Enhancing Educational Opportunities for Vulnerable People

Exploring UNICEF SWASTHH for Support
A Rapid Assessment

Report to USAID/India On Enhancing Opportunities of Vulnerable People

Creative Associates International
March 2003
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<tr>
<td>AIIMS</td>
<td>All India Institute of Medical Sciences</td>
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<td>AIR</td>
<td>All India Radio</td>
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<td>APL</td>
<td>Above Poverty Line</td>
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<td>BPL</td>
<td>Below Poverty Line</td>
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<td>BRC</td>
<td>Block Resource Centre</td>
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<td>CDD</td>
<td>Control of Diarrhreal Diseases</td>
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<tr>
<td>CEO</td>
<td>Chief Executive Officer</td>
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<td>CRC</td>
<td>Cluster Resource Centre</td>
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<td>DC</td>
<td>Deputy Collector</td>
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<td>DIET</td>
<td>District Institute of Education and Training</td>
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<td>DPEP</td>
<td>District Primary Education Programme</td>
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<td>ECCE</td>
<td>Early Childhood Care in Education</td>
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<td>EDA</td>
<td>Focus Group Discussion</td>
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<td>FGD</td>
<td>Family Planning Association of India</td>
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<td>GE</td>
<td>Gastro-enteritis</td>
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<td>GI</td>
<td>Galvanized Iron</td>
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<td>GOI</td>
<td>Government of India</td>
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<td>GOK</td>
<td>Government of Karnataka</td>
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<td>H2S</td>
<td>Hydrogen Sulphide</td>
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<td>HDPE</td>
<td>High Density Poly-Eurithene</td>
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<td>HM</td>
<td>Head master</td>
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<td>HP</td>
<td>Hand pump</td>
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<td>HRD</td>
<td>Human Resource Development</td>
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<td>ICDS</td>
<td>Integrated Child Development Services</td>
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<td>IEC</td>
<td>Information Education Communication</td>
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<td>IM 1 to 3</td>
<td>India Mark 1 to 3</td>
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<td>IMR</td>
<td>Infant Mortality Rate</td>
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<td>IRC</td>
<td>International Resource Centre</td>
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<td>ISD</td>
<td>Intensive Sanitation Drive</td>
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<td>IWES</td>
<td>Integrated Water and Environmental Sanitation Project</td>
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<td>JEPC</td>
<td>Jharkhand Education Project Council</td>
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<td>LAD</td>
<td>Local Area Development</td>
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<tr>
<td>MDM</td>
<td>Mid day meal</td>
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<tr>
<td>MLA</td>
<td>Member of Legislative Assembly</td>
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<td>MP</td>
<td>Member of Parliament</td>
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<td>MWSS</td>
<td>Mini Water Supply Scheme</td>
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<td>NGO</td>
<td>Non Government Organisation</td>
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<td>NPE</td>
<td>National Policy on Education</td>
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<td>ORS</td>
<td>Oral Rehydration Solution</td>
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<td>PHED</td>
<td>Public Health Engineering Department</td>
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<td>PHN</td>
<td>Public Health and Nutrition</td>
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<td>PMGY</td>
<td>Pradhan Mantri Gramodyog Yojna</td>
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<tr>
<td>PR&amp;RD</td>
<td>Panchayati Raj &amp; Rural Development</td>
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<tr>
<td>Abbreviation</td>
<td>Description</td>
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<tr>
<td>PRI</td>
<td>Panchayati Raj Institutions</td>
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<td>PTA</td>
<td>Parent Teacher Association</td>
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<tr>
<td>PWSS</td>
<td>Piped water Supply Scheme</td>
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<tr>
<td>QA&amp;I</td>
<td>Quality Assurance &amp; Inspection</td>
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<tr>
<td>RCSRSP</td>
<td>Restructured Centrally Sponsored Rural Sanitation Programme</td>
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<td>RD</td>
<td>Rural Development</td>
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<td>RGNDWM</td>
<td>Rajiv Gandhi National Drinking Water Mission</td>
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<td>SC</td>
<td>Scheduled Castes</td>
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<td>SDMC</td>
<td>School Development and Management Committee</td>
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<td>SIDA</td>
<td>Swedish International Development Agency</td>
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<td>SO</td>
<td>Strategic Objective</td>
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<td>SOW</td>
<td>Scope of Work</td>
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<td>SSA</td>
<td>Sarva Siksha Abhiyan</td>
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<td>SSHE</td>
<td>School Sanitation and Hygiene Education</td>
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<td>ST</td>
<td>Scheduled Tribes</td>
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<td>SWASTHH</td>
<td>Sanitation and Water At Schools Towards Hygiene and Health Programme</td>
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<td>TLM</td>
<td>Teaching Learning Materials</td>
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<td>TSC</td>
<td>Total Sanitation Campaign</td>
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<td>UN</td>
<td>United Nations</td>
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<td>VEC</td>
<td>Village Education Committee</td>
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<td>WATSAN</td>
<td>Water Sanitation</td>
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<td>ZP</td>
<td>Zilla Panchayat</td>
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<td>ZPED</td>
<td>Zilla Panchayat Engineering Department</td>
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Enhancing Opportunities for Vulnerable People

Exploring UNICEF SWASTHH for Support

EXECUTIVE SUMMARY

USAID Mission
1. The purpose of this rapid assessment is to inform USAID/UNICEF whether additional financial support to SWASTHH would lead to educational outcomes. The outcomes of this assessment will help USAID make a decision on how to move forward on the design of a new activity under its education objective of improved access to education for vulnerable children, especially girls.

Methodology
2. This assessment used a range of participatory techniques (detailed below) to better identify and understand issues related to the SWASTHH project. The team spent the first week in New Delhi, meeting with USAID/UNICEF to review the scope. The team met with officials at the government level mainly the RGDWM implementing rural water and sanitation. During field visits the team met with state, district, block, school personnel, students, parents and communities involved in the project.

3. The states identified for field visits were Karnataka and Jarkhand. One team visited Karnataka and the other Jarkhand. In Karnataka, the team visited two blocks within the district of Raichu Mysore, Tumkur and urban Bangolore. A total number of 16 schools were visited in the state of Karnataka. In Jarkhand, the team visited both the project districts, East Singhbhum and Ranchi and assessed 10 schools. During the first week, it was decided that the study would identify its target groups through purposive sampling. Criteria were established for the choice of districts visited. A range of participatory techniques like, focus group discussions, transect walks and individual interviews were used during the study. Open-ended interviews were used with state, district and sub-district officials.
Analysis

4. The analysis basically follows the Scope of Work (SOW) provided for the assessment and Study of SWASTHH. Since many items in the broad framework of SOW refer to more than one sector, effort has been made to analyze these at the most appropriate place.

Project Overview

5. The SWASTHH program addresses the drinking water, hygiene and sanitation requirements in the deprived locations though, the first demonstration site, Mysore, had enabling conditions in place to initially operationalise interventions under SWASTHH. It is also to be noted that states have the freedom to verbalize goals and objectives within their specific contexts though over all intentions are same. Current coverage is nineteen blocks in seven districts of Karnataka and twelve blocks of two districts in Jharkhand. In the process of covering nearly 2,500 schools, the project has generated a network of thousands of teachers and children, who are extending the message of the importance of clean drinking water, sanitation and improved hygiene behavior reaching out to parents and communities.

Key Strategies

6. The strategic focus of the project is to combine technology with human resource development and develop a sustainable approach that has children’s participation at the core. Emphasis is on transformation into basic facilities that would bring a visible change in behaviors, thereby enthusing and galvanizing children, teachers, parents, communities, and local authorities into further action. Also central to the project is the development of quality standards that would enable sustained replication and the build-up of enduring infrastructure. The team observed that while most of the strategies are in place in relatively old SWASTHH districts like Mysore and Tumkur, the North Eastern district of Raichur would need more time and inputs to come to that level of processes. The two districts in Jharkhand show good networking between the government departments and also with NGOS where these are already in place for example in Ranchi. The program has been slow in taking off due to the bifurcation of Bihar. The innovative strategy of creating economic interest in stakeholders needs to be watched and studied for its long-term impact.
**Project Components**

7. Software activities broadly fall under major categories of capacity building and training of various functionaries, curriculum modification and adaptation, generation of Teacher-Learning materials and IEC. Hardware covers arrangements and installation of water facilities, specially designed toilets, hand-washing arrangements, boundary walls and in karnataka gardening equipments.

**Project Implementation**

8. The SWASTHH project, as implemented and supported by UNICEF, is primarily supported by the Public Health Engineering Department in Jharkhand and Panchayati Raj and Rural Development Department in Karnataka (PR&RD) and at the national level by Rajiv Gandhi National Drinking Water Mission (RGNDWM). Other partners are NGOs, and SIDA in case of Jharkhand.

9. The project in most cases has started with UNICEF’s initiative and dialogue with PHED, District Collectors and schools. The next step has been the baseline on infrastructure by NGOs or identified professionals but with financial support from UNICEF. This has been followed by the creation of local groups/activating VECs and motivating people through community mobilization activities. Women motivators were seen in Jharkhand. These processes got strengthened when drinking water and sanitation facilities became visible in communities and schools. This interface between changes in community and schools simultaneously has helped the project. However, documentation to record these processes and project cycle parse is not available. The expansion stage, 2003-2007, continues to be spearheaded by UNICEF as the leading donor. Other donors like SIDA are operating through UNICEF. Major external funding would be required to continue the project cycle through graduation. In addition to UNICEF soliciting external funding from donors, resource mapping within the government could be supported, especially for hardware interventions. Field visits showed efforts that have been made to document the success/innovations of the program. Most of the documentation has been done in a piecemeal fashion and would need strengthening.

**Management and Implementation Capacity and Procedures**

10. In Karnataka, the project is managed by the Zilla Panchayat (ZP) as the leading agency for implementation in the district. A District Level
Implementation Committee, headed by the CEO (Chief Executive Officer of the Zilla Panchayat) and represented by the departments of ZPED (Zilla Panchayat Engineering Department), Education, Health, Women & Child Development, Social Forestry, Horticulture, Information & Publicity has been formed to guide the project and provide policy directives. The executive official at the district level is the Project Coordinator, appointed by the ZP and trained and oriented by UNICEF. At the State level the project is implemented through the Department of PR & RD (Rural Development). Technical and other logistical support from UNICEF comes from the Project Officer (Water & Sanitation, Education) at UNICEF’s Hyderabad office. In Jharkhand, where the Panchayati Raj structures are still not in place, SWASTHH is being implemented through the Department of Public Health Engineering. There is a District Coordination Committee, headed by the District Collector, as the main advisory body at the district level. Unlike Karnataka, UNICEF here also provides manpower support. The key to the success of the project is the co-ordination and involvement of the various related departments. Though these departments are all represented in the district level committees in both the States, their actual involvement varies from district to district and this has an effect on the performance of the program. The performance of the various districts with respect to SWASTHH has largely been determined by the capacity/ capability of the District level implementation team. There is therefore a wide variation noticed between the districts of the same state. A detailed resource mapping exercise, mapping all the available human and financial resources of the district, may be a good point to begin the planning process. There is also a need for a Resource Group to be set up to guide and provide technical support to the project.

11. In Tumkur and Mysore in Karnataka, the hardware installation is done through the Nirmithi Kendras (a sub-section of the ZPED) which has allowed for a participatory process before installation. Discussions were held with the school and community on the need for sanitation and the location of the facilities. In contrast, the Zilla Parishad Engineering Department (ZPED) is the implementing Agency in Raichur. Being a government agency, their engineers are usually overloaded and in most cases cannot spare adequate time for a discussion with the community. In some of the schools visited, the community members responded that they were not consulted during the provision of the hardware. In Jharkhand, where the Village Education Committees (VEC) are the constructing agencies at the ground level, much more ownership has been generated and also allowed for school specific modifications in the designs.

12. The observations across both the states also point to the fact that the software interventions have to be carried out in close association with the education department and have to be linked to a change in the teaching learning processes. The cases of Tumkur, where there is a strong convergence with the Janshala programme, and Ranchi where the DIET has
been actively involved, are pointers in this direction. This issue is discussed in further detail under the section on ‘educational and health outcomes’. With regard to the software, in Karnataka, the sanitation project is continuously maintained and monitored by the school cabinet. Older children, who form the school governing council, are given ministerial portfolios. In some cases, Neighborhood Groups have been formed which support the children according to the portfolios held at school. The minor details like checking for dustbins in classrooms, cleanliness of toilets, sweeping of the entire premises, maintaining the compound and the compound wall, and ensuring clean drinking water are looked into by these students. In Jharkhand the project is still young and such monitoring tools were not available. They are in the process of being developed and the experience of Karnataka is surely going to help.

13. Even in Karnataka, however, where the tools are available, the problem observed was in implementing these checklists and charts in the field. There is no systemic method to monitor whether the charts are being maintained or data is being collected as per the above checklist. Therefore in Tumkur, where the Janshala support is available, one finds evidence of such charts in the classroom; these charts form a part of their teaching methodology. There is no report generated in a systematic way, at regular intervals, from the data collected. In Mysore, the project co-coordinator or any other official visiting the school usually collects such data. The regularity of the data is therefore not maintained. However one found the various charts in the schools visited. In Raichur, it was not clear who does this monitoring, if at all this is being done: neither were the charts observed in the classrooms. The entire system of CRC/ BRCs, which are the key to such academic monitoring, seemed to be distant from the program. There is also no system of monitoring the IEC strategies and measuring their impact. In absence of a clear system, there is no way of determining the efficacy of the strategies adopted. **There is therefore a need to re-visit the indicators and clearly define the outcomes for the various software activities. These need to be put into a logical framework while chalkling out the action plan for a district.**

14. A certain amount of capacity also needs to be built up at the school level to reinforce the school-based monitoring systems. The community, in conjunction with the teachers and students, should be able to develop a set of monitoring indicators and then follow it up. The capacity to conduct action research is also to be built up at the local level. Technical support will be required for all these capacity-building activities and these can be funded through SWASTHH.

**Cost and Sustainability**
15. The allocations in the two districts of Jharkhand, however, show large variations. The cost per school varies between Rs. 0.5 lakhs in Ranchi and Rs. 1.9 lakhs in East Singhbhum. There is variation in both the hardware and the software components. The hardware component works out to Rs 30,000 per school in Ranchi (toilet – 19000, handpump – 11000) which seems to be too low. For the same inputs, Rs. 1.25 lakhs has been allocated per school in East Singhbhum (toilet – 100000, handpump – 25000). Even considering the fact that transportation of materials is very difficult and expensive in East Singhbhum, the unit costs, especially those of the toilet blocks, seem to be too high. Since the actual cost of construction/installation was not available, it will not be possible for the Team to suggest an optimum cost at this juncture. The software allocation in Ranchi is to the tune of Rs. 25000 per school whereas in East Singhbhum it is Rs. 63000 per school. In East Singhbhum, software interventions have not yet started and thus it would be unfair to comment on the reasonability of the allocation. It should however be noted that unlike Karnataka, Jharkhand is presently in the process of piloting out various strategies and models – the expenditure at this stage is bound to be higher. Once these are applied over a larger number of schools, the cost is likely to come down. The UNICEF share in all the four districts were found to range between 60%-70% of the total project cost. In both states, this sharing is only on the hardware components and UNICEF funds the entire software component.

16. The Govt. of India program of Sarva Siksha Abhiyan (SSA) is going to have a major implication in terms of resource distribution in any future initiative. The program allows for 33% of the district project cost to be spent on creating school infrastructure including classrooms, toilets and water supply facilities. There is also no ceiling on the total project cost for a particular district. Thus in a state like Karnataka, where the access norm for schools has been fulfilled and there are more than adequate schools and classrooms, it would be possible to provide for water.

17. The SWASTHH project has been designed keeping long-term sustainability in mind. The project management has largely been through the government structures; this itself ensures that the structures will continue even after the project period. Especially in Karnataka the project structures are completely in line with the Panchayati Raj structures. The participatory planning processes, the community mobilization efforts and the extensive training programs all aim at enhancing capacity at the ground level to sustain the project. The focus of the project has been to generate demand and once that demand is generated, sustainability could be ensured.

18. A look at the various project components revealed that building up local level capacities would enhance sustainability and scaling up of the project. With the amount of funds available from various sources, provisioning of water supply
and sanitary facilities would not be a major problem; there may be only a small gap with regard to a few districts to be funded through the project. Funds for some amount of software interventions would also be available from existing sources (SSA and TSC). Innovations and technical support for capacity building are the only two major areas where the SWASTHH funds would be required.

19. In Karnataka the project interventions have been tried and tested and it is now clear as to what works and what doesn’t; the time is therefore ripe for scaling up. Jharkhand, however, is still in the piloting phase and has not yet reached the full level of implementation. Therefore the priority should be the full implementation of SWASTHH activities, (i.e. teacher training, student activities, IEC, monitoring and follow-up), consolidation of the achievements, building upon them, and then expansion.

Relationships with Other Partners

20. There were several partners with donors and NGOs pertaining to the SWASTHH project. The GOI is UNICEF’s main partner. UNICEF will be collaborating with the GOI in the Child’s Environment Programme (2003-2007).

21. Another partner is SIDA (Swedish International Development Cooperation) which implements activities of improved water supplies, adequate sanitation, key hygiene practices and environmental sanitation in partnership with UNICEF. The ultimate goal is reducing mortality and malnutrition and establishing gender equity. The SIDA project operates in 900 villages and is active in 30 SWASTHH schools in East Singhbhum (Jharkhand).

22. Another complementary activity that will reinforce general hygiene and behavior change is the Total Sanitation Campaign (ISD: intensive sanitation drive) which focuses on the use of safe water, use of sanitary latrines and adoption of hand washing.

23. Another promising opportunity of reinforcement and convergence to maximize health outputs is the ICDS (Integrated Child Development Services) Some of its objectives among others aim at reducing the incidence of morbidity, mortality, malnutrition and school dropouts.

Educational Outcomes

24. Results from the rapid assessment of the educational outcomes indicated that changes such as higher school attendance, lower dropout rates, and a more
positive attitude from school children, teachers and communities towards the involvement of SWASTHH were very apparent.

25. Several factors contributed to these educational outcomes. The integrated approach used (in the case of Karnataka) in the implementation of the SWASTHH program. The combination of the Nali Kali (joyful learning approach), the Janshala program \(^1\) (community based schooling), and the collaboration of all the different departments (health, education RD, Zila Panchyant, child and women development, agriculture) involved played a catalytic role in the educational outcomes. The revision of curriculum to include practical learning and environmental sanitation and hygiene all play a big role in the teachers transmitting knowledge to children.

26. The IEC, community mobilization and training also contributed to change in behavior and attitudes of children. It created awareness in communities, which led to their participation and contribution. However the change in educational outcomes varied within states. In Mysore, Tumkur and urban Bangalore, changes in educational outcomes and behavioral changes were more evident than in Raichur and Jkarhand. This is a direct result of the integrated program used and it needs to be replicated in the other areas as well in order to maximize educational outcomes.

**USAID Design Activity**

27. Since Government of India is yet to come out with its policy on Donor support for SSA, it is recommended that USAID may provide programme support through UNICEF. During discussions it emerged that UNICEF has an understanding with GOI and state governments on the issue. Its own Plan document for 2003-2007 also has earmarked these strategies in Child’s environment and Elementary Education programme.

28. The cost analysis undertaken by the present Mission team could not do full justice to unit cost calculations. There is a need to go back to state offices of UNICEF to further validate these calculations. In a development project, there is a lot of cost sharing across agencies and cost of initiation is also higher. It is recommended that the costs mentioned in the present report may be further validated by the next design team which should have a person with appropriate experience and qualifications.

29. UNICEF is also aware of the need for further strengthening and consolidating the interventions under SWASTHH and Elementary Education. USAID support for the following areas can be considered through a consultation process:

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\(^1\) Please refer to the state report for Karnataka for description of both the Nali Kali approach and Janshala program.
- Technical assistance and field level trials for improved design activity in all components of Hardware.
- Though work in software is in progress, it would need to be seen as part of the total programme cycle on time line, sequence as well as coverage and consequently the financial implications. The programme is yet to graduate to a substantial level of coverage within the states, districts and even in blocks. This would require more technical and financial inputs.
- UNICEF has a plan to try the quality intervention package in 1000 schools. The geographical coverage in Karnataka, other than the north east districts has already been planned. But in Jharkhand it is still to be worked out. USAID and UNICEF could collaborate and work out areas and interventions for geographical coverage in new critical districts in Karnataka and Jharkhand. This will help USAID to trek the vulnerable groups as per its Sector Objectives. UNICEF will also benefit for its own strategy for the new plans.
- Participatory planning and monitoring are other areas of cooperation. Capacity building for reaching out to other areas is a great challenge.
- Karnataka and Jharkhand have two different models of participatory planning. One is strong in PRIs and the other on administrative linkages. These processes could be studied especially in terms of the empowering of Community based organizations and ownership of the programme.
- Research design for documenting the SWOT on Programme cycle and lessons learnt for consolidation and expansion would need to be worked out. A resource group across the two agencies can initiate thinking. Later on it can be assigned to reputed agencies or professionals.
- SWASTHH and other such enabling environment related interventions need to have specific monitoring indicators and processes to study the impact on educational outcomes. For example the nation wide interventions under Operation Black Board have not been able to show a direct link with educational outcomes. Karnataka has initiated this process but it need to be validated over adequate period of time to facilitate generalization.

- PHN interventions at this stage of the Programme would need more explorations. The following areas of support and exchange of expertise can be considered:
  - Developing an interface on nutrition and hygiene components with the cooked mid-day meals on pilot basis.
  - Though health check ups for schools are on the agenda of states, this activity can be linked with SWASTHH in a visible manner.
  - Hand washing habits can be a critical area of behaviour modification in poor communities for personal hygiene. This would need to be advocated in the context of the availability and design of facility – arrangement for
water, conservation of water, accessibility, visibility, and maintenance and multi-purpose use. The design activity can be expanded to have a lean cut focus.

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**Enhancing Educational Opportunities for Vulnerable People**

**Exploring UNICEF SWASTHH and Education for Support**

I Introduction

USAID is exploring opportunities for assisting the education sector in various ways and location in India. This is in accordance with the mission's recent approved 5 year country program strategy, which includes a Strategic Objective (SO) to enhance the opportunities for vulnerable people. Under this SO, the mission intends inter-alia to improve access to education for children, especially girls who do not receive elementary education because they are working and/or belong to disadvantaged groups. Illustrative of the intervention that USAID may support include: mobilizing communities, enhancing school community interactions, supporting bridge schools, strengthening formal school system capacity (including collection and use of data), using interactive educational media (e.g., radio, television, computers) to improve classroom learning and teacher training, and improving school infrastructure that will increase girl's retention in schools.

In early 2002, a review was conducted to investigate options for pursuing USAID objectives in the education sector. The UNICEF SWASTHH program was studied. Due to the promising nature of the objectives and outcomes of the program, a recommendation was made to further explore the possibilities for assisting with the expansion of the program, with a focus on the educational outcomes to reflect the strategic objectives of USAID. (enrollment, attendance, dropouts achievements levels etc.).

The purpose of this rapid assessment is therefore to inform USAID/UNICEF whether additional financial support to SWASTHH would lead to educational outcomes. The outcomes of this assessment will help USAID make a decision on how to move forward on the design of a new activity under its education objective of improved access to education for vulnerable children, especially girls.

II Methodology
This assessment used a range of participatory techniques (detailed below) to better identify and understand issues related to the SWASTHH project. The Team spent the first week in New Delhi, meeting with USAID/UNICEF to review the Scope of Work. Secondary data were provided by both USAID/UNICEF. The team also conducted literature review to provide a contextual framework for the SWASTHH project. The team then met with officials at the government level, mainly the RGN DWM implementing rural water and sanitation. After consultation with all these different stakeholders (Depts. Of: education, health, agriculture,) the team prepared for field visits. They developed a matrix with guided questions and issues reflected at the SOW that was used during field visits, created an outline of the report to reflect the key issues identified in the SOW and discussions held with various groups (Annex-3).

During field visits, the UNICEF team at the state level briefed the Team about the SWASTHH project. Subsequently, meetings and intensive discussions with state, district, and block level stakeholders like, local MLA, departments of education, health, RD, Child and women etc involved in the project were held. Intensive discussions about the project were held at various levels. The Teams appreciate the support and co-operation provided by the UNICEF officials, State and District, and Block Teams as well school Personnel, students and their communities and NGOs.

**Field Work Strategies:**

During the first week, it was decided that the study would identify its target groups through purposive sampling and criteria were established for the choice of districts visited. In Karnataka, Raichur was selected as a sampled district because: it is one of the seven northeastern districts of Karnataka, which are USAID focused districts, and it is considered socially disadvantage. We selected Tumkur because it was a relatively well-advanced district that replicated from the Mysore experience. Mysore was visited because of its best practice example. The schools visited were selected based on the following criteria: schools with upper primary section, schools with toilet facilities separate for boys and girls, co-ed schools, schools with boundary walls and schools were one could observe innovative practices. The states identified for field visits were Karnataka and Jarkhand. The teams were split into two. One team visited Karnataka and the other Jarkhand. In Karnataka, the team visited Raichur, Mysore, Tmukur and urban Bangolore.

In Jharhand, both the two project areas - Ranchi and East Singhbhum were visited. Efforts were made to visit the furthest block from the district headquarters in E. Singhbum, which was Bahra Gora, Ghalkshila and Potka were also visited. This provided an opportunity to see blocks with multiple languages, SWASTHH schools, and DPEP schools. Schools visited were co-educational and mostly upper primary schools. In Ranchi purposive sampling was done to see the interface with NGOs and other inter-sectoral activities.
A range of participatory techniques were used during the study:

- Open ended interviews were the preferred methods used with state and district officials. Experience has shown that individual discussions are more effective here and permits the provider to focus on specific issues as he/she experienced them, rather than the general and known issues, which are often prioritized in group discussions and structured interviews.

- Focus group discussions were used with teachers, school children and community members to gain an understanding of environmental health, sanitation and hygiene issues at the school level and community level.

Transect walks were conducted at the school level to observe the school physical layout, the water and sanitary facilities within schools, as well as the overall conditions of schools.

III Analysis

The analysis provided below basically follows the Scope of Work (SOW) provided for the assessment and Study of SWASTHH. Since many items in the broad framework of SOW refer to more than one sector, effort has been made to analyze these at the most appropriate place.

A. Programme Overview

Evolution of the Project

The novel idea of a special sanitation programme for schools, under the support of UNICEF, began in Mysore district in 1992, which was followed by a comprehensive strategy on the Control of Diarrhea Diseases by Improving Access to Water and Sanitation (also known as the CDD WatSan). This CDD WatSan programme focused on developing holistic project approaches promoting child survival, protection and development as well as school sanitation. The school sanitation education aspects of the programme provided an excellent opportunity to promote sanitation awareness from teacher-to-child, child-to-child, child-to-parent and parent-to-community.

As a result of this earlier programme, a more comprehensive project developed. To focus on the project objectives, a detailed survey was conducted by the health department, which assessed the level of water and sanitation facilities at schools within Mysore and the knowledge of students regarding sanitation. Based on the findings, the project strategies were refined and in 1995. Based on the survey findings, a total of twenty schools were identified for scaling up and hygiene promotion. Water supply was provided to all of these 20 schools. This phase of the programme was known as School Sanitation Hygiene Education (SSHE)
programme. Now this has been expanded to select districts in three states -- Karnataka, Jharkhand and Tamil Nadu as SWASTHH. The Mysore SSHE Project continued to grow. From the year 2001, at the request of the GoK, the project was scaled up to the districts of Chitradurga and Tumkur (Janshala districts), Raichur, Mandya, Bangalore Rural and Bangalore Urban. The project started in Jharkhand around the year 2000. It slowed down due to the creation of a new state. From 2002, the project gained momentum. The way the project was designed, it has quite a few commonalities with the Karnataka programme.

The programme addresses the drinking water, hygiene and sanitation education requirements in the deprived locations though, the first demonstration site is Mysore which had enabling conditions in place to initially operationalise interventions under SWASTHH. It is also to be noted that states have the freedom to verbalize goals and objectives within their specific contexts though over all intentions are same.
- **SWASTHH-Karnataka**

  - General objectives
    - To develop, test and demonstrate replicable models for hygiene education, water supply and environmental sanitation in rural primary schools and anganwadi schools.
    - To make hygiene education and environmental sanitation a peoples’ movement by mobilizing networks of students, teachers, and Panchayati Raj institutions to create awareness, general demand and inculcate personal hygiene practices among children and through them, among their parents/families, and in turn, in the communities as a whole.
    - Through education and media campaigns, educate children and their families on the importance of good sanitation and hygiene practices.
    - To create awareness for conservation and proper utilization of water resources.
  
  - Specific Objectives
    - To provide safe water and sanitation facilities in schools that have non-existent or insufficient water supply, sanitation and hand-washing facilities.
    - To provide toilets and urinals that are adapted to the needs of children, in particular, girls.
    - To rehabilitate where necessary, dysfunctional water supply, sanitation and hand-washing facilities
    - To motivate teachers to take up sanitation education as a priority and inculcate hygiene practices among children.
    - To bring about better attitudinal and behavioral changes in children in hygiene habits and hand-washing practices and in turn, in their families and communities.

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**Current Coverage**

The present assessment is limited to two states of Karnataka and Jharkhand. Nineteen blocks have been covered in seven districts of Karnataka and twelve blocks of two districts in Jharkhand. According to the documents provided in the states, the schools covered till date are as under:

**Karnataka**
- Mysore – 490 schools in 7 blocks.
- Tumkur – 170 schools in 2 blocks
- Chitradurga – 165 schools in 3 blocks.
- Mandya – 168 schools in 1 block.
- Raichur – 183 schools in 2 blocks
- Bangalore (U) – 248 schools in 3 blocks.
- Bangalore (R) - 50 schools in 1 block.

Jharkhand
- East Singhbhum- 140 schools in 6 blocks (presently operational in 4 blocks)
- Ranchi - 596 schools in 6 blocks

In the process of covering nearly 2,500 schools, the project has generated a network of thousands of teachers and children, who are extending the message of the importance of clean drinking water, sanitation and improved hygiene behavior reaching out to parents and communities.

**Key Strategies**
The strategic focus of the project is to combine technology with human resource development and develop a sustainable approach that had children’s participation at the core. Emphasis is on transformation in to basic facilities that would bring a visible change in behaviors, thereby enthusing and galvanizing children, teachers, parents, communities, and local authorities into further action. Also central to the project is the development of quality standards that would enable sustained replication and the build-up of enduring infrastructure. The salient features of the project are:

**Planning Processes and Software Inputs**
- Dynamic partnerships at various levels including state, district, block, and village.
- Promotion of better understanding of SSHE among children, teachers, parents, communities, and officials at various levels.
- HRD and training for various functionaries.
- Inter-state/district study tours and exchange visits for learning from innovations.

**Hardware Inputs**
- Innovative technical designs (such as the fore-lift hand pumps), local innovations (such as the tippy-tap) and constant improvisation (such as the seesaw driven force-lift hand pump).
- Innovation in visual designs, quality control leading to increase in productivity.
- Evolution of technical standards and third party quality assurance and inspection (QA&I) for hardware components.
- Focus on clean, green, and cheerful school environments to promote joyful learning.
- Emphasis on boundary walls to clearly demarcate school premises.
Unique institutional processes to ensure maintenance and monitoring through school cabinets.

Mobilisation of Resources
- Community contributions by various means including land, etc.
- Creating economic interest in the communities especially in Jharkhand where local entrepreneurs have been encouraged to produce hardware items thus reducing the cost on transport from outside the state.
- Cost sharing by UNICEF and respective governments.

The details of the analysis of these key strategies are given in sections on management and implementation capacities and procedures. In brief it can be observed that while most of the strategies are in place in relatively old SWASTHH districts like Mysore and Tumkur, the North Eastern district of Raichur would need more time and inputs to come to that level of processes. The two districts in Jharkhand show good networking between the government departments and also with NGOS where these are already in place for example in Ranchi. But programme has been slow in taking off due to the bifurcation of Bihar. The innovative strategy of creating economic interest in stake holders need to be watched and studied for its long term impact.

Project Components

Software

Software activities broadly fall under four categories- Curriculum adaptation, improved classroom processes, capacity building and training and information education and communication (IEC).

- Curriculum adaptation: At the state level, the existing curriculum has been adapted to include life-skills including health and hygiene related components. District Institute of Education Training (DIET) Ratu has developed the training material for Jharkhand with the help of participants from other related agencies and NGOs. These needs to be tried in field, modified and then mass-produced.

- Improved Classroom processes relate to inculcation of SWASTHH education knowledge, skills and values and display of visuals.

- Local officials are trained on SSHE and community monitoring of health, education and environmental sanitation. Likewise officials and teachers are oriented on SSHE and project implementation and monitoring. Seminars, workshops, and exposure visits to other districts/states also provide opportunities for broader understanding of SSHE.
• IEC activities include formation and orientation of school cabinets, wall writings and pictorials, audio-visual and video shows at schools, village contact drives, sporting events as a vehicle for key message dissemination, awareness camps, exhibitions, inter-school competitions (in Karnataka), and the use of traditional media such as magic shows, puppet theatres, street plays etc. in Jharkhand. Radio programs are also under consideration.

Hardware

• **Water Supply**: The water supply systems provided in Karnataka were either an extension of an existing pipeline or a combination of a bore well and force lift hand pump. Most schools have a HDPE overhead tank mounted on a steel structure about 10’ high – this ensures a gravity flow of water to the drinking water point and the toilets. Karnataka, as a state, has piped water supply available in many villages. However, the pressure of the water and availability of electricity is a problem in the rural areas. Force lift hand pumps have an advantage in that it provides gravity flow without electricity driven system of pumping – water can very easily be pumped manually into the overhead tank.

The water supply system in the Jharkhand districts mainly comprises of India Mark hand pumps, as piped water supply is not very common in the rural areas of the state. The water from the hand pump is usually stored in a storage tank at the ground level.

Testing of the quality of water is also a part of the project interventions in Karnataka. The bacteriological contents of the water are tested through a H2S vial test. In most cases the water has been found to be safe. In the few cases where the water has been found to be containing bacterial contents, the school and the community has been advised to boil the water before consumption. Such a practice of testing of water was not observed in Jharkhand.

• **Toilets**: Toilets have been provided at the rate of one unit for 250 students in both the states. Each unit consists of two latrines and two urinals – one each for the boys and the girls. Both the latrines lead to a double soak-pit system. Sets of toilet designs are usually developed at the State level. These designs are then discussed with the community and site specific modifications incorporated, if required.

Though the designs seem to be functional and gender sensitive (having separate latrines and urinals for boys and girls), specific data could not be obtained on usage pattern. Interaction with the children and teachers in the schools visited revealed urinals were used at a higher rates than latrines (especially those of boys). They are most frequently used during recess. Teachers either share the facility with the students or in some cases as in Jharkhand the earlier constructed
toilet has become staff toilet. In a school in Bankati( refer case study in Jharkhand report) availability of adequate number of toilet has resulted in allocation for staff, older and younger boys and girls. But this also happened to be a large school with support and respect from community and authorities.

The toilets are provided with facilities for flushing and cleaning which however vary in the two states. In Karnataka most schools have running water in the toilets. In Jharkhand the usual system is to have a storage tank outside the toilet from which children take water as and when required. Cleaning of toilets are usually done by the children in the school – in Karnataka, the school cabinet plays a major role in supervising this aspect. In Jharkhand, evidence in the form of a displayed notice was seen where all classes had allotted time schedule. Other provision was the mandatory cleaning and maintaining time in school day-10 minutes each morning and one hour every Saturday;

- **Hand Washing Facilities**: In all of the schools visited, hand washing facilities with soap were available. In Karnataka, all the schools visited had a wash basin near the toilet unit. In addition, there were taps at the bottom of the overhead water tank. Focus group discussion with teachers, students and some parents revealed that washing hand after defecation and before meals was a prevalent practice. In the relatively well off districts of Mysore, Bangalore and Tumkur, use of soap was found to be common. Furthermore it was narrated that people who are engaged in open defecation, always carried water with them, and would wash their hands with soap on returning home. In Raichur however, where poverty is rampant, soap was usually a luxury. People occasionally used soap for bathing, but regular hand washing functions were performed with water before meals, and with mud and water after defecation. Children were however found to be using the soap for hand washing in the school (inference made from school level observarions and interactions. However, systemic monitoring tools to observe behavioral change over time both at community and school levels as such were not available.

Since the socio- economic features of Jharkhand were similar to Raichur, the practices with regard to hand washing were also similar. However, in Jharkhand, since the project did not provide for an overhead tank or running water in the schools, there was no provision of a wash basin. Children were to wash their hands with water that was stored in a tank at the ground level. They were drinking water directly from the Hand Pump which resulted in lot of water being wasted. In some schools covered plastic buckets for children along with a utensil with handle were also observed.

- **Boundary Wall** : The project in Karnataka has provided boundary walls\(^2\) to schools. – apart from protecting the water-sanitation facilities, a boundary

\(^2\) Please refer to the Karnataka state report in the annex for detail description for the rational for boundary walls
also helps to create an enclosure to the school and provides a sense of 'campus', restricting and preventing intruders from using the ground for defecation and for dumping waste and trash. In Jharkhand also, a boundary wall has been encouraged. However such construction has been from various convergent sources and not from the project funds.

Another rational for a boundary is that it also provides a sense of identity, dignity, pride and ownership to the children. In all of the schools visited, the children were very proud of their wall and they attributed it to learning.

However, provision of boundary wall is not only an issue of funds. It is necessary to see that the funds invested are optimally utilized. There are various bio fencing options available across the country- a green hedge or a mud wall (stabilized with cement to make it durable) to mention a few. It may be worthwhile to look at these examples and explore possibilities of innovatively using local materials and technologies for the construction of boundary wall.

- **Provision of garbage bins and garden implements**: in order to guide children to develop good habits at an early age and to learn to keep the school premises clean and green, schools in Karnataka have provided basic garden implements and garbage bins to schools. These implements were noticed in some of the schools visited by the Team.

- **Innovations**: A number of innovations with regard to hardware were noticed mainly in Mysore. The most interesting among them was the use of ‘tippy-taps’ – a used jar with a very narrow outlet. The rationale for this innovation emanated from the conservation of water due to the scarcity of the water, as compared to the conventional system of washing under a tap, which consumed a lot more water. The concept of drip irrigation was also noticed in some schools with a bucket or an earthen pitcher full of water being used to provide water to plants drip by drip. As a result, the plants would retain moisture throughout the day, while conserving water. It was also reported in some schools visited, that rainwater harvesting was being attempted. All these innovations indicated that the program did not end with the provision of water, but has continued to create consciousness towards conservation of precious water.

The replication of such ideas or initiatives was not noticed in the other project areas. This could have been for a number of reasons. People learn from exposure to new ideas. In Jharkhand, to date exposure visits have not been planned. There is also no proper documentation and dissemination of the various innovations tried out. The involvement and participation of the local community during the hardware interventions is also crucial in promoting innovations – this was clearly missing in Raichur. The leadership factor
cannot be ignored. Often it is the CEO or the Project co-ordinator who takes the initiative to support such innovations.

**Project Cycle**

As mentioned earlier the Project has its genesis in SSHE as early as 1992. It emerged in its present form as SWASTHH in 1995-1996 in Mysore. Today the project has expanded to three states and few select districts. Full coverage within the districts has yet to emerge. Hence, the conclusion made is that so far the programme cycle has completed the initiation and piloting stages. Now it is expanding in less developed and more challenging environments - remote areas, under developed rural and urban pockets and areas with concentrated populations of SC/ST and other minority groups.

The project in most cases have started with UNICEF’s initiative and dialogue with PHED, District Collectors and schools. The next step has been the baseline on infrastructure by NGOs or identified professional but with financial support from UNICEF. This has been followed by creating local groups/ activating VECs and motivating people through community mobilization activities. Women motivators were seen in Jharkhand. These processes got strengthened when drinking water and sanitation facilities became visible in communities and schools. This interface between changes in community and schools simultaneously has helped the project. However, documentation to record these processes and Project cycle par-se is not available.

The expansion stage, 2003-2007 continues to be spearheaded by UNICEF as the leading donor. Other donors like SIDA are operating through UNICEF. Major external funding would be required to continue the project cycle through graduation. In addition to UNICEF soliciting external funding from donors, resource mapping within government could be supported, especially for hardware interventions.

Field visits showed that little efforts have been made to document the success/innovations of the program most of the documentation have been done in a haphazard and piece meal fashion. **Therefore funding for specific documentation on SWASTHH is required to include action researches, benchmarking exercises.**
B. Rationale and Support of the Programme

UNICEF has initially planned this programme for the year 2000-03 and is now ready with master plan of action. The programme frames a major intervention under its Child’s Environment (CE) Programme as well as in Elementary education for the year 2003-07. UNICEF has recorded that during the year 1999-2002 it has supported hygiene, sanitation and water supply programme integrating 20 professional staff members and a funding of about US $50 million. “This intervention has resulted in creating models for schools’ sanitation and hygiene education, with strong linkages with education sector. UNICEF assisted about 20,000 schools across the country to have water and sanitation facilities in place. Social mobilization, hygiene education and strong involvement of NGOs have resulted in modest increase in individual toilets but hygiene related behavior would need more inputs. In all UNICEF assisted projects women and children continue to be the target audience. Now UNICEF is trying to capitalize on the lessons learnt and would like to support school sanitation as an entry point, with keen interest amongst stakeholders to contribute to its success. School sanitation education is based on a life skill approach and students and teachers reach out to families and a community with messages promoting better hygiene practices. As a result now UNICEF will have school sanitation and hygiene education as one of its major programs in the year 2003-07” (UNICEF CE Programme Plan of Operation, 2003-2007).

The UNICEF master plan of operations for elementary education within UNICEF deals with the quality of education. This plan addresses the issues of gender disparities, promoting access for quality education for disadvantaged groups, enhancing learning achievements by improving the quality of education, and improving and expanding educational data analysis. Child friendly school environment and improved education processes are one of the major interventions. This involves providing training to teachers and children in creative use of space, establishing school governance and electing delegates. It is hoped that this initiatives will be promoted in collaboration with child environment of UNICEF, school sanitation and hygiene education. While software interventions will primarily be the responsibility UNICEF, it is expected that resources from government and CE section of the UNICEF will be available for provision of hardware such as drinking water, sources and sanitary facilities in schools.

The UNICEF has a strategy of having regular resources as well as generating other resources. It appears that the current plans for the $ 600 -800 thousand per year would be part of this arrangement for Karnataka alone. This amount as mentioned in the SOW would need to be verified with the UNICEF’s financial reports. Clear-cut objectives have been framed for 2003-2007 to address the planning and implementation of SWASTHH activities across the two sections of UNICEF. The programme appears to have linkages with the Sarva Siksha Abhiyan as some of the objectives of UNICEF are common with the efforts for enabling environment under SSA especially the provision of drinking water and
toilets for girls. There are also examples of face lifting of schools and having school development plans which also employs the optimum use of school resources.

During discussions at various levels in Jharkhand, it was felt that priority here should now be focused on consolidation and quality assurance. Discussions with UNICEF team and PHED persons in Jharkhand revealed that Monitoring indicators and processes are yet to be developed. This would be the part of the plans for consolidation and reviewing the quality of inputs especially in Hardware. Wear and tear problems are yet to be studied. The future plans for scaling up and expansion are dependent on availability of resources- financial and Human. The successful district teams even in Karnataka are quite apprehensive about the capacity to reach out to other locations at this point of time. On the software inputs, the programme has a futuristic role in the current exercise on Curriculum framework at the national and state levels. It will have a direct bearing on the components in Art of Health living in this curriculum framework.

India has just received the indications from its Planning Commission for the budget allocations to SSA under the Tenth Five-Year Plan. There appears to be huge gaps between the budget required and what is available. However, the GOI’s stand on donor support is yet to emerge. UNICEF also has an understanding within its own parameters to support SSA. Still the financial contributions as such are not very clear within the SSA plans of the respective states and the possible linkages with SWASTHH.

C. Management and Implementation Capacity and Procedures

Management and Implementation

In Karnataka, the project is managed by the Zilla Panchayat as the leading agency for implementation in the district. A District Level Implementation Committee, headed by the CEO (Chief Executive Officer of the Zilla Panchayat) and represented by the departments of ZPED, Education, Health, Women & Child development, Social forestry, Horticulture, Information & Publicity has been formed to guide the programme and provide policy directives. The executive official at the district level is the Project Coordinator, appointed by the ZP and trained and oriented by UNICEF.

At the State level the project is implemented through the department of PR & RD. Technical and other logistical support from UNICEF comes from the Project Officer (Water & Sanitation, Education) at the UNICEF’s Hyderabad office.

In Jharkhand, where the Panchayati Raj structures are still not in place, SWASTHH is being implemented through the Department of Public Health.
Engineering. There is a District Co-ordination Committee, headed by the District Collector, as the main advisory body at the district level. Unlike Karnataka, UNICEF here also provides manpower support.

Since the Project is being managed *inter alia* through the government system, it has created a sustainable management structure. The manpower distribution is adequate as demonstrated by the successful performance of the project in districts like Tumkur and Mysore. However, the key to the success of the project is the co-ordination and involvement of the various related departments. Though these departments are all represented in the district level committees in both the States, their actual involvement varies from district to district and this has an effect on the performance of the program. The performance of the various districts with respect to SWASTHH has largely been determined by the capacity/ capability of the District level implementation team. There is therefore a wide variation noticed between the districts of the same state.

Also, if the project is to be scaled up from its present coverage, it is likely to result in an excessive work load for the project co-ordinator or the district level co-ordinating officer. There may be then a need to increase the manpower support at the district level.

The implementation agency also has an impact on the performance of the project. In Tumkur and Mysore in Karnataka, the hardware installation is done through the Nirmithi Kendras who have allowed for a participatory process before installation. Discussions were held with the school and community on the need for sanitation and the location of the facilities. While the Zilla Parishad Engineering Department is the implementing agency in Raichur – being a government agency, their engineers are usually overloaded and in most cases cannot spare adequate time for a discussion with the community. In some of the schools visited, the community members responded that they were not consulted during the provision of the hardware.

It should also be noted that under SSA a large number of constructions, including toilets and hand pumps, are expected to be done through SDMCs. The SDMCs would therefore become a viable implementing agency at the village level. Implementing the works through the SDMC would definitely make it cheaper and generate ownership of the facilities constructed. A villager, who constructs a toilet for the school would also acquire the technical know how and may construct a toilet in his own house once he can afford it.

This has exactly been the case in Jharkhand where the Village Education Committees (VEC) are the constructing agencies at the ground level. This has generated much more ownership and has also allowed for school specific modifications in the designs.
The observations across both the states also point to the fact that the software interventions have to be carried out in close association with the education department and has to be linked to a change in the teaching learning processes. The cases of Tumkur where there is a strong convergence with the Janshala programme and Ranchi where the DIET has been actively involved are pointers in this direction. This issue is discussed in further detail under the section on ‘educational and health outcomes’.

In Tumkur, Mysore and Bangalore Urban, the decentralization process has also created an enabling environment for the success of the program. The empowerment of the Panchayat at the district, block and village levels and the creation of SDMC were significant steps in the devolution of power and authority at the lowest level of the system. Schools were empowered for self-management through the SDMCs. All these created favorable and enabling conditions to implement the project in the holistic and integrated manner.

In Raichur, even though there were decentralized structures in place, the institutional arrangements, norms and culture within the department implementing SWASTHH were very rigid. They were not operating in a flexible and participatory manner with the involvement of the various departments and as a consequence, the dept of education did not play an integral role in implementing the software aspects of the program.

The need is therefore to have a proactive planning team at the district level that will have effective representation from all the concerned departments. A comprehensive plan of action needs to be developed which would aim at providing both hardware and software interventions throughout the district. The various sources of funds are to be identified and pooled together and the gap in financial resources worked out. The planning process should allow for the participation of village based groups and panchayati raj institutions and software strategies have to be evolved taking the feedback of these groups into account. Jharhand is a newly emerging state with administrative and human resources challenges. Major support is required to create the kind of enabling policies needed for satisfactory implementation of SWASTHH.

UNICEF / USAID therefore has to play a much more proactive role in developing capacities of these planning teams. This can be done through:

- Re re-definition of roles and responsibilities of the local authorities at different levels as a pre-curser for their effective and efficient functioning.

- Providing training and exposure to the Planning teams on participatory planning and implementation processes.
• In Jharkhand, since there are no decentralized structures in place, support should be provided to the district administration to play a facilitating role in the effective delivery of educational services. This would require working with NGOs, private sector and other civil society groups engaged in educational delivery. Further research is required to identify who these players are and what are their comparative advantages, and the role they would play in the delivery of educational services. A detailed Resource mapping exercise, **mapping all the available human and financial resources of the district, may be a good point to begin the planning process.**

• **Setting up of a Resource Group to guide and provide technical support to the project.** Technical support is mainly required in the areas of IEC (especially media), community organization, and planning and nutritional aspects, apart from education and hardware, which already exists. This group can be located within UNICEF as this would help in bringing all the various departments in one platform. This Group should be working closely with the districts to develop their Action plans and detailing out the activities of the action plan. Definite strategies for linkage with existing NGOs also need to be worked out.

**Monitoring and Supervision:**

**Baseline :** one of the primary requirements for a good monitoring system is the presence of an exhaustive baseline. Some kind of baseline information was available in all the districts visited. However, the details of the information collected varied from district to district – while detailed microplanning data was available in Tumkur (including educational indicators like enrolment, attendance, dropout, incidence of illness, behavioral patterns etc.), the information available in Raichur and in the Jharkhand districts seemed to be too rudimentary to be able to do any meaningful analysis subsequently. The baseline data here mainly had information on the physical facilities and not very much on behavioral patterns. This is understandable as the programme evolved over time and during the initial days, one may not have been sure about the kind of information that would be needed subsequently.

The baseline information available was also with respect to only the schools selected for intervention and not for all the schools in the district. Thus this baseline data was not a **criteria for the selection** of the intervention schools. In most cases, advice of the education department was sought in selection of these schools. The general criteria followed by the education department in selection of schools has been:

• Preference to upper primary schools
• Schools which had a pressing need for water supply facilities
• Schools where the community was active
• Schools which had teachers who were active and dynamic
However, there is no written documentation available on the criteria for selection.

**Quality Control**: In both the states, the hardware being installed has clearly laid down standards and specifications. A number of the hardware items viz. the force lift hand pumps, the HDPE tanks, the GI pipes, the gardening equipments and the H2S vials for testing of water are all supplied by UNICEF. These are centrally procured and subjected to quality inspection – thus the quality of these hardware items are ensured. The installation and construction is further sample checked by an external agency before release of funds. Besides there is a regular follow up from the Project Co-coordinator (at the district level) and the Project officers at UNICEF. This exhaustive monitoring and supervision system has resulted in an exceptionally good quality of work.

**School based monitoring**: With regard to the software, there is no systematic monitoring of interventions and outcomes as of now. The Team realizes that it is difficult to establish such linear input-output relationship with respect to software interventions.

**The emphasis in Karnataka has been more on establishing processes leading to an extensive school based monitoring system.** Here, the programme is continuously maintained and monitored by the school cabinet. Older children, who form the school governing council are given ministerial portfolios. In some cases, Neighborhood Groups have been formed who support the children according to the portfolios held at school. The minor details like checking for dustbins in classrooms, cleanliness of toilets, sweeping of the entire premises, keeping the unmarked compound, the compound wall, ensuring clean drinking water etc. are looked into by these students.

The activities in the school are monitored through a list of 14 indicators developed in a state level workshop with State, district and block level education officials. These indicators are discussed and fine-tuned at block level meetings by the concerned teacher. The indicators are:

1. Is the toilet used?
2. Is it smelly?
3. Is the toilet floor clean?
4. Is there water stored for use?
5. Is there a toilet cleaning record?
6. Are there cobwebs in the classroom?
7. Is there wall paintings on the use of toilets?
8. Is the classroom swept?
9. Are there dustbins in the classrooms?
10. Is there clean drinking water kept for use?
11. Is there water logging near the bore well?
12. Is the compound unmarked?
13. Are there weeds growing around the school?
14. Is the school garden maintained?

Apart from this, there is the Health Chart, the Body check-up chart, the Facility Maintenance chart the chart on Defecation habits and on bathing & washing habits. These charts were noticed in all the schools visited in Tumkur. However, one did not find similar evidence in Raichur – it seemed that unlike Tumkur, the involvement of the CRC/ BRCs, who are the key to such academic monitoring, is low in Raichur.

There can be more additions or modifications to this list done at the local level. The important thing however is that the process has been established and there is ample scope to improve upon this within the overall project design.

In Jharkhand the project is still young and such monitoring tools were not available. They are in the process of being developed and the experience of Karnataka is surely going to help.

With regard to overall project achievements, Karnataka has developed a list of eleven identified monitoring indicators as follows:

1. %age of attendance and enrolment
2. No. of dropouts
3. %age of households using safe drinking water
4. number of children using safe drinking water
5. %age of children washing hands before eating and after defecation
6. %age of families having household latrines (pre project implementation and post project)
7. %age of families using household toilets
8. %age of G.E. cases registered during the previous year
9. %age of children absenting themselves due to ill health
10. %age of malnutrition cases registered
11. %age of schools having nutritional plants and kitchen garden

However even as the tools were available, the problem observed was in implementing this checklists and charts in the field. There is no systematic method to monitor whether data is being collected as per the above checklist. In Mysore, the project co-coordinator or any other official visiting the school usually collects such data – the regularity of the data is therefore not maintained. In Raichur, it was not clear who does this monitoring, if at all this is being done. Also all the above indicators are output level indicators and it is not necessarily linked to the input interventions. As mentioned earlier, it is not always easy to establish a one to one relationship and conclude on the impact or performance of the programme through these indicators.
UNICEF has also highlighted these shortcomings in the monitoring system in a recent internal evaluation. The following observations have been made in the said report:

- There is a much stronger need to collect accurate baseline data at the commencement of programme interventions and to track changes in knowledge, attitude and behavior.
- While co-ordination exists between the three primary departments does exist, it can be strengthened, particular in the area of software implementation.
- There is a strong monitoring mechanism for the hardware components through a system of third-party QA&I - yet this is not present for the software and IEC components and should be integrated into the next phase of SWASTH programming.
- Maintenance of facilities continues to be an issue. Clear reporting systems need to be developed and accountabilities in-built into the system to ensure that water supply and hygiene facilities are maintained as required. The capacity of the village development committee need to be build so they can play an active role in maintaining facilities.

The Team fully agrees with these recommendations. These issues have already been taken note of and will be incorporated into the next phase of the programme to be implemented between 2003 and 2007:

There is therefore a need to re-visit the indicators and clearly define the outcomes for the various software activities. These need to be put into a logical framework while chalkling out the action plan for a district. This is then to be followed up by fixing of monitoring responsibilities and establishing the frequency and nature of reports to be generated at various levels. Monitoring of the training inputs and classroom activities can be done through the CRCs/ BRCs while an external agency can monitor the community level impacts. The hardware can continue to be sample checked by an external agency.

D. Cost and Sustainability

Analysis of costs

The SWASTH investments, as reported, in the four districts visited by the Team are as follows:

<table>
<thead>
<tr>
<th></th>
<th>Karnataka</th>
<th>Jharkhand</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Raichur</td>
<td>Tumkur</td>
</tr>
<tr>
<td>Total</td>
<td>320.443</td>
<td>327.22</td>
</tr>
<tr>
<td>Project</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allocation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alloc. For Hardware</td>
<td>257.44 (80.33%)</td>
<td>240.72 (73.56%)</td>
</tr>
<tr>
<td>---------------------</td>
<td>-----------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Alloc. For Software</td>
<td>63.00 (19.67%)</td>
<td>86.50 (26.44%)</td>
</tr>
<tr>
<td>Total number of intervention schools</td>
<td>250</td>
<td>250</td>
</tr>
<tr>
<td>Cost per school (in Rs. Lakhs)</td>
<td>1.281</td>
<td>1.31</td>
</tr>
<tr>
<td>Hardware cost / school (in Rs. lakhs)</td>
<td>1.03</td>
<td>0.96</td>
</tr>
<tr>
<td>Software cost / school (in Rs.lakhs)</td>
<td>0.25</td>
<td>0.35</td>
</tr>
<tr>
<td>UNICEF Share</td>
<td>196.44 (61.3%)</td>
<td>196.22 (59.96%)</td>
</tr>
<tr>
<td>State Govt. Share</td>
<td>124.00 (38.7%)</td>
<td>131.00 (40.04%)</td>
</tr>
<tr>
<td>Total expenditure (in lakhs)</td>
<td>140.37 (43.80%)</td>
<td>272.48 (83.27%)</td>
</tr>
<tr>
<td>Hardware expenditure</td>
<td>135.7 (52.7%)</td>
<td>266.69 (110.8%)</td>
</tr>
<tr>
<td>Software expenditure</td>
<td>4.64 (7.36%)</td>
<td>5.79 (6.7%)</td>
</tr>
</tbody>
</table>

**Karnataka**

As evident from the above table, the allocations in the districts, which were based on the district Action plans, were pretty much standardized. About Rupees one lakh was allocated towards the hardware and another Rupees 25 to 35 thousand on the software.

On an analysis of the expenditure figures, it was observed that whereas the hardware allocations are likely to be fully spent, there are going to be substantial savings in the software components.

The low expenditure in software aspects in Tumkur is due to the fact that a considerable amount of the software interventions were funded through the Janshala programme. In Raichur however, many of the software interventions initially planned has not been fully implemented.

However, there was an element of over budgeting in the software part to begin with. It must be noted that in Karnataka, piloting and demonstration of various models had already been done in Mysore and therefore it was only a question of adapting these models to the new districts.

*The actual costs incurred in Tumkur (by both Swasthh and Janshala), where extensive software interventions were noticed can therefore be taken as a unit cost for further expansion and scaling up.*

In terms of hardware, the present costs are as follows:
Toilets: Rs. 22,000 per unit
Water supply: Rs. 35,000 for boring and force lift hand pump
Rs. 7500 for the extension of an existing pipeline
Rs. 17,000 for overhead storage tank
Boundary wall: an average of Rs. 50,000 per school – anything in excess of this
is expected to be contributed by the community. These costs seem to be
reasonable in view of the quality of the products.

Jharkhand

The allocations in the two districts of Jharkhand however show large variations. The
cost per school varies between Rs.0.5 lakhs in Ranchi and Rs. 1.9 lakhs in
East Singhbhum. There is variation in both the hardware and the software
components. The hardware component works out to Rs 30,000 per school in
Ranchi (toilet – 19000, handpump – 11000) which seems to be too low. For the
same inputs, Rs. 1.25 lakhs has been allocated per school in E. Singhbhum
(toilet –100000, handpump – 25000). Even considering the fact that
transportation of materials is very difficult and expensive in E. Singhbhum, the
unit costs, especially those of the toilet blocks, seem to be too high. Since the
actual cost of construction/ installation was not available, it will not be possible for
the Team to suggest an optimum cost at this juncture.

The software allocation in Ranchi is to the tune of Rs. 25000 per school whereas
in East Singhbhum it is Rs. 63000 per school. In East Singhbhum, software
interventions have not yet started and thus it would be unfair to comment on the
reasonability of the allocation.

It should however be noted that unlike Karnataka, Jharkhand is presently in the
process of piloting out various strategies and models – the expenditure at this
stage is bound to be higher. Once these are applied over a larger number of
schools, the cost is likely to come down.

The UNICEF share in all the four districts were found to range between 60%-70%
of the total project cost. In both states, this sharing is only on the hardware
components and UNICEF funds the entire software component.

Other Schemes

The Govt. of India Programme of Sarva Siksha Abhiyan (SSA) is going to have
a major implication in terms of Resource distribution in any future initiative. The
programme allows for 33% of the district project cost to be spent on creating
school infrastructure including classrooms, toilets and water supply facilities.
There is also no ceiling on the total project cost for a particular district. Thus in a
State like Karnataka, where the access norm for schools have been fulfilled and there are more than adequate schools and classrooms, it would be possible to provide for water supply and toilet facilities to all schools under SSA.

However, in Jharkhand, there are still a number of schools without children and a large number of children are still out of school. So SSA funds in the Jharkhand districts may be expended in providing for schools and classrooms.

Both the Jharkhand districts have an advantage of being Total Sanitation Campaign (TSC) districts and therefore have access to Govt. of India funds under the TSC programme. A large number of water supply and Toilet facilities can be provided through this project.

Apart from the two above-mentioned projects, funds for hardware can also be accessed through:
- Pradhan Mantri Gramadyog Yojna (PMGY) for rural development. This has a separate education and sanitation component.
- 11th Finance Commission Grants
- MP/MLA local area development funds
- Food for Work programme

Funds for the software component can also be accessed from the SSA and the TSC programs. While SSA has 67% of the project funds earmarked for software interventions in education (education on hygiene and sanitation can form part of it). TSC also has 20% of the project funds available for surveys, publicity and IEC activities

Thus USAID Funds in the intervention districts should therefore be utilized to fund only the gaps and should avoid duplication with the above schemes.

Besides project funds will also be required to fund innovations, researches and capacity building efforts. Thus a suggestive resource allocation table for Swasthh activities in the proposed intervention areas would look like

<table>
<thead>
<tr>
<th>Activities</th>
<th>Funding sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hardware – water supply i/c storage</td>
<td>SSA, TSC, PMGY : gap through Swasthh</td>
</tr>
<tr>
<td>Hardware – toilets</td>
<td>SSA, TSC, PMGY : gap through Swasthh</td>
</tr>
<tr>
<td>Hardware – boundary wall</td>
<td>11th Finance, MP/MLA LAD, community contribution, Food for Work programme : balance through Swasthh</td>
</tr>
<tr>
<td>Hardware Innovations – mirrors, weighing machine, water conservation techniques, garden implements, contextual furniture,</td>
<td>Swasthh Funds</td>
</tr>
</tbody>
</table>
### Sustainability

The SWASTHH project has been designed keeping long term sustainability in mind. The Project management has largely been through the government structures – this itself ensures that the structures will continue even after the project period. Especially in Karnataka the project structures are in line with the Panchayati Raj structures. The participatory planning processes, the community mobilization efforts and the extensive training programs all aim at enhancing capacity at the ground level to sustain the programme. **The focus of the programme has been to generate demand and once that demand is generated, sustainability is automatically ensured.**

Evidence form the field study revealed that demand has been created towards improved health, hygiene and sanitation outcomes. The Team met with administrators, government officers and politicians, all of whom expressed their desire for scaling up of the SWASTHH initiatives. In Karnataka there is a strong political and bureaucratic will to carry the process forward.

The project has also succeeded in demonstrating models that are inexpensive and based on local resources. This approach has made most of the interventions cost effective and therefore financially sustainable. The effort in the East Singhbhum district to develop entrepreneurship skills and generate economic interest in manufacture of sanitary hardware is a case in point. On similar lines are the local initiatives towards drip irrigation noted in Mysore – such initiatives are local and internal and would therefore last beyond the project period.

Maintenance of created assets is another aspect of sustainability which is being addressed through the project. The community is being encouraged to be
responsible for the maintenance and repair of the pumps. Apart from daily cleanliness, community in certain cases were observed to be generating funds for minor repairs, buying of soaps etc. Currently pump repairs are carried out by the persons identified by the community and trained and paid by the government. Jharkhand has plans to fix a fee for service and make available a repair to the communities to avoid confusion and overcharge.

A look at the various project components would reveal that building up local level capacities would enhance sustainability and scaling up of the project. With the amount of funds available from various sources, provisioning of water supply and sanitary facilities would not be a major problem – there may be only a small gap with regard to a few districts to be funded through the project. Funds for some amount of software interventions would also be available from existing sources (SSA and TSC). Innovations and technical support for capacity building are the only two major areas where the SWASTHH funds would be required. And since neither of them has a relation to the scale of the project (funds for technical support and innovation will be almost the same whether it is two or twelve districts), the scaling up is not an issue.

In Karnataka the project interventions have been tried and tested and it is now clear as to what works and what doesn't - the time is therefore opportune for scaling up. Jharkhand however is still in the piloting phase and has not yet reached the full level of implementation. Therefore the priority should be the full implementation of SWASTHH activities, (i.e. teacher training, student activities, IEC, monitoring and follow-up), consolidate the achievements and build upon them - and then expand.

E. Relationships with Other Partners
Relationships with other partners involved in social development with similar target groups create synergy. Lessons learned from the partners at the end of the decade of water and sanitation have resulted in quite a number of experimentation, with the objectives of finding approaches that could lead the communities to use safe water sources. UNICEF among other agencies has incorporated lessons learned in the design of the SWASTHH project and has sought the collaboration of the GOI and other partners for complementarity and synergy to better meet the needs of the target groups. In many cases projects may not have the same primary objectives but their interventions have provided the necessary inputs on which subsequent projects can build upon their achievements.

The GOI is UNICEF’s main partner. UNICEF has been collaborating with the GOI in the Child's Environment and education Programme (2003-2007). Various government departments were in collaboration with UNICEF for implementing the SWASTHH project. In Karnataka, the project is managed by the Zila Panychant as the leading agency for the implementation in the district. An implementation
committee headed by the CEO, and represented by the departments of ZP &RD, education, health, women and development, horticulture.

Another partner- SIDA (Swedish International Development Cooperation) implemented activities of improved water supplies, adequate sanitation, key hygiene practices and environmental sanitation in partnership with UNICEF. Their ultimate goal was to reduce mortality, malnutrition, and establishment of gender equity. The SIDA project operated in 900 villages and was active in 30 SWASTHH schools in East Singhbhum (Jharkhand).

Another complementary activity that would reinforce general hygiene and behavior change was the Total Sanitation Campaign (ISD: intensive sanitation drive) which focused on the use of safe water, use of sanitary latrines and adoption of hand washing. Another promising opportunity of reinforcement and convergence to maximize health outcomes was the ICDS (Integrated Child Development Services) Some of its objectives among others aimed at reducing the incidence of morbidity, mortality, and malnutrition. It converged with program like safe drinking water, environmental sanitation, women empowerment non-formal education and literacy.

There were also other institutional partners from the related departments who networked with these agencies as well as amongst them. Details have already been mentioned in Planning Management sections. SWASTHH also collaborated with NGO in Jkarhand who was responsible for conducting all the IEC training and the development of all the training materials.

The prospect of sustainability appeared to be good. The convergence of these interventions and the resulting synergy that could maximize health outcomes make the support of the Office of Health, Nutrition and Population worthy of consideration. Both sectors -USAID Education and Health input can meet some of their SOs through participation in these activities.

F. Education, Health and Hygiene Outcome

**SWASTHH plans to address three types of outcomes for education:**
1) increasing access to schooling and participation of vulnerable children by creating enabling environments
2) improving achievements of students by providing favorable conditions in school
3) strengthening participatory processes at the local level to sustain these outcomes
However, it is to be noted that these at to be achieved by addressing behavioral changes which, by itself is very ambitious.

**Educational outcomes:**

Results from the rapid assessment of the educational outcomes indicted that changes such as higher school attendance, lower dropout rates, and a more positive attitude from school children, teachers and communities towards the involvement of SWASTHH were very apparent. In Karnataka, more so in Tumkur and Mysore several factors contributed to these educational outcomes. The integrated approach was used in the implementation of the SWASTHH program. The combination of the Nali Kali (joyful learning approach), the Janshala program (community based schooling), and the collaboration of all the different departments (health, education RD, Zila Panchyant, child and women development, agriculture) involved played a catalytic role in the educational outcomes.

A particular intervention of significant learning outcome was the sanitation and environmental protection in the school curriculum. Janshala developed a life skill based curriculum, which focused on the following life skills:

- **Doing skill:** practical skills such as weighing, measuring recording observation
- **Thinking skills:** problem solving, decision making, creative thinking
- **Communication:** listening, inquiring, informing
- **Emotional skills:** resisting pressure, empathy

From the early stages of program planning in the two states visited, major IEC and capacity building/training on environmental health, sanitation and hygiene issues were conducted for the different stakeholders to include government officials at the state, district, block levels, teachers and communities. However, there were variations within states.

In Tumkur, Mysore, urban Bangalore, A four-day intensive training on environmental health, water & sanitation, Nali Kali approach, and all other software aspects of the program for teachers and supervisors was done through the Janshalla program. Follow up activities of the teachers trained was conducted to see how effective the training program has been in terms of learning outcomes for the children.

Two- day training on sanitation and hygiene education and community monitoring of health, education and environmental sanitation for block resource persons, district officials from different department (education, health, RD, women and child development) for neighborhood leaders, school development management committee, and block resources people was done. Neighborhood clubs at the

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3 Please refer to the state report for Karnataka for description of both the Nali Kali approach and Janshala program.
community level were formed which consisted of 20 households. These clubs included children who were encouraged to participate in extensive activities such as rallies, campaigns, monitoring attendance, enrollment, cleaning up the neighborhood. Major IEC campaigns and Inter-personal communication approaches were used, whereby teachers visited each household and interact with villagers and share the water and sanitation messages and discussed issues relating to educational outcomes and achievement for the children.

In Raichur and Jarkhand, this kind of training did not exist for teachers. Although in Jharkhand a prototype-training module was developed, it has yet to be implemented. In Raichur, interviews with teachers revealed that the headmaster that underwent training informally oriented them. However, in Jharkhand, a national workshop was conducted to review textbook materials/contents in hygiene and sanitation for classes, and a gender sensitization workshop for project personnel was constructed.

Both in Karnataka and Jkarhand, IEC activities included: formation and orientation of school cabinets, wall writing, pictorials, audio-visuals and video shows at schools, village contact drives, sporting events as a vehicle for key message dissemination, awareness camps, inter-school competition and the use of traditional media such as magic shows, puppet theatres, and street plays.

In Jharkhand IEC activities were conducted at the community level in the form of cultural events, puppet show, magic shows, radio spot program. The inputs for social mobilization phases were very significant. In Ranchi, there was partnership with local NGOs who were utilized for the implementation of the IEC campaigns. The NGOs have been instrumental in forging close links with the community. In addition to the utilization of NGOs for mobilization, the VEC was also playing an active role in disseminating health information in their villages.

**Impact of software inputs:** The combination of IEC activities, community mobilisation and training led to the educational outcomes found in Karnataka today (Mysore, Tumkur, urban Bangolare). In Karnataka, both teachers and parents observe that children were performing better in classes. Focus group discussions with children, teachers and parents revealed that children were knowledgeable about environmental health and hygiene. Children explained that they washed hands regularly before eating and after toilet. They were aware of the dangers of diseases. In Raichur and Jkarhand, teachers and community members expressed similar views. All the school visited were clean and colorfully decorated with walls painting and pictures of hygiene and sanitation messages.

Baseline studies and assessments conducted in Karnataka revealed that the enrollments and attendance have drastically increased, the drop-out rates has lowered, and the performance and achievements of children have improved. This was further reinforced by semi-structured interviews with parents and community members. Unfortunately, data collected during these baselines were not gender
desegregated, however, parents confirmed that the enrollment and retention rates of girls were more than boys.

In Jarkhand the educational and behavioral changes cannot be determined at this time, due to the infancy of the program. However children depict levels of awareness in health and sanitation, which sustained over time could lead to changes.

The level of community involvement and contribution in the states visited indicated that they have not only been sensitized, but they have seen the value and the behavioral changes in their children on environmental and sanitation issues. In Karnataka, communities were donating fertilizers for the vegetable gardens children have in schools, land for sports areas, learning materials for the poor children in schools. They were also participating in the planning of school festivals with teachers and children. In Jkarhand, the VEC were playing a major role in galvanizing communities to send their children to schools. The level of community participation is taking momentum. In both of the States visited, the enhanced political will and support for the project and also a change in the trend of fund generation from state to district (in the case of Karnataka) have indicated a greater willingness to contribute to school sanitation.

Besides the SWASTHH intervention, the provision of mid day meals in Karnataka and dry food ration in Jkarhand were incentives of attendance, dropout reduction, increasing enrollment, and reduction in ill health. Semi structured interviews with parents at the community level revealed that the provision of meals to children in schools really played a significant contribution to high attendance. Parents were saying that these meals aided them in reduction of costs at their home so that they could use the meager resources they have for other household consumption and usage. However the hygiene education could be extended to the operational aspects of midday meals

In Jkarhand, discussions with teachers, head maters/mistresses, educational officers revealed that other government programs like the Anemia Control Program and ICDS were also contributing factors for enrollment and attendance.

Even though the issues mentioned above contributed to increased enrollment attendance and reduction of dropout, there were also other factors that affected school attendance and enrollment, especially girls. The level of poverty and the socio-economic status in all of the communities visited created major constraints. In Raichur most of the communities visited were laborers in agricultural fields. The amount of resources earned was so meager that they could not meet most of the indirect costs pertaining to education. There were trade- off that Parents continually have to make and education was least on their priorities. The results were that boys would attend schools at the expense of girls, particularly those from the scheduled caste/tribe. These were often the children whose parents were found to be the poorest in the communities visited.
**Socio-economic issues:** Due to the high level of poverty in the areas visited, parents used their children as sources of economic labor. Girls were particularly needed for reproductive work in the home environment, and that included taking care of the younger once, as well as productive work in the field. This greatly reduced their chance for attaining quality education.

**Socio-cultural issues:** Another major reason for low enrollment and attendance for girls was that they were married off at an early age. In the communities visited, not much emphasis was placed on girls’ education because they were viewed as future mothers and housewives. As a consequence, there was no incentive to educate them; in fact it was considered a waste of resources to invest in girls’ schooling. On the other hand, boys were viewed to be the leaders of tomorrow as such it was worth the investment. While UNICEF and GoK are very proud of the accomplishments made since 1992, there is still scope for various improvements to strengthen the program in the upcoming years.

The success of the program in Mysore, Tumkur and urban Bangalore, due to the integrated approach used, requires replication to other intervention site for the upcoming years. Study visits and exchange programs amongst teachers need to be strongly advocated and funded. Teachers from Raichur and Jharkhand need to learn from the success of Tumkur. By visiting success areas, receiving training, adopting lessons learn, and adapting them within their own local context and specificity could yield meaningful results for educational outcomes.

Technical support/resources could be provided to build the capacities of the local committees-SDMC, VEC, educational officers at the block levels. System strengthening efforts are needed and modules on how to mobilize communities, how to undertake micro planning exercise together with the school for monitoring of process indicators, need to be developed.

There is a need to address the gender and social equity issues throughout the educational process. Further studies need to be conducted to understand the gender and social dimension of schooling. Major social mobilization and sensitization campaign at the community level about the values of education for all must be conducted for girls’ enrollment and attendance to increase. USAID could contribute to the development and implementation of innovative strategies for sibling care, which will enable girls to attend school. They should also explore possible linkages with other programs/projects on micro credit, adult education and literacy to support communities.

There is a need to develop monitoring mechanisms and conduct baseline studies, mid term evaluation and impact studies for educational outcomes and behavioral changes over time. Capacities of the school cabinet should be developed for them to take an active role in the monitoring of attendance.
Health and Hygiene Outcomes

From the field visit to assess SWASTHH educational activities in Jharkhand it was observed that the schools have clean water and sanitation hardware that are being properly used by the students. Soap was not present in all the schools visited. According to the NGOs soap is not expensive and there are soap making initiatives in the communities. We have seen the students use the toilets in the schools. Even if teacher training and presentation of modules in the classrooms have not taken place yet it is evident that major changes have occurred and the achievements so far are good. The teachers have received general information about SWATSHH through the Ministry of Education the NGO and the VEC and they are transmitting messages on hygiene. Information through mobilization by the VEC, the NGOs were provided along with the installation of the hardware in the schools, its use and maintenance. When students were asked questions on hygiene they provided correct answers. The students have reported that they relate health messages to their friends and families. Pictorial health messages were seen only on two school walls. There were no health messages, written or pictorial inside the classrooms. The students and the teachers were motivated and enthusiastic about the new health activities in the schools. It is evident that the SWASTHH program has contributed to these changes that have occurred in the schools.

The communities are also implementing SWASTTH health messages transmitted by the students. Mobilization campaign carried out by the VEC with the help of the NGO have motivated community members to have toilets. Villagers reported using their toilets. Changes occurring simultaneously in the schools and the communities could translate, over time, in the improvement of personal hygiene among students and their families.

However to see an impact on health improvement the changes occurring in these communities need to be documented through an observation tool, for objectivity, and compared to baseline indicators to provide hard and conclusive evidence of the behavioral changes expected from SWASTHH and other activities in the school and the communities.

Educational outcome and attendance: In Jharkhand for example attendance is taken on a daily basis but there is no mechanism (no hard evidence) to relate attendance to the presence of hardware only.

Some of the steps that can help obtain better results would be research activities to define how to account for these different variables, if the variable can be linked and how. For example focus groups should be conducted to further identify factors influencing school attendance. The findings of these focus groups should be addressed if school attendance is to be improved.
To account for better management of data a MIS (management Information System) needs to be put in place to help account for any relationship between school attendance, retention, performance and activities carried out by the projects. Training and capacity building need to be done for the stakeholders at the different levels.

*Health and nutrition outcomes:* health and nutrition should be checked and monitored through physical exams and laboratory tests for school children. Through action research USAID can support SWASTHH to pilot the medical exam and test to see the health impact in the research groups. As regards the families the health indicators can probably be obtained from their charts in clinics and health centers if the population use these facilities when they have a health problem. Provision should be made for referral in case health problems are identified. The results from these check-ups and monitoring can be compared with baseline data to account for health improvement or changes or lack thereof in the target groups. The implementation of the health and hygiene messages by the students and their families verified through observations in addition to any recommendations made by the health care providers should have a positive impact on the health of the population.

**Summing up**

- Monitoring and evaluation instruments should be developed. Training of stakeholders in the Ministries of health and education in the use of these instruments should take place.

- Behavioral changes in schools and communities need to be monitored and documented with observation instrument and compared to baseline data to account for changes among students and community members.

- Mid term and impact evaluation should be conducted.

- Health messages should be translated into action by means of demonstrations, small projects, for example cleaning out a public area, promoting and using mosquito nets, etc.

- Action research should be conducted to see how variables of school enrollment, attendance, retention and drop-out for are linked and disaggregated by gender.

- MIS (Management information system) should be in place for better data management and Capacity building and training need to be done at different levels

- Pilot an action research through SWASTHH program to monitor health and nutrition outcomes in school children and their families
- Hand washing facilities should be financed to help reinforce messages of hand washing specifically before meals.

- Piloting should be done for deworming, assertiveness training, Vitamin A and Iodine supplements

- Students should be encouraged to draw pictorial health messages on school walls. Drawing contest of health messages should be encouraged.

USAID PHN and Education support to SWASTHH could help to improve health, hygiene and education outcomes through funding and TA assistance.

G. USAID Design Activity

1. Since Government of India is yet to come out with its policy on Donor support for SSA, it is recommended that USAID may provide programme support through UNICEF. During discussions it emerged that UNICEF has an understanding with GOI and state governments on the issue. Its own Plan document for 2003-2007 also has earmarked these strategies in Child’s environment and Elementary Education programme.

2. The cost analysis undertaken by the present Mission team could not do full justice to unit cost calculations. There is a need to go back to state offices of UNICEF to further validate these calculations. In a development project, there is a lot of cost sharing across agencies and cost of initiation is also higher. It is recommended that the costs mentioned in the present report may be further validated by the next design team which should have a person with appropriate experience and qualifications.

3. UNICEF is also aware of the need for further strengthening and consolidating the interventions under SWASTHH and Elementary Education. USAID support for the following areas can be considered through a consultation process:

   - Technical assistance and field level trials for improved design activity in all components of Hardware.
   - Though work in software is in progress, it would need to be seen as part of the total programme cycle on time line, sequence as well as coverage and consequently the financial implications. The programme is yet to graduate to a substantial level of coverage within the states, districts and even in blocks. This would require more technical and financial inputs.
   - UNICEF has a plan to try the quality intervention package in 1000 schools. The geographical coverage in Karnataka, other than the north east districts has already been planned. But in Jharkhand it is still to be worked out. USAID and UNICEF could collaborate and work out areas
and interventions for geographical coverage in new critical districts in Karnataka and Jharkhand. This will help USAID to trek the vulnerable groups as per its Sector Objectives. UNICEF will also benefit for its own strategy for the new plans.

- Participatory planning and monitoring are other areas of cooperation. Capacity building for reaching out to other areas is a great challenge.
- Karnataka and Jharkhand have two different models of participatory planning. One is strong in PRIs and the other on administrative linkages. These processes could be studied especially in terms of the empowering of Community based organizations and ownership of the programme.
- Research design for documenting the SWOT on Programme cycle and lessons learnt for consolidation and expansion would need to be worked out. A resource group across the two agencies can initiate thinking. Later on it can be assigned to reputed agencies or professionals.
- SWASTHH and other such enabling environment related interventions need to have specific monitoring indicators and processes to study the impact on educational outcomes. For example the nation wide interventions under Operation Black Board have not been able to show a direct link with educational outcomes. Karnataka has initiated this process but it need to be validated over adequate period of time to facilitate generalization.

- PHN interventions at this stage of the Programme would need more explorations. The following areas of support and exchange of expertise can be considered:
  - Developing an interface on nutrition and hygiene components with the cooked mid-day meals on pilot basis.
  - Though health check ups for schools are on the agenda of states, this activity can be linked on a pilot basis with SWASTHH in a visible manner.
  - Hand washing habits can be a critical area of behavior modification in poor communities for personal hygiene. This would need to be advocated in the context of the availability and design of facility – arrangement for water, conservation of water, accessibility, visibility, and maintenance and multi-purpose use. The design activity can be expanded to have a clear cut focus.
  - All PHN related interventions would need consultations, technical inputs, capacity building support and adaptation of existing MIS processes.
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KARNATAKA

I Background

The novel idea of a special sanitation programme for schools, under the support of UNICEF, began in Mysore district in 1992, which was followed by a comprehensive strategy on the Control of Diarrhoical Diseases by Improving Access to Water and Sanitation (also known as the CDD WatSan). This CDD WatSan programme focused on developing holistic project approaches promoting child survival, protection and development as well as school sanitation. The school sanitation aspect of the programme provided an excellent opportunity to promote sanitation awareness from teacher-to-child, child-to-child, child-to-parent and parent-to-community. As a result of this earlier programme, a more comprehensive project developed. To focus on the project objectives, a detailed survey was conducted by the health department, which assessed the level of water and sanitation facilities at schools within Mysore and the knowledge students regarding sanitation. Based on the findings, the project strategies were refined and in 1995, and based on the survey findings, a total of twenty schools were identified for upgrading and hygiene promotion. Water supply was provided to all of these 20 schools. Further construction of toilets and urinals were provided in the school campus in all of these schools. The Mysore SSHE (School sanitation and Health Education) Project continued to grow. From the year 2001, at the request of the GoK, the project was up scaled to include selected areas of the districts of Raichur, Chitradurga, Tumkur, Mandya, Bangalore Rural and Bangalore Urban.

The current coverage of the project is as below:
- Mysore – 490 schools in 7 blocks.
- Tumkur – 170 schools in 2 blocks
- Chitradurga – 165 schools in 3 blocks.
- Mandya – 168 schools in 1 block.
- Raichur – 183 schools in 2 blocks
- Bangalore (U) – 248 schools in 3 blocks.
- Bangalore ® - 50 schools in 1 block.

Through the nearly 1,500 schools currently covered, the project has generated a network of thousands of teachers and children, reaching out to parents and communities in 19 administrative blocks in seven project districts with the message of the importance of clean drinking water, sanitation and improved hygiene behavior.
II. Project Goal

The overall goal of the project is to contribute to the common goal of realization of child rights in Karnataka.

General Objectives

- To develop, test and demonstrate replicable models for hygiene education, water supply and environmental sanitation in rural primary schools and anganwadi schools.
- To make hygiene education and environmental sanitation a peoples’ movement by mobilizing networks of students, teachers, and Panchayati Raj institutions to create awareness, general demand and inculcate personal hygiene practices among children and through them, among their parents/families, and in turn, in the communities as a whole.
- Through education and media campaigns, educate children and their families on the importance of good sanitation and hygiene practices.
- To create awareness for conservation and proper utilization of water resources.

Specific Objectives

- To provide safe water and sanitation facilities in schools that have non-existent or insufficient water supply, sanitation and hand-washing facilities.
- To provide toilets and urinals that are adapted to the needs of children, in particular, girls.
- To rehabilitate where necessary, dysfunctional water supply, sanitation and hand-washing facilities
- To motivate teachers to take up sanitation as an apriority and inculcate hygiene practices among children.
- To bring about better attitudinal and behavioral changes in children in hygiene habits and hand-washing practices and in turn, in their families and communities.

III Project Design

The strategic focus of the project was to combine technology with human resource development and develop a sustainable approach that had children’s participation at the core. Emphasis was placed on transformation that brought a visible change, thereby enthusing and galvanizing children, teachers, parents, communities, and local authorities into further action. Also central to the project was the development of quality standards that would enable sustained replication and the build-up of enduring infrastructure.
Key Strategies

- Dynamic partnerships at various levels including state, district, block, and village.
- Promotion of better understanding of SSHE among children, teachers, parents, communities, and officials at various levels.
- HRD and training.
- Innovative technical designs (such as the fore-lift hand pumps), local innovations (such as the tippy-tap) and constant improvisation (such as the seesaw driven force-lift hand pump).
- Innovation in visual designs, quality control leading to increase in productivity.
- Evolution of technical standards and third party quality assurance and inspection (QA&I) for hardware components.
- Focus on clean, green, and cheerful school environments to promote joyful learning.
- Emphasis on boundary walls to clearly demarcate school premises.
- Unique institutional processes to ensure maintenance and monitoring through school cabinets.
- Study tours and exchange visits.
- 50-50 cost sharing by UNICEF and GoK.
- Community contributions by various means including land, etc.

Software

Software activities broadly fall under two categories, training and IEC.
- Training – At the state level, the existing health curriculum has been adapted to include life-skills. Local officials are trained on SSHE and community monitoring of health, education and environmental sanitation. Likewise officials and teachers, etc. are oriented on SSHE and project implementation and monitoring. Seminars, workshops, etc. and exposure visits to other districts/states also provide opportunities for broader understanding of SSHE.
- IEC activities include formation and orientation of school cabinets, wall writings and pictorials, audio-visual and video shows at schools, village contact drives, sporting events as a vehicle for key message dissemination, awareness camps, exhibitions, inter-school competitions, and the use of traditional media such as magic shows, puppet theatres, street plays etc.

Hardware

- Provision of water supply – for every school selected by installing a hand pump (India Mark II family, including force-lift), 6" diameter bore-well and overhead tanks, etc. Where a school is in close proximity to a piped water supply scheme (PWSS), water supply is arranged by extending a pipeline from the PWSS. Alternatively, the Mini Water supply Scheme (MWSS) extension can also be considered.
Institutional toilet construction – on ensuring water supply, toilet facilities including latrines and urinals are constructed in the schools based on the norms of one toilet block (with separate units for boys and girls) for every unit of 250 students.

Protection to facilities – in order to deter outsiders and stray cattle from entering school premises, protection in the form of a compound wall is provided, wherever considered necessary.

 Provision of garbage bins and garden implements – in order to guide children to develop good habits at an early age and to learn to keep the school premises clean and green, are provided with basic garden implements including garbage bins, etc.

Project Management

The project is managed by the Zilla Panchayat as the leading agency for implementation in the district. A District Level Implementation Committee, headed by the CEO (Chief Executive Officer of the Zilla Panchayat) and represented by the departments of ZP & RD, Education, Health, Women & Child development, Horticulture has been formed to guide the programme and provide policy directives. The entire co-ordination at the district level is done by the Project Co-coordinator, appointed by the ZP and trained and oriented by UNICEF. At the State level the project is implemented through the department of ZP & RD. Technical and other logistical support from UNICEF comes from the Project Officer (Water & Sanitation and Education) at the UNICEF’s Hyderabad office.

The Hardware Installation is done through NGOs (Nirmithi Kendra) and Government departments. There was a conscious decision to avoid involving private contractors. The ZP in collaboration with the Education Department also spearheads the software interventions.

The costs are shared between the govt. of Karnataka and UNICEF. The hardware that is to be supplied is provided by UNICEF - the installation and the construction costs are shared between GOK and UNICEF. UNICEF provides the entire costs of the software inputs.

Expenditure is incurred as per an Action plan that is developed by the Project authority and approved by UNICEF. All expenses are first incurred by the ZP and then reimbursed by UNICEF.
IV. Analysis Of Programme Components

Hardware
The quality of hardware provided was very good across all the schools visited in the three districts. All hardware installations are checked by an external agency and certified to ensure quality. The Water and Sanitation Section in UNICEF has played a proactive role in propagating various innovative models of hardware, suited to local context.

Water Supply: The water supply systems provided are either an extension of an existing pipeline or a combination of a bore well and force lift hand pump. Most schools have a HDPE overhead tank mounted on a steel structure about 10’ high – this ensures a gravity flow of water to the drinking water point and the toilets. Karnataka, as a state, has piped water supply available in many villages. However, the pressure of the water and availability of electricity is a problem in the rural areas. In some cases however the village water tank was also inside the school compound and there was no problem in getting the water to the overhead tank. Force lift hand pumps have an advantage in that it provides gravity flow without electricity driven system of pumping – water can very easily be pumped manually into the overhead tank.

The choice of the system to be used is made by the project co-coordinator, based on the site conditions. In Tumkur and Mysore one saw evidences of a detailed survey having been done prior to the installation of the drinking water facilities. This survey took into account the existing facilities and was therefore helpful in determining the kind of water supply facility to be provided. There have also been a lot of discussions with the community prior to the installation of the facilities.

Testing of the quality of water is a part of the project interventions. The bacteriological contents of the water are tested through a H2S vial test. In most cases the water has been found to be safe. In the few cases where the water has been found to be containing bacterial contents, the school and the community has been advised to boil the water before consumption.

Toilets: toilets have been provided at the rate of one unit for 250 students – this norm was decided at the planning stage in a workshop at the state level. Each unit consists of two latrines and two urinals – one each for the boys and the girls. The latrines led to a double soak pit system. There is a set of toilet designs that were developed by the water/ sanitation unit. The idea was to discuss these designs with the community and help them to make an informed choice. Evidence of such an interaction was observed in Mysore – here in one case even the standard design was modified in consultation with the community (the school had a shortage of space and there were very few children, so it was decided to
have only the two latrines without the urinals). This is a very positive development and signifies the community’s involvement in the process. In Tumkur and Raichur, all the schools had similar toilet designs – probably the simplest and all the schools chose the cheapest.

Though the design seems to be functional and gender sensitive (having separate latrines and urinals for boys and girls), it may be worthwhile to conduct a study on the usage pattern. Interaction with the children and teachers in the schools visited revealed urinals were used at a higher rates than latrines (especially those of boys). They are most frequently used during recess. It is therefore recommended whether a viable solution would be to create one common latrine and two larger urinals (separate for boys and girls). This would be less expensive. Research has shown that these kinds of toilet units were constructed in Andhra Pradesh under the Wat/ San Project and a case study in one such school may be helpful.

The second issue is the requirement of water to clean and maintain these facilities. The toilet pan being used in Mysore is a deeper one that requires a minimum water for flushing, while the ones being used in Tumkur and Raichur are shallower ones which requires more water. Water is required even for cleaning of toilets. Though all the toilets seen (in all districts) were clean and being well maintained by the children, things can get difficult when there is shortage of water. In one school in Mysore, which is reeling under drought, it was observed that children were carrying water from quite some distance – both for drinking and to clean the toilets. There are systems developed elsewhere in the country where the spilled over water from the drinking points is channelised to flush the urinals. The bottom line therefore is that the project has scope for carrying out some further research on the designs for toilets and water supply facilities taking into consideration availability of water, usage pattern and other related factors.

**Boundary Wall** : The importance of boundary wall in a school cannot be overemphasized – apart from protecting the water-sanitation facilities, a boundary also helps to create an enclosure to the school and provides a sense of ‘campus’, restricting and preventing intruders from using the ground for defecation and for dumping waste and trash. It also contributes to quality learning outcomes for children by providing a sense of security and safety that enable children to focus on their learning.

Another rational for a boundary is that it also provides a sense of identity, dignity, pride and ownership to the children. In all of the schools visited, the children were very proud of their wall and they attributed it to learning. As one child said, “as soon as I pass the gates into the school, am excited to learn and to contribute towards the beautification of my school”. It is very important, especially for the children who are coming from very poor household, to have this feeling of identity.
with the school. It provides a sense of pride that should not be taken away from these children.

However, provision of boundary wall is not only an issue of funds. It is necessary to see that the funds invested are optimally utilized. There are various bio fencing options available across the country- a green hedge or a mud wall (stabilized with cement to make it durable) to mention a few. It may be worthwhile to look at these examples and explore possibilities of innovatively using local materials and technologies for the construction of boundary wall. The requirement of funds for boundary wall should also be calculated after carefully considering the requirements for the same and the funds available from other sources.

**Hand Washing Facilities:** all the schools visited had hand washing facilities with soap. In most cases there was a wash basin near the toilet unit. In addition, there were taps at the bottom of the overhead water tank. Washing hand after defecation and before meals is a prevalent practice. In the relatively well off districts of Mysore, Bangalore and Tumkur, use of soap is also very common. It was learnt that even if people go to the fields for defecation, they carry water with them and make it a point to wash their hands with soap after they come back home. In Raichur however, where poverty is rampant, soap is a usually a luxury. People use soap once a while for bathing but regular hand washing functions are performed with water before meals and with mud and water after defecation. Children were however found to be using the soap for hand washing in the school.

**Innovations:** the innovations with regard to hardware were noticed mainly in Mysore. The most interesting among them was the use of ‘tippy-taps’ – a discarded can with a very narrow outlet. The flow of water is very low and washing hands from this saves a lot of water compared to the conventional system of washing under a tap, which consumes a lot more water. Concepts of drip irrigation was also noticed in some schools with a bucket or an earthen pitcher full of water being used to provide water to plants drip by drip. The plants remain wet whole day long yet with a very little consumption of water. In Mysore, it was reported that some schools have taken steps towards rainwater harvesting. This is a step in the right direction as large parts of Karnataka are faced with drought situations every year.

All these innovations are indicators to the fact that the program has not merely stopped by providing water supply facilities but has also been able to create a consciousness towards conservation of precious water. Unfortunately the replication of such ideas or initiatives were not noticed in Raichur, which has more severe water shortage.

A few other innovations in terms of hardware inputs can be tried out: provision of a mirror has been found to have a tremendous impact on the cleanliness of the child, especially girls. It also helps them in becoming confident about themselves.
Similarly a weighing machine and a scale (painted on the wall) would help children to monitor their own growth and development. These can also then be used for explaining mathematical concepts of weight and measurement to the children.

Provision of footwear and furniture are two other issues, which in spite of being expensive, has a major impact on health, hygiene and quality education. Many of the children in the schools do have footwear – either shoes or slippers. But there are also many that do not have one. And it is specially the poor and the disadvantaged students who cannot afford one. However, walking bare feet exposes the child to roundworm infections apart from running the risk of cuts and bruises. A rubber slipper in the local market does not cost more than Rs. 50 and even if 75% of the children in a school of 200 has to be provided with slippers, it would cost about Rs. 7500 per school – an investment worth its benefits.

Provision of furniture also has an impact in the learning process. It will play a major role in performance and attendance. Apart from protecting the children from the cold floor, it also helps in dispelling the notion that the govt. schools are for the poor kids who cannot afford furniture, so providing them with furniture would greatly elevate the status of these children thus contributing to effective learning. Furniture is specially helpful for the adolescent girls for whom squatting on the floor is particularly embarrassing post puberty. However, unlike footwear, furniture is a substantial investment and more thoughts need to go into it. It would also be necessary to design furniture that suits child anthropometrics and the pedagogy being followed. A study to judge the impact of furniture in a school can be initiated as a first step.

**Software**
The software aspects of the program focused on training and IEC.

**In Tumkur**, major training and capacity building exercises were conducted. Two-day training on sanitation and hygiene education and community monitoring of health, education and environmental sanitation for block resource persons, district officials from different departments (education, health, RD, women and child development) was done. Another four-day training intensive training on software aspects of the program for neighborhood leaders, teachers, and supervisors was done through the Janshala program. Follows up activities of the teachers trained were conducted later on to see if they were spreading the message and training their fellow teachers and also to see how effective the training program was in terms of learning outcomes for the children.

At the end of all the trainings, a neighborhood club was formed which consisted of 20 households. These clubs included children who were encouraged to
participate in extensive activities such as rallies, campaigns, monitoring attendance, enrollment, cleaning up the neighborhood

This sequence of training was followed by IEC campaigns. The school ministries were formed and encouraged to have a set of garden implements to undertake greener environment. This is well reflected in every school visited. The compounds were green, beautiful with colorful flowers, neat gardens and trees all around. Wall writings with pictorial relating to sanitation and hygiene were apparent in all schools visited. Artistic drawings of famous Indian scientist and philosophers were all over the school walls.

Inter-personal communication approaches were used, whereby teachers visited each household and interact with villagers and share the water and sanitation messages and discusses issues relating to educational outcomes and achievement for the children.

As a consequence of these innovative strategies, the implementation of the program was very successful. In all the schools visited, at the classroom level, children were very knowledgeable and informed about environmental health, hygiene and sanitation issues. Focus group discussions with groups of children in all schools visited, revealed that they washed their hands with soap every time before eating and after going to toilet. They were conscious of the dangers of diseases (diaheora, cholera from drinking dirty water, malaria) contracted in unsanitary conditions. In one school visited the minister of health demonstrated to us how they clean the water tank. He simply climbed up the tank, took the lid off and told us that together with his cabinet, they first drain the water, and then clean the tank with soap and disinfectants. This created a big uproar with community members, who were very proud and we got them to promise to buy a ladder for the school.

Children were well sensitize into using toilets, as one 5 year old child from lower primary school succinctly said, “I do not go out in the open because I will catch disease”. All these different examples given are indications that children have internalize the health and hygiene messages, which will lead to major behavioral changes, sustained over time. The change in the methodology of the curriculum to focus on life-skill played a major catalytic role in achieving quality learning for children. The curricular activities of children have been extended into agriculture. They have created horticultural gardens that they cultivate and care for.

The evaluation cards of children concerning their achievements in any given area of learning, be it math, science, languages, were equally impressive and showed promising results. Children were mastering and internalizing the concepts taught through critical thinking, problem solving and analysis. They were able to relate to things through deductive thinking and inductive analysis.

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In Raichur There has been minimal systematic IEC campaign at the community or school level to sensitize parents, teachers, and children about the program. Group discussions with parents at community level revealed that the little knowledge gain about the program was through their children and/or through few motivated teachers that have managed to build a rapport with community. These teachers initiated and organized a campaign in those communities and sensitize parents about the program and the effectiveness of environmental sanitation and hygiene. This was very evident in one of the schools visited, due to the nature of teacher-community relationship/interaction; these teachers encouraged their school ministries to organize street plays, dramas to spread the message home, which they did. As a result, parents in this community participated in national festivals, they cooperated with teachers and children in organizing the festival. Gradually, parents began to take an interest in the school program. They donated notebooks on a monthly basis to the poorest students in the school, fertilizers, blocks, and would guard the school compound after school hours to project the environment. Nevertheless, in the other schools visited, the efforts made by teachers and children were futile, because it did not lead to community integration and participation. Communities were not empowered to become part of the process, instead they felt isolated and marginalize.

There was no training offered to the teachers either. In all the schools visited, teachers revealed that they did not receive nor undergo any training what so ever. Instead, knowledge acquired was through their headmasters that underwent two-day orientation training. They then transmitted their knowledge of the program to the teachers who in turn mechanically taught the children.

Besides lacking training, teachers complained of the routinized way the curriculum was taught. There was no joy in teaching and children were learning through rote memorization instead of practical ways of learning. Even though there were enough textbooks in schools, the curriculum was not geared towards the kind of education that is relevant to the needs and realities of the rural milieu. Teachers would have liked to integrate more life skill approach to the curriculum to include: horticulture, agriculture, health related issues etc.

Planning, Implementation, Monitoring and Supervision

Planning: though planning for a district is done by the District level implementation committee, headed by the CEO, the ZP & RD Department are spearheading the program. The involvement of other departments varies from district to district and this has an effect on the performance of the program. The following observations would reflect the level of co-ordination between various departments:
• In Mysore, which is also a TSC district, a comprehensive plan of action has been developed to cover the entire district through water supply and sanitation facilities. This plan takes into account the requirements in this respect and the various sources of funding that are available for provision of such facilities. This has been possible as the Project Co-coordinator for SWASTHH is also the nodal officer for TSC in the district. The CEO also was reported to have taken a proactive attitude. The involvement of the education department was limited mainly to the intervention schools – e.g. in a non-intervention school, which was provided with water and sanitation facilities through DPEP, the software interventions were missing. However, the presence of the Nalli kali approach of learning in the schools helped in delivering the software.

• In Tumkur, the hardware interventions were restricted to the two intervention schools. The district did not have any plan of action to provide facilities to the rest of the schools in the blocks or for the district as a whole, though funds from other sources were available. However, there was a total convergence with the Janshala program on the software inputs – all trainings were conducted by Janshala and was in line with the nalli kali approach. As a result awareness towards health and hygiene issues can be observed in the non-intervention schools also. The convergence with the horticulture department for development of school gardens is also commendable in this district.

• In Raichur, the co-ordination seemed to be the least. The Panchayat Engineering Department did the installation of the hardware. They also did the software interventions with almost no involvement of the education department. As a result there was no clarity even at the district level on the total requirements of the district or the various funds that can be pooled together for provision of water and sanitation facilities.

The need is therefore to have a proactive planning team that will have representation from all the concerned departments. A comprehensive plan of action needs to be developed which would aim at providing both hardware and software interventions throughout the district. The various sources of funds are to be identified and pooled together and the gap in financial resources worked out. The planning process should allow for the participation of village based groups and panchayati raj institutions and software strategies have to be evolved taking the feedback of these groups into account.

Decentralization
The National Policy on Education has systematized decentralization as a fundamental requirement for improving the efficiency and effectiveness of educational planning and management and for creating a meaningful framework for accountability.

This policy has been well articulated under the government of India flagship programme of SSA (Sarva Siksha Abhiyan). The SSA adopts a decentralized approach, which encourages local need based planning within an overall
National framework. The emphasis is on mainstreaming out of school children through appropriate strategies and bridging the gaps on gender and social disparities. Fiscal decentralization at the block level is established, and communities through the SDMCs play an active role in the management and delivery of financial resources for educational outcomes.

The state of Karnataka has articulated and adapted these principles of decentralization process quite efficiently. The state has embarked on a decentralization process, through the Karnataka Panchayat Raj Bill, which establish a three-tier panchayat Raj system in the state with the elected bodies at the Grama, Taluk and District level for greater participation of the people and more effective implementation of all rural development programs of the state to include education, health, nutrition etc. Zila Panchayat, at the district level, are responsible for the performance of rural development projects related to health, education, water & sanitation (specified in schedule 3 of the state decentralization policy ). The Panchayats are also allowed to generate resources apart from the funds received from the State.

Implementation: The process of implementation makes a difference. In Tumkur and Mysore the hardware installation is done through the Nirmithi Kendras who have allowed for a participatory process before installation. Discussions were held with the school and community on the need for sanitation and the location of the facilities. In contrast, the ZPED is the implementing Agency in Raichur – being a Govt. Agency, their engineers are usually overloaded and in most cases cannot spare adequate tome for a discussion with the community. In some of the schools visited, the community members responded that they were not consulted during the provision of the hardware – the impression give was that the designs are standardized and sacrosanct and cannot be changed to suit local contexts.

It should also be noted that under SSA a large number of constructions, including toilets and hand pumps, are expected to be done through SDMCs. The SDMCs would therefore become a viable implementing agency at the village level. Implementing the works through the SDMC would definitely make it cheaper and generate ownership of the facilities constructed. A villager, who constructs a toilet for the school would also acquire the technical know how and may construct a toilet in his own house once he can afford it. While it is agreed that installing the water supply facility is a technical job and a specialized agency is required for this, the project can look into the possibility of involving the SDMCs in the construction of the toilets and the boundary walls. However, capacity building of the SDMC members would be required for this to train them on good quality of construction.

A key player in the whole SWASTHHH design is the Project co-coordinator – he is mainly responsible for planning out the various activities, co-ordinate with various partners and also monitors and supervises progress. The Project Co-coordinator in Raichur is also handling a number of charges and is therefore overloaded,
unlike the project co-coordinators of Tumkur and Mysore who are handling only SWASTHH (the Mysore Project officer is also the nodal officer for TSC but with similar responsibilities). The management structure should therefore ensure a full time project co-coordinator with a couple of additional supports, if possible, to assist him/her in monitoring and supervision.

**Monitoring and Supervision:**
The hardware being installed has clearly laid down standards and specifications. The force lift hand pumps, the HDPE tanks, the GI pipes, the gardening equipments and the H2S vials for testing of water are all supplied by UNICEF – the quality is therefore ensured. The installation and construction is further sample checked by an external agency before release of funds. Besides there is a regular follow up from the Project Co-coordinator(at the district level) and the Project officer at UNICEF (Mr. Vaish). This exhaustive monitoring and supervision system has resulted in an exceptionally good quality of work.

With regard to the software, at the school level the sanitation programme is continuously maintained and monitored by the school cabinet. Older children, who form the school governing council are given ministerial portfolios. In some cases, Neighborhood Groups have been formed who support the children according to the portfolios held at school. The minor details like checking for dustbins in classrooms, cleanliness of toilets, sweeping of the entire premises, keeping the unmarked compound, the compound wall, ensuring clean drinking water etc. are looked into by these students.

The activities in the school are monitored through a list of 14 indicators developed in a state level workshop. Their indicators are discussed and fine-tuned at block level meetings by the concerned teacher. The indicators are:

- 15. Is the toilet used?
- 16. Is it smelly?
- 17. Is the toilet floor clean?
- 18. Is there water stored for use?
- 19. Is there a toilet cleaning record?
- 20. Are there cobwebs in the classroom?
- 21. Is there wall paintings on the use of toilets?
- 22. Is the classroom swept?
- 23. Are there dustbins in the classrooms?
- 24. Is there clean drinking water kept for use?
- 25. Is there water logging near the bore well?
- 26. Is the compound unmarked?
- 27. Are there weeds growing around the school?
- 28. Is the school garden maintained?

Apart from this, there is the Health Chart, the Body check-up chart, the Facility Maintenance chart the chart on defecation habits and on bathing & washing...
There is also a list of 12 indicators to access the performance of the project at the district level.

However the problem observed was in implementing this checklists and charts in the field. There is no systemic method to monitor whether the charts are being maintained or data is being collected as per the above checklist. Therefore in Tumkur, where the Janshala support is available, one finds evidence of such charts in the classroom – these charts also form a part of their teaching methodology. However, there is no report generated in a systemic way, at regular intervals, from the data collected. In Mysore, the project co-coordinator mainly does the monitoring or any other official visiting the school – the regularity of the data is therefore not maintained. However one found the various charts in the schools visited. In Raichur, it was not clear who does this monitoring, if at all this is being done : neither were the charts observed in the classrooms. The entire system of CRC/ BRCs, who are the key to such academic monitoring, seemed to be distant from the program.

There is also no system of monitoring the IEC strategies and measuring their impact. In absence of a clear system, there is no way of determining the efficacy of the strategies adopted.

There is therefore a need to clearly define the outcomes and the monitorable indicators for the various software activities. These need to be put into a logical framework while chalking out the action plan for a district. This needs to be followed up by fixing of monitoring responsibilities and establishing the frequency and nature of reports to be generated at various levels. Monitoring of the training inputs and classroom activities can be done through the CRCs/ BRCs while an external agency can monitor the community level impacts. The hardware can continue to be sample checked by an external agency.

**Technical Support**

The performance of the various districts with respect to SWASTHH has largely been determined by the capacity/ capability of the District level implementation team. Thus while the district teams of Tumkur and Mysore did a good job, there were no attempts to build up capacities of the Raichur Team. UNICEF support has largely been restricted to a National Workshop in July 2000 before launching, a round of orientation and exposure visit for the project co-coordinators and some support for training in the Janshala blocks.

There is however a need for a Resource Group to guide and provide technical support to the project. Technical support is mainly required in the areas of IEC (especially media), community organization, and planning and nutritional aspects, apart from education and hardware, which already exists. This group is to be located within UNICEF as this would help in bringing
all the various departments in one platform. This Group should be working closely with the districts to develop their Action plans and detailing out the activities of the action plan.

V. Project Outcome

SWASTHH in the districts of Raichur was launched towards the end of 2000 while in Tumkur it started from January 2001. In this short frame of time it has been able to realize some of the general and specific objectives of the project. However, it is too early to access the impact of the programme on the behavioral patterns of the students and the community, as defined in some of the other objectives.

Preliminary results from informal surveys etc. indicate that changes such a higher school attendance, lower dropout rates and a more positive attitude from school children and teachers towards being involved in school sanitation and hygiene education activities are beginning to manifest themselves. There has been a set of 12 indicators developed for accessing the impact of the programme. The progress reported by the districts against these indicators are as below:

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Tumkur</th>
<th></th>
<th>Raichur (Manvi)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>before</td>
<td>after</td>
<td>before</td>
</tr>
<tr>
<td>% Of attendance and enrollment</td>
<td>94</td>
<td>94</td>
<td>47</td>
</tr>
<tr>
<td>No of dropout</td>
<td>10-15</td>
<td>10-15</td>
<td>23</td>
</tr>
<tr>
<td>% Of household using safe drinking water</td>
<td>90-95</td>
<td>90-95</td>
<td>55</td>
</tr>
<tr>
<td>% Of children using safe drinking water</td>
<td>40-50-</td>
<td>90-95</td>
<td>55</td>
</tr>
<tr>
<td>% Of children washing hands after defecition</td>
<td>25</td>
<td>80-85</td>
<td>22.5</td>
</tr>
<tr>
<td>% Of children washing hands after eating</td>
<td>25</td>
<td>80-85</td>
<td>2.5</td>
</tr>
<tr>
<td>% Of families having household toilets (pre project implementation and post project)</td>
<td>15</td>
<td>18</td>
<td>1.5</td>
</tr>
<tr>
<td>% Of G.E. cases registered during the previous month</td>
<td>-</td>
<td>Nil</td>
<td>2</td>
</tr>
<tr>
<td>% Of children absent due to ill health</td>
<td>10</td>
<td>10</td>
<td>8.5</td>
</tr>
<tr>
<td>% Of malnutrition cases registered</td>
<td>Almost nil</td>
<td>Almost nil</td>
<td>10</td>
</tr>
<tr>
<td>% Of schools having nutritional plants and kitchen garden</td>
<td>10</td>
<td>90</td>
<td>0</td>
</tr>
</tbody>
</table>

Beyond data, the outcome of the project was accessed through actual observations in field, interaction with the stakeholders, focused group discussions with the community, teachers and students etc.
• As a direct outcome, project schools now have clearly demarcated boundaries and vastly enhanced physical environments. Many schools now have excellent gardens with flowering plants and fruit trees, and playground equipment (financed by community or local administrations), apart from WatSan facilities. Well-designed and maintained facilities are fast becoming the norm rather than exceptions.

• There is now enhanced political will and support for the project and also a change in the trend of fund generation from state to district, indicating a greater willingness to contribute to school sanitation. The high quality of project interventions has resulted in highly inspired and enthused project partners, teachers, children, parents and communities.

The case of Tumkur

In Tumkur, the decentralization process has truly created an enabling environment for the success of the program. This was further attributed to the political will of the Zila Panchayant responsible for the management and implementation of the program at the district level. The program was implemented in a very integrated and collaborative manner to include the Janshala program (Community based school), the Nalli Kali program (joyful learning) and the collaboration of the entire different departments involved.4

The Janshala program was based on a holistic approach and the guiding principles were that community has the potential to improve the content and quality of education and if empowered can contribute to the universalisation of primary schools; each child is unique and has the capacity to acquire knowledge, it is only through active association between teacher and children that will acquire child centered education; teachers can be innovative and creative if included in pre planning programs

With these principles in mind, the Janshala program intervened towards strengthening community-based mechanism for school management; integration of health, sanitation and environmental protection in the school curriculum; provision of basic facilities to inculcate sanitary habits and environmental protection in schools; and improving access for all children to attend school, with emphasis to girls enrollment and attendance.5

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4 Different partners: state level: Dept of education, RD engineering dept, UNICEF Hyderabad. District level: CEO, EE (ZPED) responsible for hardware installation in schools. District level coordinator, responsible for project monitoring, project coordinator. Block level: executive officer of the Talk Panchayat Samithi, Taluk health officer, district education officer, range forest officer, horticultural officer. Cram Panchayat Secretary, school headmasters, village education committee

5 Please refer to the Janshala Program, Karnataka for detail description of the program
A particular intervention of significant learning outcome was the sanitation and environmental protection in the school curriculum. Janshala developed a life skill based curriculum, which focused on the following life skill:

- **Doing skill**: practical skills such as weighing, measuring recording observation
- **Thinking skills**: problem solving, decision making, creative thinking
- **Communication**: listening, enquiring, informing
- **Emotional skills**: resisting pressure, empathy

Nali Kali (means joyful learning) is an approach to education, which adopts multi grade learning, where children of all ages form groups in a classroom and learn in a participatory manner, using well planned learning materials developed by teachers. Teachers in this mode, act as facilitators, guiding the children through the learning process. The composition of groups changes frequently, because children move in and out of groups depending on their activities and their level of achievements. Classrooms are brightly decorated with weather charts of the week, facility maintenance chart, health charts etc. children fill in these charts as they learn about the subject matter. They learn at their own pace using competency cards, achievement and evaluation ladder to score their level of competency and achievement. All the teaching learning processes take place through songs, games, surveys, story telling and use of educational toys. Evaluation thus becomes a continuous process and is in-built with the cards and ladder system.

The participatory and holistic nature adopted by the SWATHH program led to a series of assessments and baseline surveys. The findings of these studies were continually fed into the program design for effectiveness. As a consequence, the software and hardware components were equally implemented, thus, the educational outcomes today are quite extraordinary.

**The case of Raichur**

At a glance, it seemed evident that the decentralized structures in place has created an enabling environment for the SWASTHH program to run effectively and efficiently, both in terms of hardware interventions and soft ware interventions. Interviews conducted with government and political leaders (CEO, District education officers, RD, Zila Panchayat members, water dept. etc) at the state, district and block level about the water and sanitation program in schools seem to re-enforce this view due to their high level of enthusiasm, motivation and commitment to making the program a success. However, field visits revealed that the hardware component of the program (installation of water pumps, toilets) was implemented, and little efforts were made for software component. This is attributed to the fact that the rural development water unit/ZP were solely

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6Refer to Nali Kali program Karnataka for detail program description.
responsible for implementing the program. As a consequence, there was no integrated effort to include the education department in a collaborative manner during the planning and implementation of the project.

There was concerted effort made by the CEO to coordinate the departments concern for the implementation of the program, by having monthly meetings with different representatives from the dept of education, water, agriculture, district education officers, zila panchayat. However it did not create syngery amongst the groups. Furthermore, during the planning stage of the project there was no consultation done with school- teachers, community members or even other departments concern. It was supply driven from UNICEF straight to the RD unit/Zila Panchayat

The lack of capacity of the department of education also played a contributing role in the absence of software. Capacity building must be an integral force for effective implementation of the software aspects.

The consequence of this strategy was that the hardware component was evident in all of the schools visited within the two blocks in Ranchur. In all the schools visited, there was adequate supply of hand pump water, separate toilets for boys and girls, soap near facilities. These facilities were well maintain and functioning. Interviews with school children revealed a strong awareness and education about water, hygiene and sanitation. Posters, wall inscriptions, and art about water sanitation and hygiene were all over the schools visited. The teachers were doing an excellent job in educating the children about sanitation issues.

In all the schools visited, teachers organized and created school ministers with representatives from different social and cast classes. These children were well trained on the various responsibilities held, (health, education, sport and culture, agriculture). For example the minister of education would be in charge of monitoring the attendance and performance of his/her fellow classmates. He/she together with the team, would track absent children, would find out the reason for absenteeism and would suggest appropriate solutions. The other ministries held similar responsibilities related to their topics. As a consequence of this unique program, children’s self confidence and esteem are developed, they experience organizational skills, inter-personal skills, knowledge and leadership skills, cognitive skills which are all relevant for education and life long development.

The nature of the UNICEF program has created a catalyst amongst teachers and children to act as agents for change within the school environment and community. Teachers have responded to this demand, despite the lack of capacity building and training for teachers under the SWATHH program. In all the schools visited, teachers revealed that they did not receive nor undergo any training. Instead, knowledge acquired was through their head masters that underwent two-day orientation training. They then transmitted their knowledge of the program to the teachers who in turn mechanistically taught the children.
**Mid Day Meals**

Mid day meals are excellent incentives for children to attend school and do well. This is particularly important for the schools in the rural areas where the level of poverty and the incidences of mal-nutrition are so evident, as shown in all of the schools visited in Raichur. The nutritional aspects of the meal should be looked at to include vegetables and fruits. The schools horticulture project can be linked to the meals. Children are now growing vegetables in schools, these can be used to enhance the nutritional value of the mid day meals. Children are encouraged to grow fruits like papaya, mangos, and other locally available fruits. All these will contribute to better health and better learning outcomes. Once children are in tuned to this aspect, the different departments can be drawn into the picture. For example the dept. of agriculture can supply seeds and fertilizers to the children, the dept of health can come in periodically and examine and measure the weight of children. These types of interaction and life skills formation could be fed into the school curriculum. In the process, children can monitor the health and nutrition of other children in schools.

The infusion of health dept into the schools can help children learn about diseases and track sickness of other children in schools. In some of the schools visited, there were health charts, seasonal calendar charts in classrooms, children can be taught to monitor the sickness during the various seasons and learn the causes of those sicknesses so that they can learn the solutions/preventions etc. For example if children know that a particular child is absent a lot during the month June, because of malaria. They will learn that cleaning water areas where mosquitoes breed will lessen malaria, avoiding open defecation, which is a breeding ground for mosquitoes, keeping the school compound and home area clean will help prevent malaria, etc.

There is also a need to maintain hygienic conditions in the preparation and distribution of the meal. In many of the schools visited in Raichur, food was being cooked out in the open and the children, it was said, sat on the dirty floor to have their meal. There is a need to make the community aware of the needs of proper hygiene to be maintained during the mid-day meal. The children can be trained to clean the floor before and after eating. The school level monitoring indicators, which till now took into consideration education and sanitation issues, now need to be expanded to take into account the Mid day meal issues.

While UNICEF and GoK are very proud of the accomplishments made since 1992, there is still scope for various improvements to strengthen the programe. A recent internal evaluation by UNICEF identified the need for the following improvements to be made which, will be incorporated into the next phase of the programme to be implemented between 2003 and 2007:
There is a much stronger need to collect accurate baseline data at the commencement of programme interventions and to track changes in knowledge, attitude and behavior.

While co-ordination exists between the three primary departments does exist, it can be strengthened, particular in the area of software implementation.

There is a strong monitoring mechanism for the hardware components through a system of third-party QA&I - yet this is not present for the software and IEC components and should be integrated into the next phase of SWWASTH programming.

In many instances children from neighboring anganwadi centers are not allowed to use toilets – this must be changed to promote positive hygiene at an even earlier level. Training on environmental hygiene and sanitation should be provided to the care takers of the children for this to happen.

Maintenance of facilities continues to be an issue. Clear reporting systems need to be developed and accountabilities in-built into the system to ensure that water supply and hygiene facilities are maintained as required. The capacity of the village development committee need to be build so they can play an active role in maintaining facilities.

Strengthening software components.

Partnerships with professional institutions, external support agencies, corporate sector and civil society.

Integration with broader health and nutrition initiatives, and

Determining impacts of software interventions.

Support for SSHE in anganwadies.

Establish linkages with Sarva Shiksha Abhiyan, Total Sanitation Campaign, and the Tenth Finance Commission.

VI. Suggested Recommendations for Raichur

- An effective communication strategy and intensive social mobilization campaign, directed towards behavior and attitudinal changes at all levels of the political machinery is required for change to happen. These leaders play an essential and if they are sensitize into believing that quality education correlates with health and hygiene, which leads to social and economic development, they would act as agents for change by supporting the soft ware components of the program.

- Providing a pool of human resource people at the UNICEF office would be essential for change to occur. This pool must include an expert on communication for development. This person will be responsible for creating training and sensitization modules directed at different stakeholders involved in this program.

- Also building the capacity of the SDMC at the community level by providing training and income generating schemes would play a critical
role in transforming the lives of the people and in galvanizing them to be part of the delivery of quality education.

- Creating synergy and enhancing capacity of different department: dept. of education, health agriculture, RD, child and women

- Capacity building at the district, block level of education officers to contribute towards the development and implementation of soft ware component

- Training of teachers, community, and development of IEC materials, street plays, sports competitions, awards in schools, student and teachers identity cards.

- Developing the school ministries to be part of the school based monitoring system. Linking the school ministers with communities for community based monitoring of educational outcomes.

- Exchange learning programs teachers from Raichur should visit other successful programs and adapt some of the learning that emerged from those.

- Adapt the Nali Kali and the Janshala approaches into the program; this will require training and capacity building of the teachers.

- Change the curriculum to focus on life skills that reflect the needs and realities of the rural population.
I. SWASTHH - Jharkhand

School Sanitation Support Project (SSS) is part of a global initiative support by United Nations’ Children’s Fund (UNICEF) and the International Water and Sanitation Center (IRC), Netherlands in seven countries viz. India, Nepal, Vietnam, Burkina Faso, Zambia, Colombia and Nicaragua. It is also referred to as School Sanitation and Hygiene Education (SSHE) and under the title “SWASTHH” (School Water and Sanitation Towards Health and Hygiene) is being implemented in three states i.e. Jharkhand, Karnataka and Tamil Nadu. The Rajiv Gandhi Drinking Water Mission (RGDWM) at the National level and the respective governments of these states are implementing the project.

Currently India has approximately 600,000 primary schools in rural areas. Only one of ten schools has adequate toilets and urinals, while safe drinking water is available in only one of every two schools. In this context, the overall objective of School Sanitation and Hygiene Education Programme is to develop, test and successfully illustrate models for hygiene education, water supply and environmental sanitation in rural primary and pre schools.

In the past School Sanitation and Hygiene Education has not been supported by a strong national policy. However this has now been changed. The Restructured Centrally Sponsored Rural Sanitation Programme (RCSRSP) has identified covering schools in rural areas with sanitation facilities as one of the six major objectives. Rural Schools sanitation will be introduced as major component and entry point for wider acceptance of sanitation by the rural masses (Restructured centrally sponsored Rural Sanitation Programme-RCSRSP). The Government has committed itself to ensuring that primary schools have at least one safe source of drinking water and access to proper sanitation. In areas, where near universal access has been assured using the current norms, states are being encouraged to revise the norm upward to one source for 150 people with in a distance 500 metres supplying 55 litres per day.

As a major step, the programme is being implemented in two districts of Jharkhand namely East Singhbhum and Ranchi in six blocks each (Ranchi-Torpa, Khunti, Angara Mruhu, Ormanhji & Mandar and East Singhbhum - Potka,

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7 Data quoted is from the unpublished reports provided by UNICEF and district teams during visit.
Musabani, Patamda, Jamshedpur Dumraai and Bharagora) covering nearly 1000 schools, to set the trend, which can be further expanded to other parts of the state.

The programme is expected to contribute substantially towards overall improvement of the sanitation situation in the state in the long run. As per the revised guidelines for the implementation of the Restructured Centrally Sponsored Rural Sanitation Programme (RCRSP) mandates the State Public Health Engineering Department (PHED) to undertake this programme as a nodal agency. Needless to mention that this programme can be successful only when co-partners viz Department of PHED & HRD, particularly the Primary Education, along with District Administration and other inter-sectoral organizations viz. ICDS, Jharkhand Education Programme Council (JEPC), District Institute of Education and Training (DIET), Health & NGOs, take the initiative and network for imlementation of the programme.

II. Objectives of SWASTHH

- Inclusion of basic knowledge relating to safe water use, sanitation and hygiene in the school curricula and teachers’ orientation to transact these lessons in a child friendly way as a part of life skills education.
- Practicing a set of activities in the school both within the classroom and outside in the larger school environment, which would reinforce habit formation for better hygiene and sanitation.
- Increasing access to safe drinking water and sanitation facilities in schools.
- To orient various functionaries involved as partners in SSHE project.
- Bringing together various agencies like PHED, ICDS Ed. Dept., Jharkhand Education Programme (JEP), Health & NGOs for a common cause and sensitizing them with issues related to SSHE.

Desired SWASTHH results in Jharkhand

- 80% of 500 primary schools in each project district have improved WATSAN (Water and Sanitation) facilities.
- 80% of the school functionaries use and maintain the facilities regularly and know the benefits.
- 50% of the teachers and students have conveyed sanitation and hygiene concepts and messages to their families and communities.
- Improved and systematic hygiene promotion activities have been undertaken in anganwadi centers.
III. Strategies

Partnership & Alliance building:
Government (Education, PHED, District Administration, Health) and Non Government Organisations work as equal partners and respect each other’s skills and competencies.

Intersectoral Convergence:
Coordination across sectoral programmes such as ICDS, ECC, Drinking water etc. ensure synergy to achieve the common goal of promoting better child environment to fulfill the child rights.

WatSan Facilities in schools:
Access to handpumps and toilet/urinal block in and around the school campus develops healthy physical learning environment, increases enrolment and retention of girl children.

Children as Communicators:
Use of children in disseminating the key hygiene messages through a channel of ‘teacher to children, children to children and children to parents and community’ triggers key hygiene practices in school and community levels.

Enhanced Community Participation:
Village Education Committees have been involved in toilet construction, maintenance of water and sanitation facilities in the schools etc

IV. Situation Analysis
Jharkhand is a newly created state. According to the 2001 Census survey, the state has overall literacy rate of 54.13, males 67.94 and females 39.38( All India figures being 65, 76 and 54.3 ).

Ranchi, once the summer capital of the erstwhile state of Bihar, today is the state capital of the newly formed state of Jharkhand. As per Census 2001, the literacy rate of Ranchi district is 62.98 percent, female literacy rate is 52.77. East Singhbhum is the district with highest literacy rates of the state at 69.42, with female literacy rate at 57.95. In both the districts male literacy rate is higher than the national averages. Both have significant industries and also large number of SC/ST population.
JHARKHAND
Figures at a Glance – 2001

Area in Sq. Km 79714
Total Population
Males 13861277
Females 13048151
Total 26909428

(1) Absolute 5065517
(2) Percentage 23.19

Population Density 338 per Sq.Km
Sex Ratio 941

0 – 6 Population (Percentage to total population)
Males 17.60
Females 18.06
Total 17.82

Literacy Rate
Males 67.94
Females 39.38
Total 54.13

Number of Divisions 4
Number of districts 22
Number of Subdivisions 33
Number of C.D. Blocks 210
Number of Urban Agglomerations 11
Number of Towns 152
(1) Statutory Towns 44
(2) Census Towns (Non-Statutory) 108

Number of Revenue Villages 32615

School Infrastructure

Table-1
Comparative School Status of Jharkhand

<table>
<thead>
<tr>
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<tbody>
<tr>
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73
<table>
<thead>
<tr>
<th></th>
<th>Primary</th>
<th>Middle</th>
<th>Total</th>
<th>Primary</th>
<th>Middle</th>
<th>Total</th>
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<tbody>
<tr>
<td><strong>Total No. of Schools</strong></td>
<td>15975</td>
<td>3472</td>
<td>19447</td>
<td>17251</td>
<td>4055</td>
<td>21306</td>
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<tr>
<td><strong>Availability of drinking water facility</strong></td>
<td>5687</td>
<td>2338</td>
<td>8025</td>
<td>9015</td>
<td>2764</td>
<td>11779</td>
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<tr>
<td><strong>Urinal in schools</strong></td>
<td>481</td>
<td>930</td>
<td>1411</td>
<td>_</td>
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<td>_</td>
</tr>
<tr>
<td><strong>Lavatory in schools</strong></td>
<td>448</td>
<td>832</td>
<td>1280</td>
<td>1249</td>
<td>1357</td>
<td>2606</td>
</tr>
<tr>
<td><strong>Without building schools</strong></td>
<td>1488</td>
<td>50</td>
<td>1538</td>
<td>_</td>
<td>_</td>
<td>2317</td>
</tr>
<tr>
<td><strong>Kutchha building schools</strong></td>
<td>909</td>
<td>342</td>
<td>1251</td>
<td>_</td>
<td>_</td>
<td>_</td>
</tr>
<tr>
<td><strong>Thatched building schools</strong></td>
<td>167</td>
<td>19</td>
<td>186</td>
<td>_</td>
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<td>_</td>
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</thead>
<tbody>
<tr>
<td><strong>Without building schools (%)</strong></td>
<td>_</td>
<td>_</td>
<td>7.91</td>
<td>_</td>
<td>_</td>
<td>10.87</td>
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<tr>
<td><strong>Schools without drinking facility (%)</strong></td>
<td>64.4</td>
<td>32.66</td>
<td>58.73</td>
<td>47.74</td>
<td>31.84</td>
<td>44.72</td>
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<tr>
<td><strong>Schools without lavatory facility (%)</strong></td>
<td>97.2</td>
<td>76.04</td>
<td>93.42</td>
<td>92.76</td>
<td>66.54</td>
<td>87.77</td>
</tr>
<tr>
<td><strong>Schools without urinal facility (%)</strong></td>
<td>96.99</td>
<td>73.21</td>
<td>92.74</td>
<td>_</td>
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</table>

**Table-2**

Availability of Basic Amenities in Schools
As can be seen that though things are improving after the DPEP, there are still quite a short fall for basic amenities in school. SWASTHH can be an input which can support the inputs from SSA and bring focus to improving the quality of life in primary and upper primary schools.

IV. Mission's Observations on Project Components

Activities to be undertaken under the programme have been identified and divided into different phases based on the priority. SWASTHH started in the year 2000-2001. Though activities have been planned upto year 2003 and these will also be reflected in the new Programme Plan of Operations of the UNICEF for 2003-2008. Many are still at the take off stage in Jharkhand. The Mission team studied the documents shared during presentations by the UNICEF, Patna, PHED, Official of JPE at the State and district levels. The observations from field visits to Ranchi and East Singhbhum districts have been presented in the Boxes of this Section.

1. Project Planning

The project planning activities have been completed with the approval of the state government and creation of planning structures up to block and village levels. Presence of NGOs in Ranchi is quite significant. The planning process appears to be participatory as all functionaries, NGOs and community members were aware of SWASTHH and its messages and processes. There was a mixed response for education functionaries especially school heads and teachers. This can also be for the fact that many transfers have taken place due to state policy to post teachers in their own blocks.

Baseline Surveys

Baseline surveys have been conducted for both the districts in project blocks. The survey covered six blocks in Ranchi( Angara,Khunti, Mandar,Murthu,Ormanjhi
and Torpa) and six blocks in east Singhbhum (Baharagora, Dumaria, Ghatshila, Potka, Patamda and Jamshedpur).

### Box-1

**Project Planning Activities**

The project was launched in February 2001 in Jharkhand. Prior to that a state level workshop was arranged in June 2000 at Ranchi. It was participated by NGO representatives, PHED functionaries and representatives of health/ICDS/Department of Education, JEPC and UNICEF officials.

As a recommendation a state steering committee was constituted in June 2001 headed by Secretary PHED (now it would be headed by the Development Commissioner). The other members of the committee include the Joint Secretaries of Health, State Project Director of JEPC, Chief Engineer of PHED (HQ), UNICEF and Deputy Commissioners of Ranchi and East Singhbhum. District workshops were also arranged in Ranchi and East Singhbhum in 2000.

As an outcome District coordination committees were constituted. Headed by the Deputy Commissioners, the District coordination committees include Deputy Development Commissioners, Executive Engineers of P.H. Division, District Programme Coordinators of JEPC, Programme officers and District Superintendents of Education and NGOs as members. Further in Ranchi Block Coordination Committees have been constituted at the individual block level. The District and Block level coordination committees meet once in a month to review the progress and process of the project.

**Coverage**

Till January 2003, 140 schools of the target of 596 in Ranchi and 130 of the target of 259 schools in East Singhbhum have been covered for School Health and Sanitation facilities.

These are spread over six blocks for each district. About 14 blocks in Ranchi and three in East Singhbhum are yet to be brought under the programme. **Just now emphasis is on consolidation and ensuring all components of the SWASTH.**

**Capacity Building and Community Mobilization**
The project just now is preparing to cover many of the capacity building aspects. These include Development of Training Modules for various functionaries including teachers, Heads, VEC members, Anganwadi workers, Health workers, Engineers and Masons.

**Box-2**

**Capacity Building**

SWASTHH project aims at developing, tested and successfully demonstrating the replicable models for integrated water supply, environmental sanitation and hygiene education in rural areas. Thus, greater emphasis is given on building capacities of primary, secondary and tertiary stakeholders to enable their participation in spearheading specific interventions.

- **State/District level Planning Workshop**: The state/district level planning workshop arranged in 2000 marked the beginning of the project. The objectives of the workshop were to promote better understanding about SWASTHH concept, preparing a plan of action and to establish inter-sectoral linkages. The workshops were attended by the representatives of health, education and ICDS, NGOs, UNICEF, IRC etc.

- **Training of Trainers**: Facilitated by IRC, a seven days’ training of Trainers was arranged in March 2001 at Ranchi. The Objective were to develop an inter-sectoral team for building capacity in SWASTHH project, to jointly develop/refine the plan of action and transform them into functional work plans with checks and balances and to work on micro planning exercise focusing on the school/community. Follow-up training of the Mater Trainers of Ranchi and East Singhbhum were also held in April-May, 2002. As an outcome, 52 modules were developed for teachers, masons, VECs and Junior Engineers.

Due the presence of DIET at Ratu in District Ranchi, most of the activities are in this district. VECs have been formulated in few places as Panchayati Raj Institutions are yet to be formulated in this new state. Primary Education Programme has also been relatively slow.

Similar activities have also been executed in East Singhbhum with the help of District Project Coordinator of JPEC. Consolidated data was not available for this district. For training of trainers resource persons were identified and they were given training. For the training of VEC members resource persons were drawn from NGO’s and the master trainers from Jharkhand Education Programme were given training for training teachers and head masters.
A 3-day workshop was organized at DIET, Ranchi on Gender Sensitization. The workshop aimed at introducing project personnel’s and the partners to the concept of gender and its applicability in the project.

Table-3

<table>
<thead>
<tr>
<th>Institution / Capacity Building Activities in Ranchi</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activities</strong></td>
</tr>
<tr>
<td>Block Coordinator’s placement and orientation</td>
</tr>
<tr>
<td>VEC constitution and orientation</td>
</tr>
<tr>
<td>PTA formation</td>
</tr>
<tr>
<td>Orientation of PTA</td>
</tr>
<tr>
<td>Training of Head Master and Teachers</td>
</tr>
<tr>
<td>Orientation of NGO functionaries</td>
</tr>
<tr>
<td>Training of VEC members</td>
</tr>
<tr>
<td>Gender Sensitization Workshop</td>
</tr>
<tr>
<td>Training of Stakeholders of toilet construction</td>
</tr>
</tbody>
</table>

Creating Environment in Schools

Programmes like SWASTHH address the basic issues of developing appropriate values and attitudes. Knowledge is essential but not the only answer to promote right habits. Many messages need to be caught. This was a message which was shared with the team by the district collector of East Singhbhum. SWASTHH has specific inputs for creating environment.

Table-4

<table>
<thead>
<tr>
<th>Creating Environment in Schools</th>
<th>Target</th>
<th>Achievement</th>
</tr>
</thead>
</table>
Activities | Achievement
--- | ---
HP platform repaired | 310
Proper drainage and waste water disposal | 4
Garbage pits in schools and its maintenance | 20
Cleanliness in classrooms | 516
Cleanliness in school campus | 16

Table-5

**Water and Sanitation Facilities, Ranchi**

<table>
<thead>
<tr>
<th>Activities</th>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model toilet’s construction</td>
<td>5</td>
</tr>
<tr>
<td>Construction of toilets in schools (in progress)</td>
<td>38</td>
</tr>
<tr>
<td>Demand generation for school toilets with contribution/commitment for maintenance</td>
<td>57</td>
</tr>
</tbody>
</table>

Two new designs have been developed. Prototype toilet units construction are being constructed by the VEC’s of the respective schools, joint supervision was done by PHED, JEP and VIKALP (NGO).

**Community Mobilization**

A group of 5 members of the folk artist’s (with High B grade Certificate from AIR, Ranchi) have been trained by Nav Bharat Jagriti Kendra, Ormanjhi, Ranchi. Gram Sabha’s were organized in the village by the NGO’s as part of community mobilization. Wall Writing/paintings Slogans are written in Hindi and local languages. Door to door contact drive is conducted so that the messages are reinforce in the community and individual households are encouraged to install toilet units in their respective households.

Table-6
Community Mobilization Activities, Ranchi

<table>
<thead>
<tr>
<th>Activities</th>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Mobilisation</td>
<td>195 Village</td>
</tr>
<tr>
<td>Folk Artist selection and training</td>
<td>1/5</td>
</tr>
<tr>
<td>Village Meeting</td>
<td>2169</td>
</tr>
<tr>
<td>Women Group’s Meeting</td>
<td>364</td>
</tr>
<tr>
<td>Wall writing / painting</td>
<td>3380</td>
</tr>
<tr>
<td>Children rally awareness</td>
<td>35</td>
</tr>
<tr>
<td>Cultural performances / shows</td>
<td>95</td>
</tr>
<tr>
<td>Cleanliness drive involving the community</td>
<td>35</td>
</tr>
<tr>
<td>Door to Door contact drive</td>
<td>3717</td>
</tr>
<tr>
<td>Demand generation for Household Toilets</td>
<td>721</td>
</tr>
</tbody>
</table>

The project is quite strong on social mobilization phase in both the districts and the blocks visited. The strategies adopted are mentioned below. However, this information presently is not available in any empirical form.

3. Monitoring and Reviews
Monitoring till date has been through discussions and meetings. Any tools and formats have not been followed.

Table-7

<table>
<thead>
<tr>
<th>Activities</th>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>District coordination committee meeting</td>
<td>10</td>
</tr>
<tr>
<td>Block level review meeting</td>
<td>7</td>
</tr>
<tr>
<td>Cluster level review meeting</td>
<td>15</td>
</tr>
<tr>
<td>State level steering committee meeting</td>
<td>3</td>
</tr>
</tbody>
</table>
4. Following the national workshop, the state has initiated activities for reviewing the curriculum and textbooks and generate teaching learning materials. The state faces a challenge here as after becoming a separate state from Bihar, it is still struggling with the issue of textbooks. A need has been identified to provide additional Teaching aids to teachers, which would be beneficial in transacting the lessons in classroom in a child-friendly and joyful manner. These materials will Curriculum Changes focus on:

- Inputs from SSHE added to the existing school curriculum and textbooks.
- For the benefit of teachers, supplementary teaching material related to SSHE.
- Sanitation kit provided in schools for teachers and children.
- Teachers to forge active links with other service delivery mechanism like PHED, NGO's, ICDS.
- Teachers to add messages related to sanitation and hygiene in day to day activity of schools like Educational games with SSHE inputs, Formation of Health Clubs in school.

During field visits much of these inputs could not be observed on these aspects. It is also to be noted that pedagogical inputs as envisaged by DPEP and now SSA were not observable except for one school in Block Ghatshila of East Singhbhum District (Middle School, Bankati) which is a model school. It would mean that system will have to develop specific strategies for increasing the overall quality of Teaching-Learning processes. This can also be considered as an opportunity for SWASTHH.

5. Information Education and Communication
Along with the development of additional Teaching Learning Material, there is the need to develop additional IEC material for the programme. These materials will be beneficial in conveying the message in the community. JPEC shared its experience of Nav Vihan.
Box-3

**NAV VIHAN**

Nav Vihan is a radio programme being broadcast at 6 PM for half an hour on every Sunday by Akashwani Ranchi. The programme is coordinated by JPEC and addresses rural population of remote villages. It focuses on the importance of primary education, efforts being made to increase the accessibility, ownership and taking care of available resources as well as schools in the villages.

The programme has a character ‘Indru’ who dreams about his village school being beautiful, clean White washed, green and having its own garden. The programme uses other characters of boys and girls and conveys messages for formation of VECs, providing joyful learning to all children, changing attitudes towards girls’ education, working children etc.

It is expected that this would lead to ownership of schools and creative thinking towards school development and use of available resources. It can also be used for information, communication and education for SWASTHH. Till date five programmes have been aired and audience report indicates the popularity. It is also popular with other border states like, Chattisgarh, West Bengal and Bihar. Nagpuri dialect has been used and comedy is the approach.

6. **NGO Partnership**

NGO’s are an important partner in the programme. They will be instrumental in forging close links with the community. The NGOs are entrusted with the task of:

- Formation of the Village Contact Team and their orientation
- Awareness campaign through communication techniques
- Village meeting / Gram Sabha
- Micro - planning using participatory tools
- Orientation of Village Education Committee
- Wall writing depicting the health messages
- Community monitoring on hygiene indicators and
- Promoting village and household sanitation

7. **Water & Sanitation Construction**

Besides enhancing the existing human resources in the district, the programme also aims to providing physical facilities in schools. These physical facilities include Toilet complex, Water point, Boundary wall, Garbage pit, Plantation and Gardening and Force and Lift pump. There are 1,400 schools that are selected to benefit from the SWASTHH project.
Hardware/ WATSAN facilities that will provided in schools as a part of the project are:

- Provision of Toilets (prototype models) in schools;
- Improvement of existing Ferro cement latrines.
- Construction of Drilled Tube well in schools.
- Construction of sanitary wells in schools.
- Provision of rainwater harvesting structures.
- Provision of conversion of hand pumps I.M. II to I.M.III.
- Provision of drainage improvement in schools.
- Provision of Garbage pits in schools.
- Provision of construction of Boundary walls in schools (Sourcing funds from other resources).
- Provision of plantation /gardens in schools.

The basic hardware found in the schools visited are: - One separate water-flush toilet for boys and one for girls - 2 urinals for boys and 2 for girls. A tap outside the toilets provides water to flush the toilet and wash hands. Soap is usually available. A cement basin is situated outside of the toilet block for washing hands and for flushing toilet if the tap inside is not working. One hand pump has also been installed in the school campus. Most of the schools visited have a common entrance for the toilet. Only a few schools have constructed the toilet providing separate entrance for boys and girls. Implementing agency for Hardware is mainly PHED with the help from Viklap (NGO).

External and internal monitoring of Hardware inputs are an integral part of any intervention to ensure quality, relevance and sustainability. The members of the community would be entrusted with the responsibility of maintaining the infrastructure in schools. Their active participation will be sought in the management of the schools. To date these are more in terms of review meetings. Interface with overall monitoring framework of various departments is yet to emerge.

8. Roles & Responsibilities of Partner Agencies
SWASTHH Project is a multi-sectoral project involving various govt. and non-government agencies. The project aims at converging the efforts of individual
departments and work towards the achievement of a common goal under the umbrella of SWASTHH. The major partners of SWASTHH Project are:

**Education Department**
- Facilitation of project monitoring at State and District level;
- Co-ordination for organisation of SWASTHH training and
- Facilitate module development and supplementary curriculum development

**JEP (Jharkhand Education Project) & District Institute of Education and Training (DIET)**
- Development of Teaching Learning modules;
- Monitoring and coordination at CRC/BRC and District level;
- Training of Headmasters & Teachers;
- Training of Peer group (Children) on Hygiene Educations
- Competition, curriculum and co-curriculum activities in schools and
- Co-ordinate with the implementing partners at District level, with Govt. and UNICEF.

**Public Health Engineering Department**
- Provide physical facilities - water & sanitation in schools;
- Technical resource support for training;
- Low cost options and its availability through delivery systems at household level;
- Water quality monitoring and corrective measures and developing community based system;
- Major repair of HP and other water resources and
- Development of alternative water supply system in schools (Rain water Harvesting systems)

**Health Department**
- Facilitate immunization through schools (schools as Centres for service & information)- Children to bring their young siblings for immunization;
- Health check-up of all children and development of Health Cards and
- Supply of ORS and de-worming of children

**ICDS**
- Orientation of AWW & Supervision or health, water & sanitation, and
- Practicing hygiene in the centers with children

**NGO’s Partners**
- Community mobilization on water and sanitation issues;
- Facilitate regular meetings of PTA and VEC;
- Implement activities for promotion of components of Health and Hygiene at household level;
- Facilitate demand generation for Latrine construction;
- Facilitate linkage with demand and delivery (Net working) and
- Facilitate linkage between school & community

**UNICEF**
- Technical & financial support and
- Monitoring, evaluation and resource support.

**Govt./ District Administration**
- Supervision and monitoring of the implementing process and
- Resource support from the available schemes for water and sanitation infrastructure in schools
Partnership with NGOs, Ranchi

Four NGOs are working in 5 blocks of Ranchi district for community mobilization, sensitization and capacity building. NGOs are identifying the members of village contact team, building their capacity, conducting village contact drives for demand generation at household level, providing back-up support to the village Education Committee (VEC) for construction and maintenance of facilities and collecting data at the village level.

The organizations working in Jharkhand for SWASTHH promotion are Ramakrishna Mission Ashram of Ranchi, NayFamily Planning Association of India (FPAI) through its Ranchi chapter, Jan Vikas Kendra of Ranchi, Bharat Jagriti Kendra of Ranchi, and It is to be noted that as a part of the partnership strategy for the implementation in the schools of Ranchi and East Singbhum, the NGOs emerged as a very strong grass root support for the project.

As per the guidelines prepared by the DIET, Ratu in collaboration with the other departments from Education, PHED, Health, UNICEF and ICDS, the NGOs’ major effort is to create the public awareness about the health and cleanliness along with behavioral changes in using the new sanitation facilities and safe drinking water. The NGOs are also instrumental in facilitating the regular consultations and meetings with Village Education Committees and PTAs. They have been able to bring together the school and the community. As a support to the total sanitary campaign the NGOs have also been able to create demand for the construction and use of individual toilets. In this manner there has been a networking in creation of demand and supply.

The role specification has lead to effective networking and timely functions.

9 Project Outcomes

The key outcomes of the project can be divided into two categories- creation of Hardware (in the shape of creation of infra-structure) and Software (in the shape of development of clean habits and also change in the behavior). Hardware development can be defined as physical facilities like toilets, hand-pumps etc that
could be adopted by the community at large. These physical facilities will help in creating an atmosphere in the school that will be contusive for learning and also for the overall development of children. Keeping these views in mind, one can define the project outcomes in Hardware terms as:

- Accessibility to safe and clean source of drinking water;
- Replicable toilets designs, tested and successfully demonstrated;
- Appropriate means of disposal of waste material including solid waste;
- Disposal of waste water, undertaking the task of developing garden in schools with the objective of utilization of waste water;
- Maintaining cleanliness around the source of drinking water
- Developing alternative sources of water where the ground water availability is a problem. Rain water harvesting structures;
- Protection of the facilities by constructing boundary wall in schools;
- Development of affordable range and woman and child friendly home toilet options that can be widely promoted in rural households including poor.
- Creation of physical facilities only in schools will not bring about the desired behavioral change among school children. Good training modules, conceptual clarity about issue related to health, hygiene and sanitation, Teaching Learning Material etc will also help to foster the desired behavioral change.

At the end of the project period (2001-2003), it is assumed that there will be an increase in the retention rate of students in schools especially of girl child students and decrease in drop out rate from schools. School as medium of change and children as agents of change, one can say that there could be some change in the sanitation behavior of the community. The project also aims at lowering the incidences of water-borne diseases and contribute towards bringing down the IMR (Infant Morality Rate) and Under 5 Mortality rate in children. The project outcome indicators need to be debated and concretized for SWASTHH interventions, in the present form it may be difficult to specifically attribute the outcomes to SWASTHH. A number of activities are happening in the state due to tribal sub-plan focus also. For example see the box on Intensive Sanitation Drive which also cover schools.
East Singhbhum

Motivator's Training (Telco village Welfare Committee Khakripara)

Integrated water and Environmental Sanitation Project (IWES) in East Singhbhum was launched on 2 October 1999 corresponding with the birth of Mahatma Gandhi. PHED is the nodal implementing agency receiving supplementary assistance from Swedish International Development Agency (SIDA). Major stakeholders are community, NGOs, District Administration, PHED and GOI. Eight partner NGOs actively support the programme at grassroot level. The project aims to improve the provision of water and Sanitation facilities through increased access to drinking water and access to sanitation up to 10% from the base level of 2% by the year 2002. During 1999-2002 the access to safe drinking water source has increased from 50% to 95% and repair time of hand pumps has reduced to 7 days from 50 days. Functional use of facilities have also improved but would need more efforts. Intensive Sanitary Drive has been planned for mobilizing community to change their behaviour and adopt new practices especially for sanitation. This would cover: Use of Safe water: from collection point to consumption and Investing and use of sanitary latrines and adoption of hand washing practices with soap.

Motivators are the chief agents for this drive. These are community level volunteers (usually five from each Panchayat) local communities by the implementing NGOs- one being a local artist. These undergo residential training for 3 days in batches of up to 30. These are also oriented to their Job expectations, Creating village level baselines in terms of facilities and information and attitudes. One such training of motivators was observed at Khakripara on 26 February, 2003 and ISD was observed in village Bangora. The woman motivator and village artist were observed organizing the rally with the help of school children and local women. Village Education Committee (VEC) members were also present. The central Chabutra (Platform) of the village was the venue. Incidentally the local teacher of single school was absent for collecting food grains for distribution and these motivators used the occasion to organize rally. Interaction with women from above poverty line (APL) and below poverty line (BPL) benefiting from TSC lead to the observation of the APL toilet. The BPL family was not using the facility due to the lack of cover for privacy and water point being at some distance.
10 Management Structure

Under the SWASTHH project, a State Steering Committee under the chairmanship of Secretar PHED, Govt. of Jharkhand has been functioning. The committee comprises of following members:

- Secretary, Human Resource Development, Govt. of Jharkhand;
- Director, Primary Education, HRD, Govt. of Jharkhand;
- Director, Health;
- Director, Social Welfare,
- Deputy Commissioners of respective districts;
- State Project Director, Jharkhand Education Project and
- UNICEF.

The Steering committee meets once every six months to review and monitor the project.

At the district level, there is a District Co-ordination Committee under the chairmanship of the Deputy Commissioner. The District Co-ordination committee consists of

- Executive Engineers of respective P.H. Divisions;
- Civil Surgeon;
- District Programme Officer, ICDS;
- District Superintendent of Education;
- Principal, DIET;
- Representative from IED (Institute for Entrepreneur Development) and NGO representative.

The district co-ordination committee will meet on a quarterly basis to every the programme. An executive committee headed by the Deputy Commissioner and consisting of the Department of Public Health Engineering and Jharkhand Education Project undertakes monthly review and monitoring of the programme. Assistant Engineers and Block Resource Centre Coordinator, JEP and NGO representative blocks also attend the monthly meeting of the executive body and submit their monthly report to executive committee at the district. The Mission team found these structures in place.

Near to the school level, Village Education Committees in all the blocks being visited were found to be involved in the SWASTHH activities. One such example
was the decision on School Toilet design by the Village Committee (Asabani Middle School, Block Potka)

11 Flow of Funds
Rajiv Gandhi National Drinking Water, Ministry of Rural Development is providing funds for undertaking various schemes for water and Sanitation to Public Health Engineering Department in the state. In addition, funds are also available under the provisions of Xth / XIth Finance Commission. **UNICEF provides complementary funds. These funds are channelised through SWASTHH Project for the overall development of schools in the district as per the agreed Plan of Action.**

Under the SWASTHH Project, District Institute of Education and Training, Ratu and Dept. of Public Health Engineering will jointly act as nodal agencies for the implementation of the project in the district. DIET would co-ordinate all the activities related to training, development of training modules, community mobilization and programme support and funds for the same are channelised through DIET. On the other hand, Dept. of Public Health Engineering co-ordinates all the activities related to provision of water and sanitation facilities in schools.

**Total Cost of the Project & Cost Sharing**
Total Cost of SWASTHH Project is Rs. 6,03,11,350.00 (Rupees Six Crores Three Lakhs Eleven Thousand Three hundred and fifty). In the proposed cost sharing, UNICEF contribution is Rs. 4,00,57,350.00 (Rupees Four crores Fifty-seven thousand Threehundred and fifty) i.e. 66.41 percent of the total project cost, the Govt. share is Rs. 2,2,54,000.00 (Rupees Two crores Two lakhs and fifty thousand) approximately 33.59 percent of the project cost.
Case Study-1
Banakati Middle school, Ghatshila

The Context
Banakati Middle school is in the Ghatshila block of district East Singhbhum in Jharkhand. Ghatshila is urban area having 3 lac population but this school is in rural area, about 4kms.away from Ghatshila, the block headquarter. It is a much sought after school and attracts children from other areas. The total strength is 646 students.

<table>
<thead>
<tr>
<th>Students</th>
<th>B</th>
<th>G</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>SC</td>
<td>30</td>
<td>19</td>
<td>49</td>
</tr>
<tr>
<td>ST</td>
<td>126</td>
<td>113</td>
<td>239</td>
</tr>
<tr>
<td>General</td>
<td>188</td>
<td>170</td>
<td>358</td>
</tr>
<tr>
<td>Total</td>
<td>344</td>
<td>302</td>
<td>646 (317 Hindi Medium) (329 Bangla Medium)</td>
</tr>
</tbody>
</table>

The school has 13 teachers in position. The school also has coaching arrangements in a separate set of classrooms for classes IX-X which is unrecognized arrangement with support and knowledge of authorities and villagers.

SWASTHH related Information
The school has well maintained adequate structure but in the forms of blocks of 2-3 rooms with a boundary wall and a side gate opening to a play ground of the community.
The buildings were whitewashed and well maintained with sufficient sun light and ventilation. Seating arrangements for lower classes ins on floor mats and desks and benches for upper classes. It has its own well and also water hand pump.
The school had two toilets earlier and now under SWASTHH also a separate set hacs been provided. Now one old toilet is being used by staff, one by small children and new provisions are for boys and girls of upper classes.

According to a chart posted in the headmasters’office enrollment has increased substantially from 217 students in 1990 to 655 in 2000. The increase is due to the efforts of the government through the NGO and the VEC (Village Education Committee/PTA). The availability of water and toilets in the school and the dry ration of food given to students who attend classes 80% in a month are good incentives for the increase. Other salient features of using the available facilities are:

- Clean, attractive environment with flowers and plants
- A separate toilet for boys and girls and 3 urinals for each group
- A tap next to each toilet for hand washing and flushing of toilet in addition to a cement basin filled with water placed at the entrance of the structure
- Soap and towel
- 1 cup/class for drinking water

**Observations**
The headmaster is very motivated and that has translated in the positive environment in the school which is well kept. The community has good relations with the headmaster. Actually the area for the new toilets was specifically purchased by the VEC.

There were no wall messages on hygiene and sanitation or any other subject. The walls were clean and empty.

**Case Study 2**

**Bahragoda Middle School**

**The Context**
This is the further most block of the district of Bahragoda. The school caters to quite a few neighbouring villages by virtue of being a middle co-education school. The enrollment is shown below:

<table>
<thead>
<tr>
<th>Classes</th>
<th>B</th>
<th>G</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>I-V</td>
<td>095</td>
<td>118</td>
<td>213</td>
</tr>
<tr>
<td>VI-</td>
<td>017</td>
<td>015</td>
<td>032</td>
</tr>
<tr>
<td>VII</td>
<td>018</td>
<td>012</td>
<td>030</td>
</tr>
<tr>
<td>Total</td>
<td>130</td>
<td>145</td>
<td>275</td>
</tr>
</tbody>
</table>

The school has in all seven teachers; one graduate teacher being the in-charge. A Headmaster designate has not been appointed. Only one female teacher is on the staff. The CRC building was built in 2002, with classrooms and one Head masters' (HM) room and a small covered verandah. The regular school building has three rooms and a small verandah, There is a pucca boundary wall. The roof repair has recently been done by the by block office under Jawahar Rojgar
Yojana. Abandoned toilets of the original school building are in broken unutilized form.

**SWASTHH Related information**
The school has acquired the new design toilet complex under the state intervention of TSC. Two urinals and one Toilet each for both boys and girls has been constructed. One old toilet is being used by teachers. Water facility is now available in the form of Hand pump in school campus. The water for toilets is collected in the water tank planned in the toilet design by children of class V onwards, usually in morning as part of daily school routine of cleanliness and before morning assembly. Turn by Turn by all students perform this job with out any discrimination. Overall supervision is by teachers.

The Community has about 5% personal toilet facilities. Out of a total of 450 families, 130 are **BPL** (60 toilets) and rest are **APL**, UNICEF has conducted rallies with Mahila Kalyan Samiti for motivating the families for sanitation and safe drinking water.

Cost of construction is Rs33,700 for the complete toilet complex for boys and girls. It took about one and a half months for the construction with VEC involvement.

**Observations**
The school in general did not show any specific activities of joyful learning or other activity related methodology. Children usually were clean but from lower middle class and poor families. The interaction with the few families, VEC members and Mahila Mandal members and Anganwadi persons revealed that there is general appreciation of these efforts for water and sanitation. School teachers do recall the messages for behavior change but have not received any formal inputs. Red card holders designated as Below poverty Line families receive subsidy on construction of toilets for the total cost of Rs. 650 with family contribution of Rs. 50. the villages had the health, sanitation and safe drinking water messages displayed on walls of houses and public places. NGO presence was visible.

**Case Study-3**
Bendamoudi primary school.
(Now to upgraded to middle school)

**The Context**
This is a primary school according to the records but now has been upgraded to middle school. The school has five rooms with long verandah. Classes were being held in Verandah also. The school does not have a Boundary wall. New building with 2 rooms and one office with funds from Member of Legislative Assembly(MLA) is under construction. Total Enrolment is 307 (B=157,Girls 150).
The presence was 248. SC/ST children are about 25 percent. All the 8 male teachers are from the same block as per the new policy of teacher posting.

**SWASTHH Related Information**

The Mahila Kalyan Samiti (Women's Welfare Committee) has been the chief motivator in this block. The head of this Samiti is a practicing lady doctor whose husband is health minister. Drinking water is available from the Hand pump in the school area provided by PHED. Waste water is collected in an open storage tank and used for the ongoing construction. Toilets were constructed in November 2002 at the Cost of Rs. 33500 (Soap purchased from this fund for Rs500/- and is made available regularly to students).

**Observations**

Community has about 30% BPL families. All have been motivated through rally by MWS with talk on cleanliness, drinking water safety followed by QUIZ for children and distribution of chocolates. Though it is a DPEP school, the TLM was not visible. Children have been reported to be quite sharp and intelligent. Teachers assign students from upper classes to clean the school premise including toilets as part of school’s daily and weekly routine. Discrimination was not observable.
## Annexure 3

### MATRIX FOR OBSERVATION AND ANALYSIS

<table>
<thead>
<tr>
<th>Component</th>
<th>Sub component</th>
<th>Indicators</th>
<th>Sub indicators</th>
<th>Tools/ techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hardware</td>
<td>Toilet</td>
<td>Adequacy of toilets</td>
<td>Number of toilets provided vis-à-vis number of students in school</td>
<td>Observe local systems of sanitation (transect walk)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>No. of urinals and latrines</td>
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<td></td>
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<td></td>
<td>Whether there is a separate toilet for the teacher?</td>
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<td></td>
<td>Whether there is adequate water for the toilets round the year?</td>
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<tr>
<td></td>
<td></td>
<td>Appropriateness of toilets</td>
<td>What is the toilet system used by the community?</td>
<td>FGD with the community on awareness to sanitation facility</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>What is the toilet system used in the school?</td>
<td>Group discussion with teachers and students on usage of toilets</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Does the toilet design take into account the availability of water and the local sanitation practices?</td>
<td>Review of secondary data or analysis to establish a relation between provision of toilets and educational outcomes</td>
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<td></td>
<td></td>
<td></td>
<td>Are the toilets easily maintainable?</td>
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<tr>
<td></td>
<td>Usage of toilets</td>
<td>What is the average usage of toilets in the community?</td>
<td>Group discussion with students to find out their perception about usage of toilets</td>
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<td></td>
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<td></td>
<td>Do the children use the toilet provided in the school?</td>
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<tr>
<td></td>
<td></td>
<td>Usage of urinals vis-à-vis usage of latrines</td>
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<tr>
<td><strong>Hand washing</strong></td>
<td><strong>Provision of facilities</strong></td>
<td>Are the toilets flushed every time they are used?</td>
<td>Find the local system of hand washing (transect walk and interview)</td>
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<td></td>
<td>Is there a provision for hand washing?</td>
<td>Is there adequate water for washing hands with soap throughout the year?</td>
<td>Causal diagram with students and teachers</td>
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<tr>
<td><strong>Practice</strong></td>
<td>What is the practice of abulation?</td>
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<td></td>
<td>Is soap or any other disinfectant being used?</td>
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<td></td>
<td>Do the children wash their hands before meals?</td>
<td></td>
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<tr>
<td><strong>Water</strong></td>
<td><strong>Availability of water</strong></td>
<td>Is drinking water available in the school? If not, why? Does the village have access to drinking water?</td>
<td>Structured interviews</td>
<td></td>
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<tr>
<td></td>
<td>What is the source of drinking water?</td>
<td></td>
<td>Group discussions with community on availability and usage of water</td>
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<td></td>
<td>How far is the water source if not within the school?</td>
<td></td>
<td>Key informant interviews with govt. officials on their plan of action for providing water</td>
<td></td>
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<tr>
<td><strong>Quality of water</strong></td>
<td>Is there data available on the quality of water in the area.</td>
<td></td>
<td>Focus group discussion with the local community on incidences of water borne desease</td>
<td></td>
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<tr>
<td></td>
<td>Any specific water related problems like excess fluoride, salt etc. - how is it taken care of?</td>
<td></td>
<td>Disease Diagram with community- types/causes of disease</td>
<td></td>
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<td></td>
<td>Incidences of any water related deseases in the area.</td>
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<td></td>
<td>On visual inspection does the water look to be potable?</td>
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<tr>
<td><strong>Boundary wall</strong></td>
<td><strong>Availability</strong></td>
<td>Is a boundary available in the school?</td>
<td>FGD with the community on the need for a boundary wall</td>
<td></td>
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<tr>
<td>Requirement</td>
<td>Implementation</td>
<td>Semi structured discussion on options available to create a boundary apart from a brick wall</td>
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<tr>
<td>If yes, when was it provided? Has it made a difference to the enrolment and retention pattern</td>
<td>Are the toilets maintained and cleaned? Who cleans them?</td>
<td>Note location of the school and whether it warrants provision of a boundary (transect walk)</td>
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<tr>
<td>Requirement</td>
<td>How are repairs done to the toilets and to the drinking water facilities?</td>
<td>Check on the availability of adequate land (transect walk).</td>
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<tr>
<td>How do local people provide boundaries to their houses?</td>
<td>Funds</td>
<td>Where do funds for repair and maintenance come from? Is there some form of community contribution?</td>
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<td></td>
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<tr>
<td>Repair and Maintenance</td>
<td></td>
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<tr>
<td>Software</td>
<td>Public awareness and mobilization</td>
<td></td>
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<tr>
<td>process</td>
<td></td>
<td>What was the strategy for community mobilisation?</td>
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<td></td>
<td></td>
<td>Was there a focus on gender and social equity in the mobilisation campaigns?</td>
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<td></td>
<td></td>
<td>What forms of communication were used? - Technological / traditional</td>
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<tr>
<td>outcome</td>
<td></td>
<td>Whether the community has changed their habits to accommodate for improved sanitation?</td>
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<td></td>
<td></td>
<td>Does the community realise the importance of sanitation in health and education?</td>
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<td></td>
<td></td>
<td>What activities the community has undertaken to put the SWASTHH into practice?</td>
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<td></td>
<td></td>
<td>Is there a demand for better sanitation facilities?</td>
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<tr>
<td>Training</td>
<td>People trained</td>
<td>Who were the people trained - educational administrators, heads of schools, teachers, students, parents etc</td>
<td></td>
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</tr>
</tbody>
</table>
| Process of training | How are the teachers trained in health and hygiene related issues? Who trains them?  
How was the parents trained/ informed? radio, meeting, other means? |
|---------------------|------------------------------------------------------------------------------------------------------------------|
| Impact              | What is the level of competency in teaching SWASTHH  
What do parents, community understand about SWASTHH?  
What changes have been observed since the implementation of SWASTHH in the schools? The community?  
How is the SWASTHH training translated into reality (question to those who have received the training) |
| Curriculum          | Curricular revision  
Has there been a change in the curriculum to incorporate aspects of hygiene education?  
How do the teachers present the SWASTHH messages to the students - integrated into the existing subjects or presented as a separate topic.  
Ask to see a lesson plan? |
| Impact              | Is the State govt.(Education Dept.) willing to look at curricular revisions on similar lines?  
How often the teachers have a class session during which they talk about SWASTHH  
How are the students applying the SWASTHH messages at school? Home? With Friends? Siblings? Parents?  
What activities are undertaken by the students in the school and in the community to concretize the messages received through SWASTHH |
| School based monitoring | Is there a system of school based monitoring? Who does it? Teacher/ community?  
Has there been an improvement in the health condition of the students since the time the programme was launched?  
Has is affected the academic performance of students? |
<table>
<thead>
<tr>
<th>School management</th>
<th>Does the school have a clean environment? Has this resulted in increased enrolment and reduced drop outs.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>How do the student “ministries” monitor the handwashing?</td>
</tr>
<tr>
<td></td>
<td>How do the student “ministries” keep track of information they share with families, friends, communities, etc. and how do they use these data?</td>
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<tr>
<td></td>
<td>Describe how and by who the daily organization of activities such as cleaning of toilets, provision of soup or ashes, filing of water bottles for washing hands, etc is done?</td>
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<td></td>
<td>How do the directors, teachers use the data gathered by the student ministries to highlight the achievement or absence of progress of SWASTTH related activities?</td>
</tr>
<tr>
<td></td>
<td>What is the role division between teachers and students on sanitation related activities?</td>
</tr>
<tr>
<td></td>
<td>What song and messages are used daily to promote an hygiene behavior?</td>
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<tr>
<td>Community participation</td>
<td>Who in the community participates</td>
</tr>
<tr>
<td></td>
<td>What is the level of community contribution - in decision making, in resource mobilisation</td>
</tr>
<tr>
<td></td>
<td>What is the role of the community in implementing SWASTTH</td>
</tr>
<tr>
<td>Policy issues</td>
<td>Upscaling</td>
</tr>
<tr>
<td></td>
<td>What are the plans of upscaling the programme</td>
</tr>
<tr>
<td></td>
<td>What are the areas which needs upscaling</td>
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<td></td>
<td>What is the critical mass required for upscallation to make an impact on the sanitation scene</td>
</tr>
<tr>
<td></td>
<td>What would be the costs for upscallation</td>
</tr>
</tbody>
</table>
| **Sustainability** | **Sustainability of process** | Is the programme seen to be an effective one by the Govt.  
Does the community see the programme to have made a difference in their context  
Has there been adequate capacity built up at the local level to sustain the processes. |
| **Financial sustainability** | How does the community propose to sustain the financial costs of maintenance. Is there a contingency plan at the village level  
What are the various resources available at the State / district level to sustain such an initiative.  
What are the areas that can be sustained through state resources. |
| **Legal Framework** | **Health policy for public places** | Do the school system follow any state, national or local codes, norms on water and sanitation? What are these codes, norms, etcf. |
| **Decentralisation** | **Decentralisation of the programme** | What has been the level of community involvement in planning, implementation and monitoring  
Was there adequate state involvement in the planning of the programme? |
| **Decentralisation in system** | Does the state have an effective Panchayat system?  
Has it been effective in initiating the programme  
What mechanisms were used to deliver service - State, NGOs, Pvt. Sector, Community, Contractors etc |
| **Cost** | Hardware cost  
Software cost  
Administrative/ Management costs  
Cost per school |
<p>| <strong>Convergence</strong> | Who and how coordination is done to avoid duplication in the SWASHTT activities |</p>
<table>
<thead>
<tr>
<th>Relationship With Partners</th>
<th>National</th>
<th>How was the project visualised? Was it an UNICEF effort or was there a request from the govt.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>National</td>
<td>How were the areas of intervention decided?</td>
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<td></td>
<td>State</td>
<td>Was there a dialog with the state administration?</td>
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<td></td>
<td>State</td>
<td>What was the support received from the UNICEF National office?</td>
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<td></td>
<td>District</td>
<td>Was a dialog initiated with the district administration?</td>
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<td></td>
<td>District</td>
<td>Were possibilities of convergence looked into?</td>
</tr>
<tr>
<td></td>
<td>District</td>
<td>Was the local community involved in initiation of the programme? Was there a demand from them?</td>
</tr>
<tr>
<td>Baseline &amp; benchmark</td>
<td></td>
<td>Was there a baseline data available on the status of toilet facilities and water</td>
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<td></td>
<td></td>
<td>Was there data available on water quality, water availability etc.</td>
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<td></td>
<td></td>
<td>Was there any data available on behavioural patterns?</td>
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<td></td>
<td></td>
<td>How was it decided on which schools/ villages to intervene?</td>
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<tr>
<td>Planning</td>
<td></td>
<td>Was there a prioritisation done?</td>
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<td></td>
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<td>How were the numbers decided?</td>
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<td></td>
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<td>Who developed the designs?</td>
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<td></td>
<td>How was the time frame decided?</td>
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<tr>
<td>Implementation</td>
<td>Monitoring &amp; Evaluation</td>
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<tr>
<td>Was it realistic?</td>
<td>What were the roles and responsibilities at various levels?</td>
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<td>Was there a planned focus on socially disadvantaged groups?</td>
<td>What is the system of administrative support?</td>
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<td>What steps were taken to ensure equity?</td>
<td>What is the system of fund flow?</td>
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<td></td>
<td>How is transparency ensured in the system?</td>
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<thead>
<tr>
<th>Monitoring &amp; Evaluation</th>
<th>Monitoring &amp; Evaluation</th>
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<tbody>
<tr>
<td>How is transparency ensured in the system?</td>
<td>What is the system of monitoring at the local level?</td>
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<td></td>
<td>How is monitoring done at the district and State level?</td>
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<td></td>
<td>Monitoring system at the National level</td>
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<td></td>
<td>Is there an evaluation system?</td>
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<td>Are there any micro studies that have been conducted?</td>
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<tr>
<th>Local appropriate innovation</th>
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<tbody>
<tr>
<td>Outcomes? - Education and Health</td>
</tr>
<tr>
<td>Organizational structure</td>
</tr>
<tr>
<td>Cost effectiveness</td>
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</tbody>
</table>