

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

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Abstract

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 strategies by the key players and capacity building of key facilitators.

Background

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 settlements¹. 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 encouraging². 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 diseases remains high and communities at large have little realization of the link between poor hygiene and sanitation, and disease.

¹ www.ajk.gov.pk

² The Pakistan Integrated Household Survey (PHIS, 2002), indicates approximately 80% urban and 65 % rural water coverage in AJK. Sanitation coverage is estimated between 20-30%.

After the earthquake in 2005, the situation further deteriorated as many villages were razed to the ground and more than 0.01 million 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 organisations 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. Brief accounts of activities include 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 organisations. Some partners are also implementing community focused sanitation and hygiene projects with installation of prefab latrines etc.

As shown above, many ongoing behavioral change interventions are targeting schools. This is valid for the simple reason that children are ready recipients for new learning and behavioral 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 Muzzafarabad and Nelum Districts.

SSDs approach

SSD, a national level non-governmental organisation, has rich experience in SSHE³. SSD is a pioneer of employing the Child-to-Child (CtC) approach in earthquake-affected areas⁴ and has highly skilled and experienced staff in this approach⁵.

In contrast to most practitioners of CtC in AJK, SSD actually works through all six steps of the CtC approach⁶. This, in essence, means that children not only improve their immediate school

³ SSHE refers to a combination of hardware and software hygiene and sanitation components that are necessary to produce a healthy school environment and to develop or support safe hygiene behaviors. It focuses on development of life-skills, a healthy and safe school environment and outreach to families and communities.

⁴ Starting from CtC based hygiene promotion activities in the camps and communities in Manshera district of North West Frontier Province (NWFP), SSD is today the leading NGO in hygiene promotion sector with fully capacitated HRD center to cater for the needs of partner agencies in this area.

⁵ The CtC approach is primarily an active learning method. 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.

⁶ These six steps are: 1. Identification of hygiene issue, 2. Finding out more, 3. Planning: how to do it? 4 Action at the community level 5. Evaluation of the action/activity and 6. How to do better next time

environment and change their behaviors but also take messages and catalyse change at the household and community levels. SSD key associates successfully piloted Community Led Total Sanitation (CLTS)⁷ in Tehsil Takhtbahi earlier in 2004. Since SSD is instrumental in formulating outcomes-based sanitation policies for North West Frontier Province (NWFP) and state of Azad Jammu and Kashmir (a project in the pipe line), it was very natural for the organisation to experiment with a new approach. This approach allows a UNICEF-funded Ctc-SSHE project to realise immediate goals and may also result 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 schools/child focus, as explained below.

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 was followed alongside others processes, explained further below:

- Social mapping
- Defecation area transect walk or ‘walk of shame’
- Visual demonstrtaion and shock
- Shit calcuation
- Transmision routes
- Medical expense calculations
- Emergence of natural leaders
- Open Defecation Free (ODF) action planning

As it unfolded in the action learning process, the typical CLTS approach merged with the typical

SSHE process⁸, resulting in a new approach called SLTS, which has the following additional features:

Fun based hygiene education

It is widely acknowledged that children better learn and understand messages 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 (as explained below) 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.

Zakoota show

Besides poster competitions, SSD also organised live Zakoota shows based on the famous TV character Zakoota. The character plays the role of a jinni 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.

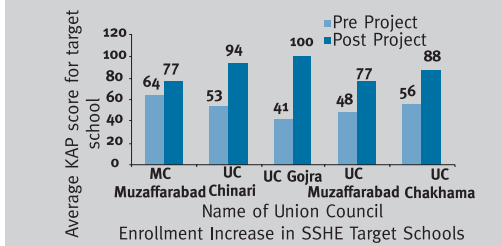
⁷ This is a radical participatory approach in which mainly rural communities are facilitated to analyse their practice of open defecation and its effects and through disgust and self-respect decide to take action to stop it. Typically this takes a matter of only weeks or months. The target is not total latrinisation but to become open defecation free.

⁸ eg: teacher training and refresher, class room hygiene sessions and follow up, hardware and training, etc.

Sanitation Week

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

FIGURE 1 KAP scores for 211 schools in 5 Unions of AJK, Pakistan



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 featured at school and community level as described below:

At school level

Almost nine months into targeting 211 primary schools in the Muzaffarabad district, the SSDs CtC approach proved extremely successful in terms of

improving the confidence of the children to assess, analyse and act on any issue. Outcomes included:

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

BOX 1 Children promote latrine use in Chakama Union Council

In Union Council Chakama, 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 program 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 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 school children's efforts, 90 households had already constructed their latrines. The unsubsidised 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.

- School children 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.

At community level

While the above-mentioned outcomes in schools were planned and expected, the theory behind the CTC approach also anticipates actions in households and communities too. To assess if 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 using mostly recycled construction materials. Unsurprisingly, as latrines were constructed after self-realisation of need, their effective use by all members of each household is reportedly high.

Role of teachers and School Management Committee members as ‘barefooted consultants’

Learning from the example of Chakama village (see box 1 above) and the prevalent experimentation elsewhere under CLTS globally, 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 were obvious candidates as activists cum barefooted consultants. Teachers were also trained in behavior change, facilitation skills, basic sanitation and hygiene; 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 to convert their villages into open defecation free (ODF) villages. For further motivation, the barefooted consultants were awarded Rs5,000 for each converted village.

Scaling up

Since June 2007, 11 villages have achieved ODF status, thanks mainly to barefooted consultants engaged by SSD under an MoU.

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 barefooted consultants. Within one month she converted the village into an ODF site.

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

In the Union Council Chinari the village Kari Bandi, only two out of 31 households had toilet facilities. Mr Karam Din, School Management Committee chairman, was engaged as a barefooted consultant and within 15 days all the households constructed toilets and the village became ODF.

In Darang Chinari, another village has 60 households. Before intervention, the village had only two household toilets. Tariq Mughal, the School Management Committee chairman, was engaged as a barefooted consultant and convinced the whole community to construct latrines and achieve the ODF status in 25 days.

In Union Council Gojra, the village, Kot Sarian, only eight out of 53 households had toilets. Here, local activist and School Management Committee chairman, Mohammad Saddiq, enlisted school children to motivate people to construct toilets in their houses. Within just 20 days, the barefooted consultant convinced every family to construct a toilet and the village became an ODF site.

Thangar, another village in the same Union Council, has 70 households, only 18 of which had household toilets before the intervention. One month later, school teacher and new barefooted consultant Miss Yasmeen had motivated the whole village to become ODF.

Karna, yet another village in the same Union Council, has 33 households and only two had toilets before the intervention of the School Led Total Sanitation approach. Local activist Khalil-ur Rehman was trained and with the help of school children, had motivated the villagers to avoid open defecation. Within one month, the remaining 31 households had built household 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 manifold 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, recognising 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 medals. 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, six- to seven-feet deep and normally use a plank of wood with a hole to serve as a squatting slab. The hole is covered by a wooden piece 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 constitutes a large part of the population. Since the first priority for field implementors is to generate a shift in community behavior from open defecation to the use of a toilet (however simplistic), 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 benefitting from rich local wisdom, themselves seek more sturdy and good 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

UNICEF and SSD has plans to continue supporting ODF villages by developing links between LGRDD (mandated to provide technical support vis-a-vis latrines technology, etc) and ODF villages. Since communities in these ODF villages now better appreciate the value of sanitation and hygiene, it will be only natural for local entrepreneurs and the private sector to take advantage of the new and emerging outlets for their sanitary products. SSD plans to work with LGRDD and UNICEF to develop a plan to encourage local entrepreneurs and the private sector to sell sanitary products in ODF villages.

Girls' school enrollment and impact on women

Women have been strongly affected by the programme at school and village level. Previously,

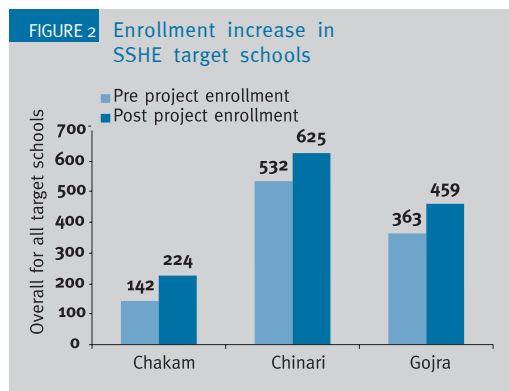
parents were reluctant to send grown-up daughters to schools due to the non-availability of latrines there. The female teachers also faced problems during menstruation. While no scientific attribution study has been conducted to show the impact of the SSHE programme on increasing female school enrollment, the fact remains that female enrollment within the target schools has shown an upward trend since the start of the project, as shown below.

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.

Conclusions and lessons learnt

These 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 barefooted consultants hired to work in these villages cost SSD Rs 55,000 (US \$900). Per household expense is calculated at around Rs 145. Comparitively, many donors promoting household latrines provide an average per household subsidy of Rs 15,000 – 100 times more than the cost of one latrine built under the SLTS barefooted ODF village consultants programme.



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 the institutionalisation 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 sanitation-related Millennium Development Goals in AJK. Otherwise, the traditional subsidy-based sanitation promotion approach is highly unfeasible.

Unfortunately, in the aftermath of the October 2006 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 subsidised programmes. They are driven by the need to spend budgets and report on achievements in terms of latrines constructed, rather than latrines used.

In this context it is highly recommended that orientation / exposure sessions are arranged for key people, and 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 favorable 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

Modern research and SSD experience shows 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.

References

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