SCHOOL SANITATION AND HYGIENE EDUCATION IN INDIA
INVESTMENT IN BUILDING CHILDREN'S FUTURE

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Abbreviations and Acronyms

ANM	Auxiliary Nurse Midwife
AWW	Anganwadi worker
BDO	Block Development Officer
CRSP	Centrally Sponsored Rural Sanitation Programme
DDWS	Department of Drinking Water Supply
DEE&L	Department of Elementary Education and Literacy
DPEP	District Primary Education Programme
DWCD	Department of Women and Child Development
GoI	Government of India
GP	Gram Panchayat
HRD	Human Resource Development
IEC	Information, Education and Communication
IMR	Infant Mortality Rate
MICS	Multiple Indicator Cluster Survey
MMR	Maternal Mortality Ratio
NCAER	National Council for Applied Economic Research
NCERT	National Council for Education Research and Training
NDC	National Development Council
NFHS	National Family Health Survey
NGO	Non-governmental Organisation
NSS	National Sample Survey
PC	Production Centre
PLA	Participatory Learning Appraisal
PRI	Panchayti Raj Institutions
PTA	Parent Teachers Association
RGNDWM	Rajiv Gandhi National Drinking Water Mission
RSM	Rural Sanitary Mart
SHG	Self-Help Group
SMC	School Management Committee
SRP	Sector Reform Project
SSA	Sarva Siksha Abhiyan
SWSM	State Water Sanitation Mission
TSC	Total Sanitation Campaign
TSP	Tribal Sub-Plan
UN	United Nations
UNICEF	United Nations Children's Fund
VEC	Village Education Committee
ZP	Zilla Parishad

1.0 Introduction

School is important for cognitive, creative and social development of children. So is the School Sanitation and Hygiene Education, necessary for the safe, secure and healthy environment for children to learn better and face the challenges of future life. This understanding is very much a part of the policy of Government of India (GoI). From policy to programme, ***School Sanitation and Hygiene Education (SSHE)*** has now become a reality of school centric development action being realized by most of the schools. Government of India has launched this programme integrating with broader sanitation program to ensure that all the schools especially rural schools in the nation have basic sanitation and drinking water facilities and good hygiene practices are taught to the children. The SSHE programme is participatory in nature and an important component of the national reforms programme for rural water and sanitation sector. Many of the challenges, which the programme in India faces, are similar to those of other countries. Approach, strategy, and mode of implementation may differ but the vision associated it remains the same. Sharing these may offer insights and serve as a starting point for cross-learning and further improvement of the programme.

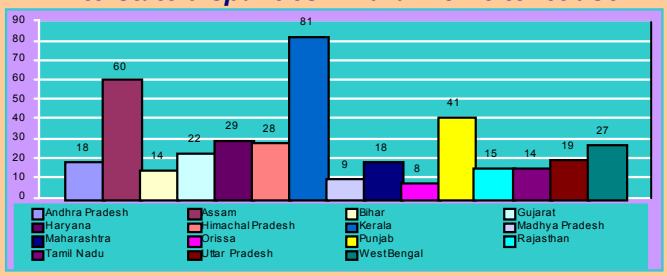
2.0 Sanitation, Hygiene and India

India is one of the largest countries of the world with diverse population both in geographical and cultural terms. The ideology of co-existence made India one of the most vibrant civilizations of the world. With a population of about 1,000 million, India is the 2nd most populated country in the world after China. Having 29 States, 594 districts, India has about half million locally self-governmental institution in rural areas.

Given this, it's has been a challenge to universally provide safe drinking water and sanitation facilities in India. As per census 2001, only 36.4 percent of the total population of the country had latrines within their households. This was even less in rural areas i.e. 21.9 percent, and out of this, only 7.1 percent households have latrines with water closet. Also, only 34.2 percent households had drainage facilities for the wastewater disposal in rural areas. Though, the status has improved over the years[1] and the coverage of rural sanitation has increased which as per the recent estimates[2] is about 35 percent. Similarly, inadequate use of water & sanitation facilities and poor hygiene practices has enhanced the severity of such challenges. This is indicated in National Sample Survey, 54th round published in 1999, which showed the usage behavior restricted to only 17.5 percent in the rural population. Another important feature of the sanitation coverage has been the large-scale inter- state disparity in household toilet use. On the one hand, coverage and use in Kerala and Assam have been very good i.e. 81 percent and 60 percent respectively. On the other hand, it has been as low as 8 percent in Orissa. These inter-state variations can be easily seen in the figure –1 given above.

Figure 1

Interstate disparities in rural home toilet use



Open defecation remains the predominant norm and poses one of the biggest threats to the health of the people in India. Estimates suggest that nearly 65 percent of India's population still defecate in the open. This results in a faecal load of 200,000 metric tons per day, which finds its way into soil and water bodies, contaminating them with pathogens.[3]The practice of open defecation is reinforced by traditional behaviour

[1] Post Census 2001

[2] RGNDWM, GOI, 2004

[3] [3]RGNDWM, GOI, 2002-03 and WSP-SA, India

patterns and lack of awareness about the health threats posed by it. At the same time, there is little awareness about the potential health and consequent economic benefits of sanitation facilities. This is a key causative factor behind the high prevalence of soil and water borne diseases in rural India. The magnitude of the challenge has also been underscored by World Health Organisation (WHO) ascribing about 80 percent of all sicknesses and diseases to lack of safe water and sanitation such as diarrhoea, cholera, malaria, etc. in the country. This indicates an annual loss of 180 million man-days and Rs.12 billion to the economy owing to sanitation related diseases (Central Bureau of Health Intelligence, MoHFW, 1998-1999).

The challenges, therefore, are enormous and substantial. As far as schools are concerned, India has one of the largest numbers of school going children, especially in rural areas. In fact, the primary education system in India is one of the largest in the world with over six hundred thirty thousand (630,000) primary and upper rural primary schools, over 3 million teachers, and a student strength exceeding 100 million children (Sixth All Indian Education Survey, 1993-94). There are more than 500,000 Integrated Child Development Service Centres (ICDS) in India offering a package of health, nutrition and non-formal pre-school services to more than 18 million children aged 6 months to 5 years. There is high level of diversity especially in the case of enrollment, for instance in some states the enrolment of children is around 100%, and overall literacy ranges above 80%. In other states, the primary enrolment of children is around 60% and literacy overall is less than 40%.

Another issue is lack of safe drinking water and sanitation facilities in all schools especially in rural areas, which has been a matter of concern. According to the Sixth All India Educational Surveys, 1993-94, out of 6.3 lakh primary and upper primary rural schools, only 44 percent have water supply facilities, 19 percent have urinals and 8 percent have lavatory facilities. Only 19 percent have separate urinals and 4 percent lavatory facility for girls. Though, recent estimates show that the number of schools as well as coverage of water and sanitation facilities has increased. The number of rural schools of all categories has gone to more than one million out of which 45.9% are without toilets and only 17.3 % are without water supply as projected by Ministry of HRD, GoI. (See figure 2)

Total No. of schools	Without toilets	Without water supply
10,24,996	45.9%	17.3%

Projected Coverage of School Water and Sanitation Facilities
(MIS Data, MoHRD, 2003)

Figure 2

The consequences of the given situation are not far to see. Diarrhea takes a heavy toll. Typhoid, dysentery, gastroenteritis, hepatitis A, intestinal worms and malaria continue to kill, debilitate and contribute to the high rates of malnutrition among young children in the country. While acute malnutrition has diminished, 47 percent under-5 children are under-weight. The child mortality rate stands at a high of 95 in the under-5 age group. Only 7 out of 10 children aged 6-14 years attend primary school. There is a high drop out rate, especially among girls. Only 42 percent girls and 48 percent boys reach class eight (*Indian Child*, Ministry of Human Resource Development, 2002). Therefore, a coordinated and regular activities at school are needed pertaining to health and hygiene specially health check up and de-worming for better and healthy environment.

Article 24 of the CRC:
States Parties recognize the right of the child to the enjoyment of the highest attainable standards of health and to facilities for the treatment of illness and rehabilitation of health…"

With such situation, any national programme for water supply, sanitation and hygiene education, especially for school, needs resources, deep understanding and sustained commitment to face these challenges. SSHE, therefore, emerges as one of the major interventions to address them. In fact, this makes SSHE programme in India unique and extraordinary not only because of the inherited challenge but also the kind of interesting opportunity it creates from given socio-cultural milieu. As discussed, approximately 36 percent of the total population of the country has latrines within their households or compounds. The implication is that for children, and for some teachers, the SSHE programme is their introduction to the consistent use of

latrines, cleaning toilets and to washing both hands with soap afterwards. Govt. of India has, therefore, given special focus on SSHE, which is being mounted all across the country. This challenge is at the same time an entry point, because the school water, sanitation and hygiene education programme, which by its nature is rather popular, can also serve, and is serving, as an entry point for improving sanitation and hygiene within the family and community.

3.0 Evolution of SSHE progaramme In India

Promotion of sanitation was very close to the heart of Mahatma Gandhi that formed a formidable plank of his social reform and health efforts during the first half of the twentieth century. After India's independence in 1947, that momentum somehow got blunted. Although, both water supply and sanitation were a part of the national agenda since the very first five-year plan (1951-56), the accent remained on water supply whereas the pace of progress on sanitation, until recently, remained slow. In this context, the **Central Rural Sanitation Programme (CRSP),** under the Ministry of Rural Development, was launched by the Government of India in 1986 in a supply driven mode due to which sanitation coverage increased though not as expected. Earlier SSHE was not a part of the CRSP but it was included in restructured CRSP in 1999. In fact, the process of restructuring as part of reform initiatives in water and sanitation sector made CRSP more demand-responsive and community-based programme. **Total Sanitation Campaign (TSC)** was launched as a part of such reform initiatives under CRSP, which included school sanitation as a primary intervention to universalize sanitation facilities. TSC focuses on community-led and people-centered initiatives emphasizing on Information, Education and Communication (IEC) for demand generation, hygiene education, human resource development (HRD) and capacity building (CB) along with providing hardware sanitary facilities to household, community, schools and Anganwadis. Involvement of *Panchayati Raj* Institutions (PRI's), Parent-Teacher Associations (PTAs) and NGO's have also been envisaged in TSC implementation (See box 1). Overall, SSHE has been given prominence in TSC, which recognizes the role of children in absorbing and popularizing new ideas and concepts. This programme, therefore, intends to tap their potential as the most persuasive advocates of good sanitation practices in their own households and in schools. The SSHE under the umbrella of TSC is picking up momentum steadily and implemented in all across the country.

Box 1

Provisions of TSC

- IEC for awareness and demand generation
- Incentives for poor to construct individual household latrines
- Sanitation facilities and hygiene education for all types of rural schools
- Baby friendly toilets facilities for Aganawadis
- Community Sanitary complex for poor and landless families.
- Supply chain encompassing alternate delivery mechanisms such as Rural Sanitary Marts

In the evolution of SSHE in India, partnerships have also played a significant role, of particular, the partnership initiated with **UNICEF** by GoI. Both of them identified school sanitation as a key area of collaboration recognizing that improved hygiene practices and clean school environment are contributing factors in ensuring that children can enjoy an acceptable standard of health. The first foundation of such collaboration was laid down in Mysore district, Karnataka State in southern India in 1992 with an objective to cover 20 schools with sanitation and hygiene facilities. The collaboration determined to demonstrate change using local initiative, homegrown technology and community resources; the small but significant steps have now grown into large strides. The School Sanitation and Hygiene Education (SSHE) project in Karnataka now covers over 1600 schools in eight districts. The SSHE efforts were complemented with the "Nalli Kalli", meaning joyful learning method. This method introduced through a UNICEF assisted initiative focused on teaching methods that did not depend on books only. Efforts to achieve clean school environment, cheerful and attractive classrooms and enthuse children with life skills blended well with the SSHE objectives. As result of such intervention, attendance has gone up from 60 to 90 percent, according to some teachers.

Similarly, the reforms initiated in education sector have also contributed to the SSHE programme in its proper operationalization and successful implementation. Such educational reform, first introduced in the form of **District Primary Education Programme (DPEP)** initiated under the ministry of Human Resource Development, GoI in 1994, gave sufficient focus on water and sanitation facilities especially in uncovered

school in 176 districts of 15 states. It has subsequently scaled up through out the country and called the **Sarva Shiksha Abhiyan** (SSA). SSA aims to universalize elementary education in the country by 2010 through district-specific planning with an emphasis on decentralized management and capacity building. SSA has highly positive features that can facilitate SSHE implementation. It includes many reforming features that can be supportive of SSHE activities: the establishment of block and cluster resource centers that facilitate academic interaction among teachers; involvement of NGOs to strengthen community-based approaches and for monitoring, and support for training institutions

Sanitation de-linked with water supply looses its very purpose. The programmes like **Accelerated Rural Water Supply (ARWSP) and Swajaldhara** being implemented through Department of Drinking Water Supply (DDWS) have also strengthened the SHHE programme by making adequate provisions of water supply in schools. Though, the programmes have different programmatic form, the former is allocation based and the latter is implemented in a demand driven mode.

Thus, with such inter-sectoral involvement in the SSHE programme, the task of integrating water supply, sanitation, heath and hygiene education needed more concerted and coordinated effort to effectively implement the SSHE programme. TSC has been putting such efforts in leading and integrating inter-sectoral coordination to maximize the water, sanitation and hygiene education coverage in schools.

Such pilot efforts in SSHE have now spread to more than 300,000 schools and nearly 400 of India's 594 districts are under the Total Sanitation Campaign (TSC) implementation. The model has been mainstreamed with active collaboration between the concerned stakeholders– a key operational principle to optimize resources.

4.0 SSHE: Goals and Committment

School Water Supply, Sanitation and Hygiene Education Programme (SSHE) is one of the prime concerns of Government of India. This is reflected in Government of India's goals set under the Millennium Development Declaration during the World Summit on Sustainable Development held in September 2002. The **MDG goals** include: eradication of extreme hunger and poverty, achievement of universal primary education, promotion of gender equality and empowerment of women, reduction in child mortality, improvement in maternal health and ensuring environmental sustainability. A target of halving by 2015 the proportion of people not having access to safe drinking water and basic sanitation facilities included in the above mentioned goals is clearly a priority for the nation. Government of India is working towards achieving these goals earlier than 2015 and also committed to eradicate the menace of open defecation by 2012.

Box 2

SSHE Goal

- To cover all rural schools by providing water, sanitation and hand washing by along with hygiene education 2005-06
- To cover all Anganwadis with toilet facilities 2005-06
- Separate toilet facilities for girls in co-ed schools

Such resolve is even stronger in the case of School Sanitation as Government is committed to scale up SSHE programme by covering all the government rural schools with water, urinal/toilet facilities and promotes health and hygiene activities by the fiscal year 2005-06 with special focus on girl child. This finds ample prominence in TSC, which encourages construction of school toilets as well as hygiene education in all types of Government schools (See box 2). More than 400 of the country's 594 districts have already received funding for the TSC programme. More than 10 percent of TSC Project fund is earmarked for School Sanitation. The Central Government, State Government and Parent-Teachers Associations (PTAs) are also involved in funding for School Sanitation programme in the ratio of 60(Central): 30 (State Government): 10 (Parent-Teachers) for the construction of toilets. In addition to creation of hardware in the schools, it is essential that hygiene education be imparted to the children on all aspects of hygiene. For this purpose, at least one teacher in each school are to be trained in hygiene education who in turn will train the children through interesting activities and community

projects that emphasize hygiene behaviour. The expenditure for this purpose is met from the IEC fund earmarked for the project.

At present, SSHE programme is running in about 400 districts with an objective of providing sanitation facilities in 0.35 million schools with financial outlay of approximately US$ 1,500 million. In addition, the TSC also aims to target village early childhood development center for under-5 children, known as Anganwadis, with sanitation facilities in order to change the behaviour of the children from very early stage in life. This is essential so as to use Anganwadis as a platform of behaviour change of the children as well as the mothers attending the Anganwadis. For this purpose, each Anganwadi has been provisioned to be provided with a baby friendly toilet. So far, total 59, 600 Anganwadi toilets have been sanctioned.

In addition, the SSHE programme in India is implemented at a time when the country is giving a major thrust towards decentralization and devolution of responsibility for planning and implementation of basic services (including education, water and sanitation) to the district and community levels. This has been embodied in the 73rd amendment to the Indian constitution, called the Panchayati Raj Act. The SSHE programme fits well within the spirit of this act, with its focus on community management of schools and their facilities (see box 3).

Box 3

Priority Areas of SSHE under TSC

- To provide water and sanitation facilities in the schools so that the children from their early childhood can use the facilities and develop consistent habits of using such facilities.
- To promote the usage of toilets/urinals among school students, hand washing at right times (before and after eating and after using toilet), and sharing tasks i.e. collecting water and cleaning toilet by boys & girls equally.
- To promote behavioral change by health hygiene education & linking the same to home & community.
- To develop a system within the schools so that the facilities once created are maintained by the schools without any external support.
- To build the capacities of all stake holders especially teachers, PTA, PRI etc. ensuring sustainability

5.0 SSHE: Indian Approach

SSHE Programme in India aims to promote sanitation and hygiene in and through schools to bring about behavioral change that will have a lasting impact. It also seeks to enable children (both girls and boys) to realize their right to a healthy and safe learning environment. The strategies are developed in tune with local needs which are adaptable and acceptable among target groups. These are:

- Involvement of child as a change agent to spread the sanitary practices in the proven route of **Teacher - Children - Family - Community**
- Greater emphasis on attitude and behavioral change through hygiene education using life skill approach
- Child friendly especially girl child and disabled friendly water and sanitation design options
- Focusing on health activities such regular health check-ups and de- worming
- School as knowledge center and teacher as facilitator/motivator
- Institution building in the form of School WATSAN/Health Committees among students
- Inter-sectoral coordination through alliance building with concerned Ministries and Departments (DEE&L, Tribal Affairs, Health, ICDS, Social Justice and Empowerment, etc)
- School environmental cleanliness by promoting plantation, proper drainage of solid and liquid waste, ventilated and lighted classroom, etc.
- Involvement of community and PTA as an equal partner
- Capacity enhancement of a large range of actors: teachers, education administrators, community members, village/ward water and sanitation committees, Public Health Engineering and Rural Development Departments, Engineers and Masons, District and Gram Panchayats, NGOs and CBOs, etc.
- Participation of students, teachers and parents' group in operation and maintenance of watsan facilities created in the schools
- Strengthening school based monitoring system

These strategies have been operationalised through two components. These are **hardware component** that includes water, hand washing and sanitation services, and **software component** that includes IEC, O&M, health check ups, de-worming, health and hygiene education, to prevent water and sanitation related diseases for creating healthy school environment and developing safe hygiene behavior. SSHE is intrinsically linked to the overall implementation of TSC in campaign mode, taking district as a unit. TSC project reports are prepared district wise indicating baseline data related to sanitation, the requirement of hardware, IEC strategy, human resource development plan, and implementation strategy. The projects are submitted by the State Government to the GOI and are scrutinized by Dept. of Drinking Water Supply. If found suitable and conforming to the TSC principles and guidelines, they are placed before the National Scheme Sanctioning Committee (NSSC). TSC Project implementation in a district is expected to take about 3-5 years. At the district level, Zila Panchayat implements the project. In case, Zila Panchayat is not functional, District Water and Sanitation Mission (DWSM) can implement the TSC. Similarly, at the block and Panchayat levels, Panchayat Samiti and respective Gram Panchayats are involved in the implementation of the TSC. At School level, PTA, School Management Committee and Gram Panchayat take the responsibility of implementing SSHE. To make these components implemented, following delivery structure in box 4 has been evolved for SSHE under TSC.

Box 4

SSHE -TSC
Delivery Structure

DDWS Sanction of the Project, Center release of funds, Technical support, Placement of Staff, M&E, Training and capacity building Inter-sectoral coordination	**Center Level**
SWSM, PHED, PR&RD State release of funds, technical support, development of state action plan, Inter-sectoral coordination with concerned Dept, Training and capacity building, M&E	**State Level**
DWSM, ZP, DRDA Baseline survey and development of action plan, Inter-sectoral coordination with concerned Depts, Placement of the staff with defined role and responsibility, Training and capacity building, Overall implementation, M&E	**District level**
BDO, Engineers, Education and Health officials Institution building or activating exiting institution such as SMC, School Watsan/Health Committee, PTA and GP, Construction of the hard ware facility, Mobilization, Hygiene education activities, School health check-up and regular de worming, monitoring,	**Block Level**
GP, ANM, AWW, Motivator, VEC Institution building, Construction of the hard ware facility, Mobilization, Hygiene education activities, monitoring, O&M, Monitoring	**Village Level**
SMC, PTA, WATSAN Health Committees Institution building, Construction of the hard ware facility, Mobilization, Hygiene education activities, monitoring, O&M, Monitoring, linkage with community	**School Level**

Overall, the approach of SSHE in India has been to implement in an integrated and participatory manner with sincere focus on health and hygiene education.

6.0 SSHE: Achievements

School sanitation and hygiene education because of its in-built capacity to ensure generational change, has invited tremendous response at all levels. Department of Drinking Water Supply has taken a lead role to implement this programme in an effective mode. Many initiatives have been taken which have resulted in better implementation and acceptance among community:

6.1 Policy Level

Education, water and sanitation are, according to the Constitution of India, subjects in which the State has primary responsibility. The Central Government sets general policy and provides part of the financial support for these sectors. At policy level, the achievement is visible from the fact that Government has given adequate priority to cover all the rural schools with water and sanitation facilities by 2005-06. All the states have been asked to take up SSHE programme on a priority basis and develop a state action plan on SSHE ensuring the coverage of all the schools. The action plan needs to go beyond construction of water sources and toilets, to include, training, social mobiliation activities (worksohps and seminars), school health and hygine activtes, repair and maintenance plans. Five states like Chattisgarh, Madhya Pradresh, Arunachal Pradesh, Andhra Pradesh, West Bengal, have already developed the State level action plan. Key featuers of the sample action plan of West Bengal is given in box no 5.

Water supply and sanitation are managed by different agencies in many States. To promote inter-sectoral coordination in each state, a State Water and Sanitation Mission (SWSM) has been constituted with representation of various departments such as Education, Health, Local Self Government, Rural Development, Public Health Engineering and, Women and Child Development, etc. This is meant to

Box 5 Action Plan for School Sanitation, West Bengal

(Eastern India)

Key features:

As in all States, there is a state coordination committee for water and sanitation, but West Bengal also has an active standing Task Force that manages the SSHE programme. The Task Force for School Sanitation is composed of senior civil servants, the secretaries/directors of Departments of School Education, Rural Development, UNICEF, Public Health Engineering, and the education reform programmes DPEP/SSA.

By 2002, the programme had enabled 31 percent schools have sanitation facilities and 69 percent have water facilities. The programme seeks to cover all 51,000 primary schools in the West Bengal by the end of 2004. Total Number of Primary Schools are **51022**, (Source: Dept of School Sanitation)

The programme Delivery Mechanism is based on local government (the Panchayat system) in close collaboration with one of a number of NGOs and the local Education Department. Special attention is given to networking of teachers, school committee, and Panchayat and village education committee. Training or orientation is given to District level officials, Headmasters, teachers, village education committees, water committees, caretakers, masons and tube well drillers. In many cases, the water committees are formed by the programme.

Technical aspects

- *Technical innovation* - Cost effective programme, local skills/ resources used for construction, graduated from 2 units to 3 units
- *Basic unit*: 2 urinals, 1 latrine, 1 water storage tank, hand pump (Tara/IM III)
- and 1 washing platform
- *Cost of the Unit*- Rs. 15,500 (US$345)

function as a task force and help develop state level action plans. At the district level, there are district committees to coordinate and supervise the water and sanitation reforms. The composition of these

committees is, in a broad way, done to ensure inter-sectoral coordination, including the key district departments and even non-governmental organizations.

6.2 Physical and Financial[4]

Construction of sanitation facilities is one of the key activities of SSHE programme. Initially the progress on construction was slow, but has now gathered momentum in last 2-3 years. In almost all 29 states, SSHE programme is operational covering about 400 districts and expected to cover rest of them by 2005-06. Since its inception, the progress has been steadily increasing over the last few years, which has been depicted in the graph (See figure 3). In the period 1999-2002 about 14,000 toilets had been constructed which touched a remarkable progress of 85,000 toilets (cumulative) in the year 2003-04 Due to active involvement of dedicated staff and strategic planning with adequate funding support, about 60,000 toilets have been constructed in year 2003-04 itself. Some of the States like Andhra Pradesh, Sikkim, Haryana, etc, have shown leading performance in achieving full coverage against the target of constructing schools toilets.

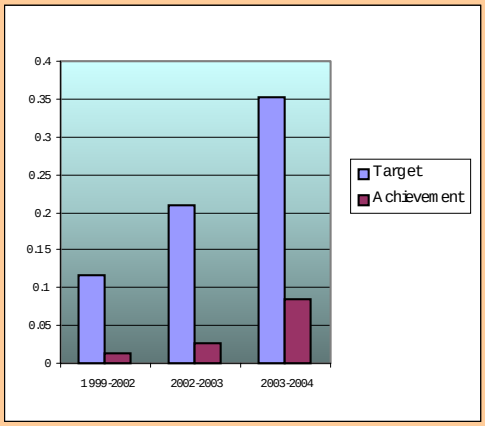


Figure 3- School Toilets Sanctioned under TSC –Cumulative (in Millions)

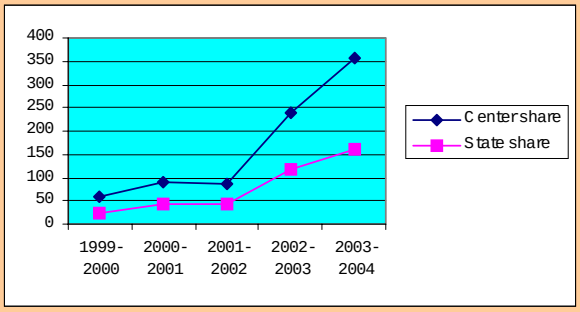


Figure 4- Year Wise Approved center and state share (in $) for school toilets in TSC (1999-2004)

Another achievement is that there has never been a shortfall of financial resources as far as SSHE is concerned. Government has always been making resources available for this programme. In fact, over the years, the allocation of school sanitation has steadily increased as shown in the graph (See figure 4). In 1999-2002, the central and state share was US$60 and US$22 million respectively which has increased substantially to US $355 million as central share and US$162 million (cumulative) as state share in 2003-2004. Government has allocated more than 10 percent of the total TSC funds to the SSHE programme. Besides Government has also made a fund provision for hygiene education and manpower support for SSHE at various levels.

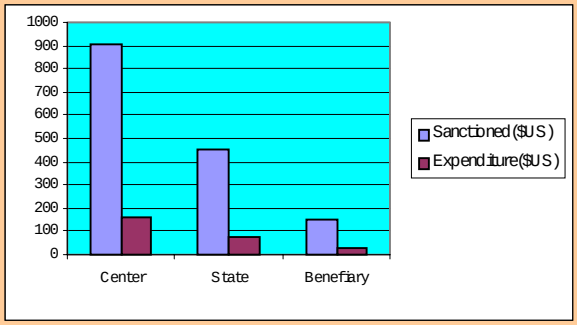


Figure 5- **Cumulative Sanctioned Amount verses Expenditure with School toilets in TSC, 1999-2004**

The expenditure against the allocated funds has been on rise as presented in the graph (See figure 5). The Center has spent US $190 million, while state has spent US $79 millions till the end of the period 1999-2004. It is noteworthy that the community (PTA, GP, SMC) has participated actively in SSHE programme. They have contributed significantly which stands up to US$32 millions. This is primarily because the approach and the principles (that is demand responsive, community owned and people centered) have played an effective role in the success of the programme in India. This effort has not only provided hardware facility but also ensured sustainability to the facilities created.

[4] MIS, DDWS, 2004

6.3 Capacity Building

Moving beyond a pure construction orientation implies the need for capacity development at all levels, including the capacity for capacity development. The Central Government has identfied four regional resource centres: Safai Vidyalaya, Ahmedabad (Gujarat,), Rama Krishnan Mission lok Shiksha Parisad (West Bengal), Gandigram Rural University, Dindigul (Tamil Nadu) and the State Insititue of Panchayat and Rural Development, Kalyani (West Bengal). These are meant to train the state level and district level resource institutions for the SSHE programme. The States are expected to indentify their own State level resource centres to train district resource people, NGOs, PRIs and teachers. Similarly, the districts are also using the services of District Institute for Education and Training(DIET) for capacity building. States like Madhya Pradesh has identified SCERT at state level and DIET at district level as their resoruce center to impart training on hygiene education.

Central Government has also come up with technical support by publishing key documents on SSHE. One document is dedicated to School and Anganwadi toliet designs specially focussing on norms and options. The other one deals with the theoritical and programmatic aspect of SSHE which has been translated in regional languages and circulated to all the project districts and state level programme implementators. Similarly, a set of frequentlly asked questions has been developed and hosted on the website www.ddws.nic.in. Also, a dedicated page on SSHE has been developed and would be hosted soon on website.

Each state is allowed to hire three or four professional consultants at the state level to be paid from TSC funds. Simialry, four consultants can be hired at the district level but one perosn is to be dedicated tor SSHE programme with the financial support of the TSC programme.

There have also been several national seminars and workshops to develop the capacity of leaders at the state and district level and to provide platforms for sharing and transfer of experience

6.4 Inter Sector Coordination

SSHE is an integrated intervention involving various cross-cutting areas, which range from involvement of community participation, construction-related issues, health check ups, hygiene education, operation & maintenance, monitoring, funding and institution building. These issues are very diverse and complex in the context of involvement of various sectors such as Water Supply, Heath and Family Welfare, *Panchayati Raj* and Rural Development, Public Health Engineering, Women & Child Development, Education etc. All these make inter-sectoral coordination very important and relevant to effectively implement the SSHE. It implies that the SSHE programme is given sufficient priority and the involved departments demonstrate commitment by extending support for the implementation of their respective components of SSHE. This may include the provision for funds, technical assistance, infrastructure and institutional support, motivation and supervision of staff, etc. Secondly, coordination must ensure that both software and hardware component of the SSHE programme are well balanced and integrated for effective implementation.

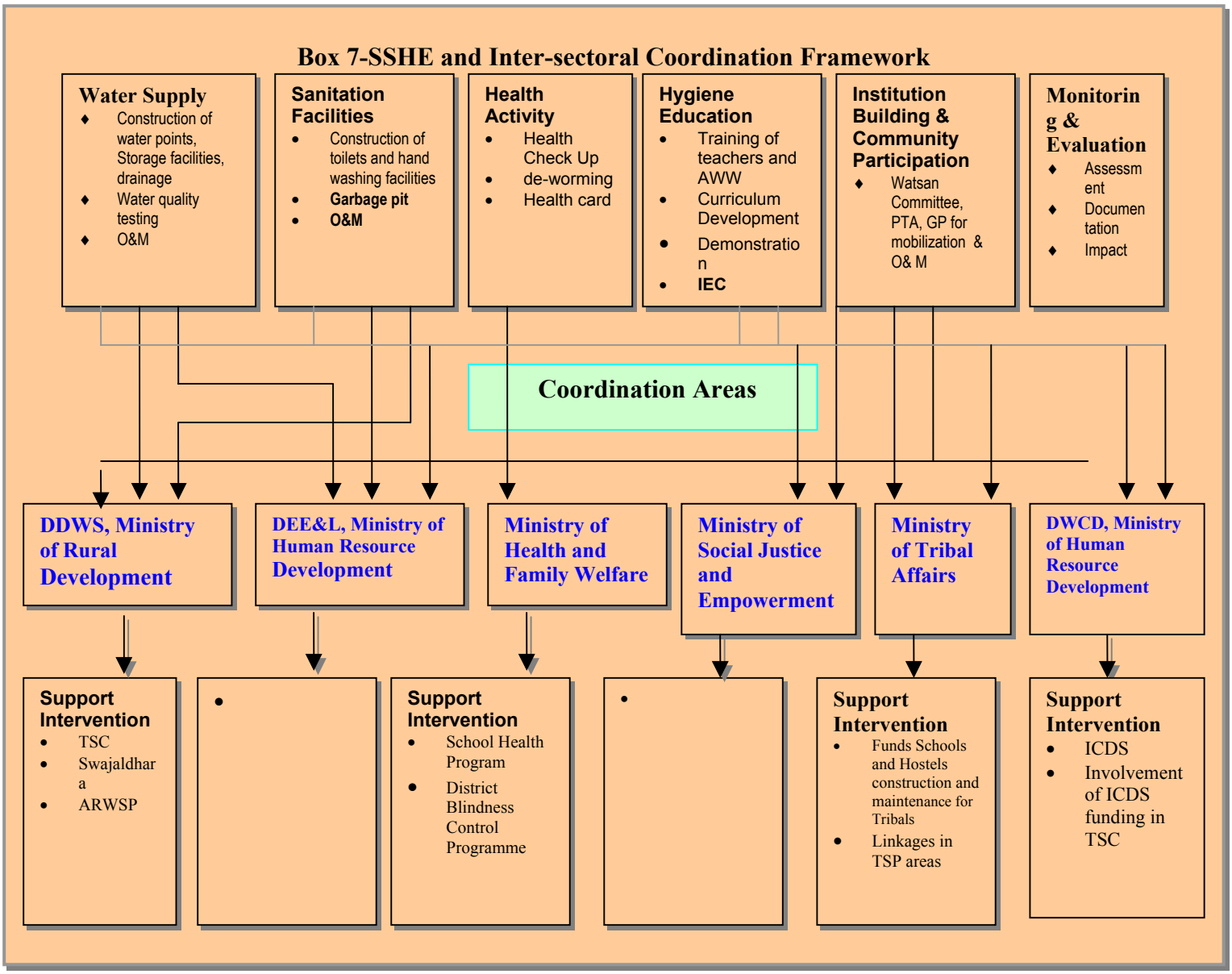
The inter-sectoral coordination is essential at all the levels–from state, district, block and village to school level–so as to improve the school environment and students' hygiene behavior. This requires the concerned ministries and departments to join hands and avoid duplication of efforts. In this context, the Department of Drinking Water Supply has taken several initiatives to forge a strong coordination with the concerned departments such as Department of Elementary Education & Literacy, Department of Health, Department of Women and Child Development, Ministry of Tribal Affairs, Ministry of Social justice and Empowerment to ensure priority to the SSHE programme and overall implementation of TSC

For example, with the Department of Elementary Education and Literacy, a joint action plan for funding has been proposed on the coverage of water and sanitation facilities in uncovered schools (See box 6). On technical support front, coordination has been forged on the training of teachers' on hygiene education, curriculum development etc. A joint monitoring is also planned for regular follow up for improvement and effectiveness of the programme

Box 6 -Estimate of Nationwide backlog of School Sanitation:
345,000 primary and upper primary schools without drinking water facilities 573,000 primary and upper primary schools without toilet facilities
Plans for covering by the end of 10th Plan (2007): Department of Drinking Water Supply, Ministry of Rural Development and Department of Elementary Education and Literary
Through Department of Elementary Education and Literary Resources:
Drinking Water : 120,000 schools
Toilets : 220,000 schools
Through Department of Drinking Water Supply:
Drinking Water : 225,000 schools
Toilets : 353,000 schools
Source: RGNDWM notifications and circulars

Similarly, with the Department of Health, coordination covers provision of health services such as regular health check ups and de-worming, Health Index Card for school children, etc. Although, the national water supply programme was launched during the First Five-Year Plan as part of government's health sector, the linkages were lost along the way. Institutional interface between departments dealing with Water Supply & Sanitation and Department of Health & Family Welfare needed coordination that has been revisited in year 2004 again to extend health services to school.

Box 7-SSHE and Inter-sectoral Coordination Framework



The new Health Policy 2002 recognizes that water supply and sanitation are interconnected and need to be addressed holistically and in coordination between various institutions. Such convergence action has started yielding results. States like Madhya Pradesh, Sikkim and Tamil Nadu have taken exemplary initiatives in providing health check up services to rural schools by involving Health Dept.

In addition, resources are being mobilized in terms of funds for school/hostels falling in tribal, scheduled caste, minority or backward class areas from the Ministry of Social Justice and Empowerment, and Ministry of Tribal Affairs. Efforts are also on to link scheduled caste, minority or backward class area based schools and hostels with TSC's SSHE component. Such close coordination with these departments is very critical for the effective implementation of SSHE.

7.0 Innovation in Implementation of SSHE: Partnerships with UNICEF and IRC

The current programmatic form of SSHE in India has had many innovations and contributions, which emerged from various collaborations and partnership especially with UNICEF and International Resource Center (IRC, Netherlands). This began when, recognizing the enormity of the challenge and the dimension of the task, UNICEF and International Resource Centre (IRC) entered into a Project Cooperation Agreement (PCA) to provider strategic planning and technical support to the RGNDWM to implement SSHE. UNICEF and government noted that: *the absence of separate, safe and clean toilets deters parents from sending their daughters to school and denies many girls the right to basic education. The perceived duty of girls within the family to fetch water, and perform other household chores, is another factor contributing to the denial of education for girls.*

Such collaboration resulted in widely appreciated project known as *SWASTHH*, meaning **state of health** was coined to represent this inter-sectoral collaboration within the relevant departments of Government of India and partners in the non-governmental sector. **SWASTHH**–School Water and Sanitation Towards Hygiene and Health– is far more than a construction program. Its global objectives focus both on education and quality of life. SWASTHH was initiated to develop, test and successfully demonstrate replicable models for hygiene education, water supply and environmental sanitation in rural primary schools and Anganwadis. (As is noted below, the SWASTHH programme is also noted by other names in various states.)

From 1999 to 2002, UNICEF's development assistance has been programmed in 16 States, out of which ten states have received funding from DFID, SIDA or both sources under the Child's Environment Programme. The remaining six States, Assam, Gujarat, Maharashtra, Tamil Nadu, Karnataka and Kerala have implemented SSHE with UNICEF Regular Resources. SSHE has generated state specific models in all states notably in Karnataka, West Bengal, Assam, Maharashtra, Rajasthan, Orissa, Jharkhand and Tamil Nadu. At present, there continues to be a sharing of learning between SWASTHH and other SSHE projects underway in at least 64 districts of 20 states, including some North Eastern states, Sikkim and others.

The GOI, UNICEF and IRC are working closely for sharing information and experiences in the field of school sanitation and hygiene education. An agreement was reached between the International Resource Center (Netherlands), UNICEF and the Government of India to give technical support to SWASTHH programme. The IRC team has visited several districts and documented case studies. Several publications including '*School Sanitation and Hygiene Education– India': Handbook for Teachers* have been brought out. Steps have been taken to strengthen capacity building in collaboration with regional institutes and the international collaborators. Workshops have also been organized for exchanging ideas and sharing of experiences.

Current form of SSHE under TSC has incorporated many of the innovations and best practices from *SWASTHH* project especially in terms of health and hygiene activities using life-skill approach, operation and maintenance, school based monitoring, etc

8.0 Experience of Partnerships : Success Story of SSHE Alwar, Rajasthan

Partnership found new dimension when in March 2000, the School Health & Sanitation Programme was launched under the District Primary Education Programme (DPEP) with support from UNICEF and

Rajasthan Council of Primary Education (RCPE). Started initially in 5 blocks, it was later extended to all 14 blocks by 2003, covering over 1600 primary and upper primary schools in Alwar.

Not very long ago, schools in Alwar district in Rajasthan had many reasons to complain and display low performance. Hygiene practices among school children were poor. Schools lacked safe drinking water and the absenteeism rates were high. Students would go back to their homes to drink water or use the toilet and simply not return. There was high dropout rate among girls as there were no toilet facilities, especially for the grown up ones. Even though toilets had been constructed under various schemes in some schools, neither were they maintained nor did children use them. Diseases and malnutrition were rampant leading to poor classroom performance.

The concept of school health and sanitation programme was introduced to various stakeholders ranging from the departments of public health engineering to medical & health, education as well as NGO's, block development offices and the '*Panchayati Raj'* institutions so as to make it as broad based an endeavour as possible. With decentralization as the underlying philosophy, School Development and Management Committees (SDMC) with twelve members were formed as the local agency implementing all the works in schools and act as a custodian of all the funds transferred from the state government, UNICEF and the TSC via the DPEP. Sector reform funds for installing water systems are also directly transferred to the SDMC.

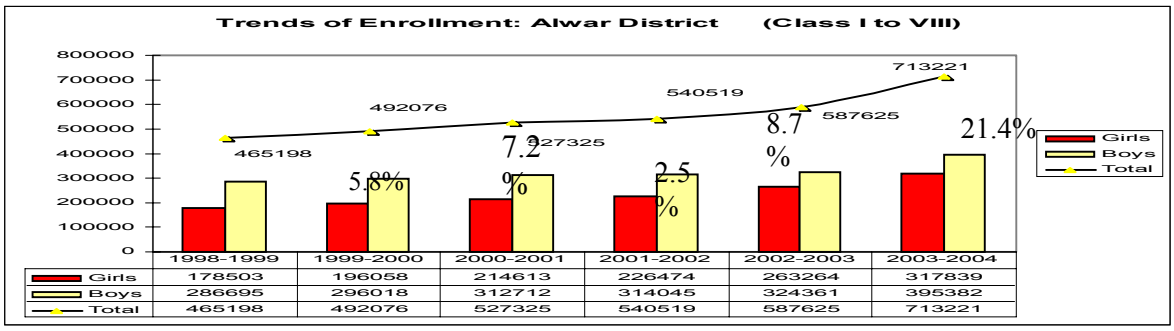
Scout groups were formed among students and trained. Construction of toilets, facilities for solid and liquid waste disposal and hand washing facilities ensued along with the installation of hand-pumps/ rain-water harvesting structures. Grant for buying Sanitation Kits comprising accessories such as nail cutter, soap with case, First Aid kit, comb, mug and latrine cleaning brush etc were provided to every school. Hygiene education extended beyond classroom teaching. Scout camps and rallies were held along with games and competitions. Hygiene issues featured in morning school assemblies. IEC materials containing hygiene education information were distributed and inter-school visits were organized. Health checks-ups and referrals took place regularly.

Monitoring of results is a key component of SSHE. The project monitors both process and outcome. Children, scouts and teachers do the monitoring. It encompasses the following elements:

- Functioning facilities for drinking water and sanitation
- All children using facilities
- School Cleanliness – drinking water storage, waste disposal, improving school environment
- Personal Hygiene practices
- Operation and maintenance systems
- Knowledge, skills and management ability of teachers
- Regular meeting of School Management and Development Committee
- Fortnightly meeting of District/ Block coordinators, DPEP and RCPE officials
- School visits by education officials
- Visits by Auxiliary Nurse Midwives (ANM's)

Participation of children is critically central to all the activities. Sanitation Scouts have become indispensable soldiers in this fight. Till December 2003, more than 3700 scouts had been trained. These scouts ensure the functioning of sanitation and hygiene programme at the school level: keep the school clean, dispose garbage in garbage pit, ensure that everyone participates in maintaining toilets daily on rotation basis check personal hygiene of children and regularly fill the indicator board. At the village level, they help in doing household sanitation surveys, propagate messages of the programme in allotted households and take the message of sanitation and hygiene from the school to the community at large.

Beginning in 2002, out of the targeted 2276 schools, the number of schools with functional drinking water rose to 2026 and schools with latrines to 1667 in 2003. In the period from 1998-99 to 2003-4, the enrolment of boys and girls both has increased impressively: Recently analyzed data suggest a steep increase in girl's enrolment by 78 per cent while that of boys by 38 per cent (overall 53.31 per cent). While this is the combined result of a well-orchestrated initiative to impart quality into primary education, a significant role in this increased enrolment has been played by the availability of basic facilities such as water, toilets for boys and girls and promotion of school hygiene. (See figure 6)



Increase in girl's enrollment:- 78%
Increase in boy's enrollment: - 38%

Source: DEO, Alwar

Figure 6

The Alwar experience has gone further into studying scholastic performance of children in classes III to VIII. Performance data from project schools has shown tremendous improvement vis-à-vis non-project schools. The average percentage of marks obtained by boys and girls under project schools (taken up in Phase I in 2000) were 81 and 80.5 per cent respectively compared to the 53.7 and 51.7 per cent obtained by boys and girls of non-project schools. (See Table). This clearly vindicates that schools where basic amenities are available show not only better enrolment but also better academic performance of students. While carefully designed studies on this association are hard to find in India, this is for the first time that an attempt has been made to measure the impact of a quality package (of which water/sanitation/hygiene is a component) on not only enrolment but performance as well.

Linking Hygiene Education with School Curriculum : Better Achievements of School Children

Classess	Average percentage of marks obtained by children								
	Phase I schools (Taken up in March 2000)			Phase II schools (taken up in April 2002)			Non Project schools		
	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls
III	74.5	77	72	69.3	75.3	63..3	46.5	51	42
IV	73.5	81	66	68	87	49	55.5	62.5	48.5
V	81	86	76	68.5	73	64	44	46.5	38.5
VI	79.5	72	87	74.5	81	68	42.5	43	42
VII	84	79	89	79	76	82	578.5	49	66
VIII	92	91	93	89	85	93	70	67	73
Avarage %	**80.75**	**81**	**80.5**	**74.7**	**79.55**	**69.9**	**52.7**	**53.7**	**51.7**

Box 8

9.0 Challenges and Responses

SSHE programme of this magnitude would face enormous challenges in terms of policy and financial support, priority to the programme, implementation and sustenance. Recognition of the problem areas is a first simple step in seeking solutions for them. The GOI is keenly aware of the immensity of these challenges and proactively involved in surmounting them:

9.1 Policy

Although the programme is gaining momentum, still its importance is not fully capitalized by several states. Sufficient priority has to be given by many states, which has not happened so far. This has lead to skewed development of the SSHE programme across the country. To meet this challenge, Government of India has given sufficient priority, as we have discussed earlier, to cover all the rural government schools by 2005-06 with water, sanitation and hygiene education facilities. With consistent efforts, many states have accorded the priority to the SSHE programme and developed action plans to achieve the targets set by the

government. Because of this, the programme has displayed a promising performance in states such as West Bengal, Gujarat, Tamil Nadu, Andhra Pradesh, Uttar Pradesh, Madhya Pradesh, Maharashtra and Assam. At the same time, states like Orissa, Jharkhand, and Bihar lag behind. Govt. of India is extending financial, technical and administrative support to the States to give greater priority to the SSHE implementation. The thrust areas include inter-sectoral and inter-departmental coordination at all levels that is center, state and district. State and District water sanitation mission have been constituted to meet the SSHE goals. Many states like Madhya Pradesh and Chattisgarh have constituted within these missions, SSHE working groups to increase the pace of progress of the said programme.

9.2 Hygiene Education

Hygiene education, which is very important component to change behavior, remains a problematic area in many states, is not given prominent place in programme implementation. It calls for development of the curriculum, capacity building of teachers to impart hygiene education and incorporation in the curriculum of the school. To provide adequate focus on hygiene education many initiatives have been taken to make it a part of the curriculum. Coordination with Department of Elementary Education and Literacy (DEE&L), Department of Women and Child, Ministry of Human Resource Development has been initiated. DEE&L has agreed to incorporate hygiene education in the teachers' training programme conducted every year. NCERT has taken a pro-active role in developing the curriculum on hygiene education. DEE&L has also agreed to incorporate hygiene education in all the schools and necessary follow up activities are being taken. Above all, TSC has also earmarked separate funds for hygiene education under IEC component.

9.3 Construction and Design Issues

In many places, the technology and design used in construction of toilets are not child-friendly, often not adapted to the needs of children, especially girls. This is coupled with inadequate provisions of urinal and lavatories, lack of ventilation and light, improper site selection as well as lack of water supply and hand washing facilities. In places where construction is poor or sub-standard, there are problems of water leakage and sewage disposal, which itself may generate more problems of contamination of ground water or breeding of mosquitoes. These issues have been the priority of TSC implementation. Government has given adequate focus on research and development of technological and design options of the toilets both for schools and Anganwadis. The findings have been incorporated in published form and have been circulated to all the project states and districts covering the areas of technological and design option, construction norms, operation and maintenance and gender and physically challenged children issue. This promotes child friendly and baby friendly design options ensuring better use with privacy and safety taking care of adequate quality which fits the norms such as number of girl/boy pupils, soil conditions, etc. On technological front, leach pit preferably two-pit system with rural pan for schools are being preferred in comparison to septic tanks as it consumes less water for cleaning and maintaining purpose. Therefore ensures longevity of the system. Usually pour flush latrines and VIP latrines in water scarce area is promoted which includes the provisions of water supply, lavatory, urinal, hand washing, and drainage and garbage pit facilities in schools. Trainings have also been conducted to train masons and engineers to adhere the norms related to the school and Anganwadi toilets.

9.4 Operation and maintenance

Mere construction of toilet is not enough. The operation and maintenance (O&M) of such facilities is to be ensured which is not finding adequate attention of teachers, PTAs, programme managers, etc. Another problem regarding O&M is that in many schools, toilets are found under lock and key. If toilets are functional, the challenge is who will clean them? Hiring a help could be a costly proposition. GOI is advocating that the school children clean them by rotation. In many places, both teachers and parents of children need to be motivated and mobilized. These issues have been well incorporated in the programme of SSHE. The regular efforts to involve PRIs, PTAs, SMC and School WATSAN Health committees have been successful and in many places they are involved in taking up the activities of operation and maintenance which includes resource mobilization for consumables and repairs, cleaning of toilets, regular meetings on O&M issues etc. School and community based operation and maintenance has emerged as

one of the key strengths of SSHE programme over the years. This has increased the level of participation and ownership.

9.5 *Programme Implementation*

In places where programme is in place, there are nagging difficulties. In many places proper planning of SSHE activities has not been done. This is primarily because of absence of orientation and training on SSHE interventions. Also, institutions at schools (Parent-Teacher Association) and village level (Gram Panchayat) are not active in many places. Therefore, the support programme could otherwise get from the community remains deficient. Adequate capacity building and training of manpower involved in the SSHE implementation is required which calls for an increase and improved training programmes for effective and focused implementation. These challenges have been a part of the concern for the government. For instance, to help states and districts to plan the implementation of SSHE programme, two templates (Project Implementation Plan at district level and State Action Plan) have been developed and shared with the implementing agencies. Further to help them prepare this plan, technical support has been provided through publications informing nature of the programme, technological and design issues, capacity building of stakeholders, health and hygiene activities, operation and maintenance, monitoring and evaluation, etc. Similarly, regional level resource centers as mentioned earlier have been identified to impart the necessary training on SSHE. In many states, state and district level resource centers have been identified and being developed to further support the capacity building. Adequate funding support has also been provided from TSC funds to take up the capacity building and training activities. Necessary technical support has also been extended through UNICEF and IRC in this direction. Also, sincere focus has been given on institution building or activating the existing institutions such as PTA, SMC, School WATSAN and Health committee etc. In many states, these institutions are very active and playing key role especially in hygiene education to the community, operation and maintenance and monitoring of SSHE.

9.6 *Monitoring*

SSHE programme is running in near about 400 districts of the country and it is very necessary to have monitoring of the programmes at all level that includes community based monitoring, district, state and central level. Monitoring such a huge programme is a Herculean task, which demands a lot of dedicated manpower and effective MIS system. This is area, which has a scope of improvement. Sufficient focus has been given to ensure better monitoring in SSHE programme. It now covers not only physical and financial coverage but also tracks down the process level indicators especially at school level. Online software has been developed for physical and financial progress for easy availability of data from everywhere. Government is also planning to engage external monitoring agency on regular basis for SSHE programme (see box 9).

Box 9 - **Geographical Information System (GIS) for SSHE in Tamil Nadu**

Geography matters, or so says the exponents of Geographical Information System (GIS) being applied innovatively in Tamil Nadu for improving the school sanitation programme. Under this, spatial data maps for the village *Panchayat* were generated for the first time. For the first time in India, with UNICEF assistance, GIS was used to create water and sanitation facility mapping for schools in Tamil Nadu focussing on five indicators: drinking water, toilet, water for toilet, washing and school sanitation and hygiene education training.

This triggered significant changes in planning for SSHE, especially the use of spatial data for SSHE planning. When the first GIS maps were displayed during a regional workshop, they shocked officials of the SSA and TSC as no district official had any idea about the coverage of water and sanitation facilities in schools. They were drawn towards the GIS maps and started comparing coverage levels between different districts and decided to take up joint planning and use pooled resources. The data has been used to prepare district action plans for SSHE, jointly owned by SSA and TSC. Higher officials too got sensitized to the ground level problems after looking at the GIS data.

Planners found it advantageous to be able to look at the spatial distribution of schools without a given facility so that priority could be identified; funds allocated and district level planning and monitoring undertaken.

10.0 Strengths of SSHE – Beyond Construction

The approach of SSHE has been widened by making this programme more demand-responsive and community based for sustainable implementation. The programme is now much more comprehensive and integrated to promote the children's right to a healthy and clean environment, effective learning, and enrollment of particular girls, reduce diseases and worm infestation, and outreach to families and communities. The key areas of strength are discussed below:

10.1 Focus on software

The Indian SSHE programme certainly moves beyond construction and focuses more on behavioral change. The strategy to focus on software interventions has become one of the strengths of Indian SSHE programme. This is the most important component of the SSHE effort that includes:

- Health and hygiene activities to promote conditions at school and healthy practices of school staff and children
- Active and trained school management group, and trained teachers
- Consistent use of facilities for hand washing, drinking water and toilet use
- Repair and maintenance of these facilities by the School Management / Parent Teacher Groups
- Cleaning the facilities through roster of responsibilities for children (irrespective of caste and class)
- Health checks ups and de-worming
- Education: life skills education, school themes, curriculum development, classroom teaching, exposure visits, child-to-child activities, etc
- Linking to homes, information activities in community
- Monitoring schools and community.

The priority given to software rests on the assumption that children are important agents of change for shaping attitude and mindset on sanitation and hygiene. In the essence, the programme recognizes the significant of children as an investment in the present and future for lasting social change, for a healthy and clean society and looks upon them as entry points for initiating change for cleaner environment and their own protection (See box 10).

Box 10 -An Integrated Approach to School Sanitation and Environmental Education
Anandshala, Gujarat

A study in Gujarat has shown that lack of proper sanitation facilities in schools keeps way girls from pursuing upper primary schools. The Anandshala project launched in March 2003 selected 10 schools in each of the three districts of Gujarat as demonstration schools. The physical components were water supply, toilets, landscaping, paving, fencing and establishment of Child Environment corners. The process of enabling includes training of teachers with study tours and exposure visits of teachers and children. Conduct of *Bal-Melas* (Children's Fairs) around water, sanitation, hygiene, individual school master plans and energization of the Village Education Committee (VEC). The Village Civil Works Committees (VCWC) is chaired by the *Sarpanch* (or the village head person) and includes the headmaster as the member secretary. Other members are the village artisans and members of the Parent –Teacher's Association (PTA).

In Anandshala project, which covers more than 10,000 students in 30 schools spread over three districts, 100% enrolment and retention were observed during 2003. Water and sanitation facilities were built, contributed to, owned and maintained by the schools. All the schools have Eco-Clubs and Village Education Committees who maintain the facilities.

10.2 Poverty, Equity & Gender Issues

The SSHE is inculcating a new culture, a new consciousness that cleanliness whether in one's personal life, in one's immediate surroundings either at home or anywhere outside is every individual's business, not just of people from certain strata of society. In India, despite the principles of non-discrimination enshrined in the constitution, caste is a part and parcel of life. Under the SSHE, school students, irrespective of class, caste or gender are supposed to clean and maintain water and sanitation facilities created. What better avenue to make a dent on this well entrenched culture than in schools of today so that the citizens of tomorrow acquire a correct attitude and we may have a society with individuals who respect and preserve the environment

Similarly, the gender issue too is addressed. While household chores such as cleaning and fetching water are traditionally the domain of females, SSHE makes no such distinction. Boys and girls both participate in all the activities.

AT the same time, under SSHE, special emphasis is given to constructing separate toilets for girls as their absence is considered to be one of the reasons for high drop out rates among girls especially the adolescents from schools. A singular focus of this endeavour is to create an environment sensitive to the special needs of girls. Preliminary data from states such as Rajasthan (as mentioned in success story) suggests that this is bearing positive fruit and an increasing number of girl students spend more time in schools. With absenteeism going down, there are indications that performance has improved.

10.3 Integration

SSHE programme in India is not being implemented in isolation. It has been linked with broader sanitation drive especially in relation to household and community based sanitation. This has given SSHE a leading role to reach the messages to a wider group. In fact, SSHE has become an entry point in many places to mobilize support and demand for household and community sanitary facilities.

10.4 Convergence

Convergence action with other concerned departments like Education, Health, Tribal, Social Justice and Empowerment has given a new thrust to the entire SSHE programme. The approachability and reach of this programme has increased tremendously. This has also strengthened the implementation process of SSHE. The convergence efforts have proved critical in curriculum development and incorporating the same in the curriculum. The support of Department of Elementary Education and Literacy is exemplary. The coordination with Health Department has been quite meaningful in extending health services in the schools.

10.5 Center of Innovation

SSHE programme has also emerged wherever implemented as a center of innovation. For instance many schools have installed rainwater-harvesting system to meet the water supply needs. Schools are also taking up school based water quality surveillance to track down the level of chemical and biological contamination. Many schools have a new thrust to the IEC activity specially in establishing linkages with community. Students and Schools are playing major role as motivator to propagate the message of hygiene practice.

11.0 The Way Forward

Clearly, India has to take gigantic strides to achieve its ambitious target of providing water and sanitation facilities for its millions of school going children in a short span. To translate this dream into reality, a key step will be to constantly assess the situation, document key lessons and constantly update the steps to be taken. Sustained advocacy to make sure that the state governments and the beneficiary community remain mobilized, contribute their resources while the center gives it inputs.

A beginning has already been made in bringing into focus all the nodal ministries and departments together to tackle the goal of providing sanitation facilities in all the rural schools by 2005-6. This process needs to be accelerated. A strong political will and commitment is needed to successfully achieve the objectives.

Elimination of open defecation remains a formidable goal. If this could be tackled, enormous burden of morbidity and mortality would get taken care of on its own. The Government is confident that with an accelerated programme, it will be able to tackle all the problems in its stride.

In addition, more concerted and coordinated effort is required for effective and eventual success of SSHE. It needs orientation of all stakeholders to accept some of the interventions being made in SSHE especially in relation to demand and community based approach. Operation and Maintenance is one such area, which needs to be debated and implemented at school level. Similarly scaling up of the programme to cover the

entire country of more than 1 billion-and still growing population will inevitably throw up new formidable challenges.

All will have to be accomplished while maintaining and even improving the quality and momentum of the programme.

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