



# Breaking sectoral barriers for School Sanitation and Hygiene Education (SSHE)

## Introduction

School Sanitation and Hygiene Education (SSHE) focuses on the responsibility to provide children with an effective and healthy learning environment. It includes the provision of facilities that children need for sanitation, as well as hand-washing and water supply and supporting children to develop skills, attitudes and knowledge on effective hygiene. At the same time, children can communicate their new behaviours and skills to their families and communities and use this knowledge in the future when they themselves become parents.

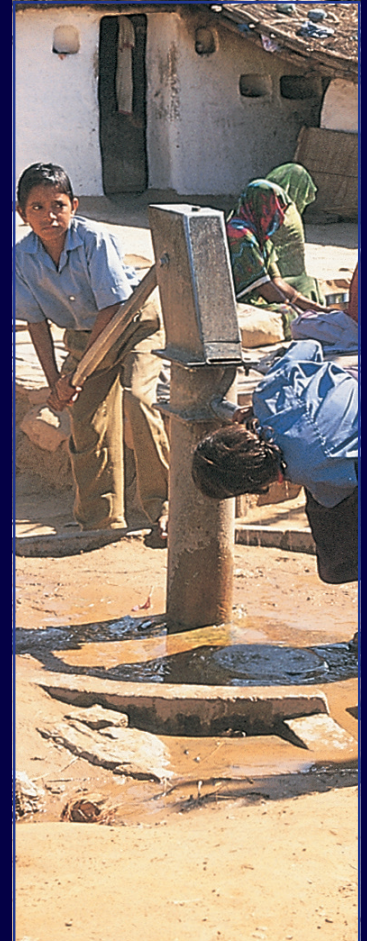
One of the on-going challenges for the development of SSHE programmes is to create approaches that cut across sectoral barriers, encouraging inter-sectoral cooperation. This holistic approach is one which deals with specific characteristics of school hygiene and health problems, rather than developing isolated pilot projects applying narrow sectoral and vertical approaches.

This Briefing Note gives an overview of institutional arrangements for undertaking SSHE in Ghana and in India, identifying challenges faced and lessons learned for future implementation.



## Headline facts

- Inter-sectoral partnerships and inter-departmental collaboration at local, regional, national and global levels can advocate for better SSHE.
- The goal of SSHE cannot be achieved without adopting a comprehensive approach, combining skills-based education with supporting policies and full integration into existing educational structures.
- Hygiene education usually takes place as an extra-curricula activity rather than being incorporated as a key element of the school curriculum. Teachers do not always receive sufficient training on this to make them effective facilitators.
- The construction and design of water and sanitation facilities have to be child-friendly, and in particular girl-friendly.
- Areas for monitoring in SSHE programmes cover physical aspects and financial coverage as well as tracking process indicators at school level.



## Institutional Models in Ghana

In Ghana, SSHE falls within the national School Health Education Programme (SHEP). This was instituted in 1992 by a government directive stipulating that the Ghana Health and Education Services were to deliver a comprehensive, community-based programme focusing on health and education and health services in schools. The SHEP creates community awareness of children's health needs, and mobilizes commitment by the community and schools, to improving child health and to facilitating effective learning.

Implementation of SHEP has raised certain problems, due to weak collaboration between the Education and Health Services, and the lack of adequate government funding which has dramatically slowed down its development. The Community Water and Sanitation Agency (CWSA) responsible for small towns and rural water and sanitation services, has provided support to SHEP since 1994, working in communities to supply potable water and constructing household latrines. Schools were given their own latrines and handwashing facilities, with appropriate training about school hygiene activities and the operation and maintenance of the facility. Active collaboration was achieved between CWSA and the Education Service, from regional to district level, although the Health Service was not included in this.

Since 2005, new strategies for supporting the water and sanitation sector have been implemented by key development partners. DANIDA supports four of the country's ten regions, with SHEP seen as a stand-alone component, receiving direct support under the umbrella of the national SHEP office. A SSHE Component Coordinating Committee has been set up, involving members from the various stakeholder bodies concerned, to strengthen inter-sectoral collaboration and sustainability in these areas. In other regions, still very little collaboration exists among decentralized departments to implement SSHE. Moreover, since SSHE became a component on its own, the level of collaboration with the CWSA has declined.

The Ministry of Local Government and Rural Development is a key stakeholder in SSHE implementation. The Environmental Health and Management Department has a mandate to enforce environmental health standards. Environmental Health Assistants regularly visit schools and other premises, checking food hygiene, cleanliness (including that of water and sanitation facilities) and undertaking hygiene promotion. Efforts have been made towards inter-sectoral collaboration by including national SHEP officials in planning activities, in order to achieve greater impact. This does not happen at district level, with little harmonization of planning by the District Health Management team, the District Education Office and the Environmental Health and Management Department.

All key sector agencies with a role to play in SSHE implementation recognize the need for strong intersectoral collaboration; however, there is the belief that the Ghana Education Service should take the initiative to foster this. This results in a lack of consistent effort within the different government administrative levels.



## Challenges and responses

- **Policy**  
SHEP is being implemented throughout Ghana. However, its goal of improving the health environment of school children poses several challenges in terms of prioritization, implementation, monitoring, evaluation and sustainability. This goal cannot be achieved without adopting a cross-sectoral approach and inter-departmental collaboration.
- **Inter-sectoral collaboration**  
Involving all stakeholders such as the Ministry of Education, the Ghana Education and Health Services and the Ministry of Health has proved to be problematic but necessary for achieving the goals of SHEP. The various activities undertaken by the hygiene sub-sector are often ad hoc due to the lack of conformity between programmes of these agencies.
- **Collaboration at local level**  
Successful SHEP activities require collaboration with other decentralized departments such as those dealing with health and water. However, this may be restricted by the need for approval from the central ministries, which can result in delay and inaction on issues that could promote SHEP activities.
- **Financial challenges**  
Current SHEP activities are limited by inadequate levels of core government funding. The consequences of this are that regional and district coordinators lack the necessary logistics to perform well, relying on donor support.
- **Monitoring**  
There is no structured monitoring system of SHEP at present. Quarterly progress reports are generated at district but not at school level.
- **Hygiene education**  
Hygiene education is not incorporated into the school curricula; rather it is an extra-curricula activity. Teachers are expected to introduce hygiene education into other areas of learning, although they are not given appropriate training or guidance to do this. The CWSA has developed a manual for teachers in rural schools but this is not recognized by the Ghana Education Service.
- **Staff quality**  
SHEP personnel receive no hygiene training. This limits the capacity of the programme to plan and implement activities. UNICEF has been an important source of hygiene training for SHEP staff.

## Institutional Models in India

For the past ten years, the Government of India has been committed to implementing SSHE in its upper, secondary and early childhood programmes. The Total Sanitation Campaign (TSC) was one reform brought about by the community-based Central Rural Sanitation Programme (CRSP), which included school sanitation. TSC focuses on community-led and people-centred initiatives, emphasizing Information, Education and Communication (IEC) for demand generation, hygiene education, human resource development, and capacity building, along with providing sanitation hardware to households, schools and nurseries.

Government partnerships with UNICEF have played a significant role in the evolution of SSHE in India. Educational reform through the District Primary Education Programme focused on water and sanitation in unserved schools in 15 states and has subsequently scaled up to become the Sarav Shiksha Abhiyan. This aims to ensure universal elementary education by 2010 by planning for decentralized management and capacity building. SSHE is also strengthened by the Accelerated Rural Water Supply (ARWSP) and Department of Drinking Water Supply programmes. This inter-sectoral involvement requires concerted efforts to integrate water supply, sanitation, health and hygiene education.

### The Indian approach to SSHE

SSHE in India aims to promote sanitation and hygiene in schools to achieve lasting behaviour change. It also seeks to promote the right of the child to a healthy and safe learning environment, while taking into account local needs and preferences. These include both hardware and software components:

- The child as an agent of change (Teacher-Child-Family-Community);
- Hygiene education using a life-skills approach;
- Child-friendly (especially girl-child and the disabled) water and sanitation;
- Regular health checks and de-worming;
- School as the knowledge centre with the teacher as facilitator/motivator;
- Institution building of school WATSAN/Health Committees;
- Promotion of school environmental cleanliness;
- Equitable involvement of the community and Parent Teacher Associations;
- Capacity development of a wide range of concerned actors; and
- Strengthening school-based monitoring systems.

There are formal approval processes at central, district, block and Panchayat (neighbourhood) levels. At the school level, the PTA, School Management Committee and Gram Panchayat have responsibility for implementing SSHE.

### Policy level of SSHE

Central Government policy requires all states to implement SSHE programmes as a priority and to develop action plans to ensure education, water and sanitation coverage of all schools. To promote inter-sectoral coordination, a State Water and Sanitation Mission has been constituted to act as a task force. District committees coordinate and supervise water and sanitation reforms, ensuring inter-sectoral coordination of key district departments and NGOs.

### Capacity building

Four regional resource centres exist to train state and district level resource institutions for the SSHE programme. Districts also use the District Institute for Education and Training (DIET) for capacity building.

### Inter-sectoral coordination

SSHE is an integrated intervention involving various sectors, so inter-sectoral coordination is very important. The Department of Drinking Water Supply has made efforts to forge linkages between departments (e.g. Department of Elementary Education and Literacy (DEE&L), Health, Women and Child Development, and Social Justice and Empowerment), to ensure that the SSHE programme is prioritized.

## Challenges and responses

- **Policy**  
The Government of India has provided political and financial support for SSHE provision in all rural government schools, with inter-sectoral and inter-departmental coordination put in place to meet goals set.
- **Monitoring**  
Monitoring of the programme covers physical and financial coverage as well as tracking process indicators, especially at school level. It is planned to make regular use of an external monitoring agency.
- **Hygiene education**  
Incorporating hygiene education into the curriculum is problematic. Many initiatives have been developed to this end, with the subject now being an element of teacher training. This area of the curriculum has been extended with funds earmarked for it.
- **Construction and design issues**  
Technology and design issues in construction have been prioritized in the implementation of the TSC. Toilets are often not child-friendly, coupled with inadequate ventilation, light, water supply and hand washing facilities.
- **Programme implementation**  
Even where the programme is in operation, difficulties still exist. Concerns centre on the provision of training programmes for effective and focused implementation.



## Lessons Learned

### Financial investment per pupil for SSHE

- No global data exist on availability and conditions of basic facilities for school water supply and sanitation. However, UNICEF has begun to collect information from 20 countries where it supports major sanitation initiatives in primary schools. The following figures for global provision should be taken as only rough estimates:

School water supply	300 million children @ US\$10	US \$3 billion
School sanitation	450 million children @ US\$8	US\$ 3.6 billion
Hygiene education	600 million children @ US\$2	US\$1.2 billion
Total estimated cost		US\$ 7.8 billion

There is an urgent need for key indicators and further surveys related to this.

### Role of UNICEF in SSHE

In recent years, SSHE has received greater attention in UNICEF's Water, Environment and Sanitation (WES) programmes, with SSHE projects now being undertaken in over 40 countries. A review of these programmes highlights the following issues:

- The need for greater attention to school health policies and health and nutrition services is identified.
- Life-skills-based education is being increasingly used, particularly in the context of HIV Aids.
- Collaboration with education and health programmes is emerging, with specific references to child-friendly schools, Focusing Resources for Effective School Health (FRESH) and life-skills-based hygiene education.
- There is enormous interest and potential for sanitation and hygiene education programmes, with FRESH identified as a useful concept.
- UNICEF is expanding the review of SSHE programmes for lesson learning and to identify areas where support is needed.

### Conclusions

The following points cover the major lessons learned for achieving effective inter-sectoral cooperation:

- Formal inter-sectoral partnerships at local, regional, national and global levels can advocate, coordinate and cooperate with each other for better SSHE.
- Effective school hygiene and health programmes require a comprehensive approach, combining skills-based education with supporting policies, and full integration into existing educational structures.
- Capacity building of stakeholders can create a new and alternative vision. Participatory and hands-on techniques promote conditions for equal participation by all stakeholders.
- Partnerships should advocate for a clear, shared vision with targets for rights-based, child-friendly schools with safe, hygienic environments and should develop ambitious but achievable action plans.
- A proactive approach can facilitate the acceleration of gender-sensitive school hygiene improvement plans. Priority needs to be given to safe, secure and healthy schools, with budget allocation in national and sector investment plans.
- Schools can be motivated to achieve child-friendly water, sanitation and handwashing facilities. Teachers, children and parents can learn more about hygiene from the processes of design, maintenance and monitoring.

This Briefing Note gives an overview of the current institutional arrangements for undertaking SSHE in Ghana and in India, identifying challenges faced and lessons learned for future implementation.

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