

School-led sanitation promotion: Helping achieve total sanitation outcomes in Azad Jammu and Kashmir

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School-based, activity-oriented, hygiene education techniques – if appropriately implemented – can lead to sanitation and hygiene improvements beyond schools, into households and wider communities. Teachers and students can help parents and communities at large to realize and adopt better practices. In turn, once realization is there communities can be innovative in appropriate sanitation solutions, which are affordable and hence sustainable. The challenge is adoption of consistent policies and strategies by the key players and capacity building of implementers and facilitators. In particular there is a need to focus on total sanitation and open defecation-free status as the objective and a criterion for success, rather than the numbers of latrines constructed.

Keywords: School sanitation and hygiene education, Child-to-child approaches, Community-led total sanitation, Pakistan, earthquake.

THE STATE OF AZAD JAMMU and Kashmir (AJK) is situated to the north of Islamabad and to the east of Mansehra in Pakistan. AJK consists of eight districts with mostly hilly terrain, difficult access and scattered human settlements (Government of Azad Jammu & Kashmir, official website: www.ajk.gov.pk). AJK has a population of 4,067,856 (2007 estimate), an area of 13,297 km², and a population density of 306/km². Like most parts of Pakistan, the sanitation situation is not very encouraging. While water supply coverage stands at 80 per cent for urban and 65 per cent for rural areas (PIHS, 2002), the sanitation coverage is estimated to be only between 20 and 30 per cent. Before the earthquake on 8 October 2005, UNICEF, in collaboration with the Local Government and Rural Development Department (LGRDD), was implementing a rural water supply and sanitation project, with limited resources for improving sanitation conditions and hygiene promotion. However, despite such good efforts, prevalence of waterborne

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diseases remains high and communities at large have little realization of the link between poor hygiene and sanitation, and disease.

After the earthquake in 2005, the situation further deteriorated as many villages were razed to the ground and more than 10,000 people had to live in 60 crowded internally displaced persons (IDP) camps. The situation was alarming and likely to lead to the spread of epidemics. However, with the coordination of UNICEF as the WASH cluster head, national and international aid agencies intervened on water and sanitation, averted a crisis and saved many lives.

Ongoing hygiene and sanitation promotion interventions in AJK

In response to the earthquake, many international and national organizations initiated service delivery and later behavioural change interventions. These interventions are primarily targeted towards service delivery in communities and communal institutions such as basic health units (BHUs) and mostly schools. Activities include the following:

- Oxfam GB: since the earthquake, mostly worked in camps but has now wound down operations.
- Catholic Relief Services: in IDP camps and communities and still engaged in rehabilitation activities.
- Islamic Relief: engaged in IDP camps and communities.
- Merlin International: IDP camps and communities.
- UNICEF is leading the school sanitation programme in collaboration with Society for Sustainable Development (SSD), Taraqee Foundation, Salik Development Foundation, Al-Mustafa Development Network, Integrated Development Support Programme, Pakistan Village Development Program and a host of international organizations.
- Some partners are also implementing community focused sanitation and hygiene projects with installation of prefab latrines etc.

As shown above, many ongoing behavioural change interventions are targeting schools. This is valid for the simple reason that children are ready recipients for new learning and behavioural change. Children are also agents for societal change. This paper examines whether or not the above two facts are at play in AJK as a result of SSD-UNICEF School Sanitation and Hygiene Education (SSHE) interventions in Muzaffarabad and Nelum Districts.

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SSD approach

CtC is an active learning method in which children are encouraged to assess, analyse and act

SSD, a national level non-governmental organization, has rich experience in SSHE. SSD is a pioneer of employing the child-to-child (CtC) approach in earthquake-affected areas. The CtC approach is primarily an active learning method in which children are encouraged to assess, analyse and act on a given situation. The teacher, trained by the agency, with active involvement of children, identifies an issue (e.g. personal hygiene/school environment/domestic hygiene). Children then collect further information regarding the issue and with the help of the teacher plan action for highlighting/creating awareness among their fellow children or general population. The six steps followed are given in Figure 1. SSD over the last ten years has developed expertise in this very area and has highly skilled and experienced staff in this approach.

Children not only improve their school environment but also catalyse change at the household and community levels

In contrast to most practitioners of CtC in AJK, SSD actually works through all six steps of the CtC approach (Figure 1). This, in essence, means that children not only improve their immediate school environment and change their behaviours but also take messages and catalyse change at the household and community levels. Since key associates of SSD at the North West Development Associates (NWDA) (SSD's consulting partner agency) had earlier had the opportunity to successfully pilot the community-led total sanitation (CLTS) approach in District Mardan in Pakistan earlier in 2004, and since both NWDA and SSD are also heavily engaged in formulation of outcomes-based sanitation policies for North West Frontier Province (NWFP) and the state of Azad Jammu and Kashmir, it was natural for these two organizations to pilot innovative and replicable approaches for sanitation and hygiene promotion consistent with the newer policy directions. This approach allowed a UNICEF-funded CtC-SSHE project to realize planned immediate goals but also resulted in greater impact at the community level. The resultant approach, as explained below, is called the school-led total sanitation (SLTS) approach. This approach is similar to CLTS but with an additional focus on schools and children.

School-led total sanitation approach

In contrast with the typical CLTS approach, the SLTS approach fundamentally builds on an SSHE approach with key additional features from CLTS. A typical CLTS process of eight steps was followed (see Figure 1). As it unfolded in the action learning process, the typical CLTS approach merged with the typical SSHE process, resulting in a new approach called SLTS. While the key features of the SLTS approach are explained below, in essence it is not dissimilar to other participatory approaches

Teachers were given an incentive for performance outcomes at the village level

such as life-skills based hygiene education (Postma et al., 2004), the child-to-child approach, CHAST (de Vreede, 2005) and the approach based on the *Joy of Learning* toolkit (Khanal et al., 2005). A similar approach has also been piloted in Nepal by UNICEF Nepal; however the key difference between the AJK and Nepal approach is the fact that, in AJK, teachers were provided an incentive for performance outcomes at the village level too as explained below. The AJK SLTS approach is also slightly different from the CLTS Pakistan approach in that there were no communal awards or subsidies given to the ODF villages.

Fun-based hygiene education

It is widely acknowledged that children learn and understand messages better that are communicated to them through fun activities or events such as drama, poster competitions and puppet shows. SSD made a conscious effort to exploit all such options for a more effective SSHE approach:

Poster competition. SSD arranged a poster competition in 211 schools to enhance students' confidence and sense of participation. Students were allowed to paint anything they liked. The contest created enthusiasm and a competitive spirit among the students. Many produced good-quality posters. Some posters conveyed the catastrophic effects of the earthquake, while others showed the importance of a clean environment.

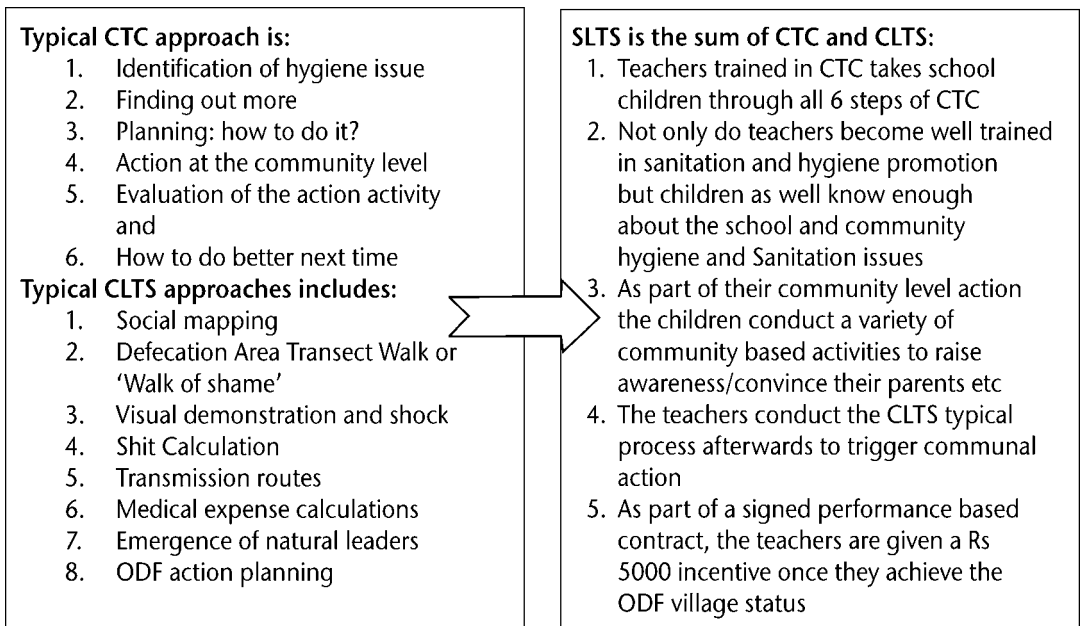


Figure 1. School-led total sanitation approach

The shows amused large numbers of children and taught them hygiene messages

Zakoota show. Besides poster competitions, SSD also organized live Zakoota shows based on the well-known TV character Zakoota. The character plays the role of a *jinni* (genie) along with other fellow artists. The show takes children into a fantasy world. Later, the artists engage children to think and talk about how to improve their own hygiene situation. The shows managed to amuse large numbers of children and teach them hygiene messages. Zakoota shows became so popular that schools repeatedly asked SSD to arrange additional shows.

Sanitation Week

Meanwhile, the AJK government, in collaboration with UNICEF, realized the importance of sanitation promotion and celebrated Sanitation Week from 7 to 14 March 2007. This dedicated week was aimed at creating public awareness through different communication channels and drew concerned government departments to this vital issue.

The children became fully involved in different activities including debates, poster competitions, awareness-raising walks and parades, and by displaying posters and banners bearing key hygiene messages. Their involvement gave them further impetus and confidence to more effectively play the role of change agents for hygiene promotion in their respective villages.

Outcomes of the school-led total sanitation approach

The outcomes of the SSD approach at both school and community level are described below:

School level

Almost nine months into targeting 211 primary schools in the Muzafarabad district, the SSD's CtC approach proved extremely successful in terms of improving the confidence of the children to assess, analyse and act on any issue. A knowledge attitudes and practices survey was conducted at both inception and conclusion of the project. The survey was conducted in 20 schools (as 10 per cent sample size) and respondents included children from grade four and five. Comparing the pre- and post-project results, the following conclusions were drawn:

- Children's personal hygiene levels improved and they are now more used to hand washing with soap at critical times (see Figure 2, and SSD, 2007).

The schools' monitoring checklist scores had improved

- Schoolchildren at schools targeted by SSD now avoid open defecation in and around the school. This is evident from schools' monitoring checklist scores. Therefore, risks of waterborne diseases have been considerably reduced (SSD, 2007).
- Children exhibit keener interest in the beautification of their school. One such example from a number of schools is the raising of flowerbeds and planting trees in the school premises.

Community level

Latrine use by all members of the household is reportedly high

While the above-mentioned outcomes in schools were planned and expected, the theory behind the CtC approach also anticipates actions in households and communities. To assess whether the approach worked beyond schools, a large number of target schools and communities were visited. Almost everywhere the 'beyond the school' outcomes are visible as households were mobilized to construct latrines and bring an end to open defecation. The latrines are reported to have been constructed at little or no cost (an average of

Box 1. Children promote latrine use in Chakama Union Council

In Chakama Union Council, situated to the extreme east of the Muzaffarabad district, there is village called Kharthama. This village has 200 households. The only government-provided facility is a primary school for girls. As part of the UNICEF-funded SSHE programme in AJK, SSD started its intervention in this village in May 2007. The teacher was trained in the CtC approach and engaged her students in the activity-based learning process. She taught them to increase their personal hygiene and improve the school environment. Then, after she had discussed diarrhoea and common defecation practices in the villages, she mobilized children to take action on the absence of village household latrines. The School Environment Committee (SEC), which comprises five students from classes 4 and 5, and a class teacher, conducted several meetings with village elders, drawing their attention to this important issue. After convincing the village elders of the need for action, the students arranged a walk to raise awareness in their village. All students, teachers and village elders took part in a parade, during which speeches were made on the importance of latrine use. The students divided the village into different wards (Muhallah) and the SEC members visited the wards once a week for many weeks to deliver key hygiene messages and to focus on household latrines. The students also participated in the sanitation week and their posters were highly appreciated in the district poster competition. The appreciation and exposure of these students from a remote village further strengthened their resolve to promote household latrine use in their village. By August 2007, with teachers' and schoolchildren's efforts, 90 households had already constructed their latrines. The unsubsidized latrines come in a variety of shapes and forms and are built with local materials. The school students are confident and believe that very soon the whole village will be free from open defecation.

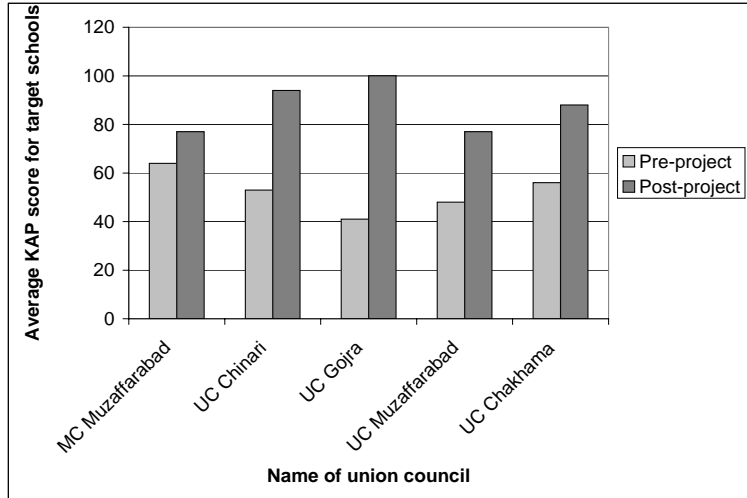


Figure 2. Knowledge, aptitude, practice (KAP) scores for 211 schools in five unions of AJK, Pakistan

\$10 per latrine) using mostly recycled construction materials such as rags, wooden planks, wooden poles, etc. Unsurprisingly, as latrines were constructed after self-realization of need, their effective use by all members of each household is reportedly high.

Role of teachers and school management committee members as 'barefoot' ODF consultants

Learning from the example of Chakama village (see Box 1) and the experimentation elsewhere globally with CLTS, it was considered worth trying to engage local teachers to spread the word in nearby villages. Since SSD's ongoing programme was school-focused, teachers and school management committee (SMC) members were obvious candidates as activists-cum-barefoot-consultants. Teachers were also trained in behaviour change, facilitation skills, basic sanitation and hygiene; and they already have good links with the community; have regular contact with a large number of children; and are held in high esteem in these communities where schools are often the only formal institution. Therefore, a simple memorandum of understanding (MoU) was signed with respective teachers to make things happen beyond school level and convert their villages into open defecation-free (ODF) sites. For further motivation, the barefoot consultants were awarded approx Rs5,000 (\$90) for each ODF village.

Scaling up

Since June 2007, 11 villages have achieved ODF status, thanks mainly to schoolchildren and the barefoot consultants engaged by SSD under the performance-based contract.

One such village is Tila Dori, where only 12 out of 30 households used to have access to a latrine. Safia Bibi, a female teacher from the Peera Bandi School, became one of the first barefoot consultants. Within one month she converted the village into an ODF site.

Similarly, a quarter of the 60 households in Upper Garmand had latrine coverage until teacher Javeed Rauf became a barefoot consultant and, through the active participation of schoolchildren, made the entire village ODF in 45 days.

In the village Kari Bandi, Union Council Chinari, only 2 out of 31 households had toilet facilities. Mr Karam Din, school management committee chairman, was engaged as a barefoot consultant and within 15 days all the households constructed toilets and the village became ODF.

There are more villages where this process continues to successfully unfold and the number of ODF villages is expected to increase many times in the near future. One reason for optimism is the fact that communities in AJK have always been known for their indigenous institutions and responses to challenges. Communities in AJK have for centuries developed a variety of coping mechanisms (such as indigenous stoves and heating systems). They are capable of finding their own solutions to sanitation issues and the SLTS pilot has again demonstrated that we need not prescribe solutions.

Similarly, recognizing the vital role of teachers and activists in achieving ODF, all 11 activists from AJK were invited to a national conclave of activists and were presented with shields. Later, UNICEF also awarded shields to all these activists. The activists are geared up to spread the ODF campaign once winter is over.

Sustainability of self-built latrines

The basic aim of the latrine is safe disposal of human excreta, to break the link between flies and human excreta. In the total sanitation approach, children overcame the typical misconceptions of parents and elders that latrine construction requires heavy investment.

After understanding the latrine concept, the villagers dig a pit, 6–7 feet deep and normally use a plank of wood with a hole to serve as a squatting slab. The hole is covered by a piece of wood after squatting. The superstructure is mostly made of plastic sheets or discarded sacks or other material. As a result, these latrines, made of local material, are cheaper and within the range of most rural poor, which consti-

Communities in AJK are known for their indigenous institutions and responses to challenges

Once behaviour change has been affected, it is hoped that communities will seek more sturdy latrine options

tutes a large part of the population. Since the first priority for field implementers is to generate a shift in community behaviour from open defecation to the use of a toilet (however simple), non-compliance with in-vogue technical considerations are seen as a secondary priority. Once behaviour change has been affected, it is believed that communities will, after benefiting from rich local wisdom, themselves seek more sturdy and better-looking latrine options. This graduation from simple to better latrine options will not be difficult because existing built latrines can easily be upgraded if so desired and existing superstructures of latrines and pans can be easily relocated if needed once a pit fills up.

The AJK policy aims to do away with subsidies

At the state level the government of AJK initiated in 2008 formulation of a state sanitation policy. SSD has been engaged by UNICEF to assist LGRDD in seeking wider policy consultations, formulation of policy and an implementation strategy. To be consistent with the provisions of national sanitation policy guidelines (MoE, 2006) the state sanitation policy also aims to achieve total sanitation and eradication of open defecation over a policy horizon of 10 years. The AJK policy also aims to do away with subsidies, incentivize performance in sanitation service provision and leave the selection of specific approaches (e.g. SSHE, S/CLTS, sanitation marketing, revolving fund etc.) to the local implementers. The AJK sanitation policy is expected to be drafted by May 2008 and once approved and notified will serve the much needed institutional cover for the upscaling of approaches such as SLTS. Besides, to further boost the ongoing efforts, the UNICEF AJK sub-office is planning to upscale the SLTS approach, with the help of SSD, to more than 500 villages where schoolteachers have already been trained under previous SSHE programmes. It is expected that a large number of local NGOs will be trained in the approach and hundreds of teachers will emerge as 'barefoot ODF consultants'. The AJK LGRDD also intends to integrate the SLTS approach into existing and ongoing rural community infrastructure programmes. These planned interventions ensure that sanitation in AJK will remain in focus and the achievements made in SLTS pilot sites will not only remain but continue influencing stakeholders at all levels to further spread the sanitation movement.

Girls' school enrolment and impact on women

The female teachers used to face problems during menstruation

Women have been strongly affected by the programme at school and village level. Previously, parents were reluctant to send grown-up daughters to schools because of the non-availability of latrines there. The female teachers also faced problems during menstruation. While no scientific attribution study has been conducted to show the impact of the SSHE programme on increasing female school enrolment,

the fact remains that female enrolment within the target schools has shown an upward trend since the start of the project, as shown in Figure 3.

At village level, women have become strong advocates of the programme because they have noticed the change in their own and their families' diarrhoea patterns. This programme has had personal impact on women. In a conservative society, open defecation for a woman is a compromise on moral standards. Therefore, in villages women either go for defecation before sunrise or after sunset. This causes them terrible health problems. The value of moving from open defecation to privacy in one's own house is immense. Digging their own pit to do so was considered a minimal inconvenience.

Village women had had to defecate either before sunrise or after sunset

Conclusions and lessons learnt

The following lessons are based on the learning from the ongoing SSHE programme and the SLTS approach:

In just five months, at least 11 villages have achieved the ODF status, increasing total existing household latrine coverage from 77 to 456. The ten barefoot consultants hired to work in these villages cost the organization Rs55,000 (\$900). Per household expense is calculated at around Rs600. In comparison, many donors promoting household latrines provide an average per household subsidy of Rs15,000, 100 times more than the cost of one latrine built under the SLTS barefoot ODF village consultants programme.

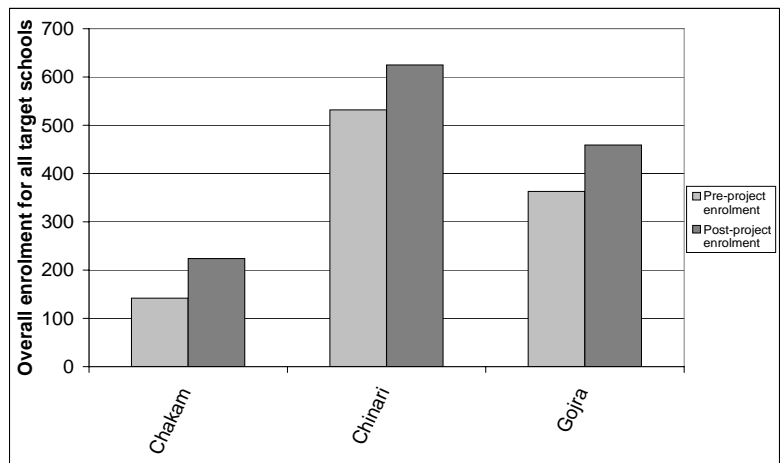


Figure 3. Enrolment increase in SSHE target schools

Subsidy-based approaches pursued by projects in the same area are a challenge

The success of this programme largely depends on the knowledge and understanding of the teacher and School Management Committee (SMC) members regarding CtC, hygiene and most importantly, facilitation skills. If teachers and SMC members are not properly trained they may not effectively inspire enough confidence in the children and community at large to mobilize them to take action.

Another limitation is the challenge from subsidy-based approaches for latrine promotion being pursued by a number of projects or donor agencies in the same area. Such divergent strategies will certainly hamper non-subsidy based, community-led sanitation movements.

In the long run, the success of this strategy depends upon its institutionalization on the part of the government and other donor agencies. They have to understand that full latrine coverage is possible to achieve without subsidies. However, there is a strong need for capacity building of teachers and other key players at the community level.

Teachers and students' action beyond school and into the village provided a positive feedback to the SSHE programme as well—resulting in deeper impact at school level. Hence a school–community–school loop has been found to be helpful in achieving outcomes at community level and essential for better SSHE outcomes.

Recommendations for scaling up

In AJK, through SSD experimentation and UNICEF support, the total tally of ODF villages has reached 11. While it is too early to call it an unfolding of a 'total sanitation' revolution in AJK, these early steps are extremely encouraging and trendsetting. This achievement, made within four to six months, shows the way forward for achieving the sanitation-related Millennium Development Goals in AJK. Otherwise, the traditional subsidy-based sanitation promotion approach is highly unfeasible.

Unfortunately, in the aftermath of the earthquake, many donors are still pushing money into sanitation

Unfortunately, in the aftermath of the October 2005 earthquake, many donors are still pushing more and more money into sanitation in the name of emergency response. For dispersed, household and community-level rural sanitation, under a transition programming phase, subsidy for latrines at the community level is doing much harm in inhibiting and preventing the spread of SLTS/CLTS. NGOs that might have otherwise adopted and facilitated SLTS/CLTS have continued to expand hardware-oriented subsidized programmes. They are driven by the need to spend budgets and report on achievements in terms of latrines constructed, rather than latrines used. In other words, the motto 'construction is not enough' is clearly the case here.

In this context it is highly recommended that orientation/exposure sessions are arranged for key people, in government and donor agencies to:

- gain field experience of SLTS/CLTS so that they understand the need for restraint in spending;
- understand that existing large hardware subsidy programmes need to be withdrawn, especially in many rural areas favourable for CLTS;
- develop annual plans based on smaller grants for facilitation under SLTS/CLTS approaches and not hardware-oriented plans that focus more on achieving disbursement targets;
- develop plans that cite total sanitation and ODF status as their objective and a criterion for success, rather than numbers of latrines constructed.

The objective should be ODF status rather than numbers of latrines constructed

Modern research and SSD experience show that children learn and understand better through fun-oriented techniques. It is imperative to communicate hygiene-related messages to students through drama, puppet shows and fun learning events, such as the Zakoota shows.

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