAN facilities. However, the total number of schools is more than 13.000 as this does not include the numerous satellite schools, that generally do not have WATSAN facilities

The presentations showed that in all participating countries, already many activities in SSHE are ongoing and that lessons can be learned from each and built upon by others. With regard to the SSHE project, it means that there are different starting points for all countries. This,

however, does not need to be a problem: activities that already have been carried out can still be described and included in the testing of the manual.

Generally access to sanitary facilities in schools is inadequate even where policies do support sanitation provision, like in Uganda. All presentations mentioned that the operation and maintenance aspects of the latrines are a difficult issue and that technologies are promoted without taking this aspect sufficiently into account. It became clear that without supporting policies in place, it is very difficult to promote the issue of school sanitation. This shows in turn the importance of a well thought-out advocacy approach.

The experience in Bangladesh with a longer period of intervention demonstrated the need for monitoring and evaluation of the interventions and the need for flexibility to adjust the programme approach.

Another aspect that was highlighted in the presentations is the need for cooperation, coordination or convergence of the WES and Education sectors, even where this is institutionally difficult. The knowledge of staff of each sector is so specific that planning, design and implementation of SSHE cannot be done by one without the assistance of the other and even may have to include the health sector. Moreover, an isolated pilot approach is to be avoided as this is not sustainable and does not lead to scaling-up. Opportunities to promote a combined approach can usually be found and explored. These will be different in each country, but the tendency to open up to different approaches in the education sector (such as life skills approach) will facilitate finding these opportunities. This also applies to practical application of hygiene behaviour. Often in countries where officially the curriculum does include aspects of hygiene behaviour, this behaviour is not facilitated in the schools itself. It also does not imply that practical application is part of the curriculum or the examinations – a consensus was clear on the need for practical application as part of a wider skills-based educational approach.

4 The different perspectives of SSHE

As indicated in the previous chapter, the school sanitation and hygiene education project provides a challenging opportunity to combine the perspectives on sanitation and hygiene as promoted in the education sector, in the WES and health sector and within school management itself. Neither policies nor institutions are likely to transcend sectoral interests easily and it is thus very important to use the project as a means to increase understanding of these different perspectives and to use it as a vehicle to involve the various stakeholders in a practical manner. In the following sections, the perspectives of the different sectors/actors with regard to SSHE related issues are discussed.

4.1 The educational perspective

The Education sector has a core commitment: “All children have access to complete basic education of good quality” and both the Child Friendly School Initiative and the FRESH programme work towards this commitment. There are three elements that provide the basic ingredients of complete basic education of good quality. These are (1) skills based education; (2) skills based health education; and (3) life skills approach and aim to reinforce existing knowledge and positive attitudes and to prevent or reduce misinformed negative attitudes or risky behaviour. In the life skills approach, skills, context and methods are interdependent and need to be considered in sequence (see annex 5.10). Interpersonal skills, skills in building self awareness and decision making skills are examples of life skills which are relevant in the SSHE context. The context gives the topic “the what” that should be addressed not only in knowledge, but also in attitudes as well as the desired outcome that is important for children in a specific country, district or village (such as understanding the reasons for hygiene behaviour). The methods relate to “the how” of the teaching (such as child-centred, interactive). There are different ways to include a life skills approach. It can be (1) included in many existing subjects given by regular teachers (infusion); (2) integrated into an existing subject which is relevant to the issues, such as science/ civic/ social studies or health education (“carrier” subject); (3) treated as a separate subject.

A group exercise on knowledge, attitudes and skills related to SSHE for different age groups was carried out to stimulate ‘life-skills’ thinking and understanding.

Table 2: Example of life skills on knowledge, attitudes and skills related to SSHE as a result of group work

	Knowledge	Attitude	Skills
Early Primary	Teeth brushing Hair grooming and washing Body washing Urinating where? Hand washing	Looking good Feeling good Smelling good	Becoming independent Self-confidence Discovery
Late primary	Diseases can be transmitted through dirty hands Consequence of poor hygiene practices Safe food handling	Believe that clean hands can prevent diseases Importance of washing hands before meals	Talking with friends of the importance of hand washing Refuse to take food if hands not yet washed

Early secondary	Consequences of poor hygienic practices Awareness of growing body Consequences of use of unsafe water	Sensitivity towards gender disparities Appreciate the need for privacy Socio-cultural practices relating to menstrual hygiene management	Value clarification Critical thinker Role plays Demonstration
Late secondary	Personal hygiene: Body/sexuality transmission of diseases Environmental issues: Social behaviour , community environment	Self-confidence Self-esteem Self-control Social concern	Make friendships Social conceitedness Approach decision making To protect her/his own well being

In order to effectuate collaboration, integration and synergy of programmes that are often started or funded from a sectoral perspective, mutual understanding of the different perspectives of SSHE is required. Therefore an analysis of the expectations from the Education and the WES (including health) Sectors on their collaboration was done. The results can basically be divided in opportunities and challenges for cooperation. The most important opportunities included:

- Corporate priority assigned to school sanitation both with education and WES
- Education and WES – two sides of the same coin, similar standards and norms
- Education is more than learning and writing: something that enables and empowers people to demand for basic facilities
- School as entry point to change behaviour
- School is the centre of development in the community
- Sector partnership/ take it to scale
- Agreement on common objectives
- High acceptance and commitment by all levels in particular the municipalities, local level institutions, local schools

The challenges included:

- Lack of national policy
- Poor co-ordination between MoE, MoH and WES, particularly at national level
- Lack of funds and human resources from MoE/UNICEF education programme for school sanitation and hygiene

There was a general consensus that to use the opportunities to the best advantage and to face the challenges, good co-operation has to start within the UNICEF office itself, including the WES, Education and Health sections. In turn, the respective UNICEF staff members can stimulate a similar involvement and motivation with their respective counterparts. Again, the SSHE project is seen as a useful vehicle to strengthen this co-operation.

4.2 The WES and Health perspective

The water and sanitation sector interest in SSHE has various angles. First of all the sector has been struggling with acceptance and use of household latrines for a long time. Many approaches such as DRA, PHAST, strategic sanitation and community based sanitation have been formulated, but motivation for latrines often remains a problem. Thus, if school children become accustomed to using latrines at school and get hygiene education that is adapted to their level of knowledge and interest, this may have a positive effect on sanitation in the whole community in the long run.

Another angle is health related. In many countries, sanitation and sanitation behaviour is included in the health sector and often it is health personnel such as Environmental Health Technicians that mobilize people at community level. The school sanitation conditions in many schools in developing countries are very bad with non-existent or insufficient sanitation facilities. The toilets or latrines are not adapted to the needs of children, in particular girls. Latrines are broken, dirty and unsafe and become a health hazard rather than a facility for health improvement. Finally, the most important health behaviour connected to sanitation is the handwashing and many schools have not paid any attention to this, with no water for handwashing available and no appropriate facilities developed. Such conditions, of course, have immediate repercussions on the health of the school children and through them directly or indirectly on the communities.

Some of the above issues are directly related to technology and therefore the technological aspects of school sanitation are very important. During the sessions on technology, specific attention was given to sanitation technology selection criteria. These include **social** factors (such as cultural issues and organisational issues); **institutional** factors (such as policy environment); **environmental** factors (such as soil conditions and disposal of decomposed human excreta); and **technical aspects** including technology preference and cost (see annex 5.9). As with household sanitation, stakeholders (including children) should be involved in technology selection. For instance if VIP technology is selected, children may not want to use the latrines for fear of darkness. As such the process of technology selection can also be seen as a 'life-skills' component. The issues that have to be taken into account with technology selection are also discussed in the manual. However, almost the most important issue with regard to technology selection is the Operation and Maintenance of the constructed latrines. If O&M requirements cannot be carried out at school level, sustainability becomes a major issue. Some of these requirements may be connected to the technology (keeping doors shut in a VIP latrine, keeping water near pour-flush latrines) but even more to the organisation of O&M responsibilities within the schools. This aspect will be discussed in the next section.

4.3 The school management and teacher perspective

In order to make a realistic assessment of what can be expected from teachers and/or school management with respect to SSHE, it is necessary to analyse the different tasks that need to be done at school level to have a sustainable SSHE system. Schoolteachers have a major responsibility for quality education with respect to content, teaching methods and learning environment – management has to allocate budgets for all of these activities (see annex 5.3).

If facilities are to be installed, school management has the responsibility to contact local authorities/NGO's or private sector organisations for support, monitor construction and get management and maintenance organised. Curricula and teaching aids, often developed at the national level, need to be used creatively and adapted to local realities to become meaningful learning tools. Outreach to communities, including out-of-school children, needs to be organised. Last, but not least, implementation and impact of SSHE need to be monitored, preferably not just by the schoolteacher, but as a learning event by all concerned.

The SSHE programme offers good opportunities to determine what these responsibilities entail, what can be realistically expected and in what way teachers/management need to be assisted. This may be in skills to facilitate learning processes as well as knowledge about how to access funds and organisations; in getting basic insight in the technicalities of sanitary facilities, their construction, operation and maintenance and the management thereof.

Monitoring behavioural change also requires skills additional to the skills schoolteachers generally have.

There was a long discussion during the session on the tasks of the teacher and the tasks of school management. Especially if conditions for school teachers and management may be so difficult (low pay or no pay for several months) that they are not very motivated to devote time to 'new' activities that SSHE may well be. Yet, if school sanitation improvements are to be sustainable, the organisation of school level O&M is absolutely crucial. In order to better grasp the different roles in this school organisation (including all stakeholders at school level), role-plays were done on:

- The ideal situation, in which the school has operational and maintained facilities and where the teachers, children as parents are all motivated
- A situation where facilities are non-functional and no maintenance is taking place
- The school and community want to improve school sanitation conditions, but do not know where to get support

All plays emphasized the need to involve stakeholders from the start, to define and agree on the different roles and responsibilities and to monitor the tasks done by all. The importance was stressed of a good link between the community and the school management, in which the local leaders motivate the community to not only make resources available for O&M or to possibly assist in construction, but also to stimulate their children in taking interest in SSHE.

The suitability of the technical design of school latrines came out again from the group acting on the situation where facilities are non-functional and no maintenance is taking place. If the design is not appropriate, O&M becomes difficult and people (children and teachers) get frustrated and give up. If school management is not sufficiently motivated, moreover, children or their parents do not get support, even if they want better latrines. The importance of information from the local authorities on possibilities to receive (part) funding for SSHE related activities also came to the fore.

5 *Policy and institutional framework*

The importance of the policy and institutional framework that supports school sanitation was made clear in a number of country presentations. The objective of the theme session on policy and institutional framework was:

- To deepen understanding of the issues at stake in policy development and formulation
- To learn from experiences in other countries
- To identify different actors and stakeholders at different levels (above school) and their respective roles and responsibilities

The policy development at international level is already mentioned under the FRESH approach discussed under the general background and context of SSHE in chapter 3; the presentation on Uganda policy development gave some insight in process that led to a very focussed policy on sanitation, including school sanitation.

To better understand the roles and responsibilities of actors at different levels, a presentation on the Bangladesh programme was given and an exercise on stakeholders was carried out, the outcome of which is given in section 5.3 below.

5.1 The FRESH initiative

The FRESH initiative provides a framework at international and national level for joint and intersectoral planning of SSHE activities (see annex 5.4.1 and 5.4.2). The discussion after the presentation focussed on the way school sanitation programmes could make use of it. This was basically by knowing of its existence and finding the opportunity to include SSHE in proposals for funding brought forward in sectors that FRESH covers (health, education). The FRESH initiative is expected assist in working in a more focussed way - with differences – and in the same way – as the same set of interventions will be used. The FRESH initiative does not include hygiene education for fear of overloading of difficult terms and scaring people off when already four types of interventions are there. However, it is also felt to be implicit in safe water and sanitation and skills based health education.

5.2 Policy development in Uganda

The presentation (annex 5.5) on policy development was extremely relevant, as it showed how the results of a workshop on the sanitation sector in Africa, meant to develop workplans for individual countries, could become an advocacy and leverage tool to focus national attention on the sanitation issue. It stresses the importance of advocacy at all levels in all places and finding opportunities to ‘plug’ sanitation and bring it to political attention: in Uganda it resulted in the inclusion of sanitation in the Presidents Manifesto in 1996.

With this the case, sanitation became a ‘political’ issue and this led to a clear definition of sanitation in Uganda, an action plan with a task force which included the major national stakeholders, as well as international organisations active in the sector. In addition a concept paper was developed which gave attention to all aspects of sanitation:

- Socio-economic effects
- Environmental effects
- Educational effects: number of girls for drop-out: lack of privacy
- Health effects
- Nutritional effects: sanitation and water people will have an impact on nutrition, not the nutrition people

and this was used by an official working group with 4 specific groups with tasks and time frame on legislation; policy; planning; and the organisation of a national forum. The outcome of the forum eventually resulted in the Kampala Declaration. Based on the declaration the Environmental Health Policy, the Environmental Health Act and the National Sanitation Plan were drafted. Activities in sanitation are co-ordinated by DWD, but responsibility is basically in the district where the ownership of the programme should be. The MoH is the lead agency and the Minister participates in the various panel discussions

5.3 Stakeholder analysis

The exercise on stakeholders was meant to illustrate the many stakeholders in the SSHE field and the different roles that each can and should play, keeping mind that some overlap which in turn calls for enhanced co-ordination. These lists are not exhaustive, but can be used as reference.

Table 3: Results of group work on stakeholder responsibilities

	Actors	Responsibilities
National level	The Ministries, Politicians/legislators, Teachers union, Teacher training institutions, Judiciary, Media, water company, NGOs	Co-ordination; standards and norms; monitoring; policy development; resources; Implementation; regulations; ensure competent human resources; awareness creation;
District/local level	Community Dev. Groups, Community Development Officer, Politicians, Engineers, School inspectors and supervisors, Schools, District education officer; District health officer; Local authorities	Co-ordination and Planning; policy adaptation; Mobilisation and allocation of funds; Facilitating implementation; Capacity Building; Management of district services; Recognising/rewarding best/good performances; Advocacy and Social mobilisation; Communication; Technical support and skill training; Assessment, analysis, monitoring and evaluation
Local/community level	School management committee, PTA, parents, CBOs, private sector, religious and traditional leaders, youth networks, child care workers	Planning supervision/management, lobby, fund mobilisation, O&M (supervision), health and social mobilisation, technical support, financial support, implementation support, monitoring
International level	Bilateral donors, external support agencies, Banks	Assistance in: Policy development, Financial support, Technical assistance, Institutional development, Human resources development, Documentation and dissemination of information, Advocacy, Research and development, Networking, Co-ordination

A case study from Bangladesh served as an illustration of the roles and responsibilities of the different stakeholders as presently operational in the UNICEF school sanitation and hygiene education programme (see annex5.6). Overall the programme is part of a larger programme with a steering committee at national level. The implications of collaboration between the Ministries of Education and Water and Sanitation were addressed in a two-day joint workshop held with the two ministries in which a joint action plan was developed.

Seven districts have had orientation planning workshops where roles and responsibilities are identified and agreed. Districts then go to Thana level and the District Committees in turn orient the schools on how to implement the program. The PTA/SMC receive funds through a demand driven approach. The school must apply to the programme. There are criteria for selection, including the existence of a use and maintenance plan, and a small amount of money must be banked for maintenance. It was discovered that communities were actually topping up the funds received from the programme.

6 Development of a communication strategy

Communication for behavioural change is a complicated process of human actions, reaction and interaction. It involves looking at situations from the view point of other people, and understanding what they are looking for. It means understanding obstacles to change. It means presenting relevant and practical options, and it means telling people what the effect is of the choices they make. People tend to change when they understand the nature of change, and view it as beneficial, so that they make an informed and conscious choice to include it in their list of priorities. Unless their circumstances are taken into account, and their felt needs are met, no effort for change will be successful. People need to be informed and convinced, or they do not feel part of the effort. The presentation aimed at setting out principles for the development of a communication strategy for the project (annex 5.7) and discussed two models for understanding behaviours in health communication.

When planning communication tools and methods for SSHE, a range of key steps are essential to increase the effectiveness of the communication interaction. Below is a checklist that can be used to start an advocacy and communication strategy.

Table 4: Checklist for an advocacy and communication strategy

ISSUES	EXAMPLES
<ul style="list-style-type: none"> Who are the target groups? 	Children, teachers, PTA
<ul style="list-style-type: none"> What are the issues? What are you trying to achieve? 	Improved access to sanitation for boys and girls, better O&M of school latrines, hygienic behaviour, teaching programmes using life-skills approach
<ul style="list-style-type: none"> What are the present Knowledge Attitudes and Practices? 	Sanitation not viewed as priority, teacher and parent attitudes not supporting change, hygiene practices not enabled in school environment
<ul style="list-style-type: none"> What type of products do you want to develop? 	Child-centred teaching materials and curriculum; module for technical guidelines; guidelines to involve PTA, community and school children in school sanitation; appropriate latrines and handwashing facilities
<ul style="list-style-type: none"> Who will help, who are your allies? 	Teachers, Ministry of Education, local councils
<ul style="list-style-type: none"> What capacity is available? 	Interested school headmaster, interested teachers or insufficient capacity at all levels
<ul style="list-style-type: none"> What support is needed? 	Planning support from local councils, financial support for hardware, support for development of teaching materials
<ul style="list-style-type: none"> Timing and budgets 	Depends on country/local conditions
<ul style="list-style-type: none"> What are the indicators for results? 	Child-centred teaching programmes developed; latrines constructed; children use latrines; community involved in development of maintenance plan
<ul style="list-style-type: none"> Revision and re planning. 	

Apart from the communication strategy, advocacy is an important part of the SSHE project as this aims to get more attention for SSHE issues at national and international level. Key issues in this advocacy are:

- Mobilisation of allies can be more difficult to target as it may be unclear who these allies are at the beginning. Often these emerge at the beginning of the implementation of the advocacy campaign. Often it is also unclear where support for the project will come from. This may be from unexpected sources, therefore advocacy is always important
- Link service delivery with advocacy. When advocacy increases, a demand for service is likely to increase
- Advocacy and planning for advocacy is an iterative process. As more information becomes available, there must be flexibility to adapt and re-direct overall strategy
- During advocacy, remember the need to document process, product and outcomes
- Research information must also be used to compliment the community-based work
- Common communication language must be used
- Timing of the communication intervention must be planned.

7 *Monitoring for Effectiveness*

Basically, monitoring and evaluation for SSHE has to get away from monitoring numbers to monitoring issues that are deemed important by the different stakeholders. As this is a rather new way of looking at monitoring, a general introduction was given, with special reference to the planned programme of activities in the project.¹

A baseline survey is the basis for measuring progress of a programme and also serves to indicate from the start where the major point issues for attention are. These can change over time and have to be constantly adapted. The session on monitoring therefore concentrated on the use and development of a baseline (full text and outcome exercises in annex 5.13) and on the use of criterion referenced indicators. In a baseline often statements that imply measurements are included, such as "All schools should have clean latrines". However, such statements are very difficult to define: what is a school, what is a latrine, what is clean. Hence, criteria-referenced monitoring indicators are necessary such as: "In at least 1 out of 2 schools children go out and participate in the baseline". This also allows the intervention to stop when the aim is reached. Three steps can be distinguished when developing a criteria-referenced baseline:

Step 1: Setting the norms

The criteria referenced approach starts with setting norms. Norms are standards, objectives or criteria that are agreed and established by the different stakeholders, preferably in a national workshop. These norms and standards indicate the 'ideal' situation to be reached in two or three years.

Step 2: The transformation of these norms into a criteria-referenced baseline: management tool

Once the 'ideal' situation is agreed upon by all stakeholders, these norms have to be transformed into monitoring indicators. In this transformation it is necessary to use simple words that are easy to define. Also, items may be combined to transfer into action later. For instance, the two items: "The classroom has no rubbish laying around" and "The playground has not puddles/is not dirty" can be combined.

Step 3: Analysis of the survey

For analysis of the survey, the questions in the baseline survey have to be given a score. In the hand out "An example of a Baseline Survey" an indication has been given on acceptable scores per category. These can be used for analysing the data and also to decide on further activities in the programme. For example for the questions in the category "Latrines", the acceptable score is 4 (see annex 5.13). If the school has reached this level of acceptable score, it can be left on its own.. There are different standard ways of coding and aggregating, but it is important to pay attention to what the data indicate.

¹ Kathleen Shordt (2000). *Action Monitoring for Effectiveness*. IRC International Water and Sanitation Centre. The Netherlands, Delft.

Part 1: Content: introduction, indicators, analyses, case studies.

Part 2: 32 facts sheets. Each of the fact sheets are on a different subject related to water and sanitation such as behaviour, management, technology, maintenance, willingness to pay, ability to pay.

8 Other topics covered

8.1 Selection criteria

The selection of schools to be included in the SSHE project in the different countries is an issue that needs attention. Not only because it will influence the outcome and usefulness of the project, but also because it will set the stage for school selection when the project is scaling up. In some of the countries, school sanitation activities are already ongoing, and in Colombia, a system was developed for selecting municipalities and schools with variables, indicators and ratings. To help the participants in developing their own criteria, this system was presented (see annex 5.12). It shows the need for agreement on variables and ratings as this is a major determinant of the direction of the programme: for instance, if distance to the capital (and hence Ministry of Education and UNICEF office) is getting a good score for ease of supervision, this implies automatically that probably the most deserving schools that are far away in the district, will not be covered. Similarly, the issue of demand responsiveness is crucial: if municipalities and schools need to demand for the project, they need to be aware of it. This implies that a major effort in this awareness raising needs to be done with those schools that are furthest away.

8.2 The individual country plans

All countries followed the same framework in the draft of the country plans:

1. Per theme (covered in the manual) were identified:
 - the problems and the concerns
 - the ideal situation
 - baseline survey issues, to be used for monitoring
2. An action plan for the timespan up to the national workshop
3. Proposed dates for the national workshop
4. An agenda for the national workshop and identification of the stakeholders that will be invited, as well as the resource persons

The countries were also asked to indicate:

- Objective of their SSHE project
- Main activities to get at the desired output
- What activities can be done by UNICEF without external support do?
- What activities need external support? (keeping in mind upscaling and replicability)

The country plans presented in annex 6 need to be seen as an indication of the direction that the individual countries want to go, as time to develop the plans was very short. Similarities in the concerns were found with regard to lack of policies regarding SSHE, lack of capacity and co-ordination at local government level, lack of child-centred education materials and lack of capacity to document experiences. A separate group was asked to indicate global issues related to the pilot projects. These are:

- Need to identify mechanisms that would facilitate the opportunity for colleagues with practical experience to conceptualise the lessons learnt and take the positive lessons to scale. (*Assumption:* technical staff in the field does not have time to do the conceptualisation process)
- Create opportunity to share technological options as an effort to avoid re-experimenting or re-inventing the wheel

- Increase opportunities for networking so that the experiences can be better shared
- Documentation of process, product and outcomes is the weakest link of all in UNICEF. Therefore the agreement with IRC has to allocate sufficient time for documenting processes, products and outcomes.

8.3 Evaluation of the logo

A group of representatives of the different countries discussed four different logos that were drafted by a design agency. Only one of the logos was considered good enough with minor adaptations. This logo portrays both the education aspects of the SSHE as well as the sanitation aspects. However, the logo was found to be too formal and rigid and not child friendly and playful. The designer received the detailed comments and works further on the design.

Suggestions for the translation of School Sanitation and Hygiene Education in French and Spanish were also made. In French, it can be Education a l'Hygiène et Assainissement en milieu Scolaire with the acronym: EHAS or l'Hygiène et l'Assainissement en Milieu Scolaire (HAMS). In Spanish it can be Higiene Escolar y Saneamiento Ambiental with the acronym HESA or Saneamiento Escolar y Educación en Higiene (SEEH).

8.4 Comments on the manual

Sessions were planned at the end of each 'theme' to discuss the key issues within the context of the SSHE manual and to already get some indication of adaptations that have to be made. Due to the work overload in the workshop, these sessions did not take place in plenary. A small group, however, did discuss the manual. Some of the issues that were mentioned, are:

- The rationale of taking up school sanitation is not made sufficiently clear and no gender perspective is included
- The document is written with a WES perspective. It needs to integrate WES and Education perspectives (*WES is a bachelor trying to make friends with a pretty girl (SSHE) with a difficult mother (Education)*)
- A definition on sanitation is missing
- There is no analysis and indication on what works
- Links with illnesses of the environment (malaria, cleanliness) are not indicated
- Water chain not mentioned
- Links teacher – conditions – support – reduced illness has to be made more clear
- A policy on SSHE has to include: 1) political commitment; 2) improvement of hygiene requires cooperation and coordination between all relevant sectors; 3) hygiene starts at household level
- The manual has to come up with the issues that have to be in a policy in order to have an impact
- Role of traditional structures is missing
- Role of health inspectors and training centres not covered

8.5 Evaluation of the workshop

Participants indicated that the objectives of the workshop had been mostly met (see annex 7) and the thematic sessions were found to be largely useful. As could be expected, time was deemed to short and this affected interaction between the participants. A shared understanding of the programme objectives is a very positive outcome.

9 Conclusion

The workshop brought to the fore the amount of experiences that are already existing in the different countries that were present. It also showed that people in these countries are not sufficiently aware of the efforts that are being done elsewhere. Thus learning from each other can be improved tremendously and this project is a good vehicle for such effort.

This, however, requires well documented cases – even if these concern only a small aspect of SSHE. It became clear that documentation is an issue that probably needs a lot of support and efforts have to be taken to motivate participating countries to publish in their ‘own’ SSHE Notes and News. Documentation is also necessary for advocacy. The importance of advocacy efforts were made abundantly clear in the session on policy development in Uganda. Without political support, development efforts will never reach a national scale.

The introduction of the life skills approach needs a follow-up as this is very new to most participants and will require a lot of co-ordination and work with the education sector, both international and national. People involved in life skills education will need the knowledge on water, sanitation and hygiene that the WES staff has; the WES staff needs the knowledge on life skills methodologies that is present with the Education staff.

Another issue for attention is the monitoring for effectiveness. It became clear that this new concept also needs more reinforcement and national workshops have to include sessions on this in their workshops. As it is regarded an important aspect of the SSHE project, it may need more work than was originally anticipated. This will need to be discussed at national level.

The manual that forms the basis of the SSHE project, did not receive sufficient time. Although the countries were asked to use it in developing the workplans, too many other issues also had to be included. The ‘testing’ of the manual at country level therefore needs extra attention.

Although the time for the workshop was insufficient in view of all topics to be covered, this could not be avoided because having such senior staff for longer than a week was not deemed to be feasible. Yet, understanding of the SSHE programme and agreement on the objectives and outputs was reached and all participants are motivated to ensure that their national efforts and activities feed into the global project.