

Community partnerships in water systems and school sanitation

Safe water systems in Afghanistan

The provision of safe water has been prioritized for many years in both emergency and ongoing development programmes throughout the world. Improving the quality of drinking water at the household level through point-of-use treatment and improved storage has been hailed by many as a simple and low-cost approach to preventing water-borne diseases. A development partnership has emerged between the Centers for Disease Control and Prevention, Population Services International, UNICEF, United States Agency for International Development (USAID) and WHO, as well as other institutions, to produce and distribute the products families need to achieve safe water in the household; together, these products are called safe water systems (SWS).

Safe water systems incorporate three elements:

- Point-of-use water treatment by consumers with a locally manufactured dilute sodium hypochlorite (bleach) solution.
- Safe storage of treated water in containers designed to prevent recontamination.
- Behaviour change with respect to improved water and food handling, sanitation and hygiene practices in the home and in the community.

Combining the skills and resources of various partners, SWS products are produced and distributed through public-private

partnerships and market-based approaches, with community mobilization implemented by non-government organizations to encourage correct and consistent use and reach high-risk populations.

Safe water systems are being promoted and introduced in 23 countries worldwide, and have been shown to reduce the incidence of diarrhoeal disease by 25–84 per cent. They have been particularly effective in protecting the most vulnerable populations: infants, immunocompromised individuals and their families, and communities experiencing outbreaks of cholera.

In Afghanistan, a country with high maternal mortality and low ante- and postnatal attendance at health facilities, SWS have been introduced as part of the maternal health programmes. In order to attract greater attendance at health facilities, pregnant women and new mothers have been offered SWS and hygiene kits and taught how to use these simple technologies to protect themselves and their families.

Bangladesh: School sanitation and hygiene education

A water, sanitation and hygiene project in a remote village in Bangladesh, combined with a school sanitation and hygiene education (SSHE) component in the secondary school, demonstrate the importance of community participation and action and the positive impacts on the community. The village of Gava is located in south-western Bangladesh. NGO Forum decided to rethink its approach to water, sanitation and hygiene education at village level. One approach that seemed promising was to start with the village schools.

Young people of school age are open to new information and can be easily motivated, and the organization was keen to utilize this potential.

‘WatSan’ Committees were formed at the level of the school and for each class. The school headmaster was selected as the chairperson of the School WatSan Committee. The class committees consisted of teachers and students, both girls and boys, for each class of the school. A number of orientation sessions were organized for these committees, covering such issues as the promotion and use of safe water, better sanitation and hygiene practices, effective interpersonal communication between students and parents, and community mobilization. Motivational film shows were organized, and different behavioural change information, education and communication materials were distributed among the teachers and students for use in conducting group discussions in the community.

The students organized rallies and processions using different types of promotional posters and banners, chanting slogans on the importance of using safe water and hygienic latrines, and practising improved personal hygiene. This raised mass awareness throughout the village. Along with the committees, student brigades consisting of five boys and girls were formed in each class. These groups monitored the use of safe WatSan and hygiene practices at the household level. They also provided help with non-technical primary-health-care services, such as oral rehydration. The brigades also made plans to respond to natural disasters. Another

committee, the ‘Teachers’ and Parents’ Forum’, was created and held quarterly meetings to review progress.

A review of the project demonstrated that SSHE can contribute to the well-being and performance of students, for example, in helping to keep girls in school. Involving schools and students as community motivators is a powerful tool in improving WatSan and hygiene practices. In Gava village, before-and-after studies show greater knowledge of related diseases, an increase in the construction and use of hygienic latrines, higher usage of safe drinking water and increased hand washing by heads of households. The process of motivation started from the top and continued to the bottom.

NGO Forum is expanding from a few pilot villages to working in many more, each needing a programme approach. It is faced with two major issues. One is to refine the finances of such village projects so that maintenance becomes self-sustainable, and the other is to achieve the same impact in many villages with far fewer inputs. Nevertheless, there are great potential benefits from such programmes to the students and the communities they live in. Pilot projects such as this one in Gava demonstrate that the benefits are achievable.

See References, page 107.