

# School Sanitation and Hygiene Education

## Background

School Sanitation and Hygiene Education (SSHE), promotes children's right to a healthy and clean environment. It also influences a change in health promotion behaviour and attitudes for a new generation. It is now known that a child's environment, especially the availability of safe drinking water and sanitation, together with good hygiene practices, can influence learning just as much as the quality of teaching.

Unfortunately, the promises of school health and hygiene programmes have not always been fulfilled. In many countries, schools are not safe for children. Many schools often suffer from:

- non-existent or insufficient water supply, sanitation and hand-washing facilities;
- toilets or latrines that are not adapted to the needs of children, in particular girls;
- broken, dirty and unsafe water supply, sanitation and hand-washing facilities;
- children with poor hygiene habits and hand-washing practices;
- non-existent or irrelevant health and hygiene education for children;
- unhealthy and dirty classrooms and school compounds.

Under these conditions, schools become unsafe places where diseases are transmitted. Poor health affects a child's ability to learn, and therefore influences their prospects in life.

In fact, water-related diseases caused an estimated 3.4 million deaths in 1998 alone, (see box below). It is worth noting that the majority of those who died were children.

### Box 1: Data on water-related mortality

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

Source: WHO, 1999

School sanitation and hygiene education focuses on the development of life-skills, a healthy and safe school environment, and outreach to families and communities.

## An integral package

SSHE has to be an integral part of the school education system, and needs to be recognised and endorsed by all stakeholders. School sanitation, in essence, requires an *inter-sectoral approach* within education, health, water and sanitation, as well as other sectors. Overall, the importance of SSHE needs to be recognised by all levels, but certainly needs to be supported and advocated by national governments to ensure long-term sustainability.

## Projects- IRC/UNICEF

In early 2000, UNICEF and IRC started implementing a School Sanitation and Hygiene Education project in six countries: Burkina Faso, Colombia, Nepal, Nicaragua, Vietnam and Zambia.

The specific project objectives were to:

- develop/improve country-specific, child-centred teaching programmes, utilising the life skills approach;
- develop capacity to utilise designer's guidelines for school facilities;
- support initiatives by the different stakeholders at community level;
- field test the guidelines provided in the Manual on School Sanitation and Hygiene, in at least six countries on three continents;
- document and disseminate the experiences of the pilot projects;
- increase global, regional and national awareness and commitment towards SSHE.

In addition, IRC has been involved in a large SSHE project in India known as the 'SWASTHH' programme. SWASTHH, which translates as Health in Hindi, is a combination of technical and human development components that are necessary to produce a healthy school environment, and to develop or support health and hygiene behaviour.

The SWASTHH project is a joint initiative by the Government of India, UNICEF and IRC and has been implemented, in the first instance, in three states: Tamilnadu, Jharkhand and Karnataka. The project's objective is to promote sanitation and hygiene in and through primary schools, to bring about behavioural change for lasting impact. It also seeks to enable children (both girls and boys) to realise their right to basic education and the right to a healthy and safe learning environment. Its global objectives focus both on education and quality of life. SWASTHH now seeks to develop, test and successfully demonstrate an easily replicated model for hygiene education, water supply and environmental sanitation in rural nursery and primary schools as part of its scaling-up efforts.

There has been, and there will continue to be, significant sharing of the lessons learned between SWASTHH and the other SSHE projects, undertaken in 64 districts of 20 states.

## Goal

The SSHE thematic group at IRC will contribute towards creating more effective and efficient School Sanitation and Hygiene Education programmes that will benefit the overall development of school students.

This thematic group will work to achieve this goal by strengthening and developing a number of SSHE outputs. A number of outputs have already been identified which can be used to serve this sector.

## Principal activities

Activities in 2002 included:

- bringing together a group of core sector professionals to a thematic workshop on SSHE, held in Delft. The group came up with a list of priority issues which are reflected in this year's outputs. (The group will meet again in the middle of 2004, to reflect on the common vision of SSHE, decide on a focus of activities and discuss the way forward);
- initiating a training workshop on SSHE in Delft, the Netherlands in 2003;
- undertaking a number of advocacy activities to support and promote SSHE. These outputs are useful for practitioners and academics in the sector.

Activities for 2003 include:

- finalising a position paper on SSHE;
- contributing to and updating the SSHE pages on the IRC Website;
- an occasional paper on SSHE case studies;
- articles on SSHE;
- case studies on SSHE;
- SSHE workshop held in Kampala, Uganda in July 2003;
- a learning workshop on SSHE to be held in Delft in September 2003;
- SSHE training manual based on a workshop of a group of selected experts. This publication should be available by the end of this year.
- Developing a number of concept papers with specific partners also working on SSHE. This will lead to a number of selected proposals on SSHE for the coming years.

## Reflection points

SSHE suffers from the unsettling habit of 'reinventing the wheel' in determining strategies and institutional options. Today there is a growing body of literature on SSHE from specific projects, which deserves to be reviewed. This provides, for example, useful information about 'lessons learned' regarding institutional/organisational as well as technical issues. It deals with subjects such as the construction of latrines without providing adequate health education. And it provides a key to finding a balance between the 'hardware' and 'software' aspects of SSHE.

It should be noted that the problems of SSHE are generic but the solutions are not. It is therefore not necessarily a question of applying the same approach in different areas. We must continue to learn from past and present experiences, to reflect on this experience and to use it to improve programmes now and in the future. That in itself may be one of our greatest challenges, and one which IRC has taken upon itself to work on in the coming years. All children have a basic right to use good water and sanitation facilities and to learn behaviour which will lead them into a healthier future.

*If you would like to know more about this IRC project, please contact Dr Mariëlle Snel at [snel@irc.nl](mailto:snel@irc.nl) or visit our website: [www.irc.nl/sshe](http://www.irc.nl/sshe).*