

Annexes

ANNEX 1 LIST OF PARTICIPANTS **1**

ANNEX 2 WORKSHOP AGENDA **11**

ANNEX 3 PREPARATION MATERIALS **17**

ANNEX 3.1 BASIC INFORMATION COLLECTION	19
ANNEX 3.2 OUTLINE FOR POSTER PRESENTATION	21

ANNEX 4 POSTER PRESENTATIONS **23**

ANNEX 4.1 BURKINA FASO	25
ANNEX 4.2 COLOMBIA	27
ANNEX 4.3 NEPAL	29
ANNEX 4.4A NICARAGUA	31
ANNEX 4.4B PROPOSED PILOT PROJECT	34
ANNEX 4.5 ZAMBIA	39
ANNEX 4.6 VIETNAM	42
ANNEX 4.7 BANGLADESH	46
ANNEX 4.8 INDIA	50
ANNEX 4.9 SOUTH AFRICA	52

ANNEX 5 PRESENTATIONS OF THE RESOURCE PERSONS **57**

ANNEX 5.1 CHILD-FRIENDLY SCHOOLS	59
ANNEX 5.2 SCHOOL SANITATION AND HYGIENE EDUCATION	60
ANNEX 5.3 THE TEACHER: SPIDER IN THE SSHE-WEB	63
ANNEX 5.4.1 THE FRESH INITIATIVE	65
ANNEX 5.4.2 THE FRESH INITIATIVE	70
ANNEX 5.5 THE MAKING OF THE SANITATION POLICY IN UGANDA	76
ANNEX 5.6 ORGANIZATION AND STRATEGY DEVELOPMENT IN BANGLADESH	78
ANNEX 5.7 DOCUMENTATION, DISSEMINATION AND ADVOCACY	82
ANNEX 5.8 SANITATION DEVELOPMENT IN NIGERIA	86
ANNEX 5.9 SCHOOL SANITATION TECHNOLOGY	89
ANNEX 5.10 THE LIFE SKILLS APPROACH	92
ANNEX 5.11 EDUCATIONAL ASPECTS	99
ANNEX 5.12 CRITERIA FOR SELECTING SCHOOLS	101
ANNEX 5.13 MONITORING FOR EFFECTIVENESS	106

<u>ANNEX 6 PRESENTATIONS OF THE DRAFT COUNTRY PLANS</u>	<u>117</u>
ANNEX 6.1 BURKINA FASO	119
ANNEX 6.2 NEPAL	122
ANNEX 6.3 NICARAGUA	124
ANNEX 6.4 VIETNAM	125
ANNEX 6.5 ZAMBIA	126
ANNEX 6.6 COLOMBIA	129
<u>ANNEX 7 EVALUATION FORM SSHE WORKSHOP UNICEF/IRC</u>	<u>131</u>

nnex 1: List of participants

Annex 1: List of participants

*UNICEF/IRC Global Workshop on School Sanitation and
Hygiene Education
Delft, the Netherlands, 11-18 March 2000*

List of Participants and Resource Persons

BANGLADESH

Ms. Dipa Sen

UNICEF Bangladesh
1, Minto Road
BSL Complex,
Sheraton Annex
Dhaka, Bangladesh
Tel.: 880-2-9336701, ext. 4255641/2
Fax: 880-2-9335641
E-mail: dsen@unicef.org

BURKINA FASO

Mr. Souleymane Diabaté

UNICEF Ouagadougou
01 Boite Postal 3420
Ouagadougou, Burkina Faso
Tel.: 226-300235
Fax: 226-300968
E-mail: sdiabaté@unicef.org

Ms Colette Houeto

UNICEF
01 Boite Postal 3420
Ouagadougou, Burkina Faso
Tel.: 226-300235
Fax: 226-300968
E-mail: choueto@unicef.org

Ms. Marie-Thérèse Some Arcens

03 Boite Postal 7112
Ouagadougou, Burkina Faso
Tel.: 226-366210
Fax: 226-326208
3E-mail: Crepa@fasonet.bf

Mr. Torben Nilsson

UNICEF
Assistant Programme Officer, Water and
Sanitation Programme, Immeuble SONAR
01 B.P. 3420, Ouagadougou 01, Burkina Faso
Tel: 226-300966/67
Fax: 226-300968
E-mail: tnilsson@unicef.org

COLOMBIA

Mr. Francisco Antonio Burbano Marin

UNICEF Colombia
Transversal 38 No. 100-25 PISO 3
Bogota, Colombia
Tel: 57-1-6357066 (EXT. 427)
Fax: 57-1-6357323
E-mail: fburbano@unicef.org

Mr. Carlos Aturo Madera Parra

CINARA
Sanitary Engineer
Coordinator Research Basic Sanitation
Edificio 344, 25157-Cali, Colombia
Tel.: 57-1-3392345
Fax.: 57-1-3393289
E-mail: camadera@cinara.univalle.edu.co

Ms. Ana Christina Garcia

Ministry of Health
Health Education Programme
Cra. 13. #32-76, Piso 12
Santa fé de Bogota, Colombia
Tel.: 57-1-3365066
Fax.: 57-1-3360182

DENMARK

Mr. Adnan A. Dahan

UNICEF
Supply Division
UNICEF Plads
DK-2100 Copenhagen, Denmark
Tel.: 45-35273014
Fax: 45-35269421
E-mail: adahan@unicef.dk

INDIA

Ms. Sumita Ganguly

UNICEF House
73-74 Lodi Estate
New Delhi 110 057, India
Tel.: 91-11-4690401
Fax: 91-11-4627521
E-mail: sganguly@unicef.org

Ms. Chetna Kohli

EF House
73 Lodi Estate
New Delhi 110 003. India
Tel.: 91-11-4690401
Fax: 91-11-4627521 / 4691410
E-mail: ckholi@unicef.org

Mr. Dipak Roy

EF Bihar Field Office
8 Patliputra Colony
Patna 800 013, India
Tel.: 91-612-261621
Fax: 91-612-261620
E-mail: droy@unicef.org

NEPAL

Mr. Namaste Lal Shrestha

UNICEF
Post Box 1187
Kathmandu, Nepal
Tel.: 977-1-523200 'O' / 373488 'R'
Fax: 977-1-527280
E-mail: nlshrestha@unicef.org.np

Mr. Prem Nidhi K.C.

WRD/DWSS
P.O. Box 1187
Kathmandu, Nepal
Tel.: 977 -61-21086 'O' / 21078'R'
Fax: c/o 977 1 527280
E-mail: nlshresta@unicef.org.np

Mr. Mukti Pokharel

Nepal Red Cross Society
National Headquarters
Tahachal, Nepal
Tel.: 977-1-272761 / 270761
Fax: 977-1-271915
E-mail: nlshrestha@unicef.org.np

Ms. Neera Shakya

Ministry of Education (MOE)
Department of Education (DOE)
Sanothimi, Bhaktapur, Nepal
Tel.: 977-1-631075
Fax: 977-1-527280
E-mail: nlshrestha@unicef.org.np

NICARAGUA

Mr. Orestes D. Gonzalez

UNICEF
P.O. Box 5541
Managua, Nicaragua
Tel.: 505-2680687 / 26809688
Fax: 505-2680694
E-mail: ogonzalez@unicef.org

Mr. Oscar Tablada Aguilar

Nicaragua Water and Sewerage Enterprise
Km 5, Carretera Sur
Enacal, Nicaragua
Bus Tel: 505-2667915
Fax: 505-2667915
E-mail: cpong@tmx.ni
E-mail 2: srivera@unicef.org

NIGERIA

Mr. Mansoor Ali

UNICEF
30 A, Oyinkan Abayomi Drive
Ikoyi, Lagos, Nigeria
Tel.: 234-1-269 0276
Fax: 234-1-269 0726
E-mail: mali@unicef.org

SOUTH AFRICA

Ms. Gloria Kodzwa

UNICEF
Health Nutrition HES Programme
Pretoria, South Africa
Tel.: 27-12--3385000
Fax: 27- 12-3204085/86
E-mail:gkodzwa@unicef.org.za

UGANDA

Mr. William L. Fellows

UNICEF
Chief WES
Kampala, Uganda
Tel.: 256-41-234591
E-mail: wfellows@unicef.org

UNITED KINGDOM

Ms. Sue Coates

WEDC (Water Engineering, and Development
Centre)
(Representing DFID through WELL)
Loughborough University
Leicestershire LE 11 3TU, United Kingdom
Tel: 44-1509-222393
Fax: 44-1509-211079
E-mail: s.coates@lboro.ac.uk
[Http://www.lboro.ac.uk.well/](http://www.lboro.ac.uk.well/)

UNITED STATES OF AMERICA

Mr. Don Bundy

World Bank
Human Development Network
1818 H. Street N.W.
Washington D.C. 20433, U.S.A.
Tel.: 1-202-4733636
Fax.: 1-202-5223233
E-mail: dbundy@worldbank.org
Schoolhealthsite:www.worldbank.org/education/schoolhealth

Ms. Lizette Burgers

UNICEF
Water Environment and Sanitation Section
3 United Nations Plaza, TA-26A,
New York 10017
Tel.: 1-212-8246661
Fax: 1-212-8246480
E-mail: lburgers@unicef.org

Ms. Anna Maria Mooijman

UNICEF
Water, Environment and Sanitation Section
3 United Nations Plaza, TA-26A,
New York 10017, USA
Tel.: 1-212-8246505
Fax: 1-212-8246480
E-mail: amooijman@unicef.org

Ms. Amaya Gillespie

UNICEF
Education Section
3 United Nations Plaza
New York 10017, USA
Tel.: 1-212-3267000
E-mail: agillespie@unicef.org

Ms. Anne Sheeran

UNICEF, Education Section
C/o 507, 34th ave.#201
Seattle WA 98122
U.S.A.
Tel.: 1-206-322 0817
Fax: 1-206-322 0817
E-mail: voy@unicef.org

VIETNAM

Ms. Phan Thi Le Mai

UNICEF
72, Ly Thuong Kiet Street
Hanoi City, Vietnam
Tel.: 84-4-8261170, ext. 266
Fax: 84-4-8262641
E-mail: ptlmai@unicef.org

Mr. Nguyen Quang Quynh

UNICEF Hanoi
72 Ly Thuong Kiet Street
Hanoi City, Vietnam
Tel.: 84-4-8261170, ext. 255
Fax: 84-4-8262641
E-mail: nquynh@unicef.org

ZAMBIA

Mr. P. Shamvanth Mathur

UNICEF Zambia
UN Building
Alick Nkhata Road, Longacres
P.O. Box 33610
Lusaka, Zambia
Tel.: 260-1-254709, Home: 260-1-263410
Fax: 260-1-253389
E-mail: smathur@unicef.org

Ms. Catherine Phiri

Ministry of Education
School Health and Nutrition Focal Point
P.O. Box 50093
Lusaka, Zambia
Tel.: 260-1-250855
Fax.: 260-1-252510
E-mail.: acphiri@zamnet.zm

THE NETHERLANDS

Ms. Leonie Postma

IRC International Water and Sanitation Centre
Westvest 7
2611 AX Delft
Tel.: 31-15-2192939
Fax: 31-15-2190955
E-mail: postma@irc.nl

Ms. Eveline Bolt

IRC International Water and Sanitation Centre
Westvest 7
2611 AX Delft
Tel.: 31-15-2192939
Fax: 31-15-2190955
E-mail: bolt@irc.nl

Ms. Madeleen Wegelin

IRC International Water and Sanitation Centre
Westvest 7
2611 AX Delft
Tel.: 31-15-2192939
Fax: 31-15-2190955
E-mail: wegelin@irc.nl

Ms. Marielle Snel

IRC International Water and Sanitation Centre
Westvest 7
2611 AX Delft
Tel.: 31-15-2192939
Fax: 31-15-2190955
E-mail: snel@irc.nl

Ms. Kathy Shordt

IRC International Water and Sanitation Centre
Westvest 7
2611 AX Delft
Tel.: 31-15-2192939
Fax: 31-15-2190955
E-mail: shordt@irc.nl

Mr. Dick de Jong

IRC International Water and Sanitation Centre
Westvest 7
2611 AX Delft
Tel.: 31-15-2192939
Fax: 31-15-2190955
E-mail: jong@irc.nl

Mr. Jo Smet

IRC International Water and Sanitation Centre
Westvest 7
2611 AX Delft
Tel.: 31-15-2192939
Fax: 31-15-2190955
E-mail: smet@irc.nl

Annex 2: Workshop Agenda

Annex 2: Workshop Agenda

*UNICEF/IRC Global Workshop on School Sanitation and Hygiene
Education*

Delft, The Netherlands 11-18 March 2000 ~ draft agenda~

Saturday, 11 March	Sunday, 12 March	Monday, 13 March	Tuesday, 14 March	Wednesday, 15 March
<p><i>afternoon: Arrival</i></p> <p>Arrival Participants</p> <p>Final Co-ordination Meeting for Workshop Organisers</p>	<p><i>whole day: Preparation and Excursion</i></p> <p>Introduction of participants</p> <p>Expectations of the workshop</p> <p>Making of posters</p>	<p><i>morning: General Introduction</i></p> <p>Opening</p> <p>Workshop Objectives, overview expectations. Workshop Methodology and programme</p> <p>Poster Presentation Country 1 & 2</p> <p>Presentation on School Sanitation by Education Officer by A. Sheeran</p> <p>Presentation on School Sanitation by WES Officer by L. Burgers</p> <p><i>Afternoon:</i></p> <p>Poster Presentation Country 3, 4, 5 & 6</p> <p>Presentation on existing SSHE-manual by E. Bolt</p> <p>Overview of key issue areas</p>	<p><i>morning: Policy and Institutional Framework</i></p> <p>Presentation on theme by D. Bundy and B. Fellows</p> <p>Problem Analysis</p> <p>Venn Diagram</p> <p>Review of the SSHE manual</p> <p>Development of SHHE framework on theme</p> <p><i>afternoon: Educational Aspects</i></p> <p>Presentation on Life Skills development by A. Gillespie</p> <p>Overview of different options for education</p> <p>Review of principle education interventions for SSHE (related to gender, discrimination, access)</p> <p>Overview of materials and methods</p> <p>Review of SSHE manual</p> <p>Development of SHHE framework on theme</p>	<p><i>morning: Organisational Aspects</i></p> <p>Presentation on theme by D. Sen</p> <p>Role play</p> <p>Problem Analysis</p> <p>Development of School Selection Criteria</p> <p>Review of the SSHE manual</p> <p>Development of SHHE framework on theme</p> <p><i>Afternoon: Technical Aspects</i></p> <p>Presentation on theme by A. Mansoor</p> <p>Pros/Cons technologies</p> <p>Operation & Maintenance requirements</p> <p>Financing</p> <p>Operation & Maintenance organisation</p> <p>Review of the SSHE manual</p> <p>Development of SHHE framework on theme</p> <p><i>Afternoon: Advocacy</i></p> <p>Presentation on theme by D. Jong</p> <p>Analysis</p> <p>Development of strategies at global, regional and national level</p>

Thursday 16 March	Friday, 17 March	Saturday, 18 March	
<p><i>morning: Monitoring and Evaluation</i></p> <p>Presentation on theme by K. Shordt</p> <p>Monitoring as a continuous exercise</p> <p>Selection approach for indicators</p> <p>Indicators for success</p> <p>Review SSHE-Manual</p> <p><i>afternoon: Individual Country Strategy</i></p> <p>Drafting of individual country strategy</p>	<p><i>morning:</i></p> <p>Finalisation of individual country strategy</p> <p>Finalisation of plan for nation workshop</p> <p><i>afternoon:</i></p> <p>SSHE panel discussion in Mainstreaming Gender Day of World Water</p> <p>and/or</p> <p>Visit to the World Water Fair in the Hague</p>	<p><i>morning: End Presentations and Wrap Up</i></p> <p>Presentation of the country strategies</p> <p>Agreement on timing country workshops</p> <p>End Remarks and Closure of the workshop.</p>	<p>Objectives of the Workshop</p> <ul style="list-style-type: none"> • develop a common understanding of key issues, strategies and principles in SSHE, based on country experiences • agree on common objectives of the SSHE global programme • develop a draft workshop plan relevant for country specific situation • develop criteria for success of SSHE at different levels • develop a framework for advocacy (including internet conference) and dissemination of experiences and results of the pilots <p>The Participants (max. 30 persons)</p> <ul style="list-style-type: none"> • Two persons from each UNICEF CO: preferably the education officer and the WES officer • Two persons from the UNICEF RO: preferably regional education advisers • Five persons from the Support Organizations (NEWAH, NETWAS, CREPA, CINARA, VWU) • Two representatives of UNICEF SSHE countries outside the project, such as India and Bangladesh • Resource persons from World Bank, donors etc/ • The resource persons from UNICEF NY and IRC
	<p><i>evening: Joint fare-well dinner</i></p>		

Annex 3: Preparation Materials

Annex 3.1: Basic Information Collection

Annex 3.2: Outline for Poster Presentation

Annex 3 : Preparation Materials

Annex 3.1 : Basic Information Collection

Basic Information Collection on School Sanitation and Hygiene Education

A. Set -Up

Objective of basic information collection:

To give an overview per country on existing situation with regard to different school sanitation and hygiene education (SSHE) elements.

To identify the SSHE challenges and positive aspects per country.

To collect an example of a successful school sanitation programme per country

Country-specific overview on UNICEF's SSHE-activities and projects in the past.

Overview of non-UNICEF related activities in SSHE per country.

Proposed methodology for basic information collection exercise:

Considering the amount of stakeholders involved in SSHE, a one or two day workshop bringing them all together will be an excellent starting point for information collection. Possible stakeholders are UNICEF staff, representatives of Ministry of Education and Ministry of Public Works, teachers and community representatives, other agencies and organisations involved in SSHE, etc. Try to involve all that you want to get involved at a later stage!!

During the workshop, do for example Strength/Weaknesses/ Opportunities/Threats-type of analyses on the different elements. Keep in mind the different perspectives of the different stakeholders.

Try to make a report on the results of the workshop and get concurrence from all participants. This will be your first step of alliance building and awareness building for policy change.

The 10 minutes, country specific presentation in the Global Workshop will be done through a poster presentation that will be a 'core document' during the entire week's activities.

B. Check-list for the Basic Information Collection

NOTE: Though every country knows best what is relevant information in its own context, the following information should be the minimal to be considered. Please note that this is only the initial information collection. After the National Workshops have taken place between April and June 2000, an extended Baseline study is considered part of the SSHE project.

General:

- Rough coverage data of adequate facilities
- What SSHE programmes exist
- What are the concerns of SSHE programme (if any)
- What are the strong points of the SSHE programme (if any)
- Overview of organisations working through schools (in SSHE or other subjects)

Elements:

Policy and institutional framework:

- Is there a policy related to SSHE and what is in it (norm for facilities per school/pupils/male, female); time spend on hygiene education
- Who has responsibility for SSHE at policy level (which actors, what tasks)
- How is SSHE financed

Educational framework:

- Hygiene education in curriculum and exams of primary, secondary and teacher education (as separate subject or as integral part of other subjects, practicals, methods used)
- Examples of materials in use

Organisational aspects at school/community level:

- Who has responsibility for SSHE (which actors, what roles, what tasks, gender specific)
- How is Operation & Maintenance of the facilities organised (financing, implementation, supervision)
- What motivation do the different actors have, how is this stimulated
- What tasks has the Parents-Teachers-Association and/or community

Technical aspects:

- What type(s) of design is/are currently used, is it gender specific
- What type of design would the team prefer, why
- Bill of quantity and cost of different designs

Advocacy:

- What activities and materials have been developed (if any), what are the challenges, what are the positive aspects (refer to policy)

Monitoring and evaluation:

- Who, at which level does what and when (gender specific)
- How is it used and by who
- Who has supervision and final responsibility

UNICEF:

- Budget WES programme, budget education programme
- Budget for SSHE-related programming
- Staff allocation for SSHE (functions/time)
- Existing co-operation between WES and Education
- Ongoing activities of UNICEF in SSHE

Annex 3.2: Outline for Poster Presentation

During the Global Workshop, 11-18 March 2000

Why posters?

All countries are expected to give an overview on the existing SSHE situation in their country. In order to avoid (too) lengthy verbal presentations, each country prepares a POSTER PRESENTATION.

The posters will be displayed in an exhibition area where also other background materials like: reports, manuals, project-related literature, videos etc. can be displayed.

A poster presentation has the following advantages:

- Posters can be exhibited and seen throughout the workshop, country information is easily accessible to anybody by just visiting the exhibition area;
- Posters allow for a lively, visualised and interactive presentation by country representatives to other participants while walking from one poster to the next;

Content of the posters

The source for the information on the posters follows from the Basic Information Collection exercise as outlined in previous correspondence from UNICEF New York.

The main purpose of a poster is to give a quick state-of-the-art of SSHE in:

- Its challenges and positive aspects,
- The existing policy and institutional framework,
- The existing educational framework,
- The organisational aspects at school/community level,
- The technical aspects,
- The advocacy activities,
- The on-going and planned UNICEF SSHE activities.

Presentation of posters: the exhibition

The exhibition includes the posters and any other background materials you may bring with you. During the poster presentation, each country representative will give a brief explanation. Group members are allowed to ask questions of understanding only, lengthy explanations and discussions will be addressed in later sessions. Each poster presentation takes a maximum of than 10 minutes.

How to prepare posters

- Use large flipchart or brown paper sheets (not more than two per country with a maximum size of 120 cm x 180 cm);
- Write or type clear headings for each type of information;
- Use various ways to visualise your project (brief summary texts, graphs, charts, maps, drawings, pictures, etc.);
- Do not overload the sheets with written information. Use key words and avoid long sentences;
- Refer to documentation and other material you may have brought along for display;

When to prepare the poster

In case you are not able to prepare the poster(s) before the workshop, we have planned some time on Sunday, 12th of March for finalising the posters. IRC will make available the necessary materials like markers, flip chart paper and glue.

In case you have additional queries, please contact Leonie Postma at IRC, postma@irc.nl

We hope you use all your imagination and creativity!!

Because making a poster is fun!!

Annex 4: Poster Presentations

Annex 4.1:	Burkina Faso
Annex 4.2:	Colombia
Annex 4.3:	Nepal
Annex 4.4a:	Nicaragua
Annex 4.4b:	Proposed Pilot Project
Annex 4.5:	Zambia
Annex 4.6:	Vietnam
Annex 4.7:	Bangladesh
Annex 4.8:	India
Annex 4.9:	South Africa

Annex 4.1: Burkina Faso

Base Line Data

- West African Sahelian Country
- Capital City: Ouagadougou
 - 264.000 Sqm 49% →18-45 years
 - 10.500.000 habitants/Pop. 51% → children
 - GNP = USD 310 per capita

Health Pbs (1996)

Prevalence: Paludism/Malaria 37%
Diarrhoea 36%

A.R.I./IRA

Problem at School Level

GRS = 40% (98)

Girls = 33% (98)

Repeaters = 44%

High rate of withdrawal

OBJ of Government →2009 → 70% GRS
62% for girls

Challenges

- Accessibility to water and sanitation
- Integrated Curriculum available and applied
- Teachers training process
- Stimulation of demand in SSHE Focus = Sanitation
- Effective support of partners at all levels/Resource coordination
- Private sector support

Positive Aspects

- Progressive Awareness
- Adoption and 'appropriation' of one technology
- Existing Policy in Education and WATSAN
→ Focus on SSHE

National Policy Doc. in Education 1999-2009

Institutional Framework

Water

- Decentralised Services
- Diversified Partners/Donors
- Integrated Curriculum/ENEP (National School for Teachers Training)

Organisational Aspects

At School level entry point Satellite School:

- Trained Teachers and participants from the community side
- Reviewed Curriculum including SSHE
- Pupil’s teams

At Community Level:

- Management Committees/PTA
- Mother’s Team for Education
- Local Mason’s

Technical Aspects	Advocacy activities
<ul style="list-style-type: none"> • Adoption of 1 type of technology • Difficulties in maintaining facilities • Financial accessibility 	<ul style="list-style-type: none"> • Girls Education Initiative for Africa(Canada - Norway) • Decennial plan for education (round tables) • Decentralized level = National days for Education for all

UNICEF/SSHE Activities

- Selection of Partners/Zone of interventions based on specific criteria
- Information/Communication activities
- Collection of data
- Draft project document
- Restitution of Global workshop
- Participatory Plan of Action and TOR

Annex 4.2: Colombia

Health Ministry, UNICEF Colombia, CINARA-UNIVALLE

Context

General Information

- Population (40 millions)
- Municipalities 1091
- Municipalities 12.000 inhabitant 866

Water Supply and Sanitation

SERVICE	URBAN (%)	RURAL (%)
Water Supply	89.4	44.2
Sanitation	79.2	25.4

School conditions

Infrastructure conditions 40% well
Infrastructure Sanitary Battery 35% well

Classroom visited 83.000

Politics

- International Convention of the rights of the Children
- World Summit in Favour of Children
- General Education (Law 115794)
 - Hygiene and health promotion and preservation
 - Integral preservation of social problems main.

PAB Basic Attention Plan (Law 100/93)

- Health culture promote
- Environmental condition create in the family, school and work

Are the schools or education center:

- Provide a healthy environment which favors learning through good conditions of physical installations of education institutions, recreation areas, sanitary installations, facilities for preparing and administering of food and security measures.
- Promote positive and constructive relations among: Teachers-Students, Teachers-Teachers, Students and between the school-community.
- Support development of healthy style of life.

Objective

The educational model introduces knowledge and practice of children's rights in order to strengthen the teaching of values, support the achievement of peace through peaceful conflict resolution, practice democratic order and improve the quality of education for students.

Pilot project School Sanitation in Triana and Zaragoza

- To promote self construction the battery sanitary in the school and some families.
- To create and development in management and protection of water resource programme in the school.
- To create and develop a management and conservation programme of water resource.

The on-going and planned

- To involve all institutions in one programme
- To create a national network
- To institutionalize the process so that it is assumed by each regional and municipal approach of education.
- To take it to Public Politics of education

Annex 4.3: Nepal

School sanitation and hygiene education: Introduction

Existing situation:

- In hill village schools, students and teachers are often more comfortable outside than inside a chilly room
- Temporarily set up schools in rural areas in Nepal have created a lot of problems in many qualitative aspects.
- Lack of basic sanitation facilities in most schools
- Girls dropout rate is very high due to lack of toilets (NMIS-1996)
- 30,000 children are dying every year (NSOS-2000)

Present efforts

- National level Steering Committee Meeting held
- Multi agency information collection (final report)
- National sanitation workshop
- SSHEP package
- Primary school teachers package

Lesson learned

- A joint effort of Line Agencies and NGOs is the best approach to reach a common approach, streamlined actions on district level information sharing, feedback and policy development.
- The project period of the school programme should be multi year and enable schools to continue the activities
- A target and process based “Model School Sanitation and Hygiene Education Package” can help a lot in school sanitation activities.
- Innovative and creative activities should be introduced in school sanitation and hygiene programmes especially as additional activities (NSW report)

Policy and institutional framework

- Priority of sanitation in the government's 9th 5 Year Plan 1997-2001
- The revised National Sanitation Policy 2000 focuses on SSHEP (NSP 2000)
- Involvement of DWSS/MHPP, DOE/MOE, DOH/MOH, MOPE & MOLD
- Government, Donor and local authorities are involved in financial support as per programme guideline

Educational framework

- HE integrated with other subjects (PEC-p1)
- HE theory based/lack of practical exercise (PEC-p1)
- School curriculum focused on academic examination (PEC-p1)
- For HE printed materials used only (PEC-p1)
- School curriculum focused on academic examination
- For hygiene education, printed materials are used only (government teachers)

Organisational aspects

National - Policy formulation, package, materials and guideline development, financial support	Construction and O&M support from local authorities (DDC/VDC/SMC/Schools) and donors
Regional - Coordinate and communicate with central level and district	Revolving fund scheme for construction and O&M aspects
District - Support for implementation, coordination, communication and liase with central, regional and local level	Motivational aspects are rewards, field visits, exchange visits, seminar, training etc
VDC - Support for implementation	Construction and O & M. Revolving fund. Motivational aspects. Supporting activities include community actions for the promotional activities

Technical aspects

- Different types of latrine design for school and community
- Gender perspective and separate urinal and latrine for defecation preferred
- Minimum costs Rp 1000 (US\$ 15) and max Rp 15000 (US\$ 200) for household and min Rp 25000 (US\$ 350) and max Rp 750000 (US\$ 10,500) for school toilet

Advocacy

- Different types of IEC materials development
- Campaign, promotional activities and capacity development

Monitoring & evaluation

- Self monitoring format (students)
- Steering committee (district level)
- Grass root levels (SMC/VDC) it is an ongoing process

Challenges

- Reducing death and suffering of children
- Raising the priority of sanitation
- Initiating meaningful changes in attitudes and habits about hygiene

Innovative → SSEP
&
Intensive

Positive aspects

- right-based c to c sustainable approach
- a joint policy among support agencies
- target and process oriented program

Commitment is a Key to Success the Program

Annex 4.4a: Nicaragua

Coverage of safe drinking water in rural areas of Nicaragua

Total rural population = 2,281,131

Population who benefit from safe drinking water = 790,719

National coverage in water and sanitation = 35%

Coverage of facilities

Total 4,558 public primary schools

26 % schools are served through the public drinking water system

21 % draw water from wells

16 % draw water from springs

There are a total of 4,946 latrines in good condition.

There are 1,0404 toilets in good condition.

Coverage 20 % of schools.

School infrastructure

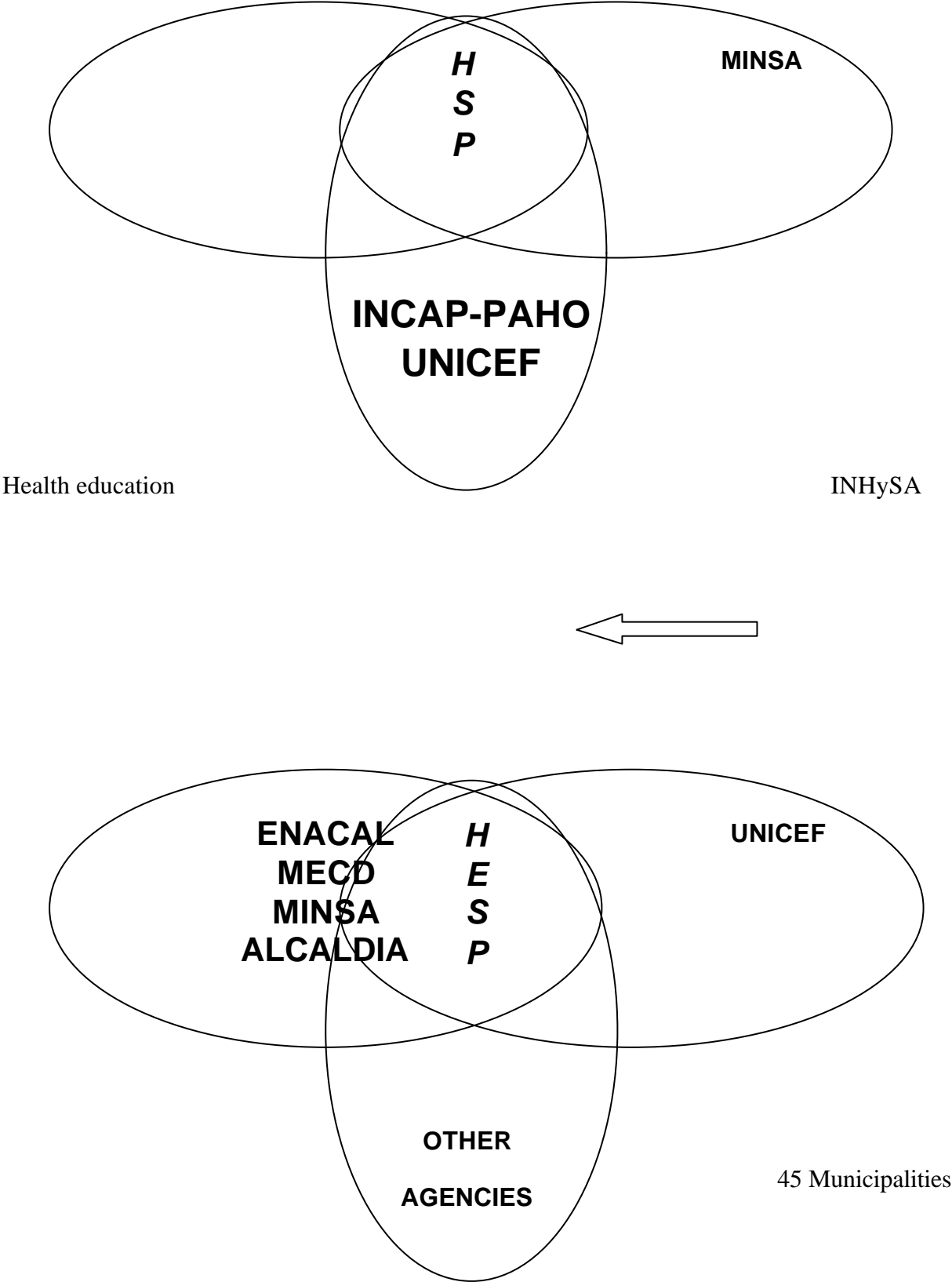
- poor
- lack of access in remote areas
- during Mitch (hurricane) many schools were destroyed

Objectives, keynotes

HSP	
<p>The school community to enjoy good physical, mental and social health in an environment of institutional, community and environmental well-being.</p> <p>Teachers are the main protagonists</p>	<p>Healthy towns and municipalities</p> <p>Local development</p> <p>Community participation</p> <p>Healthy lifestyles and behaviors</p>
HESP	
<p>Children and teachers main protagonists</p>	<p>Contribute to improving the population's quality of life through health education aimed at changing the hygiene - sanitation knowledge, attitudes and practices of people in general and children in particular.</p> <p>Inter-institutional cooperation</p> <p>Inter-sectoral coordination</p> <p>Links with civil society</p> <p>Local design</p> <p>Turn schools into centers for the dissemination of a sanitary culture for life.</p>

Projects under way

- Healthy SP



Examples of Materials in Use

- A distance education course on healthy schools (4 units)
- “juanita and the little drop” a set of six short stories
- education materials for social promoters

Materials produced:

- Posters
- Educational materials for social promoters
- Curricular materials
- “let’s learn about health, colouring”
- “coloring for health”
- Teachers guide on health education

UNICEF Program	
WES	Education
\$	\$
total 1,126,000	573,000
SSHE 375,000	

Team assigned

WES officer 13% time
1 national consultant
3 local consultants
supervision : ENACAL

Annex 4.4b: Proposed Pilot Project

Hygiene and Health Education in the Schools Basic Information - Nicaragua

General Information

Coverage of facilities

The country's 4,558 public primary schools currently have the following hygiene-sanitation facilities:

- 1,168 schools are served through the public drinking water system.
- 939 draw water from wells.
- 718 draw water from springs.
- There are a total of 4,946 usable latrines in good condition.
- There are 1,404 toilets in good condition.

Existing SSHE programmes

There is no structured programme at a national level, but two projects are underway:

The Healthy Schools Project is being carried out by the Ministry of Education, Culture and Sports in collaboration with the Ministry of Health, supported by the Pan-American Health Organization's regional nutrition institute (INCAP-PAHO) and UNICEF.

The Health Education in the Schools Project is being carried out within the framework of the Nicaraguan Hygiene and Environmental Sanitation Initiative, coordinated by the National Waterworks and Sewerage Company (ENACAL) through its Rural Waterworks Office, with the technical and financial support of UNICEF and other agencies.

Objectives of the SSHE programme

The main objective of the Healthy Schools Project is for "the school community to enjoy good physical, mental and social health in an environment of institutional, community and environmental well-being." Teachers are the main protagonists, and the project's key concepts include healthy towns and municipalities, local development, community participation, and healthy lifestyles and behaviors.

The main objective of the Nicaraguan Hygiene and Environmental Sanitation Initiative is to "contribute to improving the population's quality of life through health education aimed at changing the hygiene-sanitation knowledge, attitudes and practices of people in general and children in particular." The project aims to strengthen links between the school and the community, taking advantage of the school's influence and capacity to draw people together.

The Initiative is characterized by inter-institutional cooperation, inter-sectoral coordination, links with civil society and local design. Its strategy is designed to strengthen coordination, develop local capacities, ensure territorial coverage according to priorities, establish links with the private sector, and turn schools into centers for the dissemination of a sanitary culture for life.

Organizations that work in the schools (SSHE or other)

Ministry of Education, Culture and Sports
Ministry of Health
ENACAL
Emergency Social Investment Fund (FISE)
International Cooperation Agencies and Organizations (UNICEF, COSUDE)
Municipal governments
PAHO/WHO

1. Institutional policy and structure

There is no national policy related to SSHE that establishes norms for school facilities, the amount of time dedicated to health education, etc.

The Ministry of Education is responsible for SSHE through its Office for Primary Education, Curriculum and the Integrated School Nutrition Programme. It has created an executive committee for the Healthy Schools Project that defines its contents, main lines of actions, activities, etc.

The Healthy Schools Project is financed by the Kellogg Foundation, which provided funds for the reproduction of educational materials, the training of facilitators, supervision and monitoring.

The Hygiene and Environmental Sanitation Initiative is financed in 45 municipalities by UNICEF, which provides support for coordination, technical assistance, training, local capacity building, social mobilization, advocacy, infrastructure improvements, and the production and dissemination of materials, totaling US\$ 375,000 per year. The funds are administered by ENACAL and municipal governments at the local level.

2. Educational structure

Health education in the study plans and exams in the primary, secondary and teacher training programmes

The Ministry of Education's recent curricular reform included "Health and Hygiene" as a component that runs through several different subjects in the first through sixth grades. It is emphasized in science classes beginning in the third grade, and a course called "The Human Body and Health," dealing with diseases and hygiene measures, is included in the study plan.

In first and second grades, the material is integrated into Spanish classes as scientific information, and educational activities are carried out on health and hygiene.

Learning achievement standards on the topic of health and hygiene should be established this year in 68 model schools. Students will be expected to identify, analyze and explain the characteristics, structure and functions of organs and systems in the human body, as well as hygiene measures to preserve health.

Material on health and hygiene is also included in the study programmes of the first and second years of secondary school.

The main topics in the Hygiene and Environmental Sanitation Initiative's Health Education in the Schools Project are clean water for human consumption, the proper disposal of excreta and garbage, and the treatment and reuse of residual household water. A special emphasis is

placed on the practice of washing hands.

Examples of materials in use

- A distance education course on healthy schools (4 units)
- "Juanita and the Little Drop," a set of six short stories
- Educational materials for social promoters

3. Organizational aspects in the schools and/or at a community level

Who is responsible for SSHE ?

Teachers are directly responsible for implementing the components in the Healthy Schools Project, agreed upon by the Ministries of Education and Health and the Pan-American Health Organization.

For the Health Education in the Schools Project, municipal work teams have been organized with the participation of all actors involved in the Hygiene and Environmental Sanitation Initiative. Based on the area's epidemiological characteristics, they carry out an initial study, prioritize the communities to work in, and draft a municipal action plan that defines requirements in terms of financial and other resources and establishes the support provided by each participating institution and organization.

Teachers are the main pillars in this Initiative, and are trained in health education by the municipal work teams in coordination with the Ministry of Health.

Operation and maintenance of facilities

Parents typically participate in school committees to support clean-up activities and contribute to the materials used. Clean-up activities are organized with the students' participation.

Clean-up teams, sanitation brigades and children's hygiene and environmental sanitation clubs have been organized through the Hygiene and Environmental Sanitation Initiative.

Teachers supervise the activities.

Motivation of the various actors

Teachers have been enthusiastic about the process of validating materials in the Healthy Schools Project, and have commented on the project's importance in improving their students' living conditions, and the way it serves them in their role as facilitators of development processes.

Teachers have also been very receptive to the materials provided through the Health and Environmental Sanitation Initiative, since these materials facilitate their work in transforming and developing values and attitudes for a healthier life.

Parents' support for activities organized by the Initiative in which their children are involved have strengthened family and community relationships.

4. Technical aspects

Sanitary facilities are being built according to two designs, depending on who builds them:

- FISE is building two latrines, one for boys and one for girls, separated by a wooden wall.
- ENACAL is building school sanitary blocks with two latrines for girls, one latrine and one urinal for boys, and a place to wash hands. It began to build these blocks at the end of last year, at a cost of cost US\$363.68 each, and the design is currently being validated. In 2000, plans are to build 124 blocks in as many schools.

5. Promotion

Activities carried out

The Initiative has organized and promoted hygiene and environmental sanitation classes and talks for parents on the main topics under point 2 above. It has also supported the formation of children's clubs and sanitation brigades, campaigns to clean up and decorate the schools, competitions to select the Initiative's representatives, and the construction or improvement of sanitary facilities with the parents' participation.

Materials produced

- Posters
- Educational materials for social promoters
- Curricular materials
- A distance education course on healthy schools (4 units)
- A set of short stories entitled "Juanita and the Little Drop"
- "Let's Learn About Health Colouring"
- "Colouring for Health"
- Teacher's guide on health education

6. Monitoring and evaluation

In the Healthy Schools Project, supervision and evaluation guidelines are available to teachers as well as municipal and departmental supervisory personnel.

The monitoring of the implementation of the Hygiene and Environmental Sanitation Initiative's Health Education in the Schools Project is carried out first at an individual level. Teachers fill out a guide prepared at a departmental level, classes and health education talks are supervised, and then evaluation meetings are held at a municipal level with the participation of teachers, children and supervisory personnel.

A study has been prepared of the hygiene-sanitation conditions and the number of students and teachers at each school, so that actions can be designed to improve conditions and create a grassroots Health Education in the Schools network.

Work carried out through the Hygiene and Environmental Sanitation Initiative is also reviewed in an annual evaluation.

There is currently no national monitoring and evaluation system but one will be established this year, with the participation of UNICEF, ENACAL, the Ministries of Education and Health, and the municipal governments.

7. UNICEF

WES and Education Programme Budgets

\$ 1,126,000.00 Water and Environmental Sanitation budget

\$ 573,000.00 Education budget

SSHE budget related to programming

\$ 375,000.00 budget for hygiene and health education

No funds are assigned to education

Team assigned to SSHE

UNICEF's water and environmental sanitation officer devotes 15% of his time; one national consultant and three local consultants work under the supervision of ENACAL.

No education personnel are assigned.

Cooperation between WES and Education

Activities are coordinated through the Nicaraguan Hygiene and Environmental Sanitation Initiative, especially at the local level.

UNICEF's current activities in SSHE

The Nicaraguan Hygiene and Environmental Sanitation Initiative, in 45 municipalities in the country.

Annex 4.5: Zambia

Basic Education Sub-Sector Investment Programme

1. Overview

BESSIP is a coordinated programme of all basic education activities which takes a holistic view of all aspects of education provision.

2. Objectives

- **Increasing enrolment**

- Strategies**

- Rehabilitation and maintenance of existing infrastructure and construction of low cost classrooms and housing for teachers.
 - Development of distance learning programmes and other complementary learning opportunities such as multi-grade teaching community schooling and radio programming to capture children outside the school system.

- **Improving learning achievement**

- Strategies**

- Upgrading teachers' pedagogical skills and professional qualifications through strengthening in-service programmes at Teacher Resource Centres and Teachers' Colleges
 - Provide children an opportunity to acquire initial literacy in a local language
 - Provision of learning materials.

3. Implementation

BESSIP is implemented through seven components;

- Infrastructure
- Teacher Development, Deployment and Compensation
- Educational Materials
- Equity and Gender
- School Health and Nutrition
- Curriculum Development
- Capacity Building

Activities in these components contribute to the achievement of the two objectives.

4. Institutional and management arrangement

- Joint Steering Committee
- Programme Implementation Committee
- Management Implementation Committee

5. Impact

- Increased access and retention of all eligible children in basic education
- Acquisition of critical skills particularly in reading, writing, numeracy and life skills

School Health and Nutrition

Problems

- Infrastructure in some schools has deteriorated with no maintenance and heavy use.
- Unsafe drinking water and poor sanitation facilities.
- School children carrying heavy burdens of worms.
- School children are rarely if not physically examined, given referral and treated.
- No provision of immunizations against preventable diseases.
- High prevalence of malnutrition in form of Protein Energy Malnutrition (PEM) and micronutrient deficiencies such as iodine, iron and Vitamin A impeding children's capacity and motivation to learn.
- School children indulging in unprotected pre-marital sex leading to increased abortions, STIs, HIV/AIDS including alcohol and drug abuse.
- The exploding numbers of orphans.

Objective

Improve learning and equity among children attending basic education through integrated health and nutrition interventions in collaboration with community and intersectoral partners.

Strategic interventions

1. Conduct a situation analysis to assess the school health and nutrition needs of school children and teachers.
2. Implement a pilot test in selected schools to include the following SHN integrated interventions
 - Physical examination, referral and treatment
 - Immunizations
 - Deworming
 - Micronutrient supplementation through food supplements and capsules
 - Construction of clean water points
 - Rehabilitation and construction of toilets
 - Health and Nutrition Education
 - Assessment of children with special Education Needs (SEN)
3. Conduct pre and in-service training of teachers in reproductive health, STIs, HIV/AIDS, psycho social life skills, alcohol and drug abuse, guidance and counselling.
4. Strengthen school and teacher education curriculum including teaching and learning materials in health and nutrition issues.
5. Increase community involvement through Participatory Learning and Action (PLA) strategies, community mobilization and Information Education Communication (IEC) strategies through mass media campaigns as well as community level awareness campaigns.
6. Strengthen Child-to-Child programme and school food production units.
7. Develop SHN policy and strategies to commit key players.

Outcomes

1. An increase in pupils' net gross enrolment rates
2. An increase in gross Access Rates per grade
3. An increase in percent persisting to grade 4 and 7
4. An increase in cognitive function of pupils at ages 8-9 and 11-12
5. An improvement in test scores for reading and maths
6. A reduction in repetition rates per grade
7. A reduction in absenteeism rates.

School Sanitation and Hygiene Education

Challenges

1. Children being exposed to unprotected/untreated water sources
2. Unsanitary disposal of domestic refuse
3. Neglected sewerage systems
4. Occurrence of cholera and other related diarrhoea diseases
5. Lack of sanitary facilities especially in rural areas
6. Children walking long distances to fetch for water (Girls are more vulnerable)
7. Children not taking care of their own health later on of their families and communities
8. Dilapidated infrastructure
9. Lack of cleaning materials

Objectives

1. Encourage health promoting activities in schools
2. Empower pupils to take care of their own health, that of their families and communities
3. Provide adequate sanitary facilities
4. Promote and encourage community participation in school sanitation and Hygiene education

Activities in SSHE

- A pilot on 10 schools in Eastern Province has been instituted. VIP pit latrines have been constructed in some of the schools.
- Guidelines on School Sanitation and Hygiene Education have been produced and circulated to pilot schools
- Child-to-Child is being used in some schools as a vehicle for disseminating information on health issues

Annex 4.6: Vietnam

School Sanitation and Hygiene Education in Vietnam

- Basic Information
- Policy and Institutional framework
- Education framework
- Organizational aspects at school level
- Technical aspects
- Advocacy
- Monitoring and evaluation
- UNICEF

SSHE Coverage in Vietnam

- WES implemented in all 61 provinces
- HEE being taught in all Primary Schools in 61 provinces
- Life skills being tested in X provinces

Health and Environmental Education

- Curriculum development started in 1990
- Textbooks/Guidebooks/Home-books developed/revised for Grade 1-5
- IEC materials developed/distributed
- A compulsory subject since 1994
- Life/skills Child centered started in 1998
- Regular training of teachers

Strengths

- Active participation: Government, School, Community and Parents
- Good working procedure set-up
- Effective integration/coordination among concerned agencies
- High level of sustainability
- Efficient monitoring: SSH Database
- Potential for expansion nation-wide
- Combination: Software/Hardware

To Build on

- Children are Agents for Behaviour Change?
- Some 7,000 schools not yet WES covered?
- Life Skills: A National Approach
- ABE and Satellite Classes: How and When?
- Secondary Schools: still left opened!
- Funding: Low priority in fund allocation
- Future Development: Role played by WES in the Child-Friendly Programme?

Organizational Aspects at School/Community level

- Overall responsibility: School Head Master
- Teaching/WES provision: School Head Master
- Fund mobilization: Community Chair person
- Operation and Maintenance: Students non duty, hired watchman
- Operation and Maintenance: financing: Annual students' contribution for school

construction/repair

- Tasks of Parents Association: Fund mobilization and control, Operation and Maintenance supervision
- Motivation factor: recognition of “National Standard School”.

Advocacy, Policy and Institutional Framework

- SSHE as part of NPA/MPO
- HEE as a compulsory subject: 45 minutes/week
- Promoting contest/competition on SSHE
- Promoting Life skills in SSHE
- All schools should have adequate sanitary facilities (Minister’s Decree#08/GDDT)
- SSHE responsibility: Department of Health and Physical Education (MOET) as Planner, Manager and Coordination
- Financing: Government and External and Community

Education Framework

- Primary Schools: Separate curriculum/exams
- Secondary schools: Integrated in other subjects
- Methods used: Life Skills/Child-Centered, Training of Teachers
- Practice: Teaching aid, duty roaster, role play, drawing contest, Pioneers’ Motivation Teams
- Materials: Textbooks 1-5, Guidelines, Posters, Leaflets, Home-books, Teachers’ Guidebooks, Lesson Plans

Annex 4.7: Bangladesh

Lessons Learned School Sanitation & Hygiene Education (SSHE) Sing, play, smile, learn in a safe environment

Situational context (1992)

Heavy pathogen load of daily deposit of 20000 MT human faeces on land & water



More than 50% PS have no watsan facilities



Poor hygiene habit or hand washing practices at community level



Unhealthy environment

260000 U5 death per year from diarrhoeal diseases worm infestation about 85 % severe mal-nutrition low primary school attendance

Objectives

The objectives are:

- To fulfil children's rights to have access to watsan facilities and safe learning environment at schools
- To ensure health & nutrition benefits to children through behavioral development regarding sanitation, hygiene & safe water use
- To strengthen the capacity of primary schools to operate as resource centers to develop hygiene behavior among children & to promote such behavior among teachers and communities in the surrounding villages

Programme components (previous interventions)

- Training of SMC & local masons on construction
- Training of TEO, ATEO & SAE on programme implementation & monitoring
- Training of teachers on use/maintenance of facilities & behavioral aspects
- Community motivation through students, teachers & SMC
- Classroom and demo, lessons using IEC materials
- Provision of watsan facilities

Lessons learned

(DPHE-DPE-UNICEF study in 1994 & DPHE-UNICEF study in 1998 in Noakhali)

- Involvement of SMC created ownership & expedited construction process
- 80% students interact with family on san/hy practices acquired at schools resulting in higher sanitation coverage in the catchment area
- School environment were found clean for 55% cases, *hence 45 % cases still remained unsatisfactory*
- IEC materials are used in 80% schools *but not regularly*
- Provision of watsan facilities increased girls attendance by 15%
- In 70% programme schools latrines are used regularly *but 30% are still a problem*
- 36-60% latrines are cleaned regularly, *hence 64-40% continue to be a problem*
- *in 30-40% cases water system is non-functional*

Problem Analysis

Various study findings and field observations show that:

- school community including students, teachers, SMC don't feel ownership for the watsan facilities in many schools
- lack of motivation on usefulness of watsan facilities by school community (student, teacher, SMC)
- local communities as PTA, Union Parishad don't take interest for school sanitation
- lack of monitoring & supervision

FACILITIES ARE NOT REGULARLY

- *USED BY ALL*
- *CLEANED*
- *REPAIRED*

*ENVIRONMENT IS NOT
CLEAN, SAFE & joyful*

A NEW APPROACH

Demand driven approach (DDA)

DDA, What & Why?

- School Community shows interest and own the facilities for use, repair and regular maintenance
- School internalize the usefulness of facilities and plan for clean and safe environment, sanitation and hygiene education
- local communities (PTA, Union Parishad) are involved for planned activities regarding behavioral development/change
- finally schools and supporting agencies achieve the programme objectives



**CLEAN, SAFE
JOYFUL CHILDS
LEARNING
ENVIRONMENT**

Elements of DDA

- School plan and assessment
- Plan for use/maintenance and behavioral development
- Use of school package/IEH materials
- Students Brigades and participatory monitoring
 - Watsan options for primary schools
 - Application for watsan facilities
 - Section criteria of schools
 - Local fund mobilization for repair and maintenance
 - Agreement of school/support agencies
- Performance report
- Monitoring and evaluation
- Award for extraordinary performance

Partnership

- **DPHE**
 - Technical support on options and designs of watsan
 - Training of local masons on construction
 - Monitor construction
 - Monitor and ensure project implementation

- **Local Community**
 - Primary assessment
 - Mobilize local resource
 - Participatory monitoring

- **DPE**
 - Facilitate school planning
 - Training on teaching and learning regarding clean an safe environment
 - Monitor performances and behavioral aspects at school

- **Fac. & Training Agencies**
 - Facilitate planning
 - Organize training
 - Monitor activities

- **UNICEF**
 - Facilitate partnership
 - Technical support for strategy development
 - Financial support for project implementation
 - Monitor and review progress jointly with DPHE and DPE

Strategic differences

Previous strategy	Demand driven approach
Schools selected for watsan facilities are only included into program	All primary schools of the district are included into programme
Schools do not apply for facilities	Schools apply for watsan facilities
Schools do not use School Package	All schools will use the School Package
Many schools do not prepare use and maintenance plan	All schools will prepare use and maintenance
There are criteria for selection of schools for watsan facilities, after section schools sign an agreement	There are criteria for selection of schools for watsan facilities, after section schools sign an agreement
Schools were selected by Thana Committee headed by TNO and other members are TEO, SAE-PHE, TH&FPO and AE-LGED	Schools will primarily be recommended by UP female members and chairperson, TEO, SAE and finally approved by TNO
Current watsan option is a fixed package of 2 latrines, water tank and tubewell (deep, Tara, Ring Well)	There will be options of latrines or water system or both facilities based on need. Water source is ensured to be arsenic free and safe including twl (deep/tara/rw) , RWH, PSF etc.
Many schools do not repair facilities although they signed the agreement	School must maintain an account of min. Tk. 1000, locally mobilized, for regular maintenance and repair works
All schools are not engaged in Brigade (outreach) activities	Schools have Brigade activities to encourage learning by doing

Major activities (under DDA)

District

- Programme orientation and planning
- Training of SAE, TEO and ATEO
- Award giving for extraordinary performers
- Monitor and review progress

Thana

- Programme orientation and planning
- Briefing of HT and SMC members on planning and making application
- Selection of schools for watsan facilities
- Listing of all schools for education and behavioral aspects
- Training of mason and 2 SMC member son design and construction
- Training of al teachers on use/maintain and sanitation/hygiene education and practices
- Monitor and review progress

Union

- Need assessment, planning and primary selection of schools for watsan facilities
- Monitor and review progress

School

- Need assessment and planning
- Make application for watsan facilities
- Construction of watsan facilities
- Use/maintain facilities, classroom and demo lessons, Environmental Fair, Brigade activities and participatory monitoring

Annex 4.8: India

**School
Water
And
Sanitation
Towards
Health &
Hygiene** **swasth IN
HINDI MEANS
'HEALTHY'**

Opportunities

Policy framework exists

- 'Total Sanitation Campaign' launched by GoI in 1999
- People-centred policy shift:
supply centralised government @demand decentralised government
- Intensive district primary education programme (DPEP) in one-third of the country
- Existing best practices
- High priority in UNICEF Master Plan of Operations
- UNICEF sub-offices
- Decentralised governance

In the current situation there is:

- A limited understanding of Health Sanitation and Hygiene Education (HSHE)
- Weak geographic convergence
- Absence of inter-sectoral co-ordination
- Duplication of resources
- HSHE low priority
- Absence of a comprehensive IEC strategy and a Unique selling pint for HSHE

Challenges

- 300,000 primary schools to be provide safe water facilities
- 550,000 primary schools to be provided with basic sanitation facilities
- 2,000,000 primary schoolteachers to be trained and mobilised
- 110 million primary schools to be reached
- Curriculum revision
- Implementation of revised curriculum
- Weak delivery mechanism for constructing toilets

Technology

- A range of options
- Environment-appropriate
- Community managed production process (R.S.M.)
- Cost effective
- Child friendly
- R&D for better maintenance

Strategy

- Alliance building

- School as knowledge centre
- Community as equal partner
- Child as key resource
- Education for behavioural change
- Teacher as facilitator
- Efficient delivery system
- Multi-pronged communication strategy

Annex 4.9: South Africa

“A country in transition”

South Africa is located in the most southern border of Southern Africa. The country shares borders with the following countries: Namibia, Botswana, Zimbabwe, Lesotho, Swaziland and Mozambique, all countries classified as low economies by the World Bank.

After more than 20 years of international isolation and a well instituted system of apartheid , South Africa became a new country after its first democratic election June 1994. It is considered a country in transition as this new nation begins the road of transforming a country that is aimed at meeting the aspiration of the majority of his people that have been disenfranchised for so long.

Profile new South Africa a country in transition and – “the rainbow nation”	Key indicators development (health, infrastructure for WATSAN and Education)	Key indicators economic
<ul style="list-style-type: none"> • As per the 1996 census, its population has been estimated at 40 million people. With the following distribution: • 51% Urban, • Peri-urban • Informal settlements • 49% Rural • Age specific (target group for school sanitation programmes) • 45% of the population is under 15 years old. • The country has nine administrative provinces and is currently in the process of setting up the local government boundaries. Local government elections have been set for Nov. 2000. 	<ul style="list-style-type: none"> • Health HIV/Aids has been estimated nationally to be 21% and up to 30% in women in childbearing ages in KwaZulu Natal Province. South Africa has the largest growing epidemic in the region and the largest number of infected amongst the youth population. Major causes of death in children under 5 years old continues to be diarrhoea related diseases, and ARI. Malnutrition of children under 5 is a major concern with stunting in some areas as much as 30%. • Infrastructure for WATSAN As a result of institutionalized inequalities, South Africa still has more than 21 million people (over 50%) of the population with inadequate sanitation facilities and 12 million with no facilities at all. Seven million people with no access to potable drinkable water. • Education: South Africa has a high school enrolment (98%0 however completion is at 60% with a high drop out rate.7 million Ø water <ul style="list-style-type: none"> - 98% school enrolment - 60% completion 	<ul style="list-style-type: none"> • Economic power in the hands of a few with an unemployment rate of 58%. Major challenge for a stable economic growth is job creation. • The allocation of the GNP as per he last financial year is Health 4%, Education 4.7%, and Security (police)14.8% security being a major concern to internal instability (violent crime, rape, etc.) If not seriously address having a major impact on economic growth. • The per capita income has been estimated as US\$ 4,230, the highest economy in Southern Africa with Botswana. However this figure does not reflect the major economic and social inequalities that exist.

Opportunities for Action

- South Africa has the most Rights based constitution in the world. It specifically mentions the rights of children to access to a well supported structure for their development.
- South Africa has developed a National plan of action for Children framework (1996) which addresses access to improved water and sanitation information and infrastructure. It states that by year 2003 one person per household in the country will have knowledge of appropriate sanitation practices as a pre requisite to changes in sanitation practices. South Africa signed the Convention on the Rights of the Child in 1994, further committing itself to the rights of children to growing up in a safe, protective, promotive and participatory environment.
- The White paper (National policy paper) on Water and Sanitation details its policy on access to water and sanitation.
- Draft sanitation policy (currently under review as not much has been achieved in the first 5 years post the first election)
- Minister of Water Affairs and Forestry clearly announcing his intention to improve sanitation services in the country. He further defined sanitation to be more than the building of toilets.
- Express interest of the Private Sector to use its social responsibility budget to support development projects.
- Education policy on outcome based education and curriculum revision for the curriculum 2005 with a greater focus on life skills outcome based education.
- The new 10 point plan of the Minister of Education to measure school performance (announced late 1999). The 10 point plan singles out schools as the center of development. Point nine refers to the school environment as a critical factor in enhancing school performance and learning outcomes.
- In President Mbeki's inaugural speech on 16 June 1999, he announced that his tem will focus on people centered development (Integrated Rural Development) as policies have now been put in place with the real challenge to be to deliver services to the people.
- Policies on health promoting schools and the need for self managing schools in place.

The major challenge for South Africa has been the implementation of these very progressive policies and rights based constitution. The need to work quickly to narrow the gap between those that have and those that have been disenfranchise for so long. Access to health, education and social services was a major priority with a work force that had not transformed. Increasing assess to water was par of the plan to address inequalities. Poverty alleviation and community empowerment was seen as the first step to people centered development.

UNICEF Programme Strategy in South Africa

UNICEF programme support is different from most programmes as it aims at supporting development that will narrow the inequalities. This is done through the following strategies:

- Policy development
- Advocacy
- Capacity development (National/Provincial/District/Community levels)
- Sharing of best Practices - Knowledge base programme.

Implementation of these strategies would be through 2 to 3 provinces with the largest population and clearly the ones with largest inequalities. (Northern Province, KwaZulu Natal, Mpumalanga and Gauteng (rapid urbanization) provinces. Development would be through the development of learning sites (not typical pilot projects but sites where learning will take place, well documented and monitored).

Knowledge for Action	Findings
<ul style="list-style-type: none"> • UNICEF supported national inventory of all schools in the country in 1995/96 • Project to Develop the curriculum content for life skills/outcome based education on hygiene and sanitation practices. • Review of impact of uncoordinated efforts 	<ul style="list-style-type: none"> • Of all the schools inventoried, 60% of the schools had inadequate water and sanitation facilities with the majority (80%) in rural, peri urban and informal settlement areas with no facilities at all. • Leaning site for this development was Northern Province, KZN and Western Cape. (joint effort UNICEF, Water Research Commission, Universities of Western Cape and the North). • No hygiene/sanitation promotion educational materials available. • 80% of schools with no water and sanitation facilities • Where facilities existed, these were not child friendly. Teachers were known to lock Children out of facilities that existed. • The girl child was clearly more affected by lack of facilities. Higher drop out rates were recorded for girls. Rape and abuse/assault was also recorded for girls clearly noting school latrine design. (work in progress in KZN) • Hygiene and environmental sanitation seen as competing with other school priorities - seen as an “add on” where time could not be made available within the curriculum. • Poor and inadequate maintenance (who is responsible to build school latrines. Is it Education, Pubic Works, parent, school PTAs, etc.? Who is responsible for routine cleaning and major maintenance and repair? • What is the appropriate technology (guidelines developed by KZN province). • Confusion on definition, what is meant by hygiene and environmental sanitation is it just mere building of toilets? • Lack of national guidelines and legal structures of provinces has forced provinces to develop their own materials. While these initiatives have been applauded, they have also caused confusion as different provinces have developed materials, through consultants with limited participation of the sectors and the children themselves. • National level acknowledge the need for coordination. Coordination bodies set up at national and provincial levels: <ul style="list-style-type: none"> • NASCO (National Sanitation Coordination Office (Pretoria) • SANTAG (Sanitation Tasks Groups (al provinces). • HEATT – Health, Education, Advocacy Task Team – National level and chaired by NASCO

<ul style="list-style-type: none"> • How to set up learning sites within the country that can facilitate advocacy for greater political support in South Africa. 	<p>Unable to generate donor support as RSA is seen as a country with resources. While that is correct, it will take some time to redirect resources to narrow inequalities. Donor and technical support will be needed to accelerate the process of transformation.</p> <ul style="list-style-type: none"> • UNICEF GR budget is US\$ 90,000 combined with lack of donor funds limits our ability to effectively respond to the obvious needs. We need to ask what is the most effective and strategic ways we use the available resources, how can we generate donor interest in supporting the accelerated transformation process as the challenges will become greater as the population increases?
---	---

Way forward

1. Commitment at the highest political level must be obtained with a clearly defined plan of action. An event has been scheduled for the first week of May 2000.
2. 1-day workshop with senior government officials, UN technical agencies and bilateral donors with experience in the sector.
Expected outcome:
 - Consensus on the problem and what needs to be done
 - Development of a framework for implementation
 - National plan of Action with details on support to Provinces
 - Time frames for implementation and budgets.
3. Mobilisation of civil society - KZN, NP, EC provinces promoting Child focus development, ECD/SGD, (Health, Hygiene and Environmental Sanitation, Education, Nutrition Child Protection and Participation .
4. UNICEF country office's capacity to support the way forward remains a question.

Children as an object of development and not charity - Put children first

Annex 5: Presentations of the Resource Persons

- Annex 5.1: Child-friendly schools
- Annex 5.2: School sanitation and hygiene education
- Annex 5.3: The teacher: spider in the SSHE-web
- Annex 5.4.1: The FRESH initiative
- Annex 5.4.2: Full text of the FRESH initiative
- Annex 5.5: The making of the sanitation policy in Uganda
- Annex 5.6: Organisation and strategy development in Bangladesh
- Annex 5.7: Development of a communication strategy
- Annex 5.8: Sanitation development in Nigeria
- Annex 5.9: School sanitation technology
- Annex 5.10: The life skills approach
- Annex 5.11: Educational aspects
- Annex 5.12: Criteria for selecting schools
- Annex 5.13: Monitoring for effectiveness

Annex 5.1: Child-friendly schools

by A. Sheeran, UNICEF

Child-friendly schools are:

- safe, healthy, health-promoting
- protective of children
- academically effective

What are the Characteristics of a rights-based, child-friendly school?

1. Reflects and realises the rights of every child in the community cooperates with other partners to promote the well-being and rights of all children; protects children from harm inside and outside the school
2. Sees and understands the whole child, in a broad context is concerned with what happens to children *before* they enter the school system and *after* they leave the classroom
3. Is child-centred encourages participation, creativity and self-esteem promotes a structured, child-centred curriculum appropriate to the child's developmental level, abilities, and learning style places high priority on the needs of children, over the needs of the other actors in the system
4. Is gender-sensitive and girl-friendly promotes parity in the enrolment and achievement of girls and boys reduces constraints to gender equity and eliminates gender stereotypes provides facilities, curricula, and learning processes welcoming to girls
5. Promotes quality learning outcomes helps children master the skills of writing, reading, speaking, listening, and mathematics and the general knowledge and skills required for living in the new century encourages children to think critically, ask questions, and express their opinions
6. Provides education based on the reality of children's lives ensures that curricular content responds to the needs of children as well as to the general objectives of the education system and the local context and traditional knowledge of families and the community
7. Is flexible and responds to diversity meets differing circumstances and needs of children (e.g., as determined by gender, culture, social class, ability level)
8. Acts to ensure inclusion, respect, and equality of opportunity for all children does not stereotype, exclude, or discriminate on the basis of difference
9. Promotes mental and physical health provides emotional support encourages healthy behaviours and practices guarantees a hygienic, safe, secure, and joyful environment serves as a venue for critical health services for children, where necessary and possible
10. Provides education that is affordable and accessible especially to children and families most at-risk
11. Enhances teacher capacity, morale, commitment, and status ensures that its teachers have sufficient pre-service training, in-service support and professional development, status, and income
12. Is family-focused attempts to work with and strengthen families helps children, parents and teachers establish harmonious, collaborative partnerships
13. Is community-based strengthens school governance through a decentralised, community-based approach encourages parents, local government and community organisations to help manage and finance education promotes child-friendly communities and networks focused on the rights and well-being of children

Annex 5.2: School sanitation and hygiene education

by L. Burgers, UNICEF

Why sanitation?

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.

Access to sanitation facilities is a fundamental human right that safeguards health and human dignity. Children are the most vulnerable to health hazards and subsequently also the worst affected.

Why SSHE?

Sanitation in schools is often very poor:

- non-existent or insufficient facilities
- facilities are not adapted to the needs of children, in particular girls
- broken, dirty and unsafe
- poor hygiene habits

In an unhealthy and ineffective environment:

- Schools become risky places where diseases are transmitted.
- Poor health of children affects their ability to learn.
- Children do not develop skills and knowledge to face the future.
- Sanitation: A neglected issue!

Why focus on school-age children?

- Children are eager to learn.
- Children have important roles in household chores.
- Children can become agents of change.
- Children are future parents.

Why is it gender-related?

- Facilities should be adapted to the different needs of girls and boys.
- Poor sanitation conditions at schools have a greater negative impact on girls leading to reduced school attendance, and increased drop-out rates.
- Every girl should have access to safe, separate and private sanitation facilities in their schools.
- When starting menstruation the need for these facilities is even greater.
- The burden of sick family members is often on girls.
- The latrines for girls have no doors and even the curtains are too short .
- School sanitation and hygiene, an issue that seriously affects a girl's chances of obtaining a good education, is too often overlooked.

SSHE and the future agenda

The future agenda for basic education must ensure that children will:

- be able to learn in an environment that is healthy, clean and safe; academically effective, protective of their rights, and involved with their families and communities.

The overall objective of the school sanitation and hygiene education programme is:

- Present and Future Health of School-age Children improved through better hygiene behaviour and a healthy school environment

Mixing water and oil??

What works and what doesn't:

- Political will and strong government role (ug)
- *Giving sanitation low priority*
- Promoting good hygiene behaviour/life skills: practice what has been preached
- *A narrow focus on technology*
- Giving schools a choice
- *A one system fits all approach*
- Focussing on the child and learning (Bangl)
- *Providing a theoretical lesson only*
- Reaching all key actors: school management, teachers, children, parents
- *Providing facilities without involvement*(Haiti)
- Caring on gender differences and specific needs of girls and boys (Sudan)
- *Reinforcing the gender differences* (Mexico)
- Cost sharing
- *100 % subsidy or limited access to funds and credit*
- Looking for ways of integrating hygiene education in existing curriculum
- *Add WES/hygiene programmes to the burden of teachers*

Key Steps: At national/district level

- Creating a conducive environment for SSHE
- Assessing current conditions
- Implementing improvements in Hygiene Education (curriculum/ training/pilots)
- Planning/design of physical improvements

Key Steps: At school/community level

- Creating a conducive environment for SSHE
- Assessing current conditions
- Planning of improvements
- Identification of key-actors
- Developing life-skills promotion materials/methods
- Construction, maintenance and operation of facilities
- Monitoring of implementation and impact

Challenges

- Reach conceptual agreement with all sectors and key stakeholders involved
- Get the child back into the center
- Address gender inequity
- Find models for stepping up and reaching out (maximum - most vulnerable)
- Test approaches to educate parents with their children.

Tools

- The Manual
- Notes & News
- Web Page

- E-mail Conference
- Mailing list
- Help us and share your information on SSHE with UNICEF.

Our Aim: Our investment in the future.

Annex 5.3: The teacher: spider in the SSHE-web

By Eveline Bolt, IRC

Introduction

School teachers have a major responsibility for quality education:

- Quality of content; including related to life skills and health/hygiene education
- Quality of the teaching-learning process
- Quality of the learning environment; including adequate hygiene and sanitation facilities.

This is quite a challenge being faced by schoolteachers, but also by the support structure surrounding schoolteachers (comprising of local authorities, district staff and national policies) and that is to facilitate their work.

During this session we will take a look at:

- What does this responsibility mean for the schoolteacher in terms of school sanitation and hygiene education?
- What are the strong points of the schoolteacher and his/her position that help bring about high quality SSHE?
- What kind of support does the schoolteacher need to perform optimally in the challenging field of sanitation and hygiene education?
- How can the SSHE programme help?

What does this mean for the schoolteacher in terms of school sanitation and hygiene education?

The role of the schoolteacher in ensuring good quality education and a quality learning environment is crucial. A healthy school environment is to be created and/or improved and maintained and children (and through them their family members) are to (continue to) behave hygienically. Schoolteachers therefore need to allocate part of their budget to SSHE. There is a need for a participatory process approach towards the changes required, involving children and community members. Schoolteachers need to facilitate such processes, whereby problems and needs are assessed, possible improvements identified and planned for, with maximum involvement of all stakeholders in the community.

If facilities are to be installed, schoolteachers need 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. However, the schoolteacher has a facilitating role in this and s/he has to ensure that follow-up action takes place.

(Part II of the manual deals with SSHE at the school and the community level. Taking a look at this from the perspective of the schoolteacher helps realise that task at hand for him/her, who, after all, is to be the catalyst).

What are the strong points of the school teacher that help bring about high quality SSHE?

With regards to SSHE the schoolteacher is a spider in the web. S/he is in contact with the children, parents, local authorities, the education department and for NGO's s/he is usually among the key-persons in a community to contact for any development programme. At the same time schoolteachers are generally committed towards the well-being of communities in general and of children in particular. They are often social workers as well. In many cases they are among the better educated in a (rural) community. Hence, the schoolteacher is our major resource and deserves full support, in terms of finances, capacity building and monitoring to carry out his/her role as described above.

What kind of support does the school teacher need to perform better in the challenging field of SSHE?

In general schoolteachers do have some basic knowledge about the importance of sanitation and hygiene behaviour to prevent water and sanitation related diseases. Students' textbooks do touch upon hygiene behaviour, often in the context of general health education. However, bringing about behaviour change requires more than just "teaching from a textbook".

Schoolteachers need skills to facilitate learning processes as well as knowledge about how to access to funds and organisations that could help them implement the facilities needed for students to practice hygiene behaviour. They also need some 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.

SSHE will be made more easy if:

- conducive policies are in place, making sanitary facilities at schools and hygiene education compulsory;
- teaching aids distributed; and iii) school supervisors have a helpful attitude. Supportive local authorities will enable schoolteachers to make the link between SSHE and community development and to work out methods to also reach out-of-school children.

(Part I of the manual deals with SSHE at the district and national level, which are essential to making the work of the schoolteachers possible).

How can the SSHE programme help?

First of all the SSHE-programme is to acknowledge the crucial role of the schoolteacher and build on their strong points; their commitment, their being educated, their important role in a community. At the same time care should be taken not to overload them. The SSHE-programme offers excellent opportunities to contribute to determining what "quality of content", "quality of the teaching-learning process" and "quality of the learning environment" entail. It offers scope to experiment with how to bring about such quality. It will help finding out the feasibility of having schoolteachers play an active role in this and what is needed to enable them to do so. Working from this level, involving stakeholders from the district and national level also, we will be able to determine the support requirements and advocate for support to be put in place.

It should also be noted that schoolteachers are one of our most valuable resources with regards to documenting experiences for dissemination and advocacy. This should be taken into account right from the start of the programme. However, we need to pursue that actively. We can not take for granted that all have writing skills and we need to include capacity building in this field.

Annex 5.4.1: The FRESH initiative

By Don Bundy, World Bank

Education for all is universal basic education

It enhances access for:

- The poor
- Girls
- The disadvantaged

Education is a precondition for national development.

Nokes et al 1992 study shows that children with worm infections have lower scores in schools, (but non-infected children are in many ways better off). Enormous improvement in cognitive ability in children treated (already everybody performs better after the 2nd test: retest phenomena). Crux: children who are worst off to begin are the worst off during the learning process. They have only a few years of opportunities to learn during the few years of formal education.

Effective Schools are Child Friendly Schools

They are:

- Academically effective
- Accessible
- Equitable
- Protective

The World Bank is also involved in school health programmes that aim to improve learning and educational outcomes through enhanced health and nutrition

A FRESH Start:

Focussing **R**esources **o**n **E**ffective **S**chool **H**ealth, Hygiene & Nutrition. FRESH is supported by WHO/PAHO, WORLD BANK, UNICEF & UNESCO (full text of FRESH initiative is in annex 5.4.2).

Core interventions are:

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

Supporting activities are:

- Effective partnership between teachers and health workers
- Effective community participation
- Pupil participation

Health policies in Schools

Guinea: Policy for re-admission of girls who are mother

Water and Sanitation in Schools

A majority of Education projects include school construction and/or refurbishment. In most cases these include sanitation facilities, and often water

School Based Health and Nutrition Education

A small minority of health and education projects include this component: some 30 projects in the last 10 years.

School Based Health and Nutrition Services

A small minority of health, nutrition and education projects include this component: some 10 projects in the last 10 years.

Annex 5.4.2: The FRESH initiative

Focusing Resources on Effective School Health A *FRESH* Start to Improving the Quality and Equity of Education

A partnership of the HD Network: HDN/ED/SP with WHO/PAHO, UNICEF and UNESCO "Education for All" means ensuring that all children have access to basic education of good quality. This implies creating an environment in schools and in basic education programmes in which children are both able and enabled to learn. Such an environment must be friendly and welcoming to children, healthy for children, effective with children, and protective of children. The development of such child-friendly learning environments is an essential part of the overall efforts by countries around the world to increase access to, and improve the quality, of their schools.

Poor health and malnutrition are important underlying factors for low school enrolment, absenteeism, poor classroom performance, and early school dropout, as reflected in the **World Declaration on Education for All**. Programmes to achieve good health, hygiene and nutrition at school age are therefore essential to the promotion of basic education for all children.

Good health and nutrition are not only essential inputs but also important outcomes of basic education of good quality. First, children must be healthy and well nourished in order to fully participate in education and gain its maximum benefits. Early childhood care programmes and primary schools which improve children's health and nutrition can enhance the learning and educational outcomes of school children. Second, education of good quality can lead to better health and nutrition outcomes for children, especially girls, and thus for the next generation of children as well. In addition, a healthy, safe and secure school environment can help protect children from health hazards, abuse and exclusion.

Positive experiences by WHO, UNICEF, UNESCO and the World Bank 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. These agencies are now developing a partnership for Focusing Resources on Effective School Health, with the aim of launching this *FRESH* Start approach at the WORLD EDUCATION FORUM in Senegal, April 2000.

Background

Ensuring that children are healthy and able to learn is an essential component of an effective education system. This is especially relevant to efforts to achieve education for all in the most deprived areas. Increased enrolment and reduced absenteeism and dropout bring more of the poorest and most disadvantaged children to school, many of whom are girls. It is these children who are often the least healthy and most malnourished, who have the most to gain educationally from improved health. Effective school health programmes that are developed as part of community partnerships provide one of the most cost-effective ways to reach adolescents and the broader community and are a sustainable means of promoting healthy practices.

Improving the health and learning of school children through school-based health and nutrition programmes is not a new concept. Many countries have school health programmes, and many agencies have decades of experience. These common experiences suggest an opportunity for concerted action by a partnership of agencies to broaden the scope of school

health programmes and make them more effective. Effective school health programmes will contribute to the development of child-friendly schools and thus to the promotion of education for all.

This interagency initiative has identified a core group of activities, each already recommended by the participating agencies, that captures the best practices from programme experiences. Focusing initially on these activities will allow concerted action by the participating agencies, and will ensure consistent advice to country programmes and projects. Because of the focused and collaborative nature of this approach, it will increase the number of countries able to implement school health components of childfriendly school reforms, and help ensure that these programmes go to scale. The focused actions are seen as a starting point to which other interventions may be added, as appropriate.

The actions also contribute to existing agency initiatives. They are an essential component of the "health promoting schools" initiative of WHO and of global efforts by UNICEF, UNESCO and the World Bank to make schools effective as well as healthy, hygienic and safe. Overall, the inter-agency action is perceived as Focusing Resources on Effective School Health, and giving a *FRESH* Start to improving the quality and equity of education.

Focusing resources on the school-age child

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. Good health and good education are not only ends in themselves, but also means which provide individuals with the chance to lead productive and satisfying lives. School health is an investment in a country's future and in the capacity of its people to thrive economically and as a society. An effective school health, hygiene and nutrition programme offers many benefits:

- ***Responds to a new need***

The success of child survival programmes and the greater efforts by many governments and communities to expand basic education coverage have resulted both in a greater number of school-age children and in a greater proportion of these children attending school. In many countries ' targeted education programmes have ensured that many of these new entrants are girls for whom good health is especially important. Thus, the school is now a key setting where the health and education sectors can jointly take action to improve and sustain the health, nutrition and education of children previously beyond reach.

- ***Increases the efficacy of other investments in child development***

School health programmes are the essential sequel and complement to early child care and development programmes. Increasing numbers of countries have programmes that ensure that a child enters a school fit, well and ready to learn. But the school age child continues to be at risk of ill health throughout the years of schooling. Continuing good health at school age is essential if children are to sustain the advantages of a healthy early childhood and take full advantage of what may be their only opportunity for formal learning. Furthermore, school health programmes can help ensure that children who enter school without benefit of early development programmes, receive the attention they may need to take full advantage of their educational opportunity.

- ***Ensures better educational outcomes***

Although schoolchildren have a lower mortality rate than infants, they do suffer from highly prevalent conditions that can adversely affect their development. Micronutrient deficiencies, common parasitic infections, poor vision and hearing, and disability can have a detrimental

effect on school enrolment and attendance, and on cognition and educational achievement. In older children, avoidance of risky behaviours can reduce dropping out due, for example, to early pregnancy. Ensuring good health at school-age can boost school enrolment and attendance, reduce the need for repetition and increase educational attainment, while good health practices can promote reproductive health and help avoid HIV/AIDS.

- ***Achieves greater social equity***

As a result of universal basic education strategies, some of the most disadvantaged children - the girls, the rural poor, children with disabilities - are for the first time having access to school. But their ability to attend school and to learn whilst there is compromised by poor health. These are the children who will benefit most from health interventions, since they are likely to show the greatest improvements in attendance and learning achievement. School health programmes can thus help modify the effects of socio-economic and gender-related inequities.

- ***Is a highly cost effective strategy***

School health programmes help link the resources of the health, education, nutrition, and sanitation sectors in an infrastructure - the school -- that is already in place, is pervasive and is sustained. While the school system is rarely universal, coverage is often superior to health systems and has an extensive skilled workforce that already works closely with the community. The accessibility of school health programmes to a large proportion of each nation's population, including staff as well as students, contributes to the low cost of programmes. The high effectiveness of these programmes is a consequence of the synergy between the health benefit and the educational benefit. The effectiveness is measurable in terms not only of improved health and nutrition, but also of improved educational outcomes, reduced wastage, less repetition and generally enhanced returns on educational investments.

The basic framework for an effective school health and nutrition programme

The framework described here is the starting point for developing an effective school health component in broader efforts to achieve more child-friendly schools. Much more could be done, but if all schools implement these four interventions then there would be a significant immediate benefit, and a basis for future expansion. In particular, the aim is to focus on interventions that are feasible to implement even in the most resource poor schools, and in hard-to-reach rural areas as well accessible urban areas, that promote learning through improved health and nutrition. These are actions known to be effective, and actively endorsed by all the supporting agencies: this is a framework from which individual countries will develop their own strategy to match local needs.

Core framework for action: four components that should be made available together, in all schools

- ***Health-related school policies***

Health policies in schools, including skills-based health education and the provision of some health services, can help promote the overall health, hygiene and nutrition of children. But good health policies should go beyond this to ensure a safe and secure physical environment and a positive psycho-social environment, and should address issues such as abuse of students, sexual harassment, school violence, and bullying. By guaranteeing the further education of pregnant schoolgirls and young mothers, school health policies will help promote inclusion and equity in the school environment. Policies that help to prevent and reduce harassment by other students and even by teachers, also help to fight against reasons that girls withdraw or are withdrawn from schools. Policies regarding the health-related

practices of teachers and students can reinforce health education: teachers can act as positive role models for their students, for example, by not smoking in school. The process of developing and agreeing upon policies draws attention to these issues. The policies are best developed by involving many levels, including the national level, and teachers, children, and parents at the school level.

- ***Provision of safe water and sanitation - the essential first steps towards a healthy physical, learning environment***

The school environment may damage the health and nutritional status of schoolchildren, particularly if it increases their exposure to hazards such as infectious disease carried by the water supply. Hygiene education is meaningless without clean water and adequate sanitation facilities. It is a realistic goal in most countries to ensure that all schools have access to clean water and sanitation. By providing these facilities, schools can reinforce the health and hygiene messages, and act as an example to both students and the wider community. This in turn can lead to a demand for similar facilities from the community. Sound construction policies will help ensure that facilities address issues such as gender access and privacy. Separate facilities for girls, particularly adolescent girls, are an important contributing factor to reducing dropout at menses and even before. Sound maintenance policies will help ensure the continuing safe use of these facilities.

- ***Skills based health education***

This approach to health, hygiene and nutrition education focuses upon the development of knowledge, attitudes, values, and life skills needed to make and act on the most appropriate and positive health-related decisions. Health in this context extends beyond physical health to include psycho-social and environmental health issues. Changes in social and behavioural factors have given greater prominence to such health-related issues as HIV/AIDS, early pregnancy, injuries, violence and tobacco and substance use. Unhealthy social and behavioural factors not only influence lifestyles, health and nutrition, but also hinder education opportunities for a growing number of school-age children and adolescents. The development of attitudes related to gender equity and respect between girls and boys, and the development of specific skills, such as dealing with peer pressure, are central to effective skills based health education and positive psycho-social environments. When individuals have such skills they are more likely to adopt and sustain a healthy lifestyle during schooling and for the rest of their lives.

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

Schools can effectively deliver some health and nutritional services provided that the services are simple, safe and familiar, and address problems that are prevalent and recognized as important within the community. If these criteria are met then the community sees the teacher and school more positively, and teachers perceive themselves as playing important roles. For example, micronutrient deficiencies and worm infections may be effectively dealt with by infrequent (six-monthly or annual) oral treatment; changing the timing of meals, or providing a snack to address short term hunger during school - an important constraint on learning - can contribute to school performance; and providing spectacles will allow some children to fully participate in class for the first time.

Supporting Activities

These activities provide the context in which the interventions can be implemented.

- ***Effective partnerships between teachers and health workers and between the education and health sectors***

The success of school health programmes demands an effective partnership between Ministries of Education and Health, and between teachers and health workers. The health sector retains the responsibility for the health of children, but the education sector is responsible for implementing, and often funding, the school based programmes. These sectors need to identify responsibilities and present a coordinated action to improve health and learning outcomes from children.

- ***Effective community partnerships***

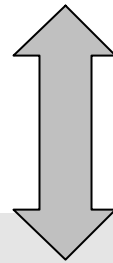
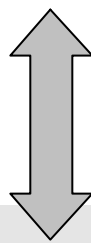
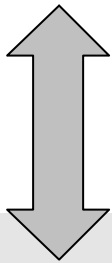
Promoting a positive interaction between the school and the community is fundamental to the success and sustainability of any school improvement process. Community partnerships engender a sense of collaboration, commitment and communal ownership. Such partnerships also build public awareness and strengthen demand. Within the school health component of such improvement processes, parental support and cooperation allows education about health to be shared and reinforced at home. The involvement of the broader community (the private sector, community organizations and women's groups) can enhance and reinforces school health promotion and resources. These partnerships, which should work together to make schools more child-friendly, can jointly identify health issues that need to be addressed through the school and then help design and manage activities to address such issues.

- ***Pupil awareness and participation***

Children must be important participants in all aspects of school health programmes, and not simply the beneficiaries. Children who participate in: health policy development and implementation; efforts to create a safer and more sanitary environment; health promotion aimed at their parents, other children, and community members; and school health services, learn about health by doing. This is an effective way to help young people acquire the knowledge, attitudes, values and skills needed to adopt healthy lifestyles and to support health and Education for all.

The FRESH approach to School Health

- Water and sanitation
 - Policies
- Skills-based health education (life skills)
- Health Services, interventions & programs



Participation & links with the community

Annex 5.5: The making of the sanitation policy in Uganda

by Bill Fellows, UNICEF, Uganda

Policy Environment

A regional UNICEF Regional Sanitation Workshop was held in 1995 in Zimbabwe in which workplans were developed but no follow-up was really given. However, these plans were used as a leverage to advocate for more activities in the country (Uganda). It showed that advocacy should be done always at all possible places as allies show up where you least expect them. It resulted in 1996 in a UNICEF staff member being requested by the Minister of State for Education to become involved in Secretariat that drafted the Manifesto of the President - and this Manifesto included Sanitation.

The UNICEF 1996 Annual Review for the first time looked at rates instead of numbers, and realized that there are 60.0000 new households every year, while UNICEF was producing 'only' 7,000 slabs a year (compare with India that needs about 4 million new facilities to keep pace with the population growth)

In January 1997 a Sanitation Workshop was held in which sanitation was defined for Uganda as:

- Safe disposal of human excreta by any appropriate method (not talking about VIP)
- Personal and Public (incl. food) hygiene (severely neglected usually)
- Solid and liquid waste disposal
- Vector control
- Safe water chain/safe transport and storage of water

The definition issue took about half of the workshop

An Action Plan was made to raise the profile of sanitation in Uganda with a task force nominated to follow up. Included in this task force were: MoH chaired, DWD, NEMA, KCC, UNICEF, WHO, UNDP-WB technical group Nairobi, Danida.

A concept paper was developed and published in June 1997: only using existing data. It is the "most comprehensive statement on sanitation ever written" and includes:

- 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

After the plan was endorsed plan, an official working group was appointed by the Minister in July 1997 with 4 specific subgroups with tasks and time frame (not just a working group) on:

- Legislation
- Policy
- Planning
- Organisation of a national forum

National Forum included from every district:

- LCV Chairman
- CAO Chief Administrative Officers
- RDC Regional Districts

On the basis of the outcome of this forum, a working group of 5 people (including Ato Brown (UNDP/WB) and Keith Right of UNICEF) wrote a Declaration. The Minister stated: it was the boldest statement to date and set out a 10 point plan for action. Written and signed! In addition:

- An environmental Health Policy was drafted
- An environmental Health Act was drafted
- Two national Sanitation Plans were drafted

The country was hit by a cholera outbreak: during 6 months focus on containing the epidemic. One major issue point came out of this:

Point 5: Focus on schools: we shall ensure that every primary school and all other institutions of learning have adequate sanitation facilities by the end of 1998.

This was not reached because of the Universal Primary Education policy, which had as result that enrolment in schools, increased dramatically. The area of overlap between Education and Sanitation became highest priority of the policy.

Highly Indemic Poor Country/ Debt cancelling : first area to benefit from the relief was Education: 7 million. The money went to the Ministry of Water and not Education: UNICEF major contribution was to make sure that the activities made an impact: UGANDA focuses more on the software component.

Case study now in process on rights based language.

Annex 5.6: Organization and strategy development in Bangladesh

By Dipa Sen, UNICEF Bangladesh

Organizational Aspects (SSHE)

- Effectiveness
- Programme
- Sustainability

Critical issues (Old Strategy)

- Coordination of dphe & dpe
- DPHE convention of construction through contractors
- Construction at ps through other agencies
- Technological aspects
- Quality of construction
- Construction through smc
- Procurement of materials
- Fund flow & liquidation at school level
- Supervision & monitoring during implementation
- Repair & maintenance of facilities after implementation

Revised strategy

- Central working group
- District working group
- Thana working group (cluster/ateo)
- School - SMC/PTA (union parishad)

Strategy development

- Draft strategy
- 3 district level workshops of primary stakeholders (teachers, SMC members, UP members, TEO, ATEO, SAE, TNO, DPEO, EE)
- Review strategy based on workshop findings
- One national workshop of all stakeholders
- Fine tune the strategy based on workshop findings
- Approval of strategy through central Working Group of DPHE, DPE, UNICEF.

Mutual reinforcement

Integrated sanitation, hygiene & safe water supply

- SWS in 35 districts
- HAPIC in 35 districts
- SSHE in 14 districts
- CHT in 3 districts

ARSENIC MITIGATION PROJECT

Watsan options

- DPE don't accept low cost options

- Ensure arsenic free , safe & sustainable water source
- Facilities are child friendly - space, footrest, light & ventilation, easy access, handpump easy to operate, privacy for girls etc.

Revised options

- Water Sources - dtw, deep set tara, rw, rwh, psf
- Latrines - 2/3 & 1/2 urinals
- Revised designs, cost estimates & construction Guidelines

SSHE linking IDEAL

- 16 IDEAL districts incorporate SSHE package (software package of SLE, use/maintenance plan)
- 9 SSHE districts follow simplistic IDEAL package (situation assessment & mapping, school level planning)
- 8 SSHE/IDEAL districts piggy back each other
- Revise all training manuals to address above 3 situations
- Prepare implementation plans for IDEAL & non-IDEAL districts

Organizational Aspects (SSHE - Partnership)

DPHE

- Technical support on options & designs of watsan
- Training of local masons on construction
- Monitor construction
- Monitor & ensure project implementation

Local Community

- Primary assessment
- Mobilize local resource
- Participatory monitoring

Fac. & Training Agencies

- Facilitate planning
- Organize training
- Monitor activities

UNICEF

- Facilitate partnership
- Technical support for strategy development
- Financial support for project implementation
- Monitor & review progress jointly with DPHE & DPE

DPE

- Facilitate school planning
- Training on teaching & learning regarding clean & safe environment
- Monitor performances & behavioral aspects at sch.

Organizational Aspects Role of Partners

School (Teachers, SMC, PTA, Students)

- School level planning, expressing demand
- Commitment to use and maintenance plan
- Managing the construction of facilities
- Developing hygienic behaviors - students
- Mobilizing community
- Participatory monitoring

DPHE

- Coordination, managing project implementation
- Technical options & designs - WatSan facilities
- Monitoring construction

DPE

- Facilitate school planning
- Multiple ways of teaching & learning
- Monitoring school performances
- Monitoring behavioral development

Union Parishad Members

- Community level planning
- Motivating and ensuring school commitment
- Local resource mobilization, proper utilization

District, Thana WG, Representatives

- Political will
- Planning
- Motivating concerned stakeholders
- Monitoring & Reviewing progress

Facilitating & Training Agencies

- Identify training needs
- Design methodology, prepare manuals
- Organize and/or assist in training
- Facilitate planning
- Follow-up activities
- Monitor

UNICEF

- Facilitate partnership
- Technical support for strategy development, planning, implementation
- Financial support and monitoring
- Monitor & review progress with DPHE & DPE

Project Cycle

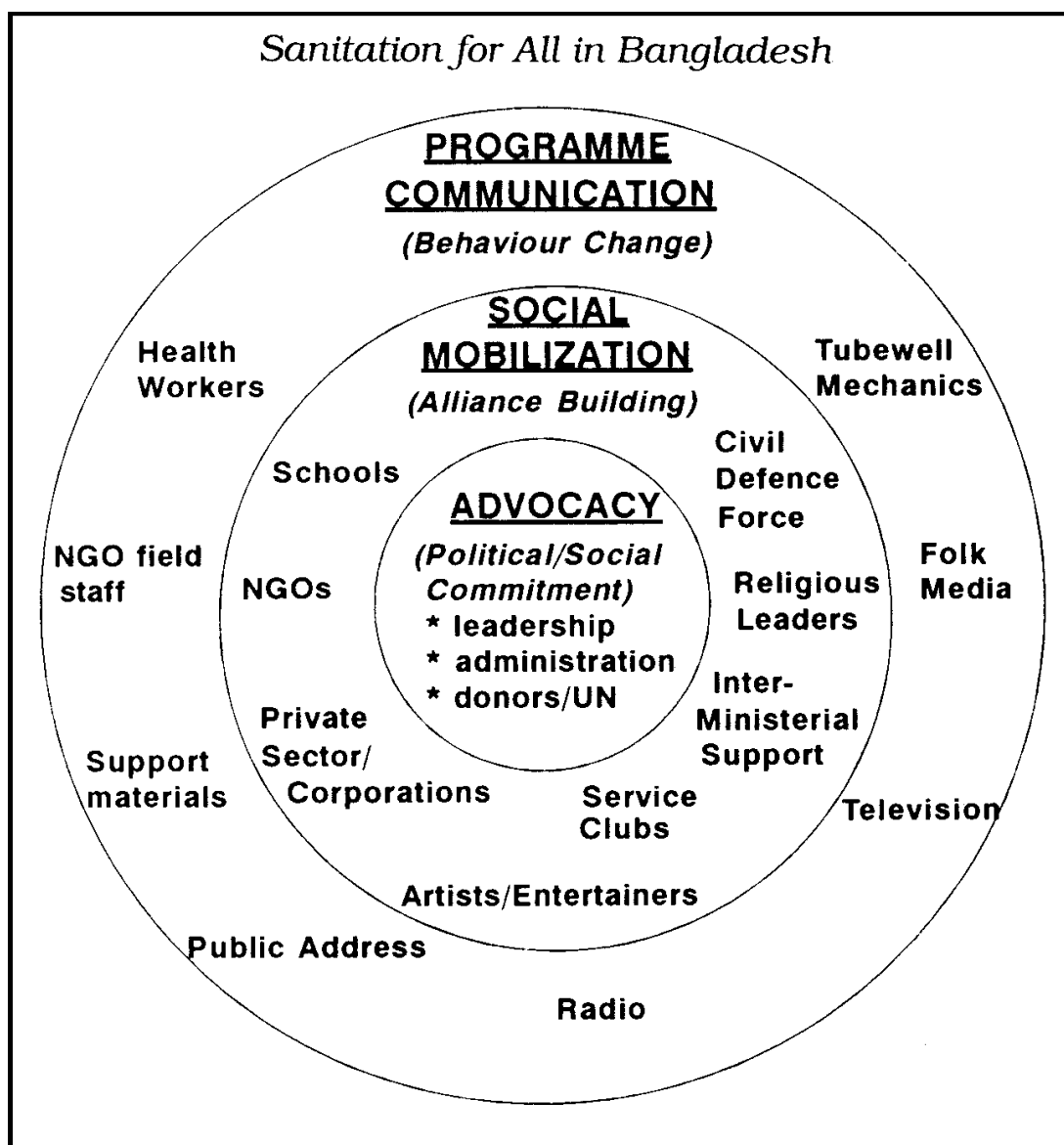
- Develop new strategy DDA
- Plan activities
- Organize logistics
- Project orientation
- for local level
- partners
- Local level planning
- Training & orientations
- Construction & behavioral aspects at schools
- Monitoring & reporting
- Evaluate project
- Impact
- Review strategy

Annex 5.7: Documentation, Dissemination and Advocacy

by Dick de Jong, IRC

Communication planning model (McKee 1993)

Below is an example of how McKee's communication planning model was used for the Sanitation for All in Bangladesh programme that the Government of Bangladesh implemented from 1993 to 1998 with UNICEF and Danish and Swiss support. Political will linked with an investment of over 4 million US dollar and use of appropriate and effective allies contributed to an increase in use of sanitary latrines from 10 to nearly 40 percent of the population.



Public awareness is only one element of wider continuum of a development communication planning model that includes advocacy; social mobilization and programme communication as developed and tested by McKee (McKee 1993). Creating awareness and getting commitment of decision-makers for a social cause is the first component in the continuum.

The definitions for the components are as follows:

- Advocacy consists of the organization of information into argument to be communicated through various interpersonal and media channels with a view to gaining political and social leadership acceptance and preparing a society for a particular development programme.
- Social mobilization is the process of bringing together all feasible and practical inter-sectoral social allies to raise people's awareness of and demand for a particular development programme, to assist in the delivery of resources and services and to strengthen community participation for sustainability and self-reliance.
- Programme communication is the process of identifying, segmenting and targeting specific groups/audiences with particular strategies, messages or training programmes through various mass media and interpersonal channels, traditional and non-traditional.

In the context of this model, advocacy consists of a large number of what is traditionally known as information and public affairs activities, they include lobbying with decision makers through personal contacts and direct mail; holding seminars, rallies and news-making events; ensuring regular newspaper, magazine, television and radio coverage and obtaining endorsements from popular people. The goal of advocacy is to make the innovation a political or national priority. Advocacy, in the first instance, may be carried out by key people in international agencies, as well as special ambassadors, but is gradually taken over by people in national and local leadership positions and the print and electronic media.

Advocacy leads directly to social mobilization, a process that involves the addition of more national partners for advocacy and programme communication activities, resource mobilization and service delivery. In McKee's opinion the concept of social mobilization within the model given above, helps a great deal in understanding how social mobilization is related to the rest of the communication/information world. It is the glue that binds advocacy activities to more planned and researched programme communication activities.

The activities of advocacy, social mobilization and programme communication do not necessarily happen in a consecutive order. However, in general, advocacy begins the process and leads to social mobilization and programme communication. But the "planning continuum" arrow on the circles is two-directional because advocacy is needed at various times in a programme's life, not only at the beginning.

In terms of analysis and research, the planning continuum is also two-way. Advocacy must remain somewhat opportunistic and therefore less planned and researched. Social mobilization benefits from a thorough analysis of who the best partners are for a particular programme, and what they potentially may contribute. It should also involve some experimentation and lateral thinking since social mobilization is most successful when the chain of command is decentralized, allowing for alliances which may not have been conceived of at the central level. On the other hand, programme communication should be backed by planning research, formative evaluation, programme monitoring, as well as summative and impact evaluation, all research steps involved in the process of social marketing. There should also be an attempt to standardize messages among partners.

BASNEF - From attitudes to behaviour

What messages are influencing people's knowledge and attitudes and how does that contribute to changes in behaviour and bad practices? Research from the communication and the behavioural change sciences makes clear that this is a complex issue. Evidence from the communication discipline shows that the clearer the message on a concrete topic is the more the audience can relate to it and the higher the chance that knowledge increases. From the social sciences we have learned that knowledge on a topic may increase, people may even change attitudes, but that the step to improved behaviours and practices is depending on a complex set of social and psychological factors. Hubley introduced the BASNEF model for understanding behaviours in health communication: Beliefs, Attitudes, Subjective Norms and Enabling Factors (Hubley, 1993).

Individual beliefs about the consequences of certain behaviour and the value placed on each consequence lead to personal attitude or judgement. Attitudes combined with subjective norms contribute to behavioural intention. Subjective norms are beliefs about what behaviour other influential people would wish the person to perform. Enabling factors such as income, housing, water supply, agriculture and sanitation should be available so that the intention leads to a change in behaviour.

Below the influences on behaviour and communication actions needed in the BASNEF-model are explained.

BASNEF-model

	Influences	Actions needed
Beliefs, Attitudes (individual)	culture, values, traditions, mass media, education, experiences	Communication programmes to modify beliefs and values
Subjective Norms (community)	family, community, social network, culture, social change, power structure, peer pressure	Communication directed at persons in family and community who have influence
Enabling Factors (inter sectoral)	Income/poverty, sanitation services, women's status, inequalities, employment, agriculture	Programmes to improve income, sanitation provision, situation of women, housing, skill training

The starting point is the individual person's behaviour. However, an understanding of the influences on behaviour can lead to interventions that go beyond the individual to include programmes at the family, community and national levels and involve both educational, social, economic and political change.

Key questions for planning/evaluating communication tools/methods

When planning communication tools and methods a range of key steps are essential to increase the effectiveness of the communication intervention. Below is a checklist for tools which is being used in IRC's advocacy communication work, which has proven to be useful for participants in short course programmes.

Title:

Format:

Production date:

Producing agency:

1. *What is the key objective (which and who's problems are being addressed)?*
2. *Who, how big and at what level is the intended audience?*
 primary / secondary
 individual family community district region national international
 men women children
3. *Is the material used:*
 promotional. instructional motivational
4. *Has the educational, socio-cultural and communication situation of the audience been researched?*
 yes no
5. *What is the intended frequency of use?*
6. *Is the material used:*
 standing alone
 as part of a communication process?
7. *Has the material been pretested?*
If so, were changes incorporated in the final design?
8. *Why was this medium/method selected?*
9. *Is staff that has to use the method/tool trained in communication process?*
 yes no
10. No. of copies produced?
11. Costs?
12. Which other communication methods are used in support?
13. Is impact measurement planned, done and fed back into planning?
 yes no

Steps and Questions for starting Advocacy/Communication strategy

What is the issue? What are we trying to achieve? what behaviour?	ISSUE
Who are the target groups? to whom? whose behaviour?	WHO
What are the present knowledge, attitudes, practices?	KAP
What type of message?/ two way?	MESSAGE
Who will help in communication?	MESSENGERS
Field test ?	FIELD TEST
What media? tools?	TOOLS
What are the indicators for results?	INDICATORS
Cost and budget	COSTS
Revision	REVISE

Annex 5.8: Sanitation development in Nigeria

Sanitation/Systems Development: How to Integrate and Accelerate

By Mansoor Ali, UNICEF Nigeria

Programme Structure

- Community: Village Development and/or WES Committee, PTA
Mothers clubs/womens associations & other CBOs
- LGA: WES Unit/ Implementation Teams/Lead Trainers/ NGOs
- State: Steering Committee/ RWSES Agencies/ Trainers/ Monitors/ NGO
Associations/SPEB
- Federal: Inter-Ministerial Committee/Planning Commission/ Ministries of
Water Resources, Health, Education, Industry, Information/ Donors/
NGOs/ Institutions

Overall Objectives

- Provide of safe drinking water to 3 million people at 30 litres/capita/ day.
- Provision of safe excreta disposal facilities that are close enough to the homes of 1.8 million beneficiaries.
- Eliminate by 100% the time of the community workers lost due to sickness and disability caused by guinea worm and secondary infections.
- Support sector institutionalisation and national capacity building to contribute to a 200% increase in output nationally for water supply.

Project Content

- Hygiene Education
- Sanitation
- Sanitation in schools/Urban areas
- Primary Environmental Care/Waste management

Situation Analysis

- Major health problems results in over 200,000 deaths of under five age group annually due to water borne and water related diseases.
- Low coverage of water and sanitation facilities- 44 million population un-served both in urban and rural communities of Nigeria:
- Water Supply: Urban - 52%, Sanitation: Urban - 52%
Rural - 39% Rural - 30%
- The physical burden of water collection on young girls and women leading to poor health, low productivity and increase in school absenteeism.
- Poor access & quality of water and sanitation facilities.
- Inadequate policy support to the sector and non existence of standards and technical specifications.
- Weak Sector Linkages.

Strategy for Sanitation & Hygiene Education:

- Advocacy for Interagency core groups/Partners
- Build capacity of Implementers

- Provide technical/supply and cash assistance
- Establish service delivery and monitoring systems.
- Establish structure and strategy to mobilize communities.

Strategy for Sanitation & Hygiene Education:

- Identify needs, beliefs and perceptions of communities through KAPs/Baseline surveys
- Establish implementation strategy
- Determine appropriate technology
- Establish minimum standards and quality specifications
- Start from where people have established WESCOMs
- Train WESCOMs/Community artisans
- Establish resource mobilisation/ management
- Establish Sani Centres

How to accelerate sanitation development:

- Involve communities in decision & planning
- Provide low cost & affordable options
- Promote community co-financing
- Focus on behavioral change
- Support self help initiatives
- Increase involvement of NGOs and CBOs
- Increase outputs/private sector involvement.
- Use cultural drama groups.

State responsibilities/Roles

- Establish Contact ensure LGA WES Unit is set up.
- Provide financial support of Minimum 1.0 to sanitation.
- Provide technical support for sanplat promotion.
- Establish award scheme to recognise LGA achievement in sanitation.
- Set minimum standard and specification for sanitation.
- Intensify active participation of women in the development, planning and implementation of sanitation.
- Support Sanitation in schools.

LGA responsibilities/Roles

- Establish WES account and ensure adequate fund for sanitation.
- Develop Annual Plan of Action including budget for WES activities.
- Enforce existing bye-laws on sanitation.
- Establish and maintain the LGA Sanplat and Sanicenter for construction and promotion of Latrine.
- Support Primary school teachers to promote Hygiene in Schools.
- Promote environmental sanitation by assisting the communities to recycle wastes, manage self-help gardens using waste/run-off from water facilities.
- Organize training for community artisan.
- Monitor the utilization of Latrines and report to the state WES Project.

Community responsibilities/Roles

- Participate in Planning, Implementation, Monitoring of WES through WESCOM.
- Undertake necessary and relevant community and hygiene education

- Develop skills which will promote community participation with active involvement of women.
- Appoint the VBWs to act as teachers on health education in the community.
- Build the communal, institutional and household latrines.
- Support the Sanplat production and ensure utilization of provided latrines.

Best Practices in WES Programme:

- Establishment of National policy on water and sanitation
- Establishment of community co-financing
- Establishment of women focused entrepreneurship development through Sani-centers run by Mothers clubs
- Inter-Agency State & LGA Sanitation core groups for acceleration of sanitation & hygiene education activities
- Construction of sanplat latrines through community level masons
- Establishment of school health clubs & sani-centers in Schools
- Reduction of borehole costs - \$1800
- Standardization of 3 types of hand pumps and corresponding well designs
- In-country production of hand pumps
- Handpump quality assurance
- Rigs and Sanitation - Information Management Systems
- Project accounts at Local Government Level

School Sanitation – Status:

- Modest start in 1995 with 120 schools on demonstration basis
- Strategy developed for 1997-2000 programme cycle - with focus on hygiene education & behavioral change, school as center for community development and integration and use of the 'child to child' approach for promotion of sanitation/ hygienic practices
- Hygiene education and mobilisation of teachers as major agents of change - special training programmes designed and training /instruction materials developed/modified
- Orientation of NGO's/CBO's and PTAs
- Focus also on low-cost options & cost sharing
- No of existing primary schools not known - estimated number: >120,000
- Average school strength 350- 400 pupils
- Over 4200 facilities constructed for water & sanitation
- Sanplat latrines -2 & 4 compartment latrines being promoted
- Hand washing/personal hygiene is the core message to children
- Over 6000 school teachers trained and support enlisted
- PTAs/Teachers and Local Government take lead in improving sanitary conditions in schools - village WES committee is responsible for raising funds

Areas of strategic focus

- Support self help efforts in school sanitation
- Expand programme to middle and high schools for girls
- Promote establishment of Sani-centers in schools
- Focus on overall school environment
- Develop methodology and materials for child to parent promotion of sanitation
- Use sanitation core groups to generate/mobilise resources
- Map all primary schools using GIS and develop school data-base/school information management system.

Annex 5.9: School sanitation technology

Which is best choice?

By Jo Smet, IRC

Content Presentation

- Sanitation technology selection criteria
- Process of selecting school sanitation technology
- Overview of school sanitation technologies
- Financing school sanitation
- Management of school sanitation
- O&M issues

Technology selection criteria (as for HH sanitation)

Community Factors:

- **Social and cultural factors:** taboos, traditional habits, religious rules and regulations, cleansing materials, preferred posture, attitude to human faeces, gender-specific requirements, health awareness and perception of benefits; privacy
- **Social organisation factors:** role of school teachers, parents-teachers committee, community-based health workers, community environmental sanitation committee, traditional leaders, of religious leaders, women groups

Institutional Factors:

- Existing national strategies
- Roles and responsibilities of actors involved
- Availability of subsidies and loans
- Availability of local NGOs, contractors, skilled labour
- Support from ward or district educational and/or other departments, and/or NGOs - supporting institutes (training, facilitation and support)
- Monitoring system (and capacity) at school and higher levels
- Municipal/private pit emptying capacity

Environmental Factors:

- Soil texture, stability and permeability
- Groundwater level
- Proneness for floods
- Environmental pollution
- Disposal of decomposed human excreta
- Availability of water (for hand-washing at what distance and what quality/quantity)

Technical Factors:

- Technology preference
- Design preference: floor-slab, squatting or raised seat, child-friendly (pre-school and ps age)
- Availability of construction material
- Cost of construction

Process of technology selection:

- Who does the technology selection?
- Participatory assessment of situation and needs assessment for better school sanitation
- Formulation of goals and targets, number of toilets, urinals (girls, boys, teachers)
- Which sanitation technology types to consider, which are preferred and what are implications?
- Decision on school sanitation technology based on affordability (\$) and feasibility

Number of latrines and urinals:

- **Some considerations:**
 - = less than 10% of students require facilities for defecation (UNICEF Bangladesh); _girls' practices
 - = all students and teachers need facilities for urination
 - = breaks must allow sufficient time for defecation/urination
- **For girls:** one latrine per 30 (South Africa) to 60 students (Bangladesh); suggest 1 per 40
- **For boys:** one latrine per 40 (South Africa) to 120 students (Bangladesh); suggest 1 per 80; one urinal per 40 to 120; suggest 1 per 50.
- **For teachers:** one latrine per 40 teachers
- one hand-washing facility per 2 latrines (at least 2)

School Sanitation Technologies

- VIP and Twin VIP
- Ecological sanitation: composting and dehydration
- Pour-flush toilet and double pour-flush
- Soakaway
- Drainage field and evaporation mound
- Septic tank
- Connection to small bore sewers or shallow-sewers
- Urinal
- Hand-washing facility

Financing School Sanitation

- Parents and school
- Community-based development project
- Local government
- National government
- National/international NGO
- External Support Agency (e.g. UNICEF)
- Service clubs (e.g. Rotary; Lions)
- Companies
- Others

Financing Options

- Fully self-financed by school
- Cost-shared by school and other party
- Fully subsidised
- Fully self-financed by school: school funds, voluntary funds, special fund-raising activities; ongoing school projects (e.g. school gardens)

- Partly with loan from revolving fund; co-operative fund; development bank; micro-credit
- Cost-sharing through contribution in cash or kind (labour, materials, commodities)
- Full subsidy: government or ESA subsidy; donation

Operational and Maintenance

- **Operation: hygienic use and cleaning (daily-weekly)**
link to hygienic sanitation behaviour and practices (build in curriculum of hygiene/health (posters) and environmental sciences)
- **Maintenance: regular emptying of pit (etc.) and regular maintenance of latrine buildings and pit (super/sub-structure)**
- **Linkage of O&M to school curriculum and activities of School Health Club**

Further Reading

- Government of Bangladesh and UNICEF (1992) *Sanitation in Primary Schools (plan of Action)*, Dhaka
- Deverill and Still (1998) *Building School VIPs, Guidelines for the design and construction of Ventilated Improved Pit Toilets and associated facilities for schools* Pretoria
- IRC (1993) *School Sanitation and Hygiene Education in Latin America (Background Document)*, The Hague
- IRC (1991) *On-site sanitation: Building on local practice* Occasional Paper Series no. 16, The Hague
- Winblad, U. (1996) *Towards an ecological approach to sanitation*, Paper presented at International Toilet Symposium Toyama Japan 1996
- Esrey, S.A. (et al.) (1998) *Ecological sanitation*, Sida, Stockholm
- Branberg, B. (1991) *Planning, construction and operation of public and institutional latrines: a field manual* based on proceedings from the HESAWA workshop on construction and use of public and institutional latrines Mwanza
- Bilinzosi, J.G. (1991) *School health and sanitation package: appropriate technology in design and construction of latrines*, Mwanza
- Franceys, R.; Pickford, J. and Reed, R. (1992) *A guide to the development of on-site Sanitation*, WHO, Geneva
- IRC (1997) *Linking Technology Choice with Operation and Maintenance for low-cost water supply and sanitation* The Hague

Annex 5.10: The life skills approach

by Amaya Gillespie

Overhead 1

<p>1. What is skills-based education? 2. What is skills-based health education? 3. What is the Life Skills approach?</p>
--



Good education

Purpose

<i>Reinforce existing</i>	<i>Prevent or reduce</i>
Knowledge	Myths & misinformation
Positive attitudes	Negative attitudes
Pro social & healthy skills & behaviour	Risky behaviours

Overhead 2

Three components

SKILLS	CONTEXTS	METHODS
The (life) <u>skills</u> approach	The <u>context</u> of the skills-based approach	The <u>methods</u> for teaching & learning within the skills based approach

Overhead 3

Life Skills

Inter-personal Skills	Skills for Building Self-Awareness	Values Clarification Skills	Decision-Making Skills	Coping & Stress Management Skills
Empathy building Active listening Giving & receiving feedback Non/Verbal Communication Assertion & Refusal skills Negotiation & conflict Management Cooperation & Teamwork Relationship & community Building skills	Self-assessment skills Identifying Personal Strengths & Weaknesses Positive Thinking skills Skills for building self image and body image	Skills for understanding different - social norms, beliefs, myths, ethics, culture, gender, diversity & tolerance, stereotypes, discrimination.. Skills for acting on discrimination and stereotypes Identifying & acting on rights, responsibilities & social justice	Critical & creative thinking Skills Problem Solving skills Analytical skills for assessing (personal & other) risks Skills for Generating Alternatives Info gathering skills Skills for evaluating information eg. the media Skills for Assessing Con-sequences Goal setting skills	Self control skills Coping with (peer) pressure Time management skills Skills for Dealing with anxiety Dealing with difficult situations Help seeking skills

Overhead 4

Context

1. Knowledge

2. Attitudes (& values etc...)

3. Skills (& behaviours)

about what?

towards what?

for what?

e.g. Water and Sanitation

1. Knowledge	2. Attitudes	3. Skills
<p>Transmission & Non-transmission specific conditions</p> <p>Protection & Prevention</p> <p>Various types of evidence/ research – prevalence, impact of WES, what works & what needs to happen?</p> <p>General health, personal growth & development</p>	<p>Social justice/rights, gender, culture, norms, discrimination</p> <p>Attitudes & values about self, hygiene, cleanliness, poverty</p> <p>Social norms & conditions considered acceptable</p>	<p>Critical thinking</p> <p>Decision making</p> <p>Values clarification</p> <p>Self awareness</p> <p>Stress & coping</p> <p>Interpersonal skills; assertion</p> <p>help seeking</p>



Learning Outcomes

Methods

For teaching and learning better

- child centred
- interactive & participatory
- group work & discussions
- brainstorming
- role play
- educational games
- debates
- practising skills with others
- audio & visual activities eg. the arts, music

Indicators

1. Enhanced teaching methodology
2. Teacher confidence/satisfaction
3. Teacher effectiveness



via student learning outcomes – knowledge, attitudes, skills & behaviours

How to implement the life skills approach in schools

3 main ways

1. Infusion Across subjects	2. “Carrier” Subject	3. Separate Subject
--	-----------------------------	----------------------------

1. Infusion across subjects – eg. WES is included in all or many existing subjects through regular classroom teachers

2.

Pros	Cons
<ul style="list-style-type: none"> - a whole of schools approach can be taken - many teachers involved – even those not normally involved in the issue - high potential for reinforcement 	<ul style="list-style-type: none"> - the issues can be lost among the higher status elements of the subjects - teachers may maintain a heavy information bias in content and methods applied, as is the case with most subjects - very costly and time consuming to access all teachers, and influence all texts - some teachers do not see the relevance of the issue to their subject - potential for reinforcement seldom realized due to other barriers

2. “Carrier” Subject - (Preferred mode) eg. WES and life skills approach is integrated into an existing subject which is relevant to the issues, such as science/ civic/ social studies or health education

Pros	Cons
<p>Teacher support tends to be better than for infusion across all subjects Teachers of the carrier subject are likely to see the relevance of the topic to other aspects of the subject Teachers of the carrier subjects are likely to be more open to the teaching methods and issues being discussed due to their subject experience Training of teachers is faster and cheaper than via infusion Cheaper and faster to integrate the components into materials of one principle subject than to infuse across all The carrier subject can be reinforced by infusion through other subjects</p>	<p>Risk of an inappropriate ‘carrier’ subject being selected, eg. biology is not as good as health education or civic education because the social and personal issues and skills so important for behaviour change are unlikely to be adequately addressed</p>

3. Separate Subject

Pros	Cons
<p>Likely to have teachers who are focused on the issues, and more likely to be specifically trained (but not guaranteed) Most likely to have congruence between the content and teaching methods in the subject, rather than shortcutting which may occur through ‘infusion’ or ‘carrier subject’ approaches.</p>	<p>the subject may be attributed very low status and not seen as important, especially if not examinable requires additional time to be found in already overloaded curriculum</p>

Or ?

4. Combination - of “carrier” subject reinforced by “infusion” across other subjects

Talking Points

Handout 1

1. What is skills-based education?
2. What is skills-based health education?
3. What is the Life Skills approach?

All of the above three terms describe ‘good education’. Well trained and well supported teachers are able to contribute to ‘good education’ by applying effective teaching methods. While in many ways the more traditional ‘information-based’ approaches still dominate education systems, more effective teaching and learning outcomes are likely to result from classroom methods which address skills, as well as information and values and attitudes related to issues.

One group of the skills that need to be addressed has come to be known as ‘life skills’, and these have often been associated with health education, although they are relevant to many other aspects of education. Hence the link between the life skills approach, skills-based health education, and skills-based education more generally.

The life skills approach can be used synonymously with the term - ‘skills-based health education’ - and the approach is clearly applicable to many contexts and populations, including school- and community-based WES projects.

Purpose of the life skills approach

The purpose is two-fold:

- (i) to enhance the already positive and healthy, pro-social characteristics of the majority of young people
- *through...*reinforcing and building knowledge, positive attitudes and values, healthy and pro-social skills and behaviours
- (ii) to prevent or reduce risks to health and other aspects of development, such as social and emotional development
- *through...* reducing myths and misinformation, harmonising negative or anti-social attitudes, and preventing or reducing risky or harmful behaviours

- These two aspects of the overall purpose could be considered as opposite ends on the same continuum.
- While the Life Skills approach is sometimes considered an ‘**individual behaviour change**’ approach, the focus or intention is to address a balance of knowledge, attitudes (and values) and skills (and behaviours). Therefore outcomes related to all of these areas can be pursued using this approach, with behaviour change being just one possible focus. Indeed much of the literature suggests that it is unlikely to achieve shifts in behaviour if knowledge and attitudinal aspects are not addressed. Similarly, the support and reinforcement of what is already positive in young people is also likely to be better facilitated by attention to knowledge, attitudes and skills or behavior.
- Also, while changes are often measured at the *individual* level, it is important to acknowledge that the approach **relies on groups** of people to be effective. The interaction of groups of people guided through the educational processes of the life skills approach facilitates and generates the learning at individual, and group, level. For example, it is difficult to imagine analysing values and attitudes if only one individual’s ideas are present; or, a broader field of information and a longer list of options is likely to be generated by a group of people rather than an individual in the process of decision making.

Interpersonal and psycho-social skills cannot be learned from sitting alone and reading a book about it.

Handout 2

Three components of the Life Skills approach

(i) the (Life) Skills (ii) Contexts (iii) Methods

Handout 3

(i) The Life Skills

- The Life Skills approach involves a group of psycho-social and inter-personal skills.
- There is no definitive list.
- The types of skills generally agreed as important to the Life Skills approach include inter-personal skills, decision making skills, critical and creative thinking skills, coping and stress management skills, and self awareness building skills. A huge number of component skills might be listed under each of these five general categories of Life Skills. (The table provided gives some examples). Equally, other publications may prefer different title categories, however the basics tend to remain conceptually similar even though the titles may vary.
- As presented these categories are distinct from each other, however in practice, many of these skills would be used simultaneously; eg. decision making is likely to involve creative and critical thinking components (what are my options?), values clarification (what is important to me?)

Handout 4

(ii) Contexts

- To be effective in supporting quality learning outcomes, the Life Skills need to be utilised in a particular context, topic area or subject. ‘What are we making decisions about?’ Learning about decision making will be more meaningful if the context or topic is relevant and remains constant or linked, such as looking at different aspects or types of decisions related to relationships, rather than considering decisions about a number of unrelated or unimportant issues. Genuine participation of the group is essential for identifying the relevance of contexts.
- These Life Skills categories and their related teaching and learning activities can be utilised across many contexts, meaning issues, topics or subjects. For example, health issues such as drug use, HIV/AIDS/STD prevention, suicide prevention and mental health, self esteem; Other issues, such as consumer education, environmental education, peace education, or education for development; livelihood skills such as various income generating activities, vocational programs, and career guidance.
- These Life Skills categories do not *include* ‘livelihood’ skills, but can applied to this topic area
- Whatever the context, a balance of three elements needs to be considered:
- 1. knowledge 2. attitudes (and values), and 3. Skills (and behaviours)

- The question is ‘what’ knowledge, attitudes and skills will be addressed?
- The balance of these three elements will be arrived at by determining what aspects of each element needs to be addressed. Many sources of information need to be utilised in this process, such as the actual group, or similar group, of learners, related literature and research, and professional expertise. Some *very basic* examples of a possible curriculum overview for WES is provided in the table, which can then be used to frame the learning objectives and outcomes expected from the program.

Handout 5

(iii) Methods for teaching and learning (better)

- Well trained and well supported teachers use a range of methods and resources to achieve quality learning outcomes. There is a place for information focused sessions and teacher-focused or teacher-led sessions, within a varied methodology, however these methods are generally quite widespread. The greater need appears to be for the implementation of more interactive and child-centred methods. A list of some of these is provided.
- The Life Skills approach is not synonymous with interactive teaching and learning methods, although the Life Skills approach relies on the use of these methods. The Life Skills approach cannot occur where there is no interaction among the participants - student to student and student to teacher.
- The Life Skills approach needs all three components in place, (i) the actual Life Skills identified, (ii) the context or focus for the program, and (iii) the interactive teaching and learning methods.
- A simple model for thinking about indicators for the Life Skills approach is provided

How to implement the life skills approach in schools - 3 main options:

1. Infusion
2. “Carrier” Subject
3. Separate Subject

- Of the three ways, the ‘carrier’ subject emerges as the best supported option, however some countries, where the conditions are amenable, have had good success with the separate subject approach

Option 4? Combination of ‘carrier’ subject and infusion

- The “carrier” subject option can be complemented by infusion of WES issues across other subject areas, whether or not the life skills approach (interactive teaching methods and a balance of Knowledge, Attitudes & Values, and Skills) is used. While a life skills approach across all subjects is ideal, at least initially, it is more realistic that the life skills approach will be done well in the carrier subject and aspects will be reinforced by infusion across other subjects where more traditional teaching methods may still prevail.

Annex 5.11: Educational aspects

School Sanitation & Hygiene Education Educational Perspective

By Dipa Sen, UNICEF Bangladesh

SSHE - Educational

Potentials

- Childhood - appropriate time for behavior development.
- Children - potential agent to bring in change in family & neighborhood
- Teachers have great influence over students & village communities

Stress on Ownership & Behavioral aspects

- Schools make assessment & plan for development
- Schools make assessment & plan for development
- Prepare use/maintenance & lessons plan before application
- Organize fund for use/maintenance before application
- Schools sign an agreement after selection for facilities
- Assessment of school performances
- Award to schools for good performances

Indicators for school performances

- Assessment of catchment area & annual plan to improve physical & learning environment
- Watsan facilities are clean & functional throughout the year
- Latrines are open, soap available during school time
- Classrooms clean & nicely organized
- School compound clean & waste-water drainage working properly
- Weekly/fortnightly sanitation & hygiene lessons for every class
- Students wash both hands rubbing with soap before eating & after using latrine
- Average attendance (both boys & girls) is minimum 70%
- All class V children have Brigade activity
- SMC, PTA, Mothers meeting held as planned
- Organize activities like gardening, environment fair, others
- Prepare quarterly performance report

Programme Components

- Training of TEO/ATEO & SAE on programme implementation & monitoring
- Development of manuals, School Package & other IEC materials
- Community motivation through students, teachers & SMC
- Training of teachers on use/maintenance of facilities & behavioral aspects
- Training of SMC & local masons on construction

SSHE linking IDEAL

- 16 IDEAL districts incorporate SSHE package (software package of SLE, use/maintenance plan)

- 9 SSHE districts follow simplistic IDEAL package (situation assessment & mapping, school level planning)
- 8 SSHE/IDEAL districts piggy back each other
- Revise all training manuals to address above 3 situations
- Prepare implementation plans for IDEAL & non-IDEAL districts

Previous Strategy

- Schools selected for watsan facilities are only included into programme
- Schools do not use School Package
- Many schools do not prepare plan for classroom & demo. Lessons
- All schools are not engaged in Brigade (outreach) activities

Revised Approach

- All primary schools of the district are included into programme
- All schools will use the School Package
- All schools will prepare plan for classroom & demo. Lessons
- Schools have Brigade activities to encourage learning by doing

School As A Resource Center

- Promote child to child learning
- Promote learning by doing through Brigade activities in community
- Organize environmental fair & promote safe environment in the catchment area
- Conduct participatory monitoring

Annex 5.12: Criteria for selecting schools

By Carlos Madera

School sanitation

Refers to all activities, which contribute to improve health conditions of school community. School sanitation is related to infrastructures and management of water supply, wastewater, solid waste, and food and hygiene education. The last is understood as promotion of healthy habits and behaviours in relation with the subjects depicted within and out of the school environment

Weaknesses were found in communities with less than 12.500 Inhabitants

1. Lack of a clear concept on what is included in School Sanitation
2. Existence of very few educational materials that focus on School Sanitation
3. The materials that exist are developed by water and sanitation professionals and not by education professionals
4. Only 45% of the existing materials focus on water, sanitation and hygiene
5. Exist weaknesses for selections of communities and school
6. The economic resources for development projects on School Sanitation is not enough
7. Exist weaknesses for distribution of economic resources for School in the municipalities

Aspects and defined variables in the municipality selection matrix

Aspect	Defined variables
1. GENERAL	<ul style="list-style-type: none">• Distance to department capital• School population
2. INSTITUTIONAL	<ul style="list-style-type: none">• Existence of school sanitation Programs• Decentralization of education
3. ORGANISATIONAL	<ul style="list-style-type: none">• Existence of organized and legalized community groups• Skilled labour
4. GOVERNMENT	<ul style="list-style-type: none">• Resource available for infrastructure School• Technical capacity
5. SCHOOLS	<ul style="list-style-type: none">• Physical conditions of school sanitation facilities• Available water and sanitation service.

Indicators and ratings for municipalities

VARIABLE	INDICATOR	RATINGS
<i>GENERAL ASPECTS</i>		
Distance to Department capital	Less than 1 hour	10
	Between 1 y 2 hours	5
	More than 2 hours	1
School population	More than 1.000	10
	Between 500 y 1000	5
	Less than 500	1
<i>INSTITUTIONAL</i>		
Decentralization of education	Education secretary Exist	10
	Being formed	5
	Does not exist	1
Existence of school sanitation programs	Exist school sanitation programme with measured results	10
	Exist school sanitation programme with not measured results	5
	Does not exist	1
<i>ORGANIZATIONAL</i>		
Existence of Organized and legalized community groups	Exist community group with legal status ill the projects area	10
	Exist community group without legal status	5
	Does not exist	1
Skilled Labour	Exist killed labour in the project area	10
	Does not exist and should bring other municipality than less 1 hour	5
	Does not exist and other municipalities more than 1 hour	1
<i>GOVERNMENT</i>		
Resource available for infrastructure school	More than \$5 millions pesos	10
	Between \$2 y 5 millions pesos	5
	Less a \$2 millions pesos	1
Technical capacity	Professional in engineering and social science related with municipality	10
	Only exist technology	5
	Does not exist professional and technology	1
<i>SCHOOLS</i>		
Physical conditions of school sanitation facilities	Good	10
	Regular	5
	Bad	1
Available water and sanitation service	More that 70% of school have access to water and sanitation service	10
	Between 50 y 70 % of schools have access to water and sanitation service	5
	Less than 50% of schools have access to water and sanitation service	1

University of Valle - CINARA Institute, Sanitation group

Municipalities selection matrix

VARIABLE DE SELECTION	Municipality 1	Municipality 2	Municipality 3	Municipality 4	Municipality 5
Distance to department capital					
School population					
Decentralisation of education					
Existence of school sanitation programs					
Existence of organized and legalized community groups					
Skilled labour					
Resource available for infrastructure school					
Technical capacity					
Physical conditions of school sanitation facilities					
Available water and sanitation service					
TOTAL SCORE					

University of Valle -Cinara institute, Sanitation Group

Aspects and defined variables in the school selection matrix

ASPECTS	DEFINED VARIABLE
I. GENERAL	<ul style="list-style-type: none"> • Distance to municipal center • Physical conditions of school
2. SANITATION	<ul style="list-style-type: none"> • Conditions of sanitation facilities • Availability of free area
3. EDUCATION	<ul style="list-style-type: none"> • Programs on hygiene education • Continued stay of teacher
4. ORGANISATION	<ul style="list-style-type: none"> • Parents-teacher association (PTA) • Skilled labour
5. ENVIRONMENT	<ul style="list-style-type: none"> • Odours • Discharge of source water

University of Valle - CINARA Institute, Sanitation group

Indicators and Ratings for School

VARIABLE	INDICATORS	RATINGS
<i>GENERAL ASPECTS</i>		
Distance to municipal center	1. Less than 1 hour 2. Between 1 y 2 hours 3. More than 2 hours	10 5 1
Physical conditions of school	1. Good 2. Regular 3. Bad	10 5 1
<i>SANITATION</i>		
Conditions of sanitation facilities	1. Good 2. Regular 3. Bad	10 5 1
Availability of free area	1. More than 50 m ² 2. Between 30 and 50 m ² 3. Less than 30 m ²	10 5 1
<i>EDUCATION</i>		
Programs on hygiene education	1. Programs exist and are implemented 2. Exist but are not implemented 3. Do not exist	10 5 1
Continued stay of teacher	1. Teacher live close to school 2. Teacher live less than 1 hour from the community 3. Teacher live more than 1 hour from community	10 5 1
<i>ORGANISATION</i>		
Parents-teacher association (PTA)	1. Exist PTA 2. PTA being formed 3. Do not exist	10 5 1
Skilled labour	1. Exist skilled labour among parents 2. Has to be lived in a community at less than 1 hour 3. Exist a community more than 1 hour	10 5 1
<i>ENVIRONMENT</i>		
Odours	1. No bad odours 2. Acceptable bad odours 3. Bad odours	10 5 1
Discharge of Source water	1. No discharge, infiltration 2. Discharge in local system 3. Discharge directly	10 5 1

University of Valle - CINARA Institute Sanitation group

School Selection Matrix

SELECTION OF VARIABLE	School 1	School 2	School 3	School 4	School 5
Distance to municipal center					
Physical conditions of school					
Conditions of sanitation facilities					
Availability of free area					
Programs on hygiene education					
Continued stay of teacher					
Parents-teacher association (PTA)					
Skilled labour					
Odours					
Discharge of source water					
TOTAL SCORE					

University of Valle -CINARA institute Sanitation Group

Annex 5.13: Monitoring for effectiveness

Monitoring SHHE

By Kathy Shordt

Objectives

- Discuss some uses of ways of managing a SSHE baseline.
- Examine some processes for developing a criterion-referenced baseline tool.
- Critically examine an example of a SSHE baseline.
- Experience a way of developing monitoring plans-encouraging ownership, relevance and implementation of monitoring plans for SHHE.

Monitoring SHHE

Overview **time: 3 ½ hours**

TIME	OUTLINE
20	Overview for day. Introduction: Uses of baseline surveys Transparency 1 E plenary, make list for later referral
30	Creating a baseline. Step 1: Setting norms E plenary, brainstorm
40	Step 2: Transforming norms into criteria-referenced baseline: management tool E Lecture and group work in countries
50	Critical examination of a sample baseline E group work in countries
35	Debriefing E plenary, 5 minutes for each group
5?	Introduction to monitoring for effectiveness E plenary
10	Summary

Facilitator Notes

20	Overview for day. Introduction: Uses of baseline surveys Transparency 1 E plenary, make list for later referral
----	---

1. Introduction:

Baselines and mini-beginning on monitoring for effectiveness.

Time limitations mean we will not do in depth. Examine processes.

Other reason: There are 2 ways to do baselines. (1) at desk. (2) with stakeholders and greater involvement. We pick (2).

Overview (transparency)

Past and current experience

A quick brainstorm was held to get an overview on what participants have used baseline studies and information for in the past. The following points were mentioned:

- *Advocacy and fundraising*
- *Show changes over time*
- *Financial checks and planning*
- *Planning for the programme*
- *Set objectives and targets*
- *Method to start a programme*
- *Identify indicators*
- *Set priorities*
- *Management tool*
- *Develop monitoring activities*
- *To expand/scale up the programme*
- *Learning tool at different levels.*

Summary/learning : Baselines can be used as a management tool. Has many possible purposes. (Trainer to refer to HANDOUT NOTES)

Facilitator Notes -2

30	Creating a baseline. Step 1: Setting norms E plenary, brainstorm.
----	---

There are different approaches to baselines.

- Some measure an intervention group against a control group.
- Others measure changes over time in the intervention group.
- Others can measure the degree to which the intervention group achieves certain agreed objectives, follows certain criteria.

I have elected the criteria-referenced approach as being suitable for educational endeavors. You, of course, might elect another approach.

Begin with setting Norms: standards, objectives or criteria that are agreed

Develop these with partners as shared and agreed. Can use this as an activity in one of the early workshops to launch project. NOTE: representatives of the partner and stakeholder groups should be involved in this activity.

Transform these into baseline.... Criteria-reference as these are to be achieved.

Establishing norms in a workshop setting can be done with role-playing and small groups work.

To save time and yet have a taste of the activity, we will try this out in plenary.

Think of the role-playing you have done and its outcomes. Think of your experience in your own country.

Initial Question:

If your SSHE Programme is successful, what will it be like in 2 or 3 years. What would you expect to see, hear and discuss in successful schools, communities, district/county education offices?

Write ideas briefly on cards. Categorize the cards into groups such as:

School Cleanliness, Water , Sanitation Facilities, Behaviours and Children, Teachers, Supervisors, Community, NGOs

NOTE: Keep words simple. Abstract words such as cleanliness or adequate need to be defined.

Results:

School Environment

- *Children and teachers act together*
- *Children responsible for cleanliness latrine and water points in/around schools (process)*
- *Safe water is always available*
- *Children carry out own activities*

Water

- *Leakage control/water conservation*
- *Apron without cracks*
- *Safe water storage*
- *Safe water handling*

Sanitation Facilities

- *Latrines clean and used*
- *Rubbish pit dug & used*
- *1 latrine for 40 children (boys/girls)*
- *Appropriate design for small kids*
- *Design for disables*
- *Access to latrines for children*

Behaviours and Children

- *Safe water handling*
- *Girls are office holders*
- *Girls make their own plans and carry them out*
- *Latrines used*
- *Rubbish pit used*

Teachers/schools

- *Education materials exist and are used*
- *Boys and girls do all roles*
- *Teachers are trained before/during construction (horror story in some programme)*
- *Girls and teachers say they did xx activities*

Supervisors/NGOs

- *Supervisor reports on success and failures in schools*
- *Has written records*
- *Can tell about action taken based on data*
- *Visits schools*

Community

- *Planned and implemented activities for health*

Facilitator Notes -3

40	Step 2: Transforming norms into criteria-referenced baseline: management tool E Lecture and group work in countries
----	---

Task 2: Pick one item from the list of norms and make this into an item in a baseline tool. Do this in country groups.

This is best done in a small group or as desk work, although it can be initiated in a workshop so that people understand the process (and buy into it).

What types of items appear in baselines?

Closed Question

- answers YES, NO or not applicable
- numerical answers (1, 2, 3, 4,5)
- qualitative answers which can be quantified (good, very good, excellent, just awful)
- rating scales (smiley faces)
- Bidding: *Would you be willing to do 2X if your school then got Y?*
- *Would you be willing to do X if your school then got Y?*
- Sorting exercises (*Here are 4 cards showing different policy statements. Select the one being followed now.*)

Qualitative or More Open Ended

- the baseline team assesses readiness of school and gives a numerical score
- Ask an open-ended question and see if the sought-for response appears
- *Are there more boys or girls in this school? Why aren't there more girls?*
- Ask a general question and learn and note the interesting responses.
- *What about sanitation? Or*
- *What do you want this school to be like in 3 years?*

Facilitator Notes -4

50	Critical examination of a sample baseline E group work in countries
35	Debriefing E plenary, 5 minutes for each group

Distribute an example of a baseline tool which includes some explanatory notes at the beginning.

Directions:

Critically examine this baseline tool.

Focus on:

- The norm which you have transformed in the preceding exercise. Compare your work with the example.
- Major things which are not correct or are not suitable for your country. Not small things such as a particular word or phrase.
- Major gaps.

Your group will have 5 minutes only to report back.

NOTE: This example has NOT been tried out! A good trial should involve UNICEF Education and WES officers in one or two schools together and then in 1 or 2 schools separately... comparing their results and improving the devise. Don't forget to try out the aggregation and analysis as well as the data collection!

Results:

One group looked at the questions related to the facilities in general, the second group to the questions related to the existing latrines, the third group to the questions related to the behaviours and the last group to the questions related to the teachers. The comments from the participants per question as well as the remarks of Kathy Shordt are mentioned below:

Question:

1.1 Schoolyard and classroom clean?

Comments from participants:

Schoolyard and classroom need to be separated

School area needs to be defined.

Remark by Kathy: keep the questions together. If you separate classrooms and yard cleanliness: e.g. 250 school classrooms are clean, 363 yards are clean. What does it tell you about the schools: nothing extra, you have 2 different figures, provided difficulties in coding. Make the definitions very simple: the way it is coded is all or nothing: YOU WANT THOSE PLACES CLEAN. So if one part is clean but other place not: it is still 0!

Question:

1.2 Is there a water point within the school area?

Comments from participants:

Is there a public water point should be can the school use the water point within 100 meters of the school

Remark by Kathy: Very valuable point

Question:

2.1 Do toilets or latrines or a lavatory exist with the school compound?

2.5 Is there water and ladle/cup inside or beside the toilets?

Comments from participants:

Definition of latrines and urinals needs to be given.

More specific information on latrines and hand-washing facilities is needed. Question 2.5 is not really fully covering all the relevant issues.

Remark by Kathy: For question 2.1: Change that question into latrine. For question 2.5, indeed this question is not really fully covering all the issues.

Question:

3.1 Are latrines being used? Can children use the toilets during the school day" are they easy to open or unlock?

Comments from participants:

Separate the question into e.g.: Are children allowed to get out of school classroom during school;

Accessibility of latrines

Remark by Kathy: Still use it as one question, but keep the box to get qualitative information to avoid to have 5 different questions.

Question:

3.2. Do children wash their hands correctly after using the toilet?

Comments from participants:

Is there soap/ash/Is there water?

Remark by Kathy: Attention, please note that in some cases soap and ash is really NOT accessible. Dhaka research shows that even by rubbing and water you can remove about 65%.

Question:

4.1 Have teachers taught anything about hygiene?

4.2 Can a teacher or head teacher show any teaching material, book or learning materials or a chapter in a book about this subject?

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

Comments from participants:

The quality of teachers needs to be reflected:

- *Are they trained*
- *Do the teachers feel confident*
- *Are lesson plans available - is SSHE a separate subject*
- *Time allocation of the separate subject*
- *What methodology is used by the teachers?*
- *Does the school have enough teachers*

Remark by Kathy: Is the teacher confident: this is very hard to test.

Even if materials are there and if teachers are trained: they still can be horrible teachers.

Does the school have enough teachers? You better check that before you select the schools and start the programme in that school.

Why are we bothering to ask about teachers methodologies: if the teacher has been successful, the life skills of the children have been changed.

Don't make your questionnaire just a "little" more useful while making it horribly complicated.

After the reporting back, you will receive an example of how this baseline tool would be aggregated and analysed (see next page).

Facilitator Notes -5

5?	Introduction to monitoring for effectiveness E Plenary.
----	---

Baseline relates to norms, to criterion-referenced assessment.

Monitoring relates (hopefully) to checking, to identifying and solving problems at all levels. In SSHE many people must be involved in monitoring and taking action. Thus the manager's role becomes one of organizing people, ensuring that they are in relevant monitoring roles for checking, extra checking, referring and taking action.

Monitoring should be oriented to concerns, to expected problems (and to finding success). If it is oriented to 'learning about the situation' or 'seeing how things are going', then too much information which is not used will probably be collected and transferred in a mediocre way to senior levels. This point is very well understood at local levels.

Example only

How to analyse the survey

SSHE Baseline Survey for schools and communities

STEP 1: SCORING

Name of administrator: _____ Date: _____

Name of School or Pre-school being surveyed: _____

Circle the correct ones: *upper secondary lower secondary Upper primary lower primary pre-school*

Address of school: _____

Number of girls _____ Number of boys _____ Number of sessions _____
Number of teachers _____

Scoring

- additional scores can be added for water deficit and non-deficit, for on-road and off road, for size of school, for more affluent and less

Facilities		YES good	NO not good	NA
1.1	School yard and classroom clean? (free from visible garbage on grounds and in classroom, classrooms with waste containers, solid waste disposed of away from school)	1	0	
1.2	Is there a water point within the school area?			
1.3	Is there a public water point or water point that teachers use within 100 meters of the school? (about 150 steps) If the answers to 1.2 and 1.3 are NO, then continue to item 2.1			
1.3	FUNCTIONALITY: Water point functioning at time of visit AND in dry season? Ask teachers if water point works in May. Check to see if one standard container can be filled in 2 minutes or less)	1	0	
1.4	QUALITY: Is the water apparently of drinking quality at the water point? (examples are: well has handpump and parapet in good repair or piped water)	1	0	
1.5	STORAGE: Is there water storage that appears to be clean? (Water storage should be at least 1 water container per classroom or 20 litres per class. Containers look clean inside. Teacher states that it has been cleaned within past 7 days.)	1	0	
1.6	Are there ladles or cups with handles <u>used by children and teachers</u> for taking the water for drinking?	1	0	

Acceptable score at end of programme = 4 total D		
LATRINES, LAVATORIES, TOILETS		
2.1	Do toilets or latrines or a lavatory exist within the school compound? D If the answer to 2.1 is NO, then continue to 4.1.	1 0
2.2	How many girls for one urinal during one school session _____ acceptable level 40 to 1 score = 1	
2.3	How many toilets or urinals for boys? _____ toilets _____ urinals How many boys for one toilet or urinal during one school session _____ acceptable level 40 to 1 score = 1	
2.4	CLEANLINESS: Are latrines clean? (free from visible garbage, faecal matter on floor, smell not too bad to stop use, not too many flies for use)	1 0
2.5	Is there water and ladle/cup inside or beside the toilets?	1 0
2.6	Do teachers have separate latrines for themselves?	NA NA
Acceptable score at end of programme = 4 total D		
BEHAVIOURS		
3.1	Are latrines being used? Can children use the toilets during the school day? Are they easy to open or unlock? <ul style="list-style-type: none"> • Observe if a pupil voluntarily uses a latrine during your visit. • If latrines are locked, is it easy for children to key and open them during school? • Ask a group of girls separately, outside the classroom about when they use it. • Look into the latrine hole: smell used? faecal matter? 	1 0
3.2	Do children wash their hands correctly after using the toilet? <ul style="list-style-type: none"> • Observe if a child voluntarily washes hands during your visit. • Ask children when they wash hands in a small group, outside of the class. • Ask a child to demonstrate how to wash hands <u>in the place where this is usually done</u>. • Note: Is it easy and fast for the child to get the water and a cup? Does the child rub BOTH hands a lot, at least 3 times. Is the water disposed of so that it will not breed mosquitoes? Is the area clean, free from visible garbage? 	1 0
3.3	Ask: Who cleans the latrines? Do the children in the school help clean, including cleaning the latrines? Do the children take turns (rotate) in doing this? Ask teachers Ask children in a separate small group, outside the class.	1 0
Acceptable score at end of programme = 2 out of 3 total D		
TEACHERS		
4.1	TEACHING Have the teachers taught anything about hygiene (safe water, household sanitation, personal hygiene, how to use a latrine)? <ul style="list-style-type: none"> • Ask the teachers • Double check by asking some students what they have learned in school about hygiene • 	1 0
4.2	MATERIALS Can teacher or headteacher show any teaching material, book or learning materials or a chapter in a book about this subject? Note: materials must appear to have been used.	1 0
4.3	UNDERSTANDING Can teacher explain correctly what sanitation means to him or her. (Ask 1 teacher per school and head teacher, separately if possible.) (NOTE: answer should.....?????)	1 0
4.4	Write here anything interesting the teacher says or any interesting hygiene/health activities teacher or school has carried out with children.	NA
4.5	Your general assessment Do the teachers and headteacher seem motivated and interested in the hygiene education programme? Do you think they will work with students to use and maintain the facilitates? Do they seem to get along with the community? What is your assessment of this?	1 0

Acceptable score at end of programme = 4		total	
COMMUNITY			
5.1	SUPPORT FOR SCHOOL Are parents, PTA or other community groups involved in the school? in specific activities to support the school?	2	
5.2	Is the PTA active? Have they met in the last 3 months?	1	
5.3	Do the parents know about the sanitation and water facilities Provided at the school?	1	0
5.4	DID the parents provide a financial contribution towards the sanitation and water facilities at the school?	1	0
5.5	Do more than 10% (about 1 out of 10) of the households have latrines in this community?	1	0
Acceptable score at end of programme = 4 out of 6		total	
SUPERVISOR OR SCHOOL CLUSTER MEETINGS			
6.1	Has there been a school cluster meeting in the past 6 months to discuss an educational issue?	1	0
6.2	Has a school supervisor who will be involved in SSHE visited this school during the past 3 months?	1	0
6.3	Do the district education officers express interest in this programme?	1	0
6.4	Does the District supervisor have information or records about the visits of his/her supervisors? Can they tell in detail about the progress, failures and successes of the SSHE programmes in the different schools?	1	0
Acceptable score at end of programme = 3 out of 4		total	
NGO			
7.1	NGO trained?	1	0
Space here to write problems that need to be solved as stated by Education authorities or NGO staff.			

STEP 2: AGGREGATING and SUMMARY SHEET

Date of monitoring _____

Serial Number of School (education location- number area -sch number)

ITEM	Acceptable score	score for (date)	score for (date)
1 Envsan & water	4		
2 Sanitation facilitates	4		
3 Behaviours	2		
4 Teachers	4		
5 Community	4		
6 Supervisors	3		
7 NGO	1		

STEP 3: GETTING THE MEANING FROM THE DATA

Analysis Output (examples)

Graph: by location

Graph: by water deficit and non-deficit area

Graph: by time for selection of schools (showing change)

Graph: maintenance of facilities in primary, pre-school etc.

List of unusual findings coming from qualitative monitoring

List of similar findings coming from qualitative monitoring, with frequency

Annex 6: Presentations of the Draft Country Plans

Annex 6.1:	Burkina Faso
Annex 6.2:	Nepal
Annex 6.3:	Nicaragua
Annex 6.4:	Vietnam
Annex 6.5:	Zambia
Annex 6.6:	Colombia

Annex 6.1: Burkina Faso

Problems and concerns

- Lack national policy
- Lack to coordinate into all institutes
- Many programs about SSHE
- How to apply the programs
- Decentralization without support
- Low management capacity in each municipality
- Lack technical capacity in some municipalities
- Lack of sanitation facilities standards
- Lack of participation community in design
- Advocacy/ communication
- National level: lack strategies for motivate decision-makers

National level

Organizational issues:

1. lack of :
 - technical assistant
 - network
 - continuous
 - programs
 - human resources
 - imbalance for distribution of teachers

Municipality level

- lack knowledge of available resources
- the contracting of teachers is not standardized
- slowly decentralization

Ideal situation

- unit policy on SSHE
- to teach management projects
- to execute capacitation programs

National workshop

2. meeting national group (april)
3. selection of schools
4. prepare workshop
5. workshop
6. write of report

Agenda for national workshop

- dates for National Workshop
- last week May from 30th May to 2nd June

Baseline survey issues

- cleanliness of school yard, sanitation facilities
- PTA organized and participating
- Hand washing facilities available
- Existence of sanitation facilities at school
- Garbage disposal pits in use
- Quality and quantity of water supply
- Child in the house WES

Institutional aspects

Problems	Concerns	Ideal situation
<ul style="list-style-type: none"> • Inadequate resources to realize politics 	<ul style="list-style-type: none"> • How to mobilize resources to enable decentralized decision making 	<ul style="list-style-type: none"> • Resource available to realize politics
<ul style="list-style-type: none"> • Insufficient implementation of decentralization 	<ul style="list-style-type: none"> • How to turn words into actions 	<ul style="list-style-type: none"> • Decentralization achieved
<ul style="list-style-type: none"> • Unclear responsibilities 	<ul style="list-style-type: none"> • How to define responsibilities at all levels 	<ul style="list-style-type: none"> • Clearly defined responsibilities
<ul style="list-style-type: none"> • Lack of concentration and coordination 	<ul style="list-style-type: none"> • How to harmonize actions at school level in implementing SSHE 	<ul style="list-style-type: none"> • Harmonized actions at school level

Technical aspects

Problems	Concerns	Ideal situation
<ul style="list-style-type: none"> • Financial access to the adopted technology/VIP 	<ul style="list-style-type: none"> • How to share adequately the cost taking in account the poorest • How to involve community and school in the choice of the technology 	
<ul style="list-style-type: none"> • Technology not always child friendly 		
<ul style="list-style-type: none"> • Local masons not well trained to take in account the specificity of child 	<ul style="list-style-type: none"> • What kind of training to give to the local masons 	

Organizational aspects

Problems	Concerns	Ideal situation
School communication not always available and functioning	How to set-up and cover schools with viable structure (comities)	
No structure regarding health, hygiene, nutrition and issues at school and central level	How to implement integrated planning for basic needs at school level	
The needs of girl child not taken in account by teachers and central level administration	Who the planning process can integrate the needs and rights of the boy- and girl child	
Basic services not well maintained	What mechanism will be utilised to insure the quality control	

Baseline survey issues:

- Documentary data base completed
- Lack of access to some schools

What?	When?	Who?
Documentation research	1st half april	CREPA
Elaboration of TOR and preparation of an information day for central level decision makers	Idem	UNICEF WATSAN/Educ Santé/IRC
Information days / participatory workshop (central level)	End april	UNICEF CREPA FDC counterparts Gvt
K.A.P.	May & June	CREPA FDC UNICEF
National Workshop	End July	UNICEF IRC CREPA counterparts

Annex 6.2: Nepal

Problems & concerns	Ideal situation
Lack of proper latrine design	Development of standard design
Weaknesses on documentation and dissemination	Improve documentation
Lack of practical education in curriculum	Focus on practical activities
Baseline	Action taken

Action plan for national workshop / NEPAL

S.N	Activities	Time	Responsible
1.	Global workshop briefing to concerned organizations	1st week April	National team
2.	Meeting with steering committee members	2/3 week April	DWSS/UNICEF
3.	Finalization of the SSHE program package	1-3 week May	National team
4.	Preparation of nation workshop Selecting and informing participants Out-line preparation Budget details Materials and stationaries Venue and equipment School visit programme	2nd week May to 2nd week June	National team & UNICEF & IRC
5.	Organize the workshop	3rd week June	National team & UNICEF & IRC
6.	Report writing and sharing	3rd week June to 3rd week July	National team

Support needed	UNICEF can do:	Activities
Exports for national workshop	Comment/observation on draft workshop report	Capacity building
Fund for expansion	Organize the national workshop	Construction and O&M
Materials	Co-ordinate /elaboration of the national plan of action	Organizational set up
Exchange visit for support and sharing	Co-ordinate and publish the workshop document	Use and revise the manual
	Documentation and dissemination of SSHE information	Prepare and share news and notes

Agenda for national workshop

S.N	Contents	Time (hour)	Facilitators
1.	Opening and introduction	1.30	NE
2.	Expectations and objective/schedule sharing	1.00	NE
3.	Global workshop outcome sharing	2.00	NIE
4.	Briefing on SSHE Program	3.30	NE
5.	Policy and institutional framework	1.30	NIE
6.	Organizational aspect	1.30	NIE
7.	Educational framework	1.30	NIE
8.	Technical aspects	1.30	NIE
9.	Advocacy	1.30	NIE
10.	Monitoring and evaluation	1.30	NIE
11.	Briefing on SSHE activities (district level)	2.30	NE
12.	School observation	2.30	NE
13.	Action and plan preparation and agreement on common issues	3.00	NE
14.	Evaluation and closing	1.30	NE

Note: NE = National expert

NIE = National / International expert

Annex 6.3: Nicaragua

Problems	Ideal situation
<ul style="list-style-type: none"> • Lack of national policy • National coordinating mechanism needs to be strengthening (MOE MOH WES network) • Two existing national projects require better coordination 	<ul style="list-style-type: none"> • Consolidation of political will • Continue strengthening local level planning and management capacity • Full involvement of the national WES network • Permanent national coordination mechanism established • Expansion to all municipalities in the country • Ensuring continuous allocation of sufficient funds

Activities

- Advocate for development of a national policy
- Establishment of municipal working groups (multi sectored)
- establish norms for sanitary blocks construction
- Preparation of training package for municipal working groups, teachers, children, etc
- capacity building at municipal level (with emphasis on teachers)
- promote media involvement for wide dissemination

Agenda	Date
<ul style="list-style-type: none"> • to be prepared at national level with national partners • meeting with minister of education Action plan: <ol style="list-style-type: none"> 1. meeting National WES network 2. preparation for national workshop 3. preparation to undertake baseline survey 	Late April, early may 2000

Survey
IEC materials available at school and in use Garbage disposal pits (or any other adequate system) in use Cleanliness of school yard and classrooms Water point surrounding clean and used water drained away Water storage available and covered. (water drawing utensils available) Hand washing facilities available near latrines Existence of WES facilities at schools (separated latrines for girls and boys) Municipal working groups organized trained and operational (level of organization existing) Children clubs organized and participating in maintenance of facilities

Annex 6.4: Vietnam

Political commitment

- Decentralized policy
- Transfer into action
- Coordination
- Children participation
- Gender sensitive

Ideal situation

- Children agent for change
- Coordination effective
- Life skills appr. nationalized
- Child-centered methodology
- Lessons and experiences exchange
- Fund available
- Happy marriage → good son

Plan of action

- Orientation meeting
- National workshop
- Apply LS for SSHE
- Baseline survey
- Translate SSHE manual
- SO/briefed

Agenda National Workshop

- Introduction MOU
- Project object
- Project framework
- Site selection
- Project plan of action
- Baseline survey report
- SSHE within existing programme
- Introduction of SSHE manual
- Fund allocation

Date: mid may

Stakeholders to be invited

- MOET
- WES
- Governmental bodies
- donors

Annex 6.5: Zambia

1. Political and Institutional Framework

- 1.1 Lack of National SHN policy and guidelines which include SSHE
- Operational single National Steering Committee
 - Developed and used National guidelines
 - Draft National policy on SHN accepted by Cabinet
 - National situation analysis on SHN including issues of SSHN

2. Organization

- 2.1 Little understanding of integrated SHN programme at all levels
- Committees understand SHN and provide technical support and guidance to school and community
 - Improved SSHE practices by 80% of pupils and teachers
 - Poor health and environmental conditions contributing to low education performance
 - Proper use of school facilities
 - Revised SSHE manual with aspects of SHN
 - School children are de-wormed at least twice in a year
 - Institutionalized SHN interventions
 - Record keeping (updated)
- 2.3 SSHE manual not available in MOE

3. Technical Aspects

- 3.1 Little knowledge on participatory skills for planning
- Schools and communities plan, implement, monitor and report their progress
- 3.2 Sanitation facilities not child friendly
- Availability of water
 - Available an accessible sanitation designs
 - Accessible latrines and water points
- 3.3 Dilapidated, blocked pipes of toilets in urban schools. Unsafe water and lack of latrines in rural schools
- VIP latrines constructed, maintained and used in rural schools
 - Rubbish pits dug and used
 - Water running in water born toilets in urban schools
 - Rehabilitated and maintained toilets

4. Educational

- 4.1 Inadequate education materials addressing “best practices”
- Existing SSHE materials in schools reviewed, revised and used
 - Developed and used gender sensitive materials
 - Integrated curriculum used
 - Trained teachers use the materials
 - Strengthened and used child-to-child methodology and other approaches

- 4.2 Inadequate trained teachers in health issues
 - Trained teachers in psycho social life skills

- 4.3 Inadequate child centred teaching methods
 - Pre and in service training in health established in colleges
 - Establishing pre and in-service training programme in SHN
 - Completion and analysis of database on education materials
 - Intensify in service training in teachers resource centres
 - Finding out if teachers are using methodologies correctly

5. Monitoring and Evaluation

- 5.1 Community based monitoring and communication
 - An operational community based monitoring and communication system
 - Systems are not fully operational in the districts

ACTION PLAN

OBJECTIVE	ACTIVITY	RESPONSIBLE AGENT	TIME FRAME	BUDGET	ASSUMPTIONS
Develop SHN and policy and guidelines including SSHE	1.1 Conduct workshops to develop policy and guidelines	MOE SHN Focal point to organize	March-April 2000		Stake holder willingness to develop policy and guidelines
Plan for the National Workshop	Conduct planning meetings to prepare for national workshop. Invite resource persons and participants	UNICEF and MOE	March-April 2000		
Formalize SHN National Steering Committee	Conduct meeting	MOE Focal Point	March 2000		

Annex 6.6: Colombia

Problems and concerns

- Lack of national policy
- Lack of coordination between all institutions
- Many programs work on SSHE
- Not clear how to apply the program
- Decentralization taking place without support
- Low management capacity in each municipality
- Lack of sanitation facilities
- Lack of technical capacity
- Lack of community participation
- Related to advocacy/communication

At national level, lack of strategy for motivating the decision-makers

- Organizational problems and concerns

At national level

- Lack of technical assistance
- Lack of network
- No continuous program
- Lack of human resources

At municipality level

- Lack of knowledge and available resources
- No contracting of teachers
- Slow decentralization

Dates for the workshop

Latest week in May - early June (30 May - 2 June)

Agenda for the workshop

- Meeting national group
- Selection of schools
- Workshop
- Write the report

Support needed

For the documentation of the experiences

**Annex 7: Evaluation form SSHE workshop
UNICEF/IRC**

Annex 7 : Evaluation form SSHE workshop UNICEF/IRC

To what extent did the programme of the workshop meet the objectives and expectations?

	Completely	Largely	Partly	Hardly	Not at all
Identification of key mechanisms and tools for advocacy and dissemination of experiences	4	11	2	--	1
Develop draft criteria for success of SSH at different levels for elaboration in a national workshop	2	13	3	--	--
Develop a draft workshop plan for each participating country	6	7	5	--	--
Agree on common objectives of the SSH Global Programme					
Develop a common understanding of key issues in SSHE based on country experience					

Were the sessions on thematic issues useful in your country? (please circle your choice)

	Yes	No	n.a.	Not answered
Policy and institutional framework	14	4	1 (Mr Dahan)	
Organizational aspects	13	4	1	
Documentation, dissemination and Advocacy	14	2	1	1 ?
Technical aspects	14	3	1	
Educational aspects	16		1	1
Monitoring and evaluation	17		1	

Other comments about the programme:

- It is better to give time to present what is already done in Nepal in SSHE
- It is necessary to get more resource because the objectives are very big and takes many activities and time.
- I am getting convinced that processes should be one question and not separated out - main objective is impact.
- Very good presentations of all topics in a simplified approach for such a diverse cross section of people.
- The workshop was well organized and the objectives were achieved. However, time for such a workshop was not adequate.
- I have a good overview of the programme and its use of supply element which is scarce at this stage.

- It would be better if there is more interaction among participants.
- Excursion visit, gender balance and poster presentations were excellent.
- Technical, Education, monitoring and evaluation sessions were very fruitful.

How did you appreciate the support from IRC?

	Excellent	Good	Reasonable	Moderate	Poor	No answer
Resource people	13	5				
Programme coordinator	12	5				1
Facilities	9	6				2
Logistic support	11	5	1			1
Facilitation	8	8				2

Comments/remarks

- A very good organization and well thought workshop.
- Very skilled resource people to handle people from such diverse culture and specialization.
- Hard work put in by all from IRC - The silent ear (me, Mr. Mathur) have heard very good comments from participants about the resource people.
- IRC staff have in such a short time built good partnership, more than that friends on whom they could rely in this global project.
- I shall look forward to the Global workshop report and shall be glad to be of assistance (E-mail) if necessary.
- Not enough exchange during the sessions not
- Be more strict on timing
- To cover some of the issues completely.
- Questions and contributions were rushed.
- Shared a lot of experiences from resource persons and fellow participants
- I had a lot of fun. Lost in Amsterdam but found.
- I on behalf of the participants would like to extend my heart full gratitude and thank the organisers and supporting persons, specially UNICEF and IRC who have contributed in so many ways for the success of our SSHE efforts.
- Some of the briefing sessions of participants were not so much related to SSHE
- Mix group discussion would be nice.
- SSHE implemented country presentations would help more than other non-related issues.