UNICEF/IRC
Water, Sanitation and Hygiene Education for Schools

Roundtable Meeting
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Roundtable Proceedings and Framework for Action

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“Water is intimately linked with education and gender equality. Girls who have to spend time gathering water for the family tend not to be in school. And where schools have sanitation, attendance is higher, especially for girls. Water is connected to health, since millions of children get sick and die every year from water-borne diseases and for lack of basic sanitation and hygiene.”

Kofi Annan, Secretary-General of the United Nations
at the 12th UN Commission on Sustainable Development
New York, 28 April 2004
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UNICEF’s challenge:

“... that every primary school in the world be equipped with separate sanitary facilities for boys and girls — and that every school, without exception, have a source of clean and safe drinking water.”

Carol Bellamy, UNICEF Executive Director, 1995-2005
World Summit on Sustainable Development, Johannesburg, South Africa, 2002
Welcome. This publication is a report of the Water, Sanitation and Hygiene for Schools Roundtable meeting, which took place in Oxford, UK, 24-26 January 2005. With the support of Oxfam, UK, and the Water Supply and Sanitation Collaborative Council (WSSCC), UNICEF and IRC International Water and Sanitation Centre (IRC) gathered more than 100 people to share experiences and expertise and to examine barriers to education related to water and sanitation issues.

Two key documents emerged from this meeting. The first, 'A Call for Action', (page 23) sets out actions that participants agreed must be taken to ensure that by 2015 – the target date of the Millennium Development Goals (MDGs) – all schools receive a basic quality package of water, sanitation and hygiene (WASH) education. The second, 'A Package for Water, Sanitation and Hygiene Education: The Oxford Roundtable Statement’, (pages 24-25), is a concise and comprehensive outline of the ‘optimal package’ for scaling up with quality the programmes for Water, Sanitation and Hygiene Education in Schools.

Consistent with its title, the Roundtable initiated a process of deliberation where every voice was heard and valued. Over the course of three full working days, followed by several weeks of Internet consultation, the Oxford Roundtable Statement was finalized. It represents an effort to transform rhetoric into action for future success in the sector.

The Roundtable Statement is a collective effort that includes the input of Ministers of Education and Water Supply, policymakers, schoolchildren and young people from nine developing countries, programme specialists, donors, and experts from specialized institutions, development banks and the private sector. This process, which worked to ensure the equity of input from all stakeholders, is in itself a working model for action in scaling up Water, Sanitation and Hygiene Education for Schools.

This report records a collaborative investigation into the meaning and strategies for scaling up school water, sanitation and hygiene education with quality. Quality, as the report emphasizes, relates to more than high coverage. It includes serving all children – girls and boys, poor and rich – and attending to their special needs. Quality also refers to consistent use and maintenance of facilities for drinking, handwashing and toilets, coupled with the development of sustained behaviours. It includes learning in the classroom, as well as applying these skills in the home and community where children can become agents of change. It focuses on environmental, school, household and personal hygiene; these are some of the issues addressed in the following pages. The report has been ably drafted by Donna Goodman with support from Henk van Norden of UNICEF, and Marielle Snel and Kathleen Shordt of IRC.

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Water, Environment and Sanitation Section
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UNICEF, New York

Paul van Koppen, Director
IRC International Water and Sanitation Centre
The Netherlands
Voices of Youth

“The youth are ready to work with governments and donors ... Are governments and donors ready to work with youth?

“Children need to know ... what is the UNICEF and IRC specific plan for youth participation? It is essential for children and young people to be included in commitments for action now ... not after three or four years!”

Youth participants at the Oxford Roundtable, Oxford, UK
January 2005
I am delighted to be a part of this crucially important discussion, which focuses on a pervasive threat to millions of schoolchildren.

Let me begin by thanking our co-hosts, the International Water and Sanitation Centre, as well as Oxfam, the Water Supply and Sanitation Collaborative Council, and the Governments of the United Kingdom and the Netherlands.

The members of this Roundtable are, in a sense, knights embarked on a heroic quest – a quest to unite governments and international agencies and civil society in a drive to make all schools child-friendly places, where the rights to health and education are protected.

UNICEF has estimated that more than half of the world’s schools lack clean toilets, drinking water and hygiene lessons for all schoolchildren. Safe water and sanitation are essential to protect children’s health and their ability to learn at school – a fact dramatized by the Indian Ocean tsunami catastrophe, which turned the spotlight on a global water and sanitation crisis affecting more than 2 billion people. In this sense, safe water and adequate sanitation are as vital to a child’s education as textbooks.

The availability of clean water, adequate sanitation and hygiene education has a profound impact on the health of children, on learning, the teaching environment, and on girls’ education. It is directly related not only to physical, mental and social health, but ultimately to economic and political development.

Indeed, the campaign for safe water and sanitation in schools will bring the world much closer to achieving three of the eight MDGs: the goals of universal primary education, environmental sustainability – and particularly, the 2005 gender parity goal in primary and secondary education, which is the first of the MDGs targeted for implementation by year’s end and will be watched as an early test of the commitments of the international community.

The record on providing safe water and sanitation and hygiene education is dismal, despite the efforts of many stakeholders over the past decade – from governments to development agencies to communities. And lack of appropriately private and sanitary facilities has a greater impact on girls than boys, contributing to decisions on whether they ever attend, and then influencing how long they stay in school.

We know that there are rational, economic and humanitarian reasons for ensuring safe water, adequate sanitation and its corresponding hygiene education in schools. These include the facts that children learn more effectively in a clean, hygienic environment and that girls are more likely to enrol in school – and stay enrolled – when they have a measure of protection and respect.

Diarrhoeal diseases, intestinal worms and other debilitating parasites affect appalling numbers of schoolchildren. About 40 per cent of an estimated 578 million school-age children are infested with worms and 88 million children under 15 years of age with schistosomiasis. Such disease burdens, especially between the ages of 5 and 14, a period of intense physical and intellectual development, have a negative effect on growth, nutritional status, physical activities, cognition, concentration and school performance.

There is a growing body of scientific evidence that highlights the critical importance of the early years and the cumulative nature of deficits that children can suffer if they do not get the best start in life. Good health, nutrition and development in those early years set the stage for learning potential in later years. Safe water, sanitation and hygiene-care practices are essential elements in ensuring that children get the best start in life to enter school healthy, alert and ready to learn.

Interventions that focus on improving hygiene practices seem to have the greatest impact, followed by water quality, sanitation and water quantity improvements.

UNICEF is supporting water, sanitation and hygiene programmes in schools in more than 70 countries through supporting the provision of child-friendly water, sanitation and hygiene facilities, hygiene education for teachers and children, coordinated outreach to communities on hygiene and sanitation, and an enabling policy environment.
Providing safe water, sanitation and hygiene education in all primary schools by 2015 is a huge undertaking. However, we cannot continue to allow this goal to slip any further. For far too long, water, sanitation and hygiene education in primary schools have been neglected and the needs of schoolchildren and their voices have been ignored.

School water, sanitation and hygiene education does make a difference – it is well understood that improvements to sanitation and hygiene behaviours combined with safe water supply can significantly prevent diarrhoeal diseases, including cholera, dysentery and other opportunistic infections. However, it is also well recognized that not enough has been done in the past to combine the benefits of these efforts by strategically integrating them.

Where this has been done, the outcomes have been encouraging. Likewise, broader integration with sectors such as education and health has been limited, but where this has happened synergies have occurred. In essence, these experiences, along with the growing body of empirical evidence, show that improvements in water and sanitation coupled with hygiene education and the development of such key life skills as handwashing, really do make a difference.

There is now an urgent need to move away from rhetoric to concrete action to ensure that safe water, sanitation and hygiene education is provided to all primary schools by 2015. The simple fact is that we can no longer ignore this target. For far too long, schools have been neglected and the needs of schoolchildren and their voices have gone unheard. Ambitious as the goal may sound, it can be achieved through a variety of measures. These include strengthening intersectoral collaboration, especially at the country level, mobilizing and strengthening political will, and encouraging communities to support children in achieving the highest possible standard of education, especially for girls.

Minister Agnes van Ardenne, during the symposium on ‘School Sanitation and Hygiene Education: The Way Forward’, held last June [2004] in the Netherlands, stressed the essential role of partnerships. This meeting has been guided by the framework for action that emerged from the symposium.

As proposed through this Roundtable, a global alliance of UNICEF and partners will support country-level intersectoral action to ensure that all primary schools have water and sanitation facilities and hygiene education by 2015. In doing so, we have every expectation that the quality of the teaching and learning environment will improve, enabling girls and boys to increasingly attend school, learn in a child-friendly and healthy environment, and adopt critical hygiene behaviours in school as well as at home.

We need to ensure that this alliance goes beyond promises and truly delivers the most appropriate facilities and hygiene education to schools and communities. That is why I am asking you to join UNICEF in ensuring that the next steps are taken to make this an active and constructive partnership to reach our goals by 2015.
LINKAGES BETWEEN WATER, SANITATION, HYGIENE AND THE MDGS

School Sanitation and Hygiene Education (SSHE) improves learning and increases school attendance, particularly of girls. As it also reaches out to promote household sanitation and hygiene practices, SSHE is a critical element in international efforts to achieve the Millennium Development Goals (MDGs) by 2015, especially universal primary education, gender equality in education and environmental sustainability. The following outlines the eight goals and how each is linked to water, sanitation and hygiene:

<table>
<thead>
<tr>
<th>Millennium Development Goal</th>
<th>Links to water, sanitation and hygiene</th>
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| **Eradicate extreme poverty** | • Household water security is an important poverty determinant, especially among subsistence farmers and in the increasing number of water-scarce countries.  
• The time and energy consumed by fetching water from long distances contribute to malnutrition and reduce productivity.  
• Chronic illness also reduces productivity. Poor water, sanitation and hygiene are the principal causes of diarrhoeal diseases and are linked to other major diseases. |
| **Achieve universal primary education** | • Poor water, sanitation and hygiene reduce enrolment levels, educational achievement and the quality of education, and keep girls out of school.  
• Safe, private sanitation and washing facilities in schools increase girls’ enrolment and reduce drop-out rates. |
| **Promote gender equality and empower women** | • Women and girls are most affected by the health and security risks associated with the lack of private sanitation facilities, in both communities and schools.  
• Women and girls bear the brunt of fetching water and benefit the most when distances are reduced.  
• Increasing women’s decision-making power in the management of community water and sanitation systems improves sustainability and can help to improve women’s status in the community. |
| **Reduce child mortality** | • Poor water, sanitation and hygiene are the primary causes of diarrhoea, which annually kills between 1.6 million and 2.5 million children under five – more than any other illness or disease.  
• Improving water, sanitation and hygiene is the only way to reduce the burden of chronic diarrhoea morbidity in young children. |
| **Improve maternal health** | • Good birth hygiene and safe delivery spaces are impossible without an accessible source of water.  
• Birth hygiene begins with basic hygiene knowledge and practices, especially handwashing. |
| **Combat HIV and AIDS, malaria and other diseases** | • Clean sources of water are critically important in cases where HIV-positive mothers choose to use infant formula.  
• Unhygienic environments lead to chronic diarrhoea, which is a major cause of mortality and morbidity in AIDS patients.  
• Poor water, sanitation and hygiene cause at least 5.7 per cent of the total global disease burden. Diseases related to water, sanitation and hygiene include diarrhoea, helminth infections, schistosomiasis, dracunculiasis, filariasis, trachoma, fluorosis, arsenicosis, HIV and AIDS, and malaria. |
| **Ensure environmental sustainability** | • The safe disposal of faeces and the management of water resources are key to environmental sustainability.  
• Halving the number of people without safe water and sanitation is one of the three targets for achieving this goal. |
| **Develop a global partnership for development** | • Broad partnerships among civil society and the public and private sectors can improve service delivery while ensuring equitable access to water and sanitation. |
INTRODUCTION: THE OXFORD ROUNDTABLE BACKGROUND PAPER

Specific objectives of the Roundtable were to:

- **Stimulate universal awareness** of the importance of investing in water, sanitation and hygiene education for schools to improve education, child health and development, particularly for girls. Ensure that investments in this sector are consistent with principles and commitments to child protection and rights.

- **Identify key elements** of quality strategies for scaling up water, sanitation and hygiene education for schools that balance hardware with software, including effective planning, management, capacity building, financing mechanisms, intersectoral linkages and monitoring.

- **Create a global alliance** in support of country-level intersectoral actions to ensure that all primary schools have appropriate water and sanitation facilities, and hygiene education by 2015.

School water, sanitation and hygiene education initiatives have a profound impact on the health of children, on learning, the teaching environment, and on girls’ education. They are directly related not only to physical, mental and social health, but ultimately to economic and social development. Lack of action is not because there is insufficient knowledge of the components necessary for effective programmes. Recent and growing evidence from the field points to the key components necessary to achieve this.

There is no shortage of mandates to undertake such programmes. Investing in water, sanitation and hygiene services contributes to the achievement of several international agreements, including the goals of ‘A World Fit for Children’, the Convention on the Rights of the Child, Education for All, the Millennium Development Goals and Vision 21. (See Annex III, page 60, for reference details on international commitments to water and sanitation.)

There are manifold economic and social reasons for ensuring safe water, adequate sanitation and complementary hygiene education in schools. Among the benefits are:

- **Effective learning.** Children perform better and their dignity is raised in a clean, hygienic environment.

- **Better enrolment and retention of girls.** Girls 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 an adequate supply of water for personal hygiene prevent infections and infestations.

- **Reaching the home and community.** Schoolchildren can introduce and reinforce positive hygienic behaviours and attitudes in their 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: keeping children healthy so they can learn and fully participate in society; equipping children to claim their rights; influencing the health and education of future generations (a common goal of every nation); and empowering children to achieve solid political and economic status in society.
There is an urgent need to move from rhetoric to action to ensure that safe water, sanitation and hygiene education are provided to all primary schools by 2015. We cannot continue to ignore this target. Schools have been neglected and the needs of schoolchildren and their voices have gone unheard for far too long. The goal may appear ambitious, but it can be achieved through:

- Strengthening intersectoral collaboration, especially at the country level, including partners from the water, sanitation, education and health sectors, and those involved in addressing gender, youth, finance and development issues.
- Mobilizing and strengthening political will in support of this goal.
- Ensuring a judicious mix of software and hardware.
- Strengthening coordination in policies, actions and institutional arrangements.
- Establishing minimum requirements with results-based management.
- Ensuring sound costing models, support budgets and fiscal management mechanisms.
- Encouraging communities to support children in achieving the highest possible standard of education.
- Establishing global and regional alliances across key sectors, disciplines and networks to support the achievement of this goal by 2015.

The Roundtable brought together various champions for this cause – including politicians, policymakers, educators, programme and technical experts, donors, the private sector and schoolchildren – to stimulate universal awareness of the crucial issues surrounding water, sanitation and hygiene education for schools, with a particular emphasis on the special needs of girls.

Participants came together for three days to share their knowledge and learn how to most efficiently and effectively improve, replicate and support successful programmes. School-going youth were asked to provide recommendations based upon their experiences as advocates for school water, sanitation, and hygiene education. Through this process, the Roundtable was able to build upon intergenerational dialogue started by others before us and to increase the visibility of young people’s knowledgeable and supportive actions, including the Children’s World Water Forum, Kyoto, 2003.

We all have a vision of buildings filled with books, challenging curricula and dynamic teachers. But without safe water, sanitation and hygiene education, far too many desks are empty and far too few students, particularly girls, attend school. We are called to honour our commitments to all children and to fulfil our special promise to girls.

A vision of a quality learning environment needs to see water, sanitation and hygiene education as essential to schools as reading, writing and arithmetic. Only then will we be able to properly fulfil our promises to all children. By investing in these basic services, we will take a step towards human dignity and a giant leap closer to ending poverty in a single generation.

Excerpt from Oxford Roundtable Background Paper prepared by Brendan Doyle, Consultant, UNICEF WES
INaugural Plenary

Dick van Ginhoven, Directorate General of Development Cooperation, Government of the Netherlands, Chairperson

Dick van Ginhoven opened the Roundtable by welcoming the distinguished senior government representatives and young people who came from nine developing countries: Burkina Faso, India, the Lao People’s Democratic Republic, Mozambique, Nicaragua, Nigeria, Sudan, Tajikistan and Uganda. He identified the participants’ crosscutting areas of expertise including ‘hardware professionals’ involved in the development and construction of water and sanitation systems, ‘software professionals’ involved in media and education, donors and policymakers.

“The Netherlands’ Directorate General of Development Cooperation maintains a strong commitment to water, sanitation and hygiene education for schools. Mr. van Ginhoven expressed the regret of Minister van Ardenne, who is a strong supporter of SSHE but was not able to attend the meeting in Oxford.

While emphasizing the importance of young people’s participation locally and globally, as well as encouraging them to take leadership in the sector in partnership with adults, Mr. van Ginhoven stressed the need for greater intersectoral cooperation and commended UNICEF for initiating a shift that includes Ministers of Education and Ministers of Water at the Roundtable – discussing an issue that some have viewed as predominantly the concern of the water sector.

The rationale for calling this Roundtable was discussed, and it was unanimously agreed that the intended outcome would be a ‘minimum quality package’, designed to be adaptable to the unique cultural and environmental needs of any given community. This package would become the benchmark standard for ‘scaling up with quality’ to meet the MDG target for water and sanitation.

Three keynote speakers highlighted the need for dedication and commitment towards a minimum quality package for water, sanitation and hygiene education for schools. Each used a different entry point to reflect concern for the urgent need to create a template for action calling on the experience and expertise of all stakeholders to improve the quality of life for all children, and in so doing, to meet the MDG target for water and sanitation. Each speaker also conveyed an optimistic approach to the viability of meeting the target in an inclusive and collaborative way.

“One cannot make a difference while working in splendid isolation. Hence, my call to seek crossovers between sectors. But we also need to cross the artificial boundaries between different players. Partnerships of governments, UNICEF, civil society and the private sector are needed. Development professionals are often not keen on working with the private sector. My view is just the opposite: We cannot work without them.”

HE Minister Agnes van Ardenne Government of the Netherlands
UNICEF is supporting Water, Sanitation and Hygiene education in schools in more than 70 of the 90 countries where Water, Environment and Sanitation (WES) programmes currently exist. This represents a steep increase since 1998, when UNICEF was able to support only 30 countries out of the 50 with WES programmes. UNICEF’s strategy focuses on four major elements – child-friendly facilities, hygiene education training for teachers and children, outreach to communities and policy development for sustainable programmes – and seeks to support countries with ‘25 by 2005’ girls’ education initiatives by accelerating actions to ensure that all primary schools have access to water, sanitation and hygiene.

Activities include: the construction of water, sanitation and handwashing facilities; hygiene promotion in schools; advocacy and policy support to promote school hygiene and sanitation at the national level; and programmes to encourage children to act as agents of change as hygiene advocates in their homes and communities.

School-based activities are increasingly focused specifically on improving girls’ enrolment and retention rates. In most countries, UNICEF strongly promotes girl-friendly sanitation facilities – toilets that are fully private, located in secure areas away from boys’ toilets and equipped with facilities for menstrual hygiene.

In some countries, such as Malawi and Zambia, girls are included in the design process to ensure that facilities fully meet their needs. In these and other countries, gender issues related to water and sanitation in schools are addressed as part of UNICEF-supported programmes. A 2001 UNICEF assessment in Tajikistan, for example, discovered that all of the girls in the survey area stayed home. In other cases, situations where girls are solely responsible for fetching water and cleaning toilets are actively addressed through engagement with teachers and students.

UNICEF programmes have resulted in improved conditions in schools throughout the world. In South Asia, for example, facilities have been constructed or upgraded during the past two years in thousands of schools, including 1,200 in Afghanistan, 1,400 in Pakistan, 4,000 in Bangladesh and more than 10,000 in India. In Burkina Faso, the Gambia and Haiti, UNICEF efforts have led to mainstreaming of intersectoral approaches to girls’ education, through collaboration among the education, community development, water, health and agricultural sectors. In Uganda there is qualitative evidence from the African Girls Education Initiative (AGEI) evaluation that girls are staying longer in school due to improved learning environments and sanitation. A 2003 evaluation in Nigeria showed a 28 per cent increase in girls’ gross enrolment rates and an 80 per cent decrease in drop-out rates in a UNICEF-supported pilot programme that addresses education, environmental sanitation and health.

School-based WES programmes are increasingly used to promote children’s participation in environmental sanitation and hygiene promotion. School hygiene and sanitation clubs have been formed in Burkina Faso, Burundi, Côte d’Ivoire, Mozambique, Pakistan and elsewhere for peer-to-peer education initiatives and to promote youth activism for change in the hygiene and sanitation status of communities.

Understanding the importance of hygiene, drinking safe water, handwashing with soap and using clean toilets are key factors for improved health outcomes. Sustainability depends on decentralized authority, resources and expertise where local management is combined with real decision-making authority, local financial and human resources with adequate support from higher levels. We have learned that an enabling policy environment and adequate funding are prerequisites for going to scale and that a sound national policy and budget framework must form the basis of the design and implementation of sectoral programmes.

Reaching the poor and addressing gender inequities requires priority attention and skilled and motivated workers. Educational outreach and communication for behaviour change is a specialized area that requires rigorous monitoring to validate approaches. Intersectoral approaches maximize impact for better health and education outcomes, and for reducing poverty.

UNICEF cannot do this alone. We look to you, our programme partners – governments, donors, non-governmental organizations, young people and educators – to support and enhance Water, Sanitation and Hygiene Education for Schools as a pathway towards the attainment of the Millennium Development Goals in water and sanitation as well as universal primary education and gender equality. I thank each of you and your organization for investing your time and resources to participate in this Roundtable discussion and look forward to the process and outcomes.
Health, dignity and development: What will it really take?
Meeting the MDGs for Water and Sanitation

Hans Olav Ibrekk, Adviser, Norwegian Agency for Development Cooperation

We are finally waking up to the water, sanitation and hygiene crisis. This silent humanitarian crisis each day takes thousands of lives, robs the poor of their health, thwarts progress towards gender equality, causes girls to drop out of school, and hamstring economic development, particularly in Africa and Asia.

Carol Bellamy of UNICEF stated at the World Summit on Sustainable Development (2002) that “Every primary school in the world should be equipped with separate sanitary facilities for boys and girls and have a source of clean and safe drinking water.” This statement captures the challenges we are addressing here today. Bringing water, sanitation and hygiene to the world’s poorest is the first step towards human dignity and a giant leap towards breaking the cycle of poverty.

Going to school, learning new things, being in a clean school environment and being healthy – this is every child’s right, girls and boys equally. Ensuring education for all is a key measure in eliminating poverty. Educated girls are the future mothers and leaders who will move their families and communities to greater heights. Without ensuring education for all, we will never reach the MDGs.

Ensuring that all schools have clean water and sanitation is a realistic goal in most countries. This enables schools to reinforce health and hygiene messages, ensures they translate into action, and sets an example to students and the community. It can also lead to community demands for similar facilities and to the reduction of the burden of disease and the achievement of the health goals.

We need clear political will and government responsibility to ensure that national policies for water, sanitation and hygiene are integral parts of national strategies for sustainable development and poverty reduction. We need to engage more actively with colleagues outside our sector, in education, health, human settlements, environment and agriculture, and ensure that our issues are integrated in sector programmes.

Governments should be prepared to invest in water and sanitation services for their populations, both as a means of attaining public health, education and environmental goals, and as a strategy for supporting development. This should also include creating an enabling framework for private sector and community participation.

Donors and international agencies should more fully align their work programmes around the MDGs and harmonize and coordinate their activities. These agencies need to give priority to water, sanitation and hygiene. Unfortunately these issues have dropped down on the list of priorities for most agencies, including the United Nations and bilateral donors.

The provision of safe water and sanitation facilities in schools is a first step towards a healthy physical learning environment, benefiting both learning and health. The mere provision of facilities, however, does not necessarily make them sustainable or produce the desired impact. It is the use of toilets and the related appropriate hygiene behaviour of people that provides health benefits. In schools, hygiene education aims to promote those practices that will help to prevent water and sanitation-related diseases, as well as encouraging healthy behaviour in the future generation of adults.
Water, Sanitation and Hygiene Education for Schools: IRC’s experience and the way forward

Paul van Koppen, Director, IRC International Water and Sanitation Centre

It is with great pleasure that I talk to you about water, sanitation and hygiene education for schools from the perspective of the water and sanitation sector on behalf of IRC as the co-organizer to UNICEF for this Roundtable. The great diversity in the participants and topics for discussion is a promising sign as we begin this important event.

Coming to the rationale for investing in water, sanitation and hygiene education for schools, I am almost hesitant to restate the major elements. As most of you know, cleanliness and hygiene have been part of education in school in one way or another for thousands of years. Our focus on school water, hygiene and sanitation is much newer. It refers to recent insights on the value and importance for many different aspects, as shown by the previous speakers.

I assume that all of us already know about the health and learning impacts to children by introducing water, sanitation and hygiene education for schools. I would like to draw special attention to the role of water, sanitation and hygiene education for schools in view of two important aspects related to the MDGs for water and sanitation.

The first aspect is the catalytic or accelerating effect of changed hygiene behaviour. Schoolchildren not only embody the new generation, they are also the most important change agents towards their parents’ generation. The only way to get real impact in health and poverty requires the change of behaviour beyond provision of facilities and beyond awareness. It requires changed patterns of programming that is in line with cultural norms and embedded in daily life and can be effortlessly transferred to others.

There are programmes for improved sanitation and water all over the world. To start or to support community sanitation programmes, the school is one natural place to begin:

- Schoolchildren and teachers can help motivate families for improved behaviours such as washing hands, keeping drinking water clean and personal cleanliness.
- Children and teachers can stimulate interest in sanitation, such as the construction and use of toilets by all people in the family.
- School sanitation and hygiene education will help children and youth in school to develop new behaviours that they will continue in their adult lives.
- Children can and will provide positive role models as changing their behaviour will automatically support and improve the changes in their families, livelihoods and communities.

The second aspect is about sustainability. In the years to come we will see overwhelming numbers of programmes and plans for construction of new facilities. The focus will be on meeting the quantitative numbers related to the MDGs, which in itself is a very crucial thing to do. To keep these facilities sustainable in the long term, however, requires special strategies for scaling up with quality. These strategies relate to the balance between hardware and software, operation and maintenance, capacity building, intersectoral linkages, financing mechanisms, etc.

The school hygiene programme is not easy, it is challenging. This is because the success of the school hygiene programme is not determined only by the number of toilets constructed and the number of handpumps 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.

By getting the young generation used to the right behaviour, they will automatically sow the necessary seeds for future healthy and clean societies in political, economical and social aspects.

With these ideas and goals in mind, IRC has been focused on hygiene promotion and hygiene education since the first Water Decade. Since 1998, we have been working with UNICEF on the School Sanitation and Hygiene Education (SSHE) programme. We developed with UNICEF, and later the Water Supply and Sanitation Collaborative Council (WSSCC) and many other partners, concepts and methodologies. We did action research, disseminated the early results and helped build capacities in this field.

IRC will continue with its focus on water, sanitation and hygiene education for schools. We are especially happy and proud of the continued partnership with UNICEF, the global leader in this field. We are also very thankful to the other partners, in existing and future programmes, since we believe that is the only effective way forward.
Access to safe water in primary schools

As reported in the country briefs, it may be safe to say that almost one of every two primary school children lacks access to safe water at school. However, the data to provide a complete picture of clean water coverage in schools does not exist. This is widely cited as a fundamental constraint for planning and advocacy.

**Burkina Faso:** Two small-scale studies in 103 and 30 schools, respectively, showed that approximately 50 per cent of schools did not have access to a water supply. A larger study indicated that 33 per cent of rural schools had a potable water source and revealed disparities between regions.

**India:** The findings of the 7th All India Education Survey are yet to be released. Pending that, Department of Drinking Water Supply, Government of India surveys conducted in 230 Total Sanitation Campaign (TSC) districts between 2003-2004, suggest that 58 per cent of schools have water supply facilities.

**Lao People’s Democratic Republic:** About 20 per cent of the 8,000 primary schools countrywide have fully functioning water supply facilities, and about 14 per cent of schools have sanitary facilities. Almost all schools in remote mountainous areas lack access to an improved water source.

**Mozambique:** About 30 per cent of all schools have access to safe water, mainly in urban areas. About 30 per cent of schools have sanitation facilities, but in many cases these are not working properly.

**Nicaragua:** Twenty per cent of the primary schools have adequate water and sanitation facilities.

**Nigeria:** Sixty-four per cent of the schools surveyed have no water supply source within their compounds, and students have to trek 2-3 kilometres for water twice a day. At schools with their own water sources, only 32 per cent of the sources for drinking water are considered to be safe.

**Sudan:** There is no national aggregate of school water and sanitation coverage.

**Tajikistan:** A baseline survey conducted by UNICEF and the Ministry of Education (MoE) in August 2002, covered 749 schools of Khatlon and Soghd Oblasts and revealed that 51 per cent of schools had access to safe water.

**Uganda:** The Government of Uganda, in conjunction with UNICEF, estimated that in 2001, safe water was available to 63 per cent of schools at a mean distance of 1.2 kilometres (with disparities between regions and within districts). For 2002, estimates are 59 per cent in rural areas and 80 per cent in urban areas.
Access to sanitation in schools
In many cases, there is not enough data to provide a complete picture of school sanitation facilities. Summaries of available statistics are outlined below.

**Burkina Faso:** Approximately 49 per cent of rural primary schools have improved or traditional latrines, but even where latrines are available, there are often no separate facilities for girls and boys. A total of 2,643 schools (2,307 rural) do not have latrines. Regional disparities exist.

**India:** Surveys conducted by the Government of India Department of Drinking Water Supply in 230 TSC districts between 2003-2004 suggest that 38 per cent of schools have sanitation facilities.

**Lao People’s Democratic Republic:** More than 90 per cent of the nation’s primary schools lack safe water supplies and sanitary facilities. About 14 per cent of schools have sanitary facilities (latrines). Almost all schools in remote mountainous areas lack sanitary latrines.

**Nicaragua:** Twenty per cent of the primary schools have adequate water and sanitation facilities.

**Nigeria:** Sixty-seven per cent of the schools have pit latrines, and only 3 per cent use water closets. The national toilet-to-pupil ratio is 292:1, with such alarming differences across states as 77:1 in Lagos versus 2,375:1 in Yobe.

**Sudan:** There are no national aggregates on school water and sanitation. A school survey of 54 facilities in the Upper Nile indicated that only 50 per cent have ventilated improved pit latrines while the others have no latrines. The El Gedarif area recorded that only 31 per cent of schools have latrines.

**Tajikistan:** No national statistics were given. A baseline survey conducted by UNICEF and the MoE in August 2002, covered 749 schools in the Khatlon and Soghd Oblasts, and indicated that 87 per cent of schools had simple pit latrines.

**Uganda:** More than 10,000 Government primary schools, serving 7 million pupils in 2002, showed an average national toilet-to-pupil ratio of 64:1, with only 3 per cent of districts having reached the ratio of 40:1. Another report cites the national average as 76:1. Large disparities exist between districts and regions: Toilet-to-pupil ratios range from as low as 26:1 in Kalangala, Central Region to 118:1 in Yumbe, North-Western Region.

Primary school water, sanitation and hygiene education curriculum

**Burkina Faso:** The primary school curriculum was updated during 2000-2001 with a focus on water, sanitation, hygiene, health and nutrition for its use in satellite schools. Training teachers in using more participatory methods is needed to improve effectiveness in achieving improved hygiene behaviours.

**India:** Opportunities were found to integrate hygiene education with in-service teachers’ training. A booklet on life skills related to water and sanitation, based on the competencies of primary schoolchildren, was developed and introduced in the Alwar district in Rajasthan.

**Lao People’s Democratic Republic:** Water supply, sanitation and hygiene education are not yet incorporated into the school curriculum as stand-alone subjects. In 2004, all Teacher Training Colleges will be using the participatory materials on health and hygiene developed by the MoE and Ministry of Health (MoH).

**Mozambique:** Water, sanitation and hygiene promotion is included in the national curriculum.

**Nicaragua:** No specific curriculum has been developed, but water, sanitation and hygiene education components are integrated into the overall curriculum. Although most children know about the importance of handwashing in practice, it is difficult to actually change their habits.

**Nigeria:** A national curriculum review is under way. Between 2002-2004, 286 primary schools nationwide were upgraded to child-friendly status, with a high quotient of WES inputs.

**Sudan:** The issues of water, sanitation and hygiene are all contained in the national primary school curriculum and are extensively discussed.
**Strategies**

The presence and effectiveness of national and subnational strategies to address school water, sanitation and hygiene were considered in the following comments.

**Burkina Faso:** The National Policy regarding public hygiene and the development of basic hygiene education was established in 2002-2003 and adopted by the Government in 2004. Hygiene promotion in schools is a major component of this policy. A National Strategy Framework on school water, sanitation and hygiene education still needs to be developed and adopted.

**India:** In 1999, the Total Sanitation Campaign initiated the objective of encouraging all rural households to adopt basic sanitation and hygiene. This includes school sanitation and hygiene education to inculcate hygiene and sanitation knowledge and behaviour among the new generation and future decision-makers. TSC aims to put 385,000 school sanitation facilities in place by 2006, with 60 per cent of the funding coming from the national budget, 30 per cent from participating states and 10 per cent from communities.

**Lao People’s Democratic Republic:** An MoE policy requires all newly constructed schools to have latrines and a clean water supply.

**Mozambique:** A school sanitation study was slated to begin in early 2005. It is expected to map WES conditions in schools and define the path to improvements, including standardization of sanitation options, and development of national manuals and guidelines.

**Nicaragua:** A national policy for water, sanitation and hygiene in schools is being developed.

**Nigeria:** There is presently no comprehensive policy on school health programmes, but the Government has established a committee to draft a policy that will be presented to all stakeholders for review and adoption later this year.

**Sudan:** There are no clear strategies or guidelines at the national or subnational levels for the provision of water supply and sanitation facilities in schools.

**Tajikistan:** There is a strong commitment from the President’s office for improving the sanitary conditions in schools, and it is one of the main priorities of the MoE under the current education reform process.

**Uganda:** The Rural Water and Sanitation Strategy & Investment Plan 2000-2015 and the Operation Plan 2002-2007 are a direct result of the Sector Wide Approach (SWAp), applied as the main framework for managing water and sanitation. In the 2004-2015 Education Sector Strategic Plan, school sanitation is mentioned as a strategy for Uganda’s development goals.

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Excerpt from Oxford Roundtable Country Brief Analysis prepared by Anne Sheeran, Consultant, UNICEF WES
Ms. Bellamy opened the session by sharing her personal commitment to investment in girls’ education, emphasizing that SSHE can have a profound impact on the physical and mental health of children, and noting that it is a critical component of the global agenda for UNICEF. While highlighting safe water and sanitation as important components of the MDGs for primary education, gender equity and environmental sustainability, Ms. Bellamy introduced three questions for the panel discussion:

- What actions can be taken to strengthen intersectoral coordination and collaboration for water, sanitation and hygiene education for schools?
- What actions can be taken to include and prioritize school water, sanitation and hygiene education in national budgets?
- What actions can be taken to obtain key data on school water and sanitation coverage, and operation and maintenance?

The following paragraphs review participants’ responses:

**Her Excellency Geraldine Namirambe Bitamazine, Minister of Education and Sports, Uganda** emphasized the critical need to capitalize on the synergy derived from intersectoral cooperation and the importance of advocacy as a means to raising awareness. HE Bitamazine called for a clear plan to promote political readiness and knowledge about water usage and sanitation practices. Systems in Uganda need to be decentralized, she noted, if sanitation and hygiene goals are to be achieved, and children can play a crucial role in conveying the message of water and sanitation’s importance.

**Her Excellency Maria Mutagamba, Minister of Water, Uganda** spoke to the need for clear planning and focus when dealing with SSHE and the need to hold non-governmental organizations (NGOs) and other partners accountable for their work. She highlighted the fact that cultural beliefs should not be underestimated as they have an important effect on sanitation practices. HE Mutagamba noted that Uganda has a joint-sector review process that facilitates the sharing of intersectoral information, as well as a newly formed National Sanitation Committee.

**Sri Rakesh Behari, Joint Secretary, Department of Drinking Water Supply, India** explained that education is free and compulsory in India and that latrines are constructed in all schools. Mr. Behari noted four influential factors in implementing SSHE – health, shame, dignity and safety – and emphasized that these are the most crucial elements to focus on in sanitation. The Government’s commitment to strengthen activities to scale up water, sanitation and health is a matter of national pride, he said, and intersectoral coordination exists between relevant government agencies at the state level.
His Excellency Mr. Khabibullo Boboev, First Deputy Minister of Education, Tajikistan referenced the value of the Government’s partnership with UNICEF for support on SSHE, highlighting the success of their child-to-child and child-to-community approach in sanitation and hygiene promotion. The Ministry of Education works closely with the Ministry of Health, he noted, and recommends decentralization to local levels of governance. Regularly scheduled meetings every six months with donors have also been critically important to scaling up SSHE in Tajikistan.

Violeta Malespin, General Director, Ministry of Education, Nicaragua related that in alliance with UNICEF, the Government of Nicaragua has initiated an intersectoral Memorandum of Understanding (MoU) for collaboration between health, education and water sectors. There is enormous experience among NGOs in Nicaragua, she stated, and a meeting is scheduled to bring these NGOs together, as they have a very important role. This cooperation, Ms. Malespin concluded, is critical for programme success at the local level.

Her Excellency Hajja Bintu Ibrahim Musa, Minister of State for Basic Education, Nigeria emphasized that all stakeholders should come together for programme success. Legislators and the public should work together to push for budget allocations for water, sanitation and hygiene education in schools, she said, because these efforts should be everyone’s responsibility, not only the Ministry of Education. Intersectoral working groups should be created to work together with NGOs, young people and other relevant partners on data collection and joint planning.

Mamadou Lamine Kouate, General Director, National Water and Sanitation, Burkina Faso explained that his country has established a code requiring state leaders to collaborate in the law to ensure intersectoral cooperation. Every state minister of water, sanitation and health is required to be a part of a planning committee. As the Chairperson of the Water Steering Committee, Mr. Kouate recognizes an obligation to show results in terms of the execution of activities, including those of SSHE. It is critical that there is quality reporting every six months to the Water Steering Committee, he said, making it easier to evaluate the situation on the ground.

Sengdeuane Lachanthaboune, Director General of the Teacher Training Department, Ministry of Education, Lao People’s Democratic Republic noted that 15 per cent of schools in Laos currently have clean water and sanitation. Intersectoral cooperation between the Ministry of Health and the Ministry of Education is outlined in a Memorandum of Understanding that clearly defines the responsibility of each ministry. With sufficient funding Laos will achieve 80 per cent of the MDG target for water and sanitation by 2015.

In summary, Ms. Bellamy noted that it is important to follow up on what this Roundtable meeting really intended to do. “UNICEF will continue to see as a priority, support and work on survival, health, education, water, sanitation and hygiene education in the school environment,” she said. “Our commitment is to create an opportunity for the Voices of Youth [www.unicef.org/voy] to be heard. Countries have to ask what they can do for themselves, before asking what can be done for them. We need to take an integrated approach to achieve the intended goals. Education for all should be hand in hand with water and sanitation for all schools. Ministries of Education and Ministries of Water should work together to make provisions for water and sanitation in schools and work with interested partners to accomplish the goals for provision of hardware and software.”
A CALL FOR ACTION

More than 100 people gathered in Oxford to discuss barriers to education related to water and sanitation, including Ministers of Education and Water Supply, policymakers, programme specialists, donors, specialized institutions, development banks, the private sector, and schoolchildren and young people from eight developing countries.

To ensure that by 2015 all schools receive a basic quality package of water, sanitation and hygiene education, participants identified the main actions described below. These actions will contribute to the achievement of Millennium Development Goal 2 on universal primary education, MDG 3 on gender equality in education and MDG 7 on environmental sustainability. Delivering this package in an efficient, effective and sustainable manner requires close collaboration between education, environment and health sectors, at all levels.

1. At the school and community level:
   - Governments and NGOs will ensure that children and young people participate in decisions and actions pertaining to water, sanitation and hygiene education for schools, and will enable them to be agents of change in their homes and communities.
   - Governments and schoolteachers will provide hygiene education based on life skills.
   - Governments will enable schools to obtain safe drinking water and adequate water for hygiene; adequate numbers of toilets, urinals and washing facilities will be provided – with separate units for girls and female teachers, and boys and male teachers – using low-cost, community-owned solutions, including rooftop rainwater harvesting where appropriate. Toilets will be comfortable for children to use and environmentally sustainable.
   - Schoolteachers and students will consistently use, operate and maintain the school water and sanitation facilities.

2. At the programme support/delivery level:
   - All stakeholders will together define their roles and responsibilities for ensuring water supply and sanitation facilities and hygiene education for all schools.
   - Governments will operate mechanisms for intersectoral collaboration in planning, implementation, monitoring and evaluation of water and sanitation facilities for schools.
   - Government and support organizations will strengthen midlevel management of water, sanitation and hygiene education for schools.

3. At the national level:
   - Governments will maintain separate budget lines with adequate allocations for the provision of water and sanitation facilities and hygiene education for schools.
   - Government and support agencies will prioritize the coordinated provision of water and sanitation facilities and hygiene education for schools in policies, strategies and plans.
   - Governments will identify one lead agency to coordinate inputs from all sources.

4. At the international level:
   - UNICEF will support governments and NGOs to accelerate the provision of water supply and sanitation facilities and hygiene education for schools.
   - Donor agencies will allocate funds for water supply and sanitation facilities and hygiene education for schools in their plans and budgets.
   - Partnerships and networks will increase support for related initiatives.
   - The Joint Monitoring Programme will include key indicators of the use of water supply and sanitation facilities and the effectiveness of hygiene education in schools.
Every girl and boy has the right, and the responsibility, to drink safe water, use clean toilets and practice personal hygiene, including washing hands with soap. School sanitation and hygiene education (SSHE) supports the children and adolescents of today as they develop healthy behaviours that will be sustained when they become the adults of the next generation.

SSHE improves learning and increases school attendance, particularly of girls, and its effects extend to promote household sanitation and hygiene practices. SSHE is a critical element in the international effort to achieve the MDGs by 2015, especially those relating to universal primary education, gender equality in education and environmental sustainability.

Scaling up SSHE, while retaining quality, is the focus for the crucial 10 years preceding 2015. Many countries have developed relatively small-scale SSHE initiatives, and some countries are making remarkable efforts to take these pilot projects to a larger scale. The challenge is to meet the institutional and capacity requirements for scaling up SSHE with quality, country by country and community by community. Quality means that the SSHE programme is effective and produces sustained improvements on a large scale. Without quality, the SSHE programme would slide into failure as facilities fall into disrepair or are no longer used.

**Elements of the SSHE package**

SSHE seeks to help all children and teachers to practice hygienic behaviours in school and at home, and encourages them to share their knowledge in homes and communities. Five key components of SSHE are:

- The provision of safe drinking water and adequate water for hygiene throughout the year, using low-cost, community-owned solutions, including rooftop rainwater harvesting where appropriate.
- Sanitary facilities that are regularly used and maintained. This implies that technologies will be child/adolescent/teacher-friendly, gender-differentiated (separate for girls and boys), and culturally and environmentally appropriate and sustainable.
- Handwashing with soap before eating, after using the toilet and before preparing or serving food.
- Hygiene education, based on a life-skills approach, with outreach to homes and communities.
- An enabling policy environment and adequate institutional arrangements.

**Other important elements of SSHE are:**

- Deworming of children as a component of the school health programme.
- Food hygiene, especially where schools provide meals or snacks.
- Health check-ups, with follow-up for those children who need it.
- Facilities and counseling for menstrual management.
- Waste-water and solid-waste disposal management.
- Water quality monitoring.
Main strategies for scaling up a package for SSHE Participation

At the school and community level, schoolchildren and young people will inform and participate in decisions and actions pertaining to water, sanitation and hygiene behavioural change.

Specific elements of participation by children and young people include: participation in school sanitation improvement planning, including learning about and deciding on designs; involvement in children’s hygiene/health clubs, with support/rewards/incentives to achieve tangible results; helping to keep toilets and urinals clean, where the school cannot afford to pay for cleaning services; monitoring the quality of construction, use and cleanliness of facilities; and reaching out to homes and the community to encourage safe hygiene practices.

SSHE also involves teachers, parents, school committees, and governmental, non-governmental and community-based organizations. At provincial, district and subdistrict levels, intersectoral SSHE teams involve staff members from education, water, health, municipal and local government departments. At the national level, SSHE programmes require financial, policy and regulatory support from intersectoral leaders and donors.

Effective management

Strong commitment is needed to establish effective management at subnational levels, which are responsible for training, management, monitoring, and, ultimately, the success of scaling up SSHE.

Priorities include: one lead agency in government to coordinate inputs from all other sources; separate budget lines and adequate allocations for SSHE in government expenditures; agreed-upon roles and responsibilities for all stakeholders; investment in capacity development and quality educational materials; a common and accurate database for SSHE planning and monitoring, with indicators agreed to and used by all stakeholders in regular monitoring; a team approach where appropriate departments and groups collaborate and optimize the number and quality of contacts with the school; establishing locally approved norms for boys and girls in different age groups.

Education and capacity development

The education components of quality SSHE include: use of a life-skills approach for hygiene education that results in: sustained improvements in hygiene practices; learning/teaching and training materials that are culturally appropriate, gender-responsive and relevant; training/orientation with refreshers for school management groups; teacher training, including hygiene education and the involvement of children in the maintenance of toilets and urinals; integration of SSHE into the school curriculum and/or examination syllabus; and outreach to homes in culturally relevant ways to motivate household sanitation/hygiene.

Technology, design, use and maintenance

Water supplies, toilets, urinals and washing facilities in school need to be appropriate for girls and boys of different ages. Separate toilets and urinals are needed for girls and female teachers, and boys and male teachers in adequate numbers (especially for girls). Design and technology should address the special needs of girls, related to protection, privacy and suitability for menstrual management, as well as the needs of children with disabilities; they should also allow for environmental sustainability, easy use and simple cleaning.

The School Management Committee (or equivalent) is responsible for establishing and implementing an effective system for the operation and maintenance of the water and sanitation facilities. Where a school cannot afford to pay for toilet upkeep, the daily cleaning of the toilets and urinals will be done by the teachers, boys and girls. Each school should arrange a budget for recurrent expenditures for soap, sanitary and other cleaning materials according to the local context.
The Way Forward ... Commitments to Action:

Moving forward from the Oxford Roundtable Statement, participants made professional commitments in alignment with the main strategies for scaling up a package for SSHE participation.

### Roundtable commitments to capacity development and training

<table>
<thead>
<tr>
<th>Action</th>
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<tbody>
<tr>
<td>Assist planners with consultation in recording and preserving traditions while learning new ways of living</td>
<td>Scott Frazier</td>
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<tr>
<td>Gender sensitization regarding SSHE by our member trainers</td>
<td>Joke Muylwijk</td>
</tr>
<tr>
<td>Exposure visit to see SSHE in 1,000 schools, done with UNICEF support</td>
<td>James Varghese</td>
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<tr>
<td>Exposure visit to see rainwater harvesting in schools</td>
<td>James Varghese</td>
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<tr>
<td>Build capacity for SSHE and rainwater harvesting</td>
<td>James Varghese</td>
</tr>
<tr>
<td>Conduct international training for rainwater harvesting for schools</td>
<td>James Varghese and Bunker Roy</td>
</tr>
<tr>
<td>Develop SSHE training packages, incorporating Roundtable decisions</td>
<td>Umesh Pandey</td>
</tr>
<tr>
<td>Train staff/partners and community for implementation of SSHE</td>
<td>Umesh Pandey</td>
</tr>
<tr>
<td>Stimulate participation by senior planners at SSHE meetings on capacity-building</td>
<td>Kathy Shordt and Marielle Snel</td>
</tr>
<tr>
<td>Develop ‘learning alliances’ at the subnational level</td>
<td>Kathy Shordt and Marielle Snel</td>
</tr>
<tr>
<td>Publish template SSHE study guides/workbooks for pre-, elementary, middle and high school students</td>
<td>Project WET</td>
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<tr>
<td>Publish SSHE curriculum for use by elementary, middle and high school teachers with students</td>
<td>Project WET</td>
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<tr>
<td>Conduct SSHE leadership workshop for Project WET (Water Education for Teachers) Network</td>
<td>Project WET</td>
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<tr>
<td>Train facilitators and young people in field use of ‘Water Alert!, an UNICEF interactive learning module game</td>
<td>Donna Goodman</td>
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### Roundtable commitments to monitoring

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<tr>
<th>Action</th>
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<tr>
<td>Develop and introduce simple participatory tools for school-level monitoring in schools in six countries</td>
<td>Kathy Shordt, Marielle Snel and Henk van Norden</td>
</tr>
<tr>
<td>Follow up on improving SSHE in post-emergency situations</td>
<td>Aida Moughawech</td>
</tr>
<tr>
<td>Pursue inclusion of SSHE in Joint Monitoring Programme (JMP)</td>
<td>Kathy Shordt and Marielle Snel</td>
</tr>
<tr>
<td>Propose that JMP Technology Advisory Group (TAG) include key indicators on water, sanitation and hygiene education in schools (February 2005)</td>
<td>Graham Alabaster and Andre Dzikus</td>
</tr>
<tr>
<td>Propose that JMP TAG collaborate with other key actors in development of indicators for monitoring, especially around behavioural change</td>
<td>Val Curtis and Kathy Shordt</td>
</tr>
<tr>
<td>Provide feedback from the UN-HABITAT pilot indicator research and development exercise in 14 African countries to JMP (15 March)</td>
<td>Graham Alabaster and Andre Dzikus</td>
</tr>
<tr>
<td>Country-level research to identify existing data-gathering/analysis mechanisms to build SSHE monitoring</td>
<td>Henk van Norden</td>
</tr>
<tr>
<td>Study SSHE impact and longer-term sustainability</td>
<td>Kathy Shordt and Marielle Snel</td>
</tr>
<tr>
<td>Survey Project WET and Native Waters network to determine SSHE needs, opportunities and challenges</td>
<td>Project WET</td>
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### Roundtable commitments to intersectoral coordination

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<th>Action</th>
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<tr>
<td>Invite ministers responsible for water to ministerial (education and health) meeting in April 2005, Southern Africa</td>
<td>Flora Sibanda-Mulder</td>
</tr>
<tr>
<td>Raise the issue of ministerial responsibility for SSHE among the Association for Southeast Asian Nations education ministries; at meeting of Southeast Asian Ministers of Education Organization (SEAMEO) Council, Hanoi, March 2005</td>
<td>Edilberto de Jesus</td>
</tr>
<tr>
<td>Involve UNICEF Regional Education Advisers in the Roundtable follow-up</td>
<td>Carol Watson</td>
</tr>
<tr>
<td>Include SSHE on the agenda of UNICEF Education regional meetings</td>
<td>Carol Watson</td>
</tr>
<tr>
<td>Take roundtable outcome as input into the preparation of an expanded Swedish International Development Cooperation Agency (Sida) funded programme on sustainable sanitation, including ecological sanitation</td>
<td>Ingvar Andersson</td>
</tr>
<tr>
<td>Will look at ‘versioning’ (briefing notes) on what WES (and SSHE) can do for ‘non-WES’ sector MDGs</td>
<td>Sue Coates</td>
</tr>
<tr>
<td>Advocate for inclusion of SSHE in the conceptual framework of child-friendly schools promotion by UNICEF in the Americas and Caribbean Region (TACRO)</td>
<td>Anyoli Sanabria</td>
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### Roundtable commitments to outreach

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<tr>
<th>Action</th>
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<tr>
<td>Introduce SSHE at the 13th Session of the UN Commission on Sustainable Development (CSD-13) and other international events, as appropriate</td>
<td>Hans Olav Ibrekk</td>
</tr>
<tr>
<td>Include SSHE in the launch of the ‘Water for Life’ Decade, 22 March 2005</td>
<td>Donna Goodman</td>
</tr>
<tr>
<td>Introduce SSHE at the SEAMEO Regional Center for Graduate Study and Research in Agriculture (SEARCA) conference on Effective Water Governance, March 2005</td>
<td>Edilberto de Jesus</td>
</tr>
<tr>
<td>Take Roundtable outcomes to ‘C-8’ Children’s Summit, July 2005</td>
<td>Donna Goodman</td>
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<tr>
<td>Take Roundtable outcomes to UNICEF Regional Education Management Meeting, February 2005, Bangkok</td>
<td>Carol Watson</td>
</tr>
<tr>
<td>Follow-up on World Bank support to SSHE in school construction</td>
<td>Paul van Koppen and Flora Sibanda Mulder</td>
</tr>
<tr>
<td>Follow-up with UNICEF on bringing SSHE to CSD-13, April 2005 and the 4th World Water Forum, March 2006</td>
<td>Flora Sibanda-Mulder</td>
</tr>
<tr>
<td>Include SSHE as a key issue in Southeast Asian Ministers’ meeting on sanitation (SACOSAN), late 2005, Pakistan</td>
<td>Henk van Norden</td>
</tr>
<tr>
<td>Take Roundtable outcomes to the next UN Girls’ Education Initiative (UNGEI) steering committee management meeting</td>
<td>Carol Watson</td>
</tr>
<tr>
<td>Take the outcome of roundtable to CSD-13 sanitation working group, February 2005</td>
<td>Peregrine Swann</td>
</tr>
<tr>
<td>Facilitate involvement of children and young people in SSHE planning, implementation, monitoring and evaluation</td>
<td>Henk van Norden</td>
</tr>
<tr>
<td>Follow-up roundtable meetings on SSHE in India</td>
<td>Lizette Burgers</td>
</tr>
<tr>
<td>Conduct field analysis and documentation of youth participation in WES by visiting two countries and writing case studies for UNICEF publication</td>
<td>Donna Goodman</td>
</tr>
<tr>
<td>Produce publications on SSHE roundtable (final report, case studies, background paper, and youth participation in WES)</td>
<td>Henk van Norden</td>
</tr>
<tr>
<td>Share the results of the evaluation of the Nicaragua experience, particularly successful child-participation strategies</td>
<td>Anyoli Sanabria</td>
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COUNTRY PRESENTATION SUMMARIES:
NINE COUNTRIES AT A GLANCE

In preparation for the Water, Sanitation, and Hygiene Education for Schools Roundtable, UNICEF WES and education professionals in nine country offices – Burkina Faso, India, Lao People’s Democratic Republic, Mozambique, Nicaragua, Nigeria, Sudan, Tajikistan and Uganda – compiled facts and figures about the institutional, resource, policy and management contexts of related programming in their respective countries.

The following pages are comprised of selections from the case studies that were prepared for the Roundtable by UNICEF Water, Environment and Sanitation programme officers working with government counterparts. Roundtable presentations by government officials and youth delegates are highlighted throughout.

Voices of Youth: Nigeria

YOUNG PEOPLE, THE SOLUTION NOT THE PROBLEM

“It is no longer a cliché that any long-term development goal without the involvement of children and young people, who are the future-oriented generation, is not a positive step.

“Young people, who are a significant victim of the problems of bad water, lack of hygiene and better environment, are also a strong instrument of change for water development. These problems do not only affect young people mentally but also psychologically and physiologically.

“I am very convinced of the ability that young people possess to partner with our leaders to change the world, even at a very young age. Young people stand as an instrument for great enlightenment, awareness creation and community mobilization.

“Young people are tools for change at the local level. With the education of young people locally, they can effect strong changes through awareness creation. They can form community organizations and youth groups in their schools to promote environmental sanitation, and they can be volunteers campaigning for better legislation on safe water and hygiene.

“The education of the young people is the education of the future.”

Ibrahim Adamu, age 12, Deputy Speaker
Nigerian Children’s Parliament

Map disclaimer:
The country maps on the following pages do not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers.
The programme of cooperation between UNICEF and the Government of Burkina Faso has been experimenting and promoting a Burkinabe concept of school complexes in 18 villages in the Ganzourgou province, including Tamidou. A school complex is, in addition to classic classrooms and all pedagogical materials, equipped with all water, environment and sanitation facilities – including a borehole with pump, separate latrines for boys and girls, a handwashing tank, a school garden, and sometimes a Bisongo (an early childhood development centre).

In 2001, the Burkina Faso-UNICEF programme of cooperation, in collaboration with CREPA, installed separate latrines for boys and girls, as well as a handwashing water tank in Tamidou village. Before that point, the school had old-style common latrines for boys and girls, which were constructed in 1992. Teacher training in hygiene education was initiated, a school health club and a village hygiene committee were formed, and an animateur of Centre Régional pour l'Eau Potable et l'Assainissement à faible coût (CREPA) led a sensitization session for the village people to change practices.

In 2000 a schoolgirl commented, “I sometimes felt it was hard for me to stay in school because there was no water to drink.” The village decided to make a request for assistance to construct a borehole at the school. In 2002, the Danish government agency DANIDA (Danish International Development Agency) responded but at the same time requested that 150,000 F (or US $300) should be deposited before the installation. The school management committee faced no problem collecting the required amount because the demand for safe drinking water among the village people was very high. The process included training in borehole management and a small monthly fee for use, per family. Thus, the availability of safe drinking water inspired many parents to send their children back to school. Indeed, the school began to attract more and more children, not only from within Tamidou village but also from the surrounding villages. The number of pupils in this school rose from 83 in 2001-2002 to 167 in 2004-2005. This means that the enrolment more than doubled in three years. The increase is striking, particularly in the lower grades.\footnote{This data represents the enrolment at the beginning of the school year. The data for 2001-2004 was collected from the Provincial Director of the Ministry of Basic Education and Literacy.}

The impact is positive in terms of learning, as well. For example, the rate of success in the certification exam of primary education rose from 64 per cent in 2001 to 100 per cent in 2003 and 2004. The enrolment of girls increased much more than that of boys, with the ratio of 35 girls/48 boys in 2001-2002 rising to 83 girls/84 boys by 2004-2005.

The newly improved school made children more active in the extra-curricular activities. Pupils are now very enthusiastic about making the most of their new water and sanitation equipment.\footnote{CREPA is an inter-state organization for Central and West African countries.}

Voices of Youth: Burkina Faso

“We need ...

- More water and environmental sanitation facilities – including a safe water source, separated latrines, handwashing facilities and water storage in classrooms.
- More financial and material support to the school health club.”

Mamadou Lamine Kouate

Presented by Mamadou Lamine Kouate, General Director of National Water and Sanitation, Government of Burkina Faso
India

Scaling up School Sanitation and Hygiene Education

Presented by Sri Rakesh Behari, Joint Secretary, Department of Drinking Water Supply, Government of India

With 1.02 billion people, India is the second largest country in the world. Today, rural drinking water coverage is at 99.69 per cent, a dramatic increase from the 31 per cent coverage in 1980. Rural sanitation coverage which was 1 per cent in 1980 is currently at 30 per cent. In 1993, there were 630,000 primary schools in the country, presently there are 1.12 million primary schools.

“A healthy competition among villages is the best way to achieve this maintaining quality, as shown by ‘Nirmal Gram Puraskar’ (Clean Village Award), which was introduced by the Government of India, the Baba Gadga Scheme in Maharashtra and the Star System for clean schools in Tamil Nadu.”

Sri Rakesh Behari

The TSC’s SSHE provision supports toilets in all government schools, i.e., primary, upper primary, secondary and higher secondary, with separate toilet units for boys and girls. The average toilet complex unit cost is US $465, and the Central Government, State Government and communities share the cost in a ratio of 60:30:10.

The Government of India has worked in collaboration with IRC for five years on capacity enhancement, analysis, documentation and resource materials. UNICEF provides technical and financial assistance for innovations, good practices and capacity development. Shared objectives and pooling of resources are strengthened by working in cooperation with NGOs and community-based organizations, along with the Departments of Education, Health, and Women and Child Development. Key strategies for scaling up SSHE are:

- Development of action plans with baselines.
- Intersectoral coordination with concerned departments.
- Institution building.
- Construction of water and sanitation facilities.
- Capacity building, especially of teachers.
- Monitoring and evaluation.
- School health check-up and regular deworming.
- Hygiene education activities.

Alwar shows the way

- 1,667 schools in the Alwar district demonstrate synergy of good classroom practices and SSHE.
- Visible change improves community and parent participation.
- Increase in enrolment of girls by 78 per cent over five years – boys by 38 per cent.
- Significantly higher learning achievement in project schools.
- Sufficiently large to influence systemic change.

Voices of Youth: India

“In my village, most girls are kept at home, they are not allowed to go to school. At school, I have a good opportunity to come forward as a girl. Under the school sanitation programme, we made a child forum in which I am the Health and Education Minister. In this capacity, I call every month a nurse to my school who checks up the children, which is very rare in India. It’s a big responsibility, and it brings out the leadership qualities in me.”

Rekha Kumari, age 12

Impact of SSHE: 1,667 Schools in Alwar District

<table>
<thead>
<tr>
<th>Classes</th>
<th>Phase I schools (taken up in March 2000)</th>
<th>Phase II schools (taken up in April 2002)</th>
<th>Non-project schools</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Boys</td>
<td>Girls</td>
</tr>
<tr>
<td>III</td>
<td>75</td>
<td>77</td>
<td>72</td>
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<td>IV</td>
<td>74</td>
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<td>89</td>
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<tr>
<td>VIII</td>
<td>92</td>
<td>91</td>
<td>93</td>
</tr>
<tr>
<td>Average %</td>
<td>81</td>
<td>81</td>
<td>81</td>
</tr>
</tbody>
</table>
In the early 1990s UNICEF Laos began developing and testing teaching materials on health and hygiene for the primary school curriculum. These materials have evolved into a participatory curriculum package called the ‘Blue Box’, which is being integrated into the country’s next curriculum for teacher training.

Targeted to primary school grades one through five, the key elements of the Blue Box are educational materials related to diarrhoea, malaria, intestinal parasites and personal and environmental sanitation, including handwashing. The Blue Box contains full-colour story card games, cartoon books, textbooks and a teachers’ guide/activity book.

Since 1996, nearly 4,000 primary school teachers have been trained to use the Blue Box to lead children through hygiene education games. Normally, two teachers from each school receive Blue Box training while, on the hardware side, UNICEF provides assistance on school water and sanitation facilities. After completion of construction and training of teachers, each school receives Blue Boxes.

To date, 600 primary schools, about 8 per cent of the total number of schools, have been reached, with a goal of increasing coverage to 15 per cent by 2005. The World Health Organization (WHO) has developed a fun board game that follows up the same basic messages, and the Government has incorporated this game into the Blue Box.

The word games and participatory activities in the Blue Boxes make them attractive for teachers in other primary subjects. In Lao language classes, for example, the children are learning to build sentences with the word cards, and the final message that comes out is a message about better hygiene and personal health. Because the messages are focused on handwashing, personal hygiene, environmental sanitation, water and latrine use for better health, the Blue Box appears to be a good vehicle for cascading hygiene and health information. This is not easy in a multilingual country with 49 ethnic minorities and a predominantly rural population.

At present, the cost of the complete Blue Box, including the teachers’ manual, is about US $60. This price can still be reduced by printing larger numbers of the kit. UNICEF printed 2,000 sets in 2004, WHO produced 800 sets, and several NGOs ordered small numbers of sets (20-30) for their project areas.

An evaluation of the effectiveness and impact of the behaviour change communication in schools, including the Blue Box, is planned for 2005-2006.

Voices of Youth: Lao People’s Democratic Republic

“We formed an environmental sanitation group at the Sikottabong High School called ‘WET’ – Water and Environment Team. WET students:

- Keep schoolyard and sanitary facilities clean and plant flowerbeds.
- Learn about good health and hygiene practices at school.
- Play games and quizzes promoting clean water and better hygiene practices in schools.”

Komin Sidavong, age 16, and Malayvanh Lao, age 19

“The role of the Ministry of Education is to build the capacity of teachers to deliver health education and promote health-related behaviour change. The Ministry of Health plays a facilitating role to the Ministry of Education to institutionalize, expand and improve health promotion in schools, including school deworming.”

Sengdeuane Lachanthaboune
**Mozambique**

**Child-to-Child Sanitation Committees in Mozambique**

The Mozambique Water, Sanitation and Hygiene Promotion (WSHP) programme is one of the five programmes in the Government of Mozambique (GoM)-UNICEF Country Programme for 2002-2006. In line with Country Programme objectives, WSHP contributes primarily to three priorities: integrated early childhood development, girls’ education and fighting HIV/AIDS. The contributions are organized around two primary strategies: community capacity development and youth participation.

In line with the girls’ education priority, the programme integrates water, sanitation and hygiene education in schools to ensure access to safe water and sanitation to 240 primary schools. In combination with youth participatory strategies (described below), these efforts helped increase the enrolment rates of girls from 2002-2003 by 15-20 per cent, countrywide. Further research is needed to determine the factors influencing this enrolment trend.

Since 2002, UNICEF Mozambique and GoM partners have developed child-centred hygiene education programmes in schools through child-to-child sanitation committees. This approach aims to develop life skills and raise demand for safe water and adequate sanitation facilities in schools. It also aims to operate as an entry point to local communities for the adoption of hygiene practices at household level through child-to-child and child-to-parent channels.

A child-to-child sanitation committee is a gender-balanced group of 15 children trained in participatory hygiene education, including: dissemination of information on routes and barriers for water/sanitation-related diseases transmission; appropriate handwashing; proper use of latrines; malaria prevention; child rights; and HIV and AIDS prevention. One or two teachers in each school are also trained on these issues so that they can provide assistance to the committee. The committee provides hygiene education to other children in the school and to the surrounding community.

In participating schools, children are involved in the planning, implementation and monitoring of the following activities:

- Demonstration of appropriate use of latrines.
- Handwashing after use of latrines, and before eating.
- Water purification and better storage.
- Prevention and control of diseases related to poor sanitation, such as diarrhoea.
- Solid waste collection and storage in appropriate places within the schoolyard.
- Improving the school environment for increased school attendance by children, especially girls.
- Prevention of HIV and AIDS for children and young people (with animateurs).

To get the other children’s attention, the communication strategy includes the use of focus group discussions, posters, expressive songs, theatre shows, dance, interviews, drawings and competitions.

Following this approach, child-to-child sanitation committees have been established and are operational in 251 schools (3 per cent of the total number of schools in the country) in the four municipalities and the two districts of Gaza Province. Of the 200,000 students in these schools, 3,765 pupils are actively involved in hygiene education.

A primary challenge rests with evaluating community capacity building and youth participation, drawing from experiences of child-to-child sanitation committees. A countrywide study is planned for early 2005 to assess the water and sanitation situation in schools and define the way forward. This study which is led by the Ministry of Public Works and Housing, involves the Ministry of Education and the Ministry of Health and is expected to bring a new impetus to the school health programme.
Nicaragua

Building alliances at the national and local level: The healthy and friendly schools initiative in Nicaragua

Presented by Violeta Malespin, General Director,
Ministry of Education, Government of Nicaragua

The first initiatives in this area began in 1994, when the Ministry of Education, Culture and Sports and the Ministry of Health signed a collaboration agreement on Healthy and Friendly Schools, to promote health and health education in schools. Four years later, the Nicaraguan Water and Sewage Company launched the Nicaraguan Hygiene and Environmental Sanitation Initiative to promote changes in attitudes and the adoption of good hygiene and sanitation practices among students.

“There are 5.6 million people in Nicaragua. We are currently, focusing on 117 schools, but want to move towards 7,000.”

Violeta Malespin

2015 and the global FRESH (Focusing Resources on Effective School Health) initiative, and is based on a life-skills approach. In a country with more than 7,000 schools, the primary school enrolment rate is 83 per cent. Of every 100 students who begin primary school, however, only 65 successfully finish fourth grade. Only 20 per cent of the country’s primary schools have adequate water and sanitation services.

Nicaragua has a predominantly young population. Of a total of population of 5.6 million, 53 per cent are under the age of 18. Some 2.3 million people, or nearly half of the country’s population, live in poverty, and 830,000 of these in extreme poverty. Conditions are worse in rural areas, where two out of every three people are poor. 1 The right to a free primary education is established in the Constitution and reaffirmed in the Child and Adolescent Code. Yet, there are serious problems in the system, including lack of access, poor quality, a lack of relevance and the lack of internal efficiency.

In general, indicators are better among girls than among boys, in terms of both enrolment and academic achievement. Nevertheless, there are situations in which girls and boys receive unequal treatment; tasks such as cleaning classrooms, for example, are often assigned according to traditional gender roles.

Problems related to infrastructure and basic services in schools, including the lack of water and sanitation facilities, are a serious barrier to quality education. Some schools are connected to community aqueducts but do not have water all the time, and some get their water from wells. The majority of schools, however, has no source of water, no place to store water and/or no means of treating water. Schools do not always have latrines, and even where these are available, they are often not used because they are in bad condition, are poorly built, flood during the rainy season, don’t have doors, or smell bad. In virtually all schools, the latrines are used by girls, boys and teachers alike; they are not designed in line with the characteristics of each sex and age group, nor do they offer privacy or comfort.

A Healthy and Friendly School is a place where children and adolescents build, practise and develop knowledge and skills for life, in a healthy, safe, inclusive, protective environment that is respectful of differences and cultural diversity, and that works with the active participation of children, adolescents, educators, parents and the community. The model has been implemented in 117 schools around the country.

Actions have been taken to build alliances among institutions and sectors involved in education, water, hygiene and sanitation, including the Ministries of Education, Health and the Environment, the Nicaraguan Water and Sewage Company, and municipal governments. Defining and disseminating the new model drives the initiative, as the model is widely known among technical staff at the national, departmental and municipal levels of the institutions involved.

The Healthy and Friendly Schools Initiative model was incorporated into the new Nicaraguan Quality School model and into the health plan of indigenous communities in the country’s central region. The 2004-2015 National Health Policy and National Health Plan call for coordination with the education system to develop schools that encourage healthy practices with school infrastructure and equipment to agreed norms.

Footnotes:
Nigeria
Scaling up Water, Sanitation and Hygiene Education for Schools in Nigeria

Presented by HE Hajja Bintu Ibrahim Musa,
Honourable Minister of State for Basic Education, Government of Nigeria

Nigeria’s population is estimated to be 130 million. The 2003 school census in Nigeria indicates that about 25.8 million children are enrolled in primary schools. As many as 7.3 million primary school age children (6-11 years old) are out of school; 4.3 million of these are girls. There is a national gender gap of 18 per cent in primary school enrolment in favour of boys. Wide variations occur among the 37 states of Nigeria, with some states in the north recording a higher than 40 per cent gender gap in favour of boys.

There is absolute awareness in Nigeria that unless well-conceived, intensive and integrated interventions are made, the nation cannot attain ‘Education for All’ in the near future. Most painfully, the nation will continue to lack the benefits and contributions of well-stimulated and healthy children who mature to become adequately educated and empowered citizens for national growth and development. This challenge, though enormous, is resolutely being addressed by the present Nigerian government.

A key initiative to boost school attendance, improve the health status of pupils and enhance learning outcomes in Nigeria is the establishment and sustenance of child-friendly schools, which will require well-furnished classrooms and the provision of sufficient safe water, sanitation facilities and quality hygiene education in all schools.

Unfortunately, access to safe water and adequate sanitation in the larger Nigerian society is very poor. In urban areas, access to safe water over the same period dropped from 89 per cent in 1999 to 65 per cent in 2003, while in rural areas it decreased from 58 per cent to 40 per cent. Access to sanitary means of excreta disposal has only recorded marginal improvements since 1999.

This poor access to safe water and sanitation has continued to impact negatively on the availability of water and sanitation in schools. Although there has been some improvement through the Child-Friendly Schools Initiative, access to safe drinking water and sanitation in Nigerian schools remains unacceptably low. A recent UNICEF-commissioned study observed that 64 per cent of schools have no source of water in their compounds. Even for those with water, only 32 per cent of the sources were considered safe for drinking.

This poor state is also reflected in access to adequate toilets. The study showed that 67 per cent of the schools have pit latrines while only 3 per cent use water closets. The remaining 30 per cent of the schools surveyed have no toilets of any kind. Furthermore, of the 70 per cent with toilets, only 28 per cent had facilities rated to be in good condition. The national toilet-to-pupil ratio is as low as 1:292. A target toilet-to-pupil ratio of 1:40 has been set and is being vigorously pursued.

The Nigerian government’s goal is to increase access to safe water and adequate sanitation facilities in schools to 80 per cent in 2007, and more than 90 per cent by 2010. Various approaches and strategies are being adopted to meet this challenge. These include legislation and advocacy, curriculum review, capacity building for teachers, parents, the community and other stakeholders, and strengthening partnerships and collaboration, as well as adequate resource mobilization.

Stronger collaboration is evolving among education, health, nutrition, environment and water sectors and ministries to avoid duplication and to create synergy. Equally, effective coordination is being worked out to ensure that all stakeholders – including donor partners, government at all levels, communities and NGOs – harmonize their activities.

The Nigerian government recognizes that we are far from meeting the required standards in safe water, sanitation and hygiene education in schools and aims to ameliorate the situation as soon as possible. Our nation is in dire need of more partners and assistance to ensure that every child is guaranteed access to quality education and the opportunity to live a life of meaning and dignity.
Sudan

School Water Supply, Sanitation and Hygiene Education during emergencies in Sudan

Sudan is a large country with poor infrastructure and frequent natural disasters. The Kordofan and Darfur regions, which cover almost 40 per cent of the country’s geographic area, suffer cyclic droughts and water scarcity. The population in drought-affected rural areas often migrates to urban centres in search of work, water and other basic services. The prolonged conflict in the south has displaced several million people who live in camps. The ongoing conflict in Darfur has displaced more than 6 million people.

WES objectives for the country programme include priority interventions for internally displaced persons (IDPs) and conflict-affected people. During 2003-2004, WES interventions for schools in such emergency areas as Darfur were aimed at (1) providing basic water and sanitation facilities in temporary schools to facilitate the early return of children to school; (2) using the opportunity to promote hygiene practices among children, and to communities through children.

To accomplish these aims, the emergency relief project in Darfur was established. This project aims to cover about half of the IDP children in Darfur (153,000), with 1,193 classrooms in about 150 schools. Priority is given to girls’ schools and separate sanitation facilities for girls in co-educational schools. The average cost of providing water supply and sanitation facilities per school varies from US $10,000 to US $15,000, based on local conditions and costs.

Components of the project activities that were carried out by the National Water Corporation and partner NGOs, include:

- Provision of drinking water facilities through handpumps or a tap connection
- Provision of safe and hygienic latrines
- Training of teachers and school health committee members on participatory hygiene education
- Provision of soap and an ibrig (a small plastic water pitcher for handwashing)
- Involving children in the promotion of hygiene through song and drama
- Development of information, education and communication materials for promoting the use of safe water and hygiene practices
- The promotion of camp cleaning and environmental hygiene among IDPs and host communities involving children and teachers.

Based on the number of children enrolled and attending the temporary schools, project monitoring reports estimate that 140,000 children among IDPs (mostly in Darfur) benefited from interventions during 2003-2004. An impact analysis is planned. In the meantime, monitoring visits by UNICEF and partner NGOs have recorded that:

1. Children in the schools provided with water and sanitation facilities appear clean and properly dressed.
2. Awareness among children of basic hygiene practices has increased.
3. Enrolment and retention of girls has improved.
4. Schoolchildren participated in delivering hygiene messages to their families.

It is apparent that stronger advocacy is needed to ensure adequate funding to continue and expand such improvements. Countrywide estimates are that 9,100 basic schools do not have adequate water and sanitation facilities. Based on an average cost of US$12,000 per school, about US $99 million is required. For interventions proposed for 2005 alone, at least US$5.7 million will be needed for school sanitation as part of the emergency response package.
Since 2002, Tajikistan has taken the position that school water, sanitation and hygiene education programming must work through schools, not merely in them. This approach has resulted in the projection of school water, sanitation and hygiene education messages at high-profile national, regional, community and school-based events. The Prime Minister’s Office is now exploring possibilities for scaling up this approach as part of its overall MDG strategy.

In this approach, the key strategy has been to allow schoolchildren wide latitude in defining, and then driving, advocacy efforts at the school, community, regional and national levels. Peer groups have a mandate to promote sanitation and hygiene through schools on these topics:

1. Safe handling of drinking water  
2. Safe disposal of waste water  
3. Safe disposal of human excreta including child excreta  
4. Disposal of solid waste  
5. Home sanitation and food hygiene  
6. Personal hygiene  
7. Community sanitation

Each group consists of a maximum of seven children, typically from grades four through nine. Girls constitute more than half of the membership of these groups. Because schools function six days a week in Tajikistan, the first six topics are assigned to a specific day of the week, while the seventh, community sanitation, is taken up in the form of a ‘sanitation drive’ on special holidays.

Around 1,400 peer groups have been formed in all of the 200 project schools, and the number of students involved in peer group activities is near 11,000.

UNICEF shares the cost of both hardware and software. Construction of school toilets, with separate provisions for girls, and upgrading of existing water facilities, have been completed in all 200 schools.

Typical activities include:
1. Mentoring, where children in higher grades interact with children in lower grades using a special workbook developed around the seven components of SSHE. Students take home a sanitation-oriented snakes-and-ladder game geared to attract preschool children;  
2. The Tajik Football Federation organized national football matches involving 800 schools. Messages on the seven components of sanitation were displayed in the playground during the games, to a crowd of around 200,000 people. The games were also broadcast on national television;  
3. The National Youth Theatre Group organized a variety show based on the seven components of sanitation.

During the 2003 Dushanbe International Fresh Water Forum, student peer group members, in partnership with the Ministry of Education, organized a Children’s Water Forum as a parallel side event. More than 3,500 students were involved in activities such as conducting a study of the environmental conditions in their school and the community, and mapping the village to identify water and sanitation facilities and possible sources of contamination.

Footnote:
Uganda

School Water, Sanitation and Hygiene Education
Child-to-child strategy in Uganda

Presented by HE Maria Mutagamba, Honourable Minister of Water, and
HE Geraldine Namirembe Bitamazine, Honourable Minister of Education and Sports

One of the objectives of the 2001-2003 Uganda school sanitation, hygiene and water subprogramme was to reduce the girls’ drop-out rate by 20 per cent. Progress in meeting this objective appears to have been made: According to an external evaluation, a 3 per cent decrease in girls’ drop-out rates can be attributed to the subprogramme’s activities and to the institutional environment within which it is being implemented (Kamuli and Musaazi, 2003-2004). Moreover, this evaluation noted that the national average pupil-to-toilet ratio improved to 64:1 (2002) from 86:1 within a single year. Three strategies have been central to these accomplishments:

1. A district-focused approach, which has placed the subprogramme closer to communities, thus enhancing participation and accountability.

2. Emphasis on child-to-child activities, especially Girls’ Education Movement (GEM) clubs, in combination with high-profile training sessions and in-school training and mentoring responsibilities. Schools that have adopted the GEM concept are more active with child-to-child links and are promoting sanitation beyond the school.

3. Cross-sectoral linkages to other UNICEF-supported interventions such as early childhood development. In districts where there were more of these interventions, enhanced progress was evident.

Evaluators also noted anecdotal evidence suggesting that school water and hygiene interventions are helping to reduce the prevalence of common illnesses including scabies, eye infections, ringworm and diarrhoeal infections.

At Gyenda Primary School, the headmaster reported that within three months of GEM being introduced in the school, 50 new girls were enrolled. He attributed this to the efforts of girls and boys who had embarked on a campaign, going to homes and seeking out children who were out of school. Working together with the local officials, they were able to convince parents to bring children back to school. In addition to the home visits, the children used drama to put their message across and motivated communities to lobby for a toilet, bathroom and sanitary towels.

Footnotes:
1 Mid-Term Review Study on School Sanitation, Hygiene and Water in Primary Schools in Uganda, Emmanuel Kamuli and Moses K. Musaazi, September 2003.


“Sanitation has been a problem for many years … the first thing I did is to find out what it is to be a Minister of Water … we started a campaign just around the time that the WASH campaign was taking place.”

HE Maria Mutagamba

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HE Maria Mutagamba
Eighteen children and young people from nine countries were engaged in the Oxford Roundtable dialogue. Participants divided into four working groups to discuss their priorities and to reach agreement on common issues. After reviewing each group’s conclusions in plenary, delegates came together to propose final recommendations.

These recommendations were presented to the adult Roundtable participants in the 24 January plenary session entitled ‘Youth perspectives on the rationale for investing in water, sanitation and hygiene education for schools’. During this interactive session, Roundtable professionals were given the opportunity to ask questions and provide feedback to the young people with regard to their individual and collective contribution to changed knowledge, attitudes and practices both locally and globally.

Children and young people’s recommendations

We wholeheartedly endorse the recommendations made at the Children’s World Water Forum (CWWF), 2003 (see page 48-49 for the full Children’s Water Manifesto). This issue affects our daily lives and needs special advocacy. We draw particular attention to this recommendation from the subgroup on school, water, sanitation and hygiene education.

We, children and young people, make the following additional recommendations:

- Renewal of commitments – including the CRC (Convention on the Rights of the Child), the UN Special Session on Children and CWWF – especially meaningful participation of girls and boys in programmes.
- Provide child-friendly information on school, water, sanitation and hygiene.
- Inclusion of hygiene education in school curricula and teacher training.
- Advocate for the provision of separate facilities for girls and boys of different ages and abilities.
- Provision of sanitary materials for girls in school for menstrual management.
- For sustainability, don’t depend on external help, depend on the community.
- Provision of environmental cleaning facilities and young people’s participation in maintaining a clean environment.
- Protection against peeking, spitting, teasing and other kinds of humiliation when trying to use the toilets.
- Ensure proper allocation, utilization and accountability of funds for programmes on school, water, sanitation and hygiene.
- Develop and implement a plan for participatory monitoring and evaluation of programmes with children.
- Follow up with concrete commitments to strong children’s involvement.

Voices of Youth: Nigeria

“I am in a club called Physical Health and Education. We raise money for sanitation facilities in our school, including menstrual materials. Many girls are not going to school because of water. By the time they fetch water back to their homes it is too late to go to school, or they are menstruating and cannot go because there is no water or sanitary support. We make sure that the girls know about the changes that we are making and we have gotten some of them to come back to school.”

Chidinma Ejere, age 14
Children and Young People at the Oxford Roundtable, continued

Measuring how well activities are working
We discussed how we could tell whether our activities supporting water, sanitation and hygiene education in schools are working. We make the following suggestions:

- Child representatives on committees, school councils and other bodies, with children acting as eyes and ears in their local communities.
- We could use suggestion boxes, surveys, questionnaires and house-to-house visits to evaluate basic latrines.

We could measure:
- Numbers of girls attending school in various grades.
- Numbers/quality of young people participating.
- Number/quality of partnerships with adults.
- Opportunities for children to voice their opinion and recommendations. Monitor how such opportunities are used.
- Awareness of child rights and responsibilities relating to water, sanitation and hygiene education and their links to other child rights.
- How much money has been allocated and how much is actually spent on what and on whom?
- Level of child and young peoples’ participation in evaluations.
- Decrease in infectious diseases.
- Decrease in teasing, pecking, and embarrassment when using the latrine.
- Numbers and quality of water sources and latrines built.
- Menstrual management in consultation with girls.
- Are child protection measures at schools for girls and boys in place?
- Implementation of the Roundtable Statement with children’s priorities and recommendations.

Children and young people’s inputs to the ‘minimum package’

Scaling up preliminary discussion: stronger support for student sanitation clubs and advocacy; recognition of how partnerships with children and young people can make a difference at various project stages.

Comments on the commitments:
We would like specific commitments on partnerships with children and young people, especially from UNICEF and IRC, as well as specific commitments on follow-up plans. Involving young people in international conferences is good, but what happens in the meantime is really the most important. We would like to see specific responses to the ‘advocacy burden’ that sanitation clubs have (because they are not as ‘cool’ as other clubs). E-conferences are not realistic because very few children have access to email.

Comments on the Oxford Roundtable Statement:
Adult decision-makers need clear recognition and commitment to partnership with children and young people. We are looking for clearly defined participatory involvement in monitoring, with indicators that allow children and young people to assess the social world of school water, sanitation and hygiene education programmes, not just the technical world. The Statement should include a commitment to age-specific child-friendly materials and resources, including the provision of menstrual materials.
Interagency cooperation and collaboration is known to streamline productivity and reduce redundancy of efforts in meeting MDG target 10 goals on water and sanitation. In addition to the UNICEF Water, Environment and Sanitation section as co-sponsor of this event, presentations were made by UNESCO, WFP, UN-HABITAT, WHO, World Bank and the UNICEF Education Section.

The rationale for investing in water, sanitation and hygiene education for schools from an education perspective

Presented by Dr. Mary Joy Pigozzi, UNESCO, Director, Division for the Promotion of Quality Education

This is a time of change in education. There has been a paradigm shift from a focus on education to one on learning. There is an urgent need to look at education of the whole child from all perspectives – the how, where, why and what we learn. Children are being cheated out of a quality education by the dire state of water and sanitation facilities in many schools, disrupting school attendance, especially by girls, and damaging children's ability to learn.

There is a concern that the emphasis of the MDGs is on numbers of children in school without considering quality-of-education issues such as a safe environment. We need to broaden the concept of what we call quality and affirm that what we expect from education is more than writing and arithmetic.

Ensuring that children are healthy and able to learn is an essential component of an effective education system. This is especially relevant to efforts to achieve Education for All (EFA) in the most deprived areas.

Intersectoral cooperation is essential to a child-friendly school, yet, other sectors must understand the pressures on schools and teachers. Teachers are underpaid – sometimes they are not paid at all for three months or more and they have to have a second job to keep their children alive. Asking them to stay after school to ensure that the toilets are clean is an issue. We ask the teachers to do many things, but we don't give them adequate resources and/or training, and then we blame them for falling short.

The quest to achieve Education for All is fundamentally about assuring that children, youth and adults gain the knowledge and skills they need to better their lives and to play a role in building more peaceful and equitable societies. This is why focusing on quality is an imperative for achieving EFA. As many societies strive to universalize basic education, they face the momentous challenge of providing conditions where genuine learning can take place for each and every learner.

The six goals adopted at the World Education Forum in Dakar, Senegal, in April 2000, implicitly or explicitly integrate a quality dimension. Goal 6, in particular, commits countries, with the support of their EFA partners, to improve all aspects of the quality of education. The benefits of early childhood, literacy and life-skills programmes largely depend on the quality of their contents and of their teachers. Reducing gender disparities in education relies strongly on strategies that address inequalities in the classroom and in society. Primary and secondary education – the central planks of most education systems – are expected to ensure that all pupils acquire the knowledge and skills necessary for the exercise of responsible citizenship.

There is a need to work within existing partnerships and alliances – such as FRESH, Education for All, UNAIDS (Joint United Nations Programme on HIV/AIDS) and the Decade of Education for Sustainable Development – rather than creating new structures, and I am willing to make the commitment to work towards intersectoral and interagency partnerships to ensure quality water, sanitation and hygiene education for all schools, particularly within the FRESH framework.
No nation can afford to waste its national resource: the intellectual power of its people. But that is precisely what is happening where low birthweight is common, where children fail to achieve their full potential growth, where micronutrient deficiencies permanently damage the brain, and where anaemia and hunger limit children’s performance at school. Good health increases enrolment, reduces absenteeism, and brings more of the poorest and most disadvantaged children, many of whom are girls, to school.

Studies have shown that worm infections (particularly hookworm) cause anaemia, reduce growth and may negatively affect cognition. Long-term effects include impaired cognitive development, compromised educational achievement and lower work productivity. Worms thrive in communities in need of better housing, sanitation, clean water, education and increased personal earning. School-age children are the most heavily affected group for many worm infections, both in terms of prevalence and intensity.

Diarrhoea is another principal cause of school absenteeism. Among the high-risk factors for transmission of diarrhoeal diseases are inadequate access to clean water, lack of adequate sanitation facilities and poor hygienic practices. The school environment can become an added source of disease transmission, where appropriate sanitation facilities and adequate supplies of water for handwashing and safe water for drinking are either non-existent or inadequate.

Not surprisingly, all the conditions listed above are preventable and most of them are directly or indirectly caused by lack of safe drinking water, inappropriate means of excreta disposal and poor hygiene. The school environment may damage the health and nutritional status of schoolchildren, particularly if it increases their exposure to hazards such as infectious diseases carried by the water supply. Adequate sanitation is the foundation of development – but a decent toilet is an unknown luxury in most schools in sub-Saharan Africa.

Safe drinking water and adequate sanitation facilities are essential first steps towards a healthy learning environment. Safe water and sanitation are central in preventing parasitic infection and diarrhoeal diseases and other related illnesses. Water and sanitation improvements, in association with hygiene behavior change, can have significant effects on the health of schoolchildren by reducing a variety of disease conditions such as diarrhoea, intestinal worms, Guinea worm and skin diseases. These improvements in health lead to reduced morbidity and mortality, and improved nutritional status.

Water and sanitation improvements affect health primarily by interrupting or reducing the transmission of disease agents. This occurs through a variety of mechanisms. Of primary importance is the safe disposal of human faeces, thereby reducing the pathogen load in the ambient environment. Increasing the quantity of water allows for better hygiene practices. Raising the quality of drinking water reduces the ingestion of pathogens. With less disease, children can eat and absorb more food, thereby improving their nutritional status.

Schools are an integral part of a community. School sanitation and hygiene promotion can bring health benefits for children and their family members who improve their sanitation. Sanitation is a public good, and sanitation improvement has much greater benefit when it is achieved by a whole community. Experience shows that children can act as potential change agents within their homes and communities through their knowledge and use of sanitation and hygiene practices learned in school.

Improved water supply, sanitation and hygiene are essential for the implementation of a successful school feeding programme – a fact that reaffirms the need for effective partnerships. In this regard, WFP entered into partnership with UNICEF in 2002 to collaborate through an integrated package of cost-effective interventions to improve the nutritional status and health of schoolchildren. In 38 countries, UNICEF and WFP Country Offices have currently committed themselves to working closely to support the implementation of this package to ensure investment in water, sanitation and hygiene education, along with other interventions.
At the second World Water Forum in The Hague (2000), a Ministerial Advisory Group to the Water for African Cities Programme requested UN-HABITAT to incorporate water and sanitation education activities in a bid to sustain its water and sanitation programmes. We answered the call with the Water, Sanitation and Hygiene Education programme, but is it enough to result in lasting change?

Rising population pressures, urbanization and a lifestyle driven by consumerism have progressively eroded the values that held our societies together. What we need is an attitudinal change that can help develop a new water-use and sanitation-friendly ethic in society, among service providers and users. Children and youth could be the best ambassadors to bring about these attitudinal changes.

The Johannesburg Expert Group Meeting, 30 April- 2 May 2001, recommended a human-values approach to water and sanitation education in schools and communities as a strategic entry point to developing a new water-use and sanitation-friendly ethic in African cities.

"Expanding access to water and sanitation is a moral and ethical imperative rooted in the cultural and religious traditions of societies around the world and enshrined in international human rights instruments."


Human values are those qualities of a human being that are desirable, respected, worthy, esteemed, dominant and are sanctioned by a society. They are universal and are the essential foundation for good character. Water, sanitation and hygiene education is embedded in the traditional values of solidarity, respect for nature and shared responsibility in most societies, often named as knowledge, skills, ethics and values.

Human values are truthfulness, discrimination, honesty, shared responsibility, sympathy, tolerance, humanism, self-respect, self-discipline and consideration for others. These values mirror the values enshrined in the UN Charter and the Millennium Declaration: freedom, equality, solidarity, tolerance, respect for nature and shared responsibility.

We engage with policymakers to enhance awareness and political will for values-based water and sanitation education in cities and are working with the education sector towards building capacity to conduct values-based water and sanitation education in formal and informal settings. Our activities include promoting values-based water education through the curriculum, developing teacher training guides, conducting training of trainers and demonstrating values-based water education in selected pilot schools.

Working to engage with water and sanitation utilities, UN-HABITAT is establishing water and sanitation classrooms and education teams at the utilities. These teams are publishing values-based resource guides and training programmes, school water and sanitation audits, and water quality audits.

This innovative education initiative will be initiated in seven demonstration countries currently participating in the Water for African Cities Programme. The five key areas of intervention will be: national curricula review for introducing water education in schools; development of learning material; training of trainers on water education; establishing water education classrooms in pilot cities; and community water education.

Twinning of schools and cities within countries, among countries within the regions and among schools in the North and the South is also planned as part of this initiative. In non-formal education settings, UN-HABITAT is working to engage communities and to partner with schools as centres for community initiatives – including distribution of water disinfectant, community demonstrations, and distribution of guides for values-based, non-formal education and capacity building.

We are promoting investments, provision, and operation and maintenance of water and sanitation in schools through: assessing the water and sanitation situation in both formal and non-formal schools; developing an investment programme for the rehabilitation of water and sanitation facilities in schools ‘at risk’; and building capacities for delivery, operation and maintenance.
Intersectoral approaches and partnerships in girls’ education

Presentation by Carol Watson, Senior Adviser, Education Section, Programme Division, UNICEF

Education: the big picture

In today’s world, 115 million children are denied the right to education – the majority of them, 53 per cent, are girls. Seventy-six per cent of out-of-school girls live in sub-Saharan Africa and South Asia, and pockets of disparity are evident throughout the world.

Gender discrimination is a global problem with many manifestations. Poverty prevents children – particularly girls – from accessing and completing quality education. HIV and AIDS are decimating education systems, families and communities across the developing world. Children in emergencies and post-conflict situations are often denied the normalcy of education exactly when they need it most – and the quality of education is often poor, completion rates low and learning outcomes uncertain.

Global goals and commitments

Girls’ education is a top priority for UNICEF because our global focus is on the excluded and marginalized, and a commitment to gender equality is a commitment to the rights of all children. Obstacles to education are often higher for girls, and efforts to overcome these obstacles can be used as an entry point to education for all children. Moreover, educating girls yields multiple benefits and leverage for other positive development outcomes. The 2005 gender parity target is the first test of credibility of international commitments to the MDGs and a stepping stone to the attainment of these goals. If education is the door to poverty reduction, girls’ education is the key.

Why take an integrated approach?

An integrated approach is necessary to address key barriers to girls’ education that often lie outside the education sector. UNICEF addresses barriers such as poverty with stipends, incentives, scholarships and micro-enterprises; household chores with technologies and services that reduce the burden of time; child labour with legislation and income incentives; and social norms/customs (e.g. early marriage) through advocacy, social mobilization and legislation.

We look to create positive synergies for children. School meals and other nutrition interventions, for example, are known to enhance both health and learning. Early childhood development programmes free older girls for school while offering younger ones a ‘right start’ to learning. Water and sanitation facilities improve health, and enhance the learning environment, while special protection measures address concerns for safety and security, including gender-based violence.

Safe, inclusive, ‘child-friendly’ school environments contribute to quality learning experiences that integrate relevant life skills (health and hygiene; HIV/AIDS prevention) into education. It is important to envision and design schools to function as integrated service delivery/community resource sites.

Engaging multi-stakeholders places emphasis on the fact that education is everyone’s business and serves as a reminder that we are all accountable. Multiple perspectives enrich debate, programmes and services, while participation enhances ownership and buy-in towards sustainable development solutions. Integrated efforts are required to achieve the MDGs as a whole and to attack poverty in all of its multiple dimensions as we address the holistic needs of the child.

What are the obstacles to intersectoral cooperation?

Obstacles to intersectoral cooperation include the difficulties of reaching out to different networks and forming partnerships within international, national and local frameworks, since all of us are juggling a multitude of demands. Diverse constituencies require diverse approaches and materials; teachers and engineers, for example, have different technical reference literature and speak different ‘languages’. Pursuit of individual goals can contribute to separate or ‘sectoralized’ priorities, supporting varied meeting schedules/reference points (Dakar, Kyoto) and sector-specific accountabilities, with rare incentives for intersectoral partnering.

Opportunities and challenges include strengthening and mobilizing partnerships at all levels – clearly a key to success and sustainability – and building on existing partnership frameworks (UNGEI, FRESH, WASH, the Sahel Alliance and others) to maximize the synergy of comparative strengths. Building intersectorality into sectorwide approaches, planning and budgeting is also a key priority.

Providing a platform for participation by civil society groups, teachers, children and young people as key stakeholders can be useful in mainstreaming gender perspectives into all partnerships and programmes – and in bringing multiple perspectives to bear on the issue. UNICEF and key partners are working to design standards for ‘child-friendly’ schools that incorporate the integrated approach. And we seek to ensure an appropriate level of resources and investments, while expanding and strengthening indicators, data and evidence as a base for planning, monitoring and evaluation.
Toolkit for Hygiene, Sanitation and Water in Schools

Presented by: Donald Bundy, Lead Specialist for School Health and Nutrition, World Bank

Worldwide, an estimated 72 per cent of the primary-school-age children attend school. In most developing countries, the sanitary and hygienic conditions at schools are often appalling, characterized by the absence of properly functioning water supply, sanitation and handwashing facilities.

Schools that lack access to basic water supply and sanitation services will have an increased incidence of major childhood illnesses among their students. Poor health is an important underlying factor for low school enrolment, absenteeism, poor classroom performance and more school dropouts. Hygiene, sanitation and water in schools is known to create an enabling environment that contributes to children’s improved health, welfare and learning performance.

For many years, development professionals and practitioners in the sectors of health, education, water and sanitation have found success and failure in different approaches and methodologies. The World Bank has created a ‘toolkit’ to capitalize on innovations and lessons learned, and to help task managers tap into sector-specific knowledge of practices and approaches that are likely to yield positive results as they coordinate multi-sector efforts to improve sanitation and hygiene in schools. This accessible web-based toolkit makes information and resources available, providing support for planning and implementation of hygiene, sanitation and water programmes in school policies and projects.

Because children spend a significant amount of time in and around their schools, the physical environment has a major impact on their well-being. The lack of appropriate facilities may discourage children from attending school; girls who are menstruating, in particular, would rather not go to school than have to deal with a lack of privacy. The unsanitary conditions typical of many school toilets will send children the wrong message about the importance of sanitation. Since many rural children do not have toilets at home, this will be their ‘model’ for sanitation, which clearly will not be a very motivating one.

With appropriate hygiene, sanitation and water facilities, gender issues can be addressed. Provision of adequate water supply and appropriate sanitary facilities in schools can be especially effective in reducing the incidence of diarrhoea and helminthic infections. Of the childhood diseases that are caused by the lack of proper sanitary conditions, these are the two that occur most frequently.

With governments around the world embracing an ambitious MDG agenda to reduce poverty and improve welfare, appropriate hygiene, sanitation and water in schools has a role to play. Hygiene, sanitation and water in schools can impact several of the MDGs by creating the physical learning environment that benefits health and learning.

A healthy school environment that optimizes children’s learning capacity results when hardware (construction or rehabilitation of sanitary facilities) is combined with software (including provision of hygiene education, and training for the operation and maintenance of facilities) in an enabling policy environment. To achieve this result, task managers from the health, education, and water and sanitation sectors must work together to ensure that school sanitation programmes will be successful in achieving their objectives. The Toolkit is designed to help them produce school environments that promote children’s health and enhance their learning opportunities while contributing to achievement of the MDGs.
Special characteristics of hygiene, sanitation and water in schools. Hygiene, sanitation and water facilities in schools must address the particular needs of their primary users: children. Child-friendly design requires, for example, that toilets have different dimensions than those for adults. Yet, the fact that children have different physical abilities than adults is too often overlooked in school projects.

Another important factor is implementing hygiene education that promotes life skills. Changing hygiene behaviour is not easy, and often, too much emphasis is given to promoting knowledge, without that knowledge being translated into appropriate skills and attitudes towards hygiene. Life-skills-based hygiene education focuses on all three aspects: knowledge, skills and attitudes.

Building multi-stakeholder partnerships is critical. Because the Ministry of Education is in charge of schools, but the provision of school water supply and sanitation facilities may be the responsibility of a different ministry, a high level of coordination and collaboration between the Ministry of Education and other stakeholders is essential.

Support from the larger community is also important. Investments in hygiene, sanitation and water in schools will only achieve their potential benefits when both the water and sanitation facilities – and the required changes in hygiene behavior – are supported in the children’s homes and communities.

Basic principles for school facilities. The lessons learned from community water supply and sanitation projects over many decades show that such projects are more sustainable when they follow a demand-responsive approach. With this approach, project beneficiaries guide the key investment decisions, take responsibility for the planning of facilities, make informed choices about the service, and take care of operation and maintenance of the facilities once constructed.

Sector assessment. The objective of a sector assessment is to decide whether to include how and best to implement a school hygiene, sanitation and water component in an education, health, or water supply and sanitation project. The sector assessment gives the task manager a broad overview of the major opportunities and constraints for a specific investment project and enables successful completion of the components.

The first phase of sector assessment is a review of the country context in which the school hygiene, sanitation and water component of an investment project is to take place. This phase clarifies the nation’s policy and strategy for providing health, education, and water supply and sanitation services and takes stock of ongoing programmes and capacities. This analysis involves discussions with the various responsible sector agencies and stakeholders, and a review of existing strategies and other documentation.

In the second phase of sector assessment, the task team formulates a strategy that (i) addresses whether hygiene, sanitation and water interventions are required in schools; and (ii) identifies the key issues that will affect successful implementation; and (iii) proposes how the project should address them.

Because of the multidisciplinary character of these interventions, the sector assessment can also be a tool of advocacy and a motivator for action. It can enable different stakeholders to reach a common understanding of the issues and provide a platform for solutions that will improve hygiene, sanitation and water in schools.
WHO regrets that due to other commitments, we are unable to participate directly in this meeting, which is a timely follow-up to the meeting on School Sanitation held by UNICEF and IRC in January 2005.

The subject is one of concern to WHO, and we would like to take this opportunity to express our interest in, and support for, this initiative. WHO has long-standing partnerships with both UNICEF and IRC, and works closely with them on a wide range of topics related to water, sanitation, health and hygiene.

WHO feels strongly that improvements in water, sanitation and hygiene measures in schools are an essential step towards better public health in general and community health in particular. If schools, along with other critical community institutions such as hospitals and small health facilities, are not equipped with appropriate water and sanitation facilities, there is little chance that community members, young or old, will feel confident that their basic rights and needs are recognized. If our key public institutions lack the most basic facilities, what example can we set for householders who currently lack adequate water, sanitation and hygiene facilities in their homes?

The community setting offers great potential for addressing water, sanitation and hygiene problems on multiple fronts. This is important, as benefits created in one community institution need to be reinforced by similar actions in others. Thus the home, the school, and the health post or hospital need to be seen as one continuum for action and education to improve health and hygiene.

Once again, we strongly commend this initiative, look forward to its outcomes, and wish you every success in your endeavours to find ways of scaling up action on water, sanitation and hygiene education for schools.

Dr. Jamie Bartram  
Coordinator  
Water, Sanitation and Health  
World Health Organization
CONCLUSION: THIS IS ONLY THE BEGINNING ...

Scaling up with quality

The Oxford Roundtable took a giant step in water, sanitation and hygiene education for schools from being perceived as a challenge of an individual sector towards becoming understood as a broad-based intersectoral issue of global importance. Best articulated by the voices of youth, the day has come to mobilize all stakeholders towards the attainment of realistic goals in grass-roots activity in the poorest countries and to support capacity building in response to the needs of each regional context.

Central to this effort will be partnerships at global and country levels to forcefully advocate for water, sanitation and hygiene education for schools as indispensable to quality primary education and central to community hygiene promotion strategies.

In an effort to answer the call, UNICEF has initiated plans in 2005-2007 to:

- Improve the evidence base on water, sanitation and hygiene education for schools, through special studies and improved monitoring.
- Strengthen (sub)national capacities for water, sanitation and hygiene education, through learning alliances, testing and adaptation of educational materials, and case studies.
- Improve the policy environment for water, sanitation and hygiene education for schools, through partnerships, ‘champions’, information-sharing and support that strengthens national plans and strategies.
- Strengthen aspects focusing on children through research, monitoring, case studies and the documentation of innovations.
- Develop approaches to water, sanitation and hygiene education for schools in emergencies.

We have learned that scaling up water, sanitation and hygiene education for schools brings a new set of challenges, which include:

- Increasing the political commitment for water, sanitation and hygiene education for schools.
- Ensuring that all stakeholders (children and their parents, teachers, religious leaders, communities, bureaucrats and technicians, politicians, private contractors, NGOs, etc.) and institutions across several levels (global, national, subnational) work together in a coherent manner.
- Maintaining the right balance between the participatory provision of hardware, hygiene promotion and related capacity building and community mobilization, especially where hygiene education and social mobilization do not have a strong institutional home.
- Maintaining quality in the provision of water and hygiene facilities as well as in the hygiene education and social mobilization aspects.
- Strengthening the evidence base to convince policymakers and planners that increasing financial and human resources for SSHE makes good economic, social and political sense.

Roundtable participants agreed that to move ahead, we need to establish clear accountability for school conditions and to ensure budget allocations at central and local levels. It is important to move away from ‘projects’ to full-scale sustainable programmes that are based on good knowledge. We recognize that children and young people are key participants who not only lead their families and communities in changing behaviours, but will become healthy adult leaders.
ANNEX I:

CHILDREN’S WATER MANIFESTO

Drafted at the Children’s World Water Forum, 21 March, 2003, Shiga, Japan

In the name of love, peace and harmony – we, the 109 children and young people of the world representing 32 countries – pledge to seek the support of decision-makers in planning, designing, implementing and evaluating programmes related to children, water, sanitation and hygiene. We want the decision-makers to guarantee the participation of children and young people, according to the Convention on the Rights of the Child (CRC), to ensure the participation, protection, survival and development of children and young people through promoting a safe environment for their healthy development and well-being. We assert the following:

Governments are obliged to:

- Ensure that children and young people are involved in the decision-making and policymaking processes beginning from the planning stages through the implementation and evaluation of household water-related programmes/issues, including access, safety, conservation and use of water.
- Improve water and sanitation facilities, particularly for girls so that they can stay in schools, and therefore allocate sufficient budget for water and sanitation programmes in schools. Reallocate investments on armaments as budgets to support school programmes and child-friendly facilities.
- Strengthen partnerships and cooperate with children and young people with NGOs, governments, municipalities, private companies and media to strengthen school programmes and establish child-friendly facilities.
- Encourage free exchange and sharing of information, technology and experiences across industrialized and developing nations, specific to household water security.
- Take preparatory measures towards strengthening the infrastructure and basic services during emergencies and train children and young people to exchange ideas and support during emergencies.
- Respect children and young people’s opinions and different cultures in relation to water use and sanitation, as well as provide safe water areas for children and young people’s play.
- Promote strong environmental, child-friendly education on issues related to diversified water use for boys, girls, teachers, parents and community leaders.
- Support children and young people’s projects and activities relating to water and the environment that affect the access to potable water and sanitation.

We as children and young people pledge to:

- Establish action groups, clubs, organizations and networks of children and young people for activities on water, sanitation and hygiene – locally, nationally and internationally.
- Be responsible for peer-to-peer education as young facilitators and child-to-adult education on conservation of water, sanitation and hygiene.
- Develop and use child-friendly resource materials and use child peer-education methods, such as drama, poetry, drawing and websites to create more awareness on environment, water and sanitation issues.
- Work with decision-makers to promote better water and sanitation facilities at schools in rural and urban areas and in the community so that girls do not drop out of schools or face abuse.
- Be involved in designing, implementing and evaluating child-managed water and sanitation projects and other initiatives.
- Form a Global Children and Young People’s Alliance on water, sanitation and hygiene.
Children’s Water Manifesto, continued

Statement of the Working Group on Water and Sanitation in Schools
We believe that poverty is the most critical cause for lack of safe water, sanitation facilities and hygiene in schools around the world. We need to make water sanitation and hygiene in schools a greater priority for governments and decision-makers. Building on the CRC, we assert our rights to be informed and to participate in matters that affect our lives. We assert the following:

Governments are obliged to:

♦ Improve water and sanitation facilities, particularly for girls so that they can stay in schools and therefore allocate sufficient budget for water and sanitation programmes in schools.

♦ Reallocate investments on armaments as budgets to support school programmes and child-friendly facilities.

♦ Strengthen partnerships and cooperate with children and young people, involving NGOs, governments, municipalities, private companies and media to strengthen school programmes and establish child-friendly facilities.

♦ Provide stronger written commitments, with established targets, timed goals and accountability for the improvement of sanitation conditions in schools.

We children and young people resolve to:

♦ Form children and young people’s committees, groups, clubs or organizations in schools to influence local, national and international decision-making processes related to sanitation and child-friendly sanitation facilities.

♦ Form a global children and young people’s alliance on water sanitation and hygiene.

♦ Develop and use child-friendly resource materials and use child peer-education methods such as drama, poetry, drawing and websites to create more awareness on environment, water and sanitation issues.

♦ Work with decision-makers to promote better water and sanitation facilities at schools in rural and urban areas and in the community so that girls do not drop out of schools or face abuse.
ANNEX II:

Presentation summaries

**Women's Issues and SSHE: Menstrual Hygiene Management**  
Archana Patkar, Director, JunctionSocial

**Rooftop Rainwater Harvesting in Schools: The Indian Experience**  
Bunker Roy, Director, Barefoot College

**Hygiene Promotion: Learning from the Private Sector**  
Valerie Curtis, Professor of Environmental Health, London School of Hygiene and Tropical Medicine

**The European Union Water Initiative: The African Caribbean Partnership**  
Martin Walshe, Water Adviser, European Union

**Non-governmental organizations’ role in scaling up water, sanitation and hygiene education for schools**  
Ravi Narayanan, Director, WaterAid, United Kingdom

**The Delft School Sanitation and Hygiene Education Symposium**  
Paul van Koppen, Director, IRC International Water and Sanitation Centre

**Monitoring and Evaluation in SSHE**  
Kathleen Shordt, Senior Adviser, IRC International Water and Sanitation Centre

**The Role of Rotary Clubs in Water, Sanitation and Hygiene Education for Schools**  
F. Ronald Denham, General Coordinator, Water Resources Task Force, Rotary International

**Water and Sanitation for Schools**  
Peter White, Corporate Sustainable Development Officer, Procter & Gamble

**WASH from a Global Advocacy Perspective**  
Tirza Kouwenberg, Water Supply and Sanitation Collaborative Council

**Global Campaign for Education**  
Marilyn Blaeser, Director, Basic and Girls’ Education Unit, CARE International
Women's Issues and SSHE: Menstrual Hygiene and Management

Presented by Archana Patkar, Director, JunctionSocial

Formal education is not accommodating to menstruating girls. The prospect of travelling long distances to school, sitting for long periods of time, staining their clothes with blood, and being noticed and teased by boys makes adolescent girls feel anxious and uneasy. Their psychological discomfort is compounded by physical symptoms such as stomach cramps, headaches and fatigue, which are often aggravated by malnutrition – resulting in frequent absenteeism, with a negative impact on school performance and completion.

This issue is completely ignored in school infrastructure design and management, and therefore menstruating girls face inadequate toilet facilities and non-functioning or inconvenient facilities and inadequate water for washing, compounded by the lack of privacy.

Research has shown that in many developing countries, the onset of puberty results in significant changes in school participation for girls. Menarche, which is the onset of menstruation and the most dramatic sign of girls’ puberty, affects girls’ socialization within family and community, restricts their mobility, formally announces a girl’s entry into the marriage market, and may have a significant impact on her education.

Menstrual hygiene management: Taking stock

♦ Very few professionals have actively engaged with the issue. Menstrual hygiene management (MHM) is absent from policy and practice in health, education, water, environmental sanitation and gender issues.

♦ The literature on gender mainstreaming in the water and sanitation sector is silent on menstrual management – including the adequacy of water for washing and bathing, availability of hygienic materials and management of disposable items. Initiatives in this area are restricted to very small pilot projects (Bangladesh, India, Kenya, South Africa and Uganda) and monitoring is poor.

♦ Although poor sanitation is correlated with school absenteeism and dropout of girls in developing countries, efforts in school sanitation have ignored menstrual management in latrine design and construction. Wider aspects of the issue – such as privacy, need for counselling, water availability and awareness-raising among boys and men – remain largely unexplored. With the onset of puberty affecting girls in upper primary (classes 4 and 5) and secondary levels, MHM needs to be an integral part of school planning.

♦ Recent hygiene-promotion efforts remain focused mainly on the ‘software aspects’, i.e., telling girls and women about correct practices. These efforts do not currently target men and adolescent boys, nor do they systematically inform infrastructure design and budget allocations.

♦ Little has been done in the area of production and social marketing of low-cost napkins, reusable materials, research into biodegradable items, etc. Research and development efforts have been limited to commercial ventures that are unable to offer affordable products.

♦ The issue of providing facilities for washing soiled materials and environmentally-friendly disposal of napkins is absent from environmental sanitation and infrastructure design, waste-management training and impact evaluation.

Call for action

This is an urgent appeal to include menstrual hygiene and management as part and parcel of environmental sanitation and an essential component of:

♦ School, household, community and institutional sanitation

♦ Environmental sanitation and hygiene budgets

♦ Life-skills education for girls

♦ Solid waste management

♦ Hygiene-promotion efforts

♦ Indicators in monitoring and evaluation systems

MHM addresses an important practical need for women and girls and translates into action and commitments to ‘gender-friendly’ services across sectors. By freeing girls from the physical and psychological inconveniences and restrictions linked to menstruation and enabling them to manage them effectively, MHM can enhance mobility and confidence – leading to better attendance, learning achievement and performance, but most importantly to enhanced self-confidence and self-worth.
Rooftop Rainwater Harvesting in Schools: The Indian Experience

Presented by Bunker Roy, Director, Barefoot College, Rajasthan, India

The present mindset among planners and engineers prefers the exploitation of groundwater for the installation of handpumps. Where this is not possible, the second preference is for piped water-supply schemes, sometimes from sources many miles away. Companies and businesses provide backup support to make it possible to implement these technologies – from gathering and interpreting information from satellites to manufacturing pipes, diesel and electric pumps, handpumps, desalination plants, and accessories running into billions of dollars.

The practice of harvesting rainwater where it falls has to be revived if the ultimate purpose is to provide inexpensive drinking water to everyone in remote rural areas. This was what people did for generations, and it could be found in many remote villages all over the world – from Colombia in South America to the Atlas Mountains in West Africa, to the Himalayas in Asia and in the deserts of Rajasthan in India to remote islands in Fiji.

Rural communities have the technical competence to collect rainwater where it falls. There is an urgency only communities facing acute drinking water can understand. They cannot wait for the government to act. The ultimate solution is that they must get together to contribute labour and materials to construct the rainwater harvesting structures themselves. In the process, they collectively decide on how much they are prepared to pay for water that will be under their control and management.

What is innovative is applying the centuries-old, traditional technology of rooftop rainwater harvesting practiced in individual homes to benefit whole communities in schools, dispensaries and public places so that everyone – men, women and children, from the rich to the poor, the higher to the lower castes, has access to drinking water from one source. This has been implemented since 1984 as the only sustainable alternative for ensuring continued access to drinking water in severely drought-prone areas, as well as in areas where the groundwater is saline.

The process of installing and maintaining the rainwater harvesting structures has the built-in innovative component of being community-managed through the formation of Village Water Committees. The construction of rainwater harvesting structures should start four months before the rainy season begins.

The choice is between:

i) A rainwater harvesting structure in a school to provide safe drinking water to children.

ii) Deepening the village tank to collect more rainwater.

iii) Channelling surface water into open wells to allow the water to percolate into the ground.

iv) Carving out the hillside and collecting rainwater on a hill.

This simple approach – in which each village community constructs its own rooftop rainwater harvesting structure using local skills and materials and applies their knowledge and wisdom in its management, and in water distribution and control – is an approach that has been replicated in nearly 400 villages across India.

In principle, each of the rainwater harvesting structures is constructed through a community-planned, implemented and managed process that takes 60 days to complete. The structures are built using such locally available material as limestone, bricks, sand, gravel, stone slabs and cement, and low-cost suction handpumps.

The underground tanks that are constructed to collect rainwater from rooftops in rural schools have a capacity to store 30,000-50,000 litres of rainwater at a cost of Rupees 1.50 per litre (US $0.003). Whenever such structures are built, the community collectively managed and controlled effort of the community includes voluntary labour as a built-in component.

The Barefoot College, Tilonia, has been collecting rainwater from rooftops through the construction of rainwater harvesting structures over a span of more than 20 years. Every year, if the monsoons are normal, 22 million litres are collected in 500 schools in Rajasthan and 10 other Indian states.

The Skoll Foundation (an American Foundation with a mission to advance systemic change to benefit communities around the world by investing in, connecting and celebrating social entrepreneurs) has recently approved US $600,000 over a three-year period to be spent in five countries, and one of the components is rooftop rainwater harvesting in schools. The Ministry of Water Resources, Government of India has also approved Rupees 50 million (US $1.2 million) to cover 500 schools through nearly 40 grass-roots organizations by 2006.
Hygiene Promotion: Learning from the private sector
Presented by Valerie Curtis, Professor of Environmental Health, London School of Hygiene and Tropical Medicine (LSHTM)

Handwashing with soap can save more than a million lives a year. Studies suggest it can prevent 47 per cent of diarrhoeal infections and 30 per cent of acute respiratory infections (ARI). It is feasible and cost-effective, and in essence, the ‘do-it-yourself’ vaccine.

We have developed a new approach to promote handwashing on a large scale through public-private partnerships. Together with our partners, we are working to change handwashing behaviour of whole countries, in cooperation with the Governments of Columbia, Ghana, Indonesia, Madagascar, Nepal, Peru, Senegal, South Africa and others. Marketing is the key to our approach, and the first lesson of marketing is to understand the consumer as with many field studies using the proven tools of marketing, psychology, anthropology and consumer research, we first find out the ‘what, who and why’ of handwashing behaviour. We then use the lessons to design state-of-the-art promotion programmes.

The work has benefits to industry as new markets are developed and sales of soap increase, along with influence, motivation and good citizenship. Benefits to public health include a reduction in infections, complemented by increases in resources and expertise.

In these partnerships, governments can help change behaviours through outreach in the areas of health and social welfare, and by providing resources and expertise to the educational infrastructure. The scientific community contributes vision, credibility and knowledge of the sector, external support agencies provide financial resources and past experience. And the private sector contributes its capacities in crafting communication programme design and control, as well as optimizing resources across channels and media.

The Ghana public-private partnership for handwashing used a process for designing an effective handwashing campaign that involved consumer research; concept development and testing; materials development and testing; launch and roll-out; evaluation and a subsequent relaunch. Consumer research looked at existing handwashing habits, target audiences, motives and channels of communication. It was based on national samples using quantitative and qualitative approaches, such as structured observation and behaviour trials.

Handwashing motivation drivers include: habit, neatness, status and disgust (“People do not respect dirty people. I do not want to spoil my good name, so I always wash my hands with soap, especially after using the latrine.”), and social acceptance (“I enjoy school most when everyone likes me. I always remember to wash my hands so everyone can like me.”). A key barrier was the lack of sensory cues to contamination, and a key insight was that hands are washed, but with water only and not soap.

If we want to promote hygiene and sanitation in schools, we need to research the responses of children and young people in a similar way. Kids are not just mini-adults; we need to find out what they consider ‘cool’. We need to test approaches in a professional way and learn more about marketing to children from industry – which has the methods, the capacity – and a duty – to help improve hygiene.

To change behaviour, you have to first understand it!
The European Union Water Initiative: The African Caribbean Partnership

Presented by Martin Walshe, Water Adviser, European Union

The European Union (EU) position on water, sanitation and human settlements for the Commission on Sustainable Development includes a call for particular attention to sanitation in schools and clinics, including interdepartmental coordination and cooperation, as well as subsidies for investment, operation and maintenance. The EU Water Initiative (EUWI) is the most ambitious commitment launched by any donor towards achieving the MDG and World Summit on Sustainable Development targets on water and sanitation. Through the EUWI and the 500-million-euro African/Caribbean Partnership-European Union Water Facility (ACP-EU), the EU is demonstrating its commitment to providing more resources for water and sanitation.

The key elements of the Initiative are to: reinforce political commitment to action; improve efficiency through coordination of existing and future activities; make water governance effective by building institutional capacity, promoting new partnerships, involving all stakeholders; support regional cooperation and action programmes; as well as to identify additional financial resources and ensure sustainable financing.

The EUWI Africa Water Supply and Sanitation Working Group focuses on progressing towards the MDGs in 10 pilot countries proposed by the African Ministers Council on Water (AMCOW). A national water and sanitation policy dialogue will deliver an agreed-upon MDG road map and broad financial strategy that removes obstacles to achieving the water and sanitation MDGs.

As a contribution to the EUWI, the Commission created the • 500 million ACP-EU Water Facility with specific objectives, including: improved governance in water and sanitation; improved and integrated management of water resources at regional, transboundary, national and local levels; and increased access to safe, affordable and sustainable water and sanitation services for the rural and urban poor.

The Water Facility is not another lump of donor money looking for projects; it is not a new global ‘fund’ to finance big water infrastructure; nor is it competition for other donor funding. Further, it is not intended to finance projects arising from the EUWI dialogues and MDG road maps.

The ACP-EU Facility supports initiatives at regional, country or local levels that improve national policies and strategies for the water sector. It supports poverty reduction strategy paper (PRSP) processes wherever these exist, works to improve the institutional and legal framework, and builds upon the capacities of key stakeholders. The Water Facility seeks to support initiatives that: enhance integrated water resource management and management of transboundary basins; involve co-financing of investment projects/programmes; are focused on the improvement of the livelihoods of the rural and urban poor; and leverage increased and better-targeted expenditures for water and sanitation services.

Non-governmental organizations’ role in scaling up water, sanitation and hygiene education for schools

Presentation by Ravi Narayanan, Director, WaterAid, United Kingdom

The role of non-governmental organizations can be defined in three particular challenges:

- To ensure water and sanitation facilities go together
- To apply culturally sensitive curricula and use effective communication messaging that seeks to engage all groups in the community, including schoolchildren
- To coordinate between government departments to avoid duplication of services.

The issue of coordinated policy and technical standards should be promoted. NGOs need to dialogue with governments and among themselves on a regular basis. And they need to understand how important it is to work together and to know that scaling up is adding to what others are doing, rather than just initiating or enhancing their own programmes.
School sanitation and hygiene education (SSHE) appear in the commitments and investments of governments, as well as international agencies, and are relevant to international charters such as:

- Millennium Development Goals
- Johannesburg Plan of Implementation
- Convention on the Rights of the Child
- Dakar Framework for Action – Education For All: Meeting Our Collective Commitments
- Vision 21 – Water for People
- ECOSOC (United Nations Economic and Social Council) Programme of Action for the Least Developed Countries (2001-2010)

As a reflection of the growing body of experience and recognition for SSHE, an international symposium entitled ‘School Sanitation and Hygiene Education Symposium: The way forward: Construction is not enough!’ was held 8-10 June 2004 in Delft, the Netherlands. Leaders and representatives from all sectors – governments, foundations, non-governmental organizations, research and multilateral organizations – came together for the symposium. They reviewed experiences and identified principles and strategies for further action that can help ensure effective SSHE.

One focus of the work was how to scale up SSHE while retaining quality. This Framework for Action presents the conclusions and recommendations of the symposium about achieving effective SSHE.

Benefits of effective SSHE programmes

Evidence of past decades shows that water, sanitation and hygiene education in schools can contribute significantly to development. In particular, SSHE can:

- Contribute to improved health, nutrition and learning performance of children.
- Contribute to increased school enrolment and attendance, particularly of girls, when the school environment is safer and heathier for all children.
- Lead to sustained good practices with regard to hygiene and sanitation because new behaviours developed in schools can continue over a number of years.
- Improve sanitation, environmental and hygiene practices in the community.
- Strengthen cooperation among local institutions, and, through this, support sustainable development.

Thus, SSHE can help achieve the MDGs for education, water, sanitation, child protection, gender equity and health.

Lessons from experience

Major lessons drawn from existing experiences with school water, sanitation and hygiene education programmes are:

Partnerships are critically important. Donors, governments, NGOs, and communities and their schools must work together. Building agreement between people and institutions is crucial. This includes agreement about the purposes of the programme, its objectives and methods, and the roles and responsibilities in SSHE.

To succeed, the school programme must be part of the overall community sanitation and educational development programme. At the same time, SSHE needs relevant policies, adequate water/sanitation facilities and support from health services. Policy-building can only be based on on-the-ground experiences.

Programmes must be systematically planned and implemented with a road map that defines capacity-building, progress milestones and strategies for scaling up. At the same time, programmes must be flexible.

Some important lessons learned about planning and implementing programmes are:

- It is essential to balance hardware and software in a step-by-step approach. There is, however, no single fixed formula.
Planning and implementation need to start from local reality, with the capacity to test and adapt both designs and methods.

- Local government leaders, community members, parents and teachers must be involved. Boys and girls can be active in promoting school and community hygiene improvement and awareness of environmental issues.
- Capacity-building is needed at all levels.
- Hygiene education should be part of the overall school health curriculum. Experience has shown that successful hygiene education leads learners to develop and maintain specific new health behaviours. For this to occur, learners must develop not only knowledge, but also relevant attitudes and skills. Life-skills-based health education, which seeks to develop a range of cognitive, personal and interpersonal skills, is more effective than education that focuses too narrowly on the provision of information alone. This approach to hygiene education goes beyond traditional, lecture-based education to incorporate learning experiences that are child-centred, participatory and interactive.
- Child-friendly designs and cost options are critical factors for achieving minimum standards and functional systems. Designs and technologies need to be tested.
- Operation and maintenance of facilities, as well as provision for replacement costs and repair responsibilities, need to be thought through right from the start. All children can effectively help to maintain the facilities they use. This requires appropriate planning and organization through teachers, supported by the education system and the community.

There is a large body of experience to learn from in SSHE. Continuous learning and sharing are essential.

Principles for action
The symposium confirmed a set of basic principles for effective school water, sanitation and hygiene education programmes. These principles are framed as guidelines for SSHE programme development:

**Scaling up with quality**: Countries must pilot projects at an appropriate scale, learn in an action-research mode, and, right from the start, build in the expansion of the programme. Momentum between a pilot and large-scale programming should not be lost. Keys to scaling up with quality are sustainability, decentralization, participation, partnership and policies. Flexibility of approach should not be lost in scaling up. Effective monitoring systems (such as self-monitoring and participatory monitoring) can help ensure flexibility and quality.

**Policy**: Scaling up can succeed only with the support of national and sectoral policies. Long-term resources, both financial and human, need to be allocated for SSHE to ensure that all groups, rich and poor, can benefit. Policies need inputs from practitioners rooted in on-the-ground realities, and there must be mechanisms to ensure that such practitioners are part of the policymaking processes.

**Partnerships**: Partnership and systematic planning are needed for:
- Coordination
- Systematic implementation
- Ensuring minimum standards
- Ensuring the appropriate combination of software and hardware

**Multi-stakeholder involvement is crucial to successful scaling up**: Roles of the stakeholders (government departments, non-governmental and community-based organizations, institutions and the private sector) should be agreed-upon, clear and operationalized. A well-defined plan is needed for an integrated approach, for example, by setting up multidisciplinary teams with educationalists, water/sanitation specialists, community organizers, architects, planners and economists. Effective private-public partnerships can help carry out the programme and reach the poorest beneficiaries. SSHE programmes should link community partners to reach all children, in and out of school.

**Advocacy/information sharing**: Each SSHE programme needs an advocacy and information-sharing plan based on existing experience and data. Advocacy is needed at all levels.

**Capacity-building**: As with advocacy, this is needed at all levels. Along with training, it extends to the development and operationalization of plans for strengthening school personnel and institutional capacities. The people and institutions involved must be encouraged and able to use the new skills and attitudes deriving from capacity-building. All teachers need to be trained in participatory and skills-based teaching methods; evaluation information about the effectiveness of particular participatory methodologies is also needed.

**Community water and sanitation**: Schools programmes should be developed in the context of the overall community water and sanitation programme. The synergies between these can be used to advantage. Thus, school programmes can help improve conditions and practices in the home and community. Community-based water and sanitation initiatives can support facilities and activities in local schools.
Effective monitoring and evaluation should be participatory. We are working to promote participatory monitoring that involves schoolchildren. When sanitation is valued as a social issue related to child protection and healthy living, the joint action of intersectoral partnerships can collect meaningful data.

**Effective monitoring programmes:**
- Always involve people who have a real interest in getting the issue ‘right’… and do not involve people who need to hide the truth…
- Focus on concerns or possible problems that are of interest to the people collecting or providing the information
- Incorporate extra checks (triangulation) for validity
- Expect outcomes that lead to action taken at the lowest level capable of addressing the concern or problem
- If no action is taken, the information must be referred to another person

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“Monitoring is critical. It would be interesting to look at the budgets. We should have a system that has a commitment to water, sanitation and hygiene education for schools similar to the MDG, with a focus on a monitoring system for SSHE.”

Lizette Burgers, Chief, UNICEF, India Water, Environment and Sanitation
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“Children should be considered as a building block in programme development. They should be involved in the planning and monitoring activities. Let us involve the children to get better achievement.”

HE Khabibullo Boboev, First Deputy Minister of Education Government of Tajikistan
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Typical problems in data collection can be effectively illustrated in three pictures ...

This woman is collecting information about sanitation ... in the wrong way.

Long reports, too much information that remains unused ... this happens too often.

Monitoring by an outside ‘expert’... that is not participatory, distant and is not always valid or useful.
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The Role of Rotary Clubs in Water, Sanitation and Hygiene Education for Schools

Presented by F. Ronald Denham, General Coordinator, Water Resources Task Force, Rotary International

Rotary is a worldwide fellowship of business and professional persons with 1.2 million members in 31,000 clubs in 166 countries. Our mission is to provide humanitarian service and to promote international goodwill and understanding. Goals of the Water Resources Task Force are for every Rotarian to become aware of world water issues, every Rotary club to implement a water resource project.

Each club is autonomous and all clubs focus on health, literacy, water resources, education, community building, children at risk, drug and substance abuse, etc. Humanitarian programmes and projects reflect local needs and priorities. Projects are ‘demand-driven’ – they originate in the community – and often clubs cooperate across national borders for greater impact.

Success depends on partnerships. Rotary clubs partner with international agencies and NGOs, The Rotary Foundation, for example, is a major partner. It has given more than US $1.1 billion for humanitarian and educational programs since 1947 and over US $1.3 million in 2004 for more than 200 water projects.

‘Think Global, Act Local’

Local roots, international relationships and willingness to partner enable Rotary clubs to mobilize communities in many parts of the world.

Polio Eradication — A Global Partnership

1980: Rotary clubs in the Philippines, supported by The Rotary Foundation, demonstrated the feasibility of countrywide immunization

1988: Rotary clubs around the world commit to eradicating polio and pledge US $250 million (they eventually raised more than US $1 billion).

To progress towards the goal of eradicating polio, Rotary has formed an alliance with WHO, the CDC (US Centers for Disease Control), UNICEF, the United Nations Foundation, the Gates Foundation, national governments and corporate partners. Rotary clubs have also led local mobilization: 150 million children were immunized in one day in India; 2 billion children have been immunized during National Immunization Days during the past five years

Local partnerships

♦ The Rotary Club of Poona, with support from The Rotary Foundation and NGOs, led the implementation of an integrated rural development programme in India.

♦ Rotarians in Nairobi, working with nurses, community organizations and a local mosque, built a mini-pipeline to bring water to 250,000 people living in a slum.

♦ Rotarians in Troy, Michigan (United States) are assembling a team from Engineers without Borders, the Centre for Affordable Water and Sanitation Technology, Michigan State University and Water for People to work with Rotarians in Nepal, and with the Environment and Public Health Organization (in Nepal) to supply ‘bio-sand’ filters to local villages.

♦ Rotarians in Ethiopia, supported by Seattle Rotarians, The Rotary Foundation, Water Partners International and CARE, are rehabilitating and drilling wells in rural communities.

♦ Rotary’s unique qualifications – open, complementary partnerships; local knowledge; community roots and access to global resources – enable it to play a major role in ensuring sustainability.

In conclusion, Rotarians and Rotary clubs, with support from The Rotary Foundation and in cooperation with agencies and other NGOs, will play a major role in bringing safe water and sanitation to the people.
Proctor & Gamble’s (P & G) mission is to “provide branded products and services of superior quality and value that improve the lives of the world’s consumers” – and when you consider that 30 million times a day someone, somewhere in the world buys one of our products, and 2 billion times a day someone uses one of our products, we have a great opportunity to improve a lot of lives, in both industrialized and developing countries. This brings sustainable development into the core of P&G’s business – it’s not an additional responsibility or philanthropy. Providing products and services that improve lives is what we do. And sustainable development needs one of P&G’s core competencies – innovation – if it is to succeed. If we are going to find ways to improve lives for everyone, now and for generations to come, we will need new products and new services. We’ll need to develop new markets and find new ways of working together with other actors in society.

So where is P&G using innovation to create sustainable opportunities? Our sustainability focus is on water, health and hygiene, since these are areas where we have a huge potential to improve quality of life in both developed and developing countries. We are committed to supporting the Millennium Development Goals, promoting sanitation programmes for schools and promoting such related activities as:

- Hygiene education
- In-home, point-of-use water purification
- Handwashing programmes
- Access to safe water

Let’s start with water – or the need for clean water. Many of you will have heard about our water purification product ‘PuR’. This is a simple sachet of powder that can clean and purify 10 litres of water, for about the price of an egg. That’s about 10 euro cents per bucket, or one cent per litre. It uses the same materials that are used in municipal water treatment in industrialized countries, but it has been developed to work in a simple and robust way for in-home water treatment in developing countries.

Not only does PuR remove the sediment to make the water clear, it kills bacteria and removes viruses and parasites. It can also remove heavy metals such as lead and arsenic, which are serious problems in countries like Bangladesh, where the groundwater is naturally contaminated.

As it processes and purifies drinking water; PuR is effective at reducing organic matter and colours, and it removes suspended solids; bacteria, viruses and parasites; arsenic, lead and some pesticides.

**Taking PuR to scale**

We’ve tested a range of stream, river, lake and dam waters around the world, and PuR has been able to convert them all into water that passes the WHO drinking water guidelines. In refugee camps, we’ve tested PuR on a large, bulk scale using 10,000-litre tanks. But the sachets have proved most useful because they can be stockpiled and then shipped by air to any disaster.

**Linking opportunity with responsibility**

You can read about these and other initiatives in our latest sustainability report, which we’ve just launched. It’s the sixth report we’ve completed using the guidelines of the Global Reporting Initiative.

Our ‘bottom-of-the-pyramid’ work is part of our effort to demonstrate the business case for sustainable development – something that indexes like the Dow Jones Sustainability Index (DJSI) are trying to measure.

This year, for the fifth consecutive time, P&G has been ranked as market sector leader in the DJSI for consumer products, and they specifically mention our water purification work in their assessment.

We appreciate the recognition, but would be the first to say that this is very much a work in progress, and there are many challenges still to overcome.
We need to beat the drums on WASH. After all the activities done and promises made during the past half century, still more than 1 billion people lack access to safe drinking water, and 2.6 billion do not have a proper toilet. Every day, 4,000 children die from diarrhoea alone. It is a violation of human rights and children’s rights. It is a scandal that the world is allowing this to take place. We all together must put this issue in the centre of the development agenda.

Let me remind you that, at any given moment, about half of the world’s poor are sick from unsafe water and sanitation; one third of the world lives in a daily environment of squalor, smells and disease on the doorstep; diarrhoea kills about 2.2 million people each year, most of them children under five; lack of safe water supply and sanitation robs hundreds of millions of women of dignity, energy and time, which also means that access to improved water supply not only is a fundamental need and human right, but also has considerable health and economic benefits to households and individuals.

Then why is this silent emergency NOT a priority? Why is it NOT as important as HIV and AIDS issues, and why does it get attention only in times of natural disaster like the tsunami? It is a pervasive but silent emergency, the biggest of our time, but if we act fast and if we use the right ideas and spend more of the money to educate our people and the children, and if we reshuffle the resources, this scandal can be ended.

WSSCC was one of the first international networks of people committed to improving the quality of life of billions of people who lack access to safe water, sanitation and hygiene. WSSCC works with a wide range of organizations in developing countries, through a system of national and regional coordinators who carry the WASH flag on a voluntary basis. The Council has been one of the pioneers, together with UNICEF, in launching ‘WASH in Schools’. The WASH in Schools campaign had its global launch in March 2003 in Kyoto by Ms. Nane Annan, a strong WASH supporter. In the meantime, it has reached many countries where local partners have actively taken up the international campaign.

In December 2004, WSSCC organized the Dakar Global WASH Forum and the Honourable President Wade of Senegal declared a decree for prevention and hygiene, and constituted the Ministry of Prevention Sanitation and Public Hygiene under the able leadership of Minister Lamine Ba.

The dedication of this ministry is a good example of positive action, and the President followed up by declaring the launch of a WASH in Schools campaign with UNICEF Dakar. We applaud this initiative and have called upon Senegal to be one of the first countries to take up concrete activities under the African Ministers Initiative for WASH (AMIWASH) spearheaded by the African Ministers Council on Water (AMCOW). Senegal has proudly accepted this. We look forward to working closely with UNICEF and all other partners in making the AMIWASH successful, a true African initiative and a South-South collaboration.

Joint efforts are also being made by the Southeast Asian Ministers of Education Organization (SEAMEO) and the Council to promote ‘WASH for all schools’ in Southeast Asia. A framework for cooperation has been designed, and demonstration projects in the region, subregion and at the country-level have been identified and developed.

Together with WASH partner the Pakistan Institute for Environment Development Action Research (PIEDAR), the Environmental Education through Participatory Action Learning Programme (EEPAL) is making an effort to spread environmental education in schools – especially related to water sanitation and hygiene conditions among students.

In cooperation with the Centre for Environment Education (CEE), India, the WASH campaign is being disseminated through the development of programmes for students in planning institutes and schools throughout India.

To conclude, there are several issues that we would like to bring to your attention. First of all, we should continue to advocate for hygiene to be taken more seriously and given a proper place in the country administrations, and their water and sanitation plans and budgets. The focus on software instead of hardware and the impact on behaviour should be at the forefront in policy. The implied behavioural change has proved to be much more effective than high-cost infrastructures, which often lack the sense of ownership by the people using it.

Furthermore, the young ones are the future and we cannot afford to exclude them. It is the responsibility of all to prevent the death of 2 million children every year due to water-borne diseases. So let’s all spread the word to parents and teachers, teach them what you know – and tell them how you feel about children not having water and sanitation, and children dying from a lack of hygiene and related diseases.
Water, sanitation and hygiene for schools from local to global partnerships

Presented by Marilyn Blaeser, Director, Basic and Girls’ Education Unit, CARE International

Partnerships: The Global Campaign for Education

Working towards critical mass – enlarge the constituencies; economies of scale; accountability mechanisms; local/national and demand driven; work at various levels and structures within the communities and societies learning from one another.

The Global Campaign for Education (GCE) is a worldwide body of NGOs, community-based organizations, activists, teachers’ unions, individuals, researchers and lobbyists who are committed to the goals and targets of Education for All. GCE is a global network based on local membership – anchored in communities at the country level.

GCE’s partnerships range from local to global in education, water and sanitation. Our very structure lends itself to a partnership model. GCE has limited resources, but stellar commitment from its members. Since the first EFA campaign in 2000, GCE has conducted global annual campaigns for one week in April. Out of these campaigns, local coalitions and networks have been born throughout the world – with new chapters starting up every year, most recently in Canada. The GCE has earned its credibility through its positive advocacy campaigns and strategies, its ability to mobilize a multitude of stakeholders around EFA, and its commitment to working together equally and transparently.

Lessons learned – from local to national perspective

One example is Malawi, where the GCE Coalition’s 42 members, with support from many international NGOs and donors, works at the district level – in cooperation with district networks (all Ministries, PTAs, teachers and NGOs working in the communities) – to jointly set a strategy that they collectively pursue.

The correlation between increased school attendance and access to appropriate water and sanitation is well documented, and it is especially important for girls. By using lessons learned from local partnerships, GCE members – comprising local and international NGOs, such as CARE, SCF and Oxfam, among others – are able to advocate for more appropriate governmental policy.

Lessons learned – from national to international

GCE draws upon its international membership, linkages and partnerships to bring local issues to international agendas - an effective process and partnership-building strategy. GCE’s call is to appeal to you to work through existing mechanisms such as Education for All, Poverty Reducatin Strategy Papers, and the United Nations Development Assistance Frameworks to achieve our common agenda – supporting healthy, safe schools that have clean water and sanitation facilities, good hygiene education and quality education for all.

GCE, CARE and the MDGs

As you know, MDG 3 promotes gender equality and the empowerment of women. The GCE would like to ask you, as representatives from organizations and respective countries, to integrate this goal as well as all other MDGs into your work here. CARE has embraced the MDG of reducing by half the number of people living in extreme poverty and has taken steps in aligning its specific programme goals with those of the MDGs. To accelerate our programming impact, CARE USA has selected three programme focus areas: basic education, HIV/AIDS and water.

CARE is developing a caucus in the US Congress and a wider constituency in the United States to advocate for the rights of people to access water for health. It is also supporting public/private/civil society partnerships that protect and promote the rights of the poor in the delivery of urban water and sanitation services. We are improving our ability to provide safe water in emergencies and learning how to advocate with local alliances for mixed domestic and small-scale productive use of water – thereby increasing the perceived value of water among users and sustainability.

Cooperative ventures that have been established to promote these goals include:

- The Millennium Water Alliance focuses on advocacy, and on collaborative and innovative field programmes.
- The Safe Water Alliance promotes a point-of-use (household) water treatment chemical in commercial, social marketing and emergency contexts.
- Water and Sanitation Use for the Urban Poor works to reduce the risks of private sector involvement in providing water and sanitation services to the urban poor in developing countries.
Annex III:

INTERNATIONAL COMMITMENTS TO SSHE

The eight interlinked United Nations Millennium Development Goals (MDGs) propose to eradicate poverty using integrated approaches to ensure that social, economic and political dimensions are addressed. The Goals and targets focus on capacity-building and empowerment of the poor as actors in their own development. They call for halving the proportion of people living without sustainable access to safe drinking water by 2015 and to “halve by the year 2015, the proportion of people who do not have access to basic sanitation.” There is a call for action at all levels, including for the improvement of sanitation in public institutions, especially schools; the promotion of safe hygiene practices and the promotion and outreach to children as agents of behaviour change.

The Education for All, Dakar Framework for Action (2000) stressed the importance of “the creation of safe, healthy, inclusive and equitably resourced educational environments conducive to excellence in learning.”

The Second World Water Forum’s Vision 21, part of the action plan of the international water community, set specific goals so that by 2015, 80 per cent of primary schoolchildren are provided hygiene education and all schools are equipped with sanitation and handwashing facilities.

These ambitions are echoed in the World Fit for Children (WFFC) outcome document of the UN 2002 Special Session on Children. Investments in school water, sanitation and hygiene education endorse the fundamentals of child protection as articulated in the Convention on the Rights of the Child (CRC), with a direct bearing on the right of all children everywhere to a quality education. Article 24 of the CRC recognizes the rights of the child to the enjoyment of the highest attainable standard of health, and to facilities for the treatment of illness and rehabilitation of health. The Convention also outlines commitments to:

- Reduce the number of primary-school-age children who are out of school by 50 per cent, and increase net enrolment or participation in alternative, good-quality primary education programmes to at least 90 per cent by 2010.
- Eliminate gender disparities in primary and secondary education by 2005; and achieve gender equality in education by 2015, with a focus on ensuring girls’ full and equal access to and achievement in basic education of good quality.

Education, a tool for empowerment and sustainable development, serves as a door to the overarching goal of poverty reduction, with girls’ education a key to unlocking its full transformative potential. This is recognized in the MDGs targets for education and gender, in turn taking up the World Education Forum’s Education for All (EFA) goals of eliminating gender disparity in primary and secondary education by 2005, and in all levels of education no later than 2015. As well, they intend to ensure that by 2015 all children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.

The United National Girls’ Education Initiative (UNGEI), led by UNICEF, is spearheading partnerships and programme approaches to accelerate progress towards the 2005 Gender Parity target in education. As a first goal to come due, it serves as the first test of credibility of the commitments of the international community. It is widely recognized that without significant progress in education, achievement of the other goals will be hindered.
**ANNEX IV: BREAKOUT SESSIONS**

Parallel working groups on day two of the Roundtable looked at key actions that would need to be taken at different levels to ensure delivery of the ‘minimum quality package’ to all schools by 2015. Participants divided into four groups: school/home/community level; subnational level; national level; and international level. The outcomes of each group are included in this annex.

**“What are the key actions that need to be taken by various actors at different levels to ensure delivery of the ‘minimum quality package’ to all primary schools by 2015?”**

**Group one: School/home/community level**

<table>
<thead>
<tr>
<th>Key requirements for scaling up with quality</th>
<th>Major constraints to scaling up with quality</th>
<th>Key actions that need to be taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate situation analysis to understand knowledge, resources</td>
<td>Lack of time and resources</td>
<td>Advocacy and sensitization</td>
</tr>
<tr>
<td>Adequate involvement, participation and ownership of the project by women, men and children</td>
<td>Time and resources</td>
<td>Advocacy and sensitization</td>
</tr>
<tr>
<td></td>
<td>Gender disparity</td>
<td>Community mobilization</td>
</tr>
<tr>
<td></td>
<td>Certain cultural and social norms</td>
<td>Organize and use local organizations</td>
</tr>
<tr>
<td>Build and strengthen capacity</td>
<td>Lack of training resources</td>
<td>Training</td>
</tr>
<tr>
<td></td>
<td>Language barriers</td>
<td>Use of local experts and resources</td>
</tr>
<tr>
<td></td>
<td>Limited time for training</td>
<td>Monitoring</td>
</tr>
<tr>
<td>Adequate safe water sources and hardware</td>
<td>Inadequate resources</td>
<td>Adequate resource mobilization</td>
</tr>
<tr>
<td></td>
<td>Lack of political will</td>
<td>Partnerships</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Appropriate technology</td>
</tr>
</tbody>
</table>

**Group two: Subnational (intermediate) level**

<table>
<thead>
<tr>
<th>Key requirements for scaling up with quality</th>
<th>Major constraints to scaling up with quality</th>
<th>Key actions that need to be taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment: prioritized; getting the numbers right</td>
<td>No reliable data</td>
<td>Define criteria for prioritizing to ensure greater girls’ enrolment</td>
</tr>
<tr>
<td></td>
<td>Agreement of standards (validity, methodology)</td>
<td></td>
</tr>
<tr>
<td>Capacity-building</td>
<td>Lack of capacity/appropriate skills at many levels</td>
<td>Capitalize on existing capacities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Develop skills</td>
</tr>
<tr>
<td>Adaptation of minimum standards to local conditions</td>
<td>Local government School/community Private sector NGOs/CBOs</td>
<td>Locally appropriate and sustainable interventions</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intersectoral cooperation</td>
<td>Availability of material Location</td>
<td>Clearly defined roles and responsibilities of all actors</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Platform/forum for school representatives, community, etc.</td>
<td>Lack of will/leadership All stakeholders not targeted</td>
<td>Clear budgetary provisions and responsibilities</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School-based assessment and planning (bottom-up)</td>
<td>Who is responsible No real channels for communication</td>
<td>Build on PTAs, WASH communities, and CBOs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Develop mechanisms for communication</td>
</tr>
</tbody>
</table>
Key points after the group exercise:

- International agencies should have a mandate to build on their experiences.
- There should be more information, action and research regarding SSHE in order to prioritize it on the international agenda.
- The various ministries should come together and create a policy for SSHE with the support of donors.
- It is important to identify who is accountable, and to do that, it was suggested that countries should develop a principle matrix in which all line ministries state their responsibilities.
- The message of SSHE should go to the people; this can be realized through the local government.
- The focus on girls should be in place.
### ANNEX V: OXFORD ROUNDTABLE MEETING AGENDA

**Monday, 24 January 2005**

**Day's objective:** Agree on the rationale and ‘minimum quality package’ for investing in water, sanitation and hygiene education for schools, as critical to the achievement of the MDGs.

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.00 – 9.00</td>
<td>Registration</td>
<td></td>
</tr>
<tr>
<td><strong>Session one</strong></td>
<td>9.00 – 10.50 Inaugural plenary</td>
<td>Chairperson: Dick van Ginhoven, DGIS, Government of the Netherlands</td>
</tr>
<tr>
<td></td>
<td>Welcome, context and objectives, day-one orientation</td>
<td>Vanessa Tobin, Chief, UNICEF, WES Section</td>
</tr>
<tr>
<td></td>
<td>Roundtable process</td>
<td>Charles de Monchy, Roundtable Facilitator</td>
</tr>
<tr>
<td></td>
<td>Screening of short video on water, sanitation and hygiene education for schools</td>
<td></td>
</tr>
<tr>
<td>9.20 – 9.35</td>
<td>Keynote speech; setting the scene: relevant MDGs, child rights, education, gender equality, water and sanitation, poverty</td>
<td>Hans Olav Ibrekk, Adviser, NORAD</td>
</tr>
<tr>
<td>9.35 – 9.45</td>
<td>The rationale for investing in water, sanitation and hygiene education for schools, from an education perspective</td>
<td>Mary Joy Pigozzi, Director, Division for the Promotion of Quality Education, UNESCO</td>
</tr>
<tr>
<td>9.45 – 9.55</td>
<td>The rationale for investing in water, sanitation and hygiene education for schools, from an EU Water Facility perspective</td>
<td>Martin Walshe, Water Adviser, European Commission</td>
</tr>
<tr>
<td>9.55 – 10.05</td>
<td>The rationale for investing in water, sanitation and hygiene education for schools, from local to national partnership perspective</td>
<td>Marilyn Blaeser, CARE-GCE</td>
</tr>
<tr>
<td>10.05 – 10.15</td>
<td>The rationale for investing in water, sanitation and hygiene education for schools, from a private-sector perspective</td>
<td>Peter White, P &amp; G</td>
</tr>
<tr>
<td>10.15 – 10.25</td>
<td>The rationale for investing in water, sanitation and hygiene education for schools, from a global advocacy perspective</td>
<td>Tirza Kouwenberg, Representative, WSSCC</td>
</tr>
<tr>
<td>10.25 – 10.35</td>
<td>The rationale for investing in water, sanitation and hygiene education for schools, from school nutrition perspective</td>
<td>Flora Sibanda-Mulder, WFP</td>
</tr>
<tr>
<td>10.35 – 10.45</td>
<td>The rationale for investing in water, sanitation and hygiene education for schools, from a water and sanitation perspective</td>
<td>Paul van Koppen, Director, IRC</td>
</tr>
<tr>
<td>10.45 – 10.55</td>
<td>Summary of session</td>
<td>Chairperson</td>
</tr>
<tr>
<td>10.55 – 11.20</td>
<td>Health break</td>
<td></td>
</tr>
</tbody>
</table>
Day one, Session two

11.20 – 12.00 Youth perspectives on the rationale for investing in water, sanitation and hygiene education for schools
Chairperson: Donna L. Goodman, Consultant, UNICEF WES Section

11.20 – 11.50 Youth as key stakeholders in water and sanitation education for schools: experiences, challenges and opportunities. (three young people with short presentations, followed by discussions)
Moderator: Youth delegate

11.50 – 12.00 Summary of session
Chairperson

Session three

12.00 – 13.30 Group work: Multi-stakeholder perspectives on Delft ‘minimum quality package for SSHE’

13.30 – 14.30 Lunch

14.30 – 16.00 Group presentations followed by consensus-building on ‘minimum quality package’

16.00 – 16.20 Health break

Session four

16.20 – 17.30 International development partners perspectives on the ‘minimum quality package’
Chairperson: HE Hajja Bintu Ibrahim Musa, Minister of State for Basic Education, Nigeria

16.20 – 17.20 Panel discussion with bilateral agencies and international development banks. Brief statements, followed by Q & A with audience.

17.20 – 17.30 Summary of session
Chairperson

End of day one programme

17.45 – 18.45 Meeting of Steering Committee, including youth delegate/s representative

19.00 – 21.00 Reception, followed by dinner

Tuesday, 25 January 2005

Day’s objective: Determine key actions to enable the delivery of a ‘minimum quality package’ to all primary schools by 2015.

Session five:

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.30 – 13.00</td>
<td>Global experiences in water, sanitation, and hygiene education for schools:</td>
<td>Chairperson: Donald Bundy, Director Education, School Health and Nutrition, World Bank</td>
</tr>
<tr>
<td>8.30 – 8.45</td>
<td>Day two orientation</td>
<td></td>
</tr>
<tr>
<td>8.45 – 9.00</td>
<td>Reflection on the outcomes IRC’s Delft Symposium on school sanitation and hygiene education (June 2004)</td>
<td>Paul van Koppen, Director, IRC</td>
</tr>
<tr>
<td>Time</td>
<td>Event</td>
<td>Presenter/Institution</td>
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<td>-----------------------------------------------------------------------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>9.15 – 9.30</td>
<td>Intersectoral approaches and partnerships in support of girls’ education</td>
<td>Carol Watson, Senior Adviser, UNICEF Education Section</td>
</tr>
<tr>
<td>9.30 – 9.45</td>
<td>Water, sanitation and hygiene education for schools – scaling-up and linking to major initiatives.</td>
<td>Ede Ijjasz, Manager, WSP</td>
</tr>
<tr>
<td>9.45 – 10.00</td>
<td>Schools and rooftop rainwater harvesting</td>
<td>Bunker Roy, Director, Barefoot College, Tilonia, India</td>
</tr>
<tr>
<td>10.00 – 10.15</td>
<td>Women’s health issues, and water, sanitation and hygiene education for schools</td>
<td>Archana Patkar, Director, Junction Social, Mumbai, India</td>
</tr>
<tr>
<td>10.15 – 10.30</td>
<td>Hygiene promotion: learning from the private sector</td>
<td>Valerie Curtis, Director, the Hygiene Centre, LSHTM</td>
</tr>
<tr>
<td>10.30 – 10.40</td>
<td>Presentation on the MDG task force on water and sanitation</td>
<td>Hans Olav Ibrekk, Adviser, NORAD</td>
</tr>
<tr>
<td>10.40 – 10.50</td>
<td>Summary of session</td>
<td>Chairperson</td>
</tr>
<tr>
<td>10.50 – 11.15</td>
<td>Health break</td>
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</table>

**Session six:**
14.00 – 15.30 Synthesizing the key elements necessary for creating a delivering a ‘minimum quality package’ to all primary schools
Chairperson: Peregrine Swann, Head of water of and sanitation, DfID, UK

11.15 – 13.00 Country experiences in water, sanitation and hygiene education for schools

11.15 – 13.00 Group Work: Parallel working groups will focus on delivering a ‘minimum quality package’
Facilitators: Kathleen Shordt; Therese Dooley; Lizette Burgers; Brendan Doyle

13.00 – 14.00 Lunch

14.00 – 15.00 Presentations of group work
Group presenters

15.00 – 15.20 Youth delegation review by proxy of outcomes and recommendations of working groups
Carol Watson

15.20 – 15.35 Plenary discussions

15.35 – 15.40 Summary of session
By chairperson

15.40 – 16.00 Health break

**Session seven:**
16.00 – 17.30 Continue with synthesizing the key elements necessary for creating and delivering a ‘minimum quality package’ to all primary schools
Chairperson: Marilyn Blaeser, CARE-GCE

17.00 – 17.25 Plenary discussions
Kathleen Shordt, IRC

17.25 – 17.30 Summary of session
By chairperson

End of day two programme

18.00 – 18.30 Meeting of steering committee
Brendan Doyle

19.00 – 21.00 Dinner
### Wednesday, 26 January 2005

**Day's objective:** Stimulate a global alliance in support of delivering a ‘minimum quality package’ to all primary schools by 2015.

#### Session eight: Water, sanitation and hygiene education

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.30 – 11.00</td>
<td>Water, sanitation and hygiene education for all schools: Scaling up for 2015</td>
<td>Chairperson: Sir Richard Jolly, WSSCC</td>
</tr>
<tr>
<td>8.30 – 8.35</td>
<td>Remarks by the chairperson</td>
<td>HE Maria Mutagamba, Minister of Water, Uganda</td>
</tr>
<tr>
<td>8.35 – 8.45</td>
<td>Scaling up water, sanitation and hygiene education for schools in Uganda</td>
<td>HE Hajja Bintu Ibrahim Musa, Minister of State for Basic Education, Nigeria</td>
</tr>
<tr>
<td>8.45 – 8.55</td>
<td>Scaling up water, sanitation and hygiene education for schools in Nigeria</td>
<td>Rakesh Behari, Joint Secretary, Department of Drinking Water Supply, Government of India</td>
</tr>
<tr>
<td>8.55 – 9.05</td>
<td>Scaling up water, sanitation and hygiene education for schools in India</td>
<td>HE Khabibullo Boboev, First Deputy Minister of Education, Tajikistan</td>
</tr>
<tr>
<td>9.05 – 9.15</td>
<td>Scaling up water, sanitation and hygiene education for schools in Tajikistan</td>
<td>Mamadou Lamine Kouate, General Director National Water and Sanitation, Burkina Faso</td>
</tr>
<tr>
<td>9.15 – 9.25</td>
<td>Scaling up water, sanitation and hygiene education for schools in Burkina Faso</td>
<td>Violeta Malespin, General Director, Ministry of Education, Culture and Sport, Nicaragua</td>
</tr>
<tr>
<td>9.25 – 9.35</td>
<td>Scaling up water, sanitation and hygiene education for schools in Nicaragua</td>
<td>Sengdeuane Lachanthaboune, Director-General of Teacher Training, Ministry of Education, Lao PDR</td>
</tr>
<tr>
<td>9.45 – 11.00</td>
<td>Extra time for overrun of above presentations</td>
<td></td>
</tr>
<tr>
<td>11.00 – 11.20</td>
<td>Health break</td>
<td></td>
</tr>
<tr>
<td>11.20 – 12.30</td>
<td>Water, sanitation and hygiene education for all schools: Commitments to action</td>
<td>Chairperson: HE Namirambe Bitamazine, Minister of Education, Uganda</td>
</tr>
<tr>
<td>11.20 – 11.30</td>
<td>Introduction to ‘Hygiene, Sanitation and Water in Schools’ website</td>
<td>Donald Bundy, World Bank</td>
</tr>
<tr>
<td>11.30 – 11.40</td>
<td>Private sector collaboration</td>
<td>Peter White, P &amp; G</td>
</tr>
<tr>
<td>11.40 – 11.55</td>
<td>Plenary discussion</td>
<td></td>
</tr>
<tr>
<td>11.55 – 12.00</td>
<td>Summary of session</td>
<td>Chairperson</td>
</tr>
</tbody>
</table>
### Session nine:

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Presenter/Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.00 – 12.15</td>
<td>Review of ‘Minimum Quality Package’</td>
<td>Kathy Shordt, Senior Adviser, IRC</td>
</tr>
<tr>
<td>12.15 – 12.30</td>
<td>Review of ‘Commitments to Action’</td>
<td>Paul van Koppen, Director, IRC and Henk van Norden, Senior Adviser, UNICEF</td>
</tr>
<tr>
<td>12.30 – 12.40</td>
<td>Group photograph</td>
<td></td>
</tr>
<tr>
<td>12.40 – 13.30</td>
<td>Lunch</td>
<td></td>
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</tbody>
</table>

### Session ten:

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Presenter/Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.30 – 14.50</td>
<td>Water, sanitation and hygiene education for all schools: Commitments to policy</td>
<td>Chairperson: HE Maria Mutagamba, Minister of Water, Uganda</td>
</tr>
<tr>
<td>13.45 – 14.20</td>
<td>High-level Inter-Ministerial Panel: 1. What actions can be taken to strengthen intersectoral coordination and collaboration for water, sanitation and hygiene education for schools? 2. What actions can be taken to include and prioritize school water, sanitation and hygiene education in national budgets? 3. What actions can be taken to obtain key data on school water and sanitation coverage, and operation and maintenance?</td>
<td></td>
</tr>
<tr>
<td>14.20 – 14.30</td>
<td>Youth participation in planning for scaling up water, sanitation and hygiene education for schools</td>
<td>Youth Delegates</td>
</tr>
<tr>
<td>14.30 – 14.40</td>
<td>NGO's role in scaling up water, sanitation and hygiene education for schools</td>
<td>Ravi Narayanan, Director, WaterAid</td>
</tr>
<tr>
<td>14.40 – 14.50</td>
<td>Rotary International and water, sanitation and hygiene education for schools</td>
<td>F. Ronald Denham, General Coordinator, Rotary International</td>
</tr>
<tr>
<td>14.50 – 15.10</td>
<td>Health break</td>
<td></td>
</tr>
</tbody>
</table>

### Session eleven:

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Presenter/Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.10 – 16.30</td>
<td>Water, sanitation and hygiene education for all schools: A road map for 2015</td>
<td>Chairperson: HE Hajja Bintu Ibrahim Musa, Minister of State for Basic Education, Nigeria</td>
</tr>
<tr>
<td>15.10 – 16.00</td>
<td>Consensus on joint actions for delivery of a ‘Minimum Quality Package’ of water, sanitation and hygiene education for all schools, by 2015: Discussion and consensus-building</td>
<td>Moderators: Dick Van Ginhoven, the Netherlands Government and Paul van Koppen, Director, IRC</td>
</tr>
<tr>
<td>16.00 – 16.20</td>
<td>Summary of Framework for Action</td>
<td>Peregrine Swann, DFID</td>
</tr>
</tbody>
</table>
ANNEX VI: OXFORD ROUNDTABLE PARTICIPANTS

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HE Khabibullo Boboev
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Souaibou Ba

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ANNEX VII: ADDITIONAL RESOURCES

Books, papers and articles


## Websites and mailing lists

- Environmental Health Project (EHP) [http://www.ehproject.org](http://www.ehproject.org)
- Focusing Resources on Effective School Health (FRESH) [http://www.freshschools.org](http://www.freshschools.org)
- IRC Hygiene [http://www irc nl/themes/hygiene](http://www.irc.nl/themes/hygiene)
- IRC Sanitation [http://www.irc.nl/themes/sanitation](http://www.irc.nl/themes/sanitation)
- International Water and Sanitation Centre - Notes and News on SSHE [http://www.irc.nl/page/463](http://www.irc.nl/page/463)
- The Partnership for Child Development, Imperial College Faculty of Medicine- Department of Infectious Disease Epidemiology, London [http://www.child-development.org/PCD-introduction.htm](http://www.child-development.org/PCD-introduction.htm)
- School Health: Improved learning through better health, nutrition and education for the school-aged child [http://www.scholaryaid.org](http://www.scholaryaid.org)
- WaterAid [http://www.wateraid.org.uk/site/get_involved/community](http://www.wateraid.org.uk/site/get_involved/community)
- WELL, Resource Centre Network [http://www.lboro.ac.uk/well/](http://www.lboro.ac.uk/well/)
- WHO School Health and Youth Health Promotion [http://www5.who.int/school-youth-health/main.cfm?s=0009](http://www5.who.int/school-youth-health/main.cfm?s=0009)
- World Bank Toolkit on Hygiene, Sanitation and Water in schools [http://www.schoolsanitation.org](http://www.schoolsanitation.org)
### ANNEX VIII: ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ACP</td>
<td>African Caribbean Partnership</td>
</tr>
<tr>
<td>AGEI</td>
<td>African Girls’ Education Initiative</td>
</tr>
<tr>
<td>AIDS</td>
<td>acquired immune deficiency syndrome</td>
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<tr>
<td>AMCOW</td>
<td>African Ministers Council on Water</td>
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<tr>
<td>AMIWASH</td>
<td>African Ministers Initiative for Water, Sanitation and Hygiene</td>
</tr>
<tr>
<td>ARI</td>
<td>acute respiratory infections</td>
</tr>
<tr>
<td>CBO</td>
<td>community-based organizations</td>
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<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention (United States)</td>
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<tr>
<td>CEE</td>
<td>Centre for Environment Education (India)</td>
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<tr>
<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<tr>
<td>CWWF</td>
<td>Children’s World Water Forum</td>
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<tr>
<td>DANIDA</td>
<td>Danish International Development Agency</td>
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<tr>
<td>Dfid</td>
<td>Department for International Development (United Kingdom)</td>
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<tr>
<td>DJSI</td>
<td>Dow Jones Sustainability Index</td>
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<tr>
<td>EEPAL</td>
<td>Education through Participatory Action Learning Programme</td>
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<tr>
<td>EFA</td>
<td>Education for All</td>
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<tr>
<td>EU</td>
<td>European Union</td>
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<tr>
<td>EUWI</td>
<td>European Union Water Initiative</td>
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<tr>
<td>FRESH</td>
<td>Focusing Resources on Effective School Health</td>
</tr>
<tr>
<td>GCE</td>
<td>Global Campaign for Education</td>
</tr>
<tr>
<td>GEM</td>
<td>Girls' Education Movement</td>
</tr>
<tr>
<td>HIV</td>
<td>human immunodeficiency virus</td>
</tr>
<tr>
<td>IDP</td>
<td>internally displaced persons</td>
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<tr>
<td>IEC</td>
<td>Information, Education and Communication</td>
</tr>
<tr>
<td>IRC</td>
<td>International Water and Sanitation Centre</td>
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<tr>
<td>JMP</td>
<td>Joint Monitoring Programme</td>
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<tr>
<td>LSHTM</td>
<td>London School of Hygiene and Tropical Medicine</td>
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<tr>
<td>MDGs</td>
<td>Millennium Development Goals</td>
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<td>MHM</td>
<td>Menstrual Hygiene Management</td>
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<td>MoE</td>
<td>Ministry of Education</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>MoU</td>
<td>Memorandum of Understanding</td>
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<td>MoW</td>
<td>Ministry of Water</td>
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<tr>
<td>NGO</td>
<td>non-governmental organization</td>
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<tr>
<td>NORAD</td>
<td>Norwegian Agency for Development Cooperation</td>
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<tr>
<td>P&amp;G</td>
<td>Procter &amp; Gamble</td>
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<tr>
<td>PIEDAR</td>
<td>Pakistan Institute for Environment Development Action Research</td>
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<tr>
<td>PRSP</td>
<td>Poverty Reduction Strategy Paper</td>
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<tr>
<td>PTA</td>
<td>parent teacher association</td>
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<tr>
<td>SACOSAN</td>
<td>South Asian Ministerial Conference on Sanitation</td>
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<td>SEAMEO</td>
<td>Southeast Asian Ministers of Education Organization</td>
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<td>Sida</td>
<td>Swedish International Development Cooperation Agency</td>
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<tr>
<td>SSHE</td>
<td>School Sanitation and Hygiene Education</td>
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<tr>
<td>SWAp</td>
<td>Sector Wide Approach</td>
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<tr>
<td>TACROR</td>
<td>The Americas and Caribbean Region (UNICEF)</td>
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<tr>
<td>TAG</td>
<td>Technology Advisory Group</td>
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<tr>
<td>TSC</td>
<td>Total Sanitation Campaign</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<td>UNGEI</td>
<td>United Nations Girls’ Education Initiative</td>
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<tr>
<td>UN-HABITAT</td>
<td>United Nations Human Settlements Programme</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>WASH</td>
<td>water, sanitation and hygiene</td>
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<tr>
<td>WEDC</td>
<td>Water Engineering Development Centre</td>
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<tr>
<td>WES</td>
<td>water, environment and sanitation</td>
</tr>
<tr>
<td>WET</td>
<td>Water Education for Teachers</td>
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<tr>
<td>WFFC</td>
<td>World Fit for Children</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<tr>
<td>WSHY</td>
<td>Water, Sanitation and Hygiene Promotion</td>
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<tr>
<td>WSSCC</td>
<td>Water Supply and Sanitation Collaborative Council</td>
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