



Sustaining Sanitation

Keeping Education Institutions (Schools and Anganwadis) at the Centre

INTRODUCTION

Safe and adequate water, sanitation and hygiene (WASH) services in educational institutions and in early childhood care centres are critical for child health and wellbeing, and can enable children to reach their full potential. The significance of WASH in schools is emphasised globally through its inclusion in Sustainable Development Goals (4.a) as core components of a ‘safe, non-violent, inclusive and effective learning environment’ and part of ‘universal WASH access’¹.

Inadequate WASH places children at risk for diseases and undermines their dignity and safety, especially for girls. Unsafe water, poor sanitation, and unhygienic behaviours are associated with causing stunting, a result of severe and persistent undernutrition that compromises a child’s physical and cognitive growth. Children who are stunted demonstrate poorer performance in school compared to children who are not stunted. Investing in WASH during the early childhood phase and for school going children can potentially confer long-term health and educational benefits.

SDG 4: Quality Education	4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes	4.2 By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education
SDG 6: Clean water and sanitation	6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all	6.2: By 2030, achieve access to adequate and equitable sanitation and hygiene for all, and end open defecation
SDG 2: Zero Hunger	2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age	

Population served	Services provided
Children under age 6 years	
84 million children under age 6 registered in anganwadis (51% of total population of children under 6)	<ul style="list-style-type: none"> • Pre-school education • Supplementary nutrition (milk, eggs in the morning, hot meals for mid-day meal) • Health services (immunisation, deworming, growth monitoring)
Adolescent girls (especially girls who have discontinued their education), pregnant women and lactating mothers	
28 million girls reached through anganwadis each anganwadi covers 20-40 adolescent girls	<ul style="list-style-type: none"> • Menstrual hygiene (adolescent girls) • Hygiene promotion • Supplementary nutrition six days a week
19.1 million pregnant women and lactating mothers registered in anganwadis (2014) ²	

The Sustainable Development Goal (SDG) 6 on clean water and sanitation, through its commitment to achieve access to adequate and equitable sanitation and hygiene for all, links with other SDGs relevant for children, especially with respect to education and nutrition.

ANGANWADIS - EARLY CHILDCARE AND CHILD DEVELOPMENT CENTRES

Anganwadis are part of the Integrated Child Development Services (ICDS) Scheme, a centrally sponsored scheme under the Ministry of Women and Child Development. An anganwadi normally covers a population of 1,000 people in rural and urban areas, and 700 people in tribal areas. For small and scattered villages, there should be an anganwadi for each village having a population of at least 300. There are 13.5 lakh operational AWCs³ and 7,076 ICDS projects across the country. Anganwadis run for 4.5 hours a day, six days a week, and anganwadi workers visit two to three households per day.

SCHOOL SYSTEM IN INDIA*

With more than 1.5 million schools and more than 260 million enrolments⁴, India has the second largest school system in the world. The school population is estimated to be 20% of the country's population and 73% of the population is in the age group of 6-18 years. Children and teachers who spend close to seven hours daily and on an average 200 days each year in school, need access to adequate and appropriate water, sanitation and hygiene (WASH) services.

* The term 'school' used in this paper includes all types of schools: primary and secondary, residential and day schools, rural and urban, and public and private. For the purpose of this document, data from the District Information on School Education (DISE) is used which captures all schools which offer formal education including, Kasturba Gandhi Balika Vidyalaya, Ashramshala and Madrassa to mention a few.

TABLE 1: Schools and Students 2015-16

	Primary	Upper Primary	Secondary	Higher Secondary	Total
Schools	8,40,546	4,29,624	1,39,539	1,12,637	15,22,346
Enrolment - In Million					
Boys	66.87	34.72	20.548	13.005	135.143
Girls	62.25	32.87	18.597	11.73	125.447
Total	129.12	67.59	39.145	24.735	260.59

Source: DISE (Statistical Year Book India 2017)

WASH STATUS IN ANGANWADIS AND SCHOOLS

As per the annual report⁵ of the Ministry of Women and Child Development (March 2016), 70% of AWCs have drinking water facilities within the premises and 63% AWCs have toilet facilities. As per Government's National Annual Rural Sanitation Survey (NARSS) 2017⁶ (analysis of the raw data), 34% of the Anganwadis do not have toilets. Nearly 30%⁷ of the Anganwadis are in rented buildings and 15%⁸ of the total Anganwadis are in kuccha buildings, indicating a potential link between building type and access to toilets. The Bal Swachhata Mission launched as part of the Swachh Bharat Mission focussed on clean anganwadis; clean self (personal hygiene promotion), clean food, clean toilets, and participation of mothers and community institutions in the mission's initiatives⁹. The recently launched POSHAN Abhiyan by the

Ministry of Women and Child Development emphasises on hygiene, sanitation and safe drinking water as a key action theme to improve nutritional outcomes (See Box 1)¹⁰.

BOX 1: Key WASH related behaviours to be addressed under POSHAN Abhiyan:

- Every child 6–24 months is fed using safe and hygienic practices, including handwashing with soap and water at critical times
- Every household safely disposes of child and animal faeces
- Every member of all households use toilet at all times
- Every member of all households use safe drinking water at all times
- Adolescent girls and women practice menstrual hygiene



A painting depicting benefits of toilet use on the wall of the school toilet in Padripani village, Kanker, Chhattisgarh.

The Right of Children to Free and Compulsory Education (RTE) Act (2010)¹¹ in India emphasises the importance of free and compulsory education for children aged between 6 to 14 in India under Article 21a of the Indian Constitution. Under the RTE Act 2010¹², all schools must have separate toilets for boys and girls and adequate safe drinking water facilities. Reinforcing this mandate, the Supreme Court in 2011¹³ directed the Union and State governments to provide basic infrastructure, including drinking water and toilets in all schools by the start of the academic year in 2012^{14,15}. Under the Swachh Bharat Swachh

Vidyalaya programme of the Government, there has been increased attention and investment in school sanitation, and in particular on ensuring separate toilets for girls. The DISE report 2016-17 states that 98.8% of schools have separate toilets for boys and girls. Whereas, the Annual Status of Education Report (ASER), 2016¹⁶ reports that in 2016, 68.7% of schools visited had toilet facilities that were useable as compared to 47.2% in 2010. In 2016, only 3.5% of the schools visited had no toilet facility. The proportion of schools where girls' toilets were available and useable has increased from 32.9% in 2010 to 61.9% in 2016. As per the

Government's National Annual Rural Sanitation Survey (NARSS) 2017, 3% of schools do not have toilets, 13% of co-education schools lack a separate toilet for girls, and 11% of the toilets are dysfunctional. These findings highlight two important considerations: 1) functional toilets are essential so that children can use the facility when needed; and 2) every school should have adequate number of functional toilets so that no child, irrespective of gender, age and ability is compelled to use open spaces or suppress the need to urinate or defecate.

IMPORTANCE OF WASH IN ANGANWADI CENTRES AND SCHOOLS

Anganwadis can play a vital role in inculcating hygiene behaviours, especially latrine use and handwashing with soap (after toilet use and before eating) in very young children, their caregivers (mothers), and adolescent girls. Anganwadi workers can provide information on the importance of hygiene behaviours such as handwashing with soap at critical times and menstrual hygiene, and demonstrate handwashing steps. They are a platform to provide regular support and reinforcement of hygiene messaging because children, mothers and adolescents frequently visit them to receive services (e.g., nutritional supplements, mid-day meals), and participate in select health events (e.g., National Deworming Day, immunisation services). Further, the presence and use of functional WASH services in Anganwadis can motivate and habituate children, adolescents and mothers to practice hygiene behaviours in their homes as well.

Schools are like a second home to children and so play a significant role in shaping their knowledge and development. School going children are at risk from water, sanitation and hygiene related illness such as diarrhoea, and soil transmitted helminth infections. Sick children may remain absent from school, and have lower academic performance. This may lead to some children discontinuing their education. Children who have adequate water, sanitation and hygiene facilities at school and are exposed to using them, are able to integrate improved hygiene behaviours into their daily lives, and can be effective influencers of change in their families and the wider community.

If 1% of schools lack a toilet, approximately 2.6 million children, half of them girls will be compelled to use open spaces to urinate and defecate

Despite a favourable policy environment and implementation framework, challenges persist in terms of access to quality, inclusive gender sensitive infrastructure, functionality of WASH systems, and hygiene promotion in schools. For anganwadis, the focus on equipping them with sanitation is more recent, hence we are yet to see a deeper analysis with regard to functionality of WASH infrastructure. Some key challenges related to schools are:

1. **Dysfunctional infrastructure:** Due to non-existent or poor operations and maintenance (O&M) systems as indicated from ASER 2016 findings, while 96.5% schools had toilets, only 68.7 schools had toilets that were usable, and 27.8% schools are deprived of toilets due to poor O&M.

2. Inadequacy of facilities: The Swachh Vidyalaya Guidelines set the minimum standards for WASH in schools, in line with SDG goals and indicators. Findings from the WaterAid study¹⁷ on WASH in Schools (2016) indicated that the number of toilet seats for students were below the norm of one toilet for 40 students. Based on school observations, the functional toilet-to-student ratio for boys and girls was 1:76 and 1:66 respectively. Running water was available only in about 37% of toilets, and 57% of schools had common handwashing facilities outside toilets.
3. Lack of inclusive and gender sensitive designs: The WASH in Schools study by WaterAid indicated that only three-fourths of schools have separate toilets for male and female students, and one-third have an accessible facility for children with special needs, one-fourth of the assessed schools had a place or a small cabinet to keep sanitary napkins, and 15% had hooks inside the toilet area.
4. Hygiene promotion: While the Swachh Vidyalaya Guidelines emphasise hygiene promotion, teachers may not always be trained to impart hygiene education through sessions, and lack the necessary materials to do so.

INVESTMENTS IN WASH IN SCHOOLS AND ANGANWADIS CONFERS HEALTH, NUTRITION AND EDUCATIONAL BENEFITS FOR CHILDREN

1. Reduction in child morbidity: Quality WASH in schools reduces transmission of diseases. As per DISE report, more than 40 per cent of diarrhoea cases in school children result from transmission in school rather than at home¹⁸.
2. Increased school attendance and cognitive development: Diseases associated with inadequate WASH such as diarrhoea and worm infestations lead children to miss school days and can adversely affect their learning and academic performance. WASH in anganwadis and schools is a first step towards ensuring a conducive learning environment for increased attendance and improved learning outcomes.
3. Fewer absences and dropouts amongst girls especially: Girls often report difficulties in managing menstruation that leads them to be absent from school. WASH in schools promotes gender sensitive toilets so that girls are encouraged to attend regularly, especially during their menses. Similarly, health programs and menstrual hygiene initiatives in anganwadis promotes adolescent health.
4. Inclusive development: Schools and anganwadis often lack inclusive facilities to cater to the needs of children with various types of physical disabilities. Improved WASH in schools and anganwadis seeks to enhance accessible facilities, eliminating one barrier that children with disabilities face in schools.



WaterAid/ Ronny Sen

Chandravati (13) outside the girls toilet at Prathmik Shala in Sheetal Pani Village, Baiga Chak, Dindori, Madhya Pradesh.

PROMISING PRACTICES FOR PROMOTING WASH IN SCHOOLS AND ANGANWADIS

WaterAid India in partnership with the state Government of Madhya Pradesh on 'Global Handwashing Day' in 2014, facilitated a state-wide handwashing campaign. On the day, 12,76,425 students created a new world record by washing their hands simultaneously at programmes held by panchayats and rural development departments at 13,196 different locations across 51 districts in Madhya Pradesh. The short-term, large-scale, collaborative

programme (engaging government, the private sector, media and civil society organisations) ensured reaching out to nearly 90,000 schools in nine months with a lasting impact.

In Andhra Pradesh, WaterAid India has been successful in convincing the state education department to include additional indicators to capture handwashing (availability of soap and water) and menstrual hygiene (education, access to supplies, facilities to clean and dispose). This has been incorporated as part of the annual DISE in 2016-17 and information on the same is available for over 60,000 schools.

In Maharashtra, WaterAid India is working in partnership with the National Stock Exchange and the Tribal Development Department towards improving WASH in over 170 Ashramshalas, residential schools for tribal children. The experience has helped to track schools progressions against WASH benchmarks for residential schools, including WASH related knowledge, attitudes and practice among children.

In Madhya Pradesh, WaterAid India supported the state's Women and Child Development (WCD) Department to launch and rollout the Udita Project (MHM promotion among adolescent girls) through 90,000 anganwadi centres across the state covering nearly 200,000 girls. This initiative has helped immensely in understanding and addressing various menstrual hygiene education needs at the community level, in scale.

STRENGTHENING WASH IN EDUCATIONAL INSTITUTIONS

While the Swachh Bharat Mission policies have prioritised WASH in anganwadis and schools, achievement of these key priorities require the Ministry of Drinking Water & Sanitation (MDWS) to address some key gaps, through the following steps:

- Be the coordinating agency between MDWS, MHRD and MWCD and their state link departments, for ensuring planning, providing regular guidance and monitoring of ongoing WASH initiatives under these departments.
- Encourage the participation of SBM functionaries in platforms related to implementation of education as well as ICDS related schemes and programs at various levels, from village to national, for integrating WASH issues into the focus of these initiatives.
- Ensure that sufficient budgets and financial provisions are put in place for creation, use and maintenance of WASH facilities within school and anganwadi infrastructures, including for necessary behaviour change measures, human resources and other requirements.
- Co-develop standards for schools and anganwadis with relevant departments and experts. Include indicators on the infrastructure, usage, behavioural issues, operations and maintenance in the regular joint monitoring through DISE and ICDS MIS.

Schools and anganwadis must be prioritised for adequate and inclusive water, sanitation and hygiene services to enable children to achieve their potential. The table below highlights key areas for action.

AREAS FOR ACTION TO STRENGTHEN WASH	
Water	<ul style="list-style-type: none"> • Availability of water throughout the year. • Installation/use of water purification systems or solutions to provide safe drinking water. • Water to be stored in safe storage containers (e.g. overhead tank, sump) that are regularly cleaned, properly covered, and located away from sources of contamination like garbage and toilets. • Water quality testing and monitoring to be routinely undertaken in schools and anganwadis.
Sanitation	<ul style="list-style-type: none"> • Construction of toilets where such facilities are missing and insufficient, ensuring an appropriate toilet to student ratio of 1:40. <ul style="list-style-type: none"> • For anganwadis, toilets to be made available even in rented premises • Building of separate toilet facilities for male and female students where necessary (co-educational schools). • Making available toilets functional, with a focus on making toilets accessible (i.e., toilets should be unlocked), and providing running water and dustbins in toilets.
Handwashing	<ul style="list-style-type: none"> • Establish handwashing facilities outside toilets and near eating spaces. • Ensure that existing handwashing stations have running water and soap to ensure adequate handwashing before eating the mid-day meal and after using the toilet.
Operations and maintenance	<ul style="list-style-type: none"> • Ensure regular cleaning of schools premises, toilets, and ensure regular and thorough cleaning of sewage lines, waste water lines, and septic tanks and leach pits in accordance with guidelines for the same with a pre-determined schedule. • Clear assignment to School Management Committees and/or student cabinets to oversee operations and maintenance.
Hygiene promotion in schools	<ul style="list-style-type: none"> • Regularly organise and conduct trainings for teachers on hygiene, sanitation, and menstrual hygiene. • Incorporate menstrual hygiene management in the hygiene curriculum in addition to sanitation, handwashing and safe drinking water. Train teachers to provide this information in a comprehensive and sensitive manner. • Support and train teachers to promote group handwashing practices by students.
Hygiene promotion in anganwadis	<ul style="list-style-type: none"> • Train anganwadi workers to provide information on handwashing with soap at critical times to caregivers (mothers) and adolescent girls, demonstrate handwashing with soap, and encourage children, caregivers, and children to wash hands with soap after using the toilet and before eating. • For caregivers, additional messages related to safe disposal of child faeces at home, food hygiene (especially for weaning foods and food prepared for children under 2 years), safe storage and handling of water to be given. • For adolescent girls, sessions on menstrual hygiene management to be conducted regularly.
Menstrual hygiene	<ul style="list-style-type: none"> • Establish menstrual hygiene management facilities in girls' toilets in schools and anganwadis, including: 1) soap and a place to wash; 2) hooks, niche, shelves to store menstrual absorbents; 3) appropriate and acceptable disposable mechanisms. • Ensure that schools and anganwadis have sufficient stock of menstrual absorbents for students.



AREAS FOR ACTION TO STRENGTHEN WASH

WASH standards	<ul style="list-style-type: none">• Establish standards for water, sanitation and hygiene for anganwadis.• Review and adapt standards for water, sanitation and hygiene for schools to be applicable to those educational institutions that are currently not under the purview of Swachh Vidyalaya (e.g., Ashramshalas, madrassas, and private schools).
Monitoring	<ul style="list-style-type: none">• Strengthen large scale monitoring platforms (e.g. DISE for schools, Common Application Software for anganwadis) with essential indicators on water, sanitation, and hygiene infrastructure and hygiene promotion.• Capacitate teachers, student cabinet, school management committees, and anganwadi workers to use regular monitor of WASH facilities to ensure adherence to established standards.
Financing	<ul style="list-style-type: none">• Financial allocations for WASH in schools and anganwadis to include attention to water, sanitation and hygiene infrastructure (in accordance with set standards), water quality testing, hygiene promotion, operations and maintenance of WASH facilities, training of teachers and anganwadi workers.
Capacity building/ training	<ul style="list-style-type: none">• Train teachers and anganwadi workers to deliver hygiene messages to students, children under 6 years, adolescent girls, and caregivers.• Train teachers and anganwadi workers to monitor WASH facilities, and take appropriate action to address gaps.

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WASH in
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