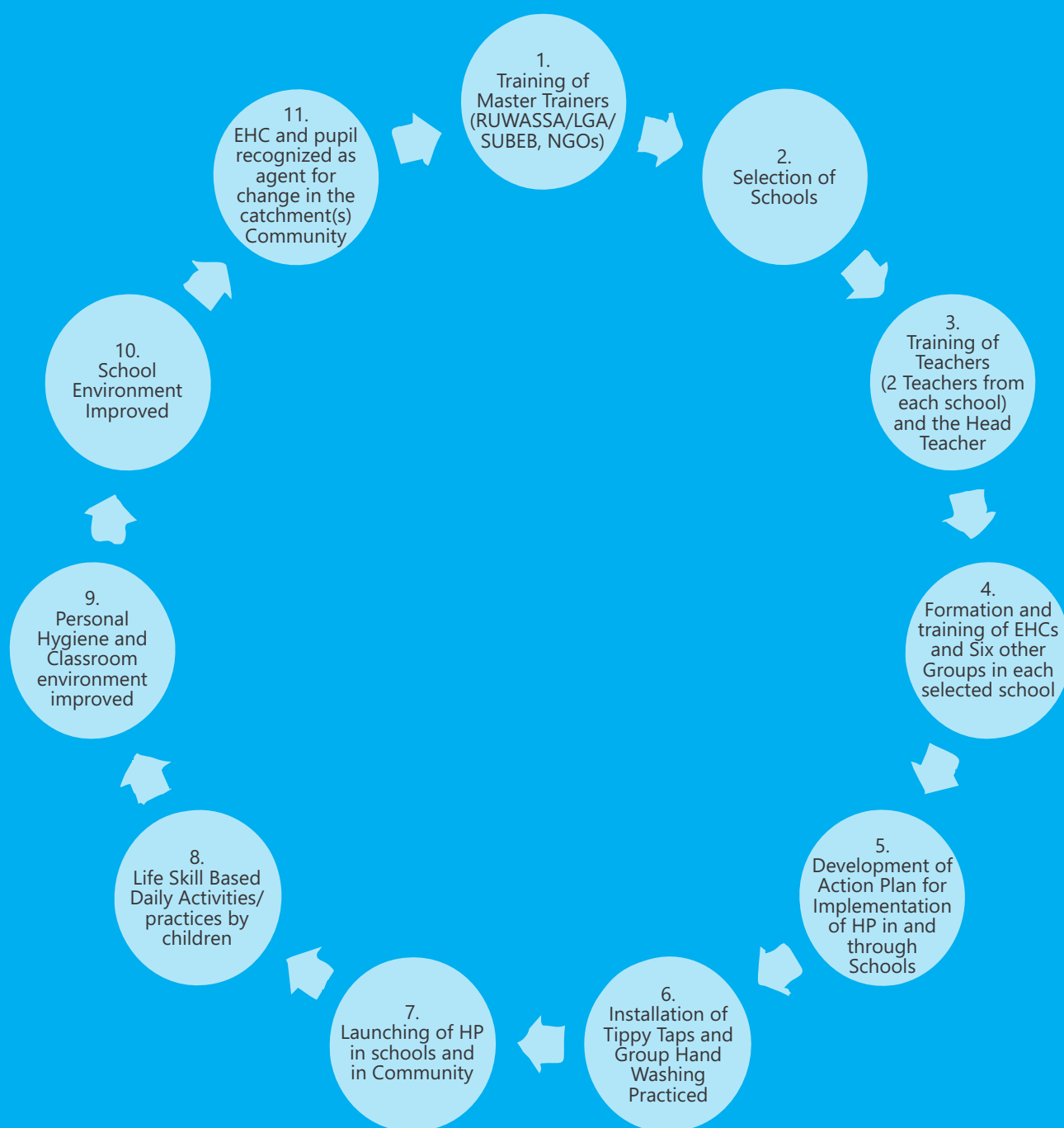


Guidelines for **HYGIENE PROMOTION** **"IN AND THROUGH" SCHOOLS** in Nigeria



Hygiene Promotion “in and through” Schools Implementation Approach



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List of Abbreviations and Acronyms

ARI	Acute Respiratory Infections
BCC	Behaviour Change Communication
C4D	Communication for Development
CAP	Community Action Plan
CBOs	Community Based Organizations
CHEWs	Community Health Education Workers
CLTS	Community Led Total Sanitation
CtC	Child to Child
CtP	Child to Parent
DHS	Demographic and Health Surveys
EHCs	Environmental Health Clubs
EU	European Union
FCT	Federal Capital Territory
FGN	Federal Government of Nigeria
GHD	Global Handwashing Day
GDP	Gross Domestic Product
HP	Hygiene Promotion
IEC	Information, Education and Communication
FMoE	Federal Ministry of Education
FMoH	Federal Ministry of Health
FMWR	Federal Ministry of Water Resources
IRC	International Resource Centre
IYS	International Year for Sanitation
JMP	Joint Monitoring Programme
KAP	Knowledge, Attitude & Practice
KII	Key Informant Interview
LGA	Local Government Area
LGEA	Local Government Education Authority
LSBE	Life Skill Based Education
M&E	Monitoring & Evaluation
MDG	Millennium Development Goal
NAIRA	Official Currency of Nigeria
NGOs	Non-Government Organizations
NTGS	National Task Group for Sanitation
ODF	Open Defecation Free
PHCs	Primary Health Centres
PPP	Public Private Partnership
PTA	Parents Teachers Association
RUWASSA	Rural Water Supply & Sanitation Agency

SBMC	School Based Management Committee
SLTS	School Led Total Sanitation
STGS	State Task Group for Sanitation
STH	Soil-Transmitted Helminthes
SUBEB	State Universal Basic Education Board
UNDP	United Nations Development Fund
US\$	United States Dollar
UN	United Nations
UNGA	United Nations General Assembly
UNICEF	United Nations Children's Fund
VIP	Ventilated Improved Pit
VHPs	Volunteer Hygiene Promoters
WASH	Water, Sanitation and Hygiene
WASHCOMs	Water, Sanitation & Hygiene Committees
WHO	World Health Organization
WinS	WASH in Schools
WSP	Water and Sanitation Program of World Bank

Preface

This document is the product of the concerted efforts of a number of stakeholders, led by the Federal Ministry of Education, whose major aim is to come up with workable Guidelines for Hygiene Promotion “In and Through Schools” in Nigeria. The school-age child has been recognized in the National Hygiene Promotion Strategy as an “agent for change”. This being the case, the production of this document becomes necessary for the implementation of activities on hygiene promotion in a school setting.

Since meaningful teaching and learning cannot take place in a school environment that is not conducive, especially an unhygienic environment, the issue of hygienic promotion in schools becomes crucial both for the teacher, the learner and the entire community. It is against this backdrop that this document is developed.

This guideline lays major emphasis on basic information and approaches on implementation hygiene promotion and sanitary activities first “in school” and then “through schools”. The “Hygiene in Schools Programme” is of particular importance to school children but is not limited to them alone as the health promotion activities will also involved teachers and the entire school community, with the child at the center.

The implementation of this programme would entail the students and school personnel carrying out various activities related to the five domains of hygiene promotion in schools.

Since the “Hygiene Promotion in Schools” programme is not limited to the classroom, it will cascade down to the community level in the form of “Hygiene Promotion through Schools” programme. By so doing, the programme will hopefully, become a platform for reaching out to the community with the message of healthy living

I, therefore recommend this Guidelines to be a working document for all the Stakeholders in School Health Education and WASH in Schools (Wins).



Adamu Adamu

*Honourable Minister,
Federal Ministry of Education,
Abuja.*

Glossary

Advocacy

A continuous process for strengthening programme interventions by increasing the level of commitment to improve policies and implementation outcomes related to Water, Sanitation and Hygiene (WASH) in Communities, Primary Health Centres (PHCs) and Primary Schools. Advocacy further encompasses raising resources by formulating arguments in favour of hygiene promotion and sanitation programme and by communicating these arguments through various media (print and electronic) and interpersonal channels to several targeted groups at different intervals and programme cycles.

Attitudes

Preferences, biases, age-old taboos and subjective assessments that influence one's thinking to act or respond in a typical manner. Attitudes lead people to like or dislike something, or to consider things good or bad, important or unimportant, worth caring about or not worth caring about.

Baseline Study or Survey

It is a study/survey carried out prior to Hygiene Promotion and Sanitation programme implementation that provides information on key indicators, such as latrine coverage and use, practice of good hygienic habits and barriers towards change in behaviour. Baseline study helps to understand the impact of programme interventions through subsequent evaluation activities.

Child to Child (CtC) approach

It is a hygiene promotion approach based on the belief that children can be highly influential in improving the health of others, especially with regards to raising hygiene awareness and practices of younger children and siblings. Hygiene promotion in schools is based on this approach, where by senior pupils support their juniors in adopting new hygienic behaviours.

Child to Parent (CtP) approach

A hygiene promotion approach based on the belief that children can be "agents of change" and influential in improving the health of others, especially with regards to raising hygiene awareness among parents and other members of the family.

Civil Society

Those individuals and organisations who are not part of the government structure but involved in the development of the society through community organisations, informal groups, non-governmental organisations, voluntary agencies, small scale independent contributors, private sector, media organisations and professional bodies.

Community Led Total Sanitation (CLTS)

An approach to collective community decision aimed at completely eliminating open defecation by using the sanitation ladder for safe disposal of excreta.

Community Participation

It aims to promote the active involvement of all sections of a community in project planning and decision making. Its purpose is to encourage individuals to take responsibility for the processes and outcomes, both short and long-term, of a project. Merely involving people to contribute labour, equipment and/or money to a project cannot be classified as active community participation.

Critical Times

In connection to hand washing, this generally means washing hands after defecation, handling children's faeces, cleaning their bottoms or disposing faeces, and before eating, feeding/breastfeeding children, cooking and handling food or water.

Enabling Environment

Attitudes, policies, and practices including financial instruments, formal organisations, community organisations and partnerships which together support and promote needed changes in hygiene behaviours and practices, and access to technologies for safe water and disposal of excreta.

Helminth Infections

Intestinal worm infections.

Empowerment

It is a process of facilitating and enabling people to acquire new skills, knowledge and capabilities for better results and outcomes.

Environmental Health (EH)

A broad term that encompasses water and sanitation interventions as well as issues such as air and noise pollution. Environmental health services are defined by the World Health Organization as: "those services which implement environmental health policies through monitoring and control activities. They also carry out that role by promoting the improvement of environmental parameters and by encouraging the use of environmentally-friendly and healthy technologies and behaviours". The Environmental Health Profession had its modern-day roots in the sanitary and public health movement. Many countries have EH officers who may be recruited to the team either as core delegates or as field officers.

Environmental Sanitation

A range of interventions designed to improve the management of excreta, waste water, drainage and solid waste in a community.

Excreta

Faeces and urine.

Faecal-Oral Route

The route by which disease-causing organisms (pathogens) excreted in the faeces of infected humans or animals enter the human body through the mouth. Such organisms may be carried from faeces to the mouth via contaminated fingers, flies, field/soil, fluids or food.

Formative Research

Research carried out prior to programme implementation to obtain information with which a hygiene promotion programme can be designed.

Garbage Pit (for biodegradable items)

A pit dug out in a community to throw biodegradable household waste or community waste, such as food leftovers, vegetable waste, papers, animal excreta etc. The pit is covered with a layer of soil once it is filled, then in 6-12 months it becomes organic manure.

Garbage Pit (for non-biodegradable items)

A second pit dug out in a community to dispose of non-biodegradable items, such as metallic parts, broken glasses, plastic/PVC items and nylon/polythene bags. Once the pit is full, it is then covered with a layer of soil and left untended.

Groundwater

Water found below ground level in the sub-soil.

Groundwater Table

The level at which the subsoil is saturated.

Hardware

The physical infrastructure for WASH programmes like latrines, stands for hand washing with soap, water points (hand pumps, protected dug wells, solar motorized bore hole, water tanks, pipes) drainage, wastewater disposal and solid waste disposal facilities. The terms Software and Hardware are frequently used to refer to different components of WASH programme. The software refers to the community aspects of the intervention, that is, how individuals utilize the hardware facilities. While engineers and technicians may be responsible for the construction and design of water systems and sanitation facilities, hygiene promoters must make certain that the designs and uses are appropriate for each programmes.

Health

It is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or sickness. It is a fundamental human right. Attainment of the highest possible level of health is a vital global goal whose realization requires the action of many other social and economic sectors in addition to the health sector. (World Health Organization -WHO)

Hygiene

Personal and household practices that serve to prevent infection, preserve cleanliness and safeguard health. Examples of hygiene practices include hand washing with soap, bathing and management of stored water in the home. WHO defines hygiene as “the conditions and practices that help to maintain health and prevent the spread of diseases.”

Hygiene Education

All activities and provisions of education aimed at raising awareness and conveying knowledge of the links between good hygiene practices and health. It also includes communicating appropriate information to persuade people to maintain good hygiene, adopt hygienic behaviours and prevent water and sanitation-related diseases. It is important to note that disseminated knowledge may or may not be translated to practices of an individual, family or community members.

Hygiene Promotion

Systematic and planned approaches to persuade the extensive acceptance and adoption of safe hygiene practices in order to reduce diarrhoeal and other WASH-related diseases. Hygiene promotion focuses on behaviour change to maximise the benefits of improved water and sanitation facilities. Sharing of information, mobilization of communities and schools, and provision and maintenance of essential materials (soap, safe water, etc.) and hygiene facilities are key factors for hygiene promotion. The foundations of Hygiene Promotion are built on what people know, do and want.

Knowledge

It is the process of developing an understanding on any specific topic/subject after getting a range of information from various sources. For example, a facilitator of hygiene promotion might explain how water-borne diseases are transmitted and then illustrate that drinking unsafe water can cause diarrhoea.

Life Skills

These are capacities and capabilities for positive behaviour that allow individuals to adapt and deal efficiently with difficulties and challenges of everyday life. In particular, life skills are a group of psychosocial competencies and interpersonal skills that help people make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathize with others, and cope with and manage their lives in a hygienic, healthy, and productive manner.

Life Skills-Based Hygiene Promotion

An approach to creating and maintaining good hygienic behaviours and practices through the development of knowledge, attitudes, and skills related to hygienic practices, using a variety of learning experiences, with an emphasis on participatory methods. It should enable a child or pupil make positive decisions and take actions to promote and protect their health and hygienic conditions, and further impart and promote good hygienic behaviours for themselves and others.

Monitoring and Evaluation

Monitoring is a process to observe how a project is implemented and operates. It provides timely information for ensuring that processes, procedures, progress, and quality, procedures are maintained. Evaluation focuses on whether a project is being implemented as intended, examines how the project operates, and addresses problems in service delivery and if necessary, leads to course correction to ensure planned impacts and outcomes.

Morbidity

The incidence of ill health.

Open Defecation Free (ODF)

Open defecation free – an aspiration in total sanitation approaches.

Participatory Methodologies

Participatory approaches aim to build confidence, facilitate decision-making and enable people to learn from each other. Methods, materials and procedures that persuade the active contribution of an individual in a group, regardless of their age, sex, and economic or educational background are the essence of participatory methodologies.

Parent-Teacher Association (PTA)

PTA is an organization that promotes and organizes strong working relationships among parents, teachers, and schools, in support of students and also in support of WASH promotion.

Pathogen

A bacterium, virus or other microorganism that can cause disease.

Pit Latrine

Latrine with a pit for collection and decomposition of excreta from which liquid gains access into the surrounding soil.

Pour-flush Latrine

Latrine that operates by manually pouring small quantities of water from a container by hand, to flush away faeces from the point of defecation.

Program Communication or Communication for Development (C4D)

The process of identifying, segmenting, and targeting specific groups and audiences with particular strategies, messages, or capacity building/training programs. It involves reaching them through various mass media and interpersonal channels, both traditional and non-traditional.

Soakage Pit

A pit dug out for safe disposal of waste water and is filled with various sizes of gravels (bigger ones at the bottom and smaller ones at the top) and connected to a small pipe to accept waste water in a regulated manner.

Social Marketing

An approach that uses marketing principles to achieve social benefits, such as changes in attitudes and behaviours, deemed to be good for targeted audiences.

Social Mobilization

It is a process for bringing together all possible social partners, stakeholders, and allies to identify and determine indicators for necessary interventions by raising awareness and demand for particular development objective.



SECTION I

SECTION I

1. Introduction

- These guidelines are an offshoot of “National Hygiene Promotion Strategy” framework in Nigeria, which recognises the child as an 'agent of change' and emphasises high visibility of hygiene promotion activities in schools and communities. These Guidelines are about implementation of hygiene promotion activities “in and through” Schools in Nigeria.
- These guidelines prioritise basic information and approaches to implement hygiene promotion and sanitation activities “in and through” schools by carrying out various activities related to each domain of hygiene in schools and at household level. Life skills-based activities practiced daily by pupils in schools for adoption of new and improved hygienic behaviours are the basis on these guidelines.
- These guidelines consider “children as agents of change” with the expectation that children motivate members of their families to adopt good hygienic behaviours and thus galvanizing the whole community towards accelerating the behaviour change process. These guidelines propose an interaction between school teachers, pupils, parents and other community members to generate an environment in favour of complete sanitation coverage. By building household latrines under the Community Led Total sanitation (CLTS) and forming child-friendly environment in schools, households and communities, a community can attain better health for its members and reduce child mortality.
- These guidelines will lead to develop a separate training manual for the training of school teachers, who in turn will develop an action plan for their schools for the implementation of “Hygiene Promotion in Schools” and “Hygiene Promotion through Schools”.
- The final guidelines, along with all relevant IEC materials, will be available for reference at each targeted school, where the programme will be implemented.

2. BACKGROUND

- One of the prerequisites for quality education is the provision of a conducive environment for pupils to enjoy learning in school and achieve the best. The conducive environment comprises of child-friendly functional water and sanitation facilities and an opportunity to practice daily hygienic behaviours.

- The WHO/UNICEF-led Joint Monitoring Programme (JMP 2015) showed that only 29% Nigerians (33% Urban and 25% Rural) have access to improved sanitation facilities, 34% of the rural population still defecate in the open and 30% practice other unhygienic sanitation practices. As per 2014 survey (JMP 2015) only 8% of the rural population have a facility at home for hand washing with soap.
- Various global studies suggest that washing hands with soap after defecation and before eating, can reduce over 42%-47% diarrhoeal cases among young children.
- UNICEF conducted a Knowledge, Attitude and Practices (KAP) survey¹ in six states—Zamfara, Katsina, Jigawa, Kaduna, Bauchi and Benue—and found that on average people have a high level of knowledge (over 50%) about the health benefits of hand washing with soap. Survey further revealed that around 82% people prefer to wash their hands before eating meals, but only 53% people wash their hands with soap after defecation. In Jigawa 33% and in Katsina only 43% of the inhabitants wash their hands with soap after defecation. The practice of not washing hands with soap after cleaning a child's bottom is quite alarming as only around 14% of the people practice this (9% in Jigawa, in 6.5% in Zamfara and 30% in Kaduna). Before preparing or serving food, on an average only 17% of the people (in Bauchi 9%, Jigawa 8% and Zamfara 7%) wash their hands with soap. Before feeding a child, on an average only 18% people wash their hands with soap in the six surveyed states.
- In Nigeria, the concept of Group Hand Washing by school pupils were not implemented in the past. It was first introduced in October 2015, through tippy taps on a pilot basis in 14 schools of Chikun LGA in Kaduna state. About 4,000 pupils were successfully washing their hands with soap on daily basis.

3. WHY “HYGIENE PROMOTION IN and THROUGH SCHOOLS”?

- Young pupils are most vulnerable to the threats posed by contaminated water, poor sanitation and hygiene. Schools practically serve as a point of pathogen transmission, due to the fact that large number of pupils from different socio-economic backgrounds assemble in one place. “Diarrhoeal diseases, intestinal worms and other debilitating parasites affect a great deal of school children.

- More than 1.5 billion² people, or 24% of the world's population, are infected with soil-transmitted helminths (STHs) infections worldwide. Infections are widely distributed in tropical and subtropical areas, with the greatest numbers occurring in sub-Saharan Africa. Over 270 million preschool-age children and over 600 million school-age children live in areas where these parasites are intensively transmitted, and are in need of treatment and preventive interventions.
- For young individuals between the ages 5 and 14, such diseases afflict their critical periods of intense physical and intellectual development. These infections have a negative effect on growth, nutritional status, physical activities, cognition, concentration and school performance".³
- In Nigeria, an average of 27% school children are infected with STHs and 9.5% with schistosomiasis⁴
- Despite this, globally, more than 50% of schools lack access to a safe water supply and nearly two-thirds of schools have no access to sanitation facilities. The situation is alarming and there is need for adequate investment in physical WASH infrastructure, in addition to enhanced resources interventions for hygiene promotion and life skills-based practices.⁵
- The Hygiene Promotion in and through Schools programme is especially important to children, because they spend most of their time in the school environment around their homes, and they are prone to diarrhoea, worm infestation and other hygiene-related infections.
- If a healthy, safe and protective learning environment is ensured for school children through the provision of safe water, sanitation and hygiene, they would be better able to reach their potentials in schools. A healthy environment also aids in children's cognitive, emotional and social development by nurturing values, skills, habits and experiences related to good hygiene. In turn, school children can act as vital Agents of Change for their family members and the community.

²WHO Soil-transmitted helminth infections Fact sheet N°366 May 2015

³Foreword –Oxford Roundtable final report 2005

⁴Federal Ministry of Health, Nigeria, May 2015 report on STHs and Schistosomiasis

⁵www.unicef.org/WASH

3.1 Child's Right to Health and Education Through “Hygiene Promotion in and through Schools”

- Children have a right to education, and to a safe and healthy environment. Providing water and sanitation facilities in schools coupled with hygiene promotion activities directly meets child rights requirements. Children who are busy collecting water or are tired from daily chores often do not attend school and are deprived of the associated benefits. Many children, especially girls who have attained the age of menarche, may be put off from attending school if latrines in schools do not exist, are dirty and unhygienic, or shared with boys. Often it is observed that girls' attendance, attention and achievements are seriously affected because most schools do not have a separate latrine for them. They require privacy and sanitary conditions, especially after attaining puberty. Thus, in Nigeria, it is paramount for policy makers, Federal Ministry of Education, SUBEB, LGEA, SBMC, PTAs to make necessary provisions to equip all schools with a safe and clean water source, as well as, separate latrines for boys and girls in order for them to attain full potential of its future generation.
- Despite knowledge⁶ on the relationship between poor sanitation, unhygienic conditions and associated diseases affecting children, most primary schools are still without some form of water and sanitation facility or maintain facilities that are highly inadequate, unhygienic, inaccessible or substandard. Policy makers, as well as SUBEB, LGEA, SBMC and PTAs, have not been able to give equal priority to water and sanitation facilities in schools or adopt hygiene-related behaviours among pupil. Priority is mostly given to syllabus, teaching methodologies, books, furniture, buildings and games.
- Providing children with safe, clean and reliable water and sanitation facilities helps to make the learning environment pleasant and healthy. Providing children with high quality life skills-based and hygiene promotion activities helps to give them the basis for a healthy and productive life, it also creates future demand for safe water and sanitation facilities by connecting with the catchment communities.

3.2 Situation of water and sanitation facilities in Schools in Nigeria

- In Nigeria, over 80,000 primary schools with over 22 million⁷ pupils are a readymade network for spreading messages of adopting hygienic behaviours to the community.

⁶Knowledge on disease transmission suggests that 100% of infections caused by soil-transmitted helminths (roundworm, whipworm, hookworm) can be prevented by adequate water, sanitation and hygiene (WHO 2007).

⁷Nigeria digest of education statistics (2006-10), Federal Ministry of Education, Nigeria

- Around 54% primary schools in Nigeria have some kind of access to a water source (such as a stream).⁸ However, sanitation facilities in primary schools are either lacking or are in pathetic situation. Less than one-fourth of schools have some kind of sanitation facilities. Similarly, majority of schools have no boundary wall, thus water and sanitation facilities at schools are prone to be misused by others.
- Some of the schools in Nigeria have Environment Health Clubs (EHCs) with pupils from all classes as its members. Some of the EHCs are active but many are not. In some schools, even if a teacher has been designated to impart hygiene education to pupils, the processes are mainly theoretical.
- In Nigeria, many NGOs and donors in the past have attempted to develop School Sanitation and Hygiene Education (SSHE) manuals to promote hygiene education in the schools through life skills-based activities. These guidelines are basically a step-wise systematic approach to implement “Hygiene Promotion in and through Schools” in Nigeria.

3.3 Why “Hygiene Promotion in Schools”?

- Overall there are manifold economic and social reasons for ensuring 'Hygiene Promotion in Schools'. Among the benefits⁹ are:
 - Effective learning. Healthy children perform better and their dignity is raised in a clean and hygienic environment.
 - Better enrolment and retention of girls. Girls' attendance improves and their parents are encouraged by water and sanitation facilities, curricula, policies and improved school environments that provide protection and respect.
 - Child rights. Water, sanitation and hygiene are key to securing children's rights to health and education.
 - Reduced disease burden. Properly used and maintained sanitation facilities, safe drinking water and adequate supply of water for personal hygiene prevent diarrheal infections, and parasitic and worm infestations.
 - Reaching families/home and community. School children can introduce and reinforce positive hygienic behaviours and attitudes in their families/homes and communities.
 - Environmental cleanliness: properly maintained and used facilities contribute to overall public health and environmental protection
 - Equipping children for the future. Educating all children, especially girls, is one of the most important investments any country can make in its future. Four of the most valuable benefits are: (i) keeping children healthy so they can learn and fully participate in society; (ii) equipping children to claim their rights; (iii) influencing

⁸Nigeria digest of education statistics (2006-10), Federal Ministry of Education, Nigeria

⁹Oxford round table meeting report on WASH in Schools –Jan 2005

the health for future generations and (iv) influencing the education for future generations (a common goal of every nation).

- Besides, other benefits¹⁰ of “Hygiene Promotion in Schools” are:-
 - Improved attendance of all children in schools.
 - Practice of life skills and improved behaviour change activities (especially acceleration in Hand Washing with Soap).
 - Improved peer-to-peer interaction and children participation.
 - Active participation of PTAs and community leaders in schools.
 - More dignity and privacy for everybody especially school girls and female teachers.
 - Increased awareness of the importance of sanitation and hygiene and its relationship with diseases.

3.4 Why Hygiene Promotion through Schools

- Water and sanitation facilities in schools provide an effective platform for a clean and hygienic surrounding and help children acquire good hygiene habits. As pupils are open to new ideas, it is easy for them to adopt new hygienic habits. They also eagerly pass on hygiene information to their family members and neighbours. In fact, Hygiene Promotion in Schools interventions can work as a catalyst for behavioural change for improved sanitation practices and good hygiene habits in the community.
- The Hygiene Promotion in Schools approach is not confined to the classroom, it paves the way for Hygiene Promotion through Schools, thus providing an outreach potential. The schools practicing good hygiene and sanitation are catalysts for community-wide behaviour change. This model puts students at the centre of a social movement towards improved health. The children who receive messages of the importance of hygiene practices reach out to their peers, siblings in the household, and community at large.¹¹
- Hygiene Promotion in Schools interventions can be an entry point for the poor communities to understand the economic benefits of consuming safe water, and utilizing improved sanitation and hygiene practices. This hygienic behaviours can lead to reduction of disease load on families, and provide more time, energy and resources which can be utilized for productive economic activities. Various studies estimated that for every dollar spent in sanitation the gain will be for 9.2 dollars in economic benefits particularly in relation to time saved (For example, to haul water or practice open defecation), work-related days and infant days gained, and reduction in the cost of health treatment. For example, 12% of all health expenditure in Sub-Saharan Africa is on diarrhoea and if improved sanitation can reduce diarrhoea, then imagine the impact on the health budget.

¹⁰adopted from “UNICEF and IYS1”

¹¹www.unicef.org/WASH

- Research shows¹² that for every 10% increase in female literacy, a country's economy can grow by 0.3%. Educated girls are more likely to raise healthy, well-nourished, educated children, to protect themselves from exploitation and develop skills to contribute to their societies.
- The Hygiene Promotion interventions in schools get a significant boost when community leaders, its members and parents are involved from planning to implementation, and maintenance of WASH facilities. The implementers and schools must take adequate initiatives in consultation with parents and community members to involve children (both boys and girls) at each stage in the programme. This kind of initiative will give confidence to children to carry out outreach activities in the community and create awareness among households about the importance of safe water, sanitation and hygiene. This will not only lead to sustainability of the Hygiene Promotion in Schools programme but also address the way for Hygiene Promotion interventions are practiced at the household and community level.
- Parents must be encouraged to become part of the programme through their involvement in the programme. Occasionally, various activities related to the programme can be organized by schools in order to maintain the visibility of the programme and create awareness of hygiene behaviour change.
- "The success of the school hygiene programme is not determined only by the number of toilets constructed and the number of hand pumps installed or water connections built. The facilities need to be used by all children and teachers ... and maintained. Nor is the success of a programme determined simply by what children know. Knowledge that is not applied to hygiene behaviour in practice has no impact on health".¹³

4. CHILDREN AS AGENTS OF CHANGE

- Life Skills-Based Education (LSBE) and Child-to-Child (CtC) approach is a teaching and learning methodology that focuses on promoting positive attitudes and skills among children as well as good hygienic practices for disease risk reduction. It recognizes the fact that children easily learn from each other and can develop and pass on healthy life choices, or resist risky hygiene behaviours.
- "If a child finds his mother preparing food without washing hands, or coming from latrine and does not wash hands, he/she can tell her to wash her hands. This would be a very useful advice."¹⁴

¹²www.unwater.org/wwd08/docs/kids-sanitation.pdf

¹³Paul van Koppen, Director, IRC International Water and Sanitation Centre - Water, Sanitation and Hygiene Education for Schools: IRC's experience and the way forward, Oxford Round Table, UK, January 2005, Page 17)

¹⁴A school teacher, Tanzania/globalhandwashing.org

- A study in Kenya found that when children were educated about handwashing, their parents' knowledge increased, and a full quarter of parents reported changing their behaviour based on what their children had been taught. Another study in Zambia found that after being educated on handwashing, children built tippy-taps at home and advised their parents to wash their hands. Importantly, the study found that most parents and families were receptive to learning from their children; and parents tended to trust the information their children brought home from school.
- Many global health behaviour change programs focus on influencing children, given their adaptability. In the early years of life, children are still learning about the world, identifying social norms, and forming lifelong habits, so this is an opportune moment to help them develop the habit of handwashing with soap at critical times. But can children be more than the passive recipients of knowledge, values, beliefs, and behaviours? A growing body of thought supports the concept of respecting and valuing children as health-promoting actors for their families and peers. Children's knowledge, attitudes, and behaviours can be harnessed to positively influence other people's behaviours.¹⁵
- Children's impact on the family's decision-making in the wider Water, Sanitation, and Hygiene (WASH) sector has been particularly apparent in the context of Community-Led Total Sanitation (CLTS) interventions. Children have been found to play several roles in ending open defecation, including: awareness raising, collecting baseline information, developing indicators, disseminating information, and influencing their parents to build toilets. Children have also been successfully trained to deliver sanitation knowledge to adults in the school settings.¹⁶
- However, leveraging children as handwashing change agents to impact family-wide behaviour is clearly not the only means of reaching communities with effective behaviour change messages. Nevertheless, children can benefit from the opportunity to demonstrate responsibility, and at the same time, contribute to the improvement of family health.
- Children are used as forerunners of change and their potential as resources for community mobilization have been explored. Globally, many studies demonstrated that they can play an effective role in creating a clean and healthy environment, not only in the schools, but also in the community. Schools are an ideal medium to transfer health and hygiene messages to children. By recognizing children's potential as change agents, schools can embark on creating an eco-friendly, sanitized, hygienic learning environment and use children to mobilize communities to adopt good hygienic practices and attain the status of open defecation free.

¹²Globalhandwashing.org/children as handwashing change agents: short review of the evidence

¹⁶children as handwashing change agents: short review of the evidence :globalhandwashing.org

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SECTION II

SECTION II

5. ROLE OF PTAs, SBMC, SUBEB, TEACHERS AND EHCs

5.1 Parent Teacher Association (PTA)

- The PTA is a voluntary association of parents and teachers in a particular school. It is established for the school's development and its role is to encourage closer links between the home and school. The PTA enhances the relationship between the catchment communities and a school and also, gives opportunity for parents to understand what exists in schools their children attend and their wards, as well as the constraints these school experience. PTA is backed by law in some states making it compulsory for parents and teachers; while in other states it is voluntary.

5.2 School Based Management Committee (SBMC)

- The SBMC is established by government to act as a bridge between schools and the catchment communities. It is made up of a range of local people involved with their school. It works to increase communities' involvement with education, and to help improve the quality and effectiveness of schools. It provides a way of helping the education authorities to listen to what adults and children want from schools, and a way of increasing the contributions of everyone in the local area to making education work efficiently.
- The school plan for management and maintenance of school WASH facilities is maintained in collaboration with the SBMCs, PTAs, Water Sanitation and Hygiene Committees (WASHCOMs), and the communities.
- In Nigeria, the PTAs/SBMC should become an integral part for the implementation of the Hygiene Promotion in Schools programme. The association meetings can be used as a forum for the discussion of WASH issues and to motivate the members of the association to contribute towards establishing basic physical facilities (if not already present) essential for promoting Hygiene Promotion in Schools. The community's willingness to contribute (as cash/kind) also adds to the success of the programme.
- Some activities that can be taken up by the PTAs/ SBMC and concerned members of the community, with the help of teachers and students in the school, to ensure that the school is equipped with basic WASH facilities. They include:
 - Construction of systems for Group Hand Washing facilities and regular supply of soap for hand washing by children in a group.
 - Construction of handwashing facilities outside the toilets, may be jerry-can type or

foot-operated Tippy Taps.

- Constructions of separate latrines/urinals for boys and girls. If there is sufficient quantity of water in the school then PTAs/SBMC must construct two pit water-seal toilet to serve as a demonstration unit for the catchment communities towards sanitation marketing approach.
- Construction of a covered storage tank for drinking water fitted with taps made of cement (or of any other material being used in the area).
- Installation of safe water source (Solar motorised bore hole/hand pump).
- Construction of a concrete platform below the tap/hand pump and drain to divert wastewater into a soakage pit or a natural drain.
- Construction of garbage pit for the collection of garbage.
- Immediate rehabilitation of defunct Water and Sanitation facilities in the schools.
- A gated boundary or wall around the school, to safe guard school building, and water, sanitation and group hand washing facilities.

5.3 State Universal Basic Education Board (SUBEB)

- In Nigeria, the Universal Basic Education Commission (UBEC) was establishment on 7th October 2004 to coordinate the implementation of the programme at the states and local government level through the State Universal Basic Education Board (SUBEB) of each state and the Local Government Education Authorities (LGEAs). SUBEB prescribes the minimum standards for the basic education programme throughout the State in line with the National Policy on Education on the advice of the National Council for Education. SUBEB also ensures effective implementation of the standards in line with government policies and programmes.
- The SUBEB's role is to appropriately give directions and guidance to the schools for implementation of Hygiene Promotion in and through Schools programme in Nigeria. Also, SUBEB should facilitate provision of WASH facilities in schools.

5.4 Role of Trained Teachers and EHCs

The roles and responsibilities of Teachers trained for Hygiene Promotion in and through Schools' implementation programme (they will also be called EHC coordinators/facilitators)

- Two teachers and one head teacher from one selected school will be trained for the implementation of the programme. When these teachers return to school, they will then sensitize and develop the capacity of other teachers of the schools on the Hygiene Promotion in and through Schools implementation. Throughout their tenure, they will work as coordinators and facilitators, while other teachers of the school will provide adequate support to them including, acting as substitute facilitators.
- Prepare annual action plan for Life Skills-Based activities on the five components of Hygiene Promotion—(i) Personal hygiene including handwashing with soap during critical times (ii) Safe management of drinking water (iii) Safe disposal of excreta (iv) Food and home hygiene (v) Environmental hygiene including liquid and solid waste management

- and (vi) interface between school and catchment communities (vii) In school, daily group hand washing with soap by all pupil.
- Under the overall guidance of the head teacher, coordinate WASH-related activities (both hardware and software) with parents, PTAs, SBMC, LGA WASH and LGEA team members, WASHCOMs, VHPs, community elders, EHC, six groups of older children from the school, CBOs and other teachers of the school.
 - Constitute membership of EHC from all classes in the school to aid succession plan. Supervise EHC members after sensitization and awareness creation. Coordinates the elections of executives (usually not less than three principal officers—President, Secretary and Treasurer) and explains their roles and responsibilities. EHC must have a minimum 10-15 members
 - The composition of EHC includes the following:
 - 2 Coordinators/Facilitators (trained teachers on hygiene promotion);
 - 10 to 15 EHC members (school pupils from all classes)
 - 3 Pupils to make up the EHC Executive Committee. The Executive Committee comprises of the President, Secretary, and Treasurer. The Facilitators explain the role of each Executive Committee member; then ask the entire EHC members to decide among themselves who takes on which position.
 - 1 Patron who is the Head Teacher; and
 - 4 Ex-officio members: 2 members from SBMC/PTA and 2 members from WASHCOM/VHPs serving as an interface and giving support to EHC.
 - Selecting/Electing the EHC Members
 - Any pupil in classes 1-6 in the school can become a member of the EHC.
 - Pupils need to volunteer to join the EHC. To encourage volunteers, it will be necessary to explain the advantages of becoming a member. Nobody should be forced into joining the EHC.
 - If there are too many volunteers, it will be necessary to vote to elect members either by a show of hands or secret ballot. Explain that the pupils should vote for those who:
 - Are the most motivated.
 - Are often considered role models to other pupils,
 - Are able to speak well to their friends, be convincing and make themselves heard: these are the 'natural leaders'.
 - Wherever possible, include both girls and boys, and any motivated disabled pupil. Candidates must be given opportunity to present their reasons for becoming a member of EHC, and their ideas and vision on Hygiene Promotion in and through Schools.
 - EHC Facilitators orient the EHC members on Faecal-Oral route and sanitation and hygiene barriers through F- diagram. Activities to be undertaken for each of the domain of hygiene includes: procession/parade in the community by pupils before launching of programme in the schools, KAP survey in the community with help from pupils and teachers, and dissemination of KAP survey results. These do not include activities to be undertaken as an interface with catchment community
 - Supervise day to day activities by pupils for each component of hygiene promotion (one

activity of five hygiene promotion component to be main topic for a day from Monday to Friday).

- Create innovative arrangements for group handwashing activities for each class during lunch break for students.
- Under the guidance of the head teacher, coordinate resource mobilization activities and finance management.
- Coordinate the monitoring of all Hygiene Promotion related activities in the school.
- Facilitate special events e.g. Global Handwashing Day, World Water Day, World Toilet Day.
- Involve pupils in hygiene-related school dramas, competition, painting, poem recitation etc.
- Encourage other teachers to integrated hygiene-related examples during teaching of mathematics, language, science and other subjects.
- Ensure high level of visibility of all activities related to hygiene promotion.
- Facilitate and encourage pupils to adopt approaches like Child-to-Child, Child-to-Parents and Parents-to-Community for spread of hygiene messages and practices.
- Motivate all concerned people including EHC members, PTAs, WASHCOMs to support the schools to upgrade its status on the Five–Star scale and also to stop open defecation completely and declare community as ODF.
- Report morbidity/mortality cases (especially children under 5 years of age) in a WASH in School register. Also, reporting diarrhoea and cholera cases in the community. The must have good relationship with WASHCOM to get these authentic information.

5.5 Roles and Responsibilities of EHC Members

The roles and responsibilities of EHCs members include:

- Under the guidance of coordinators/facilitators (teachers), assess water and sanitation needs of their school; and general hygiene practices of the pupils, especially on group handwashing with soap, handwashing with soap after defecation, use of latrine for defecation, safe handling of drinking water, personal hygiene (nails and hair) and wearing of footwear by the pupil.
- Ensure that safe and clean water is filled in tippy tap bottles or jerrycans everyday by the children given the responsibility for that work. Each class should take responsibility for their tippy taps, however, younger pupils need to be supported by older pupils (For instance, class I and II pupils will need support from class V and VI pupils for this activity).
- Once a week, respective class pupils must clean their tippy tap bottles and Jerry cans from inside using a brush, clean water and detergent.
- Develop activity plan in consultation with EHC facilitators for school-based daily activities.
- Actively participate in conducting Hygiene Promotion-related KAP survey and procession/parade in the community.
- Sensitise peers (boys and girls separately) on Menstrual Hygiene Management (MHM)
- Supervise the hygienic behaviour of younger children in the schools and motivate them to adopt good hygiene practices.
- Ensure that classrooms are clean and also maintain schools' environment clean.
- Make Tippy-Taps in school and in the home (outside toilets).

- Do advocacy with WASHCOMs, parents, village elders to support the schools on installing and maintaining WASH facilities and adopting of hygiene practices by each of the community members.
- Form six groups comprising of 5-6 pupils from senior classes and make them in-charge of each domain of hygiene. The sixth group must be assigned task of overall supervision of group handwashing activities, as well as other activities which are outside the preview of five domains of hygiene.

6. WASH IN SCHOOLS IN NIGERIA - BEYOND THREE-STAR APPROACH

6.1 Three Star Approach

- a) No Star Schools: The existing situation for many schools in Nigeria
 - Limited or no hygiene promotion
 - May or may not have WASH infrastructure
- b) One Star Schools: School has daily routines to promote healthy habits
 - Daily supervised group handwashing with soap, normally before the school meal
 - Daily supervised cleaning of toilets, and provision of soap and water (at least one functional toilet for girls and one for boys);
 - No open defecation
 - Daily supervised use of drinking water bottles by all children.
- c) Two Star Schools: School has incremental improvements
 - Hygiene education and facilities to promote handwashing with soap after toilet use
 - Improved sanitation facilities, plus facilities and education for menstrual hygiene management
 - Low-cost point-of-use water treatment introduced in schools
- d) Three Star Schools: School WASH activities are meeting national standards
 - School facilities and systems upgraded to meet national standards.

6.2 Proposed Five Star Approach in Nigeria

- a) No Star Schools: The existing situation for many schools in Nigeria
 - No latrine or non-functional latrine;
 - No supervised daily group handwashing practice ("supervised" is defined as trained teacher or senior pupil ensures adequate availability of clean water, soap,

adequate number and spacing of the tippy-taps per class and guides the pupils to follow the right routine).

- b) One Star Schools: Group handwashing facilities installation and daily use
 - Daily supervised group handwashing with soap, normally during break;
 - Pupils bring drinking water in bottles from home (if there is no safe drinking water source within 500 meters of school);
 - Follow 'Cat method' for excreta disposal.

- c) Two Star Schools: Availability of minimum Water and Sanitation facilities
 - At least one functional toilet for girls and one for boys;
 - One protected water source within 500 meters of school;
 - Daily supervised cleaning of toilets, and handwashing facility outside toilets (provision of soap and water);
 - No open defecation.

- d) Three Star Schools: Life skills-based daily practices of hygiene behaviours and other activities.
 - Supervised daily group handwashing with soap;
 - Protected and functional water source within 500 meters of the school
 - At least one functional toilet each (separate for boys and girls)
 - Foot-operated tippy-taps serving each toilet
 - No open defecation in the school premises
 - A chart reflecting daily life-skills based hygiene promotion activities is available and followed
 - Daily supervised cleaning of toilets
 - Monthly drinking water quality testing using H2s strips
 - School environment is free of litter

- e) Four Star Schools: Incremental improvement in WASH facilities, low-cost water treatment practices
 - Supervised daily group handwashing with soap,
 - Protected and functional water source within the school premises
 - Foot-operated tippy-taps serving each toilet
 - No open defecation in the school premises
 - A chart reflecting daily life-skills based hygiene promotion activities is available and followed
 - Daily supervised cleaning of toilets
 - Monthly drinking water quality testing using H2s strips
 - School environment is free of litter
 - Low-cost water treatment such as point of use water treatment technologies (aqua tablets, filters, Sodis etc) introduced in schools.
 - More functional toilets separate for boys and girls on a ratio basis (service

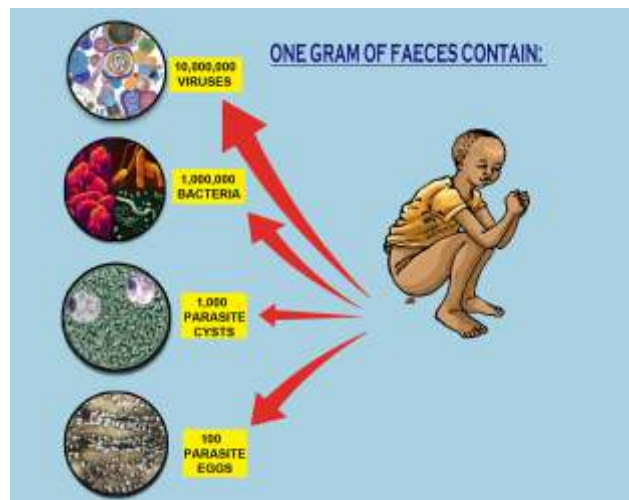
- standard to be confirmed by FMoE)
 - Every pupil comes to school wearing footwear and no child visits the latrine with bare feet
- f) Five Star Schools: MHM awareness and child-to-family, and child-to-community approach established
- Supervised daily group handwashing with soap;
 - Protected and functional water source within the school premises;
 - Foot operated tippy-taps serving each toilets;
 - No open defecation in the school premises;
 - Daily supervised cleaning of toilets;
 - Monthly drinking water quality testing using H2s strips;
 - School environment is free of litter;
 - A chart reflecting daily life-skills based hygiene promotion activities is available and followed;
 - More functional toilets separate for boys and girls on a ratio basis (service standard to be confirmed by FMoE);
 - Every pupil comes to school wearing footwear and no child visits the latrine with bare feet;
 - Routine Education on Menstrual Hygiene Management (class 5&6);
 - School has gated boundary wall;
 - Evidence that pupils are supporting their family members and wider community to adopt good hygiene practices (including monitoring of hygiene behaviour).

7. Disease Routes and linkages between Safe Water, Sanitation and Hygiene Practices

- It is an established fact that unsafe water and unsanitary conditions cause diseases. Water and excreta-related diseases are classified in groups. An infectious disease is one which can be transmitted from one person to another or sometimes from insects or animals.
- **Water-related Diseases:** They may be divided into two categories, firstly those caused by a biological agent that can cause diseases (a pathogen), and secondly those which are caused by some chemical substances in water. The first group may be called the 'water-related infections.' These infections are the greatest causes of diseases in developing countries, including Nigeria (for example, diarrhoeal diseases). The second group are diseases caused by chemical contamination of water. Some examples include fluorosis (caused due to excess fluoride levels in drinking water); arsenical keratosis (caused due to excess level of arsenic in drinking water) and infantile methaemoglobinaemia or blue born baby (caused due to high level of nitrate in drinking water)

- **Excreta-related Disease:** They are related to human excreta meaning urine and faeces (stool), which are the source of many infections. The spread of major infections and parasitic diseases such as typhoid, dysentery, hepatitis, cholera and giardiasis are due to biological contamination of drinking water. All such diseases are caused by pathogens, which are microscopic living organism such as bacteria, viruses, helminth and protozoa.
- Harmful pathogens transmit excreta-related human diseases through agents of many infections. These pathogens escape the body in the excreta. Unhygienic disposal of excreta provides breeding ground for insects, flies and cockroaches, which acts as agent for spreading diseases.

- **Disease components in Faeces:** Many people do not know that human excreta is full of viruses, bacteria, parasite cysts and parasite eggs and even one gram of excreta contains 10,000,000 (10 Million) viruses; 1,000,000 (One million) bacteria; 1,000 parasite cysts and 100 parasite eggs.¹⁷

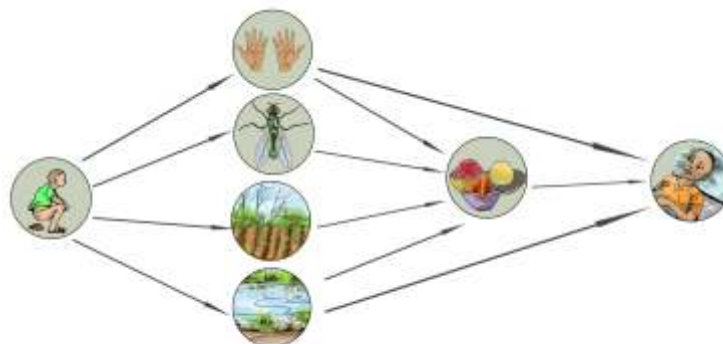


For better understanding of the route of water and excreta-related disease, see the F-diagram below.

7.1 Disease Transmission Routes (F Diagram)

Disease transmission occurs across the following routes:

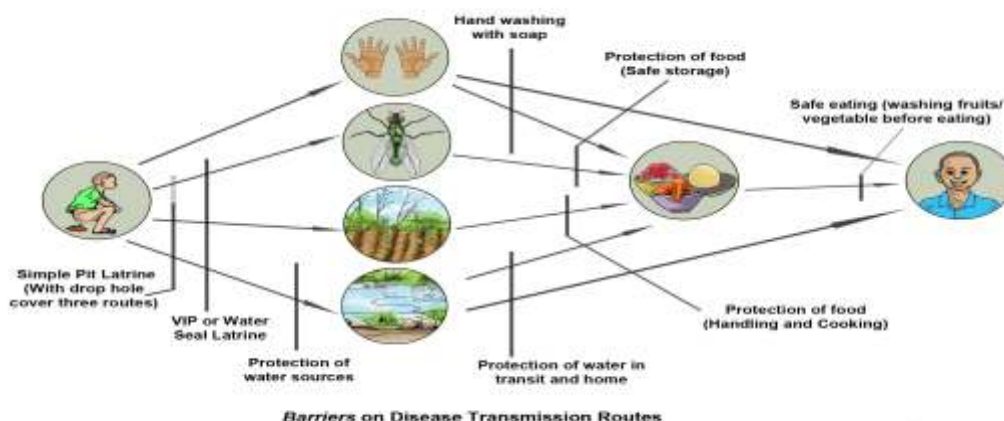
- Fingers - Excreta sticks to hands, fingers and under the nails
- Flies - Flies, cockroaches sit on excreta and then on food
- Fields - Excreta is passed on field and then unwashed raw vegetables eaten
- Fluids - Excreta mixes with drinking water



F - Diagram: Disease Transmission Routes

¹⁷WHO/UNICEF

- There is a general thinking that children's excreta is harmless and with this notion generally it is not handled safely, particularly by mothers, as often it is seen that mothers do not wash their hands with soap after cleaning the children bottom or disposing children excreta. This causes many excreta related diseases and children are most vulnerable to these diseases. Mothers ignore the fact that children's excreta is equally harmful as that of adults.
- To prevent the incidence of disease it is important that hygienic practices should be adopted, which will break any or all of the routes of transmission of micro-organisms from excreta (faeces).
- As human excreta is the biggest cause for spreading many diseases, so it is necessary that excreta should be safely disposed of and it should not remain exposed. This means the construction and use of sanitary latrine, is the best way of safe disposal of excreta. In the F-diagram it is easy to put barriers on various routes to prevent the occurrence of diseases.
- It is most important that to stop the occurrence of disease with hardware (construction of latrine) interventions clubbed with software interventions (hygienic practices). In the F-diagram we can see the barriers put into the Faecal-oral routes of disease transmission.
- Primary barriers are:
 1. Lined pit latrine (barricade two routes) with cover on drop hole (barricade three routes)
 2. VIP or water seal latrine (barricade three routes)
 3. Protection of water source (barricade a route which causes contamination of water)
- Secondary barriers are:
 1. Handwashing with soap after defecation, and handling child's excreta, as well as before eating and feeding/breastfeeding
 2. Protection of food through covering/safe storage of food, and safe handling and cooking methods
 3. Protection of water in transit and at home by keeping water vessels covered and avoiding physical contact of the water with fingers)
 4. Practicing safe eating by washing fruits and vegetables before eating them raw





SECTION III

SECTION III

8. FIVE DOMAINS OF HYGIENE PROMOTION AND LIFE SKILLS-BASED DAILY ACTIVITIES IN SCHOOL

Hygiene Promotion: A holistic approach for better health

- WASH interventions have two main components – hardware and software components. Hardware means construction of water and sanitation facilities and software means Hygiene Promotion-related interventions. Merely involving hardware activities – constructing water and sanitation facilities do not ensure its entire benefits, unless that is matched with adequate and effective interventions for adopting hygienic practices, simultaneously. Actually WASH interventions benefits are sustainable if appropriate behaviour change takes place among the targeted segments of the population.
- Hygiene promotion is an approach for the behavioral change of an individual, family and a community as a whole. It is a package of five components (domains):
 - a) Personal hygiene with emphasis on hand washing with soap at critical times;
 - b) Safe drinking water management;
 - c) Safe excreta management (including child's excreta);
 - d) Food and home hygiene;
 - e) Environmental hygiene including solid and liquid waste management
- All the five components of hygiene promotion will be promoted in Nigeria as a part of the “Hygiene promotion in and through schools” programme. Why is importance of each of the five components is described below along with what kind of activities school pupil will be involved for each component. They are:-

A) Personal hygiene with emphasis on hand washing with soap at critical times

- Why is it important?
 - Washing hands with soap after defecation, cleaning of child's bottom and disposing of children's excreta is vital to close one of the important faecal-oral route. Also, before eating, feeding/ breastfeeding children, cooking and serving

food hands must be washed with soap. This can reduce the incidence of diarrhoeal diseases by around 45 per cent.

- Often faecal matters/excreta deposits under the long fingernails along with dirt etc, and when food is eaten with same hand then faecal matters enters the body. Generally, it is seen that small children bite their nails, or put fingers/thumb in their mouth, which is in a way they eat dirt or faecal matters, hence it is a must habit that nails to be cut every week on regular basis and after cutting nails hands needs to be washed with soap.
- Teeth needs to be cleaned on daily basis, to protect them from cavities and decay. Also daily cleaning of teeth prevent from foul odour from mouth.
- Unwashed or under-washed skin can result in skin diseases like scabies, eczema and ringworm.
- Barefoot playing/walking/moving in and around the community generally allows hookworm's larvae (STHs) enter into the human body by piercing the skin of the foot.
- Barefoot going to toilets also allows hookworm's larvae (STHs) enter into the human body by piercing the skin of the foot.
- Hair must be combed daily and also washed regularly, otherwise it becomes infested with lice, which suck blood from the scalp. Lice are also very easily transferred from one person to another.
- Daily bath with soap is must to maintain good hygiene and health.



- Key activities for this domain

- Teachers, EHC members and other group (designated for this activity) members will demonstrate how hands should be washed with soap while highlighting the need to scrub the palms, between the fingers and tip of nails and the upper portion of the hands.
- Teachers along with group No-6 (designated for this activity) members will teach the pupil how to wash hands with soap during Group Hand Washing activity each day through tippy taps. And also, how to operate foot operated jerrycan type tippy tap.



- Teachers and designated senior pupil will explain to students the health benefits of good personal hygiene habit through flash cards/ flip charts.
- Teachers will demonstrate the use of a nail-cutter. The monitor of each class can be given the responsibility of checking the nails of the students once a week. (before cutting the nails, if they are wet with water then nails become softer and nail clipping becomes easier). At the later stage children can check the nails of their family members and peers in the community and ask them to cut nail regularly.
- Teachers will explain the need for cleaning teeth daily. The importance of bathing daily, using soap should also be explained. Teacher can explain to the students the need for protecting the feet from worm infestation, while walking or playing outdoors.
- Students will be encouraged to put up drawings and simple messages related to hand –washing and other hygienic habits on the hygiene corner in school.
- Key messages:-
 - Clean Hands Save Lives;
 - Good health is in your hands;
 - For healthy life wash hands with soap after defecation and before eating food;
 - Wear footwear while going to toilet and walking out side your house;
 - Cut nails every week;
 - Take bath with soap daily
 - Cut hairs regularly:

B) Safe drinking water management

- Why is it important?
 - Water from unprotected/open source like streams, river, ponds, unprotected dug wells, etc., is unsafe for drinking, as it is prone to contamination by animals and human beings. Drinking of contaminated water causes diseases such as diarrhoea, dysentery, typhoid, cholera and hepatitis.
 - Even if water is collected from a safe source, it can get contaminated if it is not handled properly while collecting, transporting, storing and using:
- How should drinking water be collected and handled?
 - Drinking water should be collected from a protected/safe source such as a tap, hand pump, solar motorised borehole or protected dug well only.
 - The inside of a vessel should be cleaned well before collecting water.
 - After filling the vessel with drinking water it should be covered while being carried from water source to the place where it is kept in



the house or in the school.

- Drinking water must be stored in a vessel kept above ground level, in order to prevent pets and small children from contaminating it.
- A cup/ glass fitted with handle or ladle type pot should be used for taking out drinking water from vessel. In no circumstances fingers should be dipped in water. Also, different cups must be used to take out water from vessel and for drinking (same cup must not be used)
- Water collected from unsafe sources can be made safe by boiling it after filtering or using chlorine /aqua tables, or through solar treatment (Sodies) etc.



- ACTIVITIES

- Teacher should explain that why students should not drink raw water stream/river or water collected from unprotected well or from dried river bed? As this water can be contamination by human beings and cattle.
- Teacher should explain the importance of boiling/treating water collected from unprotected source.
- If the school does not have a safe water source with-in 500 meters, then all pupil should be asked to bring everyday drinking water from their homes in a bottle. Class monitors can do periodic checking along with members of the designated group of this activity.
- In the absence of drinking water tank fitted with taps in a school, drinking water must be stored in covered vessels, a pot fitted with handle should be kept with vessel, so that those while taking out drinking water should not dip fingers in it.
- Teachers of all classes should organize tours (pupil of one class per week basis) around the community to point out protected/safe and unprotected/unsafe water sources to their students. While carrying out this exercise teacher(s) and members of the designated group (of safe drinking water management), must talk to community/household members about the importance of boiling/treating water and why to consume safe water.
- Pupil should be taught to carry out drinking water quality test through H₂S strips to find out if water is having any bacteriological contamination? These test can be carried out on periodic basis (may be on every month). Pupil can also carry out similar test in their communities along with WASHCOM/VHP members.
- Students will be encouraged to put up drawings and simple messages related to

handling of drinking water on the hygiene corner in their school.

- Students of senior classes can be helped to develop a format for noting their observations with regard to water handling practices prevailing in their own homes, in the homes of their peers and in other homes in their neighbourhood. The teacher should raise issues related to the handling of drinking water in PTA meetings and share the students' finding with the parents.
- Key Messages:
 - Drinking safe water protects from various diseases;
 - Collect drinking water from protected/ safe source only;
 - Boil/treat water if it is not collected from protected/safe source;
 - Don't dip fingers while taking out drinking water from vessel;
 - Always use a cup/ glass fitted with a handle (ladle type pot) to take out drinking water from vessel
 - Use separate cups for drinking and taking out water from vessel;
 - Water vessel must remain covered all the time.

C) Safe excreta management (including child's excreta)

- Why safe disposal of human excreta is important?
 - Children are most vulnerable to excreta related diseases and open defecation makes people sick. Any such sickness give financial burden to families as they spend money for treatment and loose man-days to earn.
 - Open defecation spreads foul smell and breeding ground for insect (flies, cockroaches etc), which act as agent for spreading diseases.
 - Exposed excreta contaminate drinking water and is a major cause for epidemic including diarrhoea and cholera.
- Why should a school have separate latrine for boys and girls?
 - Open defecation in and around school exposes pupil to unhealthy environment.
 - A safe latrine promotes clean and healthy surroundings and keeps the school free of foul smell.
 - If two pit water-seal latrines (subject to availability of water for flushing) are constructed in schools, then it can serve as demonstration unit for the catchment community.
 - Latrine provides privacy, especially for girls, and is convenient during the rainy



and winter seasons. It is also a basic requirement of Menstrual Hygiene Management (MHM).

- Clean and hygienic latrines in a school increases enrolment and child retention in the school especially the girl child.

- ACTIVITIES

- If school has pit latrine then children should be taught (by members of the designated group) that after defecation they should cover the drop-hole with a cover, so that flies should not come-up from inside the pit.
- Teachers, EHC members and designated group members must ensure that in any circumstances children should not be allowed to defecate outside the drop hole. Small pupil should also be taught that they have to defecate inside the hole and not on the surface of toilet.
- Every teacher must ensure that she/he has constructed a latrine preferably a pour flush water- seal latrine (subject of availability of water for flushing) in the house and that all the members of her/his family use it.
- If school has two pit water-seal latrine then children should be taught how to use it through these activities (i) the pan should be wetted with water before use. (ii) Feet should be properly positioned on the foot-rest to ensure that excreta and urine drops into pan. (iii) After use water should be used to flush excreta/urine (iv) pan should be cleaned on regular basis with brush and detergent or liquid soap by group of children on roster basis.
- In no circumstances students should be allowed to throw stones, waste paper, and leaf in the pan.
- The teachers of all the classes must explain to students the need for washing hands with soap after defecation to wash away disease-causing micro-organisms which stick to the hand after anal cleaning. The teacher should also demonstrate how to operate foot driven jerrycan type tippy tap.
- Once a week all jerrycans must be cleaned from inside with brush and soap.
- The teacher should guide pupils to motivate their parents to construct a latrine at each home of the catchment community and also install foot driven jerrycan type tippy tap in each home.
- Pupil must take a lead role under the guidance from EHC facilitator(s) to make catchment communities Open Defecation Free (ODF).



- Pupils should also involve in advocacy with community members for construction of more latrines in the school (separately for boys and girls)
 - Pupil will be encouraged to put up drawings and simple messages related to safe disposal of excreta on the hygiene corner in school.
- Key Messages:
 - Construct a latrine at home, use it and disposed of children excreta into it;
 - Encourage children to defecate in the latrine;
 - Exposed human excreta cause diseases and makes people ill;
 - For good health defecate only in latrines;
 - Cover drop hole after defecation.

D) Food and home hygiene

- Why are they important?
 - Homes that are damp, dark and stuffy are unhealthy to live in as they get little sunlight and fresh air.
 - If they are not swept and mopped daily, they attract disease carriers such as rats, flies and cockroaches.
 - Contaminated food causes diseases such as diarrhoea and cholera etc which could lead to absenteeism from schools, poor academic achievement and increased drop out from school.
 - Food handled by unwashed hands with long fingernails gets contaminated as disease-causing organisms are transferred from the dirt on the hands and from under the nails to the food.
 - Food left uncovered can also become contaminated and unfit for eating as it attracts animals, flies and other insects.
 - Vegetables and fruits are often contaminated because of open defecation in fields by human beings. If eaten raw & unwashed, cause diseases.
 - Stale food and food that smell foul, if eaten, cause diseases.
 - Inadequate food hygiene causes diseases that lead to retarded growth and stunted development
- How can Food and Home Hygiene be maintained?
 - The house should be well ventilated to allow plenty of fresh air and sunlight to come in. It should be swept well and mopped daily.
 - Children's and infants' excreta should be immediately disposed in the latrine or in a pit dug in the ground and later covered with soil to prevent flies from sitting on it.



In no circumstances child's excreta is thrown with garbage or in open.

- Vegetables/fruits should be washed well before they are eaten raw/cooked.
- Food, which is stale and smells foul, should not be eaten.
- Food remnants should be safely disposed away from home
- Plates/utensils used for eating/cooking should be washed immediately to keep away flies, cockroaches and pets.
- Cooked food should always be kept covered to protect it from flies, pets and other stray animals. A food safe can be used to store the food at home. Hands must be washed well with soap and water before cooking food, before serving it and before feeding children.
- Food, which has fallen on the ground, should not be eaten.



- ACTIVITIES

- Students should be guided by the teacher to motivate their parents to keep their homes clean and well ventilated. Students will also be encouraged to assist their parents in sweeping and mopping the house and in disposing off the household garbage in the community garbage pit.
- Teachers will explain to the students the need for maintaining good hygiene at home, to handle food with washed hands and to keep food covered.
- Vendors selling exposed food should not be allowed to sell their products in or near the school.
- Teachers should explain to the students why exposed food from vendors should not be eaten.
- Students should be taught about washing raw vegetables and fruits before eating.
- Each class should take responsibility to sweep their class room and keep it neat and clean.
- Posters/drawings/sketches with messages on food and home hygiene, prepared by the students, can be put up on the walls of the school. Simple messages can also be written on school walls in consultation with LGEA, SBMC etc.
- The senior pupil will be given the task of monitoring the habits of the younger students such as not eating food, which has fallen on the ground, not buying foodstuff from vendors selling exposed food etc.

- Key Messages
 - Food fallen on ground should not be eaten.
 - Don't allow flies to sit on food, keep food covered.
 - Keep home and kitchen clean.
 - Unwashed fruit/vegetables should not be eaten.

E) Environmental Hygiene including solid and liquid waste management:

Waste water management

- Why it is important?
 - Mosquitoes breed in stagnant water and spread diseases like Malaria.
 - Stagnant water smells rotten, looks dirty and makes it difficult for people to reach to water source.
 - Waste water carries germs and bacteria from the surface dirt. If this dirty water is left to accumulate around water source, it soaks through soil and contaminates ground water. This contaminated water, when consumed, causes diseases such as diarrhoea.
- How can waste water be disposed?
 - The source of water (tap/hand pump) must have a concrete platform around it to prevent water from soaking through the soil and contaminating ground water.
 - The platform also must have a drain, which leads waste water into a natural drain. As an alternative, waste water from kitchen/bathing cubical can also be disposed of in a soakage pit.

Disposal of garbage

- Why is it important?
 - An unclean school with accumulated garbage is a health hazard and is not favourable to pupil's learning. The school should, therefore, be kept clean and litter free.
 - Accumulated garbage provides a breeding ground for harmful insects including flies, insects, cockroaches and invite rats, all of them spread infectious diseases.
 - The micro-organisms which cause another fatal disease, "tetanus" also breed in garbage and animal excreta.



- How can garbage be disposed?
 - Every class must have a small basket or a dustbin for collecting garbage of the classroom. The garbage of dustbin must be thrown into a large garbage pit dug within the school compound with help from PTA/SBMC and once it is filled it should be covered with soil and then another pit should be dug. Even two garbage pits can be dug – one for degradable items and second non degradable items, such as polythene bags, water bottles, glass pieces etc.

- ACTIVITIES related with waste water

- Groups of pupil from senior classes (on roster basis) should be given the responsibility of cleaning the platform around water source and also the drain which leads waste water to a natural drain or soakage pit. The surroundings of the platform (if water source is situated within the school compound) should also be kept clean.



- Members of the designated group (for this domain) must observe entire premises school, where possibilities of water accumulation are there and look for solution to fill depressions.
- Members of the designated group (for this domain) in consultation with EHC coordinator(s) must construct soakage pits to drain away waste water from water source (if there is no nearby natural drain).
- EHC members must encourage pupil to put up drawings and simple messages related to safe disposal of waste water and garbage on the hygiene corner in school.
- Pupils be taught to apply oil film on stagnant water to avoid breeding of vectors.

- Key messages:

- Stop seeping of waste water through soil
- Waste water should not be allowed to stagnate – Mosquitoes breed on it
- Mosquitoes spread Malaria and Dengue.

- ACTIVITIES related with Garbage disposal

- Teachers and EHC members must help pupil of all classes to develop a habit of throwing waste paper, pencil shavings, etc., into the class dustbin. The monitor of the class can be given the responsibility of monitoring this habit.
- Group of pupil in each class should be made responsible, on a rotation basis, for emptying the classroom dustbin into the school dustbin/garbage pit everyday.
- Members of the group (designated for this domain) must ensure that pupil do not

- litter the school premises, playground with paper, leftovers of food etc.
 - Pupil of the respective classes must clean their classroom atleast once a week.
 - Pupil must be motivated to tell their parents to construct garbage pits for the disposal of household garbage.
 - The PTA/SBMC meetings should be used as a forum for motivating them to contribute towards dustbin, dusters, brooms etc. for the school and also to construct a garbage pit.
 - Pupil must be encouraged to put up drawings and simple messages related to hand –washing and other hygienic habits on the hygiene corner in school.
- Key Messages:
 - Garbage should be thrown only in pit
 - Animal excreta should also be thrown in a pit, otherwise it attracts flies

Environmental Hygiene

- Why is it important?
 - Open and indiscriminate defecation at schools and in community along with unsafe disposal of children excreta, smell foul and look dirty. It also attracts flies, which transfer disease- causing organisms from excreta to food.
 - Household garbage, thrown by people on the streets, attracts disease carriers such as cockroaches, flies, and rats' etc., and other insects.
 - Stagnant water in drains, around community water sources and on the streets provides a breeding place for mosquitoes, which spread malaria and dengue.
 - Filth and animal excreta (such as cattle dung, ducks and hens excreta) provide a breeding ground for the germ, which causes tetanus.
 - A clean community environment is a generic indicator of the hygienic practices of the people living in it.
- How can community sanitation be promoted?
 - Every household must construct a latrine and all the members of the household must use it. Children above two years of age should be discouraged from defecating in the open and be taught to use a latrine.
 - Children/infants excreta should not be thrown in random basis, it must be disposed in the latrine
 - Household garbage should be collected and thrown into community garbage pit.
 - Platforms and drains around water sources and in community should be cleaned on periodic basis and must be repaired, if they are damaged.
 - The PTA/SBMC of the local school can contribute towards construction of enough latrines (separate for boys and girls) and other sanitary facilities in the school.



4



SECTION IV

SECTION IV

9. SCHOOL AND COMMUNITY: INTER-FACE

- Children come to school from a community and after school hours they go back to the community, where they live with their family. It is generally perceived that what children learn in school through life skills, they communicate the same to their parents/ family members. Many studies found that most parents and families were receptive to learning from the children; it also found that parents tended to trust the information their children brought home from school. Children force their family members to wash their hands with soap after defecation or before eating food.
- Children's impact on family decision-making in the wider water, sanitation, and hygiene (WASH) sector has been particularly apparent in the context of Community-Led Total Sanitation (CLTS) interventions. Children have been found to play several roles in ending open defecation, including: awareness raising, collecting baseline information, developing indicators, disseminating information, and influencing their parents to build toilets. Children have also been successfully trained to deliver hygiene knowledge to adults.
- To strengthen the hygiene and sanitation related bonds between the school and its catchment communities it is proposed under these guidelines to carry out a few activities, some of them are proposed to be joint activity and some to be done by school pupils.

Activities for Inter-Face

a) Hygiene Day

- The school can observe every third Friday of a month as a 'Hygiene Day', and similarly last Saturday of every month can be observed as "Hygiene Day" in the community.(or particular day can be decided by PTA and WASHCOM as per willingness of community members and school administration).
- During Hygiene Day at Schools, students along with teachers and parents can clean the surrounding of their school so that school looks clean, good and litter free.
- Similarly, Hygiene Day in community is an opportunity for the community members to clean the surrounding of their community including drains. This should be observed directly under the guidance of WASHCOMs and village elder

or natural leaders. School children should also take part in cleaning their community (once a month).

b) Knowledge Attitude and Practice (KAP) Survey

- Teacher can help students of senior classes to conduct hygiene/sanitation related a small survey in the community with an objective to know sanitation status and hygiene behavioural practices. The format given in Annexure - I, can be used for this survey (if necessary, the format can be modified as per the local requirement). While doing the survey teachers/students should motivate household members to construct 'a latrine' in their houses.
- The survey should be conducted at the beginning of the "Hygiene Promotion in and through Schools" programme in every school. This will help the teachers and students to understand the need for the intervention and reach to the community. It will automatically generate debate in the community, as a result process of community participation will begin. The survey results and observation can also be brought to the attention of the parents, WASHCOMMs, VHPs, religious, natural leaders, LGEA officials, LGA WASH team members etc.
- The KAP survey results will form the baseline on the sanitation status and people's behaviour and practices towards sanitation and hygiene practices. Then at the beginning of the academic session every year, a quick survey can be taken to assess the impact of the "Hygiene Promotion in and through Schools" programme.
- Survey can be done in two ways (i) EHC coordinators along with other teachers and a group of senior pupil can visit community and fill the survey instrument among at least 20% sampled household. (ii) a selected group of senior pupil can be given question of one domain of hygiene and they fill it in the community and bring back the filled form next day and give it to EHC coordinator and same children take up next set of question for second domain of hygiene and this can continue for a few days. EHC coordinators in turn transfer the data of questionnaires into a register with help from class V and VI students and analyse the data.

c) Procession/parade by school children in the catchment communities

- The first activity of launching the "Hygiene Promotion in and through Schools" programme will began by taking out procession/parade by the school children in their catchment communities, by showing hygiene promotion messages in local language and shouting hygiene related key messages on hand made placard.
- This will set the tone among community members to know more about "Hygiene Promotion in and through Schools" programme and also give confidence to children to talk more about adopting hygiene practices and use of latrines and stopping of open defecation.

10. GUIDE FOR AWARENESS CREATION¹⁸

- Activities in the school
 - The school can cover different aspects of each of the five domains of hygiene, one after the other, as the 'thought for the day' during the morning assembly, on the five days of the week on which the school functions. Day and activities with pupil's group number are as under:-
 - Monday: Personal hygiene with emphasis on Hand Washing with soap; (Group-1)
 - Tuesday: Safe drinking water management; (Group-2)
 - Wednesday: Safe excreta management, including child's excreta; (Group-3)
 - Thursday: Food and home hygiene; (Group-4)
 - Friday: Environmental hygiene including solid and liquid waste management. (Group -5)
 - As per above- mentioned schedule, every day EHC coordinators/teachers should speak on one component of hygiene as 'thought for the day' during the assembly. Teachers/EHC member should also put up slogans, key features related with "thought for the day" in the notice board/hygiene corner of the school.
 - Pupil should be encouraged to recite poems related with "thought of the day" or make drawings/sketches related with particular component of hygiene.
 - One lesson a week can be set aside class-wise to look after the general cleanliness of the school and classroom. The class teacher can also relate the activities to the 'thought for the Day'.
 - Six groups among EHC members must be formed by mixing pupil from different classes (preferably from V and VI classes) and assign a different task related to each component of domain (Five) to each group on the rotation basis and sixth group must look after general things like Group Hand Washing etc.
 - Each of the group should be given some name/ identification of group members, related with each activity. (The group names can be decided by EHC facilitator(s) during their training)

- Group activities should be as follows:

A. GROUP I (*Personal hygiene and hand washing with soap*)

- Ensure that students wash their hands with soap after defecation and before eating and participating in daily Group Hand Washing activity;

¹⁸Adopted from sanitation in schools, UNICEF, Tajikistan

- Ensure appropriate availability of soap and water for hand washing;
- Ensure that all Group hand washing bottles or tippy taps are filled with clean water in the morning;
- Ensure that Group hand washing bottles are cleaned from inside with soap and brush at least once a week;
- Ensure that jerrycan type foot operated tippy taps is installed outside each latrines, water is filled daily and jerry can are cleaned from inside once a week with soap and brush;
- Ensure that the class monitor of each class periodically check the personal hygiene of each student in the class by checking nails, teeth, hair etc.;
- Ensure that students should not to play with the dirty water/waste water by putting their hands, feet or shoes;
- Ensure that children come to school by wearing slippers/shoes and bare feet.

B. GROUP II (*Handling of drinking water*)

- If the school does not have a safe water source then EHC members should instruct all the children to bring drinking water in a clean bottle for drinking only;
- Ensure that vessel is covered while being carried with drinking water from source to storage point and also kept covered;
- Ensure and help other students that in any circumstances fingers are not dipped in drinking water vessel;
- Ensure that different cups are used for taking out water from vessel and drinking of water;
- Ensure that water storage vessel is cleaned daily and water tank (if used for storing drinking water) is cleaned at least once a month and properly chlorinated;
- Group members should be trained how to take sample of water for 'bacteriological H₂S strip test', and how to keep bottle in warm place etc.

C. GROUP III (*Disposal of excreta*)

- Ensure that each student defecate only in the school latrine in a proper way;
- Observe once a day that latrines are being kept clean by the students who are made to in-charge in rotation to keep latrines clean;
- Ensure that a foot operated jerrycan type tippy tap is installed outside latrines for boys and girls and soap is available for hand washing with soap. Till the time tippy tap is not installed soap, bucket filled with water and a mug/bowl is kept outside latrines to wash hands with soap by pupil.
- Ensure that pot or vessel outside the water-seal latrine (if it is here in a school) is remained filled with water to be used for flushing excreta (if there is no storage tank available).
- Ensure that drop hole cover is provided for the latrine

D. GROUP IV (*food and home hygiene*)

- Ensure that each classroom is kept clean and mopped regularly and garbage is thrown in dustbin or garbage pit;
- Ensure that raw vegetables and fruits are eaten only after washing them well with safe water;
- Monitor the habits of the younger pupil; such as not eating food that has fallen on the ground, not buying foodstuff from vendors selling exposed food etc.

E. GROUP V (*Environmental hygiene including solid and liquid waste management*)

- Clean regularly platform and drains around water storage tank, water source (if any) and taps;
- Ensure waste water is not accumulation anywhere in the school premises;
- Ensure that soakage pit is constructed and not overflowing;
- Ensure that each day before closing of the school each class dustbin is emptied in the school garbage pit/ dustbin;
- Cover the garbage in the garbage pit with a layer of soil once every week;
- Ensure that young pupil do not litter school ground with paper, food leftover etc.;
- Ensure that every third Friday of the month is observed "Hygiene Day" in the schools and invite parents and WASHCOM members to participate in cleaning the school environment.

F. GROUP VI (*General*)

- Ensure that all sickness/disease related information from the community is noted in the designated register in the school under the guidance of the teachers/EHC facilitators;
- Ensure that all mortality related information (especially for children under five years of age) is reported and noted in the designated register;
- Report to the EHC facilitators/teachers about the latrine construction progress in the catchment communities;
- Ensure that senior children of class V and VI are regularly helping the class I and II students to learn the hygienic practices like how to wash hands with soap, how to defecate in a proper way in a latrine;
- Ensure that dirty /muddy water is not poured in the tippy tap bottles of Group Hand washing;
- Ensure that once a week tippy tap bottles are cleaned from inside with brush and soap/detergent;
- Ensure that sufficient water is available in buckets for refill of tippy tap bottles, when children are involved in daily Group Hand Washing activity.
- Ensure that soap is available for hand washing, otherwise inform EHC members or teacher(s), well in advance.
- Ensure that overall, environment of school is hygienic and every pupil is participating in the activities

G. GENERAL ACTIVITIES

- The school authorities in consultation with LGEA and LGA WASH team can conduct open/inter-school essay and drawing competition on various aspects of the hygiene at the level of ward or LGA. Token prizes can be given to the winners. These competitions can be held as a part of the annual day celebrations or special occasions etc.
- Competitions can also be held to judge the cleanest school at Ward and LGA levels, where the concept of cleanliness encompasses personal hygiene and environmental sanitation. Three best schools can be given prizes / rolling trophy / certificates as incentives.
- The pupils will be encouraged to develop permanent displays on any or all domains of hygiene. The displays can be in the form of a collection of drawing, information sheet, slogans, poems, cartoons etc. These displays can be put up on the hygiene corner in school or on the walls in the head teacher/ staff room. They can also be exhibited during "Annual Day Celebration" where parents of students and other community members are invited to see them.
- The Teachers will provide parents with information on cost and design of water-seal latrine and create awareness about linkages between safe water, sanitation and Hygiene practices.
- To disseminate information to parents about sanitation facilities and hygiene practices, Teachers will use PTA meetings as a forum.
- Observe that how pupil are improving the hygiene behaviours of their family members, and how community is changing towards hygienic practices.

11. HOW TO GO AHEAD – IMPLEMENTATION PLAN STEPS)

- Before launching the "Hygiene Promotion in and through Schools" programme, it is necessary that EHC facilitator(s) should prepare an action plan for effective implementation with support from EHC members. The plan should clearly mention the steps in chronological way and should include identification of activities; and duration for each activity etc. (teachers will be trained on how to prepare action plan during their training).
- After the training, EHC facilitator(s) must take following steps for effective implementation of the programme with emphasis on high level of visibility, children participation, community members participation and effectiveness and sustainable partnership. The steps are in two parts and following:-

(i) Steps before launching the programme:

1. Meeting with other staff members and their sensitization on “Hygiene Promotion in and through Schools” programme;
2. Formation/re-formation of EHCs and formation of six separate groups comprising pupil from senior classes only.
3. Training of EHC members and pupil's groups (six) as described in the previous chapter;
4. Meeting of PTA/SBMC (formation of PTA if it does not exist);
5. Meeting with WASHCOM members;
6. Meeting with LGEA, LGA WASH team etc.
7. Preparation and installation of Tippy Tap stands for Group Hand washing activities with help from parents/ PTAs/SBMC; Also installation of foot operated jerrycan type tippy taps outside the school latrines.
8. Conducting KAP Survey
9. Preparation of annual activity plan for implementation;
10. Identification and creation of slogans (for each component);
11. Preparation of information sheet on KAP survey result;

(ii) Other steps from launching on wards:

1. Launching the programme in school;
2. Launching the programme in community;
3. Activities for each component/ each day;
4. Setting-up of 'Hygiene Corner' in the school;
5. Creating awareness for improving sanitation and hygiene in the community by “Hygiene Promotion in and through Schools” programme;
6. Monthly review;
7. Essay, painting and other competitions and Cultural show on school annual day and prize distribution;
8. Monitoring and Impact assessment.

Detailed activities under each step

1. Meeting staff members and their sensitization;

- This is a first step for the effective implementation of the “Hygiene Promotion in and through Schools” Programme. Prior to this, it is expected from the concerned teacher that immediately after the training he/she carefully read the guidelines on “Hygiene Promotion in and through Schools” in Nigeria and also shares those guidelines with head teacher (if head teacher did not go for training).

He/she should undertake following activities after return to school from training: -

- a) After return to school, he/she should brief the head teacher (if head teacher did not go for training) about the training, guidebook, and about the “Hygiene Promotion in and

through Schools” Programme, its objectives, and steps to be followed for implementation of the programme.

- b) In consultation with the head teacher the trained teacher will fix a meeting with entire staff of the school and in that meeting all other teachers will be sensitized on “Hygiene Promotion in and through Schools” concept and implementation aspects. The trained teacher should try to develop a partnership with other teachers for the effective implementation of the programme.
- c) Minutes of this meeting should be written in a separate register, which can be named as “Hygiene Promotion in and through Schools” register. All the proceedings, minutes, resolutions and decisions taken in the meeting, etc. should be noted down in the meeting with proper date, signature of participants and convener.

2. Formation/re-formation of EHCs and six groups comprising senior pupil

- a) As mentioned in chapter 5 of this guidebook, teacher must constitute/re-constitute EHC in the schools, by nominating/selecting/electing 10-15 pupil from all classes and explained them the concept of “Hygiene Promotion in and through Schools” and importance of life skill based daily activities in the school, as well as role of pupil in improving the sanitation and hygienic practices in their families and among the community members.
- b) Besides, EHC, teacher should form six groups comprising pupil from senior classes (both boys and girls) with minimum 5-6 pupil in each group and assign them job of each domain of hygiene promotion and to sixth group assign general responsibilities including operation and maintenance of tippy taps or daily group hand washing activity and foot operated jerrycan type tippy tap, besides other responsibilities.

3. Training of pupil's groups (six) as described in a chapter 10;

- a) The EHC facilitators /trained teacher(s) will form the six groups among (5-6 pupil in each group)and give responsibilities to them for each of the five domains of hygiene as well sixth group will be given some other responsibilities as mentioned in Chapter -10 of this guidelines. Each of the group must be trained as per details mentioned for each domain in chapter 8 of these guidelines.

4. Meeting of PTA/SBMC (formation of PTA if it does not exist);

- a) The EHC facilitators /trained teacher(s) in consultation with the head teacher will call a meeting of PTA/SBMC and brief them about the concept of “Hygiene Promotion in and through Schools” and seek their financial support to install new water and sanitation facilities, rehabilitation of old/defunct facilities and their active support for implementation of the programme.
- b) All decision taken in that meeting must be recorded in a separate register calling it PTA/SBMC meetings.

5. Meeting with WASHCOM members

- a) The EHC facilitators /trained teacher(s) along with head teachers and EHC members must have separate meeting with WASHCOM members and try to know the status of water, sanitation and hygiene practices in each of the catchment community. Also try to find out how there can be a collaboration between WASHCOM members and pupils for enhancing the hygiene practices and sanitation status in the community.
- b) In case WASHCOMs are not constituted in the catchment communities, then trained teachers along with EHC members must meet village elder, natural leader, religious leader and apprise hem about "Hygiene Promotion in and through Schools" concept and seek full cooperation for implementation of the programme. The details of these meetings must be recorded in a register.

6. Meeting with LGEA, LGA WASH Team etc.

- a) The EHC facilitators /trained teacher(s) seek an appointment with LGEA and LGA's WASH team members and accordingly fix a meeting in the schools only and brief them about "Hygiene Promotion in and through Schools" and seek their support for implementation of the programme. Matters discussed in that meeting must be recorded in a register.

7. Preparation and installation of Tippy Tap stands for Group Hand washing activities with help from parents/ PTAs/SBMC;

- a) During the training of teachers for implementation of "Hygiene Promotion in and through Schools" programme, they will also be trained on installation and use of tippy taps in their schools for group handwashing with soap during the break, as well as hand washing with soap after defecation through foot operated jerrycan type tippy taps.
- b) Teachers must seek support from PTA/SBMC for installation of tippy taps with minimum two stands per class with holding of 10-12 bottles on cross bar of in each stand. If number of pupil are beyond 500 in the school then more tippy tap stands must be installed for each class.
- c) Also, secure continuous flow of soap from PTA/SBMC for washing hand with soap by the pupil.

8. Conducting KAP Survey

- a) The EHC facilitators /trained teacher(s) should train members of the each group on their respective assigned domain/component and how to conduct KAP survey.
- b) Conducting KAP survey will be the first intervention for introducing the programme in the community. When students/teachers will visit number of houses to conduct the survey, the questioned like why? what? may be asked to them by the community members. This will give opportunity to survey team to explain to the community members about the "Hygiene Promotion in and through Schools" programme and need for construction of a latrine in each household as well as in school (separate for boys and girls). This will be the

first inter-face between the school and community on the proposed intervention.

- c) Teacher in consultation with LGA WASH team must carry enough survey sheets (minimum 20% of household in a community must be sampled on random basis) for survey.
- d) Survey can be done in two ways (i) EHC coordinators along with other teachers and a group of senior pupil can visit community and fill the survey instrument among at least 20% sampled household. (ii) a selected group of senior pupil can be given question of one domain of hygiene and they fill it in the community and bring back the filled form next day and give it to EHC coordinator and same children take up next set of question for second domain of hygiene and this can continue for a few days. EHC coordinators in turn transfer the data of questionnaires into a register with help from class V and VI students and analyse the data.

9. Preparation of annual activity plan for implementation;

- a) Meeting with village/community leaders, PTA/SBMC, LGEA, LGA WASH Team will give a confidence to the EHC facilitators /trained teacher(s) to launch "Hygiene Promotion in and through School" at once. But it is advisable to list first all the activities in the format (as learnt during the training). Accordingly the final activity plan for the whole year shall have to be prepared, by mentioning month wise and week wise activities. The final activity plan should be discussed with the head teacher, EHC members and PTA besides other teachers of the schools. The sample for preparation of yearly activity plan is attached as Annexure III

10. Identification and creation of slogans (for each component);

- a) On the basis of indicators available from the KAP survey results the trained teacher along with other teachers of the school and if possible then with some community members try to coin some slogans on each component of hygiene. These slogans should be noted down in the "Hygiene Promotion in and through Schools" register". Also these slogans can be written on a big size paper which should be pasted and hung in the class rooms, outer wall and notice boards of the schools. If possible then a portion of the school wall can be painted with paint and sanitation slogans can be written on them. The slogans should lead to motivate the children and community members for necessary intervention to improve the sanitation and hygiene related behaviour.

11. Preparation of information sheet on KAP survey result;

- a) The survey results will show the sanitation status and hygiene behavioural practices in the community. An information sheet should be prepared, on these results stating the indicators about hygiene behaviour practices in the community. A draft of the information sheet will be shared with teachers during their training. Sample is in the annexure -II.
- b) Similarly, in separate information sheet(s) name of the students of each hygiene group should also be mentioned (pupil will be encouraged with this) and displayed in various places in the school.
 - (ii) Other Steps

12. Launching the programme in school

- a) After completing the first 11 activities the EHC facilitators /trained teacher(s) should brief the head teacher about it and then they should launch the programme in the school by informing the children during the morning assembly (meeting). During the announcement the outline of the "Hygiene Promotion in and through Schools" programme and a brief description of proposed activities (as per activity plan) should be mentioned. If school has two shifts, then the launching exercise should be done in both shifts.

13. Launching the programme in community

- a) This is one of the crucial activity to be undertaken by the school for the introduction of the "Hygiene Promotion in and through Schools" Programme in the community (inter-face) and to get their support from them for the programme. The school children can visit the community in a procession/parade chanting and singing hygiene promotion and sanitation related messages and displaying some placards. Following things to be kept in mind for it. (EHC facilitator can coin/write down some song on hygiene promotion, hand washing with soap, use of latrines, end open defecation etc and rehearsed the same with children 2-3 days in advance of the procession day.
 - i) This activity should only be undertaken after consultation with community leaders and representatives of PTA. If they agree the children should be told 2-3 days in advance about this procession.
 - ii) Selected slogans concerning each of the domain of the hygiene promotion must be written on paper and pasted on placards. If possible then prepare few banners (2feet x 4feet of size) and write ""Hygiene Promotion in and through Schools" programme on it.
 - iii) Children should chant Sanitation and Hygiene Promotion and sanitation related slogans and also sing related songs.
 - iv) Two days rehearsal should be done in the school about chanting the slogans.
 - v) Children should move to the community in two/ three rows during the procession.
 - vi) Smaller/younger children should be kept in front and senior should remain in rear.
 - vii) All the teachers of the school should accompany the procession.
 - viii) The procession should come back to school, the way it started.
 - ix) While passing through the community streets, community members, parents should be encouraged to join the procession.

14. Life skill based daily activities for each domain of hygiene

- a) This is the most important activity, or we can call it a backbone of the programme, where five domains of hygiene are taught on a daily basis and repeated throughout every week/month and year on the fixed day. Please look at the chapter -10 of these guidelines see that one "Thought for the Day" has been mentioned against each day of the week. That thought should be implemented specifically on that particular day and activities

mentioned for each component of the sanitation should be carried out. (This does not mean that activities related with other components will not be practiced). Here emphasis will remain on the “thought for the day”.

15. Setting-up of 'Hygiene Corner' in the school

- a) In consultation with the head teacher EHC facilitators (teachers) must ensure one exclusive space with-in the school compound/room to designate it as “Hygiene Corner”, where children can display their creative work (poem, sketches, painting, clay models etc) related with Water, Sanitation and Hygiene Behaviours.

16. Creating awareness for improving sanitation and hygiene in the community by “Hygiene Promotion through Schools”;

- a) Trained teachers must look for opportunities to disseminate information on construction of latrines in each household in the community and adoption of hygiene behaviours especially (i) 'washing hands with soap' at critical times (ii) no open defecation in any circumstances (iii) handling of drinking water and treating/boiling water if fetched from unprotected sources, like river/ stream or any such source.
- b) Teacher(s) must also interact with WASHCOM members on regular basis to get information about changes occurring in the catchment communities.

17. Monthly review;

- a) The EHC facilitators (teachers) must carry out this once a month. At the end of every month, he/she should collect general information from the leaders of the groups about the change in student's behaviour in general, regarding adopting the practice on various components of hygiene. Teacher should also gather some information about the reaction of community and parents on the programme, and on that basis he/she should prepare/write down a small report in “Hygiene Promotion in and through Schools” programme register. This report should also be read out to students at the beginning of the each week during the morning meeting (assembly). If implementation needs some improvisation / adoption to the local situation or change that should also be informed during the assembly.

18. Essay, painting and other competitions and cultural show on school annual day and prize distribution;

- a) To motivate and keep children's interested in the programme, schools should organize inter-class essay, quiz, drawing and other competitions (related with hygiene promotion and sanitation). This could be organised at least two-three times in a year.
- b) At the end of academic year or at the appropriate time chosen by the school, a cultural show/annual day can be organized in which few items can be incorporated related with hygiene promotion and sanitation and for the best three items prizes can be distributed.

Besides, best class of the year for cleanliness, 10 best pupil of the year for good hygiene behavioural practices can also be awarded.

19. Monitoring and Impact assessment;

- a) The programme will lead to self-monitoring process where children will monitor each – others behaviour change towards the hygiene practices. Similarly children should be asked to monitor behaviour change in hygiene practices among their family members and community. EHC facilitator(s)/trained teachers should carefully note down the observation of children in the register.
- b) However, the school inspector working under LGEA, during his/her routine inspection visits to schools should also look at 'Hygiene Promotion in Schools' programme, by interacting with the children, EHC members, the head teacher and trained teachers. He/she should also look at physical facilities like tippy tap stands, latrines and water points and report to LGEA accordingly. The LGEA inspector must also look at the main register of "Hygiene Promotion in and through School" and write a note on the basis of his/her observation.
- c) LGEA in turn should interact with LGA WASH team and share the monitoring information with them. LGA WASH team inform the RUWASSA and LGEA inform the progress to SUBEB.
- d) After a yearlong activities for the promotion of "Hygiene Promotion in and through Schools", it is expected to leave impact on individual, families and community as a whole. This can be measured by getting the information at the end of year, that how many new household latrines have been constructed; how many less disease (water and excreta born) occurred during the year. The indicators available from the KAP survey can be used as bench mark to assess the actual impact of the programme among children and community members and the impact result should be shared with children and PTA, WASHCOM, LGEA, LGA WASH team etc.
- e) At the end of year the EHC facilitator (s) and the head teacher with the help of other teachers will evaluate themselves (no pro-forma is necessary) the programme and find out positive and negative points of the implementation. Accordingly next year strategy can be improved / changed/ improvised.
- f) Head teacher and EHC facilitator(s) with the help from PTA/ SBMC, WASHCOM must document all the activities undertaken during a years. Photographs and videos (with dates) are good form of documentation.



SECTION V

SECTION:V

Annexure-I

Community KAP Survey Instrument

(To be conducted by teacher(s) with help from children groups from class V & VI)

Family information

1. Name of the head of the family & address : _____
2. (a) Total family members (in that house): _____
- (b) Total No. of Children (Boys/Girls): Boys _____ Girls _____
 - (i) Below five years of age: Boys _____ Girls _____
 - (ii) Primary School Going: _____
 - Boys: _____
 - Girls: _____

A. Personal hygiene with emphasis on Hand Washing with soap	
a)	After defecation do you/family members wash hands? (1) Yes (2) No
b)	If yes, then how do you/family members wash hands? (1) With water only (2) With soap & water (3) With ash and water (4) With mud and water
c)	After cleaning infant's/child's excreta do you/family members wash hands? (1) Yes (2) No
d)	If yes, then how do you/family members wash hands? (1) With water only (2) With soap & water (3) With ash and water (4) With mud and water
e)	Is child excreta equally dangerous as adult excreta? (1) Yes (2) No (3) Don't Know
f)	Do you wash your hands with soap & water before cooking? (1) Yes (2) No
g)	Do you wash your hands with soap & water before eating food? (1) Yes (2) No
h)	Do you wash your hands with soap & water before feeding child? (1) Yes (2) No
i)	Do you know that washing hands with soap at critical times can save your children and family members from many diseases (1) Yes (2) No
j)	Does everyone in the family wear footwear/slippers while moving out? (1) Yes (2) No
k)	Does everyone in the family wear footwear/slippers while going to latrine? (1) Yes (2) No
l)	Are children's nails cut regularly? (1) Yes (2) No

B. Safe drinking water management	
a)	Type of Drinking water source in use? (1) Tap (2) Hand pump (3) Motorized Solar borehole (4) Protected dug well (5) Unprotected dug well (6) River/Stream (7) Spring (8) Pond (9) Dried river bed (10) Others (specify)
b)	Is water used/ brought by you safe for drinking? (1) Yes (2) No (3) Don't know
c)	Do you keep drinking water vessel covered? (1) Always (2) Some time (3) Never
d)	Where do you keep your drinking water vessel (1) on the ground (2) above ground level (3) in the open
e)	Do you cover drinking water vessel while carrying between source and your house? (1) Yes (2) No
f)	Do you wash drinking water vessel daily before filling drinking water? (1) Yes (2) No (3) sometimes (4) once a week
g)	Do you/family members take out drinking water by dipping fingers along with glass in the vessel? (1) Yes (2) No (3) some times
h)	If water is collected from River Stream, Unprotected dug well, Pond or Dried river bed then for drinking purpose do you/ family members? (1) Boil it (2) Treat it (3) disinfect it through solar rays (4) Drink as it is
i)	If you boil it then for how many minutes? (1) 20 minutes (2) 10 minutes (3) five minutes (4) two minutes
j)	If you treat drinking water then with what? (1) Chlorine tablets (2) Solution available in the market (3) Alum (4) Others (Specify)
k)	If you do not boil, treat or disinfect drinking water collected from River/Stream, Unprotected dug well, Pond, Dried river bed or any other such source and drink it as it is, then do you know that it is harmful for you and family members and cause diseases like diarrhoea and cholera or other diseases? (1) Yes (2) No
C. Safe excreta management (including child's excreta)	
a)	Do you have a latrine in the house? (1) Yes (2) No
b)	If yes, what type of latrine? (1) Simple pit latrine (2) Ventilated Pit Latrine (3) Water Seal latrine (4) other (specify)
c)	If answer is (1) in question b) only then ask, otherwise skip it – Do you always keep drophole of the pit latrine covered (1) Yes (2) No (3) some times
d)	Who uses the latrine? (1) Only adults (2) only women (3) All members of the family including children (4) except children all other family members

e)	If No, is the answer to first question, only then ask, otherwise skip it -where do you/family members defecate? (1) In the bush (2) behind the house (3) in the river/stream (4) in open field (5) any where	
f)	Do you know that open/ indiscriminate defecation is dangerous for your/ family members, especially for children? (1) Yes (2) No	
g)	Where does family members /young mothers dispose faeces of children below two years age? (1)with garbage of the house (2) in an open drain near the house (3) anywhere in the surroundings/court yard of the house (4) in a pit (5) in household latrine (6) wash in the bathroom	
h)	Is child excreta as dangerous as of adult excreta (1) Yes (2) No (3) Don't know	
i)	Do you have (any type) handwashing with soap facility in your house? (1) Yes (2) No	
j)	If Yes, then where it is located? (1) close to latrine (2) inside the latrine (3) inside bathroom (4) in the courtyard	

D. Food and home hygiene

a)	Do you keep cooked food covered? (1) Yes (2) No (3) some times	
b)	Do you/ your children buy food from market, which is not covered? (1) Yes (2) No	
c)	How do you/family members/children eat fruits (like guava, oranges, apple) (1) after washing with clean water (2) without washing	
d)	Do you wash vegetables before cooking them? (1) Yes (2) No (3) some times	
e)	While cooking, if your child/infant, defecates nearby then what will you do? (1) stop cooking and clean the child first (2) continue cooking but also clean the child (3) finish cooking first and clean the child later	
f)	After cleaning the child what will you do with your hands (1) wash with water (2) wash with water and soap (3) simply wipe with own cloths	
g)	Does your children some time eat food, fallen on the ground? (1) Yes (2)No (3) some times	

E. Environmental hygiene including solid and liquid waste management

a)	Does waste water from your bathroom or kitchen goes into an open area or on pathway/street? (1) Yes (2) No	
b)	Does waste water stagnates in the court yard of your house? (1)Yes (2) No	
c)	Do you know that mosquito's breed in stagnant water and cause malaria? (1)Yes (2) No	

d)	Have you heard of soakage pit, which allows waste water to flow into it? (1) Yes (2) No	
e)	If answer is No, only then ask - will you like to know how to construct a soakage pit? (1) Yes (2) No	
f)	Where do you throw house garbage? (1) just outside the house (2) in the community garbage pit (3) in the open place in village (4) in a pit dug in the courtyard of house (5) other (specify)	
g)	Before throwing garbage, do you segregate garbage/rubbish as degradable and non-degradable items? (1) Yes (2) No	
h)	Who should clean the surroundings of water source? (1) Users (2) WASHCOM members (3) No need to clean	
i)	Do you think that there is a relationship between spreading of diseases and community sanitation? (1) Yes (2) No	
j)	Who should be responsible to keep the community clean? (1) Community members (2)WASHCOM members (3) Both	
k)	If WASHCOM decides to clean the entire community one day in a month, then will you participate in that community cleanliness drive? (1) Yes (2) No	
l)	Do you keep cattle/ goat/poultry at home? (1) Yes (2) No	
m)	Do you think that it is better to segregate living of family members and cattle/goat/poultry? (1) Yes (2) No (3) Don't know	
n)	Do you think that School Hygiene Promotion programme will be helpful to adopt good hygiene practices by family members / community members and community sanitation? (1) Yes (2) No (3) Don't know	

F. General

a)	Do you know that unsafe water and excreta spread many diseases? (1)Yes (2) No	
b)	If yes, can you name three diseases (1) (2) (3)	
c)	During the last fortnight does any of your children/member of the family were sick? (1) Yes (2) No	
d)	If yes, what was the sickness (disease)? _____	
e)	Are your children periodically infected by worms? (i) Yes (ii) No	
f)	If your child gets Diarrhoea (more than three stool a day), then do you give Oral Rehydration Solution (ORS)? (1) Yes (2) No	
g)	Have you seen the "Watching Eye" a logo for Handwashing with Soap activity? (1) Yes (2) No	

Annexure-II

Information sheet on KAP Survey Result

Name of School:

Name of the Communities covered under the KAP Survey:

Total population of the Community (This fact can be taken):

Knowledge and practices of community members on Water, Sanitation and Hygiene:

a) Personal hygiene

% of people do not wash hands at all after defecation

% of people do not wash hands with soap and water after defecation

% of mothers do not wash their hands at all after cleaning children excreta

% of mothers do not wash their hands with soap and water after cleaning children's excreta

% of people do not think that child excreta is as dangerous as adults

% of people do not wash hands with soap and water before cooking

% of people do not wash hands with soap and water before eating food

% of mothers do not wash hands before feeding child

% of people do not know the benefit of hand washing with soap

% of people do not wear slipper/shoes while moving out

% of people do not wear footwear while going to latrine

% of people do not cut nails regularly

b) Handling of Drinking Water

% of people take/don't take water from safe source

% of people do not know that their drinking water is safe

% of people keep/do not keep drinking water vessel covered

% of people do not keep their drinking water vessel above ground level

% of people cover/don't cover drinking water vessel while carrying from source to home

% of people do not wash their drinking water vessel before filling it

% of people do/don't dip fingers in drinking water (use ladle/handled fitted cup)

% of people boil /don't boil/treat unsafe water for drinking

% of people do not boil water for drinking for 20 minutes

% of people treat their water with (1).... (2) (3) (4).....

% of people do not know that water from unprotect source is harmful

c) Safe excreta management (including child's excreta)

% of people do not have household latrine

% of people have simple pit latrine, % VIP latrine, % water seal latrine, % others

% of people do not cover hole of pit latrine

% of latrine used by all members

- % of people defecate in open
- % of people do not know that open defecation is harmful
- % of people do not safely dispose children's excreta
- % of people do not think that child excreta is dangerous
- % of people do not have handwashing with soap facility at their home
- % of people having handwashing with soap facility close to their latrine.

d) Home food and home hygiene

- % of people do /don't keep food covered
- % of children (household basis) buy uncovered food from market
- % of people do not wash fruits before eating
- % of people do not wash vegetables before cooking
- % of mothers will prefer to stop cooking and clean he defecated child first
- % of mothers do not wash their hands with soap after cleaning their child

e) Environmental hygiene including solid and liquid waste management

- % of house whose waste water goes to streets/pathways
- % of house where waste water stagnates
- % of people do not know that mosquito's breed in stagnant water and cause malaria
- % of people did not heard of soakage pit
- % of people thrown their garbage in the open
- % of people do not segregate their garbage on degradable and non- degradable basis
- % of people think that surroundings of water source cleaning is job of WASHCOM members.
- % of people do not know any relationship between spreading of disease and community sanitation
- % of people think that keeping community clean is job of WASHCOM members
- % of people will not participate in community cleanliness drive
- % of people keep cattle/goat/poultry in their home
- % of people think that animals/birds must be segregated from human beings
- % of people think that WASH in School programme will helpful o adopt good hygienic practices

e) General

- % of people do not know that unsafe water and excreta spread diseases
- Three diseases named by people are 1..... 2..... 3.....
- % of people says during last 15 days sickness were here in their family
- Name of the disease.....
- % of families where children periodically infected by worms
- % of families give ORS in case their children get diarrhoea

Annexure -III

Sample action plan for launching WASH in Schools

No.	Steps before launching the programme	Feb 2016	March 2016			
		4 th week	1 st week	2 nd week	3 rd week	4 th week
1.	Meeting with other staff members and their sensitization on "WASH in Schools"					
2	Formation/re-formation of EHCs					
3	Formation and training of student's groups (six) as described in a chapter-10					
4	Meeting of PTA/SBMC (formation of PTA if it does not exist);					
5	Meeting with WASHCOM members					
6	Meeting with SUBEB, LGA WASH Team etc					
7	Preparation and installation of Tippy Tap stands for Group Hand washing activities with help from parents/ PTAs/SBMC;					
8	Conducting KAP Survey					
9	Preparation of annual activity plan for implementation;					
10	Identification and creation of slogans (for each component);					
11	Preparation of information sheet on KAP survey result;					

No.	Steps (activities) from launching on wards	Academic year 2015-16									
		April				May	June				
		I	II	III	IV	All 4 weeks	I	II	III	IV	
1.	Launching the programme in the school										
2.	Launching the programme in community										
3.	Activities for each component/ each day										
4.	Setting-up of 'Hygiene Corner' in the school										
5.	Creating awareness for improving sanitation and hygiene in the community by "WASH through Schools										
6.	Monthly review										
7.	Essay, painting and other competitions and Cultural show on school annual day and prize distribution										
8.	Monitoring and Impact assessment										

Annexure -IV

Tippy Taps

- The tippy taps are simple and hygienic device to wash hands with soap and running water. Tippy taps have many variations, depending on local materials and aesthetics. Children love it and they enjoy washing hands with soap through it. In the absence of running water, tippy taps are very handy to use it with minimum quantity of water, and hygienic way of washing hands with soap.
- In Nigeria, majority of primary schools, lack access to running safe water and also lack access to soap. Thus pupil are deprived of 'hand-washing with soap' before eating their meals in the schools. Studies have shown that proper hand-washing with soap can reduce the incidence of diarrheal disease by around 45 percent.
- "Tippy Taps" are simple and almost no/low cost solutions for daily Group hand-washing by pupil in their schools or by an individual at their homes after defecation and before eating meals.
- In Nigeria, Group Hand Washing activity was piloted in 14 schools under SHAWN -II project in Chikun LGA of Kaduna state in October 2015, and later in December 2015, it was piloted in a few schools of EU supported two LGAs of Edo, Delta, Bayelsa, River and Akwa Ibom states.
- Since the installation of tippy taps for Group Hand washing is very simple, thus teachers with support from PTAs/parents have installed themselves in the schools, by contribution of empty water bottles, strings, soaps and 'Y' shaped sticks, cross bars and gravel/ cement for drainage.

String operated tippy taps for Daily Group Hand Washing in Primary Schools of Nigeria

- String Operated tippy taps are almost a no/low cost solution for Daily Group Hand Washing by pupil in their schools. They are
 - a) Easy to install;
 - b) Easy to operate; and
 - c) Easy to maintain.

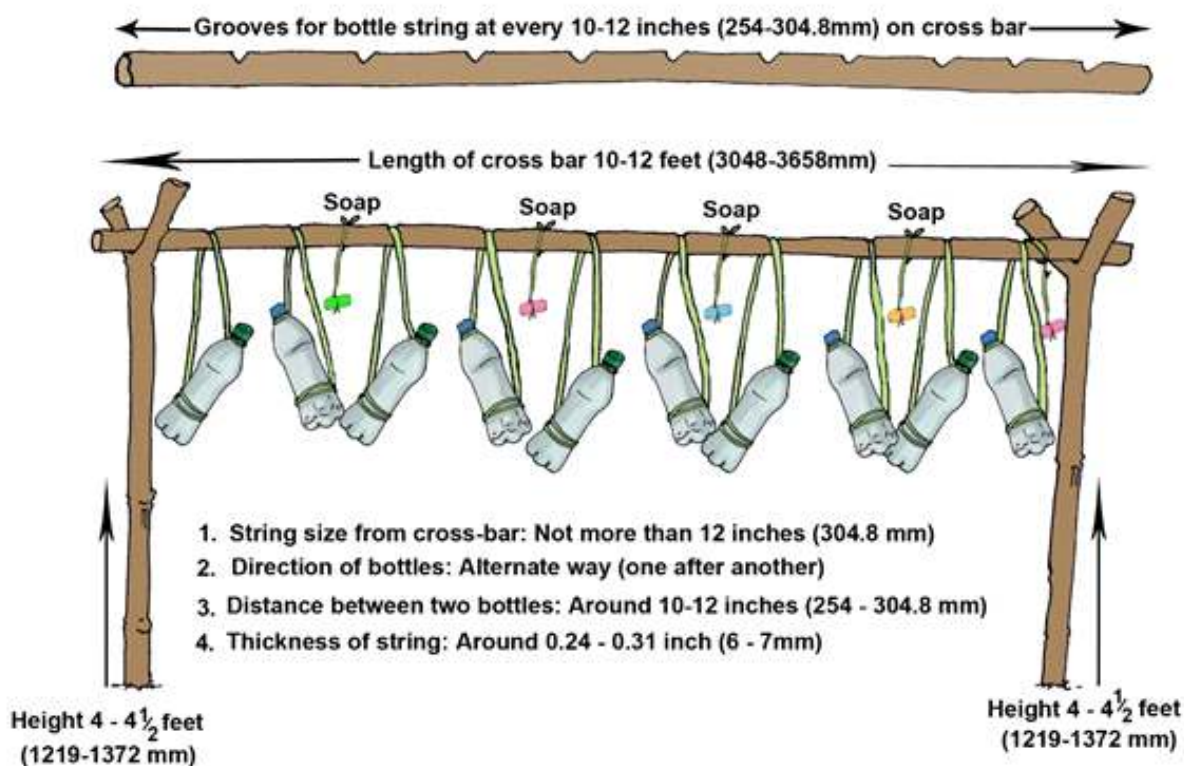
a) Installation of Group Hand Washing Tippy taps in each primary school of Nigeria:

- For each standard (class) minimum two tippy tap stand needs to be installed, with maximum of ten bottles in each stand. If in class I and II pupils are more than accordingly number of stands for these two classes must be increased. The entire purpose of daily Group Hand Washing exercise is to minimize the time for hand washing for each class, so that all pupil of a particular class must be able to wash their hands with soap in a minimum possible time.
- In no circumstances the daily group hand washing with soap exercise go beyond 10 minutes, means all the pupil of one school (irrespective of total numbers of pupil) must

complete their hand washing with soap activity within the stipulated time limit of 10 minutes. Thus according to the number of people proportionate tippy tap stands must be installed.

- All items required for installation of tippy taps, daily operations and for continuous maintenance must be provided by parents, PTAs and SBMC.

Bottle Tippy Tap Specifications



- Following items are required for Installation of one stand of "String Operated Tippy Taps":-
 - "Y" Shaped sticks:** Two "Y" shaped sticks around 5-6 feet (1524 - 1829 mm) long where more than one foot (305mm) portion should dugout below the surface with gravels and stones, so that "Y" shaped sticks are tight and can take weight of water bottles. And after erecting the "Y" shape sticks, the height of a stand is maintained around 4–4.5 feet (1219 - 1372 mm) from the ground level.
 - Cross bar:** A 10-12 feet (3048- 3658 mm) long round and smooth stick (not very thick) for use as cross - bar for holding the bottle strings and for operation of tippy taps. On the cross-bar at around 10-12 inches (254 – 304 mm) of distance minimum 10 grooves should be cut out so that bottle strings could stick to those grooves only and will not move all around on the cross bar.
 - String:** Around 6-7 mm thick string must be tied up on the bottles from both side, one corner of the string at the neck of the bottle, just below the cap and another corner of the string at the bottom of the bottle (like shown in the sketch above).

The length of string from the cross-bar must be around 12-15 inches (305 – 381 mm), when bottle is hung parallel to surface.

- iv. **Grooves on the cross-bar:** Bottles must be kept on each groove in alternate direction (one after another), so that five children can stand in one side of the stand and another five can stand in another side of stand.
- v. **Soap hanging:** After two bottle there must be a soap bar hung with a string for easy accessibility by the pupil.
- vi. **Size of empty bottles:** Preferably use big volume bottle (about 1.5 litre size empty bottle of drinking water),. This is because around 10-12 pupil can wash their hands through one bottle. If small size bottles are used then those bottles needs to be filled again and again
- vii. **Water bottles and holes:** In each bottle, there must be two holes one around 10mm diameter on the cover and another around 8mm diameter on the neck of the bottle, just below the cover. The neck hole will be for air pressure, so that sufficient water is poured out from the cap hole of the bottle.
- viii. **Gravels:** Gravels are needed for spreading below each tippy tapstand for soaking of waste water. In case gravels are not available, then waste water can be diverted to a natural drain, soakage pit or to school garden (if available).

b) Operation of tippy taps:

- i. Every morning the designated group of pupil (sixth group as per guidelines of “Hygiene Promotion in Schools”) with help from other children will fill all the bottles and keep them in hanging in perpendicular shape (cover portion up and bottom portion of all bottles down).
- ii. During hand washing exercise some water must be kept in buckets close to each stand, for re-filling of bottles (incase water in bottles is finished during hand washing activity)
- iii. Pupil during washing their hands activity will pull the front side string down and water will start pouring in from a hole in the bottle cover. After washing hands pupil will pull the rear portion of the string down and bottles will again become in perpendicular shape.
- iv. Daily at the time of closing of school, all soap bars needs to be removed and to be kept in a room and next morning while filling water in bottles designated pupil must hang soaps in each stand daily.

c) Maintenance of tippy taps:

- i. Each water bottle must be cleaned/washed from outside daily.
- ii. Once a week each water bottle must be cleaned/washed with help from a brush or similar device from inside with detergent and clean water.
- iii. In no circumstances dirty water will be filled in the bottles.
- iv. If, due to some precipitation, some kinds of a salt are deposited in the bottom of bottles, then those bottles must be replaced with new one. Otherwise also, each

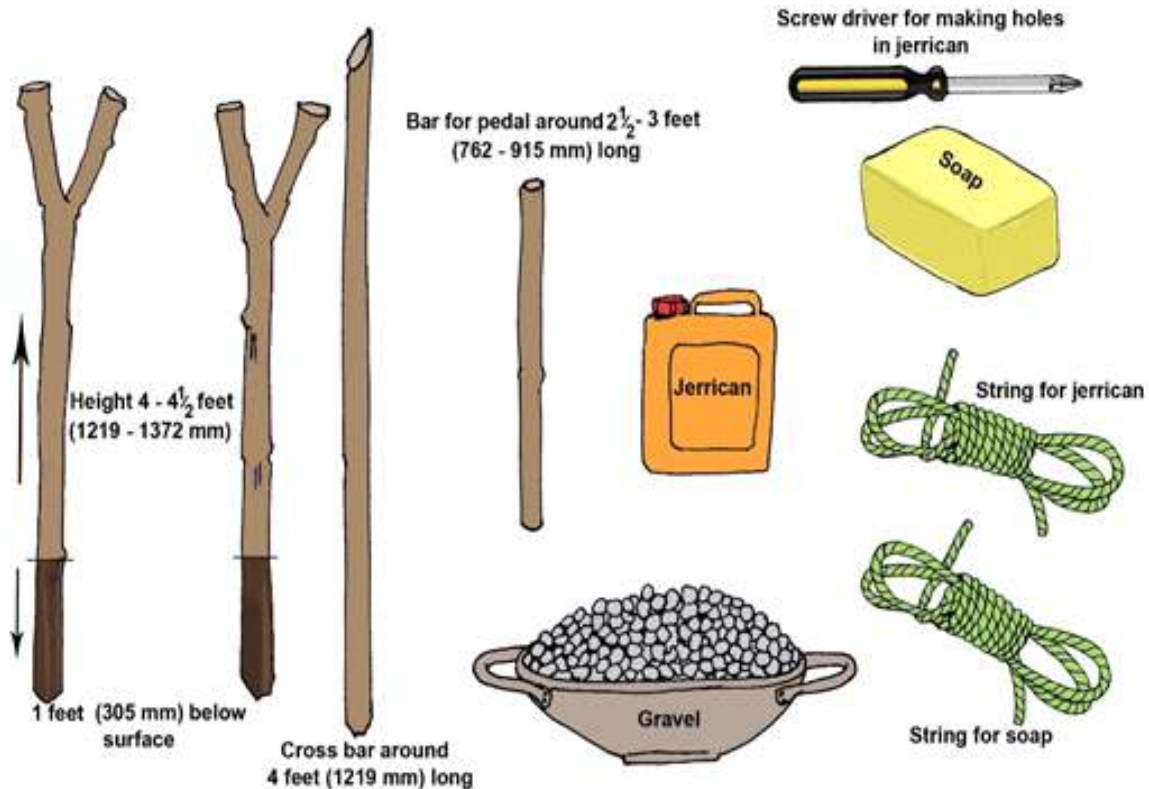
water bottle must be replaced with new one within six months of installation and old bottle must be dumped in a None bio-degradable garbage pit.

- v. In case of any leaking bottles, replacement must be done at the earliest.
- vi. Possible, that in many schools, due to heavy/ high speed winds in the particular months of a year may uproot all or some tippy tap stands. In that case the only alternative is to replace all stands and bottles and erect all stands a fresh installation.
- vii. Soap, empty bottles, strings, crossbar, sticks, gravels must be provided by parents, PTAs or SBMC. The whole idea is to have participatory approach and involvement of parents in conducting the daily group hand washing activity on regular and sustainable basis in each primary school of the country.
- viii. Once any school gets gated boundary wall and functional safe water point within the school premises, then tippy tap stand can be replaced with more permanent structure – such as water tank, long pipes with tap/holes, drainage systems etc.

Jerrycan type foot operated tippy taps:

- This type of tippy tap is operated from a foot and very good for installation at each household level, outside their latrine. Also it must be installed separately outside the boys and girls latrines in a school.
- For its installation following item are required:
 - i. **“Y” Shaped sticks:** Two “Y” shaped sticks 5-5.5 feet (1524 -1677 mm) long as two pillars of a tippy tap systems, out of it about one feet (305 mm) must be dugout below the surface with help from gravels/stones and about 4 – 4.5 feet (1219 - 1372 mm) height must be maintained.
 - ii. **Cross bar:** One another 4 feet (1219 mm) long round shape stick as cross-bar is needed to hold the jerry can. Thickness of cross-bar should accordingly be taken so that stick must fit in into a space available between handle of jerry can and its body. Generally cross-bar stick must not be thick.
 - iii. **Peddle stick:** Another stick 2.5 – 3 feet (762 -915 mm) long is needed to use as peddle, where one portion of this stick is tied up with one pillar of tippy tap and though a string with cap neck of jerrycan. When pressure is put to the paddle, position of jerry can automatically moves and it tilts downwards and water comes out of a hole from jerry can, which is used for hand washing.
 - iv. **Jerry can holes:** A screw driver or thick nail is needed to make two holes in the jerry can. One hole about two inches (51 mm) below the cap and another hole for air pressure at reverse side on the top.
 - v. **Soap:** Soap is needed to be hanged on cross-bar through string.

Specifications: Jerrican Type Foot Operated Tippy Tap



- vi. **Gravels:** A basket of gravel is needed to absorb waste water. If gravel is not available then waste water can be diverted to a natural drain or to the soakage pit.

Operation of foot operated tippy tap:-

- i. Tippy taps needs to be filled daily in the morning after cleaning.
- ii. Whenever hand washing is to be done by any member of a family either after defecation or before eating meals, a gentle pressure needs to be put on paddles and then hands can be washed with soap.
- iii. In the schools, where jerry can type tippy taps are installed outside the boys and girls latrine, separately, there the group incharge of excreta disposal must fill tippy taps every morning, hang soap and observe that children using that tippy taps properly and washing hands with soap.

Maintenance of foot operated tippy tap:-

- I. Both at the schools as well as household level, once a week jerry can must be cleaned from inside through a brush or similar device and detergent.



