

School Sanitation and Hygiene Education

**BACKGROUND MATERIALS
FOR LIFE-SKILLS BASED
HYGIENE EDUCATION**

**WES- PD New York
June 2002**

203.2-02BA-18995

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FRESH

DRAFT

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This site is under construction - some pages, links and documents are not yet available - but it's growing all the time!



Focusing Resources on Effective School Health
A FRESH Start to Improving the Quality and Equity of Education.

What is FRESH?

Core Components:

- **Health-related school policies**
- **Provision of safe water and sanitation**
- **Skills based health education**
- **School based health and nutrition services**



WHO | UNICEF | UNESCO | World Bank
Partnership for Child Development, Education International, Save the Children US, SmithKline Beecham
Governments of Denmark, Norway, Spain, United States



Focusing Resources on Effective School Health

A *FRESH* Start to Improving the Quality and Equity of Education

Core Framework:

Health-related school policies

Provision of safe water and sanitation

Skills based health education

School based health and nutrition services

“Education for All” means ensuring that all children have access to basic education of good quality. This implies creating an environment in schools and in basic education programmes in which children are both able and enabled to learn. Such an environment must be friendly and welcoming to children, healthy for children, effective with children, and protective of children. The development of such child-friendly learning environment is an essential part of the overall efforts by countries around the world to increase access to, and improve the quality, of their schools.

Poor health and malnutrition are important underlying factors for low school enrollment, absenteeism, poor classroom performance, and early school dropout, as reflected in the **World Declaration on Education for All**. Programmes to achieve good health, hygiene and nutrition at school age are therefore essential to the promotion of basic education for all children.

Good health and nutrition are not only essential inputs but also important outcomes of basic education of good quality. First, children must be healthy and well-nourished in order to fully participate in education and gain its maximum benefits. Early childhood care programmes and primary schools which improve children’s health and nutrition can enhance the learning and educational outcomes of school children. Second, education of good quality can lead to better health and nutrition outcomes for children, especially girls, and thus for the next generation of children as well. In addition, a healthy, safe and secure school environment can help protect children from health hazards, abuse and exclusion.

Positive experiences by WHO, UNICEF, UNESCO and the World Bank suggest that there is a core group of cost effective activities which could form the basis for intensified and joint action to make schools healthy for children and so contribute to the development of child-friendly schools. These agencies are now developing a partnership for Focusing Resources on Effective School Health. This *FRESH* Start approach was launched at the WORLD EDUCATION FORUM in Senegal, April 2000.

Background

Ensuring that children are healthy and able to learn is an essential component of an effective education system. This is especially relevant to efforts to achieve education for all in the most deprived areas. Increased enrolment and reduced absenteeism and drop out bring more of the poorest and most disadvantaged children to school, many of whom are girls. It is these children who are often the least healthy and most malnourished, who have the most to gain educationally from improved health. Effective school health programmes that are developed as part of community partnerships provide one of the most cost-effective ways to reach adolescents and the broader community and are a sustainable means of promoting healthy practices.

Improving the health and learning of school children through school-based health and nutrition programmes is not a new concept. Many countries have school health programmes, and many agencies have decades of experience. These common experiences suggest an opportunity for concerted action by a partnership of agencies to broaden the scope of school health programmes and make them more effective. Effective school health programmes will contribute to the development of child-friendly schools and thus to the promotion of education for all.

This interagency initiative has identified a core group of activities, each already recommended by the participating agencies, that captures the best practices from

programme experiences. Focusing initially on these activities will allow concerted action by the participating agencies, and will ensure consistent advice to country programmes and projects. Because of the focused and collaborative nature of this approach, it will increase the number of countries able to implement school health components of child-friendly school reforms, and help ensure that these programmes go to scale. The focused actions are seen as a starting point to which other interventions may be added as appropriate.

The actions also contribute to existing agency initiatives. They are an essential component of the "health promoting schools" initiative of WHO and of global efforts by UNICEF, UNESCO and the World Bank to make schools effective as well as healthy, hygienic and safe. Overall, the inter-agency action is perceived as Focusing Resources on Effective School Health, and giving a *FRESH* Start to improving the quality and equity of education.

Focusing Resources on the School-Age Child

A child's ability to attain her or his full potential is directly related to the synergistic effect of good health, good nutrition and appropriate education. Good health and good education are not only ends in themselves, but also means which provide individuals with the chance to lead productive and satisfying lives. School health is an investment in a country's future and in the capacity of its people to thrive economically and as a society.

An effective school health, hygiene and nutrition programme offers many benefits:

■ ***Responds to a new need***

The success of child survival programmes and the greater efforts by many governments and communities to expand basic education coverage have resulted both in a greater number of school-age children and in a greater proportion of these children attending school. In many countries, targeted education programmes have ensured that many of these new entrants are girls for whom good health is especially important. Thus, the school is now a key setting where the health and education sectors can jointly take action to improve and sustain the health, nutrition and education of children previously beyond reach.

■ ***Increases the efficacy of other investments in child development***

School health programmes are the essential sequel and complement to early child care and development programmes. Increasing numbers of countries have programmes that ensure that a child enters a school fit, well and ready to learn. But the school age child continues to be at risk of ill health throughout the years of schooling. Continuing good health at school age is essential if children are to sustain the advantages of a healthy early childhood and take full advantage of what may be their only opportunity for formal learning. Furthermore, school health programmes can help ensure that children who enter school without benefit of early development programmes, receive the attention they may need to take full advantage of their educational opportunity.

■ ***Ensures better educational outcomes***

Although schoolchildren have a lower mortality rate than infants, they do suffer from highly prevalent conditions that can adversely affect their development. Micronutrient deficiencies, common parasitic infections, poor vision and hearing, and disability can have a detrimental effect on school enrolment and attendance, and on cognition and educational achievement. In older children, avoidance of risky behaviours can reduce dropping out due, for example, to early pregnancy. Ensuring good health at school-age can boost school enrolment and attendance, reduce the need for repetition and increase educational attainment. While good health practice can promote reproductive health and help avoid HIV/AIDS.

■ ***Achieves greater social equity***

As a result of universal basic education strategies, some of the most disadvantaged children - the girls, the rural poor, children with disabilities - are for the first time

having access to school. But their ability to attend school and to learn whilst there is compromised by poor health. These are the children who will benefit most from health interventions, since they are likely to show the greatest improvements in attendance and learning achievement. School health programmes can thus help modify the effects of socioeconomic and gender-related inequities.

■ ***Is a highly cost effective strategy***

School health programmes help link the resources of the health, education, nutrition and sanitation sectors in an infrastructure – the school – that is already in place, is pervasive and is sustained. While the school system is rarely universal, coverage is often superior to health systems and has an extensive skilled workforce that already works closely with the community. The accessibility of school health programmes to a large proportion of each nation's population, including staff as well as students, contributes to the low cost of programmes. The high effectiveness of these programmes is a consequence of the synergy between the health benefit and the educational benefit. The effectiveness is measurable in terms not only of improved health and nutrition, but also of improved educational outcomes, reduced wastage, less repetition and generally enhanced returns on educational investments.

The Basic Framework for an Effective School Health and Nutrition Programme

The framework described here is the starting point for developing an effective school health component in broader efforts to achieve more child-friendly schools. Much more could be done, but if all schools implement these four interventions then there would be a significant immediate benefit, and a basis for future expansion. In particular, the aim is to focus on interventions that are feasible to implement even in the most resource poor schools, and in hard-to-reach rural areas as well as accessible urban areas, that promote learning through improved health and nutrition. These are actions known to be effective and actively endorsed by all the supporting agencies: this is a framework from which individual countries will develop their own strategy to match local needs.

Core framework for action: four components that should be made available together, in all schools.

(i) Health-related school policies

Health policies in schools, including skills-based health education and the provision of some health services, can help promote the overall health, hygiene and nutrition of children. But good health policies should go beyond this to ensure a safe and secure physical environment and a positive psycho-social environment, and should address issues such as abuse of students, sexual harassment, school violence, and bullying. By guaranteeing the further education of pregnant schoolgirls and young mothers, school health policies will help promote inclusion and equity in the school environment. Policies that help to prevent and reduce harassment by other students and even by teachers, also help to fight against reasons that girls withdraw or are withdrawn from schools. Policies regarding the health-related practices of teachers and students can reinforce health education: teachers can act as positive role models for their students, for example, by not smoking in school. The process of developing and agreeing upon policies draws attention to these issues. The policies are best developed by involving many levels, including the national level, and teachers, children, and parents at the school level.

(ii) Provision of safe water and sanitation – the essential first steps towards a healthy physical, learning environment

The school environment may damage the health and nutritional status of schoolchildren, particularly if it increases their exposure to hazards such as infectious disease carried by the water supply. Hygiene education is meaningless without clean water and adequate sanitation facilities. It is a realistic goal in most countries to ensure that all schools have access to clean water and sanitation. By providing these facilities, schools can reinforce the health and hygiene messages, and act as an example to both students and the

wider community. This in turn can lead to a demand for similar facilities from the community. Sound construction policies will help ensure that facilities address issues such as gender access and privacy. Separate facilities for girls, particularly adolescent girls, are an important contributing factor to reducing dropout at menses and even before. Sound maintenance policies will help ensure the continuing safe use of these facilities.

(iii) Skills based health education

This approach to health, hygiene and nutrition education focuses upon the development of knowledge, attitudes, values, and life skills needed to make an act on the most appropriate and positive health-related decisions. Health in this context extends beyond physical health to include psycho-social and environmental health issues. Changes in social and behavioural factors have given greater prominence to such health-related issues as HIV/AIDS, early pregnancy, injuries, violence and tobacco and substance use. Unhealthy social and behavioural factors not only influence lifestyles, health and nutrition, but also hinder education opportunities for a growing number of school-age children and adolescents. The development of attitudes related to gender equity and respect between girls and boys, and the development of specific skills, such as dealing with peer pressure, are central to effective skills based health education and positive psycho-social environments. When individuals have such skills they are more likely to adopt and sustain a healthy lifestyle during schooling and for the rest of their lives.

(iv) School based health and nutrition services

Schools can effectively deliver some health and nutritional services provided the services are simple, safe and familiar, and address problems that are prevalent and recognized as important within the community. If these criteria are met then the community sees the teacher and school more positively, and teachers perceive themselves as playing important roles. For example, micronutrient deficiencies and worm infections may be effectively dealt with by infrequent (six-monthly or annual) oral treatment; changing the timing of meals, or providing a snack to address short term hunger during school – an important constraint on learning - can contribute to school performance; and providing spectacles will allow some children to fully participate in class for the first time.

Supporting Activities

These activities provide the context in which the interventions can be implemented.

■ ***Effective partnerships between teachers and health workers and between the education and health sectors***

The success of school health programmes demands an effective partnership between Ministries of Education and Health, and between teachers and health workers. The health sector retains the responsibility for the health of children, but the education sector is responsible for implementing, and often funding, the school based programmes. These sectors need to identify responsibilities and present a coordinated action to improve health and learning outcomes from children.

■ ***Effective community partnerships***

Promoting a positive interaction between the school and the community is fundamental to the success and sustainability of any school improvement process. Community partnerships engender a sense of collaboration, commitment and communal ownership. Such partnerships also build public awareness and strengthen demand. Within the school health component of such improvement processes, parental support and cooperation allows education about health to be shared and reinforced at home. The involvement of the broader community (the private sector, community organizations and women's groups) can enhance and reinforce school health promotion and resources. These partnerships, which should work together to make schools more child-friendly, can jointly identify health issues that need to be addressed through the school and then help design and manage activities to address such issues.

■ ***Pupil awareness and participation.***

Children must be important participants in all aspects of school health programmes, and not simply the beneficiaries. Children who participate in: health policy development and implementation; efforts to create a safer and more sanitary environment; health promotion aimed at their parents, other children, and community members; and school health services, learn about health by doing. This is an effective way to help young people acquire the knowledge, attitudes, values and skills needed to adopt healthy lifestyles and to support health and Education for All.

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**THE FRESH
FRAMEWORK**

**HEALTH RELATED
SCHOOL POLICIES**

**SAFE WATER &
SANITATION**

**SKILLS BASED
HEALTH
EDUCATION**

**SCHOOL BASED
HEALTH &
NUTRITION
SERVICES**

Core Intervention 1: Health Related School Policies

The FRESH framework, an intersectoral partnership to Focus Resources on Effective School Health, provides the context for effective health related school policies. School policies, promoting good health and a non-discriminatory, safe and secure physical and psychosocial environment, are most effective when supported by other reinforcing strategies such as provision of safe water and sanitation, skills based health education, provision of health and other services, effective referral to external health service providers and links with the community. The FRESH framework provides the context by positioning health related school policies among its four core components, that should be made available together for all schools:

- ④ **Health related school policies**
- ④ **Safe water and sanitation**
- ④ **Skills based health education**
- ④ **Access to health and nutrition services**

These core components of the FRESH framework require school-community partnerships as the supporting strategies for the success of school health and nutrition programs. These include effective partnerships between the health and education sectors, teachers and health workers, schools and community groups and between the pupils and those responsible for implementing school health programs.

Ensuring that children are healthy and able to learn is an essential component of an effective education system. This is especially relevant to efforts to achieve education for all in the most deprived areas. Good health increases enrolment, reduces absenteeism and brings more of the poorest and most disadvantaged children, many of whom are girls, to school. It is these children who are often the least healthy and most malnourished, who have the most to gain from improved health and who need **health related school policies** that, when effectively endorsed, can lead to better educational outcomes.

1. Why health related school policies?

Health policies in schools, including skills-based health education and the provision of some health services, can help promote the overall health, hygiene and nutrition of children. But good school health policies should go beyond this to ensure a safe and secure physical environment and a positive psychosocial environment. Such policies, should address issues of abuse of students, sexual harassment, health-related practices of teachers and students, school violence, bullying, and guaranteeing the further education of pregnant schoolgirls and young mothers, to help promote inclusion and equity in the school environment.

Policies that help to prevent and reduce harassment by other students and even by teachers, also help to fight against reasons that girls withdraw or are withdrawn from schools. Policies regarding health-related practices of teachers and students can reinforce health education: teachers can act as positive role models for their students, for example, by not smoking in school. The process of developing and agreeing upon policies draws attention to these issues. The policies are best developed by involving many levels, including the national level, regional and district level, and the school level – including the teachers, children, parents and the wider community.

2. Why School health policies are necessary for effective school health and nutrition programs.



School health policies can provide highly visible opportunities to demonstrate commitment to equity, non-discrimination, gender issues and human rights and be a positive model for the whole society.

- ⊕ Policies are necessary for and can give a clear structure to a safe, protective and inclusive school environment.
- ⊕ Policies, when clearly communicated to the school population and the whole society, can give rules on how to behave and what is accepted or not in the school setting.
- ⊕ Policies that are actively accepted and endorsed by the PTA and the community can be followed more effectively. In cases when policies are not followed there will be a demand for change and stricter monitoring will be possible.

School health and nutrition policies must be developed and supported by key stakeholders at all levels. At the national level, for example, this involves an agreed framework of responsibility, policies and action between the key government ministries (such as Health and Education ministries) and other institutions and organizations with an input and responsibility for school health programming. At district and school levels, policies should be clearly understood, implemented and supported by all those responsible for the education, health and well being of the children. Policies should cover a broad spectrum of areas critical for the health and development of school age children. Examples given here include policies relating to: early pregnancy and exclusion from school; tobacco and tobacco free schools; sanitation in the school environment; HIV and reproductive health education; sexual harassment and abuse of students; the role that teachers can play in delivering simple health services through schools; and the public-private partnerships for delivery of school food services.

To be effective, school policies need resources for their implementation. This means that adequate resources must be made available at the national, regional, district and local levels. Such resources include government financing, but may also include contributions from other donors such as NGOs, and ultimately, to ensure long term sustainability of effective implementation of school health and nutrition policies, support from parents and the local community.

3. Content of school health policies

Strong intersectoral cooperation is required to plan, implement and monitor a sustainable school health program. It should be clearly defined and inscribed in a common statement, describing who is responsible for the interventions planned and who will be implementing those interventions. This cooperation and communication strategy should be written down in a 'protocol d'accord' or 'memorandum of understanding' between the education and health sectors.

The Ministry of Health (MoH) is responsible for the health of school age children, but this age group rarely a priority for the health sector. Delivery of health services to children under 5 and pregnant women – the typical priority groups for the MoH – frequently leaves few resources left for the school children. The education of school children is the priority of the Ministry of Education and if "improve learning and education achievement by improving health and nutrition" is adopted, then it also becomes their priority to assure the health of the school-aged child. Thus the protocol d'accord needs to make transparent the tasks to be shared between the two ministries. This is the first step towards successful school health program.

MAURITANIA Memorandum of understanding between Ministry of Education (MEN) and Ministry of Health (MSAS). (English translation)

Foreword: The Quality Education for All program in MEN has a School Health (SH) component with the objective to improve learning by improving health and nutrition of the pupils.

In this setting the MEN and MSAS have agreed:

Article 1: Form a National Technical Committee in school health regrouping all the services from the two departments that are active in the domain.

Article 2: Creation of a national coordination with MEN for the SH program.

Article 3: The MEN give the necessary funds (via contract) to MSAS (CAMEC) for availability of medicine and micronutrients (disbursement, quality control, transportation, storage...)

Article 4: Establish a tight collaboration between the two departments whatever the hierarchy level: central and peripheral.

Article 5: The MEN is responsible for all the activities in the school environment

1) Planning the activities in school :

- Implement
 - Sustain
 - Evaluate
 - Supervise
 - 2) Mobilization of the necessary resources (human and financial)
 - 3) Coordination of all the activities in school
 - 4) Management of the financial activities in relation to SH.
 - 5) Curriculum revision and elaboration of guidelines, manuals, modules, pedagogical and didactic support
 - 6) Teacher training of professional teaching staff (teachers, inspectors, directors) PTA and NGO's in the domain.
 - 7) The professional teaching staff is responsible for the distribution of medicine and micronutrient in the schools under the supervision of health personnel (doctors, nurses...)
- Article 6:** The MSAS is responsible for:
- 1) Curative aspects:
 - Therapeutic protocol, (dose and frequency of treatment).
 - Availability of medicines (disbursement, quality control, storage, transport, delivery)
 - 2) School Health aspects
 - The scientific content of health education adopted for schools.
 - Training of teachers in the issues of School health.
 - Technical supervision of PTA and NGO's operating in the domain.
- Participating in the elaboration of the manuals, guidelines, modules and pedagogical and didactic support.

4. Examples of policies

■ Unwanted early pregnancy and exclusion from schooling

Adolescents (The term "adolescent" refers to people between the age of 10-19, according to a 1998 joint statement by WHO, UNICEF and UN Population Fund.), children 10-19 years old, are not physiologically mature for childbearing; early childbearing is associated with high levels of maternal mortality and morbidity, low birth weight and higher risk of infant mortality. In addition, there are many socio-economic benefits to delaying early childbearing with better opportunities to improved education, avoidance of repetition, reduction of drop-out rates and an increased chance to acquire skills and knowledge for her and her family's future life.

As access to education has increased and the benefits of postponing childbearing have become more widely known, unwanted pregnancies have declined in most countries. The use of contraceptives and demand for access to contraception have increased in equal measure, particularly among unmarried women in many parts of the world. Still, the proportion of unsafe abortions with extreme health risks remains high. Survey data indicate that the proportion of young mothers with unwanted pregnancies varies widely within and between regions. In Sub-Saharan Africa around 11-13 % of pregnancies are unwanted in Niger and Nigeria, compared to 50% or more in Botswana, Ghana, Kenya, Namibia and Zimbabwe.

Female children are underrepresented in primary level enrolment. Globally 46% of enrolled children are females with more differences to be found in the poorest countries. Some two thirds of females are not enrolled in secondary school and those that are enrolled often drop out. The reasons for drop out are many including the involvement in waged labor, the high direct and opportunity cost of schooling, gender biased curriculum, and teaching practices including discrimination of girls and premature fertility. Young women with low levels of educational and economic attainment often experience restricted ability and motivation to regulate their fertility, resulting in higher rates of early pregnancy. The cycle is further perpetuated as young women who are in school are forced to discontinue their education when they become pregnant, thereby greatly restricting their economic opportunities.

In Jamaica adolescent pregnancy has long been a serious concern. In 1977 the proportion of births to teen-age mothers rose to 31% of all births, often following a pattern of 3-4 children before the age of 20. Since 1977 the Women's Center of Jamaica Foundation have started a quality program with the objective of motivating young mothers to choose education instead of continuous motherhood. They have since helped over 22,000 mothers return to the school system. Figures for 1997 show that the

program reached 51% of the 3,016 mothers under 16 who gave birth in the country. The achievements include:

A decrease in negative societal attitudes displayed towards the teen mother

The breakdown of the barriers within the ministry of education and the changes in the education code to allow teenage mothers to return to the school system

A decline in the teen pregnancy rate from 31% in 1977 to 23% in 1997

Other important outcomes are that all children to mothers in the intervention group are in school and that no pregnancies have occurred in the adolescent children of women who participated.

There is a need to prevent unwanted early pregnancies through policies in schools that include family life education and family planning in secondary school curriculum. Reduction of risk behaviors through a skills based health education is the most effective approach. Young women with higher levels of education are more likely to postpone marriage and childbearing. Fertility levels among the least educated and the most educated women in Peru differ by 5 children. In Guatemala adolescent birth rates are higher among those with no schooling. Adolescents who postpone childbirth are five times more likely to finish their secondary education.

Case studies from Guinea and Cote d'Ivoire show that for a girl, an unplanned pregnancy could mean shame for the family, an end to her education and rejection by the baby's father. Often she is blamed by her friends and is discriminated against.

Health related policies, supported by the community, PTA, and schoolchildren that will ensure that a pregnant girl can stay in school and continue her education, are essential to improve girls' education outcome and fight exclusion and discrimination.

Policy :

- Do not exclude pregnant girls from school.
- Encourage students to come back to school after childbirth.
- Include family life education in the curriculum
- Prohibit all kinds of discrimination based on gender

■ Tobacco and the tobacco free school

Tobacco use is one of the chief preventable causes of death in the world. The adverse health effects of tobacco use among smokers are well described. Tobacco use generally begins during adolescence and continues through adulthood sustained by addiction to nicotine. Recent trends indicate an earlier age of initiation and rising smoking prevalence rates among children and adolescents. If the trend continues tobacco use will result in the deaths of 250 million of the people who are children and adolescents today.

In recent years many health agencies have called for concerted action against tobacco use among young people and for more data and information on tobacco use among school children. To supply this data the Global Youth Tobacco Survey project was conducted in 12 countries in 1999 to provide more information on tobacco use among school children and enhance the capacity of countries to design, implement and prevent their own tobacco control and prevention programs. The survey showed that among children 13-15 years old among 10-33% smoked, more frequent among boys than girls. One fifth or more of young people begin smoking before the age of 10 years. There is a higher risk of being addicted, or become heavy smokers when you initiate smoking so young. The survey also showed that laws restricting the sale of tobacco to young people are seldom enforced

Evaluation studies of 10 US located prevention programs in schools have shown sustained reduced tobacco and alcohol use. Evaluation of Life skills training targeting 4,466 7th graders showed 50-70% reduced tobacco and alcohol use with significant impact after three years. The Star program similarly reduced tobacco, alcohol and marijuana use by 30% in 4,978 6th and 7th graders. The conclusion of this study is that prevention in schools is most effective when school lessons are reinforced by a clear, consistent social message that teen, alcohol, tobacco and drug use is harmful, unacceptable

and illegal. Involving families and communities, as many of these curricula do, is very important

The vast majority of children exposed to tobacco smoke (ETS) do not choose to be exposed. Given that more than a thousand million adults smoke worldwide, WHO estimates that around 700 million or almost half of the world's children breathe air polluted by tobacco smoke.

The large number of exposed children and the evidence that environmental (ETS) causes illness in children constitutes a substantial public health threat. Governments have a responsibility to legislate control exposure to tobacco smoke in public spaces such as schools. Educational strategies, including effective education on health risks to children are likely to be more effective when cultural specific public policy is in place. The overall goal is to protect this vulnerable group from exposure and support and help them avoid starting unhealthy smoking habits and addiction .

Policy:

- No smoking in schools by teachers and students
- No selling of cigarettes to children.
- No tobacco advertising and promotion.
- Higher tobacco prices and no possibility to purchase cigarettes one by one.

■ Sanitation, gender and privacy, as well as maintenance of facilities by the community.

Lack of facilities and poor hygiene affect both girls and boys, although poor sanitation conditions at schools have a stronger negative impact on girls. All girls should have access to safe, clean, separate and private sanitation facilities in their schools. If there are no latrines and hand washing facilities at school or if they are in a poor state of repair, then many children would rather not attend than use the alternatives. In particular girls who are old enough to menstruate need to have adequate facilities at school that are separate from those of boys. They may miss school every month and find it hard to catch up, which makes them more likely to drop out of school altogether.

There is a need to develop a national sanitation policy and an implementation strategy in collaboration with all key stakeholders. Local level collaboration is required to develop commitment and support maintenance of the facilities in schools by the community.

Lack of latrines, especially separate latrines for girls was identified as the worst school experience for girls. This draws attention to the special conditions and experience, which prevent girls from fuller participation and achievement. Privacy issues relating to sanitation are a major factor forcing girls out of school." Dr Crispus Kiyonga, Minister of health , Uganda

In January 1997 an action plan was made to raise the profile of sanitation in Uganda. A concept paper was written and published using existing data including: Socio-economic effects, environmental effects, educational effects: number of girls who drop out , lack of privacy, health effects and nutritional effects. A working group with four specific subgroups was appointed : legislation, Policy, Planning and Organisation of a national forum with members from each district. In addition:

An environmental Health Policy was drafted

An environmental health act was drafted

Two national sanitation plans were drafted

Lessons learned from a DPHE-UNICEF study in 1994 and 1998 in Bangladesh showed that provision of water and sanitation facilities in schools increased girl's attendance by 15%. Interaction with families and demand for sanitation facilities at home were seen in 80% of children where those practices were acquired at school.

Policy:

- Separate latrines for teachers, boys and girls
- Safe water in all schools
- Active commitment from PTA for maintenance of water and sanitation facilities.

■ **HIV and exclusion, the content of sex education and access to condoms.**

HIV infection is one of the major problems facing school-age children today. They face fear if they are ignorant, discrimination if they or a family member or friend is infected, and suffering and death if they are not able to protect themselves from this preventable disease. It is estimated that 40 million people, worldwide, are living with HIV or have AIDS, at least a third of these are young people aged 15-24. In 1998 more than 3 million young people worldwide became infected including 590,000 children under 15. More than 8,500 children and young people become infected with HIV each day. In many countries over 50% of all infections are among 15-24 years old, who will likely develop AIDS in a period ranging from several months to more than 10 years. In Sub Saharan Africa, girls are frequently becoming infected in their early teens.

Studies have shown the enormous impact HIV and AIDS have on the education sector and the quality of education provided, particularly in certain regions of the world such as Sub Saharan Africa. Consequences of the AIDS epidemic include a probable decrease in the demand for education, coupled with absenteeism and an increase in the number of orphans and school drop out, especially among girls. Girls are socially and economically more vulnerable to conditions that force people to accept risk of HIV infection in order to survive. A decrease in education for girls will have serious negative effects on progress made over the past decade toward providing an adequate education for girls and women. Reduced numbers of classes or schools, a shortage of teachers and other personnel, and shrinking resources for educational systems all impair the prospects for education.

Effective, skills based HIV/STD/reproductive health education and prevention is needed in all schools for all children so that no one is left ignorant. Yet in many places schools are apprehensive about providing sex education or discussions of sexuality because of cultural demands to protect adolescents from sexual experience. Women often lack skills needed to communicate their concern with their sexual partners and to practice behaviors that reduce their risk of infection, such as condom use, which is often controlled by men.

The school can either be a place that practices discrimination, prejudice and undue fear or one that demonstrates society's commitment to equity. School policies need to ensure that every child and adolescent has the right to skills based life education; particularly when that education is necessary for survival and avoidance of HIV infection.

A UNAIDS review (1997) of 53 studies which assessed the effectiveness of programs to prevent HIV infection and related health problems among young people concluded that sex education programs do not lead to earlier or increased sexual activity among young people, in fact the opposite seems to be true. 22 reported that HIV and/or sexual health education either delayed the onset of sexual activity, reduced the number of sexual partners or reduced unplanned pregnancies and STD rates. 27 studies reported that HIV/AIDS and sexual health neither increased nor decreased sexual activity, pregnancy or STD. The review concluded that school based interventions are an effective way to reduce risk behaviors associated with HIV/AIDS/STD among children and adolescents.

A WHO review of studies on sexuality education found that access to counseling and contraceptive services did not encourage earlier or increased sexual activity. In Europe and Canada where comprehensive sexuality education and confidential access to condoms are more common, the rates of adolescent sexual intercourse are no higher than in the United States and teen-age pregnancy rate is lower.

In South Africa, until late in 1999 the department of education had no policy on HIV/AIDS. In August 1999 the Departments Corporate Plan 2000-2004 identified action on HIV/AIDS as one of the five priorities. The main objectives 1) raising awareness about HIV/AIDS among educators and learner

2) integrating HIV/AIDS into the curriculum, and 3) developing models for analyzing the impact of HIV/AIDS on the system.

Education's HIV/AIDS policy is consistent with the priorities of the Department of Health's strategic plan but goes further to provide guidance on discrimination in schools and institutions. It specifies that:

The constitutional rights of learners and educators must be protected equally

There should be no compulsory disclosure of HIV/AIDS status

No HIV positive learner or educator may be discriminated against.

Learners must receive education about HIV/AIDS and abstinence in the context of life-skills education as part of the integrated curriculum.

Educational institutions will ensure that learners acquire age and context appropriate knowledge and skills to enable them to behave in ways that will protect them from infection.

Educators need more knowledge of , and skills to deal with HIV/AIDS and should be trained to give guidance on HIV/AIDS

Carol Coombe CICE, December 2000, Managing the impact of HIV/AIDS on education in South Africa)

Policy:

- Skills based health education focusing on HIV/AIDS prevention
- Stimulate peer support and HIV/AIDS counseling in schools
- No discrimination of HIV positive teachers or students
- Access to condoms

■ Sexual harassment and abuse of students including by teachers.

Sexual abuse and violence are serious problems that transcend racial, economic, social and regional lines. Violence is frequently directed toward females and youth, who lack the economic and social status to resist it. Adolescents and young women in particular may experience abuse in the form of domestic violence, rape and sexual assault and sexual exploitation. Accurately estimating the prevalence of sexual abuse and violence in the developing world is difficult due to limited amount of research done on the subject, and the fact that cultural acceptance prevents it from being reported.

Violence against women is a widespread problem in Sub-Saharan Africa. Surveys conducted reveal that 46% of Uganda women, 60% of Tanzania women, 42% of Kenyan Women and 40% of Zambian women report regular physical abuse. Studies have shown that children who witness violence, particularly within an abusive household, may experience many of the same emotional and behavioral problems that physically abused children experience such as depression, aggression, physical health complaints and poor school performance.

Worldwide 40-47% of sexual assaults are perpetrated against girls age 15 or younger, most often by male relative, neighbors or a male teacher. Young girls frequently report that their early sexual experience were coerced often due to lack of economic power or the need to be approved to pass from one grade to the next in school. Young women are vulnerable to coercion into sexual relationship with older men, "sugar daddies", who take advantage of their lack of economic resources and promise to help pay for expenses, such as, school fees in exchange for sex. In South Africa 30% of girls reported that the first sexual encounters were forced, and in rural Malawi, 55% of adolescent girls surveyed reported that they were often forced to have sex. In Kenya, 50% of adolescent girls admit receiving gifts when engaged in sex, and in Uganda 22% of primary school children anticipate receiving a gift of money in exchange for sex.

An effective school system requires clear policies and strict laws that ensure children a safe and secure school environment without sexual assault and harassment by teachers and older classmates. The policies must be well known and accepted by everyone, including school children, and effectively enforced by the community and PTA.

Policies may be in place in many countries, but the threat of social stigma often prevents young women from speaking out about rape and abuse, and the laws are commonly not enforced.

All Anglophone countries in Africa have enacted laws which directly address sexual offence against minors. The age at which young people are protected by rape laws varies in these countries from under 13 years in Nigeria to under 16 years in Zimbabwe.

Workshops (one for teachers and one for pupils) were the final stage of the research on "The Abuse of girls in Zimbabwean Junior Secondary Schools." The workshop gave the following recommendations for strategic actions:

- * The key to addressing the issue is breaking the silence at all levels, among girls, teachers, school heads, parents and Ministry officials, open a dialogue, information sharing and co-operation.
- * *Girls* can support each other and act as a group, refuse to see a teacher alone, move around the school and walk home together with other girls. Report cases, as a group. Make clear to the teachers that they are aware of the code of conduct of teacher behavior and that misconduct is a punishable offence.
- * *Teachers* can create a more friendly and supportive environment, avoid verbal abuse and act as positive role models for both boys and girls at all times. Teachers can also take the schools Guidance and Counseling lessons more seriously, make them more participatory, encourage girls to speak about difficult issues, and using drama, drawings and writing to include everyone.
- * *School management* can change the school culture of violence by enforcing effective disciplinary measures against teachers and pupils who indulge in abusive behavior. Provide a forum for pupils especially girls to talk about issues of abuse in a non-threatening environment possibly with individuals outside the school. Teach pupils greater self esteem and establish an effective pupil representation system (student council). School management can ensure that Guidance and Counseling is taught only by qualified, trained teachers. Ensure that teachers know that they will be reported if they transgress the regulations and that all rules are enforced regarding pupil behavior. Ensure that parents know what the school regulations are and involve parents in the formulation of the school policy on teacher and pupil management. Work closely with parents and the community.
- * *The Ministry of Education* can ensure a rigorous selection of trainee teachers and head teachers and provide a gender awareness component in all in-service training courses and workshops (Fiona Leach et al. Department for International Development, Education Research, Serial no 39, 2000)

Policy:

- Ensure by law that sexual harassment and violence is prohibited in the school environment by teachers and pupils.
- Make the law well known and accepted by everyone, empower adolescents to report cases, and enforce effective disciplinary measures for those who abuse.

■ Role of teachers in delivering a simple health package through schools.

Schools can effectively deliver some health and nutritional services provided that the services are simple, safe and familiar and address problems that are prevalent and recognized as important with the community.

School health policies that allow teachers to deliver a simple health package (including anthelmintic and micronutrient supplements) have been shown to be effective, inexpensive and acceptable to teachers and parents. The impact of these school based control programs show tremendous promise for reducing morbidity and increase learning of school age children. (WHO 1999). Teachers need to be trained well to monitor and deal with any side effects of treatment, in cooperation with local health workers.

Large scale school-based health and nutrition programmes in Ghana, Tanzania, India and Indonesia (50,000 to 3 million children) have shown that with training and supervision teachers can administer anthelmintic drugs (albendazole for intestinal nematodes and praziquantel for schistosomiasis) and micronutrient supplements to children at school. Teachers and the community perceived this as an acceptable role for teachers

Policy:

- Training and use of teachers to deliver simple health interventions, in collaboration with health sector workers and with involvement of the local community.

■ Food vendors – nutrition and hygiene.

Policy development and setting the objectives of school nutrition provides the framework for implementing all the other recommendations aimed at improving education through better health and nutrition. Analyzing the nutrition and health situation of school children with focus on causes of energy and micronutrient deficiencies has become a way to engage governments in the problems of that age group and the necessary content of the policy for school nutrition programming and provision of school food services.

Many governments have given private enterprises the responsibility for preparing and delivering a ready to eat meal or snack. It is argued that governments should encourage small local enterprises. Some school canteens in Lesotho, for example, are run by former local vendors who successfully bid on the privatized service. In Nigeria state and local governments train and license vendors who sell to schoolchildren. In Indonesia school principals use their power to choose the vendors who serve their schools.

Another problem to tackle with policies are quality and hygiene of the food served. Governments need to regulate what is sold by commercial vendors and regulate the standards of sanitation. Even in the United States, concern for the nutritional quality of foods provided by private vendors has made the move to privatization slow; yet where it has occurred, the benefits appear to be substantial.

Cohen M. (1991) 'Use of Microenterprises in the delivery of Food programs to School children'
World Bank

The author discusses the significant contribution street food trade makes in some areas to the diet of school-age children and argues for using this part of the food distribution system when considering school nutrition programming. Project experiences suggest that the informal institution of street food vendors have been effectively used to deliver nutrition/food assistance to schoolchildren. Working with street vendors to improve the nutritional quality and safety of these foods involves an approach that considers not only the needs of children but also the financial viability of the enterprise and the training and management needs of the individual vendor. It is suggested that the success of using this approach for school nutrition programming depends on involving all institutions which may affect the legitimacy of this economic activity, i.e., municipal and local government, ministries of education and health, and non-governmental organizations which represent vendors' interests.

Converting from a Government supplied to a privately supplied school lunch program in Rhode Island has led to cheaper yet tastier and more nutritious lunches in the public schools there. The state government recently terminated its twenty-five year old program of centrally planned and purchased lunches for the public schools and hired private contractors to take over the program. The annual cost of the program plummeted from US\$11 million to US\$ 200,000 and federal and state subsidies fell almost one half. An expressed concern at the time of the conversion was that private run program would emphasize profit over nutritional quality, but the new program delivers higher nutritional value than the old program did and student participation in the program have soared.
Glass, Stephen. 1995 Incredible yet Edible; How Rhode island beefed up its school lunch program.
Washington Post. (September 3)

Policy:

- Regulation of vendors and the quality, hygiene and standard of the food provided.

4. The way forward

The Convention of the Rights of the Child, now ratified by most countries of the world give Governments the political responsibility to endorse and monitor clear health related policies. School health policies can provide highly visible opportunities for the Governments and the whole society to demonstrate commitment to equity, non-discrimination, gender issues and human rights in all the

schools in their countries. School policies should be clearly communicated to the school population and actively monitored by the PTA and the community. In the new FRESH framework school policies providing a safe, inclusive and non-discriminatory environment is one of the four core interventions. These policies are most effective when supported by other reinforcing strategies such as provision of safe water and sanitation, skills based health education and provision of basic health and other services. Implemented together those four interventions will lead to better learning outcomes and health of school children in the 21 century.

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**THE FRESH
FRAMEWORK**

**HEALTH RELATED
SCHOOL POLICIES**

**SAFE WATER &
SANITATION**

**SKILLS BASED
HEALTH
EDUCATION**

**SCHOOL BASED
HEALTH &
NUTRITION
SERVICES**

Core Intervention 2: Provision of Safe Water and Sanitation

The FRESH framework, an intersectoral partnership to Focus Resources on Effective School Health, provides the context for provision of safe water and sanitation facilities for children in schools. Creating a healthy school environment by provision of safe water and sanitation facilities within schools, to improve children's health, well being and dignity, is likely to be most effective where it is supported by other reinforcing strategies. These strategies include policies to provide a non-discriminatory safe and secure environment, skills based health education, provision of health and other services, effective referral to external health service providers and links with the community. The FRESH framework provides this context by positioning provision of safe water and sanitation among its four core components, that should be made available together for all schools:

- ④ Health related school policies
- ④ **Safe water and sanitation**
- ④ Skills based health education
- ④ Access to health and nutrition services

These core components of the FRESH framework require school-community partnerships as the supporting strategies for the success of school health and nutrition programs. These include effective partnerships between the health and education sectors, teachers and health workers, schools and community groups and between the pupils and those responsible for implementing school health programs.

Despite all the progress reported worldwide in recent decades, more than 2.3 billion people still live without access to sanitation facilities and are unable to practice such basic hygiene as washing their hands with soap and water. Diseases related to poor sanitation and water availability cause many people to fall ill or even die. Children are the most vulnerable to health hazards and consequently are affected the most. In 1998, 2.2 million people died because of diarrhoeal diseases, of which the vast majority were children. In addition poor sanitation has led to the infection of nearly a billion people - largely children - with a variety of worm infections, with corresponding costs in health and energy.

While the impact of poor sanitation and hygiene is known to be disastrous for infants and young children, it also has an important impact on the health of school-age children including adolescents. It is obvious that lack of sanitation and hygiene is a public disaster that deserves the highest priority.

Most of these infections which are related to poor sanitation and hygiene, **ARE PREVENTABLE**. Diseases such as diarrhea and parasitic worm infections need to be tackled by making improvements to water and sanitation facilities. However such improvements must go hand in hand with hygiene behavior change, if the transmission of disease is to be prevented.

Disease is not the only problem caused by poor sanitation in the school environment. Providing safe and separate sanitation facilities for girls, particularly adolescents, is one of the key factors in promoting greater school attendance by girls, and preventing them from staying away from school, particularly during menstruation.

Access to sanitation facilities is a fundamental right that safeguards health and human dignity. Providing those facilities at schools not only helps to meet that right, it also provides the most favorable setting to encourage behavior change in the school and in the community.

Implementing the right to sanitation is critical to positive outcomes in early childhood care, for young children and adolescents, especially girls.

*How sanitary can conditions be when 90 young children in a school are sharing one toilet? Or when 54% of the toilets are not functioning? Primary schools in some of the poorest countries have inadequate sanitation facilities, according to a pilot survey of 14 countries in 1995. The average number of users is often higher than 50 students per toilet in city schools. None of the 14 countries had increased the number of school toilets by more than 8% since 1990, suggesting that they are barely managing to keep up with the rise in student populations. Somewhat better progress had been achieved in providing safe water in schools. Inadequate sanitation and water in schools jeopardize not only students' health but also their attendance. Girls in particular are likely to be kept out of school if there are no sanitation facilities.
(UNICEF, Progress of Nations 1997, p. 13)*

1. Why school hygiene and sanitation: the health perspective

About 400 million school-age children are infected by roundworm, whipworm, hookworm, schistosomiasis and other flukes and/or guinea worm, often with multiple species infections. These parasites consume nutrients from children they infect. In doing so they bring about or aggravate malnutrition and retard children's physical development. This can lead to stunting, underweight and anemia (iron deficiency anemia, IDA).

Recent studies strongly suggest that school-age children suffer from higher levels of stunting than previously acknowledged. Stunting is increasingly being used as an indicator of population well-being and indicator for poverty. Estimates from the WHO global database are that 53% of school-aged children in developing countries are suffering from IDA. When levels of anemia exceed 40% it is defined as a public health problem requiring the provision of iron supplements, a health service included in the FRESH framework together with deworming.

Morbidity and mortality associated with various water and sanitation related diseases			
Disease type	Morbidity (no. of cases each year)	Mortality (deaths each year)	Population at risk
Diarrhea	<4,000 million	2.5 million	<2,000 million
Amoebic dysentery	48,000	70,000	"
Cholera	145,000 (1996 data)	10,000 (1996 data)	"
Roundworm	250 million	60,000	"
Hookworm	151 million	65,000	"
Whipworm	43.5 million	10,000	N/A
Guinea worm	70,000	None	100 million
Trachoma	600 million (6 million blind)	None	500 million
Schistosomiasis	200,000	20,000	600 million

Source: World Health Report, 1998

- Helminth particularly hookworm infection have been shown to cause iron deficiency anemia (IDA), reduce growth and may negatively affect cognition. (Stoltzfus *et al*, 1997)

- It is estimated that 210 million schoolchildren suffer from IDA (Del Rosso and Marek, 1996).
- There is substantial evidence that IDA in children is associated with decreased physical and mental development and impaired immune function.
- Inadequate water and sanitation facilities can contribute to high rates of transmission of helminth infections, that in turn contribute to iron deficiency anemia.

Figure 1. shows that the highest rate of roundworm and whipworm infections are often demonstrated in groups of 5-9 and 10-14 years old.

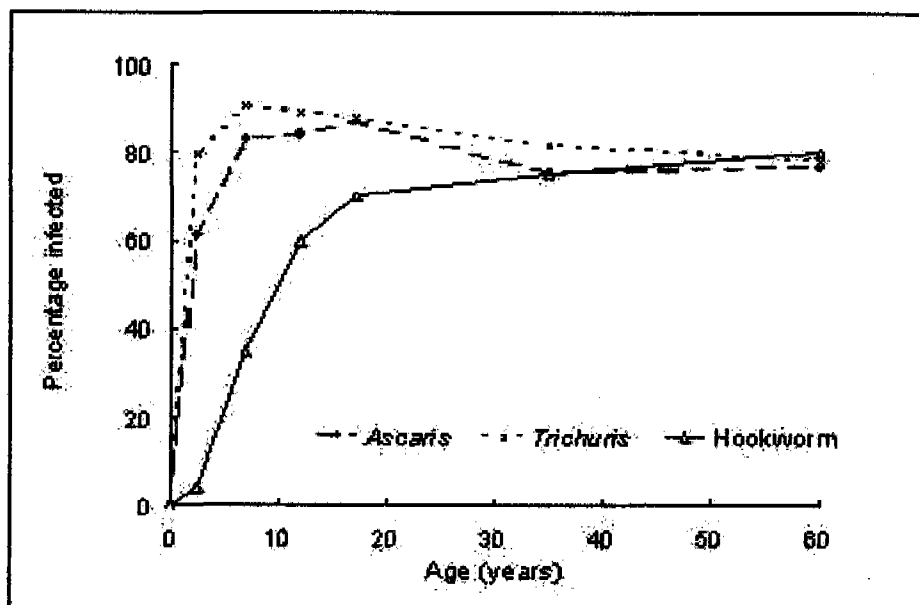


Figure 1. Worm infection by age (adapted from Bundy, 1988)

Global prevalence and number of cases of intestinal helminth infection in school-age children are estimated at: Roundworm 35% (320 million); Whipworm 25% (233 million); Hookworm 26% (239 million). (*Partnership for Child Development, 1997.*)

As most of the worm infections are preventable, the emphasis should be on key interventions to break the transmission of these diseases:

- The safe, efficient and hygienic disposal of faeces, particularly child faeces.
- The safe, efficient and hygienic management of water from extraction, through transport storage to use (particularly for drinking and hand-washing).
- The regular and effective use of water (with a scouring agent like soap or ash) for hand washing after contact with stools (Curtis, 1998).

Multiple, coordinated strategies produce a greater effect than individual strategies, but these strategies need to be selective and targeted. While treatment of parasitic infections may have an immediate short term impact, a program will only show a sustainable effect when combined with training of teachers and administrators, classroom education and the provision of sanitary facilities as included in the FRESH framework of action.

2. Why school hygiene and sanitation: the learning perspective

As numerous studies show, education and health are inseparable: stunting, nutritional deficiencies,

diarrhea and helminth infections affect school participation and learning. It is well known that stunted children enroll late into school and probably are less likely to complete their schooling with long term consequences for educational performance, outcome and productivity. Importantly, many of these issues can be addressed effectively through health, hygiene and nutrition policies and programs for students and staff.

Helminth reduction programmes in schools can have a significant impact on health and learning among school children. De-worming of school-age children can improve both growth and educational achievement, especially for the children most heavily infected.

Data from studies show that the prevalence of stunting increased with age showing a higher proportion of stunted school-age children. (Partnership for Child Development, 1998).

Studies have shown that linear growth continues beyond the normal puberty growth period. This suggests that school based programmes aimed at improving health and nutrition status may have the potential to bring about catch-up growth in stunted school age children. (Stoltzfus *et al.* 1997, 1998)

Children with heavy worm burdens are likely to be absent from school for a greater proportion of the time than those who are lightly infected or free from worms (Figure 2).

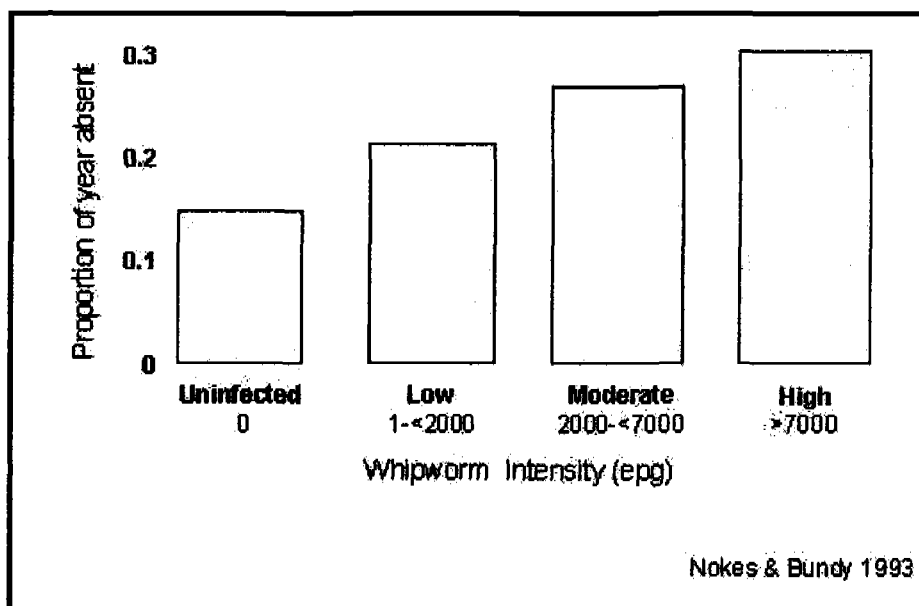


Figure 2. School Absenteeism and helminth infection

Worm infection has also been shown to influence children's cognitive ability (see Drake *et al.*, 2000) and school attendance (e.g. Simeon *et al.*, 1995).

3. Why school hygiene and sanitation: the gender perspective

Lack of facilities and poor hygiene affect both girls and boys, although poor sanitation conditions at schools have a stronger negative impact on girls. All girls should have access to safe, clean, separate and private sanitation facilities in their schools. If there are no latrines and hand-washing facilities at

school or if they are in a poor state of repair, then many children would rather not attend than use the alternatives. In particular girls who are old enough to menstruate need to have adequate facilities at school and normally separate from those of boys, this is strongly supported by FRESH. If they don't they may miss school that week and find it hard to catch up, which makes them more likely to drop out of school altogether.

Many children, again mainly girls, miss out on time at school because they are having to walk long distances in order to fetch water. Also in schools, when the schoolteacher sends children to fetch water, it is predominantly girls who are sent.

Lessons learned from a DPHE-UNICEF study in 1994 and 1998 in Bangladesh showed that provision of water and sanitation facilities in schools increased girls' attendance by 15%. Interaction with family and demand for sanitation facilities at home were seen in 80% of children where those practices were acquired at school.

In addition to the obvious health benefits and time savings (particularly affecting young school-age girls), provision of safe water and sanitation facilities can also have an influence on school enrolment and attendance. The lack of adequate, separate sanitary facilities in schools is one of the main factors preventing girls from attending school, particularly when menstruating. In Bangladesh, a school sanitation program increased girls' enrolment by 11%, a level that is beyond the reach of conventional educational reform (Cairncross, 1998).

When other family members become sick (often due to sanitation related diseases), girls are more likely to be kept home to help. This can lead to reduced school attendance by girls and can result in an increase in drop-out rates. This situation will become even more critical in communities hard hit by the HIV/AIDS pandemic.

4. Why school hygiene and sanitation: the child's perspective

Children spend long hours in schools. The school environment will partly determine these children's health and well-being by providing a healthy or unhealthy environment. Compared to adults, children are often more receptive to new ideas and can more easily change their behavior and/or develop new long-term behaviors as a result of increased knowledge and facilitated practices.

Depending on the culture, children and youth, may question existing practices in the household and become agents of change within their families and communities. Teachers as professionals and influential individuals, supported by the school management, can play an important role in the development of pupils through training and providing a role model in the communities.

Life skills training (LST) as promoted by FRESH and used in water and sanitation education can help children make informed decisions and avoid risky situations and behaviors and give them opportunity to practice these skills. They are more effective than traditional teaching methods in influencing behavior rather than just imparting knowledge. These skills are best acquired through learner-centered, participatory, experimental programmes (e.g. WHO, 1996)

Children are future role models and parents. What they learn at school is likely to be passed on to their peers and to their own children. It is obvious that all sanitation facilities and educational programs should be adapted to the different physical and cultural needs of girls and boys at different ages, key aspects enshrined in the concept of child friendly schools.

5. School sanitation facilities are not enough

Although there is an urgent need for speeding up the installment of appropriate facilities, school sanitation is not only about building child-friendly facilities. Experience shows clearly that mere provision of services, be it within schools or at household level, will not be sustainable. Facilities need to be maintained, and in order to be maintained there must be a recognized need and demand for water as well as sanitation at schools. To improve the sanitation environment of schools, and to ensure benefits from safe and clean facilities, behavioral change is needed, leading to a proper use of the facilities as well as to organized maintenance of the facilities and to sanitation-related behaviors such as hand-washing.

Government officials from 6 different countries in Sub-Saharan Africa gave situation reports on water and sanitation at home and in schools at the Water and Sanitation workshop in October 2000 in Burkina Faso. For most of the countries the assessments showed lower coverage in schools of water and latrines compared to the general population and low state of usage and maintenance. In Cote d'Ivoire, for example, 62% in rural areas had water and 40 % in the capital Abidjan had sanitation. In schools only 30% has water and 32 % latrines. According to a survey in the Yopougon area, Cote d'Ivoire, 62% of WCs do not work and there are about one WC/latrine per 381 students (suggested 1/40 girls and 1/80 boys) and one urinoire per 892 students (suggested 1/50).

Schools are an integral part of a community. Involvement of the local community in school sanitation and hygiene activities increases the effectiveness of the programs. It also promotes the sense of ownership within communities that is needed to sustain the school systems for operation and maintenance, particularly important in the absence of effective local government to provide such services. Although school sanitation and hygiene promotion can bring health benefits for the children and their family members who may improve their sanitation, it is clear that sanitation is a public good and that sanitation improvement has much greater benefit when it is achieved by a whole community. Experience shows that children can act as potential agents of change within their homes and communities through their knowledge and use of sanitation and hygiene practice learned at school.

A recent review of 144 different interventions demonstrated the impact on morbidity of general water sanitation and hygienic interventions:

- 36% median reduction of diarrhea from the safe disposal of faeces
- 35% median reduction of diarrhea from hand-washing with soap after contact with stools
- 20% median reduction in diarrhea from protection of water from faecal contamination
- 26% median reduction in diarrhea from the integration of hygiene education or promotion in water projects (Esrey *et al.*, 1990)

However, without mobilization and motivation of the community as a whole, the impact of a school sanitation and hygiene promotion program may remain limited.

6. Targets for the future

The shared world vision for hygiene sanitation and water supply, based on the recognition of hygienic conditions and adequate access to safe water and sanitation services as fundamental rights, include school sanitation and hygiene education targets. The suggested school sanitation and hygiene education targets for 2015 are:

- ⊙ 80% of primary school children educated about hygiene
- ⊙ all schools equipped with facilities for sanitation and hand-washing

These targets are most effectively implemented within the context of the FRESH Partnership, where provision of safe water and sanitation for schools is positioned as one of the core FRESH activities.

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Core Intervention 3: Skills Based Health Education

THE FRESH FRAMEWORK

HEALTH RELATED SCHOOL POLICIES

SAFE WATER & SANITATION

SKILLS BASED HEALTH EDUCATION

SCHOOL BASED HEALTH & NUTRITION SERVICES

The FRESH framework, an intersectoral partnership to Focus Resources on Effective School Health, provides the context for effective implementation of skills based health education programs. Skills based health education, delivered through schools, is most effective where it is supported by other reinforcing strategies such as policies to provide a non-discriminatory safe and secure environment, provision of safe water and sanitation, provision of health and other services, effective referral to external health service providers and links with the community. The FRESH framework provides this context by positioning skills based health education among its four core components, which should be made available together for all schools:

- ⊙ *Health related school policies*
- ⊙ *Safe water and sanitation*
- ⊙ *Skills based health education*
- ⊙ *Access to health and nutrition services*

These core components of the FRESH framework require school-community partnerships as the supporting strategies for the success of school health and nutrition programs. These include effective partnerships between the health and education sectors, teachers and health workers, schools and community groups and between the pupils and those responsible for implementing school health programs.

The challenges facing children growing up in the 21st century, especially the poorest and most disadvantaged children living in low income countries are greater than ever. Millions of children are affected by problems of poor nutrition, infectious diseases, inadequate access to clean water and sanitation, violence, substance abuse and the increasing threat and burden of living with HIV/AIDS. Children and young people need to be equipped with the knowledge, attitudes, values and skills that will help them face these challenges and assist them in making healthy life-style choices as they grow. **Skills based health education** delivered through schools is one of the ways through which children can be helped to face these challenges and make such choices.

1. Why skills based health education?

The application of skills based health education, in particular life skills, to areas such as HIV/AIDS prevention, reproductive health, early pregnancy, violence, tobacco and substance abuse is becoming increasingly widespread. In areas such as these, individual behavior, social and peer pressure, cultural norms and abusive relationships may all contribute to the health and lifestyle problems of children and adolescents. There is now increasing evidence that in tackling these issues and health problems, *a skills based approach to health education works*, and is more effective than teaching knowledge alone.

There are numerous studies indicating that providing information about issues such as sex, STDs and HIV (transmission, risk factors, how to avoid infection) is necessary, but not sufficient, to lead to healthy behavioral change (Hubley, 2000). Programs that provide accurate information, to counteract the myths and misinformation, frequently report improvements in knowledge and attitudes, but this is poorly correlated with behavioral change related to risk taking and desirable behavioral outcomes (Gatawa 1995, UNAIDS 1997a). Skills-based health education can be effective in the more difficult task of achieving and sustaining behavior change.

Skills based health education is widely applicable

Although the areas outlined above are seen to be problems largely affecting older children and adolescents, both this age group and younger children also face a wider range of health, hygiene and nutrition problems where skills based health education can play a vital role in sustainable prevention and management. Examples of this include water and sanitation related diseases such as helminth infections. (Helminth infections include soil borne intestinal nematodes such as roundworm (*Ascaris lumbricoides*), whipworm (*Trichuris trichiura*) and hookworm, and water borne species such as *Schistosoma haematobium* and *S. mansoni*.)

Globally, millions of children are infected with parasitic helminths, with greatest burden in the poorer countries (an estimated 320 million with roundworm, 233 million with whipworm and 239 million with hookworm – PCD, 1997). School-age children are the most heavily infected group both in terms of prevalence and intensity of infection. Helminth infections are estimated to account for over 12% of the total disease burden in girls aged 5 to 14 years and over 11% of the burden in boys making this the single largest contributor to the disease burden of this group. Helminth infections have been shown to cause iron deficiency anemia (particularly hookworm), reduce growth and may negatively affect cognition (Drake *et al.*, 2000; Stoltzfus *et al.* 1998).

Skills based health and hygiene education programs play a vital role in combating diseases such as helminth infections. This is done through promoting Knowledge of areas such as symptoms, transmission, and behaviors that are specifically relevant to helminth infection in each community; Attitudes such as responsibility for personal, family and community health, confidence to change unhealthy habits; Skills such as avoiding behaviors that are likely to cause infection, encourage others to change unhealthy habits, communicate messages about worm infection to families, peers and members of the community (WHO, 1996).

Skills based health education can also be seen as widely applicable to a range of other areas where knowledge, attitudes and skills play a critical role as part of a comprehensive strategy for combating disease and promoting healthy life styles. This includes a wide range of diseases and conditions that affect the health of children and adolescents, including: vector borne diseases such as malaria; water and sanitation related diseases such as diarrheal diseases, trachoma and schistosomiasis; nutrition related conditions such as micronutrient deficiencies and other forms of malnutrition.

The skills based approach extends traditional methods of teaching about health, which tend to be knowledge based and didactic in approach. In contrast, skills based health education focuses upon the development of *Knowledge, Attitudes, Values, and Skills* (including *life skills* such as interpersonal skills, critical and creative thinking, decision making and self awareness) needed to make and act on the most appropriate and positive health-related decisions. Health in this context extends beyond physical health to include psycho-social and environmental health issues. This approach utilizes student centered and participatory methodologies, giving participants the opportunity to explore and acquire health promoting knowledge, attitudes and values and to practice the skills they need to avoid risky and unhealthy situations and adopt and sustain healthier life styles.

HIV/AIDS – a critical need for skills based health education

HIV/AIDS is an area where the scale and impact of the problem is such that the urgency of implementing preventative measures, including skills based health education, is critical. Skills based health education programs are being increasingly adopted as means of reaching children and young people to help halt the spread of this crippling epidemic. Studies from African countries show that children between the ages of 5 and 14 have the lowest prevalence of HIV infection. Below the age of 5 they are susceptible to mother to child transmission, and after they become sexually active, the rate of infection increases rapidly – especially for girls (Kelly, 2000). Children aged 5-14 need to be reached at this critical stage in their lives and offer the 'window of hope' in stopping the spread of HIV/AIDS.

2. Skills Based Health Education Does Change Behavior

There is now strong evidence from an increasing number of studies that skills based health

Education, applied in an appropriate context, changes behavior – including behavior in sensitive and difficult areas where knowledge based health education has failed.

- ◆ **USA – Sexuality and HIV education:** This study was implemented in 4 schools in New York City with 9th and 11th grade students (867 students), in intervention (AIDS prevention program and control classes (no AIDS prevention program). The program focused on correcting facts about AIDS, teaching cognitive skills to appraise risk of transmission, increasing knowledge of AIDS-prevention resources, changing perceptions of risk-taking behavior, clarifying personal values, understanding external influences and teaching skills to delay intercourse and/or consistently use condoms. An evaluation carried out three months after the end of the program found that the intervention group showed the following positive behavioral outcomes when compared with the control group: decrease in intercourse with high risk partners, increase in monogamous relationships and an increase in consistent condom use. (Walter & Vaughan, 1993).
- ◆ **Nigeria - HIV/AIDS prevention:** Health education programs are being implemented in many schools in Nigeria to increase levels of knowledge, influence attitudes and encourage safe sexual practices among secondary school students. A study to evaluate one such program was conducted comparing 223 students who received comprehensive sexual health education with 217 controls. Students in the intervention group received 6 weekly sessions lasting 2-6 hours, with activities including lectures, film shows, role-play stories, songs, debates, essays and a demonstration of the correct use of condoms. Following the intervention, students in the intervention group showed a greater knowledge and increased tolerance of people with AIDS compared to the control. The mean number of sexual partners also decreased in the intervention group, while the control group showed a slight increase. The program was also successful in increasing condom use (Fawole *et al.*, 1999).
- ◆ **USA - A cognitive-behavioral approach to substance abuse prevention:** The effectiveness of a 20 session cognitive-behavioral approach to substance abuse prevention was tested on seventh grade students (n=1,311) from 10 suburban New York junior high schools. The prevention strategy attempted to reduce interpersonal pressure to smoke, drink excessively, or use marijuana by fostering the development of general life skills as well as teaching students tactics for resisting direct interpersonal pressure to use these substances. Additionally, this study was designed to compare the relative effectiveness of this type of prevention program when implemented by either older peer leaders or regular classroom teachers. Results indicated that the prevention program had a significant impact on cigarette smoking, excessive drinking, and marijuana use when implemented by peer leaders. Furthermore, significant changes were also evident with respect to selected cognitive, attitudinal, and personality predisposing variables in a direction consistent with non-substance use. These results provide further support for the efficacy of broad-spectrum smoking prevention strategy and tentative support for its applicability to the prevention of other forms of substance abuse. (Botvin *et al.*, 1984).
- ◆ **USA – School based drug abuse prevention program:** A randomized control trial involving over 3,000 students in 56 public schools, implemented a drug abuse prevention program, teaching general life skills and skills for resisting social influences to use drugs. Follow-up data were collected 6 years after the initial baseline survey. Significant reductions were found for both drug and polydrug (tobacco, alcohol and marijuana) use in the groups that received the prevention program, compared to the control groups. The conclusion from this study was that drug abuse prevention programs conducted during junior high school, can produce significant and durable reductions in tobacco, alcohol and marijuana use if they 1) teach a combination of social resistance and general life skills, 2) are properly implemented, and 3) include at least 2 years of booster sessions. (Botvin *et al.*, 1995).

3. Context for implementing Skills Based Health Education with HIV/AIDS prevention

Although there is strong evidence that skills based HIV/AIDS prevention is effective when properly applied and supported, implementing this approach and achieving this success on a larger, countywide scale is one of the greatest challenges to be faced. To be effective, HIV/AIDS prevention programs must address the following areas:



Reassure stakeholders that these messages are beneficial: Talking and teaching about reproductive health and HIV/AIDS issues does not result in earlier initiation of sex or promiscuity. The evidence suggests that well implemented skills-based programs, conducted in an atmosphere of free discussion of all the issues, is likely to lead to young people delaying the initiation of intercourse and reducing the frequency of intercourse and number of sexual partners (Kirby *et al.* 1994, UNAIDS 1997a).

- **Provide support to teachers:** The lack of support for implementation of new programs is one of the most important factors affecting success. For most teachers both the content and methods of HIV/AIDS prevention programs are new and perhaps sensitive, and yet the approach has great potential to assist teachers both in their work and also their personal lives: since HIV/AIDS is, of course, also affecting teachers. Sufficient support, training, practice and time needs to be available to teachers, in both pre- and in-service training sessions and workshops, to facilitate reflection and development of their own attitudes, and to motivate them to apply their new knowledge and skills, rather than continue with the more didactic, traditional teaching methods, which are often focused on information alone (Gatawa 1995, Gachuhi 1999). In addition, sufficient time and an appropriate place must also be given in the curriculum so that *all students* have access to HIV/AIDS prevention.
- **Start early:** As well as targeting adolescents, programs need to be targeted at children at an early age, with developmentally appropriate messages, before they leave school (Gachuhi 1999, Partnership for Child Development 1998). Because younger children are generally not sexually active, these programs will address the building blocks for healthy living and avoiding risk, rather than the very specific issues related to sexual relationships and HIV/AIDS which are progressively introduced to programs for older ages. However, the large number and diverse age range of children within primary schools is an enduring challenge, especially when addressing sensitive issues (Partnership for Child Development 1998). Active and self-directed learning methods which are commonly used in skills-based health education can be helpful in overcoming these classroom management issues to some extent.
- **Provide a supportive environment:** Schools need to have strong policies and a healthy supportive environment in terms of behavior of students towards each other, teachers and school personnel. Sexual abuse can occur in schools, with both boys and girls reporting abuse by school staff (Kinsman *et al.* 1999, Lowensen *et al.* 1996). Programs need to address this potential problem by training and supporting teachers, so that they can become role models rather than neutral or adverse figures in relation to sexual behavior.
- **Respond to local needs:** Many of the models for HIV/AIDS prevention have been developed in western, developed countries. The available evidence from developing countries, although more limited in scope than the studies from non-developing countries, supports skills-based health education for HIV/AIDS and reproductive health (Hubley, 2000). The main issue is that wherever programs are to be implemented they must be shaped to meet the local sociocultural norms, values and religious beliefs, and need to include ongoing monitoring (Kirby *et al.* 1994, UNAIDS 1999, Kinsman *et al.* 1999)

4. Elements of a Skills Based Health Education for HIV/AIDS prevention

Reviews of school-based HIV/AIDS prevention programs (23 studies in the USA (Kirby *et al.* 1994), 37 other countries (reported in UNAIDS 1999) and 53 studies in USA, Europe and elsewhere (UNAIDS 1997a) have identified the following common characteristics of successful programs:

- ◆ Focus on a few *specific behavioral goals*, (such as delaying initiation of intercourse or using protection), which requires knowledge, attitude and skill objectives.
- ◆ Provision of *basic, accurate information* that is relevant to behavior change, especially the risks of unprotected intercourse and methods of avoiding unprotected intercourse.
- ◆ Reinforcement of *clear and appropriate values* to strengthen individual values and group norms against unprotected sex.
- ◆ Modelling and practice in *communication and negotiation skills* particularly, as well as other related "life skills".
- ◆ Use of *Social Learning theories* as a foundation for program development.
- ◆ Addressing *social influences* on sexual behaviors, including the important role of media and peers.
- ◆ Use of *participatory activities* (games, role playing, group discussions etc.) to achieve the

- objectives of personalising information, exploring attitudes and values, and practising skills.
- ✦ *Extensive training* for teachers/implementers to allow them to master the basic information about HIV/AIDS and to practice and become confident with life skills training methods.
- ✦ *Support* for reproductive health and HIV/STD prevention programs by school authorities, decision and policy makers, as well as the wider community.
- ✦ *Evaluation* (e.g. of outcomes, design, implementation, sustainability, school, student and community support) so that programs can be improved and successful practices encouraged
- ✦ *Age-appropriateness*, targeting students in different age groups and developmental stages with appropriate messages that are relevant to young people. For example one goal of targeting younger students, who are not yet sexually active, might be to delay the initiation of intercourse, whereas for sexually active students the emphasis might be to reduce the number of sexual partners and use condoms.
- ✦ *Gender sensitive*, for both boys and girls.

5. Additional Case Studies

Follow these links for additional case studies of Skills Based Health Education in [Zimbabwe](#), [Peru](#), [Colombia](#), [Vietnam](#) and [Tanzania](#).

6. The way forward

Skills based health education, promoted in a supportive framework such as that offered by the FRE schools initiative, offers an effective approach to equipping children and young people with the knowledge, attitudes and skills that they need to help them avoid risk taking behavior and adopt healthier life styles. The scope of skills based health education means that it can be applied to a wide range of areas, especially STD and HIV/AIDS prevention, but also including violence, substance abuse, unwanted situations such as early pregnancy, water and sanitation related diseases, and all areas where knowledge attitudes and skills play a critical role in combating disease and promoting a healthy lifestyle for children and young people growing up in the 21st century.

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**! UNDER
CONSTRUCTION !**

THE FRESH FRAMEWORK

**HEALTH RELATED SCHOOL
POLICIES**

SAFE WATER & SANITATION

**SKILLS BASED HEALTH
EDUCATION**

**SCHOOL BASED HEALTH &
NUTRITION SERVICES**

School Based Health & Nutrition Services

This page will contain information on School Based Health & Nutrition Services - a core component of the FRESH framework



School Sanitation and Hygiene Education

Background and Rationale for School Sanitation and Hygiene Education

(Prepared by Lizette Burgers/Sr. Advisor Hygiene and Sanitation- UNICEF-New York)

Global context

At the eve of the new Millennium, despite all the progress reported world-wide in recent decades, more than 2,3 billion people still live without access to sanitation¹ facilities and are unable to practise such basic hygiene as washing their hands with soap and water. Diseases related to poor sanitation and water availability cause many people to fall ill or even die. Children are the most vulnerable to health hazards and consequently are affected the most. In 1998 2,2 million people died because of diarrhoeal diseases, of which the vast majority were children. In addition poor sanitation has led to the infestation of nearly a billion people - largely children - with a variety of worm infections, with its corresponding costs in health and energy.

While the impact of poor sanitation and hygiene is known to be disastrous for small children, it also has an important impact on the health of school-age children including adolescents. It is obvious that lack of sanitation and hygiene is a public disaster that deserves the highest priority.

When children survive beyond their fifth birthday, they still face major problems of ill-health and malnutrition. Over 1.4 billion children between the ages of 5 and 14 - approximately 87% of all children - live in developing countries. Children in this age group are 14 times more likely to die between their 5th and 14th birthdays than their counterparts in industrialised countries. It is widely recognised that schools could play an important role in bringing about behavioural changes and promoting better health.

One of the major problems faced by hundreds of millions school-age children is infection by parasites and flukes. These parasites consume nutrients from children they infect, bringing about or aggravating malnutrition and retarding children's physical development. They also destroy tissues and organs in which they live causing pain and various health problems. water and sanitation related diseases affecting children include diarrhoea, trachoma, schistosomiasis, scabies and Guinea worm. All of these have compromise children's attendance and performance at school and, not uncommonly, can result in death.

Most of these infections which statistics tell about, are preventable. Diseases such as diarrhoea and parasitic worm infections need to be tackled by making improvements to water and sanitation facilities. However such improvements must go hand in hand with hygiene behaviour change, if the transmission of disease is to be prevented. Access to sanitation facilities is a fundamental right that safeguards health and human dignity. Providing such facilities at schools not only helps to meet that right; it also provides the most favourable setting to encourage behaviour change in the school and in the community.

Implementing the right to sanitation is critical to positive outcomes in early childhood care, for young children and adolescents, especially girls.

¹ Improved environmental sanitation and hygiene behaviour involves change. The term sanitation, therefore, is defined as a process whereby people demand, effect and sustain a hygienic and healthy environment for themselves, their family members and their community.

The link between health and learning

As numerous studies show, education and health are inseparable: nutritional deficiencies, diarrhoea and helminth infections affect school participation and learning . Importantly, many of these issues can be addressed effectively through health, hygiene and nutrition policies and programmes for students and staff.

Often there are not enough resources and time to address all the health problems at once and to accomplish all the goals of a health promotion or disease prevention effort. Programme planners sometimes must choose between providing a variety of strategies for a given population or focusing their efforts on a smaller number of activities. School hygiene education and sanitation promotion is being considered as a critical area for intervention, and a special interagency initiative - called **FRESH** (see below) - has been started to address these issues in a more integrated manner.

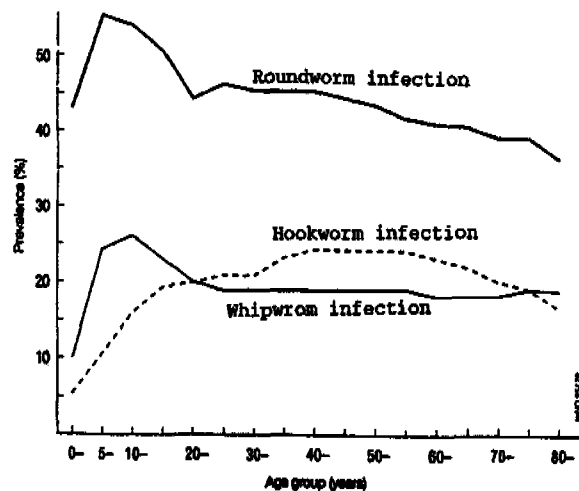
The present situation in schools

The sanitary conditions of schools in rural and urban areas in developing countries are often appalling, creating health hazards and other negative impacts, thus schools are not safe for children. Although water and sanitation facilities are recognised as fundamental for hygienic behaviour and children’s well-being, in practice, the sanitary conditions in most schools are woefully inadequate. Water supply, sanitation and hand washing facilities are either non-existent, too few or inadequate due to poor maintenance of water systems and toilets or latrines. Lack of facilities is only part of the problem. Where they are present, facilities are not adapted to the needs of children, in particular girls. Also the motivation of teachers and head teachers to provide offer skills-based hygiene education is not always evident.

*How sanitary can conditions be when 90 young children in a school are sharing one toilet? Or when 54% of the toilets are not functioning? Primary schools in some of the poorest countries have inadequate sanitation facilities, according to a pilot survey of 14 countries in 1995. The average number of users is often higher than 50 students per toilet in city schools. None of the 14 countries had increased the number of school toilets by more than 8% since 1990, suggesting that they are barely managing to keep up with the rise in student populations. Somewhat better progress had been achieved in providing safe water in schools. Inadequate sanitation and water in schools jeopardise not only students' health but also their attendance. Girls in particular are likely to be kept out of school if there are no sanitation facilities.
(UNICEF, Progress of Nations 1997, p. 13)*

Why school hygiene and sanitation: the health perspective

Helminth infections are one of the leading causes of disease among young people and adults in the world today. Hundreds of millions of school-age children are infected by roundworm, whip-worm, hookworm, schistosomiasis and other flukes and/or guinea worm. Of these, the intestinal worms are most common. These parasites consume nutrients from children they infect. In doing so they bring about or aggravate malnutrition and retard children's physical development. They also destroy tissues and organs in which they live causing pain and various health problems. They affect the health and well-being of millions of people, especially young people. Figure 1 below shows that the highest rate of roundworm and whip-worm infections are often demonstrated in groups of 5-9 and 10-14 years old (WHO,1995). About 400 million



school-aged children are infected by roundworm, whip-worm and/or hookworm. In fact, roundworm and whip-worm alone are estimated to affect one quarter of the world's population. Research has shown that controlling these infections in children helps to reduce it in the adult population.

Guinea worm has a dramatic effect on school attendance . Children miss school when they have the disease themselves, and also when they have to stand in for their sick parents, working in the field or at home. Schools in endemic areas often have to close for a month or more each year as a result.

Diarrhoeal diseases are not exclusively a problem of infants; they are also an important cause of morbidity, absence from school and even mortality in older children. As case management of acute diarrhoeas has improved and brought down the diarrhoea death rate, an increasing proportion of the residue is attributable to persistent and bloody diarrhoeas, which are particularly susceptible to control by improved hygiene.

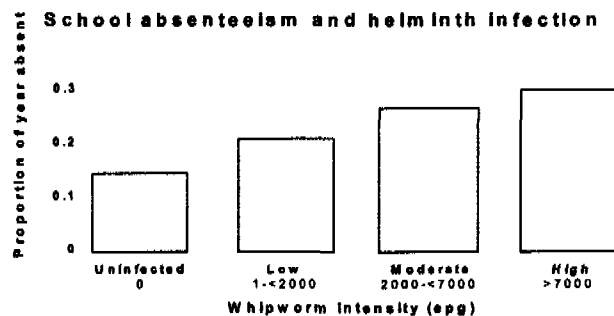
Eye infections, especially trachoma, are common among school children. Repeated infection during childhood is a key causative factor in the blindness which trachoma often causes later in life. Seventy percent of the blind people are women, who are most frequently in contact with infected children.

Table 1 provides all available 1997 global morbidity and mortality estimates for hygiene related diseases; age specific data are not yet readily available.

Morbidity and mortality associated with various water and sanitation related diseases			
Disease type	Morbidity (number of cases each year)	Mortality (deaths each year)	Population at risk
Diarrhoea	More than 4,000 million	2.5 million	More than 2,000 million
Amoebic dysentery	48,000	70,000	"
Cholera	145,000 (1996 data)	10,000 (1996 data)	"
Roundworm	250 million infections	60,000	"
Hookworm	151 million infections	65,000	"
Whip-worm	43.5 million	10,000	N/A
Guinea worm	70,000	None	100 million
Trachoma	600 million (6 million blind)	None	500 million
Schistosomiasis	200,000	20,000	600 million mostly in Africa

Source: World Health Report, 1998

All these diseases have long-term consequences for a child's health, compromise children's attendance and performance at school and, not uncommonly, can result in death. As most of the infections are preventable, the emphasis should be on key interventions to break the transmission of these diseases. The essential barriers to most of these infections are (i) isolation of excreta from the environment and (ii) regular washing of hands and faces. Improved sanitation together with hygiene promotion can help control all these infections. Multiple, co-ordinated strategies produce a greater effect than individual strategies, but these strategies need to be selective and targeted. While treatment of parasitic infections may have an immediate short term impact, a programme will only have show a sustainable effect when combined with training of teachers and administrators, classroom education and the provision of sanitary facilities.

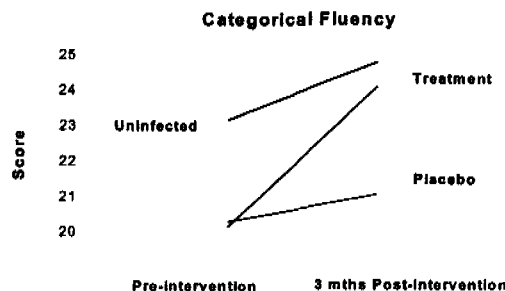


Nokes et al 1993

Why school hygiene and sanitation: the learning perspective

Helminth reduction programmes in schools can have a significant impact on health and learning among school children. After de-worming, school children show remarkable spurts in their growth and educational development. Although limited in number, studies show that learning outcomes of healthy children are much higher than children infected with helminths (Figs a and b).

Improvement in Cognitive Performance with Treatment in School Children in Jamaica



Nokes et al 1992

These results from de-worming studies provide strong support for sanitation, because periodic use of anti-helminthic drugs can only be justified if at the same time the source of the infections (in most cases poor excreta management and poor excreta related hygiene) are addressed at the same time.

Also there is a positive association between education and productivity, so that infections which inhibit educational achievement are also likely to affect production during adulthood.

Why school hygiene and sanitation: the gender perspective

Lack of facilities and poor hygiene affect both girls and boys, although poor sanitation conditions at schools have a stronger negative impact on girls. All girls should have access to safe, clean, separate and private sanitation facilities in their schools. If there are no latrines and hand-washing facilities at school or if they are in a poor state of repair, then many children would rather not attend than use the alternatives. In particular girls who are old enough to menstruate need to have adequate facilities at school and normally separate from those of boys. If they don't they may miss school that week and find it hard to catch up, which makes them more likely to drop out of school altogether.

Lack of soap a gender issue

One of the boys in the group kept on saying, "girls lack soap, girls lack soap", as the main reason why they drop out from school. The complexity of girls poverty or lack of soap leads to sexual risk behaviour, i.e. selling sex or massive girl dropout from school at puberty. At this particular school, it happens between standard 6 and 7. Without soap a girl stinks and boys mock. Her rags (for sanitary towels) are recycled yet inadequately washed due to lack of soap. If she attends school, there are no girl-friendly sanitation facilities at school: no privacy, no water for washing hands. It seems a fallacy when we ask, "Why do girls continue to drop out from school". (Reijer, P. and Chalimba M.(2000). Going to Scale: sustained risk reduction behaviour for Youth. Evaluation report for the Government of the Netherlands UNICEF Malawi)

Many children, again mainly girls, miss out on time at school because they are having to walk long distances in order to fetch water. Also in schools, when the schoolteacher sends children to fetch water, it is predominantly girls who are sent.

When other family members become sick (often due to sanitation related diseases), girls are more likely to be kept home to help. This can lead to reduced school attendance by girls and can result in an increase in drop-out rates. This situation will become even more critical in communities hard hit by the HIV/AIDS pandemic.

Why school hygiene and sanitation: the child's perspective

Children spend long hours in schools. The school environment will partly determine these children's health and well-being by providing a healthy or unhealthy environment. Focusing on schools and the people connected to schools has several additional advantages. Compared to adults, children are more receptive to new ideas and can more easily change their behaviour and/or develop new long-term behaviours as a result of increased knowledge and facilitated practices. Depending on the culture, children and youth, accounting for more than half of the total population in many developing countries, may question existing practices in the household and become agents of change within their families and communities. Teachers as professionals and influential individuals, supported by the school management, can play an important role in the development of pupils through training and providing a role model in the communities.

Children are future role models and parents. What they learn at school is likely to be passed on to their peers and to their own children. It is obvious that all sanitation facilities and educational programmes should be adapted to the different physical and cultural needs of girls and boys at different ages, key aspects enshrined in the concept of child friendly schools.

Opportunities and Lessons learned

During the last decade school sanitation has been an integral part of more than 30 UNICEF country programmes, and in many more programmes, schools are involved in one way or another. An inventory of all UNICEF school sanitation and hygiene education programmes is presently in process. Although not yet completed, this shows that there is ample variation in the scale and approaches as well as the significance and effectiveness of the programmes.

A variety of approaches has been tried and valid experiences are accumulating on sustainable maintenance and community outreach, the training of teachers and other community members, and the construction of separate school sanitation facilities for boys and girls to increase enrolment and attendance of girls. However at the same time the need for guidance has been noted in reports from the field.

School sanitation facilities are not enough

Although there is an urgent need for speeding up the instalment of appropriate facilities, school sanitation is not only about building child-friendly facilities. Experience shows clearly that mere provision of services, be it within schools or at household level, will not be sustainable. Facilities need to be maintained, and in order to be maintained there must be recognised need and demand for water as well as sanitation at schools. To improve the sanitation environment of schools, and to ensure benefits from safe and clean facilities, behavioural change is needed, leading to a proper use of the facilities as well as to organised maintenance of the facilities and to sanitation-related behaviours such as hand-washing.

Schools are an integral part of a community. Involvement of community in school sanitation and hygiene activities increases the effectiveness of the programmes. It also promotes the sense of ownership within communities to sustain the school systems for operation and maintenance, particularly important in the absence of effective local government to provide such services. Although school sanitation and hygiene promotion can bring health benefits for the children and their family members who may improve their sanitation, it is clear that sanitation is a public good and that sanitation improvement has much greater benefit when it is achieved by a whole community. Experience shows that children can act as potential agents of change within their homes and communities through their knowledge and use of sanitation and hygiene practice learned at school. However, without mobilisation and motivation of the community as a whole, the impact of a school sanitation and hygiene promotion programme may remain limited. Further experimentation is needed to maximise the use of schools as an entry point for community sanitation and hygiene promotion and to define what support from community level is needed to make the interventions sustainable and cost-effective.

Vision 21 targets

The shared world vision for hygiene sanitation and water supply for the new millennium as presented in Vision 21 and based on the recognition of hygienic conditions and adequate access to safe water and sanitation services as fundamental rights, includes school sanitation and hygiene education targets. The suggested school sanitation and hygiene education targets for 2015 are:

- 80% of primary school children educated about hygiene
- all schools equipped with facilities for sanitation and hand-washing

The relevant target for 2025 is:

- all primary school children educated about hygiene.

UNICEF beyond the year 2000

One of the focus areas of UNICEF's intervention in the next decade is "*helping all children to enter and remain in school, by giving them the chance to learn in a "child-friendly" environment, to master basic education and to develop the social and intellectual skills needed for "responsible life in a free society..."*" (UNICEF 1999, The focus of UNICEF's Work Beyond 2000). School Sanitation and Hygiene Education is a means to this end.

UNICEF, together with many of its partners, is helping to shape the global agenda for children beyond the year 2000. The future agenda will focus on prevention in the key interventions of early childhood care, basic education and adolescence programmes. Water, environmental sanitation and hygiene education continue to be critical to the UNICEF mandate to promote early childhood care for survival, growth and development and basic education for children, with a focus on girls. UNICEF will continue to assist governments to move towards universal access to safe water supply and sanitation services as a fundamental need which is essential to ensure the right of the child to the enjoyment of the highest attainable standard of health and education.

Child-friendly Schools Framework

Ensuring that children are healthy and able to learn is a major component of an effective education system. Good health and nutrition are not only essential inputs but also important outcomes of good quality basic education. UNICEF together with its partners at global and country level is promoting rights-based, child-friendly education systems and schools, especially for excluded groups that are effective with children, healthy and protective for children, gender sensitive and involved with the community. The child-friendly school (CFS) framework has the capacity to get schools and communities working together to get more children into school and to make sure that they receive an education of better quality. Child friendly schools:

- promote good health:
 - provide hygiene and sanitation facilities;
 - provide life skills-based health and hygiene education
 - provide health and nutrition services
 - guarantee the security and safety of children
- promote child and youth participation
- encourage active school-parent community partnerships.

FRESH Start Initiative

The framework appears to be increasingly popular around the world, as the basis of both government policy and school-community practices. It is the basis of the FRESH start initiative which was launched in at the Education for all Conference in April 2000 in Senegal by UNICEF, WHO, UNESCO, IDAHO, Education International, the World Bank and the private sector. FRESH - Focussing Resources for Effective School Health - promotes the focusing of resources on the school-aged child and has developed a common framework as a starting point for an effective health component in a broader effort to achieve

more child-friendly schools. This framework includes a core of simple and familiar interventions that capture the best practices from programme experiences. These interventions, when supported by effective inter-sectoral and community partnerships, can even be implemented in the poorest schools and in hard-to-reach rural areas, as well as in more accessible urban areas. On the basis of the framework, the individual countries are expected to develop their own strategy to match local needs. The four core interventions proposed are:

1. Provision of safe water and sanitation

An essential step towards a healthy physical learning environment.

2. Skills-based health education

This approach to health education focuses on the development of knowledge, attitude, and life skills needed to deal with health and social issues. The development of specific psycho-social skills and the opportunity to use and practice them are central to effective skills-based health education. When individuals have these skills, they are more likely to adopt and sustain a healthy lifestyle during schooling and the rest of their lives.

3. School-based health and nutrition services

Schools can effectively deliver a variety of health and nutritional services provided that the services are simple, safe and familiar, address problems that are prevalent within the community and are recognized as important.

4. Health-related school policies

Health policies in schools can support the three interventions above. In addition, these policies could help promote inclusion and equity in the school environment if addressing issues like the further education of pregnant school girls, young mothers and children (in)directly affected by HIV.

Besides the four core interventions, the FRESH Start approach discerns three supporting activities that provide the context in which the interventions can be implemented.

These supporting activities are:

- Effective partnerships between teachers and health workers and between the education and health sectors
- *Effective community partnerships:* promoting a positive interaction between the school and the community which is fundamental to the success and sustainability of any school improvement process.
- *Pupil awareness and participation* as children must be important participants in all aspects of school health programmes and not simply the beneficiaries.

Life Skills Approach in SSHE

What is the life skills approach?

The life skills approach (also known as skills-based health education) refers to the interactive process of teaching and learning that focuses on acquiring knowledge, attitudes and skills to support behaviour that enables people to take greater responsibility for their own lives. Traditional approaches have often been information-based and didactic, and often neglect the 'real life' applications of information and the role of attitudes and values or the need for interpersonal skills, especially related to sensitive issues and personal behaviour. Making healthy life choices, gaining greater resistance to negative pressures, and minimising harmful behaviour such as drug use and taking HIV/AIDS related risks is complex. The life skills approach is designed to reduce that complexity. Since hygiene education also aims at changing risk-behaviour, the life skills approach is perfect for application in this field.

In summary, a short list of criteria has been developed to suggest the basic elements of the life skills approach:

- Is *behaviour change* one of the programme objectives?
- Is there a *balance* of knowledge, attitudes and skills?
- Is it *participant-centred*? (gender-sensitive, relevant)
- Are *participatory* teaching and learning methods used?
- Are sensitive issues *not isolated*?*

Why the need for a life skills approach?

The challenges faced by young people today have changed significantly from those affecting previous generations. Some simply did not exist before, and others have intensified or become more complex - for example, HIV/AIDS and other sexually transmitted diseases, sexual and other forms of exploitation, alcohol, tobacco and other drug use, war and political instability. The causes of these problems are complex and multifaceted, requiring a comprehensive, multi-strategy approach. The life skills approach is expected to contribute to a reduction in their damage to the individual and society, and to maintaining and promoting healthy lifestyles.

What distinguishes the life skills approach from other approaches?

There are two main elements of skills-based health education: the content, and the teaching and learning methods. The content consists of a balance of knowledge, attitudes, and (life) skills. The skills component consists of interpersonal and psycho-social skills such as assertion, negotiation, decision making, empathy building, values clarification, stress and coping skills – commonly known as life skills. The teaching and learning methods are mainly interactive and participatory. The content and the teaching and learning methods are designed and implemented to have the greatest impact on reducing risks and promoting behaviour that will lead to healthy development.

Traditionally programmes have over-emphasised information, usually scientific information, using what is often referred to as 'information only' approaches. These programmes are useful for developing the necessary information base but generally not sufficiently effective in making an impact on attitudes and skills that might support healthy behaviour. The life skills approach focuses on only that information considered necessary to influencing attitudes, skills, and behaviours, rather than all the information that there is to know about a topic.

Life skills-based hygiene education workshop

One of the main conclusions of the workshop held in New York for participants from various countries participating in the SSHE programme, was that the development of life skills-based hygiene education materials cannot be done by water and sanitation engineers or educational professionals alone. Through the exercises the participants realised how useful it was for professionals of different sectors to work together on the development of a life skills-based hygiene education curriculum. Their relatively new expertise in the life skills approach can modify traditional views of SSHE programmes to focus on the most important aspects of knowledge, attitudes, skills and behaviours relevant to the experiences and interests of children of different age groups and in different situations. All participants realised that the development of the materials as well as the implementation of the approach will require a considerable amount of effort and time. Issues for attention identified by the participants are:

- The need for inter-sectoral interaction and collaboration when developing the life skills-based hygiene educational materials.
- The need to ensure that there is a good balance between water and sanitation issues covered in the materials.
- The need to adapt the life skills-based hygiene education materials to the local context.
- The need for training and support of the teachers.

*Source: Explore ideas: articles, opinions, and research about teaching and learning. Available on line at UNICEF website:
<http://www.unicef.org/teachers>.*

* Sensitive issues such as personal hygiene, reproductive health or HIV/AIDS implications should be addressed within the context of other issues that are relevant to participants, rather than separated out into other subjects, or avoided altogether.

The use of life skills approach in the context SSHE in Vietnam

During the national SSHE workshop in Vietnam, the life skills curriculum planners of the Ministry of Education and Training (MOET) developed several lesson plans for life skills- based hygiene education, drawing on their experiences with the “life skills-based approach to HIV/AIDS prevention in schools” project initiated in 1997. The curriculum planners and the teachers agreed that the approach can also be used for other subjects such as in the context of hygiene education. The result of an exercise that reflects how life skills-based education can be applied in the context of SSHE is presented below.

Topic: Washing hands before eating			
Situation	A girl and her sister are playing on the ground, their mother comes back for the market, and gives them cakes. The young sister wants to take the cake without washing her hands. If you were old sister, what do you do?		
Knowledge	Attitudes	(Life) Skills	Teaching methods
Dirty hands can bring infectious disease	Importance of washing hands before handling food.	Say NO to offering of food if your hands are not clean.	Brainstorming Role play

Topic: Latrine use preventing blockage			
Situation	Student An puts used paper into the latrine ¹ . Student Ba sees student's An behavior. What do you do?		
Knowledge	Attitudes	(Life) Skills	Teaching methods
Knowledge on proper use latrine.	Disagree on putting used paper into latrine.	Communicate with friends on maintenance of school latrine. Value school latrine for students in school.	Group discussion Role play

¹ In Vietnam toilet paper is kept in a separate basket.

Some of the challenges for the implementation of the life skills approach in SSHE are:


- To adapt the methodology to the context of hygiene and sanitation
- To cater for more training on the life skills approach; the emphasis of the teacher training needs to be on including both the hygiene and sanitation content in the exercises and on the instructional aspects on how to implement the life skills approach
- To ensure greater balance in the amount of time spent on attitudes and skills relative to knowledge
- To ensure more time for teachers to prepare lessons that focus on skills development and capacities needed to analyse potentially harmful behaviour.



Source and picture: UNICEF, Vietnam

Source: Notes & News,
March 2001
5/30/2002

School Sanitation, Hygiene and Environmental Education



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scenario one




Girls Education MTSP Target 1 TO GET GIRLS IN SCHOOLS

Target One:

- by 2005 all countries with a girls' net enrolment rate of less than 85% will have policies and procedures and practices to reduce the number of out of school girls by at least 30%

WES inputs

Sitan Analysis/Programme Planning Process

- ↪ Address factors inhibiting girls to enter and stay in schools

WES programmes

- ↪ to bring water closer to the home
- ↪ to promote hygiene/sanitation to reduce the burden of diseases

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GE Target 2 TO KEEP GIRLS IN SCHOOLS

Target

Quality learning in child-friendly gender sensitive schools in at least 50 countries

WES inputs:

Sitan Analysis Quality Education

- Address quality of learning environment:
- Monitor situation at country level

SSHE/FRESH programmes

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What is the aim of school health programs?

To improve learning and educational outcomes through enhanced health, hygiene and nutrition

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Child-Friendly School Concept

- Promote rights-based, child-friendly education systems and schools, especially for excluded groups:

- HEALTHY for children
- EFFECTIVE with children
- PROTECTIVE of children
- GENDER-sensitive
- INVOLVED with families and communities -- and children.



Such schools:

- reflect and help realise the rights of every child
- act to ensure inclusion, respect for diversity, and equality of opportunity
- are child-centred, gender-sensitive, and girl-friendly
- define and assess desired learning outcomes
- ensure respect and provide professional development for teachers



Child-friendly schools:

- promote good health through
 - provision of water and sanitation facilities
 - provision of life skills-based health and hygiene education
 - provision of health and nutrition services
 - guaranteeing the security and safety of children.
- promote environmental education and child participation
- encourage active school-parent-community partnerships

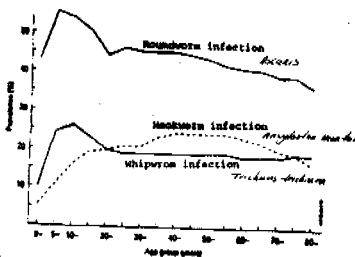


Why School Sanitation and Hygiene Education?

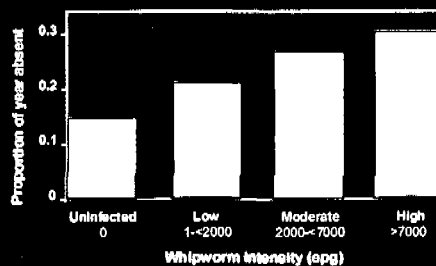
- The Health perspective:
 - About 400 million school-aged children infected by roundworm, whipworm and hookworm.
 - Highest infections in children of 5-9 and 10-14 years old
- The learning perspective
 - Learning outcomes of healthy children are much higher
 - Children are eager to learn



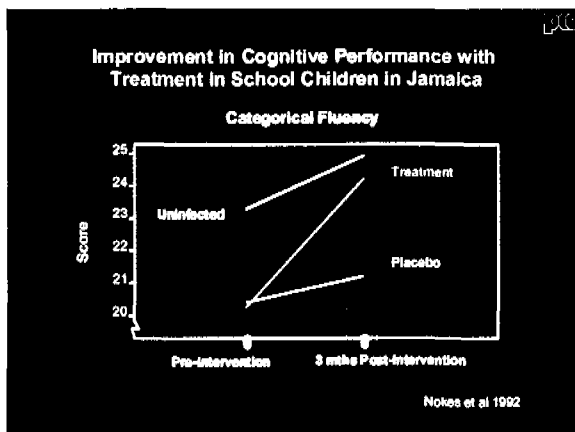
The prevalence of parasite infections



School absenteeism and helminth infection



Nokes et al 1993



The Gender perspective

- Girls need to have access to safe, clean, and private sanitation facilities
- girls, miss out time at school because they have to fetch water
- When family members fall sick, girls are more likely to be kept home to help

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FRESH Initiative:

Focussing Resources on Effective School Health
(WHO/PAHO, WORLD BANK, UNICEF & UNESCO)

Supporting activities

- Effective partnerships between teachers and health workers
- Effective community partnerships
- Pupil participation

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FRESH Core Interventions

- Safe water and sanitation for all schools
- Effective health policies for schools
- Skills based health, hygiene, nutrition education
- Schools based health & nutrition services

↑↓
Participation & Links with the community

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FRESH :What is the aim of school health programs?

To improve learning and educational outcomes through enhanced health and nutrition:

- in particular in the most deprived areas
- in particular girls who are often the least healthy and most malnourished

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1st step: Safe Water and Sanitation facilities in all schools

- Hygiene education is meaningless without clean water and safe facilities
- in most countries a realistic goal
- entry point for wider demand for improved facilities in the community
- sound construction policies/options required
- separate facilities for girls required
- sound MAINTENANCE policies required

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Skills based hygiene/health education

- Development of knowledge, attitudes, values and life skills needed to act on most critical hygiene/health related issues
- includes not only physical health but also psycho-social and environmental health issues
- includes development of attitudes related to gender equity and respect between girls and boys

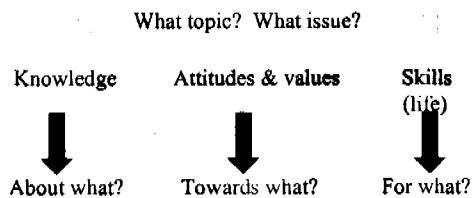


(Life) Skills Contexts Methods

- Communication & self awareness skills
- Decision making skills
- Values analysis & clarification skills
- Assertion skills
- Coping & stress management skills



(Life) Skills Contexts Methods



Methods for teaching & learning better

- child-centred
- interactive & participatory

- group work & discussion
- brainstorming
- role play
- educational games
- debates
- practising people skills



3 ways to implement the life skills approach

- single "carrier" subject
- infuse across the curriculum
- separate subject
- combinations of the above




Criteria for Life skills-based education

- Behaviour change as part of objectives
- Balance of knowledge, attitudes & skills
- Participatory teaching & learning methods
- Student-centred...relevant




Curriculum Planning Sheet

Grade Level:	ME	ME and my SCHOOL	ME and my HOME	ME and my COMMUNITY
Knowledge				
Attitude				
Skills <small>Communication Critical Thinking Problem Solving Decision Making Self-Management Teamwork</small>				
Behavioral Objectives	e.g. hand washing	e.g. use of latrines	e.g. sorting garbage	e.g. use of composting frame
Subject Matter				




Health/Hygiene related policies

- To ensure access to basic facilities, to provide life-skills based education and some health services
- to address also issues like gender discrimination, abuse, sexual harassment, violence, punishment...
- To address health/hygiene related practices of teachers and students.
- Need to involve many levels: national, local government, teachers and children and parents at school level




Health and Nutrition Services ...

- If necessary schools can provide some simple services if simple, safe, familiar and relevant
- e.g to deal with micro-nutrients deficiencies, worm infections by oral treatment, provision of meal/snack, ...




UNICEF support in SSHE programmes

- ◆ Supporting on-going school sanitation and hygiene education activities in more than 44 countries.
- ◆ Publishing of a updated manual on school sanitation and hygiene education.
- ◆ Methodology development in several pilot countries



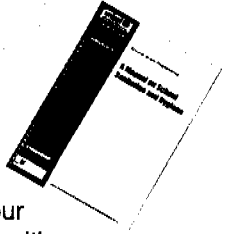
School Sanitation Pilot Initiative


- ◆ Testing of low-cost child friendly technology options
- ◆ Life skills training on sanitation and hygiene
- ◆ Development of participatory teaching aids
- ◆ Evaluation and documentation of country level experiences and best practices
- ◆ Global access to information on school sanitation and hygiene education (newsletter, advocacy materials, CD-rom, WEB Site, etc.)



Tools

- The Manual
- Notes & News
- Web Page
- E-mail Conference
- Mailing list
- Help us and share your information on SSHE with UNICEF.





Observations related to the Gambia SSHE programme



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Principles...

- Programme convergence : mapping of development programmes and resources
- Reaching the difficult to reach and the least served (girls, marginalised communities, working children)
- Communities as equal partners
- Decentralized management
- Gender focus
- Potential for up-scaling
- Local capacity training and management

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Access to safe drinking water and sanitation facilities: Child Friendly Design

- *Enhancing comfort: materials, colors, light ventilation.*
- *Applying appropriate dimensions, definition of the necessary capacity of facilities. adaptation for different age groups? Gender specific designs: partly specific needs for girls (cleansing when menstruating) and boys (use of urinals?).*
- *Integration of hand washing facilities and cleansing facilitation: Soap place?*
- *Lay-outs for facilities taking in account aspects such as privacy, safety, gender, etc.*
- *Location and surrounding of the facility: Ensuring accessibility, supervision, protection*

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the policy framework

- National Education Policy?
- National Health Policy?
- National Water Policy?
- National Population Policy?
- National Nutrition Policy?
- guidelines....

Should there be a
National School Sanitation and
Hygiene Education Programme

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Policy will include??

- Definition of minimum amount of water required per child to maintain public health
- Maintenance contract with school and Development Committee (e.g. before starting construction)
- differences between urban, peri-urban and rural areas? Designs, costs, regulations
- Mechanisms for payment for water if connected to water network?
- Standards for private schools?

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Skills based hygiene education ...

look at

- inter-active participation
- balance between subjects
- linkages between what is learnt and relevance in daily life (school, home, community)
- materials and tools
- Involvement of children in water quality monitoring

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Strategy includes...

...alliance Building
... result orientation and have an effective delivery system

WHERE

- | | | |
|-----------|---|------------------|
| Child | → | A key resource |
| School | → | Knowledge centre |
| Education | → | Behaviour change |
| Teacher | → | Facilitator |
| Community | → | An equal partner |



Implementation Plan for acceleration

- District Plans of Action/Planning Meetings
- Concept Paper/validation Gov-Partners
- Communication Strategy/ Plan
- Teacher training on health
- Establishment of National Steering Committee
- Formation of state/ district teams
- Outreach programme - mother clubs - community sanitation promotion
- Exchange of experiences within regions/with neighbors



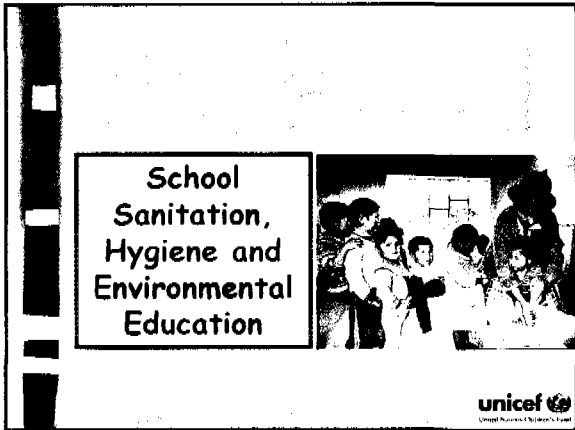
Final Output..?

- ..% of primary schools per district to have improved water and sanitation facilities
- ..% students and teachers to know the benefits of and regularly use the facilities
- ..% of students and teachers have conveyed sanitation and hygiene concepts and messages to their families and communities
- ..Participatory assessment of learning projects carried out.



**Realisation of the right
to sanitation & safe water
is critical to positive outcomes
in early childhood,
for young children
and adolescence,
especially girls**





**GE Target 1
TO GET GIRLS IN SCHOOLS**

Target One:

- by 2005 all countries with a girls' net enrolment rate of less than 85% will have policies and procedures and practices to reduce the number of out of school girls by at least 30%

WES inputs

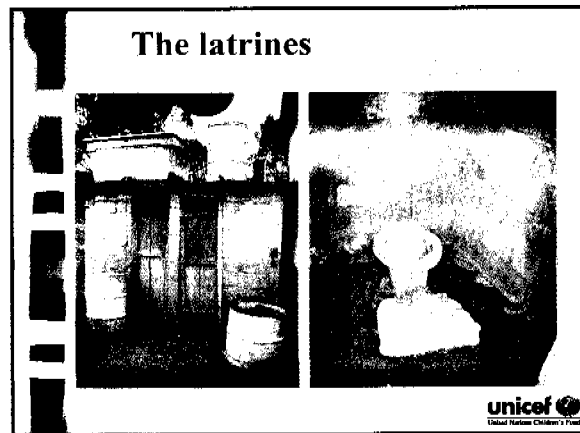
Sitan Analysis/Programme Planning Process

- Address factors inhibiting girls to enter and stay in schools

WES programmes

- to bring water closer to the home
- to promote hygiene/sanitation to reduce the burden of diseases

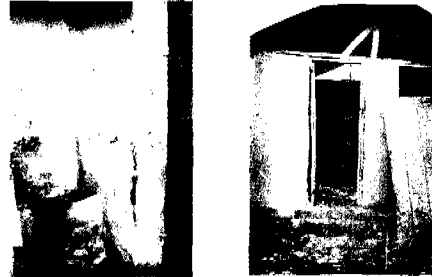
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Sanitation a need



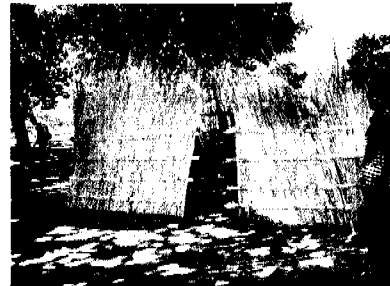
Sanitation neglected?
Quality of Education School in Haiti



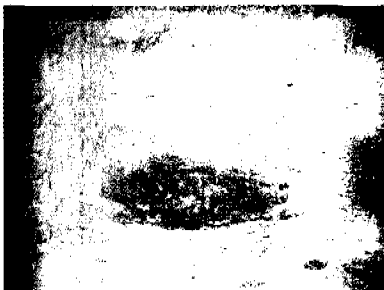
**Girl toilets
in Mexico**



Malawi: while the boys have a urinal



The girls do it in the open.....



Senegal-Casamance: lovely school



The WB provided new latrines:
40.000Fcfa/2 months



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Do education officers
ever look beyond the class?



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Nice school in
Senegal:
new buildings
handpump
and
latrines



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The tap is for the guard,
the dirty well for the children



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Lifeskills lesson in Senegal



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But the girls avoid drinking
water during the school day



Their
mothers
have
prohibited
the use of
school
latrines

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What is the aim of school health programs?

To improve learning and educational outcomes through enhanced health, hygiene and nutrition

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**GE Target 2
TO KEEP GIRLS IN SCHOOLS**

Target
Quality learning in child-friendly gender sensitive schools in at least 50 countries

WES inputs:
Sitan Analysis Quality Education

- Address quality of learning environment:
- Monitor situation at country level

SSHE/FRESH programmes

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FRESH
Focusing Resources on Effective School Health
(WHO/PAHO, WORLD BANK, UNICEF & UNESCO)

Core interventions::

- Safe water and sanitation for all schools
- Effective health policies for schools
- Skills based health, hygiene, nutrition education
- Schools based health & nutrition services

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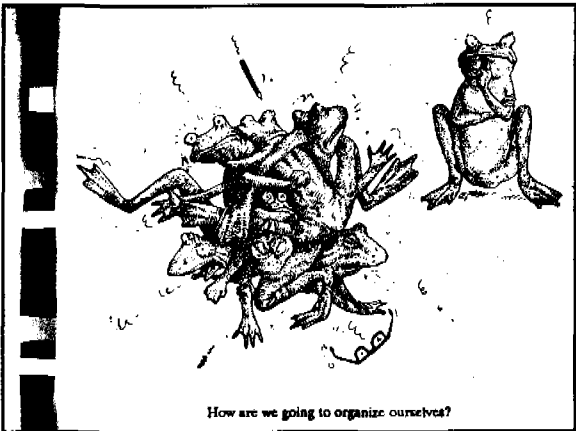
FRESH Core Interventions

- Safe water and sanitation for all schools
- Effective health policies for schools
- Skills based health, hygiene, nutrition education
- Schools based health & nutrition services

↑↓

Participation & Links with the community

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**What is needed to make
intersectoral collaboration
happen?**

**What do Education Officers
want from WES?**

**What do WES Officers want
from Education?**



Facilitators guide for Life skills based Hygiene Education Workshop

General Themes, Issues & Strategies

Participation strategies

Warm ups: keep a tool box of warm ups handy - just in case - to lift energy levels, to illustrate a point, to utilise a “teachable moment”, as a diversion, just for fun

Examples: train stations, killer, hand slaps, fruit salad, unfinished sentences, the web, stimulus OHTs, clumps, life raft, What if..., If I was an animal I would be..., Jigsaw....

To increase or decrease participation - use an object - you can only contribute when you have the object - eg. ball, stick, a coupon or picture of a set of lips, lit match (which limits time as well)

Volunteer presentations

At the end of each day, volunteers are called to present some activity that they want to show the group during the first session next day. Put tight time lines on this - eg. 20 minutes maximum. Make sure the presenters relate the activity to Water & Sanitation prevention education and, if possible, to identify which Life Skills it is linked to.

Evaluation: use a variety of strategies

- use activities, pen and paper, observation, verbal feedback
- build in feedback opportunities and systems for protecting participants
- compare responses at different stages

Examples of simple feedback techniques:

- use thumbs up, down or palm to floor (so-so)
- use five fingers


Gender Issues - consider gender issues throughout the program, in a range of activities - not as a separate course of study.

- a. School sanitation and hygiene are critical to a girl's chances of obtaining a good education
- b. Poor sanitation conditions at schools have a greater negative impact on girls leading to reduced school attendance and increased drop out rates.
- c. Every girl should have access to safe, separate and private sanitation facilities in their schools.
- d. When starting menstruation the need for these facilities is even greater.
- e. Girls usually bear the burden of sick family members.
- f. School facilities should reflect the different needs of boys and girls.

Water & Sanitation Information - Accurate, locally relevant information is critical to the training program. It is important to integrate local information and experts into the program as much as possible. Identify reliable sources of information in the community and invite them to present on locally identified aspects. Major risks, hot spots for infection; concurrent programs or initiatives; support, care and treatment; government policy & problems; political imperatives and impressions etc.

The approach to the training

The journey - imagine this training as the beginning of a journey, up a mountain. The size of that mountain will appear different in each person's mind depending on their perception of what is to come, their current skills, and their imagination. For about the first week you will probably feel like you are



climbing up hill, but the second week will feel more like skiing down a steep slope as all the concepts come together.

MATERIALS

1 envelope/ participant
1 notebook/ participant
3m sticky notes
VIPP cards, if you can find some eg Call Nicola Bull

Loose flip chart paper
markers – 2/participant
whiteboard pens
overhead transparencies

sticky tape,
blue tac
scissors
large headed pins for posting
A4 paper
Small box for questions (eg. shoebox or paper box)

flip chart
whiteboard
overhead projector
TV & video player
ppt projector

WORKSHOP OBJECTIVES

Participants will:

1. Understand Focussing Resources for Effective School health (FRESH), Child Friendly Schools (CFS), Health Promoting School (HPS) and other initiatives related to School Sanitation and Hygiene Education (SSHE)
2. Have experienced a range of lessons and activities which illustrate how to integrate Life Skills into hygiene education
3. Have the ability to analyse the quality of teaching and learning materials for hygiene education
4. Produce a draft, hygiene education scope and sequence chart for early, mid and late grades in primary school
5. Be able to facilitate workshops based on Life Skills-based hygiene education
6. Plan the implementation Life Skills-based hygiene education

DAY 1

INTRODUCTION

Daily Needs

- a. sticky notes; dis/agree signs; Question Box, Communication Cards, Communication Checklist, envelopes, W&S statements for Broken Telephone,

Group Dividers-∞ Friendship pairs, ⑤ Jig saw for 6 groups , Clumps

Introduction – Who am I? Nationality/ Education/ Personal

House Keeping Toilets, Break Times, Working to time
Negotiate times

A. Ice breaker: Name Tags

Each participant receives a name card, holder& string - construct
Locate the owner of the nametag and introduce yourself
Participant decorates their nametag and insist on wearing to all sessions

B. Icebreaker: Introduce Each Other

∞ Friendship

- Participants chat with another person for a few minutes.
- Ask the following questions:
name? work? hometown? interests?

Each participant introduces his or her partner to the group.

Processing: notice how much harder you listen when you know you need the information

Focusing Activity: Coffee Break

Participants form two lines facing each other

- Using the statements on the sheet, select the first one and talk with partner
- Allows 2mins for discussion and then moves one line
- With the new partner talk about the next topic for 2mins

Continue until all topics are discussed

Processing: What did you do? What was the purpose? How did you feel? Could you use this method with children?

Why Schools?

The school is a priority setting because it offers many opportunities to prevent infection and discrimination and promote health:

- Schools provide an efficient and effective way to reach large portions of the populations, including young people, school personnel, families and community members.
- Schools can provide interventions that help reduce infections and relate discrimination to particular groups in a variety of ways. (Learning experiences, linkages to services, a supportive environment)

- Schools reach children at influential stages in their lives when lifelong behaviours are formed.
- Schools provide a channel to the community to introduce water and sanitation education and advocate for policies and procedures

Why Children?

- Children are eager to learn.
- Children have important roles in the household chores.
- Children can become agents of change.
- Children are future parents.

Background to training program

1. Objectives/ Your job will be/ Evaluation from your own perspective
2. Goal of Water & Sanitation prevention education strategy
 - successful countries/approaches - Zimbabwe
3. Components of the strategy
 - research & policy/ - education programs & materials
4. FRESH Model Water & Sanitation
 - Question: What is Life Skills? Develop questions as a group?
 - Feedback – record questions on whiteboard
 - Return to these questions on final day.

Participatory Learning- Platform for all activities

For all activities throughout the workshop it is important that after the discussion relating to the activity is complete, a series of questions are asked to encourage participants to consider whether they would or could use the activity in the future.

“What did we do? How did you feel? Would you use this in the future? Would you make any alterations? If so, what?” Allow enough time for participants to consider their answers and enter into the discussion.


Graffiti Wall: Participant Expectations

Participants:

- write down what they expect from the workshop on a sticky note
 - place sticky note on the wall
 - write down as many expectations as they like on separate slips of paper
 - view the wall and place one tick on any other expectations they share
- Facilitator - collate the expectations and feedback to participants
(Personal Goal, something that YOU hope to get out of this week)

Self Esteem: Envelopes

① write their name on an envelope and attach to the wall. Small pieces of recycled paper are distributed. Throughout the workshop ① are encouraged to record positive comments for other participants that they have worked with, after each activity. Their secret person will present these on the final day.



Code of Behaviour/ Group Rules

❶ Think of a time when you have been working with a very ineffective/non-functional group of people. What is one thing you would have changed? For our group we need to develop a Code of Behaviour?

❷ Develop general positive rules you would suggest to help us conduct this workshop effectively? Make a group list.

Participants to think about practical and logistical issues such as reporting in for absences, consensus on start and finish times, punctuality and expectations of participant behaviour

Processing: Guidelines set up by participants are most likely to be observed. Ensure the following are mentioned: confidentiality, emotional and physical safety, tolerating and respecting the opinions others

Question Box:

Provide a box and some slips of paper.

Facilitator checks the box each morning for questions. Where possible allow other participants to answer the questions. This is an anonymous way of raising issues/concerns/questions.

COMMUNICATION

⑩ Clumps

Broken Telephone

Make lines of 8 or more people. More is better.

Whisper a simple short statement/s to the first person in the line. That person must whisper to the next being careful not let the person after that hear. No questions can be asked, and the message can only be said once to each person. When the message has been received at the end of the line, ask that person to say out loud what the message is.

Repeat using a long complex message – water & sanitation related.

Processing: Each line usually comes up with a different message.

Emphasis the importance of active listening, being able to clarify and ask questions. Relate this to how gossip can spread, or misinformation about infection. Sensitive issues are particularly prone to the whispering wall.

An important role of educators is to set myths and misinformation right.

Notice the length of the sentence and the complexity affected the accuracy – what messages does this have for us as educators.

∞ Clumps

Main Activity

Active Listening:

- ② sit back to back.

Allocate roles of sender and receiver. Give the sender a picture. Only the sender can see it. The sender must describe the picture to the receiver so that they can draw it - without looking of course. Only the sender can speak - no questions from the receiver (one-way communication). Swap. Repeat the exercise with no restriction other that the sender must not show the picture. (two-way communication)

Processing: Ask participants what problems arose, and which seating arrangement was easier for each participant. Ask why they think so.

What factors contribute to healthy and effective communication for both participants in a conversation or activity. Active listening is where you “attend” fully to the other person/s and consider making yourself understood and understanding the other persons as equal priorities. It is two-way NOT one-way conversation. Implications for teachers, students, both in and out of class

- ② same pairs

Conclusion: Communication Checklist

- ① complete the Communication Checklist
- ② discuss the points they have noted about the skill of communication.

Reflection Time

Use the Reflection Sheet provided to reflect on today’s activities.

Consider your in-country resources and how today’s methodologies could be used. How could/Do the resources incorporate aspects of the communication skills.

Identify the knowledge attitude and skills aspects of the day’s work.

DAY 2

DECISION MAKING SKILL

Today I Need

flip chart paper/ pens/ sticky tape/ handouts
group dividers

Housekeeping - tickets

Revisit previous day's activity sequence

Feedback and revision of Day 1: Coffee House

- Use any of the following:
 - What do you remember from yesterday?
 - One thing I learned yesterday was...

Elements of Life Skills – Journey.

Where are we now? What today? Decision Making/Values Clarification

FRESH – Knowledge/ Attitudes/ Skills
Life Skills/ Context/ Teaching Methodologies

Personal Resources Directory- discuss the use

Question Box:

Introduction to Lesson Planning

Identify themselves as lesson writing team

- Allow time for participants to write up activities for themselves rather than providing handouts
- Participants will benefit from a standardised lesson plan to write up for themselves the activities presented.
- Emphasise that the group will be shown many different introductions, main activities, and conclusion methods. Their job will be to select which of these they will use and how they will be used or adapted.

Offer the following lesson plan:

Resources/materials:

Purpose

1. Introduction: Ice breaker/Attention getter
Introduction to lesson focus

2. Main Activities
including checking for
understanding/evaluation

3. Conclusion

Teacher Reflection and Follow up

Introduction: Human Naughts and Crosses

- set up nine chairs in naught and crosses format
- form two lines in front of the chairs: one line will be naughts (hands on head) and one line will be crosses (hands across chest)
- emphasise that this is not a race
- the facilitator controls turns by alternately inviting one person from each team to take a seat, indicating their team by their hand positions; continue until one team wins or all seats are filled
- alter the game by calling for decisions more quickly, by allowing team consultation, then only allowing individual decisions and no conferring on decisions

Processing: What conditions affect decision-making? Make it easier, and harder? What causes stress? Group decisions usually produce a better outcome than individuals working alone.

5- Jig Saw

Decision Making:

Columbian Resource – Identify Management issues re Water/Food/Excreta/Rubbish

With me/ in school/ home / village

Identify the process/tool – Options /Consequences - positive & negative

Identify 1 negative aspect. Develop

Each group brainstorm 3 possible safer choices

Develop

Helping Forces	Hindering Forces
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Gallery walk A brief presentation of the highlights may be provided by each group to persuade individuals of the best choice to make

① stand beside the option they think has the consequences they feel comfortable with.

Processing: Benefits of this activity-time/ respect for participants/ acknowledgement of work

⊗ same pairs

Mixed Messages

∪ write a list of messages they received about personal hygiene

② discuss their list

③ **Brainstorm** who/what they receive the messages.

Processing: get good accurate information; check your sources
role of significant others/ importance of establishing congruence/
need to work from context to influence message development

Closure

Reinforces the two important steps in decision-making:

1. Gather good info from reliable sources, and
2. Weight up consequences

Energiser: Fruit Salad

VALUES CLARIFICATION

Materials: handouts, dis/agree signs

Self Esteem/ Icebreaker: Name Game

- form a circle including facilitator
- facilitator begins by introducing the person on their right and then giving their own name
- the next person to the facilitator's left then introduces the two people on their right (ie the first person & facilitator) followed by their own name
- the next person to the left then will introduce the three people on their right before themselves; the next person to the left will then introduce four people (on their right) and then themselves, and so on
- the last person (ie first person the facilitator introduced) will have the hardest job because they must remember the names for the entire circle

Processing: The purpose of this activity is to learn and reinforce the names of all participants; participants can assist each other but should be patient and not pre-empt attempts by colleagues. The degree of difficulty can be increased by adding an alliterative animal name (Suzy the snake, Tom the tiger), an interest, or some other small piece of information that can be distinctive for each person.

Introduction: Personal Crest

- complete the crest by placing answers to the following questions in each of the 6 spaces:

- (i) Name or nickname
- (ii) Someone important to you
- (iii) A favourite place
- (iv) A value or belief that you never budge on
- (v) A value or belief you would like the world to live by
- (vi) List three things you would hope others say about you

Share what you wish from the crest with the person who introduced you.

Processing: value diversity - we are all different

Main activities

a. Where do you stand? - simple version

- use simple questions to get participants used to the format eg. personal values and preferences on general issues, not specific to water & sanitation.

- (i) People should not ask personal/intimate questions
- (ii) People should be completely honest all the time
- (iii) People should share everything

Processing: notice that there are very few apparently obvious values that are universally applied in the same way. We each adapt and modify our behaviour according to circumstances and our own beliefs.

b. Water & Sanitation: Where do you stand? Sing a song v: Form a circle and face outwards so others aren't looking directly at you. Think of a common song known to all. Sing the song in the following roles. After each rendition, participants answer a question in that role or from the point of view of that "type" of person:

Roles

- as a 5 yr old

Questions

Sick children should not be allowed to go to school

I wouldn't sit next to someone who had faeces on their hands

- as an army/police officer

Women are to blame for their problems in the community

- as a monk

Mostly dirty people get sick

- as a teacher

Everyone should know if a student has

- as a rock star

When it comes to health & hygiene, you won't ever be able to get people to change their behaviour

Processing: What influences our values? Why does discrimination exist? Discrimination is usually based on fear not facts.

Reflect on "what have I learned?" & "what can I use?"

Write up today as per agreed lesson plan format

Values underpinning "Who Poisoned George"

Look at Video, Identify Options for the boy and complete Decision Making Sheet. Discuss in small group.

Processing: Check understanding of "values". Values are not facts.

Values can be different for different people - facts remain the same.

Different values or beliefs underpin different types of decisions.

Sometimes people believe their values to be facts (especially religious beliefs, also social norms and superstitions). Behaviour usually follows underlying values. People feel uncomfortable when their behaviour does not match their values or beliefs.

The third step in decision-making is values and feelings.

1. gather good info from reliable sources
2. weigh up consequences
3. consider feelings about decision

Discrimination

②- Same Symbols

Think, pair, and share

① List aspects of discrimination in water & sanitation that you can:

- a. do something about
- b. do nothing about

② Discuss

Join 2 x ② to make ④ and share something they can do something about.

Select 1 item and identify whom they will work with and what they will do.

Report to another ④

Processing: Teacher vs. peers. Would you use this? What would you change? Consider terms/comments are value laden, biased in various ways (e.g. gender), unhelpful in improving the water & sanitation/ levels of personal and community hygiene of the community, not particularly accurate, or damaging in other ways. Using the correct terms and language is important to conveying balanced and accurate messages. Being advocates.

Closure

Values are not facts. Values can vary between individuals and communities. Discrimination is usually based on fear not facts.

Informing people of the facts can assist in altering values that are based on other than fact.

Reflect on “what have I learned?” & “what can I use?”

Write up today as per agreed lesson plan format

Reflection Time

Use the Reflection Sheet provided to reflect on today’s activities.

Consider your in-country resources and how today’s methodologies could be used. How could/Do the resources incorporate aspects of the communication/ decision making, values clarification skills.

Identify the knowledge attitude and skills aspects of the day’s work.

DAY 3

ASSERTION

Materials: handouts, flip chart & pens, imaginary object, Observation Sheet

Feedback and revision of Day 2: Coffee House

- Use any of the following:
 - What do you remember from yesterday?
 - One thing I learned yesterday was...

Self Esteem: Think of Yourself

① Identify a colour/ a flower/ a car/ an animal/ a musical instrument
Draw/Write then share with others in the group.

Processing: Was this easy or hard to do? Why? What happened throughout the activity? What do these things say about you? What we see can sometimes have different meaning!

ζ- Pack of Cards

Main activities:

My Pen

Select 1 person from ζ and take them outside.

Give them an object and instruct them not to part with it.

Instruct the rest of the group, inside, to try and get the object from ①.

Nominate 2 people in ζ to be observers- use Observation Sheet

Invite ① back into the room and commence. Remind no physical contact.

Observers feedback.

Processing: What did you observe? What was happening? What kind of communication was going on?

Saboteur

② participants talk about themselves - but they must both talk at once, being determined to get their message across ① observer.

② participants have a conversation about their latest or most exciting holiday/introducing themselves and describing a bit about themselves.

① person to do everything they can to sabotage the conversation.

Avoid very dramatic gestures but focus on more subtle methods

Processing: What makes it hard to communicate? Can you make someone listen to you? What do you expect in communication? How do you motivate someone to listen to you?

Jabber Jabber: Introduce the new language “*jabber, jabber*” - the only word is *jabber*. In ② role play, youth to parent, using *jabber jabber* non-verbal communication:

ask, demand, beg, plead, insist, negotiate a trip to the movies.

List body language, tone, volume, personal space, presence in categories:

- submission / plead, beg
- aggression /demand, insist
- assertion /ask, negotiate

Processing: What do you see as the main difference? Make sure that your body language matches your statements. Avoid using body language that would provoke a bad reaction. Perhaps try making statements that are contradicted by body language. Stress the importance of not categorizing – what is the benefit

What is Assertion?

Introduce assertion “A” - as between aggression and submission. It is a way of behaving when we communicate, not a personality type. You can choose to or not to be assertive - even if you are sure you are right.

What characteristics do you associate with:

- (i) people who only consider themselves
- (ii) people who only consider others

When to use/not to use Assertion:

- Consider
- a. Situation
 - b. Location
 - c. Timing,
 - d. Relationship
 - e. Overall - the importance of the issue and consequences

Steps in Assertion:

1. Describe the situation
2. Explain how “I feel...”
3. Acknowledge others “I understand...”
4. Specify what “I would prefer”
5. Consequences: “And then...”

Relate to their Decision Making Sheet

Hot seat: One person sits in the “hot seat” while the rest of the group sits in front of them. Those in the group must pressure and try to persuade the person in the hot seat to give it up using any reasons they can think of. To maximise participation, give each person two sets of “lips” indicating that if they speak they use up one set of lips. So technically each person can only have two turns.

ξ **Role-play** of their choice from previous day relating to situations for women in the community

Closure

Handshakes: Participants form two concentric circles. Shake hands with your partner according to the facilitator’s instructions (assertive, submissive, aggressive) - then the outer circle moves one place to the right to the next partner.

Energiser: Winking Chairs optional warm up for afternoon session.

GOAL SETTING

Self Esteem: Qualities Tree

On a sticky note write a professional ability/ skill/ quality that you admire about the person you introduced on the first day. Tell them what you have written then place it on the branches of the tree drawn on the wall.

Try to group together similar qualities.

Processing: Notice the richness of positive qualities/skills/abilities you have identified in the group. Often we forget how skilled we are. Think about utilising those more and acknowledging positive traits in others more often.

Groups of no more than | -

Introduction: Knots

① place their right hand into the circle and take the hand of someone opposite them in the circle; then place their left hand in the circle and takes the hand of someone next to them. Group to untangle the knot. If odd numbers, ask the extra person to work as a leader.

Processing: If you had an instructor, was it easy? Did the “outsider” instruct well? ‘seem to understand the problem? If no instructor, what do you notice about the teamwork required? Were some people working at cross purposes? Did some people assume leadership and others follow? Did everyone participate? In life there are many such problems that require teamwork to reach your goal, whether with or without formal leadership.

Main Activities

② - Same Symbol

Personal Strengths

① use a positive and negative “T”

List 10 personal strengths on the left and not more than 5 areas for improvement on the right. Share with a partner any items you feel comfortable with sharing. Identify one of your areas of weakness that you would like to work on now. List three things you could do to work towards improving that weakness.

Processing: An important part of goal setting is recognising your own strengths and areas for improvement- so that you can use your strengths best and minimise your weaknesses.

Life Line

On a single sheet of paper, write “birth” at the far left, then draw a line across to the right of the page and write “now”. Imagine this is your lifeline. Write on the line all the significant events or memories in your life to date. You can indicate whether you felt good or not so good by placing the point representing the event above or below the original lifeline. Write a note next to it to indicate what the event was. For example, if you felt very good, you might place the point near the very top of the page, but if you felt not so good, you might place the point

below the original lifeline. When you have placed all major events on the page, join the points.

- share with a partner the parts you feel comfortable sharing
- then turn the page over and think about the future. The left of the page represents the next second in your life, the far right represents the last second of your life - but you need not predict when that will be. Place points on the future lifeline according to things you want to achieve.
- share with a partner

Goals can be long and short term, relatively easy or difficult in nature. Consider what you will need to do or get to achieve one of the major goals on your future lifeline.

① Make your plan in these categories

Easy/	Hard
Immediately	Long Term

Processing: Your future starts today. To set goals and achieve them you need to consider what steps are required and what resources you need to acquire. What can you do now to get closer to your goal? Relate to Water & Sanitation.

Conclusions:

Revise the five skills and establish how inter related they are. Goal setting is only possible if strengths have been established to build on and some decisions have been made.

Think about how poor choices can affect the achievement of your goals.

- List things you need to avoid if you want to achieve your goals?

Reflection Time

Use the Reflection Sheet provided to reflect on today's activities.

Consider your in-country resources and how today's methodologies could be used. How could/ Do the resources incorporate aspects of the communication skills.

Identify the knowledge attitude and skills aspects of the day's work.



Day 4

Action Planning

Daily Needs: Handouts – *Basic Elements of Workshop Design/ Participants' Needs/ Evaluation Sheet / Curriculum Sheet / Curriculum Writers Notes / Action Plan for Implementation* .

Feedback and revision of Day 3: Coffee House

- Use any of the following:
 - What do you remember from yesterday?
 - One thing I learned yesterday was...

⑤ Jigsaw 6 groups

Introduction/ Icebreaker: Jigsaw

- Use 6 fact sheets. Cut the fact sheets into 5. Mix up the pieces in one pile, and ① choose a jigsaw piece.

Participants complete their puzzle by finding the rest of the pieces.

When their puzzle is complete find a spot for the newly formed group to work at and discuss the fact sheet.

Note: The total number of pieces in the pile should equal participants.

Processing Alternative: This activity is designed to mix up participants, especially if cliques have formed or some people know each other and others don't know anyone. Use information related to the topic to provide a discussion starter.

Establishing School Concerns re W&S

① **Brainstorm** Think about water and sanitation issues in-country schools
List things that schools are doing to promote clean water and sanitation

Prioritise/Consensus

① write on a yellow stickers, 5 things that you are very concerned about that children do or do not do at school - relate to W&S.

⑤ look at the slips of paper and make one list – do not repeat any items. Select the items that the school should or could do something about.

⑤ discuss and prioritise items, from *most important to the least important*.

Work towards a reaching ① decision/ consensus to identify the 5 most important items that need to be reinforced or receive development

Processing: Group Work OHT? Answer questions?

Review

Child Friendly School

FRESH

Health Promoting School

Life Skills

Curriculum Planning

Divide the large group into 3

Groups consider FRESH 3 ways of implementation.

Allocate Lower, Middle & Upper Primary Levels

Each group develop/ work through/complete the *Curriculum Sheet*.

Identify the need to sequence and progress the concepts from very personal in the early grades to general, more global in the upper grades.
Distribute *Curriculum Writers Notes*.

Action Planning (country groups) Guidelines

Consider the goal setting format.

What have you seen? What do you need to do? (Now/Later)

What will you get as a result of your actions? Now/ Later

① What's in Facilitation?

Brainstorm List qualities of a facilitator. Participants make their own list.

Planning the Workshop

1. Elements Underpinning Workshop Design

Basic Elements of Workshop Design/ Participants' Needs/ Action Plan for Implementation

2. Workshop Outline

④ consider this workshop and develop a workshop outline

- decide on length - local information
- consider Context, Methods and Life Skills
- need for provision of relevant, easy to understand accurate information.
- reinforce the need to evaluate their workshop

Self Esteem: Envelope

Using the Introduction pair, have them present each other with their envelope.

Closure/Farewell

BASIC ELEMENTS OF WORKSHOP DESIGN

PRESENTATION SKILLS

Fun:

- Have you planned to have some fun

Consider Audience:

- Group Size
- Experience
- Learning Needs & Wants
- Group Relationships

Share Expectations:

- What do participants hope to gain?
- What do leaders expect to gain?

Variety:

- Cater for different learning styles
- Alter intensity
- Vary segment length
- Vary group size
- Vary pace

Flexibility:

- responds to the needs and changes of direction

Climate:

- Size of workshop area
- Lighting
- Temperature
- Volume of speech
- General comfort

SEQUENCE

Introduction

1. ice breakers
2. clarification of goals and format
3. anticipation!!

Body

1. basic skills, then more advanced
2. less risk, then more risk
3. demonstration before practice

Conclusion

1. focus on central themes
2. highlight essential points
3. allow for feedback
4. Completeness!

Time:

1. how much allotted?
2. Time for reflection?
3. Time to feel confident?
4. Time for breaks?
5. Buffer time between activities?

Pace:

- be attentive to the needs of participants
- rate of speech
- intensity of concentration

Evaluation:

- plan for progress evaluation and feedback
- evaluate for immediate measurement and long term effectiveness

Annex 1. Draft Checklist for Child-Friendly WES facilities in Schools

1. User analysis and needs assessment

- *Emotions/feelings of children when using facilities: fear, privacy, safety and security.*
- *Cultural aspects and practices; what are the local 'rituals and patterns'.*

2. Physical design of facilities

- *Enhancing comfort: Selection of materials, colors, improving lighting and ventilation.*
- *Applying appropriate dimensions for different age groups and definition of the necessary capacity of facilities.*
- *Gender specific designs; specific needs for girls (cleansing when menstruating) and boys (use of urinals).*
- *Integration of hand washing facilities and cleansing facilitation. Handwashing facilities close to toilets*
- *Possible lay-outs for facilities taking in account aspects such as privacy, safety, gender, etc.*
- *Location and surrounding of the facility: Ensuring accessibility, supervision, protection, etc.*

3. Construction, maintenance and operation

- *Stimulating 'ownership' by participation during design and construction process and offering opportunities for 'personalization'.*
- *Cleaning and maintenance aspects: Are children involved in maintenance: gender differences, girls cleaning?.*
- *Environmental effects of the construction, maintenance and operation of facilities.*

4. Recommendations (will be developed)

- *Sample format for user analysis.*
- *Checklist for designing water and sanitation facilities at schools.*

Curriculum Planning Sheet

Grade Level:

	ME	SCHOOL	HOME	COMMUNITY
<u>Knowledge</u>				
<u>Attitude</u>				
<u>Skills</u> Communication Decision Making Values Clarification Assertion Goal Setting				
<u>Behaviours</u> <i>Short-term</i>	e.g. hand washing	e.g. use of latrines	e.g. sorting garbage	e.g. use of composting frame
<u>Behaviours</u> <i>long-term</i>				

Observation Sheet

Non-verbals

What behaviours did you observe?

Eye contact

Facial expressions

Proximity

Body gestures

Verbals

What did you hear?

Volume

Speed of talking

Tone of voice

Words

Communication Checklist

To listen well it is important to:

- Focus on the person with direct eye contact
- Not interrupt
- Not cut in to describe your experience
- Give your full attention
- Be comfortable with silence



Consider you are an external observer to yourself. Look at the following statements and rate what you **see** yourself doing in relation to these aspects of communication.

Use this key: 1= Never; 2= Sometimes; 3= Often; 4=Always

	1. I do not interrupt others.
	2. My voice is appropriately pitched (not squeaky, loud or too soft).
	3. I do not dominate the conversation (giving others a chance to speak).
	4. I talk an equal amount compared to others.
	5. I look people in the face.
	6. I do not criticize or put others down.
	7. When listening I show my reaction to the speaker (eg. By nodding/smiling).
	8. I express what I feel, not only what I think.
	9. I face the speaker and avoid crossing my arms or turning away from them.
	10. I ask (encourage) others to speak.
	11. I respond to the speaking, showing interest.
	12. I do not interrupt others to make my point.
	13. I ask questions to show interest in what the speaker is saying.
	14. I pay attention to the speaker the whole time they are talking.

What is it that **you need to do** to strengthen your communication skills?

Personal Resource List

Topics	Person	Program



Coffee Break



My role in water & sanitation is.....



The aspect of water & sanitation I am most concerned about is..



I think schools should.....



Water & sanitation education should be about.....



Parents' role in water & sanitation education is.....



Young people need.....



I think the water & sanitation problem is.....



The most at risk group is.....



Something I have contributed to water & sanitation education is..



In the next 4 days I hope to.....



Daily Reflection



What did you **see** today? Knowledge/ Attitude/ Skills





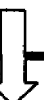

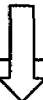





What do you need to **do** NOW?

What do you need to **do** LATER?

What will you **get**?

Decision Making Grid

Identify the Problem

Possible Alternatives	Alternative 1	Alternative 2	Alternative 3
Positive Consequence (of the Alternative)s			
Negative Consequence (of the Alternative)s			
Feeling associated with the Alternatives			
Values affecting the Alternatives			

You would feel

Diagram showing six vertical rectangular boxes, each with a paperclip at the top and an arrow at the bottom, arranged in a row.

Feelings

Diagram showing seven vertical lines, serving as a scale for feelings.

Assertiveness Skill Development

1. Describe the other person's behaviour situation

"When.....

2. Express your feelings concerning the situation or the behaviour

"I feel

3. Acknowledge the other person

"I understand.....

4. Specify what you would prefer

"I would prefer.....

5. Outline the consequences

"If you do.....

Tool for review of school hygiene education materials

Selecting life skills-based health education resources for water and sanitation

Resource:

Topic:

Target Group:

Year Produced:

SUMMARY of criteria for the life skills-based approach

1. Is behaviour change part of the objectives?
2. Is there a balance of knowledge, attitudes and skills in the content and activities?
3. Is it based on participatory methods?
4. Is it student-centred? relevant?

SOME MORE QUESTIONS:

Does it :

1. Focus on the immediate, short term effects and problems?
2. Cater for all students?
3. Respect differences – developmental, gender, cultural, socio-economic, life style
4. Recognise the importance of other strategies, such as policies, services etc?

Is it:

5. Based on sound concepts of health education and health promotion?
6. Is the information presented accurate, and relevant to the objectives?
7. Relevant to the target group, where they live?
8. Free from bias, stereotypes, and prejudices?
9. Appealing to students?
10. Easy to use and flexible?
11. Value for money?
12. Durable in terms of lasting over time, and the content remaining relevant over time?
13. Of sufficient duration to achieve the objectives?

Does it have:

14. Clear learning objectives and outcomes, related to knowledge, attitudes, skills, and behaviours?
15. Clear, concise, accurate background information on the topics?
16. A balance of knowledge, attitudes, and skills related to water AND sanitation?
17. Assessment or evaluation ideas or tools?

Will it:

18. Encourage students to make responsible decisions?
19. Encourage student action and interaction in the activities?

Other considerations:

20. How much training will be required for teachers to use the resource?
21. Is the resource effective enough to justify replacing existing resource/s?
22. Is the resource different enough to justify replacing existing resource/s?
23. Does the resource 'fit' with existing resources, practices, or programs?

CHECKLIST for evaluating life skills-based hygiene education programs

A program which is based on sound principles is more likely to provide better outcomes for students. The following checklist is designed to provide schools with a method for determining standards for effective programs.

1. Is behaviour change part of the objectives of the program?
2. Do the teaching and learning strategies relate directly to the program objectives?
3. Is hygiene education program part of the formal school curriculum?
4. Is the program taught by an appropriately trained teacher?
5. Does the program have appropriate sequence and progression across grades?
6. Are the messages across the broader school environment consistent with the program objectives?
7. Are programs and resources accurate and appropriate for the target group and the school level? all schools?
8. Does the program address knowledge, attitudes & values, and behaviours of the community as well as the individual?
9. Are participatory teaching and learning methods used in the program?
10. Is the program based on research, effective teaching and learning practices, and student needs?
11. Does the program address a of balance water AND sanitation issues, and the most likely issues within the school and relevant to the target group?
12. Does the program address external (social, environmental etc) factors which can affect individual behaviour?
13. Does the program consider other complementary strategies that can reinforce life skills-based hygiene education? Eg. policy, services
14. Does the program respond to the following differences with regard to:
 - Developmental
 - Gender
 - Cultural
 - Language
 - Socio-economic
 - Lifestyle
15. Are students, parents and the wider community involved in the following:
 - planning the program?
 - implementation of the program?
16. Are objectives, processes and outcomes evaluated?
17. Do the programs, activities and resources contribute to the long term positive outcomes in the health curriculum and the health environment of the school?



Frank Odhiambo
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Sent by: Hygiene
Behaviour
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To: HYGIENE-BEHAVIOUR@JISCMail.AC.UK
cc:
Subject: SSHE2 [17] Life-skills approach to SSHE

05/27/2002 11:44
AM
Please respond to
Frank Odhiambo

A few contributions from the
SSHE e-mail conference
(29 April - 7 June 2002) related
to this topic.

Dear all,

My name is Leonie Postma and I am a colleague of Christine van Wijk and Marielle Snel. I am 34 years old and I have been working with IRC since January 1999 - mainly in the field of hygiene education and promotion as well as SSHE. In terms of SSHE, I am currently coordinating IRC's involvement in the UNICEF/IRC SSHE project - the project under which this e-conference has been organized. The project is carried out in Colombia, Nicaragua, Zambia, Burkina Faso, Nepal and Viet Nam.

First of all I would like to congratulate all those of you who have sent messages. I found all messages very interesting and they will be a valuable source of information and inspiration for the revision of the SSHE manual - an activity which is part of the UNICEF/IRC SSHE project and which will take place from July onwards. Furthermore the information you have sent are a welcome enrichment to the SSHE pages (www.irc.nl/sshe) - and we hope to publish a short summary of the conference in the next edition of the Notes and News on School Sanitation and Hygiene Education.

Although I have many practical experiences in the field of SSHE, I would like to use this opportunity to send a more theoretical contribution. A contribution, which I hope will enrich the discussion on the design and the use of the life skills approach in hygiene education.

Current experiences show that the use of the life skills approach for teaching health and hygiene can be more effective than the use of the more traditional teaching methods, which often neglect the "real life" applications of information and the role of attitudes and values or the need for interpersonal skills, especially related to sensitive issues and personal behaviour. The life skills approach uses methods which address skills, values, and attitudes as well as information that is not only of use for the students academically but also helps them to have better lives. Life skills education tries to give girls and boys the knowledge, attitudes, and skills that they need to lead healthy lives, and encourage others to do so. Its focus is the individual girl, the boy and the school- eventually reaching out to homes and communities.

The teaching and learning methods which are used are meant to be interactive and participatory with room for both information-focused sessions and child-centered sessions. Through the use of participatory learning activities, such as games, exercises, and group assignments, the students acquire a wider range of life skills than on health and hygiene alone. For example, as part of the lessons on health and hygiene, children may develop attitudes of respect for the opposite gender, for older and younger people and people weaker or less fortunate than they themselves. They could

practice activities that show openness to and respect for habits of other groups.

Although the use of life skills approach and its participatory methods and tools for health and hygiene education could result in more effective health and hygiene education there is a continues need to asses quality of its implementation. With this email I would like introduce a list of criteria (which has been developed based on materials which have been developed by others)which could be used to asses the quality of life skills based (hygiene) education and I would like to receive your comments on the list.

To assess the content the following questions could be asked:

- * Is the content relevant to the hygiene needs of the students?
- * Is the content related to the age and the interests of the students?
- * Is the content realistic, given the human and material resources available?

To asses the methodologies and approaches we could ask:

- * Are effective and challenging methods and materials being used?
- * Do they involve children not only in doing the activity but also in active learning and thinking?
- * Do they make learning enjoyable and interesting?
- * Do they involve all children and not just some of them?

To asses the extension into school, home and community the following:

- * Do methods and learning materials link learning in the classroom with life skills at home and the community?
- * Does the programme effectively aim to complement classroom teaching with regular activity around the school?
- * Is learning in the school transferred through joint school/community activities, or less formal trough child to child activities?
- * Are children involved in planning community activities rather than merely carrying out a programme entirely designed by adults?
- * When activities are taken to the community, are cultural acceptable approaches being used?

To asses the interest, attitudes and appearances of the students:

- * Are students interested in making their school a hygienic school?
- * Do they try to make other children hygiene conscious?
- * Do they try to promote good hygiene habits in others?
- * Are they fair and do they divide the tasks equitably, or do they, or teachers, pick on certain types of students such as those from poor families, younger or less popular children, girl?

To assess the interest and attitudes of the teachers:

- * Do teachers understand the new ideas and are they committed to them?



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 Sent by: Hygiene Behaviour
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To: HYGIENE-BEHAVIOUR@JISCMAIL.AC.UK
 cc:
 Subject: SSHE2 [24] More on life skills approach - Pedrito Sandy Fortuna

05/28/2002 04:04 AM
 Please respond to Frank Odhiambo

Dear all,

Thank you very much Leonie for coming up with the checklist and I find it very useful. Aside from the six areas that you have mentioned (content, methods, school to home to community, interest/attitudes/appearances of child, teachers's attitude and use of the content) **let me add two more sections:**

1. Interest, attitude and practice of caregivers (usually mothers)
2. Policy that support the practice

The gap in the practice of better sanitation and hygiene in school and at home is usually observed among children. Teachers are seen at role model and because they give merit to children's good performance, thus children usually follows them. At home, parents usually scold children for not doing the right thing. And this has brought to the different attitude of children in school and at home.

Policies to support the practice of better hygiene and sanitation is also critical and important but this should not be the first priority. There are school policies to support the practice and this should be encouraged.

My name is Pedrito Sandy M. Fortuna, Filipino, father of a pre-school child and currently working at the Asia Regional Office of Plan International in Bangkok.

Thanks again

Sincerely,

Pedrito Sandy

[\[sandy.fortuna@plan-international.org\]](mailto:sandy.fortuna@plan-international.org)

XX
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 XXX

Thailand



Friends Tell Friends on the Street

by

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Child Development Volunteer Group

Human Development Center (Mercy Center)

YMCA Street Children Project

October 2000

ISBN 974-87790-1-7

Can I Catch It?

- Objective(s)**
1. The children/youth will analyze how many general communicable diseases are transmitted.
 2. The children/youth will think of ways
- Materials**
- One small piece of paper, one for each participant, one piece of paper is marked with the word "sick" the others are not marked at all, a small bag for the small pieces of paper.
- Time**
- 20-30 minutes
- Directions**
1. Have every participant draw one slip of paper from the bag. They should not show or tell others what is written on their paper.
 2. Explain that the person with the word "sick" written on it has a communicable disease and will spread the disease by winking at the other participants during the game.
 3. Have the participants form two circles, one inner and one outer circle. The participants in each circle will walk in opposite directions, and the "sick" person will begin winking, trying not to be noticed. When someone is winked at, he/she will fall down to the floor and move out of the way, trying to touch others while falling. Whoever is touched must fall and will become "sick", too. This illustrates the contagious spread of the disease.
 4. Stop and discuss the game after everyone has fallen ill.
- Discussion**
- Content Questions*
1. When only one person was "sick" at the beginning of the game how did the other participants become "sick" so quickly?
 2. What are some of the ways that diseases are transmitted?
 3. Do we always have to touch the person who is sick to become sick? Why or why not?
 4. Are all diseases communicable? Are all communicable diseases easily transmitted to others? What are some communicable diseases that are not easily transmitted?
- Personalization Questions*
1. Has a family member or friend ever been sick and then you and/or some other friends have become sick a few days afterward? How do you think this has happened?
 2. Can you think of some ways to help prevent yourself from getting sick?
 3. If you help take care of a friend or family member who is sick, how can we keep from getting sick?
 4. If you get sick what will be the impact on studies, job/finding money, caring for yourself and/or your friends and family members?

Facilitator Notes Discuss types of diseases that are contagious. Explain and have the children/youth think of examples of the ways communicable diseases can be spread, by physical contact, contact with body fluids, directly or on objects, by sneezing or coughing. Discuss how long it took for everyone to get sick in the game, and that real diseases can spread this quickly and easily too. Have the children/youth suggest ways to prevent catching communicable diseases.

This game can be adapted to specific diseases or even to parasites and vector-borne diseases. Good follow-up activities may be the game *Communicable and Non Communicable Diseases* to examine the differences in types of diseases, *Mai-sa-bai* to examine choices in prevention and treatment and *Spreading of HIV and STD* to examine the transmission of sexually transmitted diseases for older children/youth.

Water Belly

1. To help children/youth understand the dangers of diarrhea.
2. To help children/youth make good decisions to combat diarrhea and dehydration.

Large balloon or plastic bag, a clear plastic water bottle, clean water, colored water, marker, a pin or needle, tape

20 minutes

Directions

1. Fill the balloon full with water and draw a picture of a child on the balloon.
2. Explain to the children/youth that the balloon represents a child who drinks enough water during the day and ask them how the balloon child looks? (refreshed, healthy, etc.)
3. Poke a hole in the balloon with a pin or needle and let the water drain out of the balloon.
4. As the water drains out ask once again about the appearance of the balloon child? (unhealthy, weak, loose skin, etc.)
5. Discuss what happens to your body when there is too little water and what some of the causes for water loss may be.
6. Explain that one of the main causes of water loss is diarrhea and that diarrhea is caused by bacteria.
7. Cut a hole in the bottom of the clear water bottle and then plug the hole with tape. Draw a line on the bottle to represent the amount of water needed to be healthy. Draw a picture of a child on the clear water bottle and fill the bottle with colored water. Explain to the children/youth that the colored water represents water in the body that has been infected with diarrhea bacteria.
8. When a child had diarrhea, he/she will have loose watery stools. Unplug the bottom of the bottle and let a little of the water drain out then plug the bottle again.
9. Explain that if we take medication to keep from having watery stools, all of the diarrhea bacteria will remain in our body. Add some clean water to the bottle to show that it will become colored, too.
10. However, if we have diarrhea and have watery stools but drink extra liquids, the body will still have enough water and the diarrhea bacteria will eventually pass from the body. Unplug the bottle and let some more water drain. Plug the bottle again and add some clean water. The water should become clearer. Repeat the process until the water in the bottle becomes clear.
11. Emphasize that for every loose stool passed, a child needs one additional glass of liquid. When we lose water we feel weak so we may need to add some sugar to the water for energy and some salt to the water to help the water stay in our bodies.

Discussion

Content Questions

1. What does water help our bodies do? (function properly, stay cool) If the body cannot do these things, what do you think may happen?
2. What happens to the skin of a person who does not drink enough water?
3. If many loose stools are passed and no water is replaced, what will happen? (Tell the children/youth to think about a rice crop without any rainfall, or plants without water).
4. If we do not get rid of the diarrhea bacteria, how long do you think we will feel sick?
5. Other than when you have diarrhea, can you think of some other reasons why your body may lose water?
6. What do persons who play sports do after playing a game?

Personalization Questions

1. Have you ever noticed your skin being very loose? What do you think the cause was?
2. Have you ever had diarrhea for a long time? How did you feel? What did you do to help get rid of the diarrhea? Did it work?
3. Do you think taking medication to help diarrhea is a good choice? Why or why not?
4. When the weather is very hot and you sweat/perspire a lot, what do you need to do? Why?
5. What are some other ways that you can think of to keep your body from losing water?

Facilitator Notes

The facilitator may conduct a follow-up activity by teaching the children/youth how to make oral re-hydration solution (ORS)

ORS Recipe

clean drinking water
salt
sugar
large, 1 liter bottle
teaspoon

Use clean water. When making one glass of ORS, add one level teaspoon of sugar and a small amount of salt. Drink one glass after every watery stool. To make one bottle of ORS, add four level teaspoons of sugar and one level teaspoon of salt. Taste the solution. If it tastes saltier than tears, it is too salty. Another alternative is to put one teaspoon of salt into one liter of Sprite or 7-Up. Use only small amounts of salt for small bottles of soda. (Other, more expensive alternatives are Sponsor or Gatorade). Drink the whole bottle in one day. A small child needs at least one liter of water a day; older children and adults need three or more liters a day. If the person is vomiting, have the person drink ORS often but in small sips only. Drinking too much at one time may make them vomit.

Germs Cause Disease: Introduction

Objective: 1. To help young participants to understand that disease is a part of life and is experienced by everyone.

Materials: Flip Chart Paper, markers

- Directions:**
1. Have one participant lie down on the flipchart paper. Draw an outline of the participant's body on the paper.
 2. Have all of the children stand. Ask if there is anyone who has never been sick. Have those participants sit down. Ask if they know any of their friends who have never been sick. If they have a friend who has never been sick to sit down.
 3. How many participants are still standing? Ask the participants who would like to always be healthy to sit down. Do the participants think it is important to stay healthy? How can they plan to do so?
 4. Ask the participants to think about the reasons people stay healthy and don't get sick. Are people who are usually healthy just lucky? Are there things people can do to help themselves stay well? Encourage the participants to share their ideas about how to stay well.
 5. Ask the participants to name some of the sicknesses they know. Guide them to include common communicable and non-communicable diseases such as *mumps, chicken pox, colds, flu, polio, cancer, measles, diabetes*. As each disease is named write its name in large print on the life-size body outline.
 6. Tell the participants that germs can make anyone sick, but there are things we can do that will help us win the battle against germs. Ask the participants to summarize what are some of the things they can do to prevent germs.

Discussion:

Content Questions

1. When do people usually get sick?
2. What are some of the common ways that many diseases are transmitted from one person to another?
3. On a daily basis what things that may carry germs?
4. Do diseases affect persons other than the person who is sick?
5. Who cares for you when you are sick?

Personalization Questions

1. When do you usually get sick? Do you see any patterns in your health?
2. How can sickness affect your short term and long term goals?
3. When do you usually think about disease prevention?
4. What are some ways that you keep yourself healthy?

Facilitator Notes:

This activity may be used as a linkage activity between the activities *My Child or Someone Close* with other activities taking a closer look at disease. In this lesson, AIDS is not especially emphasized but youth need know and understand how everyone can be affected by disease if prevention is not put into practice.

Germs Cause Disease

- Objective:** 1. Youth will understand the transmission of communicable diseases.
- Materials:** Spray bottle, vegetable oil, cold water, spice (cinnamon), soap, rubber gloves
- Time:** 30 minutes or adjust as appropriate
- Instructions:**
1. Ask the participants how general communicable diseases, such as measles, influenza and chicken pox, are usually transmitted from one person to another? If the participants have trouble you may pretend to sneeze or cough and take a spray bottle with water to demonstrate the water vapor which may leave the body.
 2. If germs leave one person through coughing and sneezing, how do the germs enter the next person? Explain to the participants that germs usually enter the body through the mouth and nose.
 3. Ask for one or two volunteers. Spread some vegetable oil in their hands. This is to represent our natural skin oils. Then, sprinkle some spice in their hands. The spice represents the germs that have left another person and have been caught by the oils of our skin.
 4. Next have the two volunteers try to wash their hands with cold water only. They will not be able to wash all of the germs away.
 5. Now have the participants wash their hands with soap. It is now easier to wash the germs away. This will support good hygiene practices, such as bathing regularly and washing hands before eating and after using the toilet.
 6. Repeat step three one more time. This time, have the volunteers wear rubber gloves over the oil and spice. This now represents HIV and STI in the body. Our skin prevents the germs from coming in contact with others and the amount of HIV in saliva and nasal fluid is not enough to cause infection. Explain that infection with HIV and STI occurs only through sexual intercourse and through the blood.
 7. Have the volunteers shake the hands of some of the other participants. They will see that the germs remain inside the volunteers' bodies.
 8. Next, cut the rubber gloves so that the oil and spice are exposed. Have the volunteers shake the hands of a few of the other participants. Some of the oil and spice should stick to the participants' hands.
 9. Explain that if a person with HIV or STI has an open skin sore. It becomes easier to transmit the disease. However, if we do not have an open skin sore, our skin can prevent the disease from entering our bodies. If we practice good hygiene, we can still wash the germs away. However, if we have an opening that will allow HIV and STI to enter the body, we will become infected as well.

Discussion:

Content Questions

1. Why should you wash your hands before eating and after using the toilet?
2. What happens if we do not use soap to wash our hands and bathe?
3. On a daily basis what things that may carry germs?
4. If your hands are dirty, how can germs get into your body?
5. Why does our skin protect us from different diseases?
6. Why do sores sometimes become infected?

Personalization Questions

1. Have you ever gotten sick after someone in your family had the chicken pox or influenza? How?
2. If you meet a person infected with HIV, would you dare to shake his/her hand? Why or why not?

3. If a person with HIV/AIDS has a skin sore, how can you protect yourself if you come in contact with the sore?
4. If you visit someone who is sick with a general communicable disease or a person with HIV/AIDS, how can you protect yourself?

In this lesson, we did not speak about AIDS directly but youth need know and understand how to live together with persons with HIV. This activity teaches youth about basic health and that practicing good hygiene will help us prevent disease and have good health. This activity may also lead to discussion about the risks of various sexual practices.



Choices About Health

Objective:

1. The youth will practice skills in analyzing situations.
2. The youth will practice looking at other points of view (empathy). □

Materials:

Strips of paper with situational role-plays

Examples of role-plays

1. There is a holiday celebration. One of the relatives is very drunk. The rest of the family is afraid that he may become violent. Each family member has a different reaction.
2. A group of friends are playing around in an abandoned factory. One of the friends takes out a bag of methphetamines and invites his friends to share them. Some of the friends accept but each of the friends has a different reaction to the situation.
3. Passengers are sitting in a no smoking train car. One passenger lights up a cigarette. The passengers have different reactions to the smoking passenger.
4. A teenager is sitting with her family at mealtime but is not eating because she says that she is not hungry. She is already very thin but she thinks that she is fat. Each member of the family has a different reaction to her.
5. Four friends live in the same room. Three of the friends are drinking whiskey and listening to music. The fourth person is trying to sleep because he had to work late. When he asks his friends to be quieter, each person has a different reaction.

Time:

1 hour to one and a half hours

Instructions:

1. Have the youth think about what it means to have good health. Have them think about physical, psychological, and social health.
2. How do the items mentioned affect the choices of others? (e.g. in smoking, playing loud music, talking loudly, etc.) If possible, have the youth share their own experiences.
3. Divide the youth into small groups of five persons each. Distribute the situational role-plays to each group (The situational role-plays may come from the experiences of the youth themselves).
4. Each group must develop the role-play to reveal the consequences of one person's behavior on others in the group. After each group has presented its role-play ask each character in the role-play to state how they think the behavior of the central character impacted the health of their character in the short term and in the long term.
5. Give the viewers the chance to ask the actors questions. When a question is asked, have the other actor's freeze in their positions so that they may resume the action.
6. Summarize the activity by having each youth state personal behaviors that may impact another person's health. Have each person also state what they would like to change about their own behavior and the behavior of others.

Discussion:

Content Questions

1. What impact might there be on your health?
2. Do you have to accept these impacts?
3. Are the role-plays of each group realistic? Why or why not?
4. If another person's behavior has a negative impact on you what can you do to protect yourself?
5. Where do you think the problems of the central person in each role-play come from?

Personalization Questions

1. Has a friend's behavior ever bothered you? Give examples.
2. Have you ever thought that your behavior may disturb/bother others? How do you know if you are disturbing or bothering others?
3. Do you think that youth in general think about how their behavior affects others? Why or why not?
4. If it were possible would you want to change your or other people's behavior? How?

Facilitator

Notes:

Before the facilitator has the youth analyze each situation, the facilitator should have them evaluate whether the situation is realistic or not. If it is possible, have the youth develop role-plays based on their own experiences?

Good Health Concentration

Objective: 1. The youth will learn that maintaining good health is the best way to fight disease. The youth will teach each other while playing this game.

Materials: Health concentration cards

Time: 20 minutes

- Instructions:**
1. Make 10-15 pairs of matching cards that show activities that promote good health. Write half sentences or phrases concerning good health and disease prevention on each card in a pair. (Each pair will have the complete sentence or phrase when together).
 2. Divide the youth into groups of 10. Within each group have the youth form two teams of five person each.
 3. Place a set of labeled cards, number side up, on a table in view of all the youth in the group.
 4. The first player selects a card by calling a number or pointing to the card. The card is turned over and then the player must find the card with the corresponding or matching picture and information on it. When the cards are match the player must then read the complete information on good health and disease prevention printed on each card out loud to the other players.
 5. Each team should select the order in which team members play. Each player can consult with teammates if necessary.
 6. When all of the cards are matched the game is over.
 7. Bring all of the youth back together in a large group and have the youth share some of the ways good health can help prevent disease.

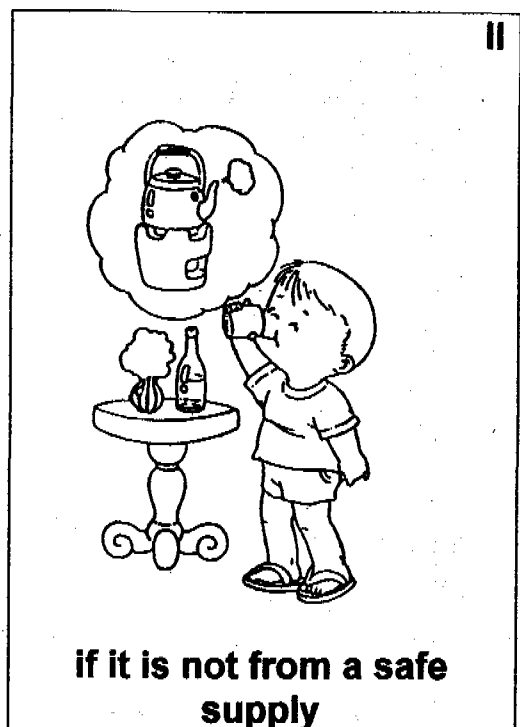
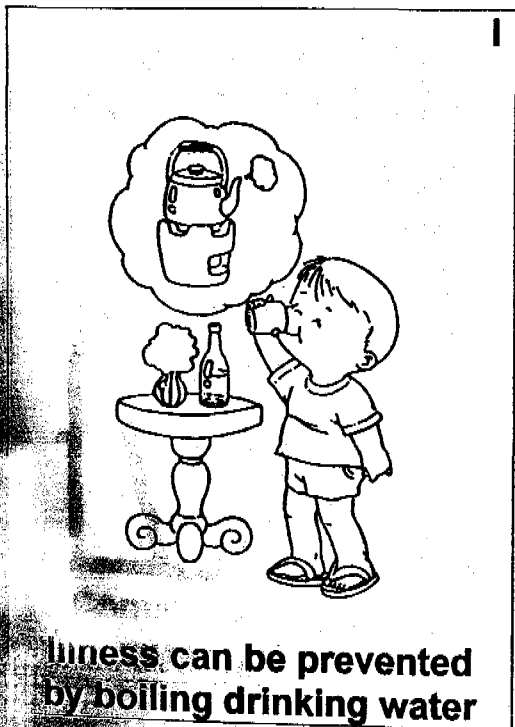
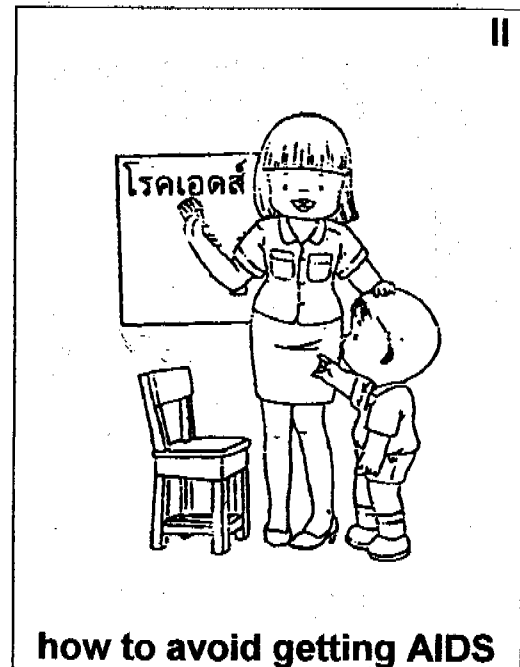
Discussion:

Content Questions

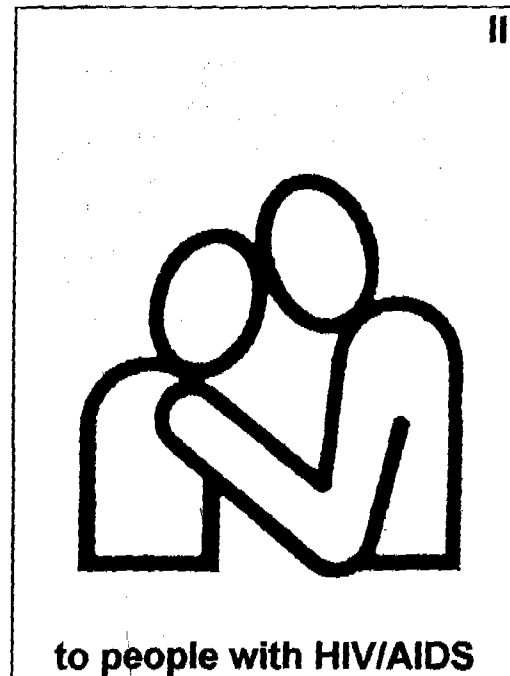
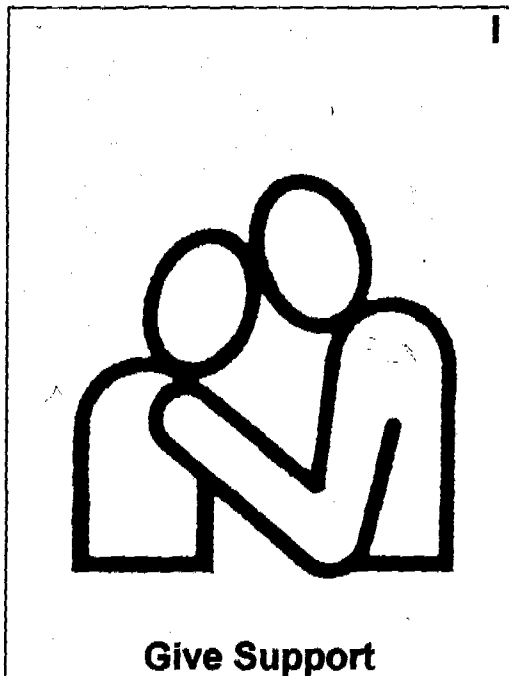
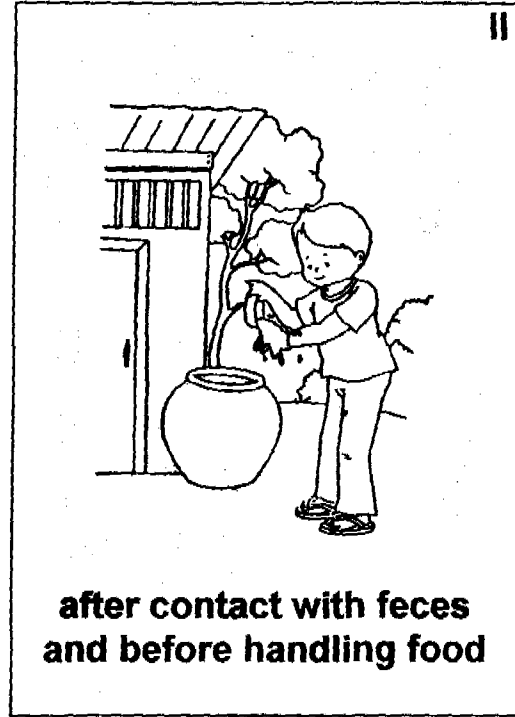
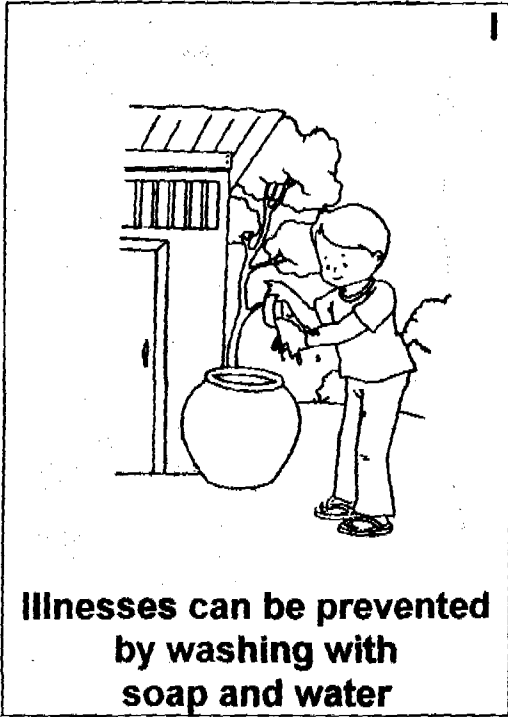
1. When you see the first card do you already know what the second will say? Why?
2. Do you know of any other ways to promote good health which were not shown in the cards? What additional ways can you suggest?
3. Do you think the information from this game is useful in your daily life? Why or why not?
4. If you do not feel well, who should you go talk to? Why would you talk to that person?

Facilitator Notes: The activity will be more successful if we talk about behaviors that promote good health and how different diseases are transmitted from one person to another, prevention of these diseases, and health promotion.

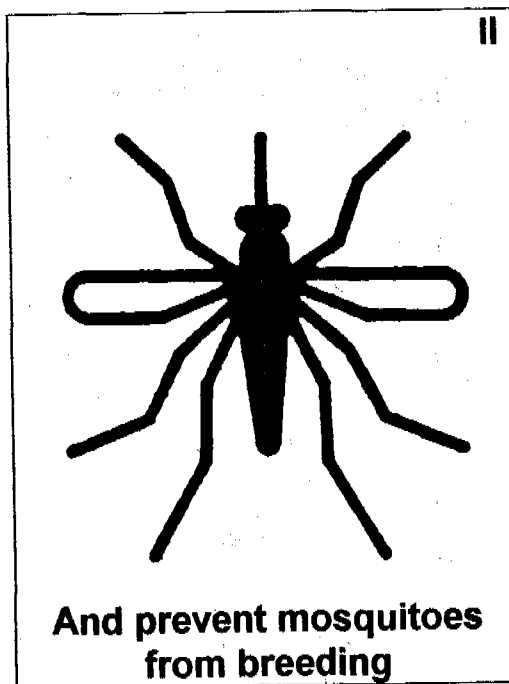
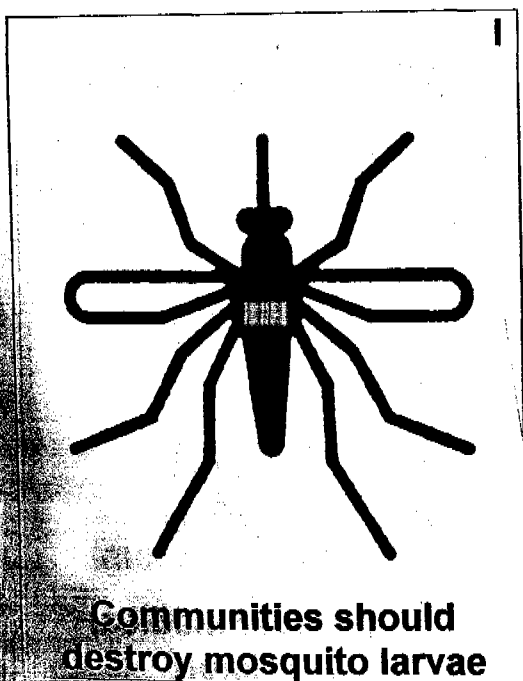
Good Health Concentration



Good Health Concentration

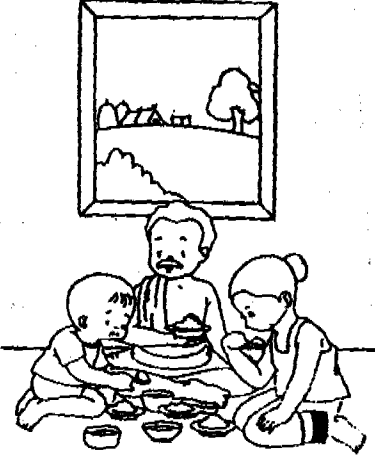


Good Health Concentration



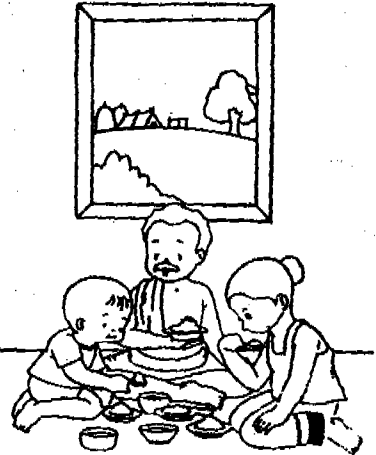
Good Health Concentration

I



**Participate in activities
which promote love**

II



**and commitment in the
family**

I



**Medicines should not be
used for diarrhea**

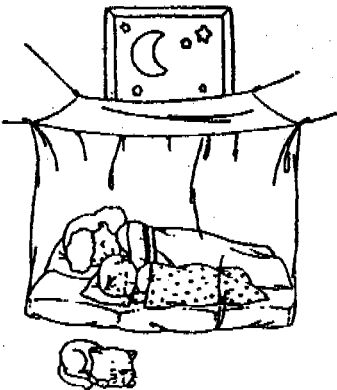
II



**except under medical
supervision**

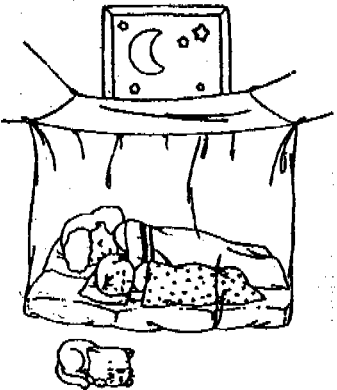
Good Health Concentration

I



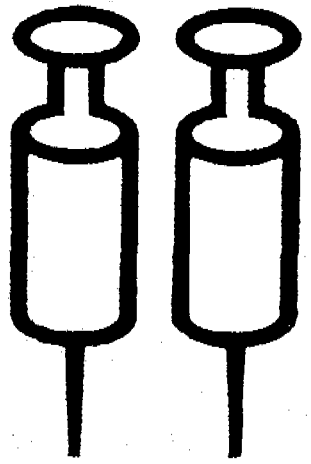
Young children should be protected

II



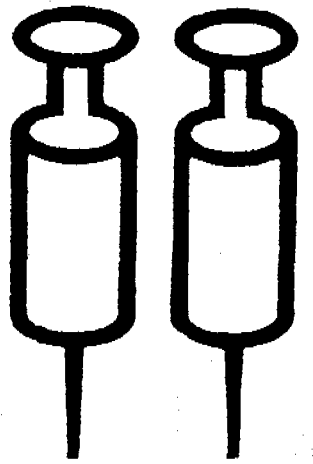
from mosquito bites

I



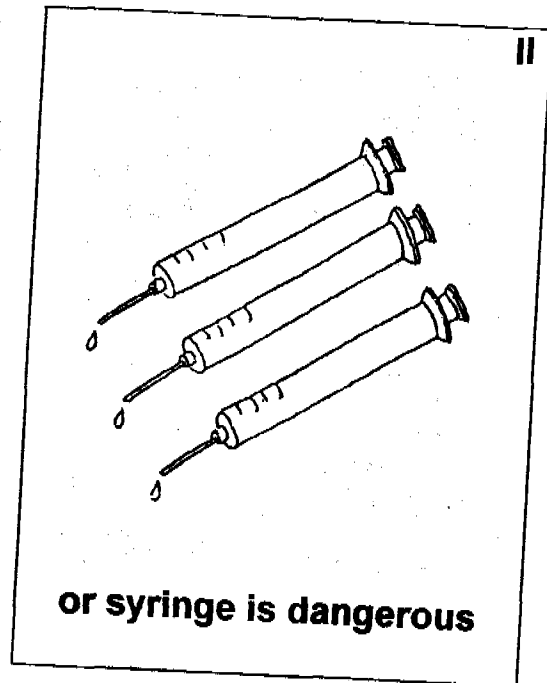
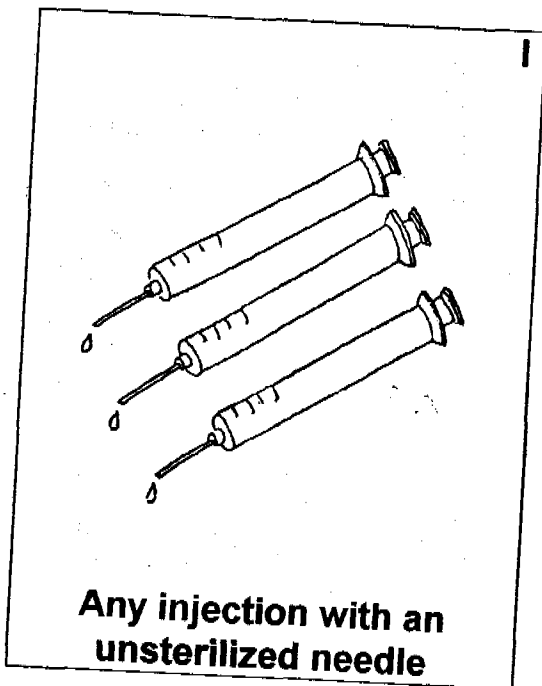
Immunization protects against

II



many dangerous diseases

Good Health Concentration



A-22

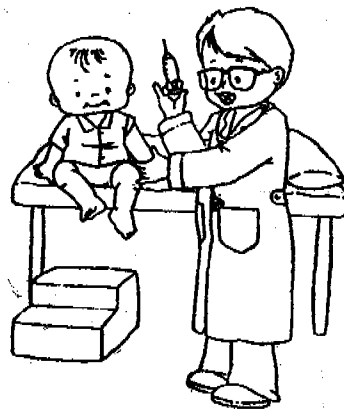
จับคู่รักษาสุขภาพ

Thai Red Cross AIDS Research Centre

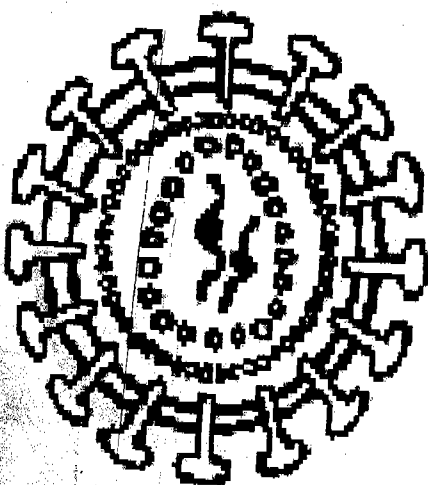
Good Health Concentration



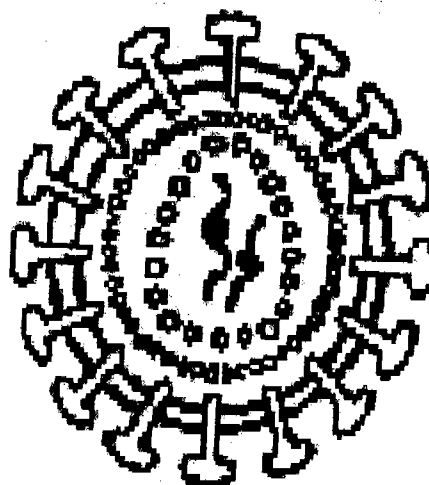
Immunizations should be given



in the child's first year



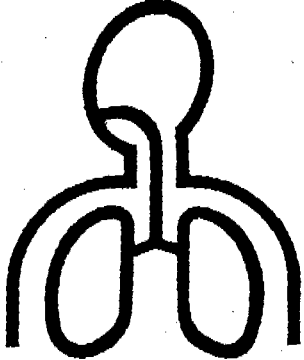
AIDS is dangerous



together we can prevent it

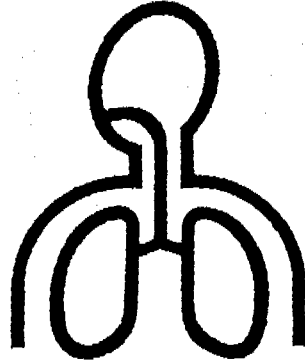
Good Health Concentration

I




A child with a cold needs to eat and drink plenty of liquids,

II



Be kept warm, and breathe clean non-smokey air

I



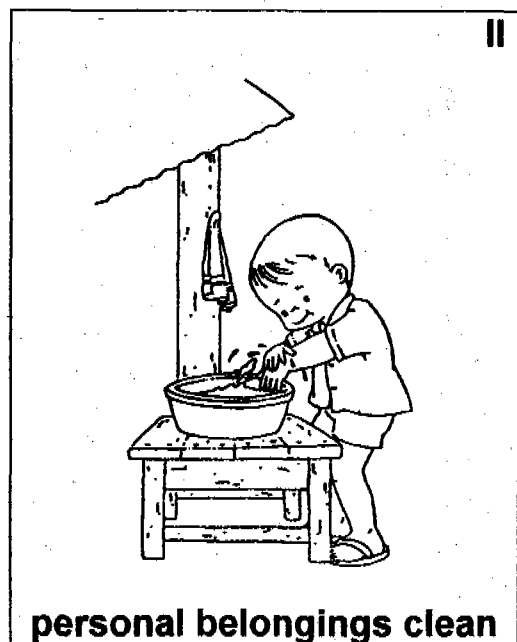
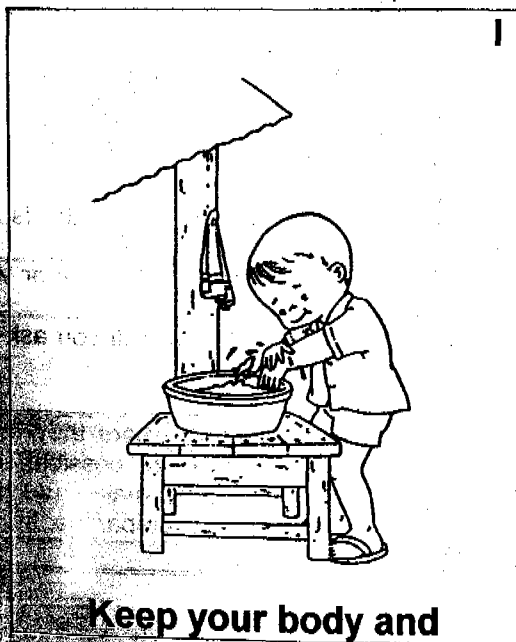
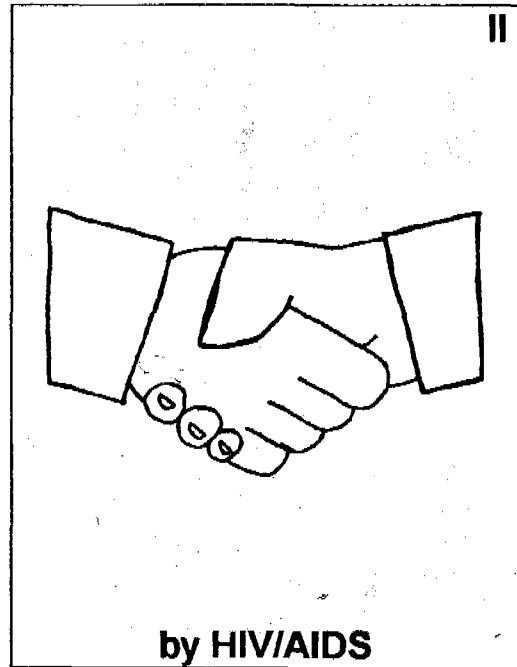
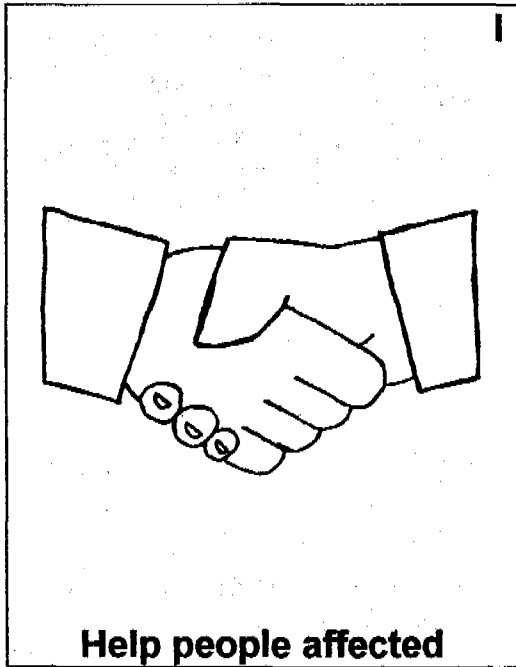
Avoid drugs

II



and all other temptations

Good Health Concentration



Germ Handshake

- Objective(s)** 1. The youth will understand the spread of communicable disease.
- Materials** Powdered spice
- Time** 15 minutes
- Directions**
1. Ask for two volunteers. Sprinkle some powdered spice in the hands of the person who volunteers.
 2. Have the volunteers shake the hands of other youth.
 3. Ask the youth who shook the hand of a volunteer to look and see if there is any spice stuck to their hand. Explain that the spice represents germs and the shaking of hands is the spread of the germs from one person to another. The youth who shook the hand of the volunteer may then spread the germs to others as well.
 4. Explain that if a person's hands come in contact with their eyes, mouth, or nose, the germs can enter the body and that person will be infected. General communicable diseases, such as the common cold, are spread in this manner. It is important to note that we should wash our hands often, especially before we eat.

Discussion

Content Questions

1. Why should we wash our hands before we eat or after we use the toilet?
2. If we do not use soap when we wash our hands or when we bathe, what will happen?
3. What are some common places that we can find germs?
4. If our hands are dirty, how can germs enter the body?
5. How can our skin protect us against different diseases?
6. Why do sores sometime become infected?

Personalization Questions

1. Have you ever gotten the chicken pox or the flu after someone else in the family already has them? How do you think you were infected?
2. If you meet a person with HIV/AIDS, would you dare to shake his/her hand? Why or why not?
3. If a person with HIV/AIDS has a sore on the skin, how can you protect yourself?
4. If you visit a person with a general communicable disease or a person with HIV/AIDS, how can you protect yourself from getting sick?

Facilitator Notes To review the lesson presented in this activity, have the youth think of all of the places with which they come in contact on a daily basis which may be a reservoir of germs, such as pencils in the classroom. The youth must state how these things may aid in the spread of germs.

Washing Hands

Objective: 1. The youth will understand the spread of common communicable diseases.

Materials: Soap, bowl of water, sand, vegetable oil

Time: 15 minutes

- Instructions:**
1. Find out how many of the youth use soap each time they wash their hands.
 2. Have the youth inspect the cleanliness of the hands of the person next to them.
 3. Ask the youth how washing their hands with soap is important. Explain that it is important to use soap every time when washing hands because soap will remove germs more easily if used than if not used. Soap helps break down the oil on the surface of the skin. If only water is used, the oil will not be broken down and the germs will remain.
 4. Ask for a volunteer. Place a few drops of vegetable oil in the palm of one of the volunteer's hands. Explain that the vegetable oil represents our skin oil. Sprinkle sand over the vegetable oil. Explain that the sand represents germs.
 5. Have the volunteer wash his/her hands only in plain water. Ask the other youth to observe what happens. There is still some sand stuck to the volunteer's hand.
 6. Have the volunteer wash his/her hands a second time with soap. Ask the other youth what they observe.

Discussion: *Content Questions*

1. Why should a person wash their hands before eating food and after going to the toilet?
2. If you do not use soap when you wash your hands or bathe, what is likely to happen?
3. If your hands are dirty, how can germs enter your body?
4. How can your skin help prevent different diseases?
5. Why do sores sometimes become infected?

Personalization Questions

1. Have you ever gotten the chicken pox or the flu after someone in your family or someone you know has been sick with them? How does this happen?
2. If you meet a person with HIV/AIDS, would you dare to shake hands with him/her? Why or why not?
3. If a person with HIV/AIDS has a sore on their skin, you can protect yourself if you accidentally touch the sore? How?
4. If you visit a person with a common communicable disease or visit a person with HIV/AIDS, how can you protect yourself?

**Facilitator
Notes:**

Instead of using sand, you may choose to use a powdered spice, such as cinnamon.



Zambia

Teacher's Guide

for the Integrated Water, Sanitation and Hygiene Education, and HIV/AIDS

for Grades 1 to 7



Ministry of Education,
Government of the Republic of Zambia



UNICEF

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Acknowledgements

The preparation of this Teacher's Guide owes much to those who kindly took the time to design and develop it.

We would like to thank Christine van Wijk-Sijbesma the international facilitator, the Senior Program Officer from the International Water and Sanitation Center (IRC) of the Netherlands for her professional advice during the writing time. We would also like to thank our local facilitators Mrs. Catherine N. Phiri, (Senior Inspector of Schools-Teacher Training), School Health and Nutrition focal Point in the Ministry of Education; Mr. Anson Banda (English Senior Curriculum Specialist), head of department, English and Life Skills coordinator from the Curriculum Development Center; and Irene Malambo –HIV/AIDS Coordinator, Home Economics Senior Curriculum Specialist, for their invaluable contribution.

We would further like to thank the members of the writing team:

Kamoko Joel, Eldridge Kapala, Obed Mwape, Evans M. Mumba, Regina M. Siamusiye, Mass M. Munyati, Hilda Nyemba, Christine B. Kunda, Shadrack K. Daka, Magdaline T. Zimba, Venus Thole, Catherine Chirwa, Foster Kayungwa, Tobias Hanzala, Annie P. Bwalya, Alex Mutale, Fidelis Mumba, Charles Ndeleki, W. Chanda and J. Chisha.

We would also like to thank Mrs. Kaiza and Mrs. Chama for their services in typing and supporting the workshop.

We are greatly indebted to UNICEF for both the financial and technical support rendered to the design and production of this guide.

Introduction to the guide

The school health and nutrition and HIV/AIDS components of BESSIP have developed the psychosocial life skills teachers lesson guide with a focus on water, sanitation hygiene and HIV/AIDS education. For grade 1 to 7 teachers to assist them teach life skills in a participatory manner.

These life skills are self-awareness, self-esteem, effective communication, decision making, problem solving, assertiveness, goal setting, value clarification, creative thinking, critical thinking, empathy & interpersonal relationships.

The guide covers the following themes, namely:

Hygiene education e.g. Personal, water, food and community hygiene.

Environmental education e.g. sustainable environment and living in harmony at both local and national level. HIV/AIDS facts, prevention, support, care for the affected and infected and making a living.

In this lesson guide, you will find suggested participatory activities such as the broken telephone line, role-play, guessing game, case studies, surveys, mime, gallery walk, etc. These have been especially designed to assist you to involve the pupils as much as possible in the learning process and equip them with skills to face the everyday challenges. These participatory activities have been explained in detail in the glossary of terms.

The suggested reference materials, teaching and learning aids in the lesson guides are not conclusive. The reference materials may not contain enough content to aid in lesson production. The teacher should refer to other materials for more information.

SUBJECT: Environmental Science
GRADE: 1
TOPIC: Personal Hygiene
SUB-TOPIC: Proper use of toilets/safe excreta disposal
TEACHING AND

LEARNING RESOURCES: Toilets, Toilet paper, newspaper and any other suitable local materials, basin of water, container/jug, soap, or other soap alternatives

REFERENCES: Environmental Science Teacher's Guide and Pupils' Book 1

OBJECTIVES:

By the end of these lessons, PSBAT (in any form(s) the teacher chooses to use):

Knowledge:

- a) name at least 3 types of toilets;
- b) mention three risks of not using safe excreta disposal;

Attitudes:

- a) appreciate proper use of toilets;
- b) appreciate that anyone can safely dispose stool;

Physical Skill:

- a) use the toilets properly all the time;

Psycho-social Life Skills:

- a) communicate to others the proper way of using the toilet,
- b) make responsible decisions when using the toilet.

INTRODUCTION:

The teacher will involve pupils in any participatory activity/activities that will lead to mentioning toilet facilities they use at home.

LESSON DEVELOPMENT:

In the first lesson, the teacher should use participatory activities that can be done to find out which types of toilets/ways of disposing of stool the pupils already know. They may also think of ways in which to find out which ways the children think are better than others and why. Finally, help the children assess how everyone can in time have a good way of disposing of stools.

In the second lesson the teacher will focus on any kind of demonstration of proper latrine use conducted in the toilet. This may be done through a role-play and a demonstration of proper steps, or proper and improper steps.

In the third lesson may focus on participatory activities that help children bring out risks involved in not using toilets, e.g. defecating in the bush, flies settle on the stool then go on to their food. A simplified six-F diagram with cards/pictures/authentic materials, etc. may help the teachers to draw general lessons and help visualise the transmissions.

CONCLUSION:

A class discussion can follow on alternatives to use if toilets are not available.

MONITORING/EVALUATION:

Monitor improved habit and proper use of toilets amongst pupils, e.g. inspection of toilets regularly.

SUBJECT: Environmental Science
GRADE: 1
TOPIC: Ecology
SUB-TOPIC: Types of food
DURATION: 1 double lessons of 60 minutes

TEACHING AND LEARNING RESOURCES: Charts of various types of food, actual types of foods found in the pupils' surroundings, chart, marker, under five card and manila paper

REFERENCES: Grade 1 Environmental Science Teacher's Guide
Grade 1 Home Economics Teacher's Guide

OBJECTIVES:

By the end of the two lessons, PSBAT (in any form(s) the teacher chooses to use):

Knowledge:

- a) identify types of food found in their areas;
- b) mention the sources of these foods;

Attitudes:

- a) appreciate the nutritional values of the food they eat.
- b) show willingness to eat a variety of foods.

Physical Skills:

- a) draw various types of foods;
- b) match the drawings of types of food with the words;

Psycho-social Life Skills:

- a) show awareness of the various types of food found in their community;
- b) make a decision to eat a variety of food everyday;
- c) communicate effectively to others on the nutritional value of the variety of foods.

INTRODUCTION:

The teacher should find an interesting participatory activity that will involve the pupils into naming types of foods found in their community e.g. guessing game, broken telephone line and word-picture matching.

LESSON DEVELOPMENT:

In the first lesson, the teacher will focus on identification of various foods found in the community, e.g. pupils who can manage to bring food from their homes can do so and those who cannot, can mention the foods that they eat everyday.

In the second lesson, the food will then be categorised according to sources (meat products, vegetable products and fruit products). The teacher will explain the importance of these foods to their health.

CONCLUSION:

The teacher should ask pupils to draw plants and animals that produce food in their community or they may match pictures drawn with words.

MONITORING AND EVALUATION:

Monitor, on a chart, the types of food pupils eat everyday. Check whether the pupils carry food to eat at break and what type they bring.

SUBJECT:	Environmental Science
GRADE:	1
TOPIC:	Water and Hygiene
SUB-TOPIC:	Sources of Water (could be taught in term 3)
DURATION:	2 lessons of 30 minutes each
LEARNING AND TEACHING RESOURCES:	Charts showing various sources of water, word cards, used bubble gum (ubulimbo)
REFERENCES:	Grade 1 Environmental Science Teacher's Book Grade 1 Home Economics Teachers' Guide

OBJECTIVES:

By the end of these lessons, PSBAT (in any form the teacher chooses to use):

Knowledge:

- a) name sources of water in their area;
- b) identify unsafe water sources and risks associated with them;
- c) list ways of maintaining safe sources of water;
- d) discuss ways of keeping safe water from contamination;

Attitudes:

- a) encourage each other to drink water from safe sources;
- b) willingly be involved in keeping safe water from contamination;

Physical Skills:

- a) draw and label simple diagrams of sources of water in the area;
- b) write down names of safe and unsafe sources of water;

Psycho-social Life Skills:

- a) work as a team to maintain safe water sources;
- b) show awareness of risks associated with unsafe sources of water;
- c) communicate effectively the importance of getting water from safe water sources.

INTRODUCTION:

Teacher should give any participatory activity that pupils can use to lead them to the subject of sources of water, e.g. to find out where pupils wash before coming to school. This may be done through interviews, pair or group discussion.

LESSON DEVELOPMENT:

In the first lesson, the teacher should use any participatory activity/activities that will bring out the various names of water sources in the area, and identify those that are unsafe because of risks associated with them. This can be done through class discussion.

In the second lesson, the teacher will focus on ways of maintaining safe sources of water. Ways of keeping safe water from contamination should also be discussed. This can be done through a case study and visiting some nearby sources of water.

CONCLUSION:

The teacher should involve pupils in participatory activities that will ensure daily maintenance of safe water sources, keeping safe water from contamination and drinking safe water. This can be done through songs, demonstrations of physical skills and class discussion.

MONITORING AND EVALUATION:

The teacher can randomly interview individual pupils on how they store water safely in their homes, and if they drink safe water from safe water sources.

SUBJECT:	Environmental Science
GRADE:	1
TOPIC:	Community Hygiene
SUB-TOPIC:	Safe disposal of Refuse
DURATION:	2 lessons of 30 Minutes
TEACHING AND LEARNING RESOURCES:	Brooms, rakes, hoes, locally made brooms (ichipyango)
REFERENCES:	Environmental Science Grade 1 Teacher's Guide and Pupils Book

OBJECTIVES:

By the end of the series, PSBAT (in any form the teacher chooses to use):

Knowledge:

- a) identify refuse;
- b) state two methods of disposing refuse safely;
- c) name at least two items used for cleaning surroundings.

Attitudes:

- a) develop a habit of throwing refuse into appropriate places;
- b) appreciate a clean environment;
- c) develop a habit of cleaning surroundings;

Physical Skills:

- a) throw litter into the appropriate places;
- b) handle and use cleaning items properly.

Psycho-social Life Skills:

- a) show awareness that their health depends on a clean environment;
- b) make decisions on keeping the environment clean.

INTRODUCTION:

Teacher should/will come up with a participatory activity which may lead into pupils coming up with methods of refuse disposal, e.g. what they do with biscuit or sweet wrappers after eating the content.

LESSON DEVELOPMENT:

In the first lesson teacher will give pupils a chance to do participatory activities or survey a local environment and then compare and contrast. Teacher may come up with different ways of disposing refuse, e.g. throwing into the rubbish pits or dustbins and burning the refuse.

In the second lesson, the teacher will focus on identifying items used for cleaning surroundings. This may be done by practical participatory activities relating to cleaning the surrounding and disposing of litter such as sweeping litter and throwing, burning or burying refuse.

CONCLUSION:

The teacher may lead the pupils into an activity which brings out an awareness of a clean environment, and how best to keep it clean.

MONITORING AND EVALUATION:

Monitor improved practices on safe ways of disposing refuse by regular inspection of surroundings. Monitor improved disposal habits by the pupils.

SUBJECT:	Home Econimcs
GRADE:	1
TOPIC:	Personal Hygiene
SUB-TOPIC:	Hand Washing
DURATION:	1 lesson of 30 minutes
TEACHING AND LEARNING RESOURCES:	Basin, water, jug, container, soap, ashes, salt, other traditional herbs(buba, muthanda, imbuu)
REFERENCES:	School Health and Nutrition Teacher's Guide

OBJECTIVES:

By the end of this lesson, PSBAT (in any form the teacher chooses to use):

Knowledge:

- a) identify the critical times when they should wash their hands;
- b) state the items used in hand washing;

Attitudes:

appreciate the correct items that are used for hand washing;

Physical Skills:

demonstrate the correct way of hand washing at critical times;

Psycho-social Life Skills:

communicate effectively to others the importance of hand washing at critical times.

INTRODUCTION:

The teacher should engage pupils in a participatory activity that sets the mood for hand washing activity. This could be done through role-play and demonstration by pupils.

LESSON DEVELOPMENT:

The teacher should involve pupils in a participatory activity that will lead to the identification of critical times of hand washing and materials that can be used in correct hand washing. This could be done by pouring water from a jug into a basin or by using an improvised hand washing facility and using soap, ash or salt.

CONCLUSION

The teacher will involve pupils in an activity that will make them demonstrate the correct way of hand washing at critical times.

MONITORING AND EVALUATION:

The teacher should monitor hand washing at critical times through the 'whispering game' and observations.

SUBJECT: Environmental Science
GRADE: 2
TOPIC: Personal Hygiene
SUB-TOPIC: Hand Washing

Duration: 30 minutes

TEACHING AND LEARNING RESOURCES: Work cards, chalkboard chalk, water, soap, basin, Container

REFERENCES: Grade 2 Environmental Science Pupil's Book
Grade 2 Environmental Science Teacher's Guide
Grade 2 Home Economics Pupil's Book
Primary Health Education Book

OBJECTIVES:

By the end of this lesson, PSBAT (in any form(s) the teacher chooses to use):

Knowledge:

- a) state the importance of hand washing;
- b) give reasons for washing their hands at critical times;

Attitude:

appreciate keeping his or her hands clean.

Physical Skill:

wash hands correctly;

Psycho-social Life skills:

- a) communicate effectively to others the importance of hand washing;
- b) decide to wash hands at critical times.

INTRODUCTION:

You may begin the lesson by actively engaging pupils in participatory activities that will bring out the correct techniques of hand washing. You may do this by using poems, songs, role-play or any other participatory method you may come up with.

LESSON DEVELOPMENT:

Teacher will develop a lesson that will bring out the importance of hand washing. Choose any participatory activity/activities for the pupils to bring out their past experience on the effects of not washing hands. You may use methods like role-play, group discussion, drawing and story telling.

CONCLUSION:

Teacher will prepare activities that will help pupils realise and appreciate proper hand washing techniques. For example, pupils may be engaged in activities where they talk about why they wash their hands at critical times or demonstrate proper and improper ways of hand washing and compare results. You may pick on one critical time e.g. before eating or after using the toilet.

MONITORING AND EVALUATION:

As a way of monitoring the improved practice of hand washing, the teacher could use activities such as whispering, observation, secret ballot or any other activity which may be convenient to the teacher.

SUBJECT: Environmental Science
GRADE: 2
TOPIC: Community Hygiene
SUB-TOPIC: Safe disposal of Refuse

DURATION: 2 lessons of 30 minutes each

TEACHING AND

LEARNING RESOURCES: Brooms, hoes, local brooms, rakes, shovel, dustbin, dustpan or any other appropriate alternative

REFERENCES: Environmental Science – Grade 2
Teacher’s Guide and Pupil’s Book

OBJECTIVES:

By the end of these lessons, PSBAT (in any form(s) the teacher chooses to use):

Knowledge:

- a) identify items used for cleaning the surroundings;
- b) state the different ways of cleaning home surroundings;
- c) demonstrate knowledge of cleaning the surroundings;
- d) demonstrate knowledge of safe disposal of refuse and the results of not disposing waste well.

Attitudes:

- a) show appreciation of clean surroundings;
- b) demonstrate correct ways of cleaning the surrounding;
- c) appreciate items used for cleaning the environment;

Physical Skills:

- a) practice correct ways of sweeping or cleaning the surroundings and the safe way of disposing refuse;
- b) draw items used for cleaning the environment;

Psycho-social Life Skills:

- a) effectively communicate on safe ways of disposing refuse;
- b) make decisions on which items to use in cleaning the surrounding;
- c) solve problems relating to safe disposal of refuse.

INTRODUCTION:

Teacher should begin with a practical participatory activity of pupils sweeping the front of that classroom. Then follow it up with an activity that will bring out issues of proper ways of cleaning and proper ways of refuse disposal and correct use of items.

LESSON DEVELOPMENT:

The first lesson will focus on identifying items used for cleaning the surroundings. S/he may also look at the different ways of cleaning and the safe disposal of refuse. This may be done by participatory activities such as field trip and role-play.

The second lesson should focus on demonstrating the correct ways of sweeping the surrounding and the results of not disposing the refuse correctly. This may be done by participatory activities such as drama and pair or group discussion.

CONCLUSION:

The teacher may ask pupils to draw some of the items that are used for cleaning the surroundings and disposing of refuse. This could be done through giving pupils a task of disposing of waste in the school area in a safe way. Or identifying pits to use in their community.

MONITORING AND EVALUATION:

Monitor improved practices of cleaning the surrounding and safe disposal of waste through daily inspection by the teacher while encouraging pupils to do the same in their community.

SUBJECT: Environmental Science
GRADE: 2
TOPIC: Ecology
SUB-TOPIC: Importance and use of food

DURATION: 1 double period

TEACHING AND

LEARNING RESOURCE: Chart showing all types of food, word cards, pictures of healthy and unhealthy girls and boys showing signs due to poor diet

REFERENCES: Grade 2 Environmental Science Teacher's Book
Grade 2 Home Economics Teacher's Book

OBJECTIVES:

By the end of the 2 lessons, PSBAT (in any form(s) the teacher chooses to use):

Knowledge:

- a) mention foods they eat at home;
- b) explain the importance of food;
- c) classify the foods into plant, fruit, animal

Attitude:

appreciate the importance of eating all types of food.

Physical Skills:

- a) draw different foods;
- b) classify different foods;

Psycho-social Life Skills:

- a) solve health problems related to poor diet;
- b) advise others on the need for a variety of food;
- c) communicate effectively as they encourage others to eat a variety of food.

INTRODUCTION:

The teacher will prepare a participatory activity in which the pupils will mention the types of food they eat throughout the year. The teacher may ask pupils to discuss in pairs or groups.

LESSON DEVELOPMENT:

In the first lesson, the teacher will focus on the importance of food. The teacher may make pupils role-play and discuss in groups to bring out the importance of food to human life.

In the second lesson the teacher will focus on classification of food under food for body repair, food for energy and heat and food for protection against disease. The teacher may use groups in the classification of food. Teacher may use actual foods or chart for this activity.

CONCLUSION:

The teacher should ask questions about varieties of food. Teacher may also give a follow up activity, e.g. drawing types of food.

MONITORING AND EVALUATION:

The teacher will monitor pupil's diets at home, e.g. through interviews and visits to their homes.

SUBJECT: Environmental Science
GRADE: 2
TOPIC: Safe use of latrines
DURATION: 2 lessons of 30 minutes each

TEACHING AND LEARNING RESOURCES: Tissue paper, newspaper, or any other appropriate local material, water, soap, water container, ashes/disinfectant

REFERENCES: Grade 2 Environmental Science Teacher's Guide and Pupil's Book

OBJECTIVES:

By the end of these lessons, PSBAT (in any form(s) the teacher chooses to use):

Knowledge:

- a) state the correct use of the latrine/toilet;
- b) wipe their bottoms correctly after using the toilet/latrine;
- c) give reasons why it is important to wash their hands after using the toilet/latrine;

Attitudes:

- a) encourage each other to use the latrine/toilet correctly;
- b) show willingness to wash their hands after using the toilet/latrine.

Physical Skills:

- a) demonstrate the correct use of the toilet/latrine;
- b) the proper hand washing after using the toilet/latrine;

Psycho-social Life Skills:

- a) communicate to others about proper hand washing;
- b) make decisions about using the toilet/latrine properly;
- c) show awareness of the dangers of not using the toilet properly.

INTRODUCTION:

The teacher may involve pupils in a brief activity, which is participatory and sets their mood into the use of toilets/latrines and hand washing, e.g. find out where pupils relieve themselves at home and at school in various circumstances.

LESSON DEVELOPMENT:

In the first lesson, the teacher should focus on ways of disposing off faeces and demonstrate the proper use of a latrine/toilet. This could be done through role-play, demonstration of proper steps, miming and drama.

Lesson two will focus on the risks involved in not using toilets properly and washing hands correctly.

The teacher should use participatory techniques such as story telling, role-play, demonstration and discussions.

CONCLUSION:

The teacher may pose questions about what a person who makes the toilet dirty and messes up his/her hands in the process do to himself/herself and others. This could be done through a discussion and question and answer.

MONITORING AND EVALUATION:

The teacher should monitor and evaluate the improved habits and correct use of toilets by pupils, e.g. through random interviews, observations and spot checks on toilets.

Monitoring may be done through the whispering game, e.g. how they should wipe their bottoms.

SUBJECT: Environmental Science
GRADE: 3
TOPIC: Community Hygiene
SUB-TOPIC: Refuse disposal practices of the Local Community

DURATION: 30 minutes
TEACHING AND LEARNING RESOURCES: Dustbin, rubbish pit, picture of a dumping site, Incinerator

REFERENCE: Grade 3 Home Economics Teacher's Guide

OBJECTIVES:

By the end of this lesson, PSBAT (in any form(s) the teacher chooses to use):

Knowledge:

- a) name the refuse disposal practices in the local community;
- b) explain the significance of correct refuse disposal;
- c) discuss the best ways of disposing off refuse;

Attitudes:

- a) exhibit the acceptable ways of disposing off refuse;
- b) willingly sensitise others on the proper ways of disposing of refuse;

Physical Skills:

- a) demonstrate good refuse disposal practices;
- b) draw indicators of cleanliness in form of dustbin, rubbish pit and incinerator;

Psycho-social Life Skills:

- a) communicate effectively good refuse disposal practices;
- b) show awareness of the best practices of refuse disposal.

INTRODUCTION:

The teacher should lead the pupils into a participatory activity that will set the stage for discussing the correct refuse disposal practices. This may include group discussion, role-play and field visit.

LESSON DEVELOPMENT:

In the lesson, the teacher should prepare participatory activities which should focus on naming of the refuse disposal practices and bring out the significance of the correct refuse disposal.

The teacher may come up with practical activities in which pupils will demonstrate correct refuse disposal in the school community e.g. sweeping, picking up litter and disposing it in the bin or pit.

CONCLUSION:

The teacher should come up with participatory activities such as brainstorming and question and answer to show the pupils' understanding of correct practices of refuse disposal and willingness to sensitise other members of the community.

MONITORING AND EVALUATION:

The teacher and pupils could monitor improved practices of refuse disposal by checking for indicators of cleanliness, e.g. good bin use, refuse pit and no careless dumping of refuse in the local community.

SUBJECT: Environmental Science
GRADE: 3
TOPIC: Hand washing
SUB-TOPIC: Worms

DURATION: 3 lessons of 30 minutes each
TEACHING AND LEARNING RESOURCES: Soil/worms/chart showing different types of worms/
Basin of water, soap/soap alternative

REFERENCES: Grade 3 Environmental Science Teacher's Guide and Pupils' Book

OBJECTIVES:

By the end of these lessons, PSBAT (in any form(s) the teacher chooses to use):

Knowledge:

- a) name at least two types of worms;
- b) state how worms may be transmitted from an infected person to a healthy one;
- c) mention at least three ways of preventing worm transmissions;

Attitudes:

- a) appreciate the importance of hand washing;
- b) willingly prevent worm transmission;

Physical Skills:

- a) develop an art of drawing;
- b) investigate soil for living organisms;
- c) wash hands correctly to prevent worm transmission;

Psycho-social Life Skills:

- a) communicate effectively information on the prevention of worm transmission;
- b) make correct decisions on hand washing at critical times.

INTRODUCTION:

The teacher should come up with a participatory activity related to hand washing. This could be done through a song, demonstration, role-play making, story and guessing game.

LESSON DEVELOPMENT:

In the first lesson, the teacher will give pupils an activity which will lead them to discover worms in the soil. This could be done through field trips and question and answer.

In the second lesson, the focus will be on the transmission of worms using the simplified 6F diagram. The teacher could do this through brainstorming and group discussion.

In the third lesson, the focus will be on barriers on worm transmission as they relate to their local environment. This could be done by filling in the barriers through question and answer.

CONCLUSION:

The teacher will give a participatory activity in which pupils give true or false answers to statements on hand washing, worm transmission routes and barriers. This could be done through asking pupils to pick statements at random.

MONITORING AND EVALUATION:

The teacher will monitor improved practices of hand washing and other ways of preventing worm transmission.

SUBJECT:	Environmental Science
GRADE:	3
TOPIC:	Sources of water
SUB-TOPIC:	Treatment and storage of drinking water
DURATION:	2 lessons of 30 minutes each
TEACHING AND LEARNING RESOURCES:	Charts, word cards, pot water, storage container, bucket and questionnaire
REFERENCE:	Grade 3 Science Teacher's Guide

OBJECTIVES:

By the end of these, lessons PSBAT (in any form(s) the teacher chooses to use):

Knowledge:

- a) identify the sources of drinking water;
- b) describe the treatment and storage of drinking water;

Attitude:

appreciate the importance of interchanging gender roles;

Physical Skills:

demonstrate the effective ways of treating drinking water;

Psycho-social Life Skill:

think critically on the dangers of drinking contaminated water.

INTRODUCTION:

Involve the pupils in participatory activities of your choice that will bring out different sources of drinking water the pupils use by drawing, naming and many more.

LESSON DEVELOPMENT:

In the first lesson you may focus on categorising different sources of drinking water pupils use by e.g. mapping, ranking, use of questionnaire and many more. Putting more emphasis on the dangers of drinking contaminated water from the sources the pupils will high light.

In the second lesson may focus on the treatment and storage of drinking water with particular emphasis on boiling and chlorination. Participatory activities like discussion, role-play and many more could follow on promoting gender roles in the treatment and storage of drinking water.

MONITORING AND EVALUATION:

As you evaluate your lesson focus on the progression in children's learning and be aware of successes and failures of objectives.

SUBJECT:	Environmental Science
GRADE:	3
TOPIC:	Living in harmony at local level
SUB-TOPIC:	Fishing, hunting and farming occupations
DURATION:	2 lessons of 30 minutes each
TEACHING AND LEARNING RESOURCES:	Pictures of the local environment, pictures of fishermen, hunter and farmer, Wild Life Conversation charts
REFERENCES:	Grade 3 Environmental Science Teacher's Guide and Pupils' Book

OBJECTIVES:

By the end of these lessons PSBAT (in any form(s) the teacher chooses to use):

Knowledge:

- a) explain what fishing, hunting and farming are;
- b) identify good and bad practices in each of the three occupations;
- c) give reasons why people engage themselves in these occupations;

Attitudes:

- a) appreciate the value of each of the occupations to the community;
- b) respect the importance of these occupations to the community;

Physical Skill:

participate in farming projects at school and at home;

Psycho-social Life Skills:

- a) communicate effectively the dangers of poor farming practices and excessive fishing and hunting;
- b) show awareness of the importance of plant and animal life to human beings;
- c) apply critical thinking on the good and bad fishing, farming and hunting practices in their community.

INTRODUCTION:

The teacher will devise a participatory activity in which pupils bring out the three occupations: fishing, hunting and farming. This could be done through group discussion and miming.

LESSON DEVELOPMENT:

In the first lesson, the teacher will focus on what fishing, hunting and farming occupations are and the environmentally good and bad practices found in each

occupation. This should be done through participatory activities such as group work, pair work, field work (especially where farming and fishing are concerned).

For the second lesson, the teacher should plan participatory activities that will bring out reasons why people engage themselves in these occupations. Examples of participatory activities may be debate, group discussion, role-play, visits/field trips (with people in these occupations).

CONCLUSION:

The teacher should plan an exercise to help pupils bring out good and bad practices that characterise the occupations of fishing, hunting and farming and their contribution to good nutrition.

MONITORING AND EVALUATION:

Teacher develops a system of monitoring pupils' participation in activities that involve food production and change of attitude towards fishing, hunting and farming.

SUBJECT:	Environmental Science
GRADE:	3
TOPIC:	Water Hygiene
SUB-TOPIC:	Water Borne Diseases
DURATION:	4 lessons of 30 minutes each
TEACHING AND LEARNING RESOURCES:	Charts, water, soap, ash, bottle chlorine
REFERENCES:	Grade 3 Environmental Science Pupil's Book Grade 3 Environmental Science Teacher's Guide

OBJECTIVES:

By the end of these lessons, PSBAT (in any form(s) the teacher chooses to use):

Knowledge:

- a) list water borne diseases;
- b) identify ways in which water borne diseases are transmitted;
- c) identify signs and symptoms of water borne diseases;
- d) state ways of preventing water borne diseases;

Attitude:

willingly prevent transmission of water borne diseases by observing high standards of hygiene;

Physical Skills:

- a) demonstrate correct ways of water treatment to:
 - prevent water borne diseases;
 - take preventive measures in the spread of water borne diseases;

Psycho Social Life Skills:

- a) communicate effectively on prevention of water borne diseases; and
- b) think critically about ways of transmission and prevention of water borne diseases.

INTRODUCTION:

Teacher should involve pupils in a participatory activity/activities that will bring out the signs and symptoms of water borne diseases by using, e.g. poems, role-play and songs.

LESSON DEVELOPMENT:

In the first lesson the teacher will focus on bringing out 3 types of water borne diseases, i.e. diarrhoea, cholera and dysentery and signs and symptoms of each disease. This may be done by engaging pupils in participatory activity/activities such as group discussions, picture/word matching and many others suitable for the class.

In the second lesson the teacher will focus on the transmission and prevention of the diseases discussed in lesson 1. Methods such as whispering game, use of simplified version of 6F diagrams, may be used.

In the third lesson the teacher will prepare a lesson on transmission of bilharzia. This could be done by filling in the missing parts to complete the circle.

In the fourth lesson, the teacher may engage pupils in participatory activities that will focus on the signs, symptoms and prevention of bilharzia. Activities may include role-play, word matching, picture discussion and story telling.

CONCLUSION:

The teacher may involve pupils in activities that may look at what communities/school would do if they had an outbreak of diseases like cholera and dysentery. The activities could be done through role-play, group discussion, case study and field trip.

MONITORING AND EVALUATION:

The teacher will monitor improved hygienic practices on protection of water sources, safe disposal of faeces and hand washing, e.g. teacher may use the duty rota that is gender inclusive, whispering game and use of suggestion box.

SUBJECT:	Environmental Science
GRADE:	4
TOPIC:	Community Hygiene
SUB-TOPIC:	Effects of improper disposal of dry and wet refuse
DURATION:	2 lessons of 30 minutes each
TEACHING AND LEARNING RESOURCES:	Charts, showing proper refuse disposal, brooms, cards
REFERENCE:	Grade 4 Home Economics Teacher's Book

OBJECTIVES:

By the end of these lessons, PSBAT (in any form(s) the teacher chooses to use):

Knowledge:

- a) identify the best way/effective ways of disposing of dry and wet refuse;
- b) describe the effects of improper refuse disposal;

Attitudes:

- a) willingly dispose of the refuse correctly;
- b) appreciate the importance of cleaning the environment;

Physical Skills:

- a) dispose wet and dry refuse disposal properly;
- b) develop good behaviour on the disposal of refuse;

Psycho Social Life Skills:

- a) communicate effectively to others on effects of the improper ways of refuse disposal;
- b) work as a team to dispose of the dry and wet refuse properly; and
- c) show awareness of the proper refuse disposal practices.

INTRODUCTION:

The teacher will begin the lesson by focussing on the meaning and classification of the refuse by question and answer, group discussion or any other participatory method the teacher may find useful.

LESSON DEVELOPMENT:

In the first lesson the teacher will use any participatory activity that will bring out best ways/effective ways of disposing of dry and wet refuse e.g. case study, drama, role-play

and many more. The teacher may give examples such as use of rubbish bin/dust bin, burying, burning and many more. The teacher may also involve the pupils in identifying how they dispose of the refuse e.g. by having a field trip round the school.

In the second lesson will focus on the effects of improper disposal of dry and wet refuse. Participatory activities such as role-play, drama, song, poem and many more may be used.

CONCLUSION:

The teacher may involve the pupils in a participatory activity to collect information in the community on how refuse is disposed of. This could be done through role-play, drawing, song and many more the teacher will find useful.

MONITORING AND EVALUATION:

The teacher may inspect pupils sweep the classroom and school surrounding and how they dispose of the refuse collected.

SUBJECT:	Environmental Science
GRADE:	4
TOPIC:	Plants
SUB-TOPIC:	Care of trees and plants
DURATION:	2 lessons of 30 minutes each
TEACHING AND LEARNING RESOURCES:	Water, watering cans, buckets, hoe, hand fork, soap, ash, basin, jug/cup
REFERENCES:	Grade 4 Environmental Science Teacher's Guide Grade 4 Environmental Science Pupil's Book

OBJECTIVES:

By the end of these lessons, PSBAT (in any form(s) the teacher chooses to use):

Knowledge:

- a) state the importance of trees/plants;
- b) list methods of caring for trees/plants;
- c) mention proper ways of watering trees/plants;

Attitudes:

- a) appreciate the value of trees/plants;
- b) show willingness in caring for trees/plants;
- c) realise the importance of gender equity as they fare for trees/plants;

Physical Skills:

- a) water trees/plants correctly;
- b) aerate the soil;
- c) wash their hands properly after work;

Psycho-social Life Skills:

- a) awareness is their responsibility of caring for trees/plants;
- b) create good inter personal relations as they work together; and
- c) think critically on ways and means of caring for tree/plants.

INTRODUCTION:

The teacher will lead the pupils into a participatory activity/activities that will bring out the existence of tree/plants, e.g. field i.e. they can go round and name trees in the school, poems, "who am I" game.

LESSON DEVELOPMENT:

The teacher will use participatory activity/activities which will enable the pupils to bring out the importance of trees and/or plants. This may be done through group discussions,

questions and answer, role-play and story telling. The teacher should focus on proper methods of caring for tree/plants, c.g. correct aerating or watering. This would best be done by demonstration.

N.B: The teacher should remember to remind the pupils on the proper ways of hand washing.

CONCLUSION:

The teacher should engage pupils in participatory activities that should focus on each pupil or in groups to identifying and to care for a tree/plant in the school.

MONITORING AND EVALUATION:

The teacher should monitor the way pupils care for their trees/plants by e.g. inspecting as they water, aerate, and mulch. S/he could also award marks.

NOTE: The lesson may be covered in the hot season under a shade for pupils to appreciate trees.

SUBJECT:	Environmental Science
GRADE:	4
TOPIC:	Hand washing
SUB-TOPIC:	Worms
DURATION:	2 lessons of 30 Minutes
TEACHING AND LEARNING RESOURCES:	Worms/Chart showing worm prevention
REFERENCES:	Environmental Science Teacher's Guide and Pupils' Book 4

OBJECTIVES:

By the end of these lessons, PSBAT (in any form(s) the teacher chooses to use):

Knowledge:

identify signs and symptoms of worm infestation;

Attitudes:

- a) practice good hygiene to prevent worm infestations;
- b) demonstrate willingness to seek help/treatment when infested with worms;

Physical Skills:

examine themselves for worm infestation;

Psycho-social Life Skills:

- a) think critically on how to prevent oneself from worm infestation;
- b) be assertive in seeking help and treatment for worm infestation;
- c) communicate effectively amongst themselves, with their teachers and parents;
- d) make decisions in seeking help or treatment when infested with worms.

INTRODUCTION:

The teacher should engage the pupils in a participatory activity that will help them to focus on signs and symptoms of worm infestations and their treatment. This may be in form of a story or mini-drama, etc.

LESSON DEVELOPMENT

The first lesson will focus on symptoms and prevention of worm infestations. The teacher should prepare participatory activities to bring out real experiences through pair or group discussion based on, e.g. charts.

The second lesson will focus on examination and treatment of worm infestation. The teacher may invite a local health worker to give a talk to the class on worm infestations

and their treatment. The health worker may examine the pupils for worms and if possible treat them or give a talk

CONCLUSION:

The teacher may come up with an activity that will review the signs/symptoms, prevention and treatment of worm infestations, e.g. pupils to expand on their knowledge of the 6F diagram or write an exercise on the topic.

MONITORING AND EVALUATION:

Monitor improved practices on hand washing at critical times.

Monitor pupils found with worms to ensure that they get treatment.

SUBJECT: Environmental Science
GRADE: 5
TOPIC: Community Hygiene
DURATION: 2 lessons of 40 Minutes each

TEACHING AND LEARNING RESOURCES: Charts showing refuse, cleaning items, etc.

REFERENCE: Grade 5 Environmental Science

OBJECTIVES:

By the end of these lessons, PSBAT (in any form(s) the teacher chooses to use):

Knowledge:

- a) describe some refuse disposal practices of the local community;
- b) name some indicators of cleanliness;

Attitudes:

- a) appreciate a clean environment;
- b) show willingness to participate in community hygiene activities.

Physical Skills:-

properly clean the local (school) environment.

Psycho-social Life Skills:

- a) effectively communicate with family and community on safe refuse disposal;
- b) think critically in assessing community practices in relation to hygiene;
- c) make decisions in coming up with indicators of cleanliness in the local community.

INTRODUCTION:

The teacher should come up with participatory activities to act as a recap from grade 4 work on effects of poor community hygiene. This may be in the form of class discussion and question and answer session.

LESSON DEVELOPMENT:

The series will consist of 2 lessons of 40 minutes each. The teacher can arrange a field trip to some nearby locations to show good and bad disposal practices of the local community. Through a general discussion pupils should come up with lists of good and bad disposal practices observed. The teacher can then lead them into discovering some indicators of cleanliness, e.g. refuse pits, latrines, clean water supply, no blocked sewers and drainages.

The second lesson will focus on leading the pupils into a hands on experience in community hygiene activities. Teacher may lead the class to clean at a nearby community water source.

N.B.: Teacher should choose an activity that will not pose a health risk to the children.

CONCLUSION:

The teacher should give a simple written test to summarise the bad disposal practices in the local community and list down the good indicators of cleanliness..

MONITORING AND EVALUATION:

The teacher should monitor refuse disposal practices in the school by daily inspection.

SUBJECT: Environmental Science
GRADE: Grade 5
TOPIC: Transmission of Diseases
SUB-TOPIC: Common Parasites and Bacteria transmitted by Dirty

DURATION: Hands
40 minutes

TEACHING AND LEARNING RESOURCES: Tissue paper, water, basin, soap, jug
chart, word cards, strips of arrows and any other
suitable local materials e.g. ash, newspaper etc.

REFERENCES: Grade 5 Environmental Science – Teacher’s Book
Grade 5 Home Economics – Teacher’s Book and any
other suitable books

OBJECTIVES:

By the end of these lessons, PSBAT (in any form(s) the teacher chooses to use):

Knowledge:

- a) name common parasites transmitted by dirty hands;
- b) identify the diseases that these parasites cause;
- c) suggest preventive measures that can be taken to stop the transmission;
- d) explain how dirty hands transmit parasites;

Attitudes:

- a) appreciate the washing of hands at critical times;
- b) show willingness to wash hands and encourage others to do the same;
- c) desist from shaking hands indiscriminately;

Physical Skills:

demonstrate proper ways of washing hands;

Psycho-social Life Skills:

- a) effectively communicate to others the importance of washing hands at critical times;
- b) show awareness of washing their hands at critical times in a proper way;
- c) make decisions about washing hands at critical times;
- d) solve problems by improvising in the absence of known cleaning materials.

INTRODUCTION:

The teachers should come up with any brief participatory activity that will make pupils arrive at naming common parasites that cause diseases related to not washing hands correctly at critical times. This could be done through question and answer session, role-play and case study.

LESSON DEVELOPMENT:

In the first lesson, the teacher should use an activity/activities that would lead pupils into naming parasites that are common in their area and can cause diseases related to not washing hands correctly at critical times, e.g. a sketch showing someone playing with wet soil for case study.

Other activities could include identifying other diseases that these parasites cause e.g. anaemia (inadequate blood) and coughing etc. This can be done by matching parasites to diseases they cause.

The second lesson should focus on how dirty hands transmit parasites and how this transmission can be prevented. Activities may include 6F diagram. Demonstrations of correct hand washing at critical times.

The teacher should also engage pupils into a participatory activity arriving at suggesting preventive measures, e.g. washing of hands with soap, ash, cutting of nails short if not kept clean, correct disposal of waste, avoiding indiscriminate shaking of hands and deworming.

CONCLUSION:

Teacher could give homework to pupils to research on locally known diseases caused by parasites that are transmitted by dirty hands, their prevention and treatment e.g. a matrix table may be used.

MONITORING AND EVALUATION:

Monitor improved habits on hand washing, especially at critical times, e.g. through observation, interviews.

SUBJECT:	Social Studies
GRADE:	5
TOPIC:	Preservation of Nature
SUB-TOPIC:	Deforestation
DURATION:	2 lessons of 30 minutes each
TEACHING AND LEARNING RESOURCES:	Wheel burrow, spade, water, soap, ash, and container
REFERENCES:	Grade 5 Social Studies Pupil's Book Grade 5 Social Studies Teacher's Guide

OBJECTIVES:

By the end of the lessons, PSBAT (in any form(s) you choose to use).

Knowledge:

- a) state the causes of deforestation;
- b) mention 5 effects of cutting down trees;

Attitudes:

- a) appreciate the value of trees;
- b) willingly plant new plants;

Physical Skills:

- a) demonstrate the correct ways of planting and caring for trees;

Psycho-social Life Skills:

- a) work as a team in the planting and caring of trees; and
- b) communicate effectively on the effects of deforestation.

INTRODUCTION:

The teacher should come up with brief participatory activity/activities which will bring out the definition of deforestation.

LESSON DEVELOPMENT:

In the first lesson the teacher will focus on the causes of deforestation. The teacher may use participatory activities such as role-play, drawing, group discussion and many more.

For the second lesson the teacher should come up with a practical activity to demonstrate planting and caring of trees. The teacher may lead the pupils into planting and caring for trees in the school surrounding. After the practical activity pupils should wash their hands properly.

CONCLUSION:

The teacher may use a rota to ensure that the pupils will care for the newly planted trees in the school or carry out a survey on the effects of deforestation through a questionnaire.

MONITORING AND EVALUATION:

The teacher should monitor the growth rate of the plants and keep a record of such growth.

SUBJECT:	Environmental Science
GRADE:	6
TOPIC:	Personal Hygiene
SUB-TOPIC:	Worms
DURATION:	3 lessons of 40 minutes each
TEACHING AND LEARNING RESOURCES:	Soil/worms, cards, arrows, plain chart, markers, water
REFERENCES:	Grade 6 Environmental Science Teacher's Guide and Pupil's Book

OBJECTIVES:

By the end of these lessons, PSBAT (in any form(s) you choose to use):

Knowledge:

- a) name common worms that affect human beings in the area;
- b) state how such worms are transmitted;
- c) explain ways in which worm transmissions can be prevented;
- d) state measures to be taken when infected with worms;

Attitudes:

- a) accept that anyone may get worm infection;
- b) accept that worm transmissions can be prevented;
- c) willingly receive treatment when infected with worms;
- d) show willingness to wash hands at critical times.

Physical Skills:

- a) draw various types of worms;
- b) investigate the presence of worms in the soil;
- c) demonstrate the correct way of hand washing;

Psycho-social Life Skills:

- a) communicate effectively to others on worm transmission, prevention and treatment;
- b) make decisions on the importance of hand washing at critical times;

INTRODUCTION:

The teacher to come up with any participatory activity that will lead the pupils to the concept of worms through, constructing sentences from jumbled words correctly: you/ill/worms/might/get/if/you/be.

LESSON DEVELOPMENT:

In the first lesson, the focus should be on naming the types of worms as well as investigating the presence of worms in the soil. The teacher should use participatory activities such as group discussion and field visits.

In the second lesson, the teacher should prepare a participatory activity which will focus on the transmission of worms from various sources to human beings as well as how transmission can be prevented. The 6F diagram on disease transmission may be very helpful in this lesson.

In the third lesson, the teacher should involve pupils in participatory activities that will lead them to finding out what to do when one gets infected with worms. These may include role-play, mini drama and miming.

CONCLUSION:

The teacher should summarise the lesson by ask questions on various types of worms and how worm transmission can be prevented or a study tour of a clinic to find out information on worm transmission prevention.

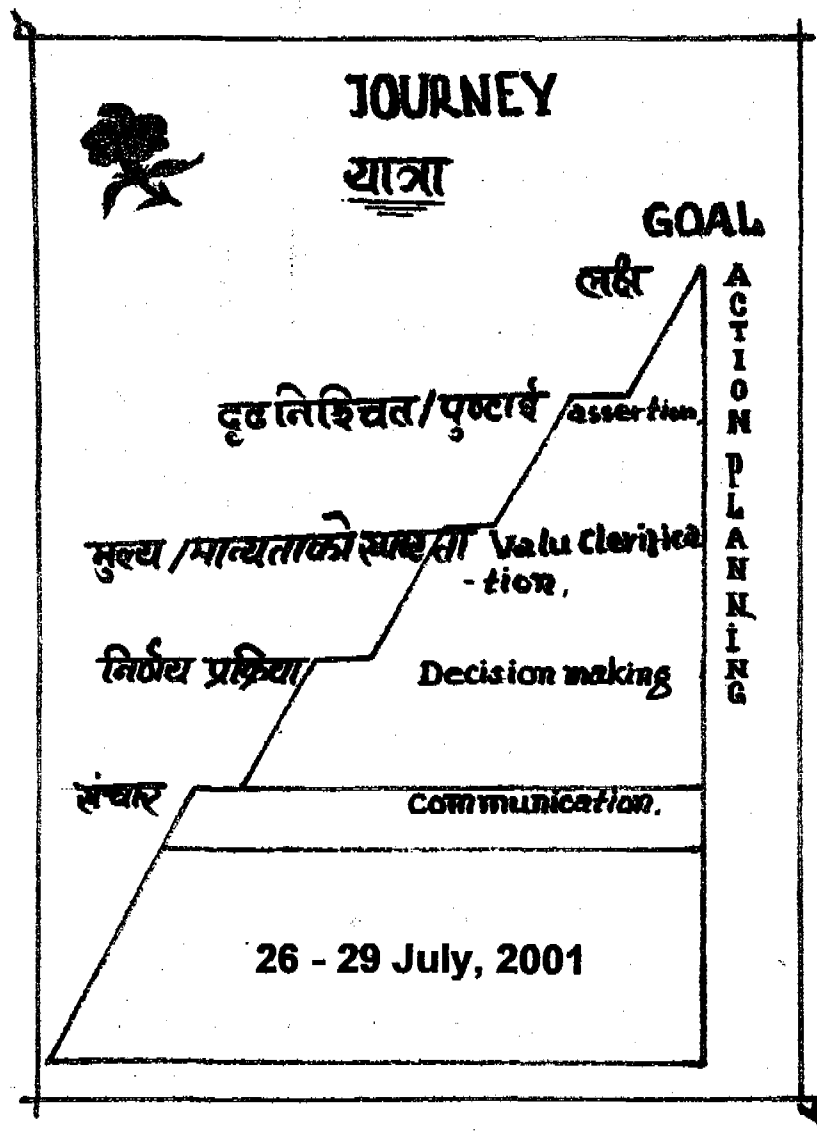
MONITORING AND EVALUATION:

The will monitor improved knowledge of the worm transmission, prevention and treatment. This could be done by visiting the local clinic or interview pupils.

NOTE: These lessons should be taught in term 1.

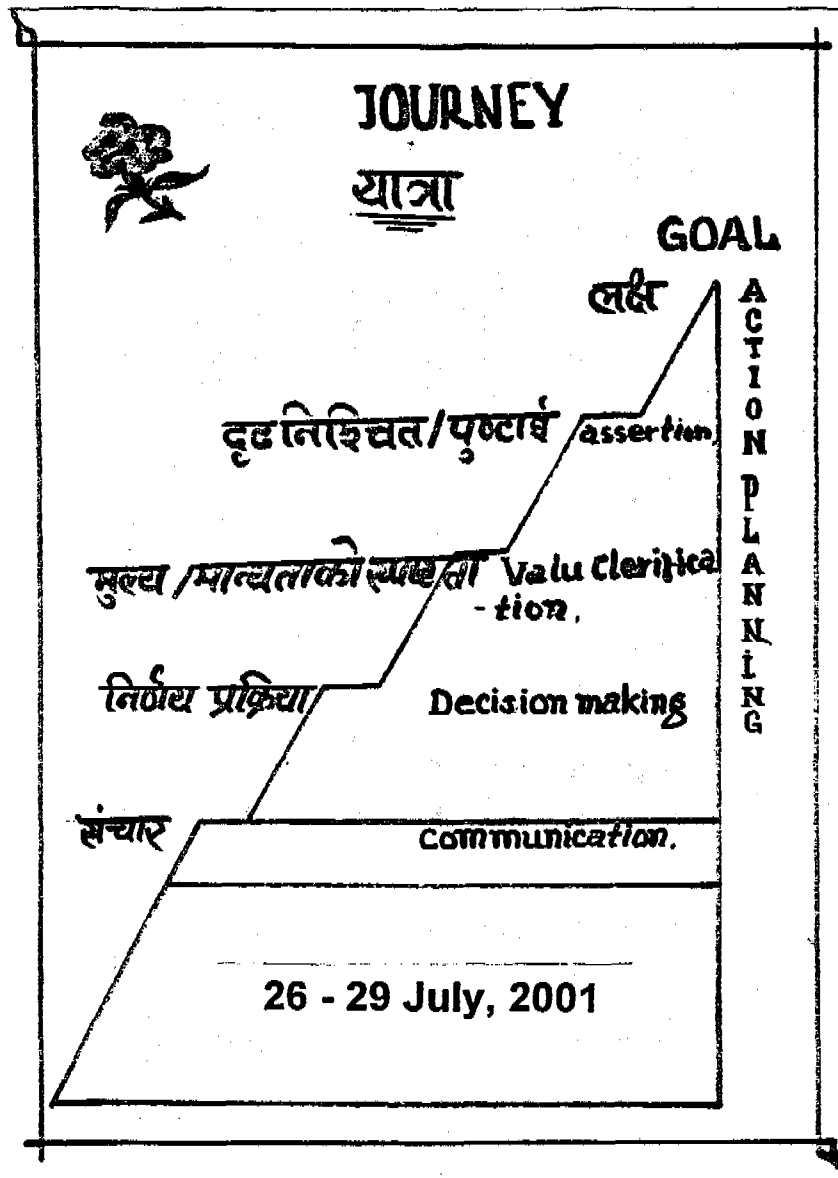
Nepal

A Report on Life-Skill Based Hygiene Education Workshop



Prepared by
CE/WES UNICEF, Nepal

A Report on Life-Skill Based Hygiene Education Workshop



List of Acronyms

BSP	Basic Sanitation Package
CBO	Community Based Organisation
CFS	Child Friendly School
CHRDU	Central Human Resource Development Unit
DDC	District Development Committee
DOE	Department of Education
DWSS	Department of Water Supply and Sewerage
DWSO	District Water Supply Office
ESS	Environment Sanitation Section
FRESH	Focusing Resources for Effective School and Health
GO	Governmental Organisation
IEC	Information Education and Communication
INGO	International Non Governmental Organisation
NEWAH	Nepal Water for Health
NRCS	Nepal Red Cross Society
NGO	Non Governmental Organisations
PRA	Participatory Rural Appraisal
RRA	Rapid Rural Appraisal
SMC	School Management Committee
SSHE	School Sanitation and Hygiene Education
UNICEF	United Nations Children's Fund
VDC	Village Development Committee
WATSAN	Water Supply and Sanitation

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Executive Summary

The high incidence of communicable diseases in Nepal, particularly among children is largely attributed to poor personal hygiene practices, unsanitary environment as well as unsafe drinking water. Appropriate quality education on hygiene and sanitation only can bring about positive hygiene behavior. For this schools can have direct effect on the children's health by providing useful knowledge on hygiene and sanitation. Therefore schools are the most important places of learning for children after their home. In Nepal Life Skills Based Education has been initiated in the curriculum, but it has not improved so much on skills and practices due to various reasons. These fact underlines the importance of life skills based hygiene education, which has been identified, as one of the effective approaches to build up skills in Nepalese students which has not been developed so far.

Life Skills Based Hygiene Education workshop held in CHRDU, Nagarkot from (26-29 July, 2001) is a similar type of the life skills workshop which facilitators attended in New York, the main difference was that most of the activities were related to hygiene, water and sanitation. The *main objectives of this workshop* were to understand Focusing Resources for Effective School Health (FRESH), Child friendly Schools (CFS) and other initiatives related to School Sanitation and Hygiene Education (SSHE). In the workshop ability to analyse the quality of teaching and learning materials for hygiene education and be able to facilitate workshop based on life skills-based hygiene education were focused.

Workshop started with an introduction on life skills based hygiene education and on education system of Nepal. The whole workshop was very participatory and focused on life skills-based hygiene education journey (communication, decision-making, value clarification, assertion and goal). Some of the *strengths* of the workshop proved in reflecting the importance of understanding all aspects of life skills based hygiene education in order for it to have an impact on the ultimate behaviour on the child. During the workshop, water, sanitation and hygiene contents were used in the various life skill training exercise, thus providing participants excellent opportunities to link education with sanitation and hygiene behaviour change. The workshop clearly reflected the importance of understanding the need for a balance in focusing on both water and sanitation issues at the school level.

To ensure greater success in programme, it is **recommended** that Life skills based hygiene education should be focused as a new concept, as it is already initiated in the curriculum but the use of methodology should be introduced. This could be done through organising life skill based hygiene education training courses for the teacher. Another recommendation is that although hygiene education is already in the curriculum, so it would be advisable to revise whether all the priority areas are included and whether all the necessary skills are dealt with. In addition to this the existing system of co-ordination should be strengthened.

The workshop conclusions are viewed as extremely useful for SSHE programme activities in schools.

1. Introduction

The high incidence of communicable diseases in Nepal, particularly among children is largely attributed to poor personal hygiene practices, unsanitary environment as well as unsafe drinking water. Appropriate hygiene and sanitation education only can bring about positive hygiene behaviour which is also related with appropriate water and sanitation facilities. Schools can have direct effect on the children's health by providing useful knowledge on hygiene and sanitation. Therefore schools are the most important places of learning for children after their home. This fact underlines the importance of school sanitation, which has been identified as one of the effective channels to disseminate hygiene and sanitation message to the children.

The SSHE programme is implemented in nine districts of which four are chosen as intensive (Sunsari, Dadeldhura, Kapilvastu and Chitwan) and five as non-intensive (Kavre, Kaski, Tanahu and Nawalparasi and Baglung) programme areas. In spite of the continuous effort, the sanitation situation has not improved as expected. So in order to make SSHE programme more successful some of the representatives of different organisations (UNICEF, DOE and NRCS) working for WATSAN participated on Life Skills-Based Hygiene Education Workshop in New York from 12-15 September 2000, where they learned life skill as a quality education which was found to be very useful. Taking this in view and realising the condition of sanitation in Nepal four day workshop (26-29 July, 2001) was held at CHRDU/Nagarkot in joint co-ordination with Department of Water Supply and Sewerage (DWSS), Department of Education (DOE) and Nepal Red Cross Society (NRCS) with financial and technical support from UNICEF.

The main objectives of the workshop were as follows:

- ⇒ Understand Focusing Resources for effective School Health (FRESH), Child friendly Schools (CPS) and other initiatives related to School Sanitation and Hygiene Education (SSHE).
- ⇒ Have experienced a range of lessons and activities, which illustrate how to integrate Life Skills into hygiene education.
- ⇒ Have the ability to analyse the quality of teaching and learning materials for hygiene education.
- ⇒ Produce a draft, hygiene education scope and sequence chart for early, mid and late grades in primary schools.
- ⇒ Be able to facilitate workshop based on life skills-based hygiene education.
- ⇒ Plan the implementation Life skills-based hygiene education and prepare the base to incorporate the grade one life skills based hygiene education curriculum.

During the four-day workshop the following content areas were covered:

- FRESH
- Child Friendly School
- Life Skills in Hygiene Education
- Life Skill Self Esteem
- Life Skill Decision Making
- Life Skill Values Clarification
- Life Skill Assertion
- Life Skill Goal Setting
- Facilitation
- School Sanitation and Hygiene Curriculum
- Plan of Action.

Resource Person and Participants

Mr. Tirtha Raj Onta, Nepal Red Cross Society (NRCS), Mr Lava Prasad Tripathi, Ms. Neera Shakya, DOE, and Suman Tuladhar, Mr. Namaste Lal Shrestha UNICEF were the main facilitators in this workshop

Three participants from SSHE Intensive Districts (Steering Committee Members and Resource persons): Two participants from SSHE Non-Intensive Districts (Resource persons), UNICEF, NRCS and DOE trainers; 4-5 Central level SSHE team members. ESS, CHRDU, FINNIDA, NEWAH, JMA/JICA, MDO, FORWARD Trainers also participated. List of the participants is attached in annex 1.

Method/Process

Different participatory methods such as brainstorming, group discussion, role-play, pair work, VIPP, exercise/games etc. were used during the sessions.



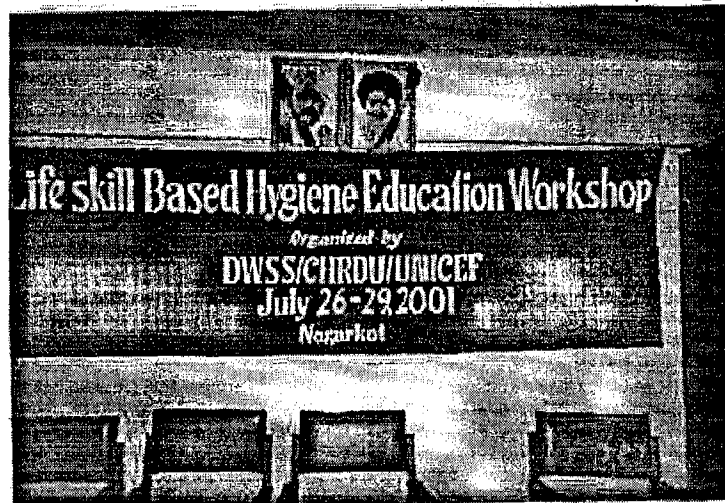
2. Workshop Proceeding

2.1 First Day

2.1.1 Opening Session

The workshop had an informal opening. *Mr. Hari Prasad Rizal*, Director CHRDU/DWSS opened the workshop by welcoming the participants. He said School Sanitation and Health Education (SSHE) programme cannot be implemented in isolation, for this each and every organisation should work together in a co-ordinated manner to make the programme successful. And he expressed his best wishes for the success of the workshop. After the opening

remarks *Mr. Lava Prasad Tripathi* and *Mr. Namaste Lal Shrestha* shared the proceeding sessions schedule and highlighted the agenda of the workshop. And he asked the participants to interact in a very innovative way to ensure that others come to know about their friends name, the organisation they work for, their birth place, their interest and what they are proud of.



After introduction the participants were requested to put in writing their expectations, which were summarised into the following points:

- ◆ Identification on different types of skills which can be used to develop the life skills-based hygiene education approach at the school level.
- ◆ How a number of life skills based hygiene education exercises could be used to especially help to empower girls who are in school.
- ◆ Identification on the types of resources needed to implement the life skills-based hygiene education approach.
- ◆ How to link up the professional knowledge of sanitation engineers and educational professionals with the life skills based hygiene education approach from the institutional to the school level.

After collecting the expectations from the participants the floor was opened for tea break and exercise which was termed as Tea Break-Exercise, the basic objectives were:

- To be familiar with others;
- To share others feelings;
- To bring new ideas the participants may have;
- To evoke thinking power;
- To compare with others ideas.

After this the participants were given a group work to prepare workshop norms by dividing them into four groups.

Topic for the group work:

- To make training successful;
- Clarify any misgiving if any;
- Define process and discipline for the workshop;
- Personal security.

Gist outcomes from the discussion were as follows:

- Respect each others feeling;
- Have a friendly relation between facilitators and participants;
- Make a summary and evaluate the session at the end of the day;

2.1.2 Life Skills in Hygiene Education and Introduction of FRESH Model.

Facilitated by: Mr. Tirtha Raj Onta, Mr. Lava Prasad Tripathi and Mr. Namaste Lal Shrestha.

This session focused on definition of Life Skill Based Hygiene Education Approach and discussed, its purpose, components, its criteria and barriers in detail using different participatory methods.

Life skill-based hygiene education is related with SSHE programme which is mainly focused on children, as they are the future parents. Schools could best provide them the chance to inculcate knowledge on sanitation and can help to adapt educational behaviour and practice right from the early age. Hence life skills-based hygiene education approach is a behaviour change strategy which can be applied in schools and lead to "good quality" hygiene/health education.

Life skills education is a interactive process of teaching and learning that focus on acquiring knowledge, attitude and skills to support behaviour that enables people to take greater responsibility for their own lives.

The purpose of the life-skills based hygiene education approach, was outlined as follows:

- ◆ Enhance the already positive and healthy, pro-social characteristics of the majority of young people;
- ◆ To prevent or reduce risks to health and other aspects of development, leading to better learning outcomes.

Life skills based hygiene education approach cannot be applied in isolation. The types of *skills* generally agreed as important to the life skill approach include: interpersonal skills, decision making skills, critical and creative thinking skills, coping and stress management skills, self awareness skills. The *contents* consist of a balance of knowledge attitudes and skills. And for effective teaching and learning different *methods* can be used according to interest of participants like, role-play, story telling, brainstorming, debates and critical viewing of audio/video materials.

Components

Three Components of skills-based health education

Skills	Contexts	Methods
The (life) skills	The context the skills-based (health) education	The methods for teaching and learning

Other highlighted points were on criteria or life skills based education barrier to the life skills approach and ways to implement them. Three main ways to implement skills-based health education including life skills in schools are:

- a. Separate subject
- b. Carrier subject alone
- c. Infusion alone

Criteria for life skills based education

- 1. Behaviour change as part of objective;
- 2. Balance of knowledge, attitudes and skills;
- 3. Participatory teaching and learning methods;
- 4. Central relevance for students

Barriers to the life skills approach

- 1. Poorly understood;
- 2. Competing priorities;
- 3. Poor policy support;
- 4. Poor and uneven implementation.

After the discussion on life skill approach, FRESH model, its supporting activities and core intervention activities were introduced. Part of the child-friendly schools includes aspects related to Focusing Resources for Effective School Health (FRESH). The FRESH approach focuses on, school health policies, safe drinking water and sanitation facilities, skills based on health education and health/nutrition services in schools.



Supporting activities

1. Effective partnerships between teachers and health workers;
2. Effective community partnerships;
3. Pupils participation.

Core intervention activities

1. Effective health policies for schools;
2. Safe water and sanitation for all schools;
3. Skills based health and nutrition education;
5. Schools based health and nutrition services.

2.1.3 Introducing the Concept of Child Friendly School

Facilitated by: Ms. Suman Tuladhar and Ms. Neera Shakya

In this session different participatory methods were used like group discussion and game play. School is the most important place of learning for children, after the family. Schools provide stimulating learning environment for children. If basic facilities are available in school (sanitation and hygiene facilities, with clean environment in such a way that it will prevent health hazards) according to the need of children, then it is known as child friendly school. Participants were invited to discuss on "why we need child friendly school?" and comments on other major issues in detail.

The major outcomes of the discussion:

- To guarantee children safe, protective spaces and safeguard them from violence and abuse.
- To raise teachers moral and motivation.
- To mobilise community support for education.
- To help children realise good quality primary education of.
- To help children learn what they need to learn.
- To enhance the health and well being of children.

After elaborating on this point, participants were divided into four groups, where they were assigned to discuss on external criteria of school child-friendliness, and present it on meta card, transparency sheet and brown paper.

The main outcomes of group exercise were presented as follows.



- Promote equality, respect for all children and provide quality education.
- The school does not publicly rank children by performance results;
- The school provides all children with equal opportunities without bias;
- Children learn subject matter that can be utilised in real life;
- The school develops children's respect for their parents.

Promote children's psycho-social well being and self-confidence.

- All children participate in school activities according to their interests;
- Children learn happiness;
- Teachers develop counselling methods.

Promote education and environment reflecting good health.

- The school promotes and supports health of children;
- The school should be free of addictive substance.

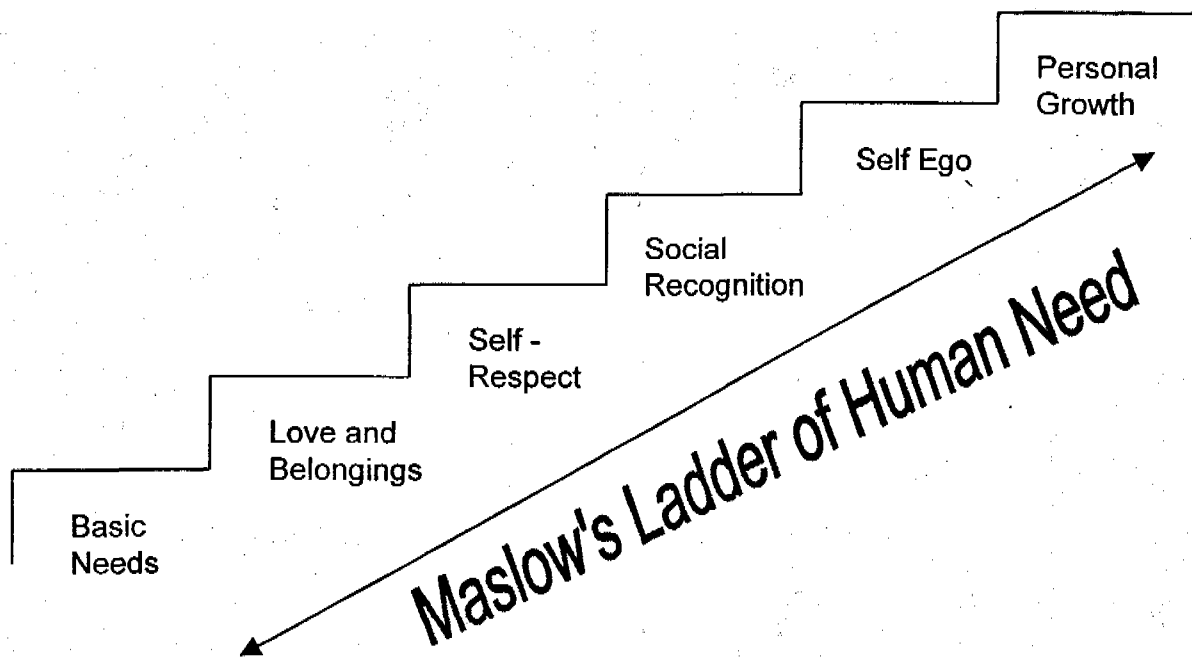
Establish harmonious environment

- The school provides opportunities for children to join in expressing their views;
- The school promotes children to learn about mutual respect, co-operation and using joint efforts to solve problem;
- Teachers and parents meet once a month to know about their children's learning.

During the discussion session, participants raised gender-related issues, which was clarified by Ms. Suman Tuladher in a very impressive way.

At last we had a short discussion on Maslow's Ladder.

The purpose of defining this concept is to examine community needs by using a hierarchical conceptual scheme developed by an American psychologist exclusively for individuals. Maslow's ladder explains this process, beginning at the bottom and moving to the top. Maslow's ladder is a way of looking at a community and assessing what problems or needs it has. The tendency is that communities with less resource are positioned on a lower rung of the ladder. The conceptual scheme provides a different way of looking at a community and seeing how others may perceive it.



2.2 Second Day

2.2.1 Life Skills Overview, Life Skills: Self-esteem & Communication. Facilitated by: Mr. Namaste Lal Shrestha

The session started with the game called "*Jodi Game*" which is played in pair, sitting back to back (sender and receiver). Picture was given to the sender, there sender must describe the picture to the receiver so they can draw it without looking and speaking a single word. After that sender and receiver were asked to sit together (side to side) to do the same assignment

Another game was also played related to communication named "*Broken Telephone*" where long sentence was given and the players were asked to whisper to their next friend carefully and not letting others to hear. No question was allowed to ask and the message can be said only once. When the message has been received at the end of the line, that person was told to speak out in front of all, what the message was about. This was done to clarify how gossip can spread, on misinformation. After that participants were asked about the problem that arose during communication.

Some of the questions asked were:

- Was sitting arrangement easier;
- Why they think so;
- What factors contribute to healthy and effective communication for both?

Communication is a way of imparting information from one source to another. Active listening is where we attend fully to the other persons and consider making ourselves understood and understanding the other persons as equal priorities. This is known as two-way communication, in conclusion it was found that two-way communications is better than one way communication.

At last communication related sheet was distributed to participants for more information and systematic process.

The session was followed by lunch break.

2.2.2 Life Skill: Decision Making Skills and Values Clarification

Facilitated by: Mr. Tirtha Raj Onts, Mr. Lava Prasad Tripathi and
Mr. Namaste Lal Shrestha



Human cross and naught game

After launch everyone were sleepy so to get rid of droopiness a game was played which was directly related to decision making. The main objective of this game which is named as "*Human Naught and Cross*" was to make clear on the barriers on decision making and what really causes stress. This game was played by setting nine chairs in naught and cross manner, and two lines were formed. One-line participants will keep their hands on heads and other line participants will place their hands on chest. Each and every participant was called alternately to take a seat

After this the participants were given a different topic and told to discuss in a group. Where they were told to write one problem, if they could do this to get rid of that problem, what they feel, there preferred decision and reason for that.

Another game played related to values clarification was named as "*Name Game*" where facilitator introduce the first participants and giving their own name, the next participants then introduces the two people of his/her right followed by hi/her own name, and so on. The last participants had a hardest time to mug up all the name of participants, and speak it out.

People make decision based upon their values. As a leader, we should be able to understand the difference between our personal values and the interest of our group. We should know where our personal values in our life. But values are not facts, it can be different for different people, and facts remain the same. Therefore different values or different beliefs underpin different types of decision.

At the end of the session reflection on day was done to get a feed back from the participants about the whole day session, what is their feeling, and their suggestion for the further improvement. For this one page handout was distributed where different questions were asked.

2.3 Third Day

2.3.1 Life Skills: Assertion and Goal Setting

Facilitated by: Mr. Tirtha Raj Onta, Mr. Lava Prasad Tripathi and
Mr. Namaste Lal Shrestha

This session was solely based on learning game. One participant was selected and told to go out where he/she was given an object instructing not to part with it. One participant inside the classroom was instructed to get that object anyhow. It was remind that there should be no physical contact. This game was directly related to *Assertion*.

After this another game known as "*Manchang Manchang*" the introduction of new word. This was done between brother and sister, son and mother, using only *Manchang* non-verbal communication to ask, demand, and beg.

Then the participants were asked what is the main difference suggested by the game, and another question was when to use or not to use assertion.

After lunch one more game was played which was called "*Hot Seat*". When one participant was requested to sit on the hot seat while rest of the participants were standing in a circle. Those in the circle only one at a time comes and asks to give it up using any reason.

At last facilitator said we have to consider certain things in assertion like situation, location, timing, relationship, overall-the importance of the issue and consequences.

To set goals and achieve them we need to consider what steps are required and what resources we need to acquire. What can we do now to get closer to our goal? These questions are directly or indirectly related with our desirable goals. Facilitator tried to relate this topic with game and gave some work to be discussed in-group.

First everyone was given with a piece of yellow paper and were asked to write positive points of their friend and place it on the branches of the tree that was drawn on the wall.

An important part of goal setting is recognising our own strengths and areas for improvements, so we can use our strengths best and minimise our weakness. So for this facilitator told to write positive and improvement points, and share with partner. After this identifying one of areas of weakness that can be applied in the class. And another work was to plan for the future, where are we now and what is our future plan?

2.4 Presentation Skills, Positive Thinking and Facilitation

Facilitated by: Mr. Namaste Lal Shrestha

During this session we had short discussion on presentation skill and positive thinking. In addition to that we discussed on the difference between Resource Person, Trainer and Facilitator. After this class group work was given to write positive points which facilitator should have.



The outcome of the work on positive points facilitator should have were as follows:

- Very Polite
- Very good communicator
- Confidence
- Assertive
- Time management capacity
- Humorous
- Expert
- Punctual
- Skill to tackle the situation
- Listen to other
- Helpful
- Kind

2.5 Fourth Day

2.5.1 School Sanitation and Hygiene Education Curriculum

Facilitated by: Ms. Neera Shakya

Action Planning and Evaluation

Facilitated by: Namaste Lal Shrestha

In this session a participatory game was played which is known as "Train" relating to personal hygiene. This game also reflected on communication, decision-making, values as well as planning. After this introduction on curriculum was discussed in detail. In this topic focus was given on skill development and hygiene and sanitation incorporation especially for grade 1 and primary levels. Besides that there was a short discussion on external agencies support, which reinforce and implement the curriculum in the school.

For the last session, the participants were divided into four groups, namely INGOs/NGOs, Steering Committee, NRCS, and DWSS. Each group prepared plan of action which are as follows.

Tentative Plan of Action DWSO

S.No	Activities	Time	Responsibility	Remarks
1	Steering Committee meeting	15 th August	Secretary (Steering Committee)	
2	Identify a team to develop IEC material	15 th Nov	Team/CHRDU	UNICEF will send a required material.
3	Finalize a package	15 th January	Team/UNICEF	CHRDU will help
4	Package test in district level	15 th February	Steering committee	Representative from central level has to participate
5	Workshop (SMC, VDC, HM)	30 th February	Steering Committee	
6	Teachers Training	30 th March	Steering Committee	
7	Carry out programme activities	30 th April	School/Community	
8	Monitoring	30 th August	Steering Committee	

Tentative Plan of Action NRCS

S.No	Activities	Time	Responsibility	Remarks
1	Orientation	20 th Shrawan	Headquarter	
2	Training Package Preparation	1-10 Bhadra	DC	
	* Course design			
	* Material collection			
	* Pre test	17-20 Bhadra	DC	
3	Teacher Training	3-7 Aswin	Resource Person	
4	Implementation			
	* Orientation	20-21 Kartik	R.P	
	* Life Skill Classes	Continue	Teacher	
5	Reporting	Monthly	Teacher+DC	
6	Monitoring	Regular		
7	Review	Ashad	DC	

Tentative Plan of Action INGOs/NGOs

S.No	Activities	Time	Responsibility	Remarks
1	Formation of Task Force	Mid of August	DWSS, UNICEF, DC	
2	IEC material and package review and develop	August November	Task Force	
3	Field Test/Finalization	November- December	Task Force	
4	Orientation	January	Task Force	
5	Teachers Training	February-April	DEO/SC	
6	Implementation		School	
7	Monitoring			

Tentative Plan of Action Steering Committee

S.No	Activities	Time	Responsibility	Remarks
1	Steering Committee Orientation	25 th Bhadra		
2	Package Preparation		UNICEF	
3	Material Development		UNICEF	
4	VDC/SMC/HM Orientation		Steering Committee	Two-Day
5	Teachers Orientation		Steering Committee	

At last in order to understand the strengths and weaknesses of the workshop, evaluation form was distributed to the participants.

Evaluation

The result of the evaluation form:

S.No	Opinion	Response				
		Yes	No			
	has your knowledge of water and sanitation improved?	100%				
	How confident are you about identifying and communicating with this group?	100%				
	How confident are you about using life skills based water and sanitation education?	not conf				Confident
		1	2	3	4	5
		3%	3%	13%	55%	26%
	How confident are you about using life skills based water and sanitation education?	not conf				Confident
		1	2	3	4	5
		2%	8%	13%	66%	11%
	How confident are you about using participatory methods to teach (communication, assertion, decision making)	not conf				Confident
		1	2	3	4	5
			3%	13%	39%	45%

Closing Session



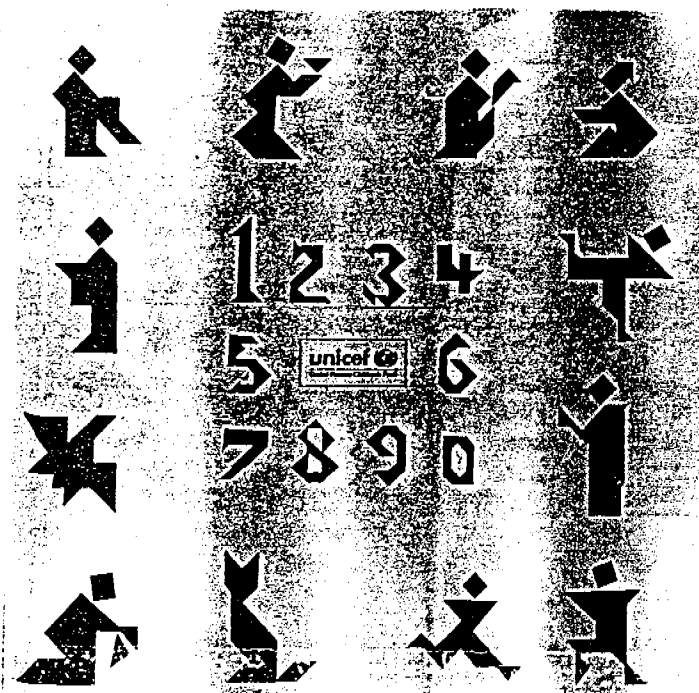
Closing session commenced informally. Some of the participants were rewarded for their talent show, which was organised on the third day, and certificates were distributed to the participants who successfully completed the workshop

3. Strengths of the Workshop

- ☺ The workshop reflected the importance of undertaking all aspects of life skills based hygiene education in order for it to have an impact on the ultimate behaviour on the child.
- ☺ During the workshop, water, sanitation and hygiene contents were used in the various life skills training exercise, thus providing participants excellent opportunities to link education with sanitation and hygiene behaviour change.
- ☺ Engineers, who usually are not familiar with educational methods, and education professionals, whose knowledge about sanitation is usually limited, were able to learn from each others discussions.
- ☺ The workshop clearly reflected the importance of understanding the need for a balance in focusing on both water and sanitation/hygiene issues at the school level.
- ☺ The workshop was very participatory and highly rewarding concerning quality education, which can be used easily in schools.
- ☺ The workshop illustrated that the training of teachers is essential to understand the concept of life skills and to enable them to teach it properly.
- ☺ A number of brief exercises focused on assertion demonstrated that the balance between respecting your own and others rights could easily shift to aggression or submission.
- ☺ The discussion and exercise on promoting hygiene behaviour demonstrated the effectiveness of employing a decision making tool.

4. Recommendations

- ☞ The workshop clearly showed that life skill approach is a valuable teaching tool for improving education quality that can be readily applied to sanitation and hygiene contexts without the need of many resources. Therefore, life skills-based education has to be introduced in all schools.
- ☞ The workshop demonstrated how a number of life skills-based hygiene education exercises could be used to especially help to empower girls who are in school for which focus should be given in all schools.
- ☞ Although hygiene education is already in the curriculum, so it would be advisable to revise whether all the priority areas are included and whether all the necessary skills are dealt with.
- ☞ Existing system of co-ordination should be strengthened for the betterment of the quality education.
- ☞ Normally projects do not involve communities in formulating their own hygiene education programme. Actually they should be involved effectively from the very beginning of the programme activities.



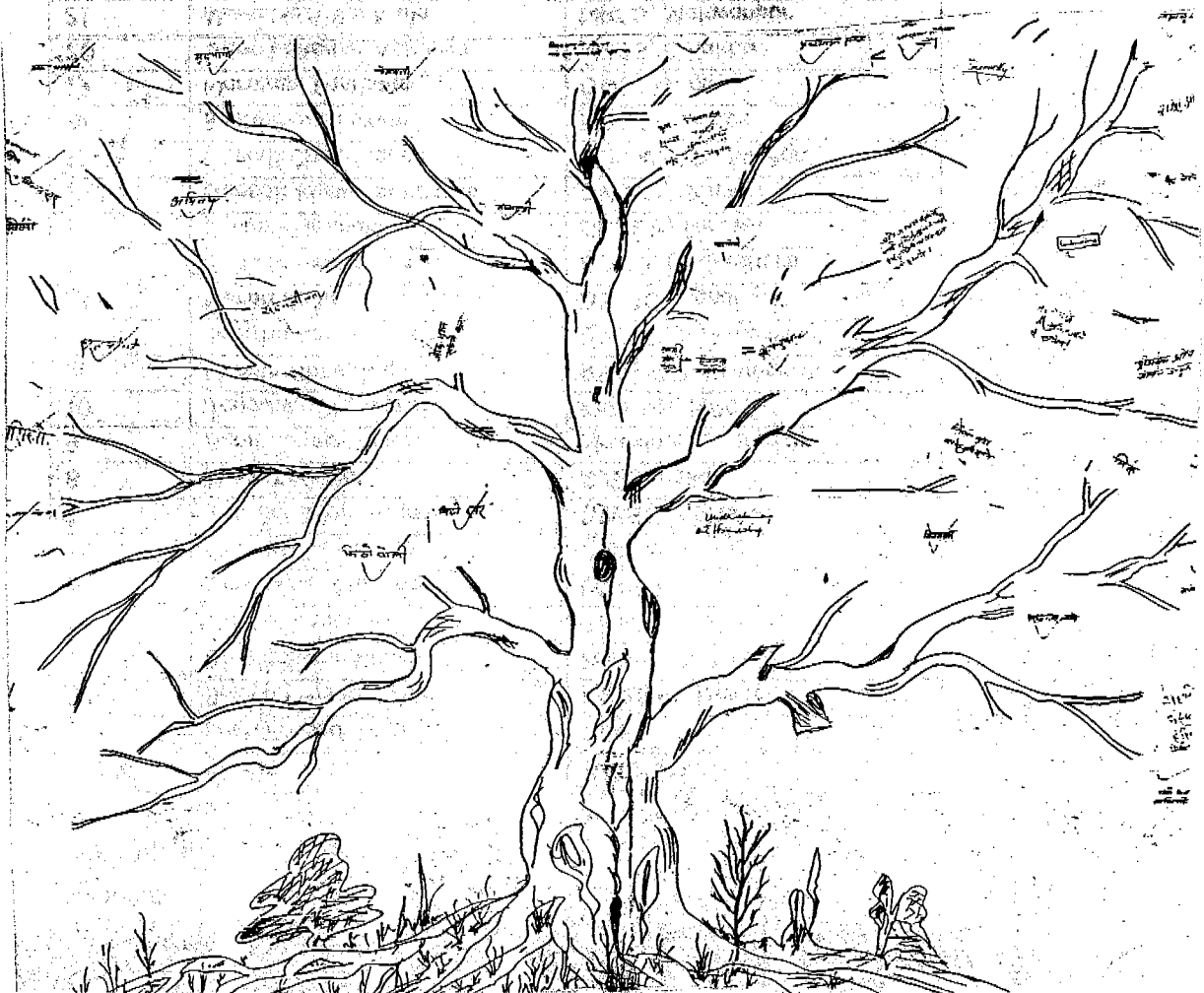
Innovate games used during the workshop

5. Conclusion

The concept of Life Skills-Based Hygiene Education is very important for quality education and every school (primary, lower-secondary and secondary school) must introduce it. However this does not mean that all the teachers can use this method without proper training. This life skills based hygiene education should be advocated through organising training courses for teachers and other related stakeholders.

Further a curriculum needs to be revised, whether all the priority areas are included and whether all the necessary skills are dealt with. As this cannot be done alone, for this team of engineers, water and sanitation specialist, sociologist and education officers should work in co-ordinated manner.

Moreover greater attention should be paid to the development of these life skills comparatively to other skills for the quality education in the school.



Qualities of Facilitator

6. Annex

Annex:6.1

Name of the participants

S.No	Name	Address
1	Laba Prasad Tripathi	DOE
2	Bijaya Prasad Acahrya	Kaski, Redcross
3	Dhaneshwor Regmi	Parbat, Redcross
4	Hira Bahadur Adhikari	Tanahu, Redcross
5	Shiva Raj Neupane	DWSO, Chitwan
6	Om hari Tamrakar	DWSO, Kavre
7	Tek Bahadur Thapa	DWSO, Chitwan
8	Maya Katuwal	G.S.Dakalki
9	Sunil Kumar Tiwari	Nawalparasi, Redcross
10	Jagadish Bhattarai	Kalimati, NRCS
11	Urmila Shrestha	RWSSSP, Kapilvastu
12	Shesha Kanta Pandey	DWSO, Nawalparasi
13	Naran Kafle	DWSO, Tanahu
14	Sahadev Bhandari	DDCO, Dadeldhura
15	Kumari Neupane	GRADE, Inruwa
16	Subash kumar shrestha	DWSO, Sunsari
17	Dinesh Chaudhary	FORWARD, Sunsari
18	Bashudev Gautem	NRCS, Sunsari
19	Narayan Timilsina	DOE, Thimi
20	Udav bahadur Acharya	NRCS, Dolakha
21	Mana Hari Bartaula	NRCS, Makwanpur
22	Laxmi Datta Joshi	DEO, Dadeldhura
23	Pod Raj Paudel	Steering Committee/NRCS
24	Archana Neupane	UNICEF
25	Rajiya Chitrakar	UNICEF
26	Laxmi Baskota	Steering Committee
27	Neera Shakya	DOE, Thimi
28	Prem Nidhi K.C	WRD/DWSS
29	Jit Narayan Gopali	UNICEF
30	Kaji Man Okhrabu	DWSO, Terathum
31	Multi Pokhrel	NRCS, Kalimati
32	Shiva Prasad Adhikari	NRCS, Kalimati
33	Nam Raj Khatri	ESS/DWSS
34	Hari Prasad Rijal	CHRDU/DWSS
35	Kiran Darnal	CHRDU/DWSS
36	Tirtha Raj Onta	NRCS
37	Namaste Lal Shrestha	UNICEF
38	Gopal Bahadur Singh	SSHE, Kapilvastu
39	Goutam Gurung	MDO, Kaski
40	Gunakar Gaire	S.S.K, Kapilvastu
41	Devendra Paudel	NRCS, Chitwan
42.	Kamal Adhikari	DWSS/ESS, Kathmandu
43.	Madan Malla	DWSS/WRD, Pokhara

Life Skills -Based Hygiene Education Workshop Outline

- 1. Title** : Life Skills-Based Hygiene Education Workshop
- 2. Location /Venue** : CHRDU Training Center, Nagarkot - 4 Bhaktapur
- 3. Duration** : Four Days, July 26 - 29, 2001.
- 4. Purpose** : To train a core group of key trainers/master trainers and develop resources, so that training of others (teachers) can begin (Please see specific objectives in next page).
- 5. Method/Process** : Different participatory methods such as brainstorming, group discussion, role-play, pair work, VIPP, exercise, games etc. will be used during the sessions.
- 6. Expected Outcomes**
 - Demonstrated understanding of Life Skills-based Hygiene Education approach.
 - Enhanced teaching skills for Life Skills approach, including plans to practice new skills.
 - Guideline/Outline for placement of Grade 1 Life Skills-based Hygiene Education curriculum.
 - Follow up plan for workshop 2 - training (other teachers) to pilot lessons/ materials development.
- 7. Content**
 - : ⇒ FRESH Models
 - : ⇒ Child Friendly Schools
 - : ⇒ Life Skills Overview
 - : ⇒ Life Skills: Self-esteem, Communication, Decision-Making, Problem Solving, Attitude & Value Clarification, Assertion and Goal Setting.
 - ⇒ Grade one life skill-based hygiene Education curriculum
 - ⇒ Facilitation

8. Participants

Participants:

Three participants from Intensive SSHE programme districts (Trainers/Rep.)

Two participants from non-intensive SSHE programme district (Trainers)

UNICEF DFO(1), NRCS(10) and DOE (3) (Trainers)

Central level SSHE team members (5)

ESS(1) CHRDU(1), FINNIDA(1), JMA/JICA(2), MDO9(!),

FORWARD(1) NEWAH(1) (Trainers)

Facilitators:

Mr. Laba Prasad Tripathi, Chief PEP DOE, Mr. Tirtha Raj Onta, Executive Director NRCS and Mr. Namaste Lal Shrestha, Project Officer CWE/UNICEF

9. Reporting and Follow up: Ms. Archana Neupane will prepare the report and CE/WES and FO will follow up the district level activities for further actions.

10. Budget : CHRDU co-ordinator will prepare budget as per CHRDU norms.

Life Skills-Based Hygiene Education Workshop Schedule

First day

- 10.30 Welcome, Introduction, Purpose of Workshop,
Tea-Break Exercise, Participants Expectation and Group Rules
(HPR/KD/NLS)
- 12.30 Lunch
- 13.30 Life Skills in Hygiene Education &
Introduce of FRESH Model
(LPT/TRO/NLS)
- 15.15 Child Friendly School
(ST/LPT/NS)
- 17.00 Reflection on the Day
(NLS)
- 20.00 Jagaran/Sanitation Video Film Show
(AN/NLS)

Second Day

- 8:30 Life Skills Overview,
Life skills: Self-esteem &
Communication
(TRO/NLS/LPT)
- 12:30 Launch
- 13.30 Life skills: Decision Making Skills &
Values Clarification
(TRO/LPT/NLS)

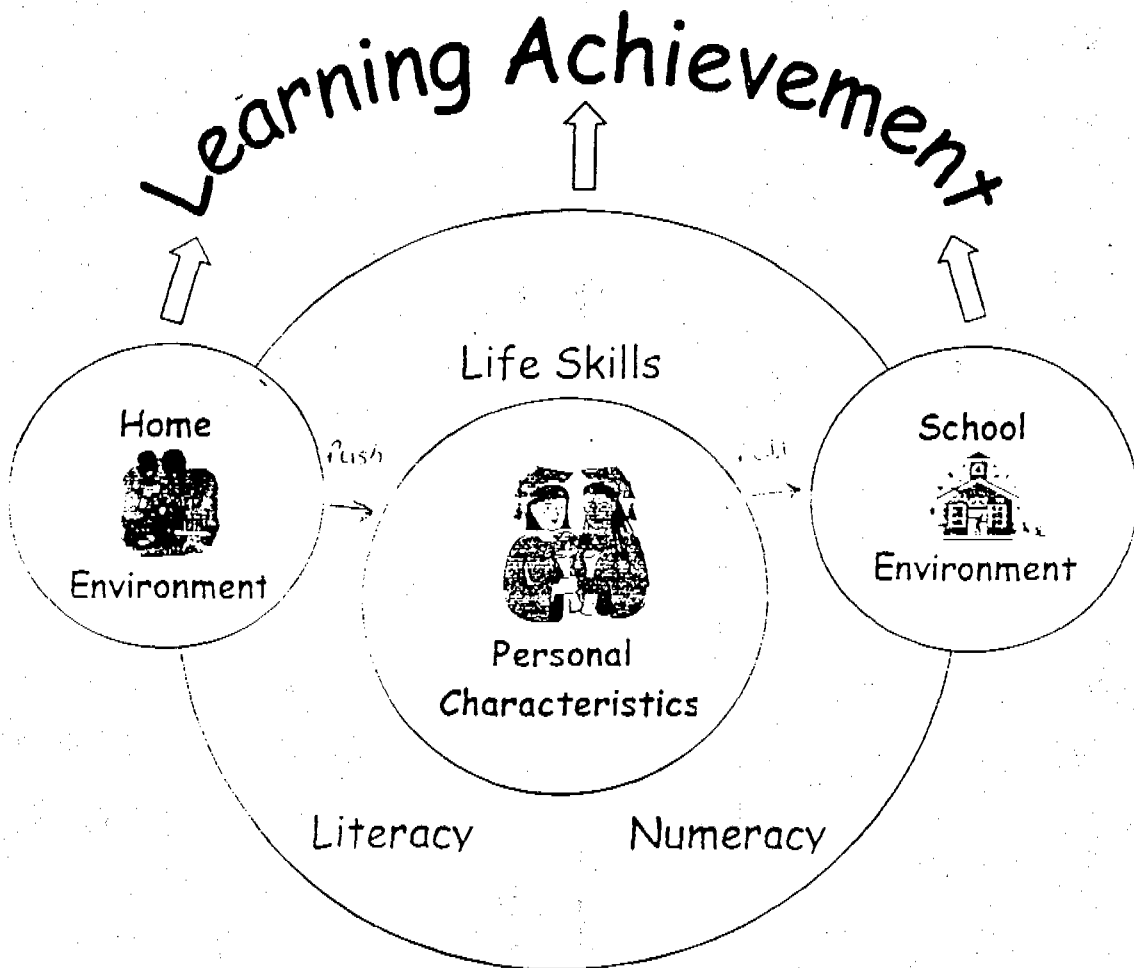
- 17.00 Reflection on the day
(NLS)
- 20.00 National Sanitation Action Week/Animation Video Film Show
(AN/KD/NLS)

Third Day

- 8:30 Life Skills: Assertion &
Goal Setting
(TRO/LPT/NLS)
- 12:30 Launch
- 13.30 Personal Skills,&
Facilitation,
(NLS/TRO/LPT)
- 17.00 Reflection on the day
(NLS)
- 20.00 Talent Show /Entertainment Programme
(JNG/NLS)

Fourth Day

- 8:30 Grade 1 Life Skills-based Hygiene Curriculum
(LPT/ST/CDC/NS)
Action planning
(LPT/TRO/NLS)
- 12:30 Launch
- 13.30 Evaluation &
Feedback
(PNK/MP/AN/NLS)
- 14.30 Closing
(HPR/KD/NLS)



Access & Equity

From Joint UNESCO/UNICEF Monitoring Learning Achievement Project

COMMUNICATION

ⓐ Clumps

Broken Telephone

Make lines of 8 or more people. More is better.

Whisper a simple short statement/s to the first person in the line. That person must whisper to the next being careful not let the person after that hear. No questions can be asked, and the message can only be said once to each person. When the message has been received at the end of the line, ask that person to say out loud what the message is.

Repeat using a long complex message – water & sanitation related.

Processing: Each line usually comes up with a different message.

Emphasis the importance of active listening, being able to clarify and ask questions. Relate this to how gossip can spread, or misinformation about infection. Sensitive issues are particularly prone to the whispering wall. An important role of educators is to set myths and misinformation right. Notice the length of the sentence and the complexity affected the accuracy – what messages does this have for us as educators.

ⓑ Clumps

Main Activity

Active Listening:

- ⓐ sit back to back.

Allocate roles of sender and receiver. Give the sender a picture. Only the sender can see it. The sender must describe the picture to the receiver so that they can draw it - without looking of course. Only the sender can speak - no questions from the receiver (one-way communication). Swap. Repeat the exercise with no restriction other than the sender must not show the picture. (two-way communication)

Processing: Ask participants what problems arose, and which seating arrangement was easier for each participant. Ask why they think so. What factors contribute to healthy and effective communication for both participants in a conversation or activity. Active listening is where you "attend" fully to the other person/s and consider making yourself understood and understanding the other persons as equal priorities. It is two-way NOT one-way conversation. Implications for teachers, students, both in and out of class

- ⓐ same pairs

Conclusion: Communication Checklist

- ⓐ complete the Communication Checklist
- ⓑ discuss the points they have noted about the skill of communication.

Reflection Time

Use the Reflection Sheet provided to reflect on today's activities. Consider your in-country resources and how today's methodologies could be used. How could/Do the resources incorporate aspects of the communication skills.

Identify the knowledge attitude and skills aspects of the day's work.

DAY 2

DECISION MAKING SKILL

Today I Need

flip chart paper/ pens/ sticky tape/ handouts
group dividers

Housekeeping - tickets

Revisit previous day's activity sequence

Feedback and revision of Day 1: Coffee House

- Use any of the following:
 - What do you remember from yesterday?
 - One thing I learned yesterday was...

Elements of Life Skills – Journey.

Where are we now? What today? Decision Making/Values Clarification

FRESH – Knowledge/ Attitudes/ Skills

Life Skills/ Context/ Teaching Methodologies

Personal Resources Directory- discuss the use

Question Box:

Introduction to Lesson Planning

Identify themselves as lesson writing team

- Allow time for participants to write up activities for themselves rather than providing handouts
- Participants will benefit from a standardised lesson plan to write up for themselves the activities presented.
- Emphasise that the group will be shown many different introductions, main activities, and conclusion methods. Their job will be to select which of these they will use and how they will be used or adapted.

Offer the following lesson plan:

Resources/materials:

Purpose

1. Introduction: Ice breaker/Attention getter
Introduction to lesson focus

2. Main Activities
including checking for
understanding/evaluation

3. Conclusion

Teacher Reflection and Follow up

Introduction: Human Naughts and Crosses

- set up nine chairs in naught and crosses format
- form two lines in front of the chairs: one line will be naughts (hands on head) and one line will be crosses (hands across chest)
- emphasise that this is not a race
- the facilitator controls turns by alternately inviting one person from each team to take a seat, indicating their team by their hand positions; continue until one team wins or all seats are filled
- alter the game by calling for decisions more quickly, by allowing team consultation, then only allowing individual decisions and no conferring on decisions

Processing: What conditions affect decision-making? Make it easier, and harder? What causes stress? Group decisions usually produce a better outcome than individuals working alone.

⊗ - same pictures

Decision Making:

Join ☒ to make ⊙

Columbian Resource – Water/Food/Excreta////Video

Identify the process/tool – Options /Consequences – positive & negative

Each group brainstorm possible Options

Allocate 1 Option to each ⊙ complete a + & - consequences "T"

Possible Positive Consequences	Possible Negative Consequences
--------------------------------	--------------------------------

Gallery walk A brief presentation of the highlights may be provided by each group to persuade individuals of the best choice to make

● stand beside the option they think has the consequences they feel comfortable with.

Processing: Benefits of this activity-time/ respect for participants/ acknowledgement of work

☒ same pairs

Mixed Messages

⊕ write a list of messages they received about personal hygiene

⊗ discuss their list

⊙ *Brainstorm* who/what they receive the messages.

Processing: get good accurate information; check your sources
role of significant others/ importance of establishing congruence/
need to work from context to influence message development

☒ same pairs

Gender Specific Activity

Identify a situation/ problem/ concern for females in the community.

☒ join a different ☒

⊕ fill in the **Decision Making Work Sheet**

◀ discuss what they think

⊕ discuss this situation.

☐ x ☐ with males and females together to discuss their responses.

Processing: Differences in how males and females think?. Notice the way participants view the opposite sex. Why is this so? Focus on gender issues in the community and what supports or undermines this.

Reinforces the two important steps in decision-making:

1. Gather good info from reliable sources, and
2. Weight up consequences

Processing: An important part of decision making is considering possible positives and negatives and weighing up their potential impact. Pure number of positives or negatives may not be relevant, but rather the weighting attributed to each may be more important. What grades is the relevant for? What relevance is this to Water & Sanitation education?

Closure

TWO IMPORTANT STEPS IN DECISION MAKING:

1. Gather accurate & diverse information, and
2. Weigh up positive and negative consequences

Energiser: Fruit Salad

VALUES CLARIFICATION

Materials: handouts, dis/agree signs

Self Esteem/ Icebreaker: Name Game

- form a circle including facilitator
- facilitator begins by introducing the person on their right and then giving their own name
- the next person to the facilitator's left then introduces the two people on their right (ie the first person & facilitator) followed by their own name
- the next person to the left then will introduce the three people on their right before themselves; the next person to the left will then introduce four people (on their right) and then themselves, and so on
- the last person (ie first person the facilitator introduced) will have the hardest job because they must remember the names for the entire circle

Processing: The purpose of this activity is to learn and reinforce the names of all participants; participants can assist each other but should be patient and not pre-empt attempts by colleagues. The degree of difficulty can be increased by adding an alliterative animal name (Suzy the snake, Tom the tiger), an interest, or some other small piece of information that can be distinctive for each person.

Introduction: Personal Crest

- complete the crest by placing answers to the following questions in each of the 6 spaces:

- (i) Name or nickname
- (ii) Someone important to you
- (iii) A favourite place
- (iv) A value or belief that you never budge on
- (v) A value or belief you would like the world to live by
- (vi) List three things you would hope others say about you

Share what you wish from the crest with the person who introduced you.

Processing: value diversity - we are all different

Main activities

a. Where do you stand? - simple version

- use simple questions to get participants used to the format eg. personal values and preferences on general issues, not specific to water & sanitation.

- (i) People should not ask personal/intimate questions
- (ii) People should be completely honest all the time
- (iii) People should share everything

Processing: notice that there are very few apparently obvious values that are universally applied in the same way. We each adapt and modify our behaviour according to circumstances and our own beliefs.

o. Water & Sanitation: Where do you stand? Sing a song v: Form a circle and face outwards so others aren't looking directly at you. Think of a common song known to all. Sing the song in the following roles. After each rendition, participants answer a question in that role or from the point of view of that "type" of person:

Roles	Questions
- as a 5 yr old	Sick children should not be allowed to go to school I wouldn't sit next to someone who had faeces on their hands
- as an army/police officer	Women are to blame for their problems in the community
- as a monk	Mostly dirty people get sick
- as a teacher	Everyone should know if a student has
- as a rock star	When it comes to health & hygiene, you won't ever be able to get people to change their behaviour

Processing: What influences our values? Why does discrimination exist?

Discrimination is usually based on fear not facts.

Reflect on "what have I learned?" & "what can I use?"

Write up today as per agreed lesson plan format

Values underpinning "Columbian Resource Activity!"

Think back to "Columbian Resource" activity from this morning. Look at the options again and the "T" of positive and negative consequences.

What values or beliefs or attitudes underlie each of the main options?

The decision-making grid may be used again to highlight the role of feelings in each option.

Processing: Check understanding of "values". Values are not facts.

Values can be different for different people - facts remain the same.

Different values or beliefs underpin different types of decisions.

Sometimes people believe their values to be facts (especially religious beliefs, also social norms and superstitions). Behaviour usually follows underlying values. People feel uncomfortable when their behaviour does not match their values or beliefs.

The third step in decision-making is values and feelings.

1. gather good info from reliable sources
2. weigh up consequences
3. consider feelings about decision

Discrimination

2- Same Symbols

Think, pair, and share

- 1 List aspects of discrimination in water & sanitation that you can:
 - a. do something about
 - b. do nothing about

2 Discuss

Join 2 x 2 to make 4 and share something they can do something about. Select 1 item and identify whom they will work with and what they will do.

Report to another 4

Processing: Teacher vs. peers. Would you use this? What would you change? Consider terms/comments are value laden, biased in various ways (e.g. gender), unhelpful in improving the water & sanitation/ levels of personal and community hygiene of the community, not particularly accurate, or damaging in other ways. Using the correct terms and language is important to conveying balanced and accurate messages. Being advocates.

Closure

Values are not facts. Values can vary between individuals and communities. Discrimination is usually based on fear not facts. Informing people of the facts can assist in altering values that are based on other than fact.

Reflect on "what have I learned?" & "what can I use?"

Write up today as per agreed lesson plan format

Reflection Time

Use the Reflection Sheet provided to reflect on today's activities.

Consider your in-country resources and how today's methodologies could be used. How could/Do the resources incorporate aspects of the communication/ decision making, values clarification skills.

Identify the knowledge attitude and skills aspects of the day's work.

ASSERTION

Materials: handouts, flip chart & pens, imaginary object, Observation Sheet

Feedback and revision of Day 2: Coffee House

- Use any of the following:
 - What do you remember from yesterday?
 - One thing I learned yesterday was...

Self Esteem: Think of Yourself

1 Identify a colour/ a flower/ a car/ an animal/ a musical instrument
 Draw/Write then share with others in the group.
Processing: Was this easy or hard to do? Why? What happened throughout the activity? What do these things say about you? What we see can sometimes have different meaning!

⊗- Pack of Cards

Main activities:

My Pen

Select 1 person from ⊗ and take them outside.
 Give them an object and instruct them not to part with it.
 Instruct the rest of the group, inside, to try and get the object from 1.
 Nominate 2 people in ⊗ to be observers- use Observation Sheet
 Invite 1 back into the room and commence. Remind no physical contact.
 Observers feedback.
Processing: What did you observe? What was happening? What kind of communication was going on?

Saboteur

2 participants talk about themselves - but they must both talk at once, being determined to get their message across 1 observer.
 2 participants have a conversation about their latest or most exciting holiday/introducing themselves and describing a bit about themselves.
 1 person to do everything they can to sabotage the conversation.
 Avoid very dramatic gestures but focus on more subtle methods
Processing: What makes it hard to communicate? Can you make someone listen to you? What do you expect in communication? How do you motivate someone to listen to you?

Jabber Jabber: Introduce the new language ^{manjha warlang} "jabber, jabber" - the only word is jabber. In 2 role play, youth to parent, using jabber jabber non-verbal communication:

- ask, demand, beg, plead, insist, negotiate a trip to the movies.
- list body language, tone, volume, personal space, presence in categories:
 - submission / plead, beg
 - aggression /demand, insist
 - assertion /ask, negotiate

Processing: What do you see as the main difference? Make sure that your body language matches your statements. Avoid using body language that would provoke a bad reaction. Perhaps try making statements that are contradicted by body language. Stress the importance of not categorizing – what is the benefit

What is Assertion?

Introduce assertion "A" - as between aggression and submission. It is a way of behaving when we communicate, not a personality type. You can choose to or not to be assertive - even if you are sure you are right.

What characteristics do you associate with:

- (i) people who only consider themselves
- (ii) people who only consider others

When to use/not to use Assertion:

- Consider
- a. Situation
 - b. Location
 - c. Timing,
 - d. Relationship
 - e. Overall - the importance of the issue and consequences

Steps in Assertion:

1. Describe the situation
2. Explain how "I feel..."
3. Acknowledge others "I understand..."
4. Specify what "I would prefer"
5. Consequences: "And then..."

Relate to their Decision Making Sheet

Hot seat: One person sits in the "hot seat" while the rest of the group sits in front of them. Those in the group must pressure and try to persuade the person in the hot seat to give it up using any reasons they can think of. To maximise participation, give each person two sets of "lips" indicating that if they speak they use up one set of lips. So technically each person can only have two turns.

⊙ **Role-play** of their choice from previous day relating to situations for women in the community

Closure

Handshakes: Participants form two concentric circles. Shake hands with your partner according to the facilitator's instructions (assertive, submissive, aggressive) - then the outer circle moves one place to the right to the next partner.

Energiser: Winking Chairs optional warm up for afternoon session.

GOAL SETTING

Self Esteem: Qualities Tree

On a sticky note write a professional ability/ skill/ quality that you admire about the person you introduced on the first day. Tell them what you have written then place it on the branches of the tree drawn on the wall. Try to group together similar qualities.

Processing: Notice the richness of positive qualities/skills/abilities you have identified in the group. Often we forget how skilled we are. Think about utilising those more and acknowledging positive traits in others more often.

Groups of no more than | -

Introduction: Knots

① place their right hand into the circle and take the hand of someone opposite them in the circle; then place their left hand in the circle and takes the hand of someone next to them. Group to untangle the knot. If odd numbers, ask the extra person to work as a leader.

Processing: If you had an instructor, was it easy? Did the "outsider" instruct well? 'seem to understand the problem? If no instructor, what do you notice about the teamwork required? Were some people working at cross purposes? Did some people assume leadership and others follow? Did everyone participate? In life there are many such problems that require teamwork to reach your goal, whether with or without formal leadership.

Main Activities

② - Same Symbol

Personal Strengths

① use a positive and negative "T"

List 10 personal strengths on the left and not more than 5 areas for improvement on the right. Share with a partner any items you feel comfortable with sharing. Identify one of your areas of weakness that you would like to work on now. List three things you could do to work towards improving that weakness.

Processing: An important part of goal setting is recognising your own strengths and areas for improvement- so that you can use your strengths best and minimise your weaknesses.

Life Line

On a single sheet of paper, write "birth" at the far left, then draw a line across to the right of the page and write "now". Imagine this is your lifeline. Write on the line all the significant events or memories in your life to date. You can indicate whether you felt good or not so good by placing the point representing the event above or below the original lifeline. Write a note next to it to indicate what the event was. For example, if you felt very good, you might place the point near the very top of the page, but if you felt not so good, you might place the point

below the original lifeline. When you have placed all major events on the page, join the points.

- share with a partner the parts you feel comfortable sharing
- then turn the page over and think about the future. The left of the page represents the next second in your life, the far right represents the last second of your life - but you need not predict when that will be. Place points on the future lifeline according to things you want to achieve.
- share with a partner

Goals can be long and short term, relatively easy or difficult in nature. Consider what you will need to do or get to achieve one of the major goals on your future lifeline.

① Make your plan in these categories

Easy/	Hard
Immediately	Long Term

Processing: Your future starts today. To set goals and achieve them you need to consider what steps are required and what resources you need to acquire. What can you do now to get closer to your goal? Relate to Water & Sanitation.

Conclusions:

Revise the five skills and establish how inter related they are. Goal setting is only possible if strengths have been established to build on and some decisions have been made.

Think about how poor choices can affect the achievement of your goals. List things you need to avoid if you want to achieve your goals?

Reflection Time

Use the Reflection Sheet provided to reflect on today's activities. Consider your in-country resources and how today's methodologies could be used. How could/ Do the resources incorporate aspects of the communication skills.

Identify the knowledge attitude and skills aspects of the day's work.

Presentation Skills

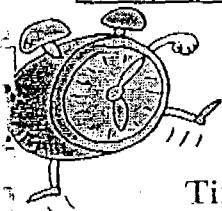
Basic Elements of Workshop Design

Consider Audience

- group size
- experience / Level
- learning needs and wants
- group relationships

Share Expectations

- What do participants hope to gain?
- What do leaders expect to gain?



Time

- how much allotted?
- time for relaxation?
- time to feel confident?
- time for breaks?
- buffer time between activities?



Fun

- have you planned to have some fun?

Sequence

Introduction

- ice-breakers
- clarification of goals and format
- anticipation!!

Body

- basic skills, then more advanced
- less risk, then more risk
- demonstration before practice

Conclusion

- focus on central themes
- highlight essential points
- allow for feedback
- completeness!!



Climate

- size of workshop area
- lighting
- temperature
- volume of speech
- general comfort

Variety

- cater for different learning styles
- alter intensity
- vary segment lengths
- vary group size
- vary pace

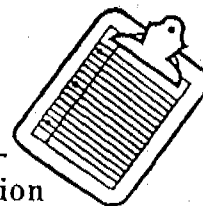
Pace

- be attentive to the needs of participants
- rate of speech
- intensity of concentration



Evaluation

- plan for 'progress evaluation' and feedback
- evaluate for immediate measurement and long term effectiveness



Flexibility

- respond to needs and changes of direction



Presentation Skills

Participants' Needs

Physical Needs

<ul style="list-style-type: none"> ▪ coffee breaks ▪ comfortable chairs ▪ heating and cooling ▪ quietness 	<ul style="list-style-type: none"> ▪ washrooms ▪ quality of accommodation ▪ parking • <i>Dustbin</i> 	<ul style="list-style-type: none"> ▪ food - availability, quality ▪ bar <i>canteen</i> ▪ length of session not excessive
---	--	--

Security Needs

<ul style="list-style-type: none"> ▪ course organisation apparent ▪ goals set ▪ course material pitched at understandable level 	<ul style="list-style-type: none"> ▪ not having to 'expose' oneself... <ul style="list-style-type: none"> - physically - intellectually - emotionally 	<ul style="list-style-type: none"> ▪ not having to get involved in threatening activities ▪ not having to adopt a leadership role which isn't comfortable
--	--	---

Belonging Needs

<ul style="list-style-type: none"> ▪ welcomed to activity ▪ introductions organised 	<ul style="list-style-type: none"> ▪ accepted by the group and the leader... <ul style="list-style-type: none"> - they listen to what you say - they affirm some things you say 	<ul style="list-style-type: none"> ▪ identified as one of the group (not feeling isolated or different) ▪ arrangements for social interaction
---	---	---

Esteem Needs

<ul style="list-style-type: none"> ▪ contributions valued by members of the group ▪ views about needs/expectations sought before the course 	<ul style="list-style-type: none"> ▪ group accepts your leadership when appropriate 	<ul style="list-style-type: none"> ▪ organiser seeks your view on course effectiveness ▪ organiser seeks and promotes your potential contributions
---	--	--

Self Actualisation

<ul style="list-style-type: none"> ▪ opportunities to make a contribution 	<ul style="list-style-type: none"> ▪ feeling that you are learning something of value 	<ul style="list-style-type: none"> ▪ feeling of involvement and challenge ▪ pitched at professional level rather than mundane issues
--	--	--

Assertiveness Skill Development

(सक्रिय दरिलो सीप विकास)

1. Describe the other person's behaviour situation
(अरू ब्यक्तिको बानी व्यहोराको स्थिति स्पष्ट वर्णनगनुहोस्)
"When (जब)"
2. Express your feelings concerning the situation or the behaviour
(परिस्थिति र बानी व्यवहारमा केन्द्रित रहेर आफनो बिचार दिनुहोस्)
"I feel (मलाई लाग्छ)....."
3. Acknowledge the other person
(अरू ब्यक्तिलाई चिन्ह/बुझनु । स्वीकार्नु)
"I understand (मैले बुझे)....."
4. Specify what you would prefer
(तपाईं के लाई महत्व दिनुहुन्छ स्पष्ट पार्नुस)
"I would prefer (म महत्व दिन्छु)....."
5. Outline the consequences (सार परिणतम निकाल्नुस)
"If you do (यदि तपाईं गर्नुहुन्छ भने)"

28th July, 02.

अवलोकन
Observation Sheet *Association work*

Non-verbals के कस्तो बानी ब्यवहार अवलोकन गर्नु भो ?

What behaviours did you observe?

Eye contact दृष्टि

Facial expressions अभिव्यक्ति

Proximity नजिकता

Body gestures हाउभाउ

Verbals मौखिक

What did you hear? के सुनु भो ?

Volume परिणाम

Speed of talking कुरा गराई (रफतार)

Tone of voice आवाजको लय (सुर)

Words शब्दहरू

Personal Resource List

ब्यक्तिगत श्रोत तालिका

विषय Topics	Person ब्यक्ति	Program कार्यक्रम

Goal Setting

DREAM

उद्देश्य निर्दिष्ट गर्नु

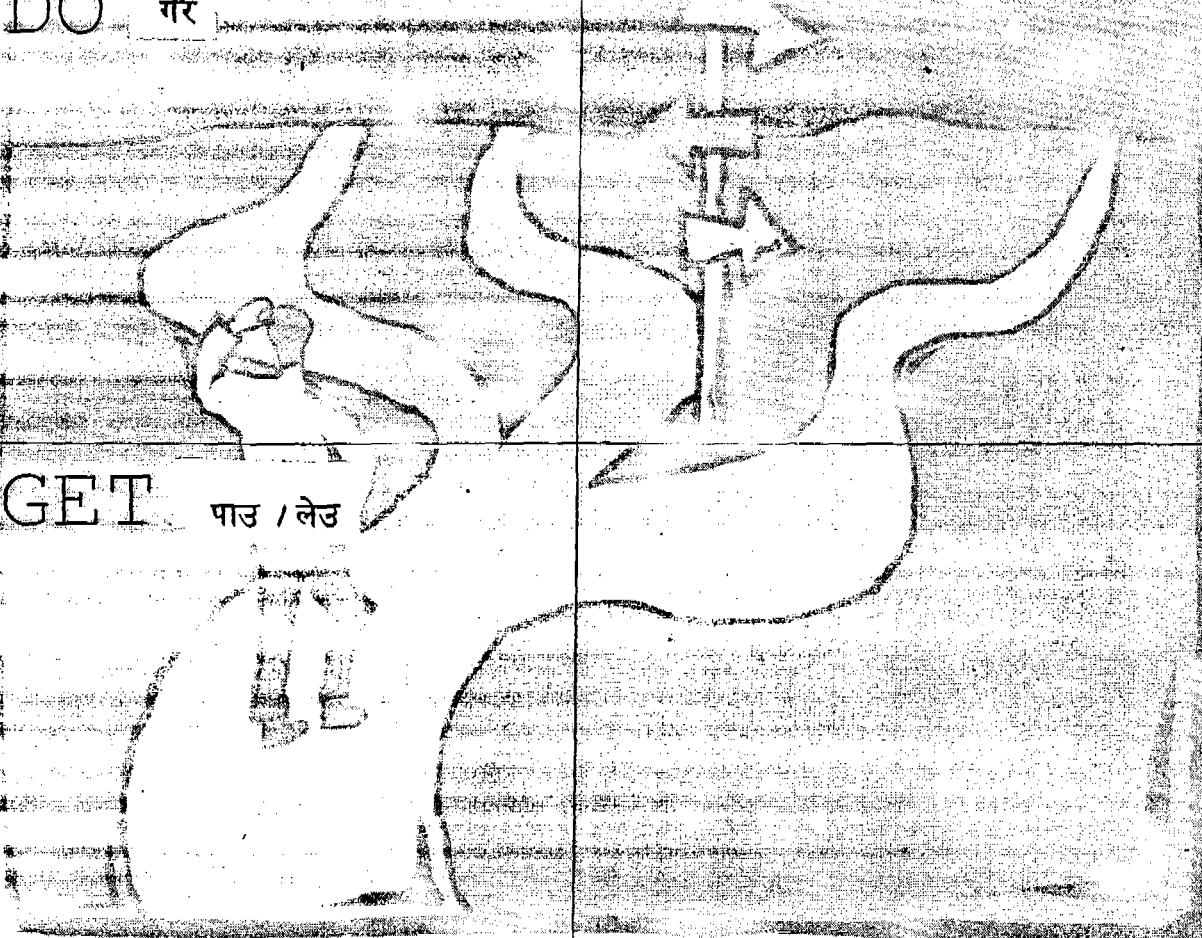
सपना / कल्पना

अहिले Now

Later पछि

DO गर

GET पाउ / लेउ



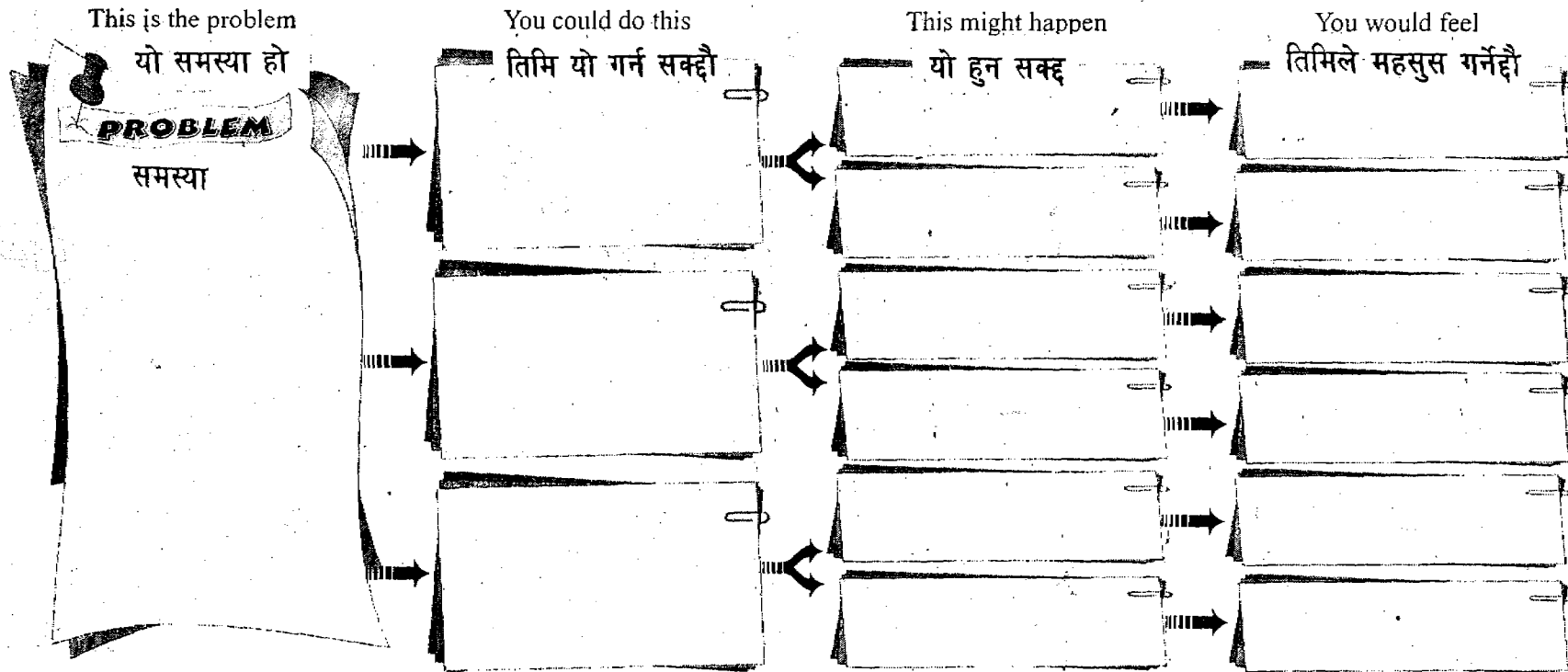
Decision Making Grid

Identify the Problem

Possible Alternatives संभावित वैकल्पिक उपाय	Alternative 1 उपाय १	Alternative 2 उपाय २	Alternative 3 उपाय ३
Positive Consequence (of the Alternative)s वैकल्पिक उपायको सकारात्मक परिणाम	↓	↓	↓
Negative Consequence (of the Alternative)s वैकल्पिक उपायको नकारात्मक परिणाम	↓	↓	↓
Feeling associated with the Alternatives उपाय सगं सम्बन्धित अनुभूति	↓	↓	↓
Values affecting the Alternatives मुल्य / मान्यताको वैकल्पिक उपाय माथीको प्रभाव	↓	↓	↓

निर्णय गर्ने संरचना

Decision Making Framework



This is the problem

यो समस्या हो

PROBLEM

समस्या

You could do this

तिमि यो गर्न सक्दौ

This might happen

यो हुन सक्द

You would feel

तिमिले महसुस गर्नेदौ

Problem

समस्या

Options

ऐच्छिक / रोजाई

Consequences

परिणाम

Feelings

महसुस

Our preferred decision is:

हामीले राजेको निर्णय

Reasons why:

कारण किन

पाठ्यक्रमको योजनाको पत्र
Curriculum Planning Sheet

Grade Level:

	ME	SCHOOL	HOME	COMMUNITY
Knowledge ज्ञान	म / मलाई	विद्यालय	घर	समुदाय
Attitude धारणा				
Skills Communication Decision Making Values Clarification Assertion Goal Setting	संचार निर्णय प्रक्रिया मूल्य मान्यता स्पष्टिकरण पुष्ट्याई उद्देश्य निर्दिष्ट			
ब्यवहार Behaviours Short-term अल्पकालिन	e.g. hand washing हात घुने	e.g. use of latrines शौचालयको प्रयोग	e.g. sorting garbage फोहोर तह लगाने	e.g. use of composting frame संमाविष्ट संरचनाको प्रयोग
ब्यवहार Behaviours long-term दीर्घकालिन				

WORKSHOP

**Life Skills in Water & Sanitation Education
Review & Evaluation Form**

1. Please Circle, Yes or No

A. Has your knowledge of water & sanitation improved? **Yes** **No**
Please comment:

B. Has your knowledge of teaching methodologies increased? **Yes** **No**
Please comment:

2. Please circle the number on the line, to mark your level of confidence.

C. How confident are you about interacting and communicating with this group?

1 _____ 2 _____ 3 _____ 4 _____ 5 _____
not confident very confident

D. How confident are you about classroom teaching Life Skills-based Water & Sanitation education?

1 _____ 2 _____ 3 _____ 4 _____ 5 _____
not confident very confident

E. How confident are you about training of other trainers in Life Skills-based water & sanitation education?

1 _____ 2 _____ 3 _____ 4 _____ 5 _____
not confident very confident

For additional information on Scrubby Bear, contact your local chapter of the American Red Cross or:

American Red Cross
Orange County Chapter
Attention: Scrubby Bear Program
601 North Golden Circle Drive
Santa Ana, California 92705
(714) 481-5358, FAX (714) 480-5006

Scrubby Bear Program materials currently available include:

- Clean Hands Club membership card
- stickers (large and small)
- poster (8" x 10")
- button
- coloring page
- video tape
- 5 lesson curriculum
- audio tape & song sheets

For other information on infectious diarrhea and other digestive diseases, contact:

The National Digestive Diseases
Information Clearinghouse
Box NDDIC
Bethesda, Maryland 20892
(301) 468-6244

Handwashing Game

(For children aged 3-5 years.)

Materials Needed

- Flour or tempera paint (about 2 tbsp.).
- Raw food such as celery/carrot sticks.
- A toy.
- Soap, running water, and paper towels.

Objectives

For children to be able to:

- Describe how germs are spread.
- Demonstrate proper handwashing.
- Name at least three times when they should wash their hands.

Format

Sit down with the child (or a group of children) and discuss the following points:

- There are good germs and bad germs. We need to have some good germs because they help our bodies run; bad germs can make us sick.
- Germs are invisible just like the air. Even though we can't see them, we know they are there.
- Germs are alive and can spread.

To show how germs get around, use flour or tempera paint as make-believe germs. Coat hands with flour or paint and touch the child's hand. Have the child touch a toy and a piece of food. Point out how germs travel from person to person, then to things and to food.

Explain that the best way to stop bad germs from getting inside our bodies and making us sick is for everyone to wash their hands:

- Before eating.
- After going to the toilet.
- After blowing their nose.
- After sneezing into their hands.

Discuss each step involved in handwashing:

- Use soap and running water.
- Rub hands together and wash the backs of hands, between fingers, under fingernails, and wrists (demonstrate).
- Rinse well.
- Dry hands with a paper towel.
- Turn off water using a paper towel instead of bare hands.

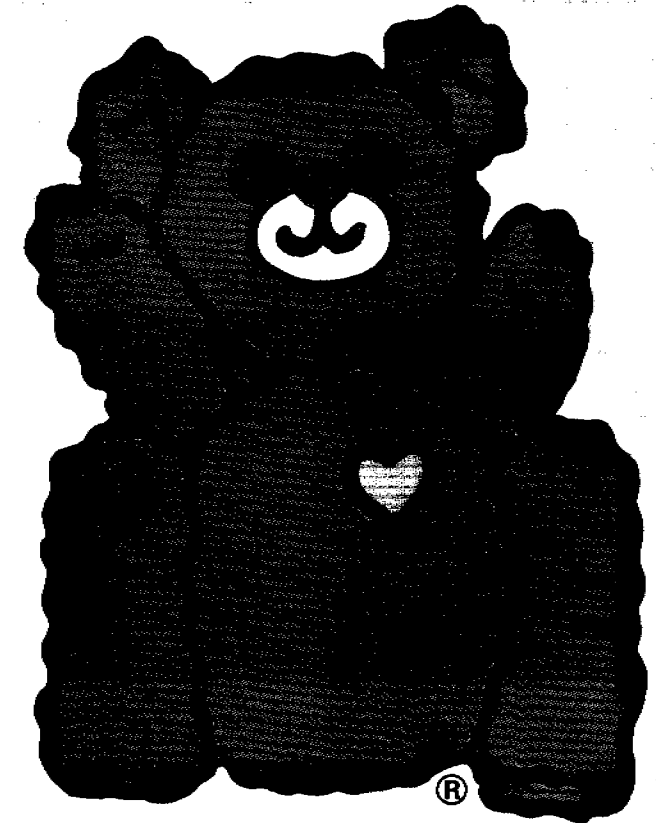
First have each child practice these steps without water. Then go to the washroom and have each child show you the way to wash hands.

Ask the child to tell you what has been learned:

- How germs are spread.
- How to wash hands.
- When to wash hands.

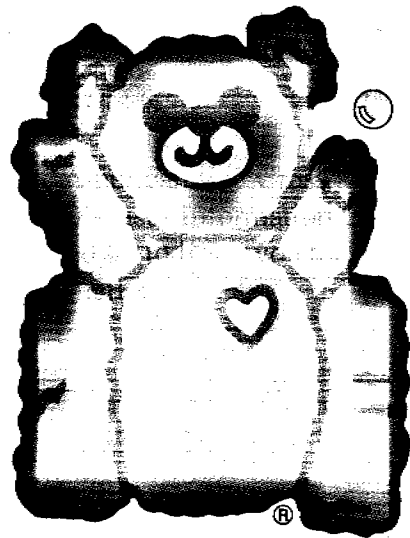
Hang a chart in the washroom on which brightly colored stickers can be placed to show when the child's hands have been washed. At the end of one week, reward the child for how well and how often handwashing has occurred.

Scrubby Bear[®] says:



Don't get sick, Wash up quick!





Everyone knows that being healthy is much more fun than being sick.

But did you know that handwashing is the most important single step you can take to prevent the spread of infectious diseases? Other kinds of cleaning can help too.

Lots of sickness could be prevented, especially among children, if everyone liked clean hands as much as Scrubby Bear!

To show you how you can help reduce the risk of:

- Infectious Diarrhea,
- Hepatitis A, and
- Colds,

The American Red Cross and the National Digestive Diseases Information Clearinghouse have teamed up to bring you the following information.

Most germs that cause infectious diarrhea and colds enter your body through your mouth. These germs usually get into your mouth by catching a free ride on your hands.

For example, you pick up something that has germs on it (it could be a telephone, a toy, or lots of other things). Later on, you make sandwiches and share them with a friend. A day or two later, you both get sick!

To help stop these germs from spreading and making people ill, everyone should wash their hands with soap and water:

- Before preparing or eating food.
- After going to the toilet.
- After blowing their nose.
- After sneezing into their hands.



Helping prevent infectious diseases among very young children is Scrubby Bear's greatest challenge. They don't know about washing their hands. They aren't toilet trained. Their hands get into everything and they love to put their hands and other things into their mouths. They often play together in groups.

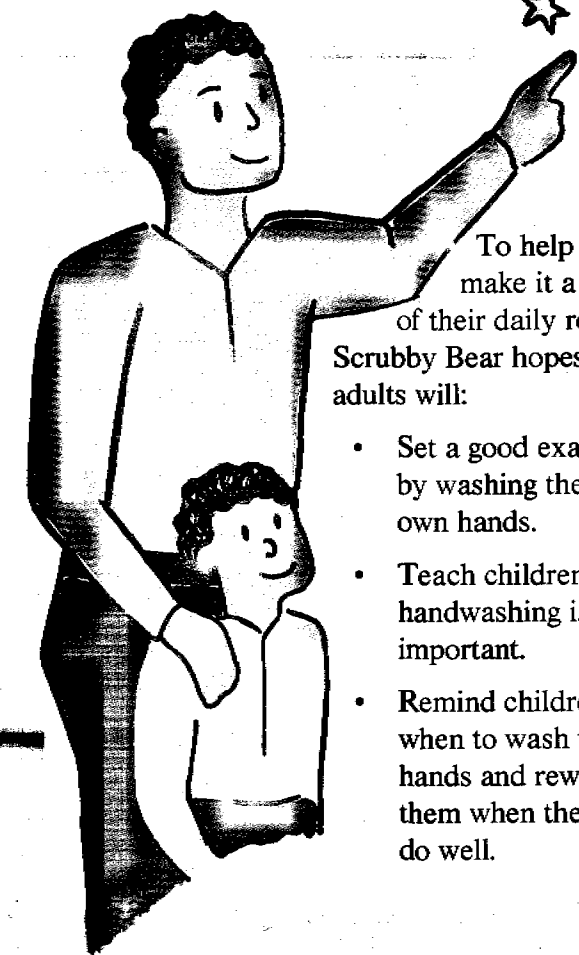
To help keep these children (and themselves) from getting sick, adults should:

- Wash their own hands after diapering a child, helping them use the toilet, or helping them blow their nose.
- Sanitize the surface of diapering areas after each changing.
- Help children wash their hands until they learn how to do it themselves.
- Clean toys with an appropriate sanitizing solution.*

*1/4 cup of bleach to 1 gallon of water



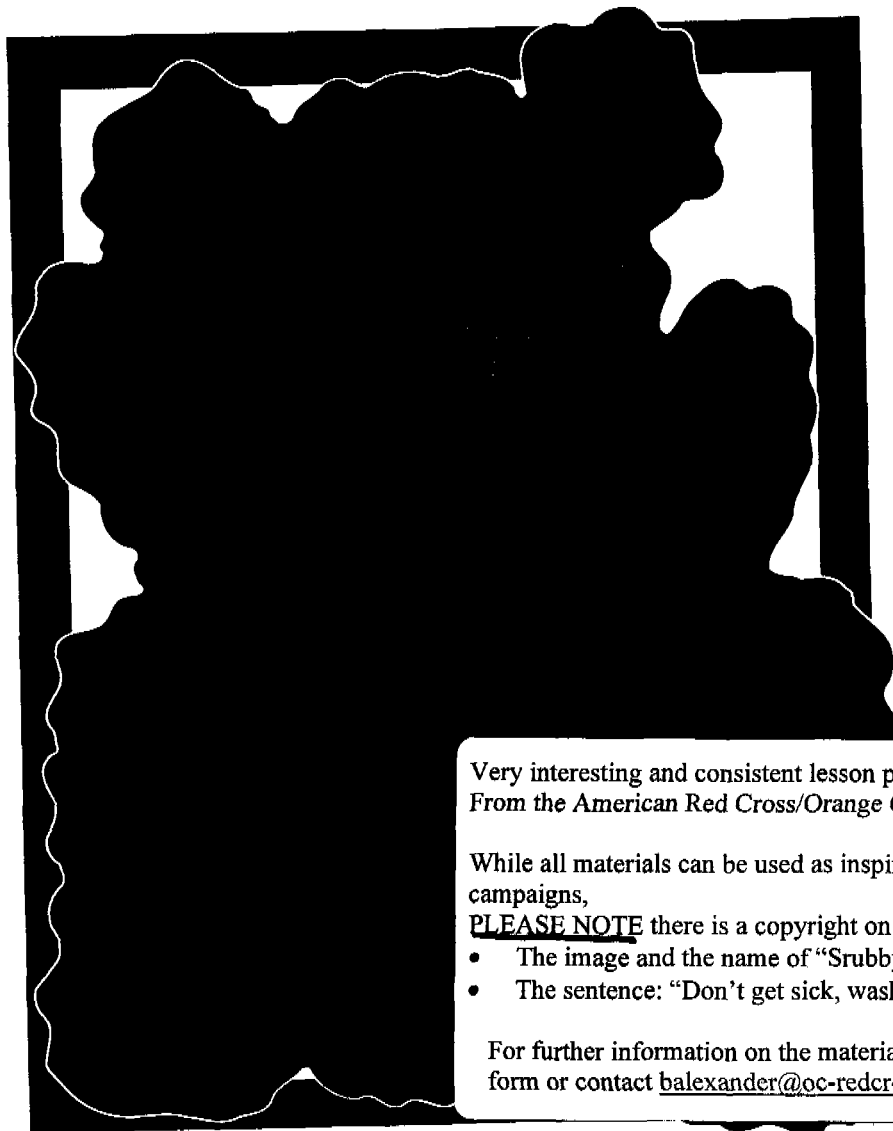
Scrubby Bear likes clean hands.



To help kids make it a part of their daily routine, Scrubby Bear hopes that adults will:

- Set a good example by washing their own hands.
- Teach children why handwashing is important.
- Remind children when to wash their hands and reward them when they do well.

Scrubby Bear[®] says:



Very interesting and consistent lesson plans on HANDWASHING
From the American Red Cross/Orange County Chapter.

While all materials can be used as inspiration to develop new
campaigns,

PLEASE NOTE there is a copyright on:

- The image and the name of "Scrubby Bear"
- The sentence: "Don't get sick, wash up quick"

For further information on the materials or programme, see the order
form or contact balexander@oc-redcross.org

Don't get sick, Wash up quick!



American Red Cross

SCRUBBY BEAR

DON'T GET SICK, WASH UP QUICK!

The Scrubby Bear curriculum teaches children from kindergarten to third grade about germs and responsible behaviors that reduce and prevent the spread of infectious diseases. It also emphasizes the importance of good personal hygiene and handwashing.

The curriculum includes five lessons:

- **Germs** - The student learns to describe two kinds of germs, list four places germs are found and state four ways germs can get into the body.
- **How to be a member of the Scrubby Bear Clean Hands Club** - The student learns to describe four ways people spread germs, demonstrate the six steps of correct handwashing and name two important times hands should be washed.
- **How the body fights germs** - The student learns how to state the purpose of skin, white blood cells and vaccines. The student will identify ways to help the body fight germs when sick.
- **Scrubby's story about Tulip** - The student will explain why it is important to be careful around peoples' blood and will list three related times handwashing is needed. The student will describe how to be friends to those infected with HIV.
- **Scrubby Bear's review** - The student will review lesson objectives from lessons 1 - 4.

Materials to be used for the Program:

1. Teacher's Manual for use with the Videotape "*Don't get sick, Wash up quick with Scrubby Bear*"
2. Audiotape of songs and song sheets
3. Posters and stickers
4. Brochure "*Scrubby Bear says: Don't get sick, Wash up quick!*"
5. Poster - 8" x 10"



Lesson I:

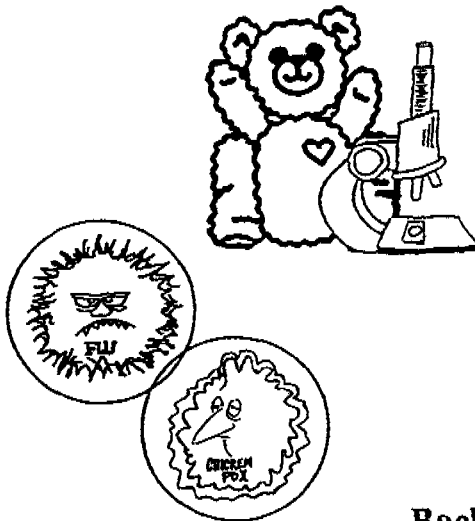
GERMS

Lesson Objectives

The student will describe two kinds of germs, list four places germs are found and four ways germs can get into the body.

Key Questions

- What is a germ?
- What is a microscope?
- Where can germs be found?
- How do germs get into our body?



Materials

- Scrubby Bear Picture A (Appendix p. 46)
- Student Worksheets:
 - Scrubby Bear's Record Sheet* (p. 3)
 - Germs are Very Small* (p. 4)
 - Where Germs Are Found* (p. 5)
- Microscope with tiny things to observe (sand, hair, etc.)
- Balloon or ball, "Clue Spray," "Black Light" (see *Additional Resources* section - Appendix p. 55)
- Spray bottle with water

Background Information

Germ is a general term referring to microscopic organisms that cause disease. Viruses are the smallest germs, and bacteria are the most common. Most viruses are harmful; some bacteria are good, and some are bad. Germs need warmth, food, and water to live.

Vocabulary Words:

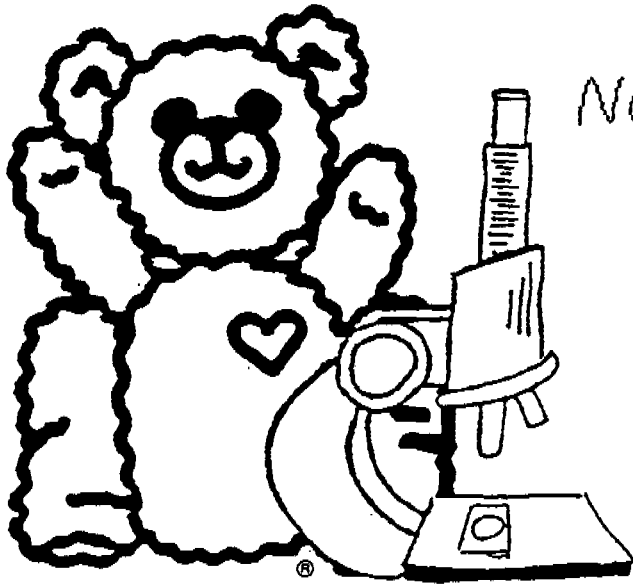
germ • disease • bacteria • microscope • virus

Extensions

Science: Microscope area in class for students to observe tiny things (i.e. sand, ant, scraping of cheek cells.)

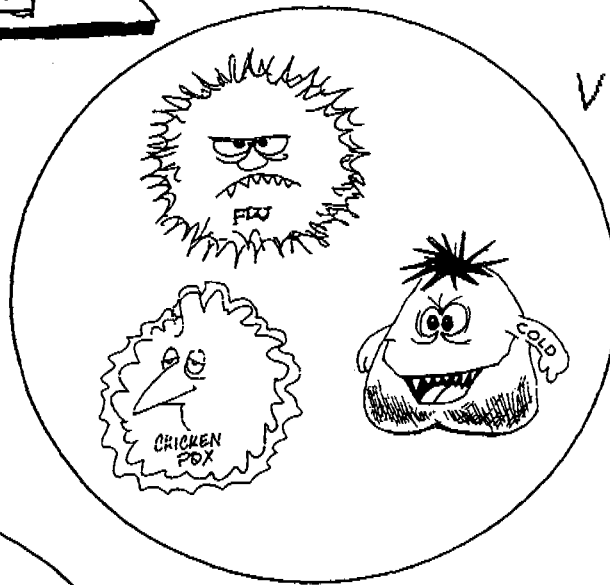
Art: Students can invent their own germ or make Name Bugs. (Teacher Directions p. 6)

Language: Write about the germ you would be, what disease you would cause, and how someone could get rid of you. Be creative. For younger children, this could be done as a cooperative class story.



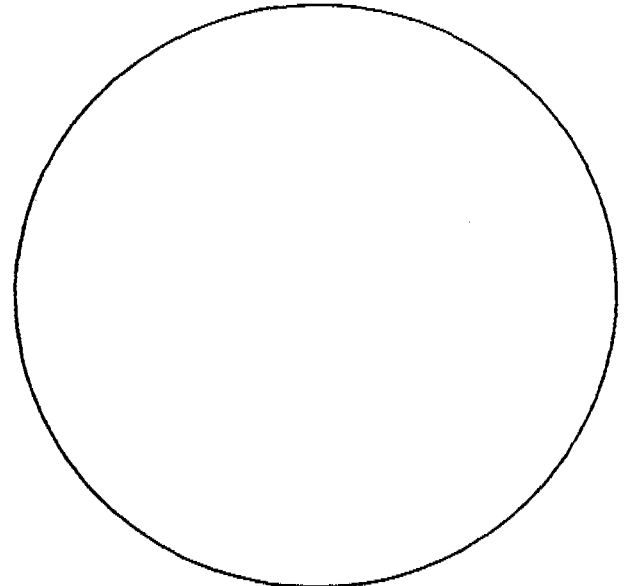
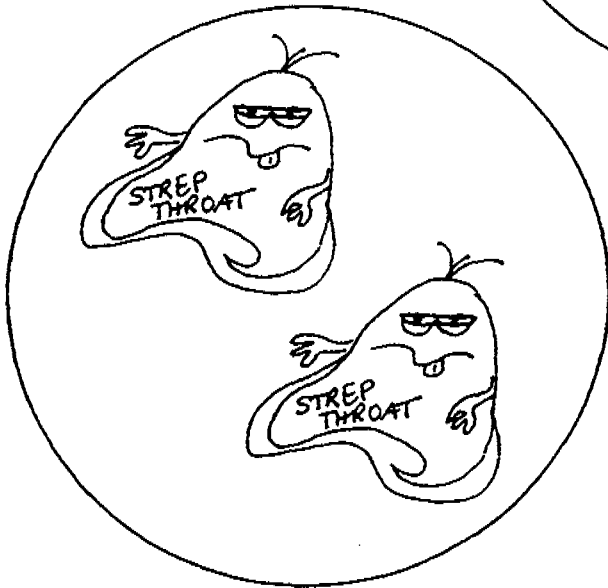
Name _____

Germs are very small.



Viruses

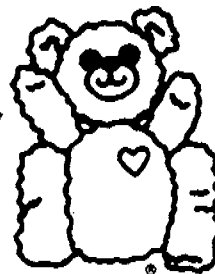
Bacteria



Make up your own germ!

Lesson 2:

HOW TO BE A MEMBER OF THE SCRUBBY BEAR CLEAN HANDS CLUB!



Lesson Objectives

The student will describe four ways people spread germs, demonstrate the six steps of correct handwashing, and name two important times hands should be washed.

Key Questions

- How can you keep other people's germs away from you?
- How can you keep other people from getting your germs?
- When should hands be washed?
- Is there a right way to wash hands? What is it?

Materials

- Scrubby Bear Pictures A, B, C (Appendix pgs. 46-48)
- Scrubby's Story (p. 9)
- Student Worksheets:
 - Scrubby Bear's Handwashing and Cut Out Page* (pgs. 10-11)
 - Scrubby Bear's Handwashing Chart* (p. 13)
 - Scrubby Bear's Pledge Card* (p. 14)
 - Scrubby Bear's Record Sheet* (p. 3) from Lesson 1
- Parent Information Sheet (Appendix p. 53)
- Liquid soap, paper towels (white ones from the store), cinnamon
- Crayons, scissors, glue
- "Don't get sick, Wash up quick with Scrubby Bear®!" videotape



Background Information

Everyone recognizes that children lose far too many school days due to infection. Handwashing is one of the major ways to prevent the spread of infection. If children in early grades get the handwashing message, it will grow with them and become a natural part of their lives. Teddy bears are very popular. If Scrubby Bear tells them when and how to wash their hands, hopefully students will do it! If water conservation is a concern, see Appendix p. 59 for suggestions on how to modify the handwashing steps to conserve water.

If students are to wash hands before meals, they also need to wash before lunch when at school. It doesn't need to take a long time, especially if a spray bottle is used with premixed liquid soap and water.

Selected third graders (or older students) could learn and present the Scrubby Bear skit to kindergarten, 1st, and 2nd grades. It is a reinforcement of concepts learned, provides positive peer leadership for handwashing, and respectful use of the restrooms. Some students could go on a bathroom inspection to see if they are clean and well supplied. Classmates could decorate restrooms with handwashing posters.

Vocabulary Words

handwashing • cough • sneeze • experiment • soap • healthy • sick

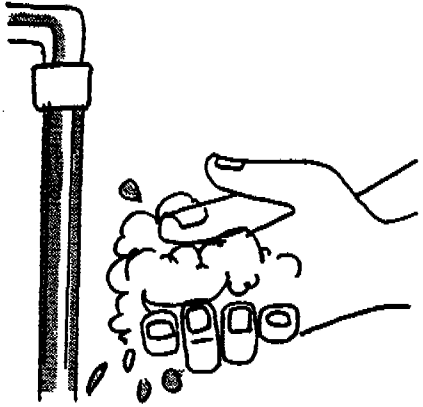

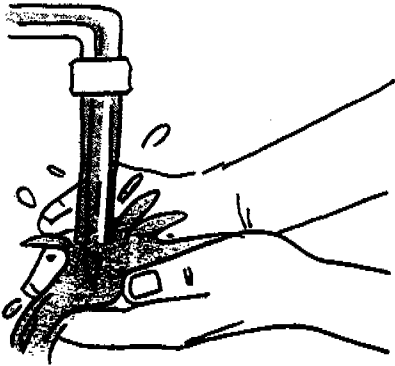
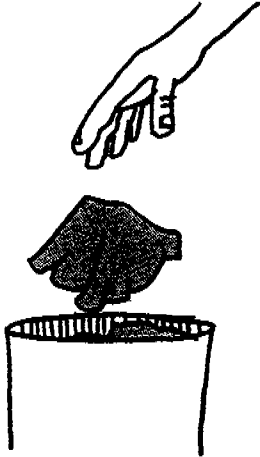
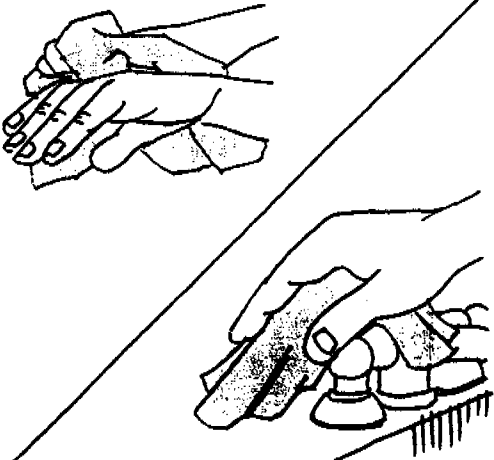
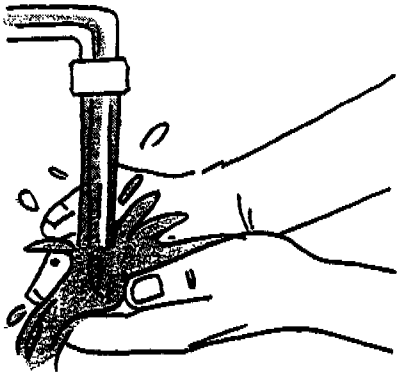
Extensions

Language: Memorize English Nursery Rhyme:
John and Mary thought they knew
Much better than their mummies.
They ate their snacks with hands not washed,
Now both have painful tummies!
Perform Scrubby Bear Skit (pgs. 19-20)

Music: Sneeze and Handwashing Songs (p. 21)
Art: "Cover Your Sneeze" Picture (p. 15)
Design Posters About Handwashing
Science: Culture Dish Experiment (pgs. 16-18)

Cut out the 6 steps for Handwashing.

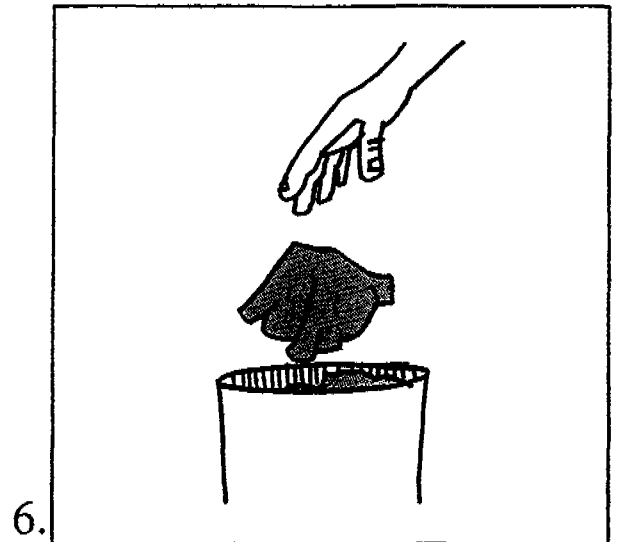
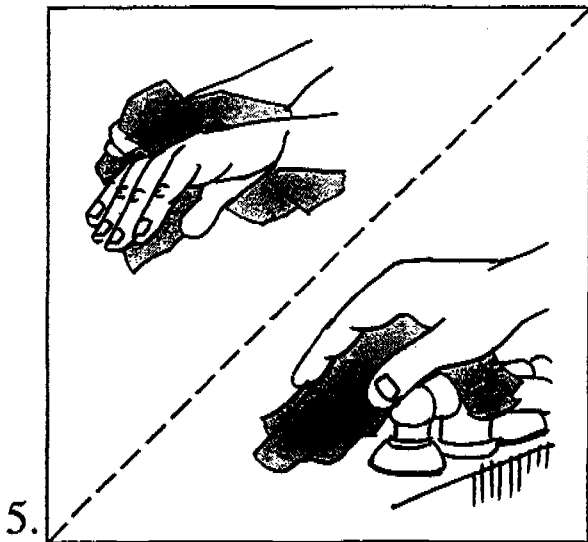
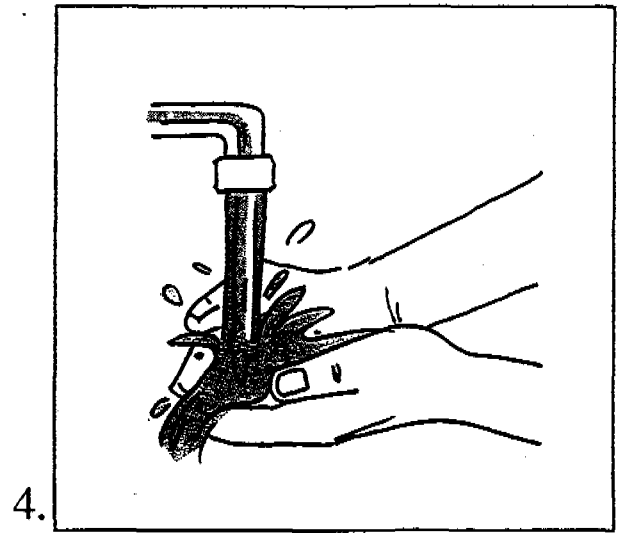
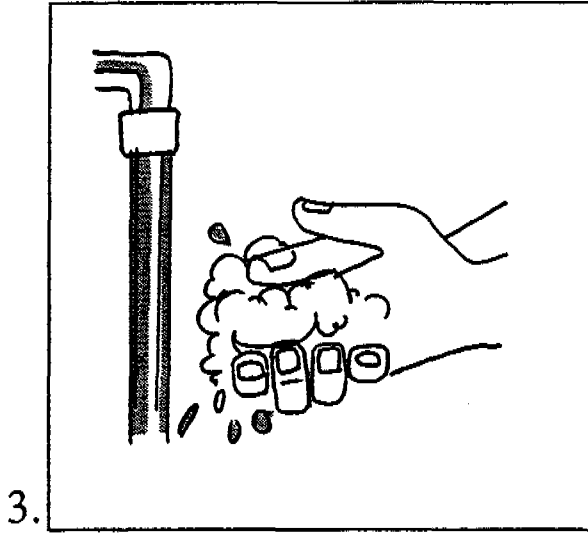
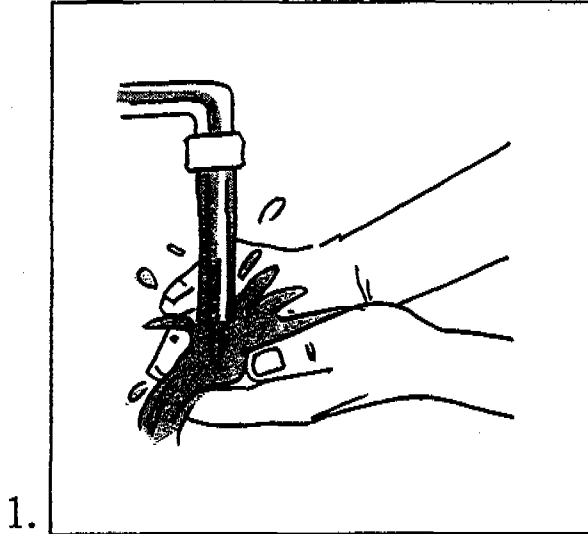
Paste them in the correct corner.



Scrubby Bear's Handwashing

Name _____
Answer Key _____





Scrubby Bear's Clean
Hands Club Member



**Scrubby Bear[®]
Clean Hands Club**



American
Red Cross

Official Member

I take the Scrubby Bear[®] Clean Hands Club pledge to
keep my hands clean at all times. I'll do my best to
remember the motto "Don't get Sick, Wash up quick."

Witness

Date

NOTE: Scrubby Bear[®] Clean Hands Club pledge cards are available from the American Red Cross. See order form Appendix p. 60.



Lesson 3:

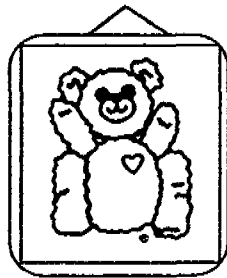
HOW THE BODY FIGHTS GERMS

Lesson Objectives

The student will state the purpose of skin, white blood cells and vaccines. The student will identify ways to help the body fight germs when sick.

Key Questions

Do germs always make you sick? Why not?
Have you ever had a germ make you sick?
When sick, how did you help yourself get well?



Materials

- Scrubby Bear Pictures D, E, F (Appendix pgs. 49-51)
- Student Worksheets:
Getting Well (p. 24)
- *Scrubby Bear's Record Sheet* (p. 3) from Lesson 1
- Clay or playdough, marble or small rock
- Banana, marker, scissors, bandaid
- Empty medicine bottles - prescription and over-the-counter

Background Information

The skin is our body's first line of defense against germs. If germs do get past the skin then the white blood cells will destroy the germ. Vaccines help the body fight germs and can be in the form of shots or liquid. Vaccines contain dead or weakened germs and cause the person's body to produce antibodies which give protection from certain diseases.

Before teaching this lesson, read Student Activities #3 and #4 (p. 23). Although written as teacher demonstrations, these two activities may be done by the students in small groups.

Remind students that any medicine needed at school should be taken to the health office for safe keeping.

Vocabulary Words

skin • white blood cells • antibodies • vaccine • symptoms • prescription medicine • fever • doctor

Extensions

Math: Graph the favorite activity students do when sick (sleep, read, watch TV, color, play quiet games, etc.).

Graph the causes of student illnesses resulting in absences throughout a month, quarter, semester, or year. These might include categories such as colds, flu, sore throat, chicken pox, earache, etc.



Lesson 3: How the Body Fights Germs

STUDENT ACTIVITIES

1. Review lesson objectives and key questions covered in Lessons 1 and 2. (pgs. 1 and 7)
2. Think about the question, "Do germs always make you sick?" as Scrubby Bear Picture D (Appendix p. 49) is observed.
3. Listen, watch, and discuss as teacher uses a banana to demonstrate the importance of skin as the body's first line of defense against germs.
Demonstration: Show banana. Ask, "What part of the banana is like skin?" (peel)
Use black marker to put dots of germs on banana's "skin." Ask, "What part keeps germs from getting inside the banana?" (skin)
Cut through the banana's peel with scissors. Ask, "Can germs get inside now that there is a cut in the skin?" (Yes!) Demonstrate by poking through cut with marker!
Ask, "How can we help the broken skin fight off germs? (Clean cut to remove germs and apply bandaid to keep blood from touching other people.) Demonstrate on banana!
Ask, "Will the bandaid protect the skin from other germs getting in? (Yes!) Demonstrate using marker to make germ dots on bandaid which protects skin until cut starts to heal.
4. Listen and watch as teacher explains what happens if germs get past the skin and into the body. (Use playdough, clay, or a tissue to represent a white blood cell. Use a small object like a marble, rock, or chalk to represent the germ.) "Our bodies are made up of tiny units called cells. Some cells in our blood help by killing germs that make us sick. These cells are called white blood cells. Their job is to surround the germs that enter our body and kill them." (Demonstrate white blood cells surrounding and killing germ.) "So to stay healthy we need our white blood cells."
5. Observe Scrubby Bear Picture E (Appendix p. 50) and note the white blood cell killing the germ. State two other things in the picture that help the body fight germs. (shots and medicine)
6. Raise hands if student remembers getting a shot when they were not even sick. Listen to explanation of vaccines. (Vaccines are special medicines which protect the body from getting certain diseases. Some are shots and some are a liquid that can be swallowed. After a person has had a vaccine, like the measles vaccine, the body will make a chemical in the blood called an antibody. If the measles germ enters the body, the person won't get sick because the antibody will kill the germ.)
7. Tell feelings about getting shots/vaccines.
8. Raise hands if students have ever had the chicken pox, cold, or the flu. (Reinforce each one is caused by a different germ.) Discuss symptoms of disease. (What happened!)
 - chicken pox - fever, spots, itching
 - flu - fever, throw-up, diarrhea, tired
 - cold - runny/stuffy nose, cough, sore throat
9. Observe Scrubby Bear Picture F (Appendix p. 51) and share what students do to get well. (rest, watch TV, drink fluids, take medicine)
10. Observe empty bottles of medicine and discuss:
 - Why take medicine? (Some make you feel better when you are sick--like bringing down the fever or stopping a cough. Others help body kill germs.)
 - Who should give you medicine? (Parent or doctor. When a doctor gives you a medicine its called a prescription medicine.)
 - Where should medicine be kept? (home--in a safe cupboard, at school--in the office)
11. Complete student worksheet *Getting Well* (p. 24).
12. Color white blood cell on *Scrubby Bear's Record Sheet* (p. 3) handed out after Lesson 1.



Dear Parent,

Scrubby Bear has been teaching our class about germs and the importance of handwashing. The students have learned that germs live everywhere - in the air, in food, in water, on objects, and even on our bodies!

The students have reviewed ways to prevent the spread of germs by practicing good personal hygiene such as:

- Don't share personal items such as combs, toothbrushes, silverware.
- Cover coughs and sneezes with a tissue.
- Keep objects and fingers away from one's mouth, nose, and eyes.
- Stay home when sick (and save mouth-to-mouth kisses until well)!

Scrubby Bear taught the 6 steps for handwashing which are especially important before eating and after using the toilet. Please reinforce these 6 steps at home. They are the handwashing steps approved by the American Red Cross.

1. Wet hands with water.
2. Use 1 squirt liquid soap. (Bar soaps can grow germs!)
3. Scrub 10 seconds.
4. Rinse well.
5. Dry hands with a paper towel and turn the faucet off with the towel.
6. Throw paper towel in trash.

The students will be discussing communicable diseases they have had such as chicken pox, flu, colds, what happened when they got sick, and what they did to get better.

Scrubby Bear will be telling students about a virus called HIV which causes the disease called AIDS. A copy of Scrubby's Story about Tulip, who has HIV, is available for your review. It will be emphasized that this virus does not commonly affect children and that it is not spread by touching someone who has it. Students will learn that HIV can be spread by blood containing the virus, and it is important not to touch other people's blood. Scrubby Bear will share that scientists are working hard to find a way to stop people from getting HIV and to cure those who have it. Public health experts agree that children at this grade level need only basic facts about HIV...because HIV is not easy for children to get.

Please talk with your child about the Scrubby Bear Health Program and reinforce good personal hygiene and handwashing at home.

Sincerely,

SCRUBBY'S STORY ABOUT TULIP

(for parent preview)

Tulip is a third grade student. When Tulip was sick, she went to the doctor. The doctor performed a blood test and found that Tulip has a germ called HIV in her blood.

Once inside the body, HIV may attack and destroy white blood cells. Without enough white blood cells, the body cannot protect itself from germs. This is why people with HIV can get very sick. Doctors have medicines to help people with HIV.

Students in Tulip's class know to be careful around people's blood. HIV can live in blood, along with other germs that make people sick. To be safe, people should not touch other people's blood. When accidents happen, students wash their hands, clean their own cut or scrape, and wash their hands when finished. If students get a cut with lots of bleeding they go to an adult for help. And if students touch another person's blood, they wash their hands just like Scrubby Bear does.

Students in Tulip's class know that cold and flu germs are easy to spread. So when they are sick they stay at home. they don't want Tulip or anyone else at school to get their germs. It is okay for Tulip to come to school because the HIV in her blood is hard to get. So Tulip's classmates can play with her, sit next to her and even give her a hug. Tulip is a very special friend.



Lesson 4:

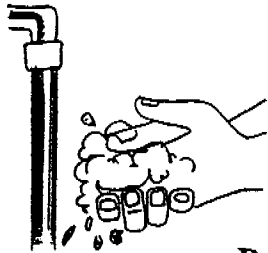
SCRUBBY'S STORY ABOUT TULIP

Lesson Objectives

The student will explain why it is important to be careful around people's blood and will list three related times handwashing is needed. The student will describe how to be a friend to someone who has HIV.

Key Questions

What is AIDS? What is HIV?
Can you get HIV/AIDS by being near someone who has it? By playing with them?
Why should people be careful around other people's blood?



Materials

- Scrubby Bear Pictures E,G (Appendix pgs. 50 and 52)
- Student Worksheets:
 - Ways You Can't Get HIV* (p. 38)
 - Scrubby Bear's Record Sheet* (p. 3) from Lesson 1
- Scrubby's Story About Tulip (pgs. 28-36)

Background Information

Before teaching this lesson, read Facts for Teachers About HIV/AIDS (p. 26). Parent information letter (Appendix p. 53) should have been sent home according to district guidelines.

Primary emphasis of Scrubby Bear has been on personal hygiene, especially handwashing as a means to stay healthy. HIV, the virus that causes AIDS, is so often in the media that children need some basic facts about this germ. The main objective of this lesson is to be careful around human blood because HIV and other germs can be found in blood. Therefore handwashing is important before cleaning a cut or scrape, after cleaning a cut or scrape and if someone else's blood touches your skin. Students need to be reassured that HIV rarely infects children because it is not easy for children to get.

If student worksheet *Ways You Can't Get HIV* is too difficult for your students to color, use Scrubby Bear Picture G (Appendix p. 52) as a lesson follow-up.

Vocabulary Words:

blood • AIDS • HIV • transfusion • scientist

Extensions

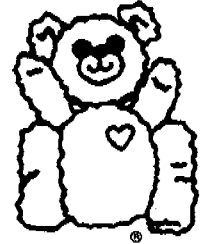
Language: Have students write a letter or draw a picture for Tulip telling (or showing) what they can do to be her friend.

FACTS FOR TEACHERS ABOUT HIV/AIDS

- AIDS (Acquired Immune Deficiency Syndrome) is a disease caused by a virus (HIV - Human Immunodeficiency Virus) that destroys a person's defenses against infection.
- HIV is spread by the exchange of infected body fluids (blood, semen, vaginal secretions, and breast milk) from a person with HIV infection.
- There is no medicine or treatment to cure AIDS, though there are medicines that help people with HIV infection stay well.
- AIDS was first noted in the U.S. in the late 1970's and early 1980's.
- A person with AIDS cannot fight off even mild infections. Therefore, the person may become extremely ill and could die as a result of one of these infections.
- The number of people infected with HIV is increasing daily.
- HIV can affect men, women and children of all ages and races who have come in direct contact with the virus.
- HIV can be spread by unprotected sexual contact (vaginal, anal, or oral) if HIV is in the system of one of the persons.
- HIV can be spread by an infected woman to her unborn child.
- Intravenous drug use is one of the main ways the HIV is spread if blood with HIV is left in the needle and another person uses the needle.
- HIV has been spread by blood transfusions in the past, but since 1985 blood in the blood banks of the U.S. is tested very carefully for the presence of the HIV antibodies. The risk of contracting HIV through a blood transfusion is very low.
- There is no risk of contracting HIV through donating blood. All equipment used to collect blood is sterile and used only once and then discarded.
- It sometimes takes several years after becoming infected with HIV before symptoms of the disease appear. Thus people who are infected with the virus can infect other people - even though the people who transmit the infection do not feel or look sick and often do not know they are infected.
- Symptoms of AIDS may include tiredness, weight loss, diarrhea, fever, night sweats. (These may also be signs of other illnesses. So if experiencing them, see your doctor).
- HIV is not spread through saliva, tears, urine, toilet seats, towels, glasses, kissing, hugging, food, dishes, insects, and animals.
- There are no known cases of HIV being spread in the school setting.



Scrubby's Story About Tulip: Questions for Discussion



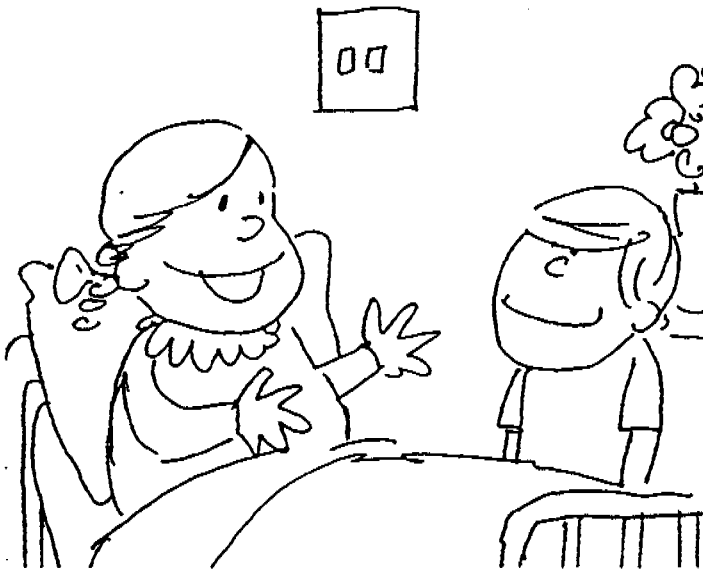
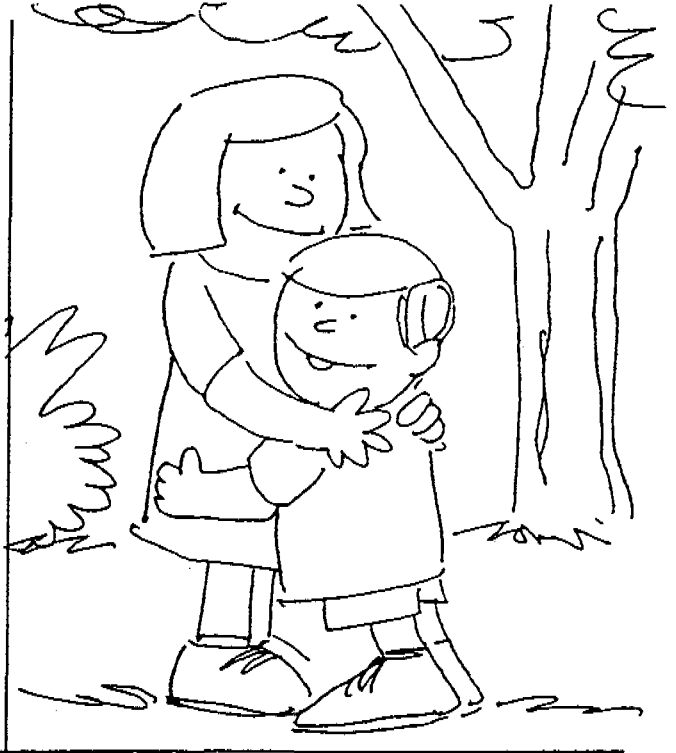
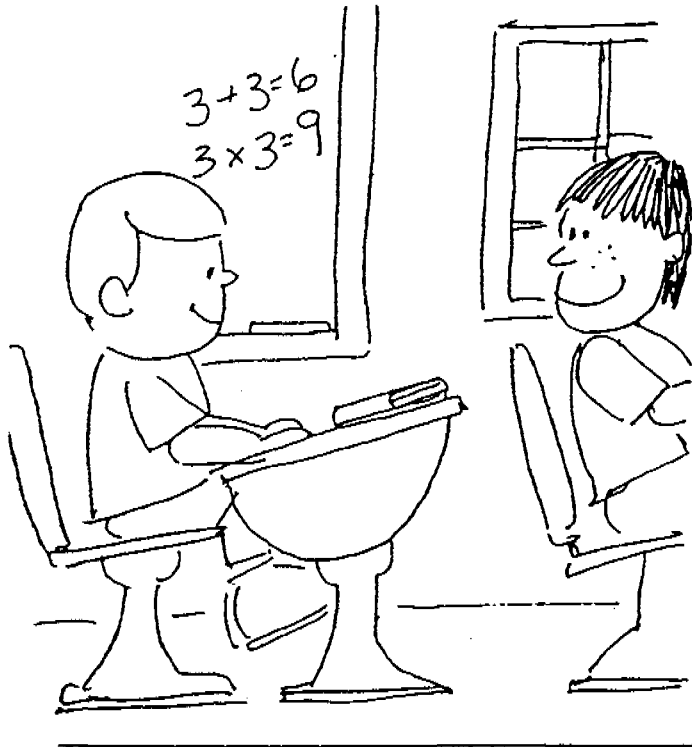
1. Where can HIV be found?
(In the blood.)
2. Do they test blood now for HIV?
(Yes, and if it is found to be in the blood then the blood is not used.)
3. Can you get HIV by touching someone who has it or playing with someone who has it?
(No, it is in their blood not on their skin.)
4. If Tulip forgets to use a tissue for a cough or sneeze could you get HIV from her?
(No, it's in her blood not in coughs or sneezes.)
5. How does HIV hurt people?
(It kills the body's white blood cells that helps the body fight germs.)
6. What happens if someone doesn't have enough white blood cells?
(Other germs that enter the body will make them sick.)
7. Why are students in Tulip's class careful not to come to school if they feel sick?
(They don't want Tulip or other friends to get their germs.)
8. Why is it important to be careful around people's blood?
(HIV and other germs can live in blood.)
9. What should you do if you touch someone's blood?
(Wash your hands.)
10. Why should you wash your hands before you clean a cut or scrape?
(So dirty hands don't get germs into the cut.)
11. Why should you wash your hands after you clean a cut or scrape?
(To be sure there is no blood or germs left on your hands.)
12. How could you show Tulip you want to be her friend?
(Play with her, sit next to her, invite her to your birthday party, don't come to school if you are sick.)



Name _____

Ways You Can't Get HIV

Color each picture that shows a way you **CAN'T** get HIV.





Lesson 5:

SCRUBBY BEAR'S REVIEW

Lesson Objectives

The student will review lesson objectives from Lesson 1 through 4.

Key Questions

What have you learned about germs, diseases, and how to keep from getting sick?

Materials



- Scrubby Bear's Review
Yes/No -- Grades K & 1 - (p. 40)
Short Answer -- Grades 2, 3 (p. 41)
- Germs (pgs. 42-43)
1 for Grades K-1
2 for Grades 2, 3



Background Information

This activity is to be a fun way to review the basic concepts taught during the unit. If a student misses a question, then the teacher has the opportunity to review the concept and reteach as needed. The Yes/No Review used for grades kindergarten and first could be used as a true/false test for 2nd and 3rd grade students.

After this unit, consider getting feedback from parents to document changes in the following behaviors:

- Washing hands before meals and after using the bathroom.
- Covering coughs and sneezes.
- Not sharing cups, food and silverware.

It might also be interesting to note if the curriculum had an effect on the number of school days lost because of illness compared to previous years.

Extensions

Language: 2nd or 3rd grade students may enjoy writing their own questions and answers to use in addition to the ones included on *Scrubby Bear's Review*.

Play vocabulary bingo (p. 44) using vocabulary words listed in each lesson as appropriate to grade level.

Lesson 5: Scrubby Bear's Review



STUDENT ACTIVITIES -- Grades K or 1

Yes/No Germ Tag

Teacher initiates activity by calling up one student and giving him the germ to hold. If the student says Yes or No correctly, she/he gets rid of the germ by giving it to another student. That student gets the next question. This could also be done as a thumbs up/thumbs down activity.

1. Hands help germs get from one person to another. (yes)
2. Germs are very large. (no)
3. Germs are everywhere. (yes)
4. A microscope makes small things look bigger. (yes)
5. Virus and bacteria are both germs. (yes)
6. If you get a cut, leave it alone. (no)
7. If you skin your knee, germs can get inside your body. (yes)
8. Germs can get into your body through your mouth and nose. (yes)
9. Different diseases are caused by different germs. (yes)
10. Germs always make you sick. (no)
11. White blood cells help your body kill germs. (yes)
12. Antibodies in the blood help to kill germs. (yes)
13. Vaccines keep you from getting certain diseases. (yes)
14. Only a doctor can prescribe certain kinds of medicine. (yes)
15. It is smart to get lots of exercise when you are sick. (no)
16. You should wash your hands before you eat. (yes)
17. Use 3 squirts liquid soap. (no)
18. You should wash your hands after using the toilet. (yes)
19. You should scrub for 10 seconds when handwashing. (yes)
20. If you sneeze, cover it please. (yes)
21. Chicken pox is easy to get. (yes)
22. HIV can live in the blood. (yes)
23. Blood can be tested for HIV. (yes)
24. You can get HIV by hugging someone who has it. (no)
25. You should be careful around other people's blood. (yes)
26. HIV is hard to get. (yes)
27. It is dangerous to play with sharp objects. (yes)
28. People should clean their own cuts and scrapes. (yes)
29. If you touch someone's blood, you should wash your hands right away. (yes)
30. It is safe to play with someone who has HIV. (yes)

Lesson 5: Scrubby Bear's Review



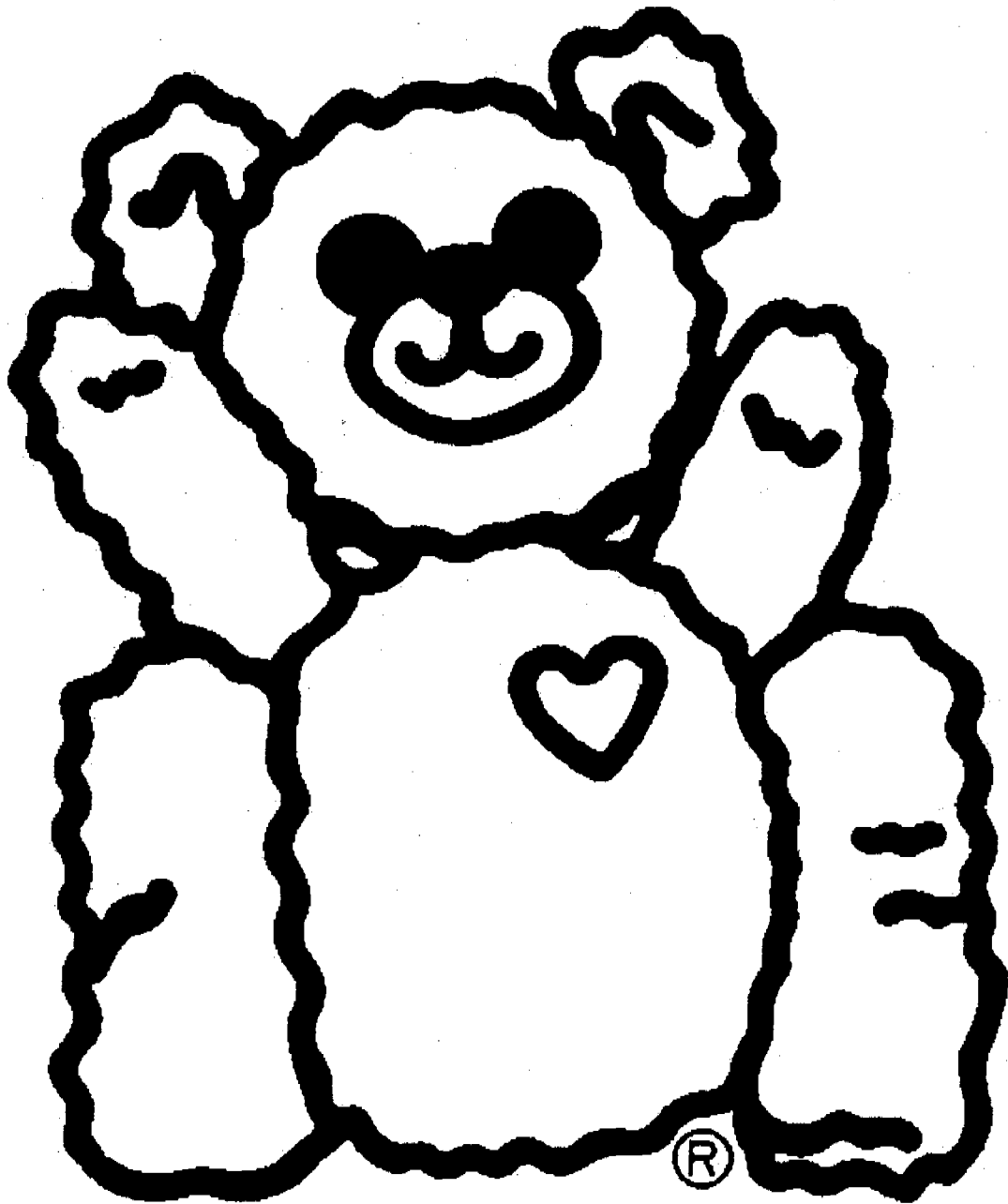
STUDENT ACTIVITIES -- Grades 2 or 3

Short Answer Responses

Germ Tag - Teacher divides class into 2 groups. The first person in each group is given a germ to hold. If Team A person gets the correct response the germ is passed to the next team mate. If the response is incorrect he/she keeps the germs and tries again when the next question comes back to Team A. Alternate questions between Team A and B. The team who passes the germ down the line to all the team mates and then gets rid of it wins the game. (Make sure to keep asking a question until all responses are given. If students can't get all the responses, tell them the remaining ones as a review.)

1. What is a germ? (something that makes people sick)
2. Name one kind of germ. (virus, bacteria)
3. What germ is the tiniest? (virus)
4. What germ is the most common? (bacteria)
5. Name a place germs live. (everywhere - can also name air, water, food, objects, body)
6. Name a place germs get into the body. (mouth, nose, eye, cut in skin)
7. Name a way germs get from one person or place to another person or place. (sneeze, cough, hands, objects such as glasses, utensils, etc.)
8. What can be used to see germs? (a microscope)
9. Name a disease that germs cause. (cold, flu, chicken pox, strep throat, AIDS)
10. What helps the body fight disease. (skin, white blood cells, antibodies, vaccines, medicine)
11. What are vaccines? (shot or medicine that keep us from getting sick)
12. What should you do if you're sick? (stay home, rest, drink fluid, take medicine if needed)
13. What is the best way to keep germs from spreading? (handwashing)
14. When should you wash your hands? (before eating, after using the toilet, when hands look dirty, if you touch someone's blood, if you cough or sneeze and cover it with your hand, before and after cleaning a cut or scrape)
15. How many squirts liquid soap do you use? (1)
16. Why is liquid soap better than bar soap? (germs can grow on bar soap)
17. Name things you shouldn't put in your mouth. (jewelry, hands, pens, pencils, crayons, etc.)
18. What causes AIDS? (a virus called HIV)
19. Where does HIV live? (in the blood)
20. Name a way HIV can get into someone's blood. (transfusions before blood was tested for HIV, blood from a person with HIV that gets through your skin and into your blood)
21. Is blood now tested for HIV? (yes)
22. How does HIV hurt the body? (kills white blood cells that help body fight germs)
23. Name ways you can't get HIV. (hugging, touching, playing, eating with someone with HIV)
24. What should you do if you touch someone's blood? (wash your hands)
25. How can children protect themselves from HIV? (Don't touch other people's blood, don't play with dirty needles or syringes, don't mix blood with someone else to become blood brothers/sisters.)
26. Are there medicines that help people with HIV infection? (yes)

**Don't get sick,
Wash up quick**



**With Scrubby Bear®!
Song Sheets**

**The lyrics for the Scrubby Bear® songs may be reproduced for use in
teaching the songs and in conjunction with the audio tape.
The following statement should be included:**

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MY NAME IS SCRUBBY BEAR®

**In case you're not aware
My name is Scrubby Bear®.
I don't want to keep you long
But I'd like to sing a song.
Or two, or three, or four...
Who knows, maybe more!**

**The reason that I'm here
Will soon be very clear.
You can see that I'm a bear
With just one single care.
Or two, or three, or four...
It's clean hands that I adore!**

**'Cause clean hands are healthy hands.
When I am through you'll understand
That dirt and germs are everywhere.
So wash you're hands with Scrubby Bear®.**

**The world's so full of dirt
And germs that really hurt!
It's smart to wash your hands.
Just wash and wash those hands.
Yes you! And me! And you!
Use soap and water too!**

**'Cause clean hands are healthy hands.
When I am through you'll understand
That dirt and germs are everywhere.
So wash your hands with Scrubby Bear®!
So wash your hands with Scrubby Bear®!**

THE GERM SONG

Who's the badest of the bad?
Germs, that's who, don't make us mad!
We hate to see people feeling fine.
We'd rather see them cry and whine.
Just because we're kind of small
Don't think we can't make you crawl.
We're sure to waste you,
Make you sick.
Oh yes, we will in half a tick!

We'd like to see you wear a frown.
Give us a chance, we'll bring you down.
We'll give you colds, the flu and mumps.
We'll make you feel down in the dumps.
Pass us from hand to mouth,
From friend to friend, house to house.
That's how colds and sickness spread.
Next thing you know, you're sick in bed.

Germs, germs
We're everywhere!
Germs, germs
We don't play fair!
Germs, germs
You'll catch us quick!
Germs, germs
We'll make you sick!
Germs, germs
On dirty hands!
Germs, germs
You'll understand!
Germs, germs
We're everywhere!
Germs, germs
We don't play fair!

These germs are getting uppity.
I think they need a look at me.
A little water and a little soap,
These little germs won't have a hope!

Brother germs it's time to scatter!
Here comes soap with some water!
Soap, soap
Wash your hands!
Soap, soap
I understand!

WHY SHOULD YOU BOTHER?

**Why should you bother
To use soap and water?
That's something that everyone should know.
We're tougher than the rest.
As weapons were the best
In making dirt and germs get up and go.**

**In any circumstance
You won't want to take a chance
That germs will find a way to make you blue.**

**If we all wash our hands,
Then all across the land
The germs will find they haven't much to do.**

**After using the toilet
Before every meal
Wash your hands with soap and water.
Wash your hands no matter how you feel.**

**This bears repeatin'
Before any eatin'
After using the bathroom facilities.
Wash on the double
So germs will have trouble
Spreadin' around sickness and disease.**

**So remember what I say.
Chase the germs away.
After the toilet,
Before you eat a thing.
Wash up real quick
So you won't get sick.
Now listen to the song that Scrubby sings.**

**After using the toilet,
Before every meal,
Wash your hands
With soap and water!
Wash your hands
No matter how you feel.
Wash your hands!**

THE HANDWASHING SONG

**Start with running water
To get your hands wet.
Next a squirt of liquid soap
Now don't forget.
Wash the front and wash the back.
And wash between your fingers
Underneath your fingernails
Where dirt and germs might linger.**

**10 or 15 seconds should get the job done.
Scrub and rub and scrub
And then the germs are on the run.
Next you rinse the dirt and germs and soap away.
Dry them with a paper towel.
Dry them without delay.**

**Now you use the paper towel
To turn off the faucet.
Take the paper towel
And find a proper place to toss it.
Simple rules you see.
And easy to obey
When you know you need to keep the germs away.**

WASH YOUR HANDS!

**When you go outside to play
Things you do most everyday.**

No matter what you do.

No matter where or when or who.

Skipping, hopping, running too.

Something old or something new.

Hear what Scrubby Bear® has to say.

Your hands get dirty, don't they?

For dirty hands there's just one thing

You can do to make me sing.

To fight off germs you must keep clean

So wash your hands, do you know what I mean?

There's more dirt than you might think

So rush right out to the nearest sink.

Use soap and water.

That's the way to chase the dirt and germs away.

Scrubby Bear® says, "Don't get sick!"

And Scrubby Bear® says, "Wash up quick!"

Wash your hands.

You'll understand.

Don't be a dope.

Use water and soap.

Soap, soap

Don't get sick!

Soap, soap

Wash up quick!

Wash your hands.

You'll understand.

Don't be a dope.

Use water and soap.

Wash, wash

Wash your hands!

Wash, wash

Wash your hands!

Wash, wash

Wash your hands!

Wash, wash

Wash your hands!

Wash, wash

Wash your hands!

Wash, wash

Wash your hands!

Wash, wash

Wash your hands!

Wash, wash

Wash your hands!



SCRUBBY BEAR®

Says: Don't get sick, Wash up quick!

ORDER FORM

ITEM DESCRIPTION	UNIT	COST PER UNIT	NUMBER OF UNITS	TOTAL COST
"Don't Get Sick, Wash Up Quick With Scrubby Bear!" (Video 1/2" VHS)	Each	\$ 59.95		
Sing Along With Scrubby Bear Audio Tape with Song Sheets	Each	\$ 9.95		
Teachers Manual (5 lesson curriculum)	Each	\$ 19.95		
Order the kit and save 10% (Includes the video, teacher's manual and audiotape with song sheet)	Each	\$ 79.95		
Brochures	Pkg./10	\$ 5.00		
Button - 1 1/2" x 2 3/4"	Pkg./10	\$ 6.93		
Coloring Page - 8 1/2" x 11"	Pkg./50	\$ 3.56		
Clean Hands Club Membership Card	Pkg./100	\$ 5.42		
Poster - 8" x 10"	Pkg./10	\$ 6.69		
Magnets - 1 1/2" x 2 1/2"	Each	\$ 0.45		
Large Sticker - 2 1/2" x 3 1/2"	Roll/500	\$ 23.26		
Small Sticker (die cut) - 1" x 1 1/2"	Roll/500	\$ 10.01		
T-Shirts - small	Each	\$ 9.50		
T-Shirts - medium	Each	\$ 9.50		
T-Shirts - large	Each	\$ 9.50		
T-Shirts - xlarge	Each	\$ 9.50		

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Handwashing and Self-esteem

From the programme of a workshop of the Zambian Ministry of Education and UNICEF for master trainers to train teachers in psycho-social lifeskills in relation to water, sanitation and hygiene education and to develop a training manual/lessons for grades 1-7.

For more information, contact Catherine Phiri, asphire@zamtel.zm, Liveson Zulu, or Sham Mathur, smathur@unicef.org

Day 2 of the Workshop - Plenary groupwork

Theme

Health

Sub-topic

Hygiene (a) Personal Hygiene

Grade:

- Grade 1 - as part of importance of cleaning their bodies
- Grade 5 - parasites, bacteria and viruses transmitted by dirty hands

Objectives

- Knowledge: Knows (can mention and explain) that handwashing is important for keeping clean and healthy (grade 1) / effectively blocks transmission of specific worm, bacterial and virus infections (grade 5)
- Attitudes: Appreciates the importance of washing hands; has the will to effectively share the knowledge to the members of one's family; appreciates the socio-economic and gender aspects of handwashing
- Physical skill: Can demonstrate and explain effective techniques of handwashing
- Lifeskills: see below

Materials

A basin, water, a jug or kettle, soap, ashes, natural scrubbing sponge (dried plant, leaves used traditionally, etc.), soil.

Introduction

The participants began with a focus discussion on self-esteem and cleanliness. They gave examples of when they had felt good about themselves and about their environment (family, school etc.) that related to being clean. (LS: skills for building self-image and body image)

Content

The facilitator then asked the group to divide in three sub-groups and to develop a participatory activity that would link handwashing with high or low self-esteem.

Group 1: was asked to make a drawing.

Group 2: was asked to make a drama on loosing self-esteem due to a lack of handwashing

Group 3: was asked to do a roleplay on a family with good handwashing habits

Group 4: was asked to develop an experiment to effectively demonstrate how water touched by soiled hands becomes contaminated

- Group 1: made a drawing of a girl washing hands after visiting the latrine and looking very healthy and attractive (not skinny) (copy available in the paper report)
- Group 2: made a radio interview of a woman reporter interviewing the male headman, the female cook and the medical officer in a village where after a wedding 30 children had caught diarrhoea and 4 had died. They told about the cause. It was not food poisoning, as analysis of food samples had shown, and anyway no adults had fallen ill. It was now taken that the children fell ill and some had died because everyone had washed hands in the same basin before eating and young children, with the lowest status, had washed last when the water was very contaminated. All three interviewed had a low self-esteem from what had happened and announced the measures they were talking for prevention.
- Group 3: showed a family in which each member practised good hygiene and hygiene tasks were equitably divided between its members. The mother washed her hands and breasts before breastfeeding the baby (a handbag). Then, when the baby passed a stool while feeding, she washed its bottom, the nappy, and her hands with soap afterwards. The father swept the rooms, while the sons (who had gone to the market) washed the vegetables. Then the whole family washed hands with soap before eating. Both father and mother admonished the children to practice hygiene and praised their behaviour.

- Group 4: developed an experiment of a funeral in a part of Zambia where male relatives will clean and touch the body fluids and also some female relatives may touch the body out of respect. Everyone then filed into the meeting place and washed hands in a basin of water near the door. Before doing so, the participants had put some soil on their fingers and had shown their hands to the observers to show that the 'contamination' was not visible. When the first touched the water, it became soiled. The group then showed an alternative method of handwashing that avoided touching contaminated water. (LS...)

Lifeskills

The group as a whole then went into a brief analysis of how the teacher might use the products for joint analysis to help develop children's lifeskills:

Communication:

- Cooperation/teamwork, active listening, feedback, verbal & non-verbal communication: during the preparation of the participatory activities

Self-awareness:

- Building self-image and body image : feeling good about being clean oneself, practising cleanliness in the family (in all four activities)
- Positive thinking: constraints of poverty, gender relations, myths can be addressed (experiment, roleplay and its analysis)

Values clarification:

- Identifying rights and responsibilities and changing gender roles/stereotypes by discussing who should keep the latrine clean and fill the handwashing reservoir (the drawing) and the roles and responsibilities in the family (the role play)
- Understanding different situations, values, norms and beliefs: affordability of hygiene practices and use of lower-cost options (e.g. alternatives for soap), different funeral practices in Zambia (in all four activities)

Decision-making:

- Critical and creative thinking, problem solving skills: in thinking out scenes, identifying causes and effects (in all four activities)
- Analytical skills for assessing consequences and risks to self and others: all four activities
- Skills for generating alternatives: thinking of different solutions (in the experiment and the drama)

Management:

- **Time management:** in preparing and performing the activities
- **Goal setting:** in working to achieve a quality product (the four participatory activities)

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Handwashing and Personal Hygiene

Lesson guide for four lessons on handwashing for Grade 1 of a Basic School in Zambia prepared during a Training of Trainers Workshop on Psycho-Social Lifeskills in Relation to Water, Sanitation and Hygiene. Lusaka, Zambia: Ministry of Education and UNICEF, Sept. 2001.

Background Information

Date:

Duration: 4 lessons of 30 minutes each

SCHOOL: Musangu Basic School (ZAMBIA)

GRADE: 1

SUBJECT: School Health

TOPIC Personal Hygiene

SUB TOPIC: Hand Washing

REFERENCE:

TEACHING / LEARNING AIDS: Basin, water, water jar/container, soap, ash, salt, other traditional herbs (mububa, muthanda, imbuu, etc.), sponge (chinkumbule), etc.

Lesson Series Objectives:

- **Knowledge:**
At the end of the series, PSBAT demonstrate their knowledge. In any form(s) the teacher chooses to use
 1. The key items needed for proper handwashing.
 2. The four critical times when they should wash hands.
- **Attitude:**
At the end of the series, PSBAT give any four examples of why they have been adopting and applying handwashing or of how they - both boys and girls - have helped others (e.g. friends/younger brothers and sisters/mother/father wash hands).
- **Physical Skills:**
At the end of the series, PSBAT demonstrate (in any chosen form) the effective methods of handwashing with different traditional and modern equipment.

- **Lifeskills:**

At the end of the series, PSBAT communicate to others about handwashing and hygiene in any form(s) they or the teacher chooses to use, e.g. explaining drawings to each other/the class/home, giving an expose/doing a role play etc.

Introduction

Engage pupils in an activity that sets their mood into hand washing, e.g. a role play, a poem, a conversation between groups of two, a song, etc. Encourage teachers to come up with creative ideas in their actual lesson plans.

Lesson Development

The series of lesson may consist of four lessons of 30 min. each.

1. The first lesson may, for example, focus on the first critical time when the children will wash hands and what materials they may use to do it Any type of participatory technique may be used, e.g.
2. The second lesson may focus on the second critical time and the proper ways we can do this. This will be locally specific depending on the materials and equipmet available and affordable but avoid that children wash in the same water.

Examples: washing hands in turn / a child washes and a teacher improves / teacher shows, several children copy and others observe & react / teacher shows a picture of proper handwashing to discuss / teacher shows a drawing of unsafe and safe way to wash hands for review, etc.
3. The third lesson may focus on the third critical time and who in school and at home should wash hands. Examples:.....
4. The fourth lesson may focus on the fourth critical time and what we can do to help everyone practice handwashing. Examples of participatory tools/techniques:.....

Each subsequent lesson may mention how the children will give a recap of the previous lesson. Different participatory techniques may be used, e.g. inner & outer circle, pair interviews, tour of exhibits, demonstration, etc. Having products on the wall.

Each lesson plan should also contain a section on the summary the teacher will do.

Evaluation

Each plan will contain *specific activities* to assess whether the pupils have achieved/are achieving the four types of objectives, e.g. for

knowledge of items each child of a small group can draw one key item and the group can put them into the right order of use on the floor/ the wall/one of a row of desks put in the centre, etc. Or, as alternative, the teacher draws the items in advance, the groups only order the key items and the teacher checks correctness. Etc.

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Handwashing: Why, When, How?

Sample lesson plan for Teachers' Training Workshops in Burkina Faso. Ouagadougou: UNICEF, CREPA and IRC, Febr. 2001.

Objectives

- **Knowledge:**
Knows the faecal-oral diseases and worm infections and their transmission, and blocking of transmission by handwashing; critical moments when handwashing is required; effective techniques of handwashing and linkage with socio-economic conditions.
- **Attitudes:**
Appreciation of the importance of washing hands; the will to pass on the knowledge to the members of one's family; the appreciation of gender aspects of handwashing.
- **Practice:**
Can demonstrate and explain effective techniques of handwashing.

Methods

Role play and discussion

Target groups

Students, parents, brothers, sisters and other family members in the homes of the students.

Materials

A basin, water, a kettle, soap, ashes, sand, a natural scrubbing sponge (dried plant, leaves used traditionally).

Procedure

Ask the students to prepare and perform a role play or mime play or plays, in which they:

1. Act what happens when an infection passes through the stool of a diseased person via the hands of that person or someone else to an uninfected other person. (The transmission routes have been covered in an earlier game, so this is also a refresher activity of earlier obtain insights and knowledge)
2. Act how hands are washed in different ways in their culture
3. Act when handwashing is important

Discussion

Identification of the transmission risks and the type of diseases transmitted and their symptoms and treatment (complexity of topics depends on age group of pupils)

Identification of conditions and practices of handwashing in the school

Discussion of the implications of hand washing behaviour for the work of mothers and daughters. Does it increase their work? What is their current workload, working hours? Does it also increase the work of fathers and sons?

Discussion of the tasks of mothers, fathers and the students themselves in the promotion of handwashing

Discussion with the students how they can do an inventory of handwashing materials and practices in their homes.

Discussion with students or parents on the nutrition consequences of diarrhoeal disease for children's weight, growth, physical and mental development, resistance against illness and school attendance.

Discussion on the availability and affordability of soap for different income levels in the community and what can be used/done as alternatives

Variations

Include the roles of mothers, fathers and younger brothers and sisters in the role play.

The students perform their scenes or play(s) in a parents' meeting or village meeting, followed by the same kind of discussions.

The students make an inventory of handwashing materials, conditions and practices in their homes. The data are used for arithmetic/statistics lessons and/or hygiene education.

The class/school (without or with other groups) carries out a campaign to promote handwashing (introduction of key materials and practices in all homes - before survey, followed by promotion and after survey).

Children learn how to make soap with local ingredients and techniques.

Monitoring/Evaluation

A child can effectively demonstrate and clarify the effective ways of washing hands.

A child can mention the diseases whose transmission is blocked by effective handwashing.

The children have inventoried their home conditions and practises. The teacher has aggregated the information in school and has analysed the outcomes with the children. The children can reproduce the outcomes and implications.

The children have discussed handwashing and tasks of fathers and mothers at home and can explain their findings in the class.

Pedagogic concepts

FRESH

Integration of health education with technical equipment, nutrition, health and attending and progress in school

Life skills education

Knowledge of diseases; Attitudes of the importance of these diseases and their prevention, interest and joy in being creative, active and critical analysis of self and others, appreciation of others, including influence of gender relations and poverty; appreciation of one's responsibilities towards oneself and others; social justice, appreciation and joy of cooperation and teamwork

Skills: investigation, creativity, application of theoretical knowledge on one's life and family situation; make critical analyses; cooperate; make joint decisions;

Development education

Interdependency between developments in school, homes and community, interdependency and relations between family members, solidarity and social justice; gender aspects and rational solutions related to varying economic positions, planning and measuring, implementing local change.

New Curriculum of Min. of Education

Integration of social and health education, nutrition and arts and instrumental skills (being able to express oneself, do calculations), know local crafts (soap making)

Evaluation by the supervisor

- A student in every school can mention correctly the critical moments for handwashing.
- A student in every school can demonstrate the proper technique of handwashing with correct explanations and alternatives in the absence of soap
- A student in every school can give 3 consequences of handwashing for mothers and daughters and 3 responsibilities for fathers.

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Handwashing at Critical Times

NB: This tool was developed as part of a workshop of the Zambian Ministry of Education and UNICEF for master trainers to train teachers in psycho-social lifeskills in relation to water, sanitation and hygiene education and to develop a training manual/lessons for grades 1-7. For more information, please contact Catherine Phiri, Giverson Zulu, or Sham Mathur.

Day 3 of the workshop - Plenary groupwork

Subject: Handwashing

1. Knowledge: participants can mention and explain 4 critical times to wash hands for health as well as the difference with handwashing at other occasions.
2. Knowledge: they can mention and explain why these times are critical
3. Attitudes: they have come to realise and accept their responsibilities for handwashing towards self and others at critical times
4. Gender and poverty aspects related to transmission and prevention
5. Practical skills: They can demonstrate effective handwashing (recap)
6. Lifeskills: Depends on methods used. See the list below

Materials

Depends on which learning tools and techniques are chosen

Introduction

This consisted of the inventory of critical times for handwashing based on the students' existing knowledge. In the master training, the group carried out this activity by simply mentioning the times and the

facilitator wrote these on the flipover. The group then mentioned also other, more creative ways in which this activity may be done:

- As a follow-up discussion to the experiment on assessing contamination of hands (see Handwashing and Self esteem)
- Through individually listing the critical times on slips of paper of cards and sorting these into groups
- By inviting each student to come and write times on the blackboard. E.g.: The first child writes each of her/his critical times in a separate column. The next child adds her/his times underneath and adds a separate column if s/he adds a critical time, etc. Meanwhile the teacher aggregates the results in a summary table and puts the summary table on the board for analysis
- By asking each child to make a small stick drawing of a critical time and grouping same times in piles or clusters on the floor (Optional: have students add headings)

Lifeskills developed by the different tools and techniques

1. Individual voluntary suggestions for backboard list, followed by group analysis:
 - Self-awareness: self-assessment skills
 - Decision-making: critical thinking, skills for assessing consequences and risks to self and others
2. Follow-up discussion after the experiment:
 - Communication: active listening, feedback, verbal communication, giving and receiving feedback.
 - Self-awareness: self-assessment skills
 - Decision-making: critical thinking, skills for assessing consequences and risks to self and others, problem solving, generating alternatives
 - Values clarification: understanding different situations, values, norms and beliefs
3. Individual listing and group sorting of paper slips, analysing results:
 - Communication: active listening, feedback, written communication, verbal communication, giving and receiving feedback, cooperation & teamwork
 - Self-awareness: self-assessment skills
 - Decision-making: critical thinking, skills for assessing consequences and risks to self and others, skills for evaluating written information
4. Sequential listing and analysis (each child participates):
 - Communication: active listening, written communication, verbal communication, giving and receiving feedback

- Self-awareness: if list is linked to discussion on personal/family/school practices
 - Decision-making: critical thinking, analytical skills, assessment of consequences for self and others, problem solving (e.g. if handwashing reservoir is not kept filled)
5. Stickdrawings and grouping followed by analysis:
- Communication: (active listening, feedback, written communication, verbal communication, giving and receiving feedback, cooperation and teamwork)
 - Self-awareness: self-assessment skills
 - Decision-making: creative and critical thinking, skills for assessing consequences and risks to self and others, skills for evaluating drawn information

Content

After their participatory activity, the participants start to analyse the critical times that they have listed. The group of master trainers agreed that this could be done on different aspects and in different ways:

- Analysis on reasons for washing at these times (1). Some of the times mentioned will block the transmission of faecal-oral diseases. Other times simply help being & feeling clean, observe social norms, protect self-esteem, etc. (This group had 'handwashing after meals').
There may first be a discussion on this topic. The teacher/facilitator then asks the group to reorganise the cards, drawings or list into two groups: times critical for disease reduction and times not critical for disease reduction but handwashing practised for other reasons.
- Analysis on reasons for washing at these times (2). Another learning activity identified was the 'agree-disagree game'. The teacher makes a statement likely to generate debate such as: '*Babies faeces are harmless*' (implying that we do not need wash to our hands after cleaning the baby or removing its excreta). Those who agree stand on one side and those who disagree stand on the other. Persons from each group then argue with each other. There are the several options to proceed: those who are convinced change sides until no more change occurs, then each group presents their arguments. Or the teacher/facilitator stops the discussion at a certain time and adversaries and supporters present their case.
- Analysis on persons who are responsible for handwashing at critical times (to analyse gender relations and social values). The teacher asks the students to discuss for each critical time who is responsible for practising the handwashing? The discussion may go further into the specific duties involved, such as collecting water, buying soap, training younger children, etc.
- Conclusion/generalisation. After reflecting on the critical times,

reasons and persons, the teacher/facilitator generates the more general lessons on handwashing at critical times. The matrix below summarises the lessons arrived at in the master training.

Handwashing at critical times:

Relevance	Time	Reason	Practised by	Methods
Critical to health	After latrine use	Blocking faecal-oral diseases	By self and others: peers, siblings, sons and daughters...	1. Apply & give example by self
	Before preparing and handling food for yourself and/or others	Blocking faecal-oral diseases		2. Physically help others (younger children) to practice (also by fathers and brothers)
	Before eating food by yourself	Blocking faecal-oral diseases		3. Give feedback to others (2)
	After cleaning the baby's bottom/changing nappies	Blocking faecal-oral diseases		
Other non-health relevance	After eating	Feeling clean, Social norms, Self-esteem	As above	As above

Application/practice

Suggestions for applications made during the master training are:

- Asking students to make a poem on handwashing times and how to achieve the observation of the practice.
- Lower grades can compose a song or suggest various endings on times for handwashing to the song "This is the way we wash our hands , after.../before... etc. Children who need more time can be invited to come with their suggestions on the next day (Lifeskills: accept and effectively deal with differences between children, avoid discrimination, raise self esteem by praise)
- Roleplay on critical times

- **Guessing game:** the teacher or students mime certain, the other students have to guess what they do and at which occasions and why.

Monitoring and Evacuation

Yet to be done

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Water Education in African Cities

*Water Education a Human Values
Approach*



United Nations Centre for Human Settlements



Water Education in African Cities

Report of an Expert Group Meeting

Johannesburg, South Africa, 30 April - 2 May, 2001

United Nations Centre for Human Settlements (Habitat)

Part 2:

Issue Papers

Water Education: A Human Values Approach

by Victor Kanu¹

Acknowledgements

I am grateful to the United Nations Centre for Human Settlements (HABITAT) in Nairobi for inviting me to present a paper on Water Education based on an innovative stance, "THE HUMAN VALUES APPROACH", also for providing me with the means to attend the Expert Group Meeting (EGM) in Johannesburg. My profound acknowledgement goes to Sathya Sai Baba, my Master, who 'invented the conceptual framework of Human Values', and who has provided it with an educationally sound programme and methodology for the benefit of the world. This paper would not have been possible without Sathya Sai Baba's major contribution to the world's educational thoughts and practices, and to the inspiration I have continually gained from Him.

Introduction

Discussion on a subject as important as Water Education often centers on its most tangible aspects - boreholes, rivers, lakes, lagoons, streams, waterfalls, oceans, rainwater, drinking water, etc. Although these things are true and critically important, I think Water Education is also about something less concrete, though no less important. It is about the community's sense of duty - the obligation members have to each other, to the use of water itself and to future generations. The community sense of responsibility ought to be strengthened towards the management of water and other natural resources which took billions of years to develop and, yet, which could be diminished or exhausted within a relatively shorter period of time. That this is highly probable is evidenced in the population growth rate of Africa and, in particular, the rapid increase in the rate of growth in urban cities.

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Table 1: Population Indicators in Africa (Total)

REGION	TOTAL POPULATION IN MILLIONS (1999)	PROJECTED POPULATION IN MILLIONS (2025)
EASTERN AFRICA	240.9	426.2
MIDDLE AFRICA	93.2	184.7
NORTHERN AFRICA	170.0	249.1
SOUTHERN AFRICA	46.3	55.9
WESTERN AFRICA	216.3	382.5
TOTALS	766.6	1,298.3

Source: The State of World Population - UNFPA

Table 2: Population Indicators in Africa (Growth Rate)

REGION	AVERAGE POPULATION GROWTH RATE (%) 1995 - 2000	AVERAGE URBAN POPULATION GROWTH RATE 1995 - 2000
EASTERN AFRICA	2.6	4.5
MIDDLE AFRICA	2.7	4.3
NORTHERN AFRICA	2.0	3.3
SOUTHERN AFRICA	1.9	5.1
WESTERN AFRICA	2.8	5.0
AVERAGES	2.4	4.4

Source: The State of World Population - UNFPA

Values/ Human Values

How do we change this situation? One way of doing this is through education - WATER EDUCATION. We want people in Africa to be filled with integrated awareness of the sacred role that water plays in our lives; to care for Africa's natural resources; to protect and enhance the proper growth and development of the environment in general; people who by their personal lives will instill in others noble ideals that will raise human consciousness to its highest level. These are some of the qualities that Africa expects of its people.

What type of education? There are two modern schools of thought on this matter (both being complementary to each other): Value-Based Education and Human Values-Based Education. Various definitions of values have been offered:

The term 'value' can be considered as a quality of anything that makes it desirable, held in respect, deemed worthy or esteemed. The dominant values that give meaning to a man's life motivate him to actions that determine the type of person he will be (Cattle, 1965).

Values are normative standards by which human beings are influenced in their choice among the alternative courses of actions, which they perceive. (Nicholas, 1969)

A value is a principle, a standard or a quality that is considered worthwhile or desirable. It is a consciously preferred choice of the concept of desirable behavior, and is validated by social approval. (Kopani, 2000)

By values we mean desirable qualities of character such as honesty, integrity, tolerance, diligence, responsibility, compassion, altruism, justice and respect. (*Values Education and Democracy: Ministry of Education - South Africa*)

These definitions are a fair representation of the school of thought of values-based education which lays emphasis on those qualities of a human being which are desirable, respected, worthy, esteemed, dominant and which therefore help us in making informed choices and which are sanctioned by a given society.

The Concept of Human Values

Human Values, on the other hand, are fundamental to human existence. They are universal and inherent in all human beings and are to be found in varying degrees in all societies, religious traditions and civilisations. Whilst everything that exists has its own value and value system, Human Values are more appropriately applied to humans who are capable of rationalising, conceptualising, analysing and applying these principles with accepted standard of approval.

Bringing out and nurturing of the Human Values in the children during the formative years will result in caring and responsible adults in the future. They, in turn, will lay the groundwork for the character development of generations following after them.

The five basic Human Values of Truth, Right Conduct, Peace, Love and Non-violence have as their offshoots a range of sub-values that are of practical importance in daily living, as shown:

The Five Basic Human Values and their Related Values

Truth	Love	Peace	Right Conduct	Non- Violence
Curiosity	Sincerity	A. Abstinence	A. Cleanliness	SOCIAL
Truthfulness	Tolerance	Freedom from	Hygiene living	A. Awareness of the
Quest for knowledge	Kindness to animals	the eternal foes	Dignity of work	responsibility of citizenship
Spirit of inquiry	Sympathy; domestic affections	man (lust, anger, jealousy, greed, pride)	Proper use of time	Being in tune with democratic decision making
Study of one's self	Friendship	Cultivation of tolerance and moderation	Regularity	Readiness to espouse a common cause
Sense of discrimination between true and false	Patriotism	Discipline	Punctuality	
Respect for all religious	Humanism in man's relations with the universe	Purity	Self-help	B. Active national awareness
Secularism		Endurance	B. Obedience	Love of national unity
Universal, Self-existent discrimination truth		Integrity	Duty	Love of national integrity
			Simple living	Turning away from negative or injurious
		B. Self-discipline	Honesty	Awareness of the value of civic and national property
		Self-control	Prudence	D. Sense of social service
		Self-respect		Sense of social justice
		Awareness of the dignity of individuality	C. Respect for others	Sense of the oneness and solidarity of mankind
			Respect for old age	
		C. Power of concentration	D. Service to others	PSYCHOLOGICAL
		Sitting silently	Self-confidence	A. Kindness
			Self-reliance	Courtesy
			Initiative	Good manners
			Resourcefulness	Helpfulness
			E. Courage	Fellow feeling
			Leadership	Gentlemanliness / Ladyliness
			Faithfulness	
			Justice	B. Unwillingness to hurt others
			Team work	Consideration of others
			Team spirit	Concern for others
			F. Equality	Readiness to co-operate
			Self-sacrifice	Appreciation of the cultural value of others
			G. Conservation of nature and the environment	Compassion
				Universal love

Human Values Approach to Water Education

This approach employs two main methods:

The Direct Method which uses five teaching techniques:

- Guided Visualisation
- Prayers or Quotations
- Story Telling
- Group Singing
- Group Activity

The Integrated Method, which involves the integration of Human Values in all subjects in the curriculum and co-curricula activities.

Water Education Using the Direct Method

Water Education

- **Guided Visualisation Exercise**

Cool Ice

Sit up straight with your hands on your laps. Slowly close your eyes. Imagine you are walking to the river. You find a big stone, and you decide to sit on it. As you lift your eyes into the sky, you see the sky open and a block of ice coming out. It is coming down directly on you. You look closely as it comes towards you. It comes straight on your forehead and enters your body. Take the ice into your mind to cool your mind. Slowly bring the ice into your eyes to cool your eyes, so that you can only see what is good.

Take it to your mouth to cool it. Your tongue should only utter cool, nice and loving words. Let the ice go to your heart so that it is cooled down. No more tempers. Now bring the ice on your hands and feel the coolness of the ice. With the heat in your palms, the ice slowly melts out and your hands are full of this cool water.

Slowly open your eyes.

- **Quotations**

- Water is life
- Purity of water makes purity of the body
- Water wasted is life wasted
- Peace is a shoreless ocean

- BABA
- BABA
- BABA
- BABA

- **Story**

Water is life

In North Africa, there existed a kingdom, which had a powerful, intelligent and kind king. This king was so much liked by his subjects. His name was Chiti-Bwale.

One day, this king became ill. His subjects tried all sorts of medication but that failed to make the king better. People were now forced to consult the oldest man of the tribe. The man told these people that the illness, which the king was experiencing, had been there for a very long time.

He went further to advise the people that the only person who could cure or help the king lived many miles away from their kingdom. To reach this place they had to pass through the desert.

The next day, at dawn, two men left for this big task. Their mission was to go and find medicine for the king. After a long tiring walk, they came across an oasis where they helped themselves with cold and refreshing water, as they were very thirsty.

However, since they could not realise that water is life, these two men polluted the water on the oasis by urinating and throwing faeces and proceeded with their journey. Within a short time, they reached the village where they had to get the medicine for the king. The herbalist gave these men medicine, which was in the form of honey. Before the herbalist could give them what they were to take to their king, he gave some of the honey to each. They were very thankful to the herbalist for giving them some honey to eat. The herbalist later gave them a small calabash full of honey for the ailing king.

On their way back, they ate most of the honey, which was meant for the king. It was not too long when they became very thirsty. Finally, they arrived at the oasis they had polluted with urine and faeces. When they examined the water, it was found to be filthy. They could not drink from the same oasis. Hoping that they would reach their kingdom soonest, they became more thirsty and weak as they ran towards their kingdom. Eventually, they died.

Q: What do we learn from this story?

A: That water is life and that no one should pollute it in any way.

- **Group Singing**

Peace is Flowing Like a River

1. Peace is flowing like a river
Flowing out to you and me
Spreading out into the desert
Setting all the captives free
-

1. Let it flow dear Lord x2
 Let the mighty love of God flow through me
 Let it flow dear, Let it flow
 Dear Lord let the mighty
 Love of God flow out through me
*Falling, falling gently falling rain from heaven
 So gently falling on the earth so parched and thirsty*

• **Group Activity**

How much Water is Wasted by Continuous Leakages on some Taps in Kawama Compound

- Pupils are asked to:
- Go to Kawama Township/Compound
- Count how many public taps are there.
- Out of these identify how many have continuous leakages.
- Since there are meters fixed on these taps, establish how many litres are lost per minute, hour, day, week, month and year.
- Pupils to take note of this and inform the Water and Sewerage Company.
- Make suggestions on how the situation can be improved.

Water Related Topics:

Integration Of Human Values Into Academic Subjects

(Using The Zambia Syllabi – Primary And Secondary Schools)

1. Primary School

Grade	Subject	Topic	Objectives	Development	Underlying Human Values
1	Science	Water	1 Sources of Water	1 God, source of everything	TRUTH: Enquiry, Quest for knowledge
			2 Properties of water	2 Pupils and their sources of water	LOVE: Humanism in man's relations with the universe.
			3 Uses of water	3 Display of charts 4 Colourless/Shapeless water	R/CONDUCT: Equality RIGHT CONDUCT: -
2	Social Studies	Water	1 Identifying sources	1 Water is life for all living things	Duty, Good behavior TRUTH: - Enquiry, Quest
			2 Appreciating the importance of water	2 Water comes from different sources	for knowledge N/VIOLENCE:
				3 Uses of water	Responsibility
				4 Abuses of water	TRUTH: - Enquiry,

Grade	Subject	Topic	Objectives	Development	Underlying Human Values
3	Religious Education	Water and Life	1 Necessity of water for plants and all living things	1 Plant life 2 Animal life 3 Human life	Curiosity, Quest for knowledge LOVE: - Care, Kindness R/CONDUCT: Conservation of nature
	Bemba Language (Water Education)	Imfula (Rain)	1 Safe drinking water 2 Rain cycle	1 Sources of water 2 Traditional myths and beliefs about rain 3 Rain Cycle	PEACE: - Discipline TRUTH: - Enquiry, Quest for knowledge R/CONDUCT: - Resourcefulness
	Science	Rain Cycle	1 Evaporation 2 Formation of clouds 3 Rain fall	1 Process of evaporation 2 Process of transpiration 3 Process of condensation	TRUTH: - Curiosity, Quest for knowledge, Spirit of Enquiry R/CONDUCT: - Regularity, Duty, Initiative
6	Science	Water	1 Sources of water supply 2 Water supply systems Prevention of water pollution.	1 streams, wells, dams, rivers, lakes, boreholes, etc. 2 Storage of domestic water 3 Purification of domestic water	TRUTH: - Curiosity, Quest for knowledge, Spirit of Enquiry, Discrimination LOVE: - Kindness, care, Patriotism, Humanism in relation with universe. R/CONDUCT: - Respect, Self-help NON-VIOLENCE: Responsibility, Sense of oneness
3	Mathematics	Water in: - Addition - Subtraction - Multiplication - Division	To introduce Human values Approaches in solving problems relating to the topic.	ADDITION House A has 20 litres of water. House B has 30 litres. House C has 70 litres. If they put all the water together, how many litres of water would there be? SUBTRACTION 20 buckets of water at home. Out of these, 5 are given out to neighbours who have no water. How many remained? MULTIPLICATION 20 Households in a village. Each fetches 20 buckets of water and contributes to the	TRUTH: Curiosity, Spirit of Enquiry, Quest for Knowledge LOVE: Caring, Sharing PEACE: Absence of greed and selfishness RIGHT CONDUCT: Consideration for others, Identification with others, Feeling of oneness, Social obligation, Co-operation NON-VIOLENCE: Compassion, Universal Love, Concern for others, Fellow feeling, helpfulness, Courtesy.

Grade	Subject	Topic	Objectives	Development	Underlying Human Values
			<ol style="list-style-type: none"> 1. Operation on percentages 2. Solving problems involving percentages. 	village reseivour. How many buckets of water are in the reseivour. DIVISION 20 cups of tea to be shared among 5 children. How many cups of tea would each child have?	
7	Mathematics	Percentages		<ol style="list-style-type: none"> 1. Finding percentages 2. Percentage of water on: <ul style="list-style-type: none"> • Earth - 75% • Fit for drinking - 3% • Our bodies - 75% 3. Managing water properly and cautiously 	TRUTH: Curiosity, spirit of enquiry, Quest for knowledge LOVE: Patriotism, Humanism in man's relations with the universe NON-VIOLENCE Awareness of responsibility, Sense of social service, Readiness to co-operate RIGHT CONDUCT Cleanliness, self help, self sacrifice

2. Secondary School

Grade	Subject	Topic	Objectives	Development	Underlying Human Values
8	Book keeping	Water Bills	<ol style="list-style-type: none"> 1. Double entry 2. Profit & Loss A/c 3. Balance Sheet 	<ol style="list-style-type: none"> 1. Water, a vital asset 2. Supply of and demand for water 3. Effect of Water Bills (proper use and wastage) on profit and society 4. WHEN PAYING BILLS DR: Water Bills CR: Cash Book 5. WHEN TRANSFERRING TO PROFIT AND LOSS A/C DR: Profit and Loss A/c CR: Water Bills 6. IF WE PAY IN 	TRUTH: Curiosity, quest for knowledge, Spirit of enquiry RIGHT CONDUCT: Regularity and punctuality, Duty, Honesty, Resourcefulness, Integrity, reliability. PEACE: Freedom from worry, Moderation, Discipline, Self control NON-VIOLENCE Awareness of resp, Sense of social service, social justice, Good manners, Fellow feeling Gentlemanship/Lady

Grade	Subject	Topic	Objectives	Development	Underlying Human Values
				ADVANCE • Current Assets (Balance Sheet 7 IF WE DO NOT PAY • Current Liabilities (Balance Sheet)	LOVE: Sincerity
9	Environmental Science	Water	1 Importance of water on plants 2 Effect of osmosis on plants	1 Germination of seeds 2 Growth of seedlings and plants 3 Water entering the roots by osmosis 4 Large percentage of living cells in plants is water. 5 Lack of water causes cells to shrink.	TRUTH: - Curiosity, Spirit of enquiry LOVE: - Kindness, Tolerance PEACE: - Endurance NON-VIOLENCE: Compassion, Awareness of responsibility, Readiness to co-operate R/CONDUCT Conservation of nature and the environment Co-operation, Duty, Responsibility
11	Geography	Lake Malawi	1 Importance of waters of Lake Malawi to the people of Malawi	1 Lake Malawi, part of the Great 2 East African Rift Valley 3 Tourism 4 Transport 5 Fishing 6 Climatic influence of Lake Malawi (E.g. Nkhata Bay area receives high rainfall) 7 Effects of the presence of Lake Malawi	TRUTH: Curiosity, Spirit of Enquiry, Quest for Knowledge. LOVE: Tolerance, (easy entry and exit), Patriotism, Humanism in man's relations with the universe, Friendship, Accommodating (loves all, serves all), Selfishness, PEACE: Still and silent RIGHT CONDUCT: Resourcefulness, Self-reliance, Duty, Conservation of nature and environment. NON-VIOLENCE Awareness of responsibility, Sense of social service, Helpfulness, Turning away from negative or injurious discrimination, Readiness to co-operate.
10	Biology	Transpiration and	- Define Transpiration - Relationship of	1 Loss of water from stomata	TRUTH: Curiosity, Quest for

Water Education in African Cities

Grade	Subject	Topic	Objectives	Development	Underlying Human Values
	Chemistry Commerce	Translocation	waster loss to the cell surface, air spaces and stomata	<ul style="list-style-type: none"> The leaf has air spaces Water from the roots is used by the leaves for photosynthesis Excess water is lost through the stomata (transpiration) <p>2. Types of leaves: small and big</p> <ul style="list-style-type: none"> Big leaves have many air spaces and therefore, there will be a lot of water loss due to many, many openings called stomata. Small leaves have few air spaces stomata openings and hence less water loss 	knowledge, Spirit of Enquiry, Discrimination RIGHT CONDUCT: Duty, Team spirit, Self-sacrifice PEACE: Calmness, Discipline, Self-control, and Concentration. LOVE: Sincerity, Devotion, Sharing Tolerance NON-VIOLENCE: Sense of social service, Awareness of Responsibility, Consideration, Co-operation, Unit.
11		Water	Purification of water supply in terms of filtration and chlorination. Domestic and industrial uses of water.	<p>1. At water works, water is filtered and Chlorine gas added as a disinfectant.</p> <p>2. Domestic uses of:</p> <ul style="list-style-type: none"> Bathing/washing, Cooking Cleaning <p>3. Industrial uses:</p> <ul style="list-style-type: none"> In boilers Cooling engines 	TRUTH: Curiosity, Quest for knowledge, Synthesis, Spirit of Enquiry, Discrimination, Self-analysis, Integrity LOVE: Tolerance, Sincerity, Kindness, Sharing, Generosity, Friendship. PEACE: Understanding, Discipline, Focus, Self-, Satisfaction, Attention, Contentment, Self-respect. RIGHT CONDUCT Courage, Responsibility, Correct living, Good behaviour, Helpfulness, Right goals. NON-VIOLENCE: Sense of social service, responsibility, Consideration, Co-operation, Good manner Respect. TRUTH: Curiosity, Quest for
12		Importance of Water in	1 Satisfaction of needs/wants	1 Primary Industry: Water used in the	

Grade	Subject	Topic	Objectives	Development	Underlying Human Values
		the Commercial life of Zambia	2 Explain the importance of water to industry, commerce and domestic.	extraction of raw material, e.g., irrigation (commercial farming)	knowledge, Spirit of Enquiry, LOVE:
			3 Explain the importance of water/sea transport.	2 Secondary Industry Water used in the manufacturing processes.	Sincerity, Devotion, Sharing, Tolerance Compassion, PEACE:
			4 Explain the importance of rivers in Zambia	3 Constructive Industry Water used in road making and building construction	Calmness, Still silent, Endurance, Tolerance RIGHT CONDUCT:
			5 Describe the various types of ocean-going vessels.	4 Transport by Water • Rivers, natural means of Transporting goods. • Rivers, source of food • Zambezi River used for fishing • Lakes Mweru, Bangweulu used for subsistence and commercial fishing. • Lake Tanganyika used for transporting goods/passengers and commercial fishing.	Service to others, Self- sacrifice, Patience, Honesty, duty NON-VIOLENCE Consideration of others Readiness to co-operate
				5 Tourist Attractions • Victoria Falls, (Southern) Musonda Falls, (Luapula) Chishimba Falls (Northern)	
				6 Ocean Going Vessels • Passenger/Cargo Liners • Tramp Ships • Oil Tankers, etc. (Transportation of raw materials and finished goods) • Shipping essential to world Trade.	

3. Non-Academic Subjects

Grade	Subject	Activity	Objectives	Development	Underlying Human Values
Whole School	Games and Sports	Football	1 Physical and mental health	1 School House System (5 houses in all)	TRUTH: Curiosity, Spirit of Enquiry LOVE: Tolerance in the use of water, Sincerity in the use of water, Kindness to other participants. PEACE: Discipline in the use of water, Self control in the use of water, Self satisfaction. RIGHT CONDUCT Cleanliness, Hygiene living, Proper use of water, obedience to rules, Respect for others. NON-VIOLENCE Awareness of responsibility, Concern for others and consideration of others. Appreciation of the water supply.
		• Volleyball	2 Development of skills	• Earth	
		• Basketball	3 Fair competition	• Water	
		• Baseball	4 Source of water for players	• Fire	
		• Table Tennis	5 Treatment of water	• Air	
		• Lawn Tennis	6 Proper use of water after games and sports	• Sky	
		• Badminton	7 Cost of water	2 House Fathers and Mothers	
• Netball		3 Appointment of Games and Sports Masters, Trainers			
• Swimming		4 Selection of Teams			
• Gardening		5 Provision of Sports and Games Equipment			
• Farming		6 Regular practices			
		7 Fixtures			
		8 Provision of water facilities for drinking, washing, cleaning, watering of trees, vegetables, flowers, etc.			

Matrix Of Value-Based Management Approaches, Underlying Human Values And Teaching Techniques

Some Key Water Management Issues	Value-Based Dilemma	Value-Based Solution	Underlying Human Values
1. A social issue Lack of safe water and basic sanitation facilities could be life-threatening to all - poor and rich alike. How could water and sanitation be made accessible and affordable to the poor in the cities?	Am I willing to share the cost of providing water to the poor in the slums? This may mean that I will have to pay a higher price for water than I today.	Yes, I care for my poor neighbour. I am ready to pay a higher price for water when I am convinced this will help extending water supply to poor neighbourhoods. I will afford it by cutting down my Entertainment expenses.	<ul style="list-style-type: none"> • LOVE: Caring for and Sharing with others. • RIGHT CONDUCT: Self-sacrifice; Respect for others; Service to others
2. Another social issue How to deal with corruption in	Should I pay the high water bills every month or make a deal with the meter reader	Yes I will pay for the actual cost of water I consume. If I follow Unscrupulous means, this will set	<ul style="list-style-type: none"> • TRUTH: Truthfulness • RIGHT CONDUCT: Honesty

Some Key Water	Value-Based Dilemma	Value-Based Solution	Underlying Human Values
Management Issues Daily life which ultimately affects sustainability of services in cities	who offers to under-read it or tamper with it so that I can pay a flat rate that will be less costly to me.	a Bad example for my children, whom I want to see grow up as responsible Citizens	• PEACE: Integrity Self-respect
3 A conservation issue How to deal with profligate wastage of water in households	Should I stop watering my gardens and washing my cars during summer months when scarcity of water affects the city? I can afford the water bill and I want my garden to be green and my car to shine even if it may mean less water available to others.	Yes, I should take every opportunity to conserve water, even if it means a little inconvenience to me and even so I can afford a higher water bill. Water is a gift of God but it is given in trust to us. While we enjoy this Gift, we have no right to waste this Precious resource.	• RIGHT CONDUCT: Proper utilisation of resources. • PEACE: Self-discipline • NON-VIOLENCE: Consideration of others
4 An economic governance issue How to promote the concept of water as a social and economic good?	We are told that water is a gift of God. Then why are we asked to pay for water? Water in the river and in the wells, after all, belongs to everybody and should be freely available to all.	Yes, I have an obligation to pay for water I consume. Water is a limited resource, to be shared by many users. Each must pay according to his need and ability, to cover the cost of Supply. Nothing is absolutely free in nature.	• RIGHT CONDUCT: Respect for others needs • NON-VIOLENCE: Awareness of responsibility Towards common good • Readiness to co-operate • Fellow feeling • Sense of social justice

Water Education in the Non-Formal Sector

A Human Values Approach

The formation of a Water Brigade is proposed.

Character of The Brigade: An NGO

• Objectives

- To conserve water.
- To make water available to the needy.
- To prevent water pollution.
- To increase the supply of water itself.
- To help spread the ideals of Water Education in the communities.

• Membership Of The Brigade (This shall be voluntary)

Unemployed young adults

Street kids

- **Sustainability**

Community participation, Governmental and Donor Support

- **Brigade Welfare**

Inducement Allowance/Honorarium

- **Brigade Operations**

Each city to have a Brigade Office with a vehicle and telephone services for areas in dire need of water to phone in.

Empirical Evidence Of The Transformation Power Of Human Values

An independent research into the impact of SSEHV on pupils, teachers and parents was carried out in 1998 by Dr Peter Chomba Manchishi of the School of Education, University of Zambia (UNZA). Below are his conclusions:

Judging impact of a programme involves looking for evidence as proof that change has really taken place after going through such a programme. For example, if a pupil was indisciplined before joining Sathya Sai School and after being exposed to SSEHV he or she has become disciplined, and then this is evidence of the impact of SSEHV on him or her. This type of thing has taken place at Sathya Sai School in Ndola. It was put to me that, before joining Sathya Sai School, most of the pupils were indisciplined, poor academically and also weak spiritually and morally. Today most of them have changed for the better. This is evidence that SSEHV has had a positive impact on them. The findings of the study show that SSEHV has had an impact on the pupils, teachers and parents.

The pupils who have gone through SSEHV at Sathya Sai School have developed more positive personalities; they can now respect their parents, teachers, elders and authorities. They are tolerant, regulation-abiding, more caring, more willing to give voluntary service in the school and they are now hard working and have produced good academic results.

As for teachers, they have now developed a broader and deeper horizon in education and their professional competence has been enriched. They are also value-conscious. These findings have confirmed the results of studies done in India on the same subject.

Parents who have children at Sathya Sai School have to some extent been influenced by the type of education their children are receiving at Sathya Sai School. They have now become interested in the education of their children.

All the people interviewed agreed that SSEHV should be extended to other schools in the country because it will help the nation through education, which is the bank from which the nation draws its cheques. If the bank is poor and has no assets, the nation is poor. It is therefore; appropriate that SSEHV is exposed to the young who are the future leaders of this world.

Conclusion

The end goal of education is not merely the transfer of knowledge or the acquisition of a set of earning skills but the development of character during the formative years of our children upon who rests the ultimate responsibility of building the society and the nation. With rapid globalization and urbanization, our societies are increasingly becoming multicultural, multi-ethnic and multi-lingual. Widening income disparity is a fact of life in most African societies. For stability and prosperity amid such wide diversity, our society must draw upon, as never before, its reserve of values such as tolerance, humanism, sharing and caring, and respect for the dignity of the individual. The five Human Values: Love, Peace, Truth, Right Conduct and Non-violence, which are inherent in every human being, are the perennial streams which alone can provide sustenance to the nurturing of these societal values in the young minds.

Water education provides a practical and useful context to inculcate these Human Values both through formal as well as non-formal channels of education. The curricular activities in schools, in particular, offer many opportunities to introduce the Human Values.

Africa will face increasing scarcity of water in the coming decades. The number of countries with water scarcity or water stress will rise alarmingly in the next two decades. The potential for water conflict between countries (e.g. among the countries in the Nile river basin), within countries (between different user sectors such as agriculture, industry and urban users) and within cities (between the poor and the rich) is increasing. Water riots are common in many cities. The Human Value based approach which promote sharing and caring can help in diffusing potential conflicts in future as well as can help in conflict resolution by promoting co-operation rather than competition).

Since this paper has used water-related topics in the Zambian schools curriculum two questions may be asked:

- Is education for water management and avoidance of water conflicts simply a matter of including water-related topics in the education curriculum?
- Will this lead to better understanding and use of water resources by

ordinary people and by industry?

The answer to both questions is: Water-related topics in the schools curriculum will not by themselves bring about the desired effect. However, the integration of Human Values (as has been done in this paper) in a sustained and continuous manner in these topics throughout primary and secondary school levels will lead to a heightened consciousness and understanding towards the need for proper water management, and hence the avoidance of conflicts.

Furthermore, water-related topics will be reinforced by assorted practical measures such as group activities (water monitoring, auditing and conservation, etc.) and the activities of the Water Brigade Units of the schools.

It must be borne in mind that the wastage and misuse of water are not limited to formal knowledge about water, although this is obviously important. A significant additional contribution is the attitude of the water user and the development of a personal Human Values system, which would enable the user to understand and respond to the element of personal responsibility in individual usage. This leads to awareness of the effects on the community at large of individual actions, which in turn leads to positive national attitudes to water. This is the basis of Human Values Based Approach.

To achieve this it is necessary that a Human Values Based component be included in both the normal and non-formal curricula. In this context, it is pertinent to differentiate between the various uses of the term "value". On the one hand, value relates to qualitative notions of economic, social or utilitarian benefits attributed to certain human activities. On the other hand, and in the context in which it is referred to here, the word connotes the universal human values inherent in all cultural traditions and broadly described as: Love, Truth, Right Conduct, Peace and Non-violence. These principal values can further be related to other derived values, which together describe all human attributes and attitudes.

From personal experience and from contacts by non-governmental organisations directly involved in development projects with rural community groups, it is evident that most peoples in all of Africa, have traditional tribal ethics of water usage, including resolution of conflicts on water issues, based on their cultural values. This makes them receptive to the notion of a Human Values Based approach to education on water management. Regrettably, due to rural-urban migration, these traditional values are eroded, resulting in a more selfish approach to water usage in the urban areas, based on a perceived personal survival ethic.

While planned urban areas are on the whole better served with water supply, slum areas, the poorer housing estates and informal settlements have significant unmet needs for water. Notwithstanding the differences in availability of water,

the lack of attention to water conservation and a disinclination to take measures to avoid pollution of water seem to be universal.

This highlights the fact that it is people who use water! People waste and pollute water; industry owners contaminate water; the wealthy monopolize available water at the expense of the poor and the less powerful; ignorance and misconceptions of the value of water on the part of the poor leads to wastage and results in unnecessary hardships. At the same time institutional policing of water usage to promote efficient use of water has on the whole been costly and ineffective.

It is obvious, therefore, that the young, adults, the rich and the poor alike, all need to be educated in the management of water. It is also obvious that imparting only formal knowledge on the physics and economics of water is unlikely to encourage a caring, sharing society with a responsible attitude to water usage such as can be achieved through the incorporation of a Human Values Based component in the education curriculum.

The Future.

There is a growing body of expertise in methods of Human Values Based Education. It is apparent that any future plans will need to explore and formalise the linkages between formal and non-formal education and the Human Values Based approach. There is also need to develop specific indicators for evaluating the results of the approach. It is to be hoped that the Expert Group Meeting will agree at the end of its deliberations to initiate a programme to study and implement ways in which a Human Values Based element can be included in any revision of education curricula for water education in African cities.

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