



## **GHANA EDUCATION SERVICE**



# **NATIONAL IMPLEMENTATION MODEL WASH IN SCHOOLS, GHANA**

---

**DRAFT VERSION DECEMBER 2013**

**BY ANNEMARIEKE MOOIJMAN, HAROLD ESSEKU AND VINCENT TAY**

---

## **ACKNOWLEDGEMENTS**

---

DRAFT

**EXECUTIVE SUMMARY**

---

DRAFT

# TABLE OF CONTENTS

---

<b>ACKNOWLEDGEMENTS</b> .....	2
<b>EXECUTIVE SUMMARY</b> .....	3
<b>ABBREVIATIONS</b> .....	5
<b>1. INTRODUCTION</b> .....	6
Background.....	6
Potential impact .....	7
a) Improved primary school attendance, health and cognitive development .....	7
b) Positive hygiene behaviours that may last for life.....	8
c) Outreach to families and communities, through the participation of pupils in hygiene promotion.....	9
d) Greater girls' participation in school .....	9
The National Standards and Implementation Model.....	11
<b>2. OVERVIEW OF THE IMPLEMENTATION MODEL</b> .....	12
a) Appropriate sanitation facilities .....	12
b) Hygiene promotion .....	13
c) Supply of sanitation and hygiene consumables.....	17
d) Solid waste disposal.....	17
e) Control measures to reduce transmission of WASH related illnesses into the school environment .....	17
f) Promotion of child-centred approaches linking schools with the community.....	18
<b>3. WASH IN SCHOOLS IMPLEMENTATION</b> .....	20
Overall implementation.....	20
a) Programming to create a positive policy and programme development and implementation environment .....	20
b) Programming to promote facilities and hygiene behavioural change among pupils, within schools .....	22
c) Programming to ensure community/parents participation and ownership .....	23
Division of tasks and responsibilities.....	24
<b>4. MONITORING AND EVALUATION</b> .....	27

## **ABBREVIATIONS**

<b>CG</b>	Capitation Grant
<b>CFS</b>	Child Friendly Schools
<b>CIDA</b>	Canadian International Development Agency
<b>CLTS</b>	Community-led Total Sanitation
<b>CWSA</b>	Community Water and Sanitation Agency
<b>DANIDA</b>	Danish International Development Agency
<b>EHSD</b>	Environmental Health and Sanitation Directorate
<b>EMIS</b>	Educational management information system
<b>FMP</b>	Facility Management Plan
<b>GES</b>	Ghana Education Service
<b>GoG</b>	Government of Ghana
<b>KVIPs</b>	Kumasi Ventilated Improved Pits
<b>MMDAs</b>	Metropolitan, Municipal and District Assemblies
<b>MoE</b>	Ministry of Education
<b>O&amp;M</b>	Operation and Management
<b>PTA</b>	Parent Teacher Association
<b>RCC</b>	Regional Coordinating Council
<b>SbHC</b>	School based Health Coordinators
<b>SHEP</b>	School Health Education Programme
<b>SMC</b>	School Management Committee
<b>UNICEF</b>	United Nations Children's Fund
<b>WASH</b>	Water, Sanitation and Hygiene
<b>WB</b>	World Bank
<b>WC</b>	Water Closet
<b>WinS</b>	Water, Sanitation and Hygiene in Schools
<b>WHO</b>	World Health Organization

# 1. INTRODUCTION

---

## Background

Whereas Ghana has achieved the Millennium Development Goal for water supply, it is seriously lagging behind in sanitation. The latest data of the Joint Monitoring Programme for Water Supply and Sanitation (by UNICEF/WHO), state access to safe drinking water in Ghana at 86% while total access to sanitation is just 14%. For the rural population, safe sanitation coverage is as low as 6%. This is mainly because of the wide-spread (app. 58% of the population) use community/shared toilets.

WASH in Schools (WinS) in Ghana has been delivered as part of traditional water, sanitation and hygiene promotion projects in communities. In 2010, 56%<sup>1</sup> of schools (Creche/Nursery, Kindergarten, Primary Schools and Junior High Schools) had toilet facilities and 49% had access to water onsite. The figures do not indicate the condition and use of the facilities and since 2010, many more school WASH facilities have been constructed. Therefore, no accurate data on functional school toilets are available.

The Ghana Education Service (GES) of the Ministry of Education (MoE), under whose responsibility WinS falls, has had some challenges in coordinating and harmonising WinS interventions mainly due to this project based approach which often had little recourse to the GES for direction. It led to various stakeholders and donors, using their own project specific standards and strategies (all with the best intentions). A key factor contributing to this situation is the *absence of clear policy and programming guidance* from the GES on the implementation of WinS in the country.

In 2010, the GES developed the *School Health Education Programme (SHEP) Policy and Strategy Framework* to address this problem. The SHEP policy and strategic framework offers general direction for school health programming and provides a good context for WinS programming. SHEP comprises of four components: (1) disease prevention and control; (2) skills based health education; (3) food safety and nutrition education; and (4) a safe and health school environment. Safe water and sanitation is one of the three key interventions areas under the “safe and healthy school environment” (the other interventions are: healthy psychosocial school environment and safe physical environment).

---

<sup>1</sup> Source: 2011/2012 School Year EMIS report

## Potential impact

Improvements in WASH in schools provide safe drinking water, build good sanitary facilities and establish appropriate hygiene habits. The impacts of such improvements include<sup>2</sup>:

- a) Improved primary school attendance, health and cognitive development;
- b) Positive hygiene behaviours that may last for life;
- c) Outreach to families and communities, through the participation of pupils in hygiene promotion;
- d) Greater girls' participation in school;

### a) Improved primary school attendance, health and cognitive development

Learning, hygiene and health are strongly inter-linked as children miss school or perform poorly when they are suffering from water-borne illnesses. Schools are even places where children get sick. Illnesses can spread very fast in schools where many children are together for many hours a day in often poor hygienic conditions.

Recently it has been estimated that infections which children contract in schools will lead to infections in up to half of their household members<sup>3</sup> and that 88% of diarrheal diseases are caused by unsafe water supply, inadequate sanitation and inappropriate hygiene<sup>4</sup>. For schools, the health focus is generally on diarrhoea, worm infections and respiratory infections because these diseases affect school-age children most *and* such illnesses can be drastically reduced through improved WASH in schools:

- The use of improved sanitary facilities reduces the incidence of diarrhoea by 34 %<sup>5</sup>. Washing hands with soap after toilet use and before eating has been cited as one of the most cost-effective public health interventions because it can reduce the incidence of diarrhoea by almost 40%<sup>6</sup>.

---

<sup>2</sup> The information in this section has been collected by A. Mooijman and Peter van Maanen, Consultant UNICEF New York and was the main text was originally published in WASH for School Children edited by A. Mooijman for UNICEF ROSA.

<sup>3</sup> Aiello, A.E.†, Larson, E.L., Sedlak, R. (2008) Personal health. Bringing good hygiene home. American Journal of Infection Control. 36(10 Suppl):S152-65

<sup>4</sup> WHO 2008. By Prüss-Üstün A, Bos R, Gore F, Bartram J. Safer water, better health: costs, benefits and sustainability of interventions to protect and promote health. World Health Organization, Geneva, 2008

<sup>5</sup> 3IE. 2009. Water, sanitation and hygiene interventions to combat childhood diarrhoea in developing countries International Initiative for Impact Evaluation (3IE). Synthetic Review 001. Hugh Waddington, Birte Snilstveit, Howard White, Lorna Fewtrell.

<sup>6</sup> 3IE. 2009. Water, sanitation and hygiene interventions to combat childhood diarrhoea in developing countries International Initiative for Impact Evaluation (3IE). Synthetic Review 001. Hugh Waddington, Birte Snilstveit, Howard White, Lorna Fewtrell.

- A study<sup>7</sup> comparing results from different countries found that hand washing can cut the risk of respiratory infections by 16%. Although the impact is clear, more research is needed on the expected rate of reduction.
- All cases of roundworm, whipworm and hookworm infestation are attributable to inadequate sanitation and hygiene<sup>8</sup>. An estimated 47%<sup>9</sup> of children (ages 5-9) in the developing world suffer from worm infestations. It is common for a child living in a developing country to be chronically infected with all three types of worms. Such children suffer from malnutrition, intellectual retardation, as well as cognitive and educational deficits<sup>10</sup>. Tests have shown that a child's memory, executive function, language and problem solving skills as well as attention span respond positively to periodic deworming. Interestingly, girls display greater improvements than boys<sup>11</sup>.
- Studies focussing on absenteeism caused by gastrointestinal and respiratory-related illnesses in industrialised countries show that as the result of improved hand hygiene in schools the number of days lost can drop between 25 and 50%<sup>12</sup>.

Absenteeism can also occur when primary school-age children are involved in tasks such as the collection of water from distant sources to their homes (these are called "opportunity costs" for attending school).

## **b) Positive hygiene behaviours that may last for life**

In a study<sup>13</sup> of the long-term effects of community hygiene education programmes for both adults and children it was found that, contrary to general belief, people are not reverting to

<sup>7</sup> Rabie, T, and V Curtis (2006), "*Handwashing and risk of respiratory infections: a quantitative systematic review*", Tropical Medicine and International Health, Vol 11 pp 258-267 March 2006

<sup>8</sup> WHO 2008. By Prüss-Üstün A, Bos R, Gore F, Bartram J. Safer water, better health: costs, benefits and sustainability of interventions to protect and promote health. World Health Organization, Geneva, 2008

<sup>9</sup> Hall, A., Hewitt, G., Tuffrey, V., de Siva, N, "A review and meta-analysis of the impact of intestinal worms on child growth and nutrition," Maternal Child Nutrition, Apr 4 Suppl. 1:118-236, 2008.

<sup>10</sup> Bethony, Jeffrey, Simon Brooker, Marco Albonico, Stefan M Geiger, Alex Loukas, David Diemert, and Peter J Hotez. 2006. "Soil-transmitted helminth infections: ascariasis, trichuriasis, and hookworm." Lancet 367 (9521) (May 6): 1521-1532. doi:10.1016/S0140-6736(06)68653-4.

<sup>11</sup> WHO 2005. Deworming for health and development. Report of the third global meeting of the partners for parasite control. Geneva: World Health Organization, 2005

<sup>12</sup> Master, D., Hess Longe, S.H. & Dickson, H., 1997. Scheduled hand washing in an elementary school population. Family Medicine, 29(5), pp.336-339.

Dyer, D.L., Shinder, A. & Shinder, F., 2000. Alcohol-free instant hand sanitizer reduces elementary school illness absenteeism. Family Medicine, 32(9), pp.633-638.

White, C.G. et al., 2001. Reduction of illness absenteeism in elementary schools using an alcohol-free instant hand sanitizer. The Journal of School Nursing: The Official Publication of the National Association of School Nurses, 17(5), pp.258-265.

Guinan, M., McGuckin, M. & Ali, Y., 2002. The effect of a comprehensive handwashing program on absenteeism in elementary schools. American Journal of Infection Control, 30(4), pp.217-220.

<sup>13</sup> Bolt, E. and Cairncross, S. (2004), "Sustainability of hygiene behaviour and the effectiveness of change interventions. *Lessons learned on research methodologies and research implementation from a multi-country research study*" IRC International Water and Sanitation Centre, Delft, the Netherlands



earlier practices as years go by. The data demonstrate that hygiene behaviours are sustained at least 7-9 years beyond the end of an intervention. Researchers assume that when handwashing becomes part of daily routines in childhood it does not easily fade<sup>14</sup>. Therefore, schools form an ideal setting for skills-based hygiene education, where children can learn and sustain life-long hygiene practices.

### **c) Outreach to families and communities, through the participation of pupils in hygiene promotion**

When school-based programmes are designed in a coordinated way with community-based programmes, children can become ‘agents of change’ and pass on the health and hygiene information learned at school to family and community members. This benefits the entire community.

Another impact, the motivation to build and use toilets in the homes of the children depends on having successful, well-maintained toilets within the school<sup>15</sup>. There is some indication that if institutions (schools, health centres etc.) continue to provide information to families, this will lead to better handwashing practices.<sup>16</sup>

School-based studies have demonstrated the potential for influencing handwashing behaviour through membership of well set-up safe-water-clubs<sup>17</sup>, peer-to-peer teaching, classroom sessions with focused training materials<sup>18</sup> and role-playing or songs<sup>19</sup>. These studies demonstrate that while teachers can successfully transfer knowledge to pupils, motivated pupils can also influence family members by sharing this information, which in turn may change behaviour at the community level.

### **d) Greater girls’ participation in school**

The lack of proper knowledge, lack of water and sanitation facilities, lack of privacy, lack of sanitary pads (leading girls to use and re-use pieces of cloth), hinder proper menstrual

---

<sup>14</sup> Valerie A. Curtis , Lisa O. Danquah , and Robert V. Aunger (2009). Planned, motivated and habitual hygiene behaviour: an eleven country review. *Health Educ. Res.* 24: 655-673

<sup>15</sup> The sustainability and impact of school WASH in Kenya. IRC 2008.

<sup>16</sup> The sustainability and impact of school WASH in Kerala, Southern India. IRC 2008.

<sup>17</sup> O’reilly, C. E., M. C. Freeman, M. Ravani, J. Migele, A. Mwaki, M. Ayalo, S. Ombeki, R. M. Hoekstra, And R. Quick. “The impact of a school-based safe water and hygiene programme on knowledge and practices of students and their parents: Nyanza Province, western Kenya, 2006.” *Epidemiology and Infection* 136, no. 1 (January 2008): 80-91.

<sup>18</sup> Bowen, Anna, Huilai Ma, Jianming Ou, Ward Billhimer, Timothy Long, Eric Mintz, Robert M Hoekstra, and Stephen Luby. “A cluster-randomized controlled trial evaluating the effect of a handwashing-promotion program in Chinese primary schools.” *The American Journal of Tropical Medicine and Hygiene* 76, no. 6 (June 2007): 1166-1173

<sup>19</sup> Onyango-Ouma, W., J. Aagaard-Hansen, and B.B. Jensen. 2005. “The potential of schoolchildren as health change agents in rural western Kenya.” *Social Science & Medicine* 61, no. 8 (October 2005): 1711-1722.

hygiene practices, which compromises the health and the quality of education of adolescent girls.

If adolescent girls<sup>20</sup> (and female teachers) attend schools during their menstruation, the availability of girls-appropriate toilets and water supplies is essential to comfortably change and dispose of sanitary pads and wash themselves in private. If not already motivated by religious and cultural beliefs that staying home during menstruation is normal, the absence of facilities means that for many girls it is preferable to stay at home during menstruation and not attend school. At home, they do not have to worry as much about sanitary protection, or about having adequately concealing clothing. This might add up to 30 to 40 school days missed each year. Studies did not find a direct link between menstruation and drop-out from school, but did conclude that absenteeism has a profound impact on girls' potential for success in school.

Innovative menstrual hygiene projects (adapted facilities, availability of pads) have demonstrated how to incorporate menstrual hygiene management into broader WASH in Schools interventions.

In many schools girls (and boys) face the threat of (sexual) abuse or violence from both male teachers and older male pupils. Studies show that girls are most likely to be abused on their way to or from school, in or near toilets, in empty classrooms and other isolated places. This shows the importance of constructing girls' toilets at safe locations.

Every additional year that a girl spends in school is crucial. For those girls who eventually become mothers, each additional year of education brings down the under-five mortality rate of their children by up to 10%. Add issues of dignity and empowerment, and it becomes clear that better sanitation is at the heart of better lives for children and women. WASH in Schools can play a significant role in achieving universal access to primary education, reducing child mortality and increasing gender equality.

---

<sup>20</sup> This text has been adapted from: Kirk, J. and Sommer, M (2006), *"Menstruation and body awareness: linking girls' health with girls' education"* Gender and Health Special. Royal Tropical Institute (KIT), Amsterdam, Netherlands

## The National Standards and Implementation Model

With the increased focus on WinS in Ghana, the GES requests to provide further leadership and direction by developing the **National Standards** for WinS infrastructure and **Implementation Model** for WinS programming as described in this report.

The standards and implementation model will:

- Be child and gender–friendly and promote quality delivery and sustenance of WinS services through processes that ensure adequate planning, implementation, monitoring and evaluation, training and capacity building, child participation and community involvement,
- Serve as a reference for all future WinS projects/interventions in Ghana,
- Will enable the GES to coordinate and harmonise interventions in schools,
- Contribute to the implementation of the Child Friendly Schools (CFS) Framework developed by the GES.

The establishment of the WinS standards and implementation model for Ghana is a key activity for the GES financed by the CIDA funded GoG-UNICEF WASH programme. A three-person team has been engaged under the programme to undertake an assessment and develop the Standards and Implementation Model in close collaboration with SHEP and its partners, governmental as well as (non-governmental) organisations.

## 2. OVERVIEW OF THE IMPLEMENTATION MODEL

---

The standards and implementation model cover the following components of WinS:

- a) delivery of sustainable and sufficient quantities of safe water,
- b) appropriate sanitation facilities,
- c) hygiene promotion,
- d) supply of sanitation and hygiene consumables,
- e) solid waste disposal
- f) control measures to reduce transmission of WASH related illnesses into the school environment
- vii) promotion of child-centred approaches linking schools with the community.

This chapter gives an overview of all those components. Detailed information on each component can be found in the guide which together with this document are part of the *National Standards and Implementation Model for WASH in Schools*:

- ✓ Technical Guide for WASH in Schools Facilities in Ghana,
- ✓ WASH in Schools Facilities Planning and Management Guide,
- ✓ Guidelines for the implementation of school health clubs,
- ✓ Children's Role in CLTS Implementation,
- ✓ Children and Youth Ambassadors For Water, Sanitation and Hygiene (WASH) Delivery of sustainable and sufficient quantities of safe water,
- ✓ Education Guide WASH in Schools.

### a) Appropriate sanitation facilities

School toilets will be provided for all schools. The following key factors are considered for the design of school toilets:

- A maximum of 50 pupils will use one drop hole/toilet cubicle.
- Separate toilet blocks for boys and girls.
- Separate units for urinating.
- Water for hand washing available within each toilet facility.
- Changing room for adolescent girls/ female teachers in each toilet block for girls. Changing rooms has mirrors and hooks in the walls for hanging apparel.
- Toilets for children appropriately sized to ensure the children are comfortable and feel safe in the use of the toilet. Foot rests for squatting units appropriately sized and positioned for age and sex.
- Toilet cubicle doors have bolts and are boltable from inside (and not from the outside).
- Toilets located at reasonable distances to the school buildings for ease of access by

children, especially the younger ones but still meeting the privacy demands and protecting children against violence.

- Toilets hygienic to use and easy to clean and a cleaning and maintenance schedule in place.

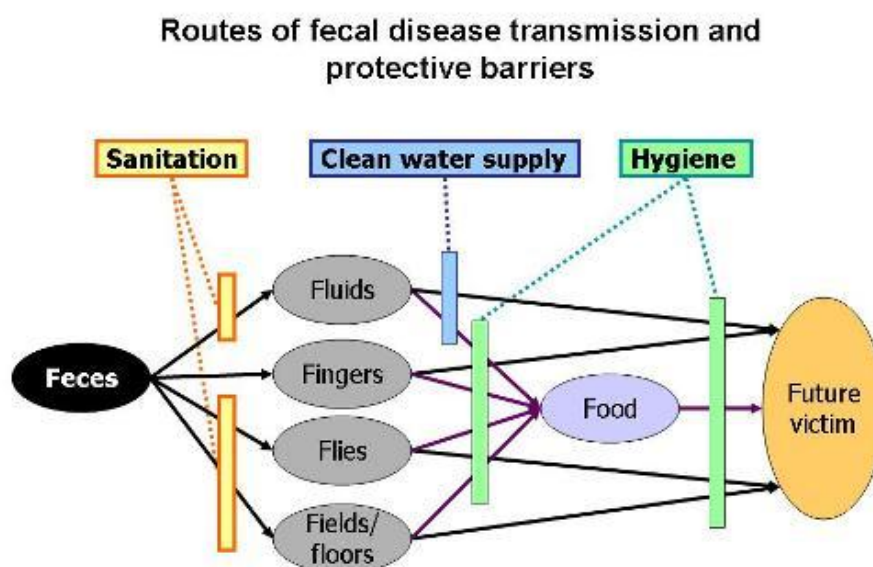
Urinals will be provided for use by pupils in all schools with the following principles:

- Separate urinals for boys and girls.
- Elevated squatting or standing area where feet will be placed while urinating..
- The floors of urinals made of tiles or other smooth easily cleaned material.
- Adequate slopes (1:50) provided to ensure urine does not stagnate.
- If possible, water for hand washing will drain through the urinals to wash regularly.
- Where regular flowing water is available, the urinals will be constructed with water for cleaning mechanism incorporated.
- The roof of urinals will have sections made of transparent roofing material to allow light into the urinals.

## b) Hygiene promotion

Teaching hygiene is most successful when it targets just a few behaviours with the biggest overall impact. Too many priorities will diffuse the attention that can be given to each subject because too little time will be available for each subject.

**The basis of hygiene education lays in prevention of diseases that are transmission due to inappropriate hygiene conditions and behaviour.**



**F-diagram:** the major transmission routes of fecal-oral diseases<sup>21</sup>

<sup>21</sup> Drawing copied from: <http://scienceblogs.com/theumphandle/2010/08/19/in-praise-of-toilets/>

The most prevalent diseases, such as diarrhoea or worm infections are being spread by germs. Germs cause sickness. The path in which germs can spread from person to person is summarised in the, so-called, **F-diagram**<sup>22</sup>:

- **Fingers:** Human faeces stick to hands, fingers and under nails
- **Flies:** Flies and other insects sit on faeces and move to the food for human consumption
- **Fields:** (Human) faeces are being used or disposed on the fields and eaten through not fully cooked food that grew on the fields
- **Fluids (water):** Faeces mix with drinking water

Following the F-diagram, stopping the paths of contamination can be defined at the left site route of the diagram (stopping faecal contamination) and at the right site route of the diagram (stopping faecal-oral transmission).

- **Faecal contamination** can be stopped through: provision of safe toilets and the protection of water sources.
- **Faecal-oral transmission** can be stopped through: hand-washing with soap after toilet use, before eating, before preparing food and after cleaning babies, hygienic storage and preparation of food, protection of water between source and consumption.

Based on the F-diagram, the schools will focus on the five hygiene themes of which the first four derive from transmission routes in the, F-diagram and the last refer to overall improvement of hygienic conditions to stop potential health risks:

	<b>Theme and behaviour</b>	<b>Message</b>
1	HANDWASHING WITH SOAP AT CRITICAL TIMES	
	Wash your hands with soap/ashes: <ul style="list-style-type: none"> <li>• After using the toilet/defecation</li> <li>• Before cooking and eating</li> <li>• After touching children's faeces</li> </ul>	<ul style="list-style-type: none"> <li>• Proper handwashing is the best way to stop germs</li> <li>• Handwashing for better health</li> <li>• Wash your hands with soap and clean water for truly clean hands.</li> </ul>
2	ELIMINATION OF OPEN DEFECATION, SAFE EXCRETA DISPOSAL AND TOILET HYGIENE	
	No open defecation Build a toilet Keep a toilet hygienic	<ul style="list-style-type: none"> <li>• Dispose (children's) faeces in a latrine or dig a hole, bury and cover it</li> <li>• Exposed faeces are the biggest cause of spreading diseases and makes people sick</li> <li>• Use and maintain toilet and cover the toilet hole after use - don't defecate in the open</li> </ul>

<sup>22</sup> It is called F-diagram because all paths start with F.

	<b>Theme and behaviour</b>	<b>Message</b>
3	<b>SAFE DRINKING WATER TREATMENT, STORAGE AND HANDLING</b>	
	Use chlorine or boil water Use clean and covered water containers for transportation and storage A separate cup with handle or ladle should be used to take water from container	<ul style="list-style-type: none"> <li>• Purify drinking water if needed</li> <li>• Boil water for 3 minutes</li> <li>• Never share drinking cups</li> </ul>
4	<b>FOOD HYGIENE</b>	
	Wash or peel fruits before eating Avoid eating raw vegetables Raw meat, poultry or fish should not touch other food that is eaten raw Cook food thoroughly & eat when the food is hot/warm Cover food and drinks to avoid flies Wash dishes well after preparing fish Hands should be washed with soap before food preparation to avoid spreading of germs through hands	<ul style="list-style-type: none"> <li>• Eat only warm/ cooked food</li> <li>• Keep flies away from food and drinks to avoid spreading of diseases</li> <li>• Hands should be washed with soap before food preparation and avoid coughing, spitting or chewing near food to avoid contact between saliva and food.</li> <li>• After preparing raw meat, poultry or fish wash your utensils with water and soap</li> <li>• When food smells bad, changes taste, changes colour, produced bubbles or gets slimy throw it away because the food is spoiled and it can make people and animals sick.</li> </ul>
5	<b>TREATMENT, STORAGE AND HANDLING OF REFUSE AND WASTE WATER</b>	
	Health risks of non-collection of refuse. Health risks of standing water	<ul style="list-style-type: none"> <li>• Keep your surroundings clean</li> <li>• Collection, recycling and treatment of refuse.</li> <li>• Avoid and drain standing waste water to avoid breeding of insects.</li> </ul>

The hygiene promotion/education activities for schools are using traditional approach like class room teaching but also various participatory activities to develop skills and habits. Pupils but also their teachers, parents, family and community members will be engaged in the process through short, focussed and results oriented sensitisation sessions.

Below schedule gives an overview of the activities to be undertaken in every school on an annual basis.

	<b>Activity</b>	<b>Target Group</b>	<b>Duration</b>	<b>Frequency</b>	<b>Focus of activity</b>
1	<b>Classroom activity to be led by class</b>	Classes (per age group- Nursery, Lower Primary,	10 mins	3x a week	Interactive activity teaching and testing knowledge

	<b>Activity</b>	<b>Target Group</b>	<b>Duration</b>	<b>Frequency</b>	<b>Focus of activity</b>
	<b>teacher (CA)</b>	Upper Primary, and Junior High School)			Demonstration activity for building habits
<b>2</b>	<b>Main School Lesson during Worship Time (WT)</b>	Entire School	15 mins	Every 2 weeks	Teaching knowledge and motivating pupils for change of habits
<b>3</b>	<b>Repeat (Reinforcing) sessions of main school lesson at Morning Assembly (MA)</b>	Entire School  Prepared by School health club and SBHC.	3-5 mins	3 x a week	Reinforcing/repeating key messages from Worship Time Sessions
<b>4</b>	<b>WASH Notice "Talk" boards (NB)</b>	Entire School  Prepared by School health club and SBHC.		Every 2 weeks	Reinforcing/repeating key messages from Worship Time Sessions
<b>5</b>	<b>School health club</b>	Selected students	30 min	Every 2 weeks	Actively involved in advocacy for WASH in Schools through participatory activities under the guidance of the School Health based Coordinator.
<b>6</b>	<b>Competitions</b>	All Classes in a school and All Schools in a district		termly	Activities focusing on testing knowledge dissemination to the entire school and indirectly parents and communities
<b>7</b>	<b>WASH Session during PTA meeting</b>	Parents and Teachers	20 mins	once a term	Advocacy sessions on School WASH to get support to activities/actions as well as reports on progress.
<b>8</b>	<b>WASH Session during SMC Meeting</b>	School Management Committee (SMC)	20 mins	once a term	Advocacy sessions on School WASH to get support to activities/actions as well as reports on progress. Also to enlist group support to school health club activities as well as individual support as club patrons.

Details can be found in the education guide



### **c) Supply of sanitation and hygiene consumables**

The School Management Committee and PTA will provide support in the repair of components of school WASH facilities which will fall into disrepair. They will also facilitate the provision of (liquid) soap, ensure availability of water from community water supplies and facilitate the provision of desludging services in conjunction with the Environmental Health Officers

### **d) Solid waste disposal**

Classrooms and school compounds will be cleaned regularly to ensure the health and good habits of pupils.

- Where school pupils are required to do the cleaning, a schedule will be prepared for both boys and girls to equally undertake the cleaning under the supervision of a teacher.
- Separation of waste into organics, plastics, paper and others should be encouraged.
- Where municipal solid waste services are available, waste collected in schools should be collected and disposed off along with the municipal waste.
- Organic waste may be buried or used for composting in schools under the supervision of teachers.
- Where collection agents are available, plastic waste should be sent to the collection agents for recycling.
- Burning of solid waste on school compounds should be avoided.

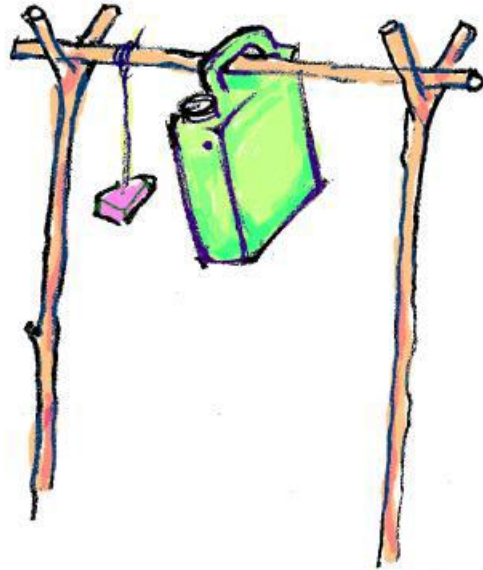
### **e) Control measures to reduce transmission of WASH related illnesses into the school environment**

Hand washing facilities will be provided in all schools. Children of all ages should be able to access hand washing facilities by being able to operate taps and basins. Wash basins and area around hand washing facilities will be cleaned regularly. Hand washing facilities will be integrated in school blocks when new classroom blocks are being constructed.

Bowls of water in which more than one child washes hands **MUST BE AVOIDED** at all times. Separate hand washing facilities will be provided for use in toilets and for use prior to eating. Where there is no direct supply of water, water storage containers will be provided close to hand washing facilities. Schools will be encouraged to be part of the national “hand washing with soap” campaigns and to celebrate the Global Hand Washing Day and World Toilet Day.

The types of hand washing facilities to be provided include the following:

- Water flowing from a tap into a hand washing basin. Special basins and taps located 700mm above ground will be provided for kindergarten pupils.
- The “tippy tap” in areas where water is not easily available.
- Containers with taps and an appropriate disposal system.



The “Tippy Tap”  
credit: [www.tippytap.org](http://www.tippytap.org)

#### f) Promotion of child-centred approaches linking schools with the community

The national sanitation promotion model Community-led Total Sanitation (CLTS) demands that all community members take an active part in the process and all its activities – from the decision to stop Open Defecation through the implementation of specific activities to the attainment of ODF. Children are the most affected by poor sanitary conditions of a community but children are also very knowledgeable about the sanitation situation of their community and school. They know what facilities exist in the community and where they are located.

In the case of the conduct of CLTS, children have a key role to play in all three (3) stages of the implementation process: 1) Pre-triggering, 2) Triggering and 3) Post-triggering.

The conduct of *Pre-triggering* is a critical initial activity that must be done in every CLTS facilitation process. It establishes the basis for determining the success of the CLTS implementation process. It covers the following specific activities:

- CLTS facilitators’ entry into the community and schools
- Meeting with community and school leaders
- Interacting with community members and establishing key contacts
- Interactions with school teachers and pupils
- Developing a Sanitation Profile of the community
- Liaising with the community leaders to fix a date for a general community meeting

### *The Specific Role of Children in Pre-triggering Activities*

The involvement of children is critical in this process since children are very knowledgeable about the community they live in as well as the school they attend. They can be involved through:

Step 1: After the first meeting with the community leadership, CLTS Facilitators should arrange and meet with children separately to brief them of planned Pre Triggering activities in the community.

- ✓ This meeting can be at the school or at the community level. Facilitators should seek the assistance of the School based Health Coordinator in organizing them.
- ✓ It is likely that a lot of children will be present in this first meeting including very young ones under the age of five. At this stage do not turn anybody away.
- ✓ In this meeting, explain clearly to the children how and why they should be involved in the planned activities.
- ✓ Facilitators should plan all activities children will be involved in carefully. Remember that activities involving children should always be fun and lively to sustain their interest.

Step 2: Identify the older children who show interest in the activities that CLTS Facilitators are engaged in. Write their names and identify where they live. These children will be working actively to support the process throughout.

- ✓ Facilitators should now ask the younger children and those not too keen to go and play. This leaves a smaller, more mature and more manageable group.
- ✓ Find out if any of them are Children/Youth Ambassadors. Make these children leaders.

Step 3: Divide the children into two or three groups and task each group to identify any facilities or places in the community that have a link with the water, sanitation and hygiene situation of the community.

- ✓ If facilitation is happening in a small community, children can be organized in one big group.
- ✓ Don't let the group work last for too long. Bring them together again and compile the list of things and places with them.

Step 4: Engage them on a Guided Walk of the community and school to identify the location of the facilities they have identified.

- ✓ In each community, children, especially the boys, move about the community daily and know their way around. Take advantage of this and let children show facilitators round the community and help identify defecation areas (including any existing toilet facilities).

## 3. WASH IN SCHOOLS IMPLEMENTATION

---

### Overall implementation

Implementation to scale as well as strengthening and sustaining of existing efforts on WASH in schools is about (1) creating overall awareness on the importance of WASH in Schools, (2) stimulating a positive environment to advocate for improved WASH in Schools and more importantly about (3) changing social norms making unhealthy and unhygienic schools unacceptable.

Creating these changes can be done by focusing on the individual's behaviour but also requires a look at the pupil's environment at different levels, from the household and community to the school, health centre and institutions responsible for support and the policy framework. Each of these levels influences how an individual behaves. Experience in other parts of the world, show that the most effective approach leading to change is a combination of efforts/communication using different communication approaches to cover all potential aspects to achieve a positive behaviour change.

The implementation of WASH in Schools focuses on three types of programming (to be implemented simultaneously):

- a) Programming to create a positive policy and programme development and implementation environment,
- b) Programming to promote facilities and hygiene behavioural change among pupils, within schools,
- c) Programming to ensure community/parents participation and ownership.

### **a) Programming to create a positive policy and programme development and implementation environment**

A positive environment in which WASH in Schools activities can be implemented effectively can be stimulated through advocacy. Advocacy highlights the context and relevance of the cause. The activities planned/strengthened are:

At National Level:

- Strengthening of coordination mechanisms for WASH in Schools at National Level: for coordination, planning and monitoring of activities to ensure implementation with the required quality. This is a coordination between government (different ministries and different levels) and (non-governmental) organisations involved in WASH in Schools lead by GES.

- Advocacy with Development Partners for Coalition building: development partners such as UN, NGOs, community networks will coordinate, cooperate and implement the National Standards on WASH in Schools
- Advocacy with policy makers: such as parliamentarians and ministers will be carried out through workshops, meetings and possible school visits to ensure that WASH in Schools is given importance and both policy and implementation issues are addressed.
- Advocacy through media: Workshops, media visits, awards and special radio and TV programmes to promote and advocate for WASH in Schools (this activity might also have a regional component).
- Advocacy through celebrities: Ghanaian celebrities (to be identified) to help to highlight the issue at various forums and give visibility and relevance to the cause to politicians as well as the population of Ghana through appeals, school visits etc.
- Establish coordination between scientific institutions and GES on WASH in Schools to gather and disseminate best practices, stimulate technical research and recommendations on best approaches.

#### At Regional/district/municipal Level:

- Setting up of coordination mechanisms for WASH in Schools at Regional/District Levels: for coordination, planning, capacity building and monitoring of WASH in Schools activities will be done to ensure implementation with the required quality. This is a coordination between government (different ministries and different levels) and (non-governmental) organizations involved. It will be led by GES.
- Advocacy with District/Municipal Administration and relevant authorities responsible for WASH in schools: through meetings and workshops would to address implementation bottlenecks and also help give priority to WASH in Schools activities.
- Sensitisation and Training of Regional/Municipal staff: on roles and responsibilities in relation to WASH in Schools to ensure smooth rollout of the programme.

#### At School/community Level:

- Advocacy with community leaders/authorities/health centres/school vendor associations etc.: will be carried out so that they give priority to maintaining hygienic conditions at schools.

## **b) Programming to promote facilities and hygiene behavioural change among pupils, within schools**

In chapter 2 the scope of the interventions/components has been given with a focus on the contents on the interventions. Here a description has been given on the integrated approach and activities. These activities focus on using various means of communication to reach pupils, teachers and communities both directly through interpersonal/social contact and interaction and indirectly through mass and mid-media in order to help change knowledge, attitudes, beliefs, mind sets, perceptions and practices as well as through technical interventions. The activities planned/strengthened are:

At National Level:

- Organise training workshop for policy makers on planning, prioritising and selection of areas for WASH in Schools activities with the aim to cover all schools in Ghana by ...
- Enforce the teaching of appropriate hygiene in schools: through revision of text books being used in pre-school, primary and secondary school.
- Radio / Television Spots: Radio and Television spots on appropriate hygiene behaviour (with special focus on schools) with a positive, motivational feel aiming to address both knowledge gaps as well enhance self-efficacy among listeners would be developed and aired.

At Regional/district/municipal Level:

- Organise training workshop for regional/district/municipal policy makers on planning, prioritising and selection of schools for WASH in Schools activities with the aim to use objective, transparent criteria for school selection (see annex...).
- Working with Food and Water Vendors at schools: Since they form a critical link in the transmission of diarrhoea/ cholera they will be oriented and certified to maintain proper sanitation and hygiene.
- Communication through Health centres: Advice and materials will be provided to them to talk to school children about hygiene issues and advise teachers about creating a hygienic environment in schools.

At school level:

- Construction/improvement of WASH facilities in school following National Standards (see chapter 2).
- Development of O&M plans for WASH facilities in school with involvement of the (head) teachers and School Hygiene Committee.
- Development of a plan on the provision of consumable WASH products with involvement of the (head) teachers and School Hygiene Committee.

- Signs and wall paintings and IEC materials at schools: These will support interpersonal communication as well create an enabling environment.
- Communication through teachers: teachers will be trained and motivated to promote good hygiene habits among children as well as to teach the newly developed materials on hygiene.
- Working with Children: In addition to the regular hygiene education within the (revised text books), a range of activities will be carried out with children such as School health clubs and special fun based activities to promote and inculcate positive hygiene behaviours among them (more on this in chapter 2).

### **c) Programming to ensure community/parents participation and ownership**

Just like the approach for CLTS for rural sanitation, for change of hygienic conditions in schools communities need to be involved and engaged to identify the problems as well as in finding the solutions. Only through ownership of the solutions sustainability can be achieved. Therefore it is critical to involve communities, and more specifically the PTAs, from the start and ensure they actively participate in the WASH in Schools activities in their school. The activities planned with and for the communities/PTA are:

- Strengthening of the School Management Committee (SMC): In order to support the implementation, operation and maintenance of WASH in Schools, a committee comprising of community leaders and representatives from all sections of the community will be formed (it might be linked to an existing committee). At least 50% of the members of the committee will be women.
- Participatory needs assessment and development of workplan: using participatory techniques, such as school mapping, the SMC analyses and identifies the school needs related to hygiene and hygiene promotion. Jointly with the school a work plan will be developed specifying clearly identified tasks, timelines, responsibility, training, support required and risks, supported by an M&E system.
- Creating new social norms: jointly with the school, the SMC will monitor the hygienic conditions in school and undertake action when not enough changes take place or when there is a risk that the pupils revert back to their old behaviour.
- Working with Community Influencers and Religious leaders: They will be oriented to motivate and mobilise their communities/parents/schools around the importance of WASH in Schools.

## Division of tasks and responsibilities

The government, and in particular the Ghana Education Services through the School Health Education Programme, will co-ordinate the WASH in Schools advocacy and implementation. More specifically the task and responsibilities are divided as follows:

Stakeholder	Roles/responsibilities
<b>Ghana Education Services School Health Education Programme</b>	<ul style="list-style-type: none"> <li>• Strengthen hygiene promotion in schools through adaptation/complementation of existing text books as well as the set-up of participatory School health clubs</li> <li>• Mainstream hygiene promotion messages in school curricula</li> <li>• Ensure all schools use environmental, gender, child and disability friendly water, sanitation and hygiene services and facilities (and monitor it)</li> <li>• Coordinate and implement activities for awareness raising and advocacy on WASH in Schools</li> <li>• Development of strategies for interventions as well as planning, prioritising, selection monitoring of geographic areas for WASH in Schools activities with the aim to cover all schools by ....</li> <li>• Provide the requisite secretarial support for the smooth functioning of the National Steering Committee and Regional and District SHEP Committees.</li> <li>• Provide the requisite secretarial support for the national level planning and budgeting for SHEP.</li> <li>• Initiate Research, Documentation and Knowledge Management and gathering and disseminate best practices</li> <li>• Technology research and standardisation</li> <li>• Financial support and external fund raising</li> <li>• Chair the WASH in School Coordination Group</li> </ul>
<b>Environmental Health and Sanitation Directorate, MLGRD</b>	<ul style="list-style-type: none"> <li>• Review existing national policies and ensure that there is a national policy framework that is supportive of improved conditions in schools</li> <li>• Ensuring the provision and maintenance of safe school structures and other health-promoting facilities, including ventilation, lighting, toilets, safe water, safe play and recreational grounds and security;</li> <li>• Enacting relevant bye-laws to promote safety and health standards for schools;</li> <li>• Inspecting regularly to ensure compliance with safety</li> </ul>



Stakeholder	Roles/responsibilities
	<p>standards for schools;</p> <ul style="list-style-type: none"> <li>• Facilitating the certification of food vendors;</li> <li>• Liaising with GES to regulate and co-ordinate school health activities of NGOs and other organizations</li> </ul>
<b>Ministry of Public Health</b>	<ul style="list-style-type: none"> <li>• Provide guidance on the environmental health aspects of school design, construction and maintenance.</li> <li>• Monitor environmental health conditions, monitor child health.</li> <li>• Provide training and advice for teachers, schoolchildren and parents on water, sanitation and hygiene.</li> <li>• Provide technical assistance for the production of relevant hygiene education materials for the programme.</li> <li>• Participate in the monitoring, supervision and evaluation of school health programme.</li> <li>• Initiate, conduct and co-ordinate research in School Health.</li> <li>• Provide ethical clearance for all School Health research activities carried on school children.</li> </ul>
<b>Community Water and Sanitation Agency</b>	<ul style="list-style-type: none"> <li>• Facilitate the provision of water and sanitation facilities in schools which should be environmental, gender, child and disability friendly;</li> <li>• Collaborate with GES and other stakeholders to train teachers in the integration of Hygiene Education into school activities.</li> <li>• Assist the development and dissemination of relevant hygiene education materials;</li> </ul>
<b>Regional/District/Municipal SHEP offices</b>	<ul style="list-style-type: none"> <li>• Stimulate and support WASH activities in schools</li> <li>• Planning, prioritise and select schools for WASH in Schools activities with the aim to use objective, transparent criteria for school selection.</li> <li>• Assess and support capacity building activities to support implementation of WASH in Schools in region/district/municipality/school.</li> <li>• Ensure effective implementation of relevant policies and decisions emanating from the National SHEP Secretariat;</li> <li>• Ensure effective dissemination of relevant information within the region;</li> <li>• Monitor school activities and provide technical backstopping and feedback to the districts;</li> <li>• Undertake budgeting for SHEP activities as appropriate;</li> </ul>
<b>Development Partners</b>	<ul style="list-style-type: none"> <li>• Support activities for awareness raising and advocacy on WASH in Schools, such as development of advocacy packages for different target groups.</li> </ul>

Stakeholder	Roles/responsibilities
	<ul style="list-style-type: none"> <li>• Coordinate and involve the government (national, regional, district) and apply the National Standards on WASH in Schools in programs, projects and other interventions in schools.</li> <li>• Provide technical assistance and training on capacity building activities to support implementation of WASH in Schools.</li> <li>• Provide funds to support implementation of WASH in Schools</li> </ul>
<b>Private sector</b>	<ul style="list-style-type: none"> <li>• Provide products and services to schools (e.g. soaps, cleaning materials and facilities) which are affordable and sustainable.</li> </ul>
<b>Communities (SMC/PTA)</b>	<ul style="list-style-type: none"> <li>• Through strengthened SMC and PTA support the implementation, management, operation and maintenance (resource mobilisation and periodic repairs) of WASH in Schools.</li> </ul>
<b>Schools</b>	<ul style="list-style-type: none"> <li>• Create new social norms making unhealthy and unhygienic schools unacceptable.</li> <li>• Implement and sustain on a day-to-day basis WASH in Schools including facilities, hygiene education, school health clubs, monitoring etc.</li> <li>• Responsible for O&amp;M of facilities (period repairs and major maintenance) and O&amp;M schedules.</li> <li>• Provide for consumables (soaps, cleaning materials)</li> <li>• Communicate with district/municipal coordinator if assistance is needed.</li> </ul>
<b>Pupils</b>	<ul style="list-style-type: none"> <li>• Accepting and applying new social norms making unhealthy and unhygienic schools unacceptable and carrying this information towards the households they live.</li> <li>• Support the cleanliness of the school through cleaning of facilities and compound (if no separate cleaner has been employed).</li> </ul>

More details on tasks and responsibilities can be found in *GES WASH in Schools Facilities Planning & Management guide*.

## 4. MONITORING AND EVALUATION

The progress of the implementation of the National Standards on WASH in Schools will be tracked and carefully checked at all levels because a system for monitoring of hygiene promotion is critical to:

- Analyse the current situation,
- Identify problems, find solutions and take corrective measures during implementation,
- Discover trends and patterns,
- Keep planned activities on schedule,
- Measure progress towards intermediate goals and revise action in order to achieve these goals,
- Make decisions about human, financial and material resources.

And evaluation helps to:

- Determine how effective an intervention has been,
- Determine the extent to which goals have been achieved,
- Learn how efficiently the interventions have been implemented,
- Develop “lessons learned” for future interventions.

The below M&E Framework gives an overview on the expected objectives, outcomes, and outputs as well as objective verifiable indicators and means of verification.

<b>M&amp;E Framework</b>		
<b>Results</b>	<b>Objective Verifiable Indicators</b>	<b>Means of verification</b>
<b>OBJECTIVES</b>		
Increase number of pupils and teachers (girls and boys, teachers) who use toilets and urinals regularly in their schools.	Number/percentage of schools having toilets or urinals. Number/percentage of girls/boys/teachers reporting regular use of toilets and urinals.	EMIS School self-monitoring reports Base line, mid line and end line survey reports. Progress reports
Increased number of girls/boys/teachers who wash their hands with soap	Number/percentage of girls/boys/teachers who wash hands with soap at	School self-monitoring reports

<b>M&amp;E Framework</b>		
<b>Results</b>	<b>Objective Verifiable Indicators</b>	<b>Means of verification</b>
(ash or sand) in school, after defecation or after having contact with faeces, before eating food.	critical times.  Number/percentage of girls/boys/teachers who understand the need for handwashing with soap and can articulate benefits of handwashing at critical times.	Base line, mid line and end line survey reports  Amount of soaps bought by the school
Increased proportion of girls/boys/teachers safely storing and handling drinking water	Number of/percentage of girls/boys/teachers who understand the need and practice safely storing and handling drinking water and use separate cups for drinking	School self-monitoring reports  Baseline, midterm and end term evaluation survey reports  KAP reports
Increased proportion of girls/boys/teachers practicing personal hygiene	Number of/percentage of girls/boys/teachers who understand and practice personal hygiene	School self-monitoring reports  Baseline, midterm and end term evaluation survey reports  KAP reports
Increased proportion of schools/School Hygiene Committees who organise regular clean-up activities and organize safe solid waste collection and disposal.	Number of/percentage of schools that organise solid waste management	School self-monitoring reports  Baseline, midterm and end term evaluation survey reports  KAP reports
<b>OUTCOMES</b>		
Increased levels of knowledge and awareness regarding the importance of	School surveys conducted.  Availability of soap close to toilets or class rooms in	Baseline survey reports, Mid line reports  Activity progress reports

<b>M&amp;E Framework</b>		
<b>Results</b>	<b>Objective Verifiable Indicators</b>	<b>Means of verification</b>
handwashing with soap.	schools.	
Increase in the number of girls/boys/teachers who are able to make linkages between handwashing with soap and diarrhoea.	Number of girls/boys/teachers who are able to articulate the linkage between handwashing and diarrhoea. Number/percentage of girls/boys/teachers able to explain at least two critical times for hand washing.	School self-monitoring reports  KAP studies and reports Hygiene surveys
Increased number of girls/boys/teachers who stated perceived risk of not washing hands with soap at critical times.	Number/percentage of girls/boys/teachers able to explain the risks of not washing hands with soap at critical times.	Base line, mid line and end line survey reports
Increased number of girls/boys/teachers, who can identify the benefits of regular use of toilets/urinals	Number of schools having toilets/urinals. Number of schools where everyone uses the toilet/urinal regularly.	Self-monitoring system in schools  Base line, mid line and end line survey reports
Increased number of parents, who can identify the benefits of regular use of toilets	Number of children who use a household toilet at home.	Self-monitoring system in schools  Base line, mid line and end line survey reports
Increased number of parliamentarians and other politicians who stated the importance of WASH in Schools	Number of quotes in newspapers, radio/TV performances	Survey reports
<b>OUTPUTS</b>		
Sensitisation of policy	Number of questions raised	Monitoring of parliamentary

<b>M&amp;E Framework</b>		
<b>Results</b>	<b>Objective Verifiable Indicators</b>	<b>Means of verification</b>
makers and stakeholders	in parliament and assemblies Number of times the issue of WASH in Schools brought up in public speeches	and assembly debates Media reports on public engagement of concerned public figures
Media sensitised and motivated to report on WASH in Schools	Number of news stories and their prominence in National, Regional and Local media	Media monitoring and analysis
Elected representatives are engaged and motivated to spread messages and coordinate and monitor programs.	No. of public and coordination meetings held by elected representatives in which issues concerning WASH in Schools are discussed	Local media reports, minutes of meetings of MMDAs
Community Hygiene Committees, PTAs and school teachers with the knowledge and skills to promote, maintain and monitor WASH in Schools	Number of community/PTA volunteers, school teachers, trained in organisation, planning, implementation maintenance and monitoring. Number of schools covered	Assessment reports Training reports List of participants
School health clubs with the knowledge and skills to promote, maintain and monitor WASH in Schools	Number of School health clubs trained. Number of schools with School health clubs.	Self-monitoring system in schools Assessment reports