

**ISSN: 0976-3376****Asian Journal of Science and Technology**
Vol. 09, Issue, 06, pp.8318-8321, June, 2018**RESEARCH ARTICLE****PERSPECTIVE ON WASH STRATEGY IN PUBLIC SCHOOLS OF LUCKNOW, UTTAR PRADESH, INDIA****1,*Tridibesh Tripathy, 2Anjali Tripathy, 3Khuswant Singh and 4Jyoti Khare****¹Tata Institute of Social Sciences, Mumbai, India****²Program co-ordinator, Water Aid, Lucknow office, UP, India****³Chief Functionary, Ankur Yuva Chetna Shivir (AYCS), Lucknow, UP, India****⁴Director, AYCS, Lucknow, UP, India**

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ABSTRACT

WASH in schools has been a recurring concern in the current Swacch Bharat Mission (SBM), the flagship program of Government of India regarding WASH issues being implemented under the Ministry of Drinking Water and Sanitation (MODWS). Under this umbrella, the Swacch Vidyalaya Abhiyan (SVA) was launched by GOI in 2014. The current study was done in 2017, three years after the launch of SVA with the objective of a situational analysis and study of WASH in the selected schools of Lucknow. The study areas constituted of schools in the blocks of Lucknow district. The study was supported by Ankur Yuva Chetna Shivir (AYCS), a NGO working on WASH issues with schools of Lucknow. The current study is a qualitative study. It cited out what is to be done in future regarding WASH by the school authorities like the education department of Lucknow district and NGOs based upon the discussions held at two levels viz, the community in the vicinity of the schools and stake holders like the teachers of the schools and the Front Line workers of public health system like ASHA, ANM and AWW of the women and child development department. The study included FGDs among students and stake holders included teachers of the schools and FLWs Public Health System of UP. The findings reflect gender disparity, inequality in the context of social issues among children in the public schools. Children being absent from schools because of WASH related issues like proper and universal use of toilets and menstrual hygiene management are also brought forth. The ever important issue of portable water facility at the school is also brought to focus in the current study.

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INTRODUCTION

AYCS, a NGO based in Lucknow has been working in the field of WASH in the schools of Lucknow since a decade. The current study was done with the objective of a situational analysis and study of WASH in the public schools of the project area of Lucknow. The project areas of AYCS constituted schools run by the public education authorities of Lucknow. The study was done on the lines of the WASH strategy document of UNICEF. The two objectives of the WASH strategy document of UNICEF for 2016-2030 are to achieve universal and equitable access to safe and affordable drinking water for all and the second one is to achieve access to adequate and equitable sanitation and hygiene for all and end open defaecation, paying special attention to the needs of women and girls and those in vulnerable situations. Keeping these two objectives in view, the current study cited out what is to be done in future regarding WASH by the public authorities and NGOs based upon the discussions held at two levels viz, the community and stake holders.

The study encompasses the 10 monitoring indicators of the proceedings of WASH in school conference held by GOI for South Asia in 2012 (UNICEF, 2012). These are defined equitable standards, provision of funds, safe drinking water, functioning sanitation facilities for all including disabled children, participatory planning, adequate functioning hand washing stations, MHM facilities, hand washing practices, functional solid and liquid waste management, teaching learning of WASH. Similarly, the study aligned itself with the Sustainable Development Goals (SDG) of United Nations where the 6th Goal is WASH related. The study included FGDs done with groups of boys and girls and also exclusively for girls in schools respectively to ascertain their special needs. It also included information on source of drinking water for the children in the school. In this context, the study was aligned to the objectives of SDG. The structure of the article has sections like abstract, introduction; WASH as a relevant issue, research methodology, research tools, results and discussions, observation in schools, recommended activities for schools, summary of discussions with FLWs, conclusions and references.

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WASH as a relevant issue: UNICEF's study in 2017 in India has cited that each ₹ 1 invested on WASH saves ₹ 4.30.

This finding strengthens the argument for WASH being an effective strategy. The field work of the study was done in 8 schools of Lucknow district. The schools were in Chinhat block and urban area of Lucknow. There were 6 primary and 2 upper primary schools. The 2 upper primary schools were all girl schools. The study included more girls than boys. The numbers of girls were more than double the number of boys. In UP, 83.75% of schools have separate toilets for boys and girls but only 61.25% were functional and only 50% had running water provision and only 33.75% had facilities for Divyang children or children with special needs (UNICEF, 2012). Further an assessment of WASH in schools in nine states (includes 5 districts of UP) by Water Aid in 2016 show that 64.5% schools had hand pumps as the major source of drinking water and in 15% the water was not safe for drinking. 39% schools had locked toilets and 15.2% children never used the school toilets and defecated in the open. 31% did not have handwashing facility outside the toilet. Only 20% schools had MHM facility, in 31.9% schools children threw the garbage outside the school campus. 44% schools had teacher training and 70% schools had students training on WASH. 40% of schools did not receive funds timely for WASH related activities.

Similarly, a study in schools of Lucknow on WASH in 2013 by FANSA states that the WASH conditions are poor as there were insufficient number of toilets, poor condition of toilets and poor MHM practices. The garbage was just thrown besides the school premises. Another study by Development Alternatives in 2014 in 108 schools in 3 districts of UP advocated for students to be WASH ambassadors at large for the community. The Water and Sanitation for Urban Poor (WSUP) business plan launched in March 2016 for the period 2016-2020 mentions 5 strategic areas out of which the second strategy mentions of "developing capacity in the public and private sectors". The work of the NGOs and civic authorities falls in the category of private sector and it is imperative that the capacity of NGOs will be strengthened through focused work in WASH. A study by UNICEF in Georgia in 2013 found that the urban schools had better WASH conditions than the rural schools. Globally it is also seen that poor WASH leads to water borne and vector borne diseases. Among these, the major killers of U5 children in India are diarrhoea and pneumonia.

Analysis of the causes of U5 death in India shows that diarrhoea contributes to 11% of all deaths and pneumonia contributes to 16% of all deaths in India (WHO, 2015). The prevalence rate of diarrhoea is 15% in UP and for pneumonia it is 5% where as it is 10% and 3% for India (NFHS 4, 2015-16). Similarly, in Lucknow district, the prevalence rate of diarrhoea is 12% and for pneumonia it is 15%. (AHS, 2012-2013). Another large scale health survey shows that the prevalence rate of diarrhoea in Lucknow is 8% and for pneumonia it is 2% (NFHS 4, 2015-2016). As per the Integrated action plan for Prevention and control of Pneumonia and Diarrhoea (IAPPD) of UNICEF, the prevalence of diarrhoea and pneumonia can be prevented by WASH through promotion of behaviors like hand washing. These behaviors come under the 'prevention' method as they prevent pneumonia and diarrhea. The WASH component is as per the goal # 6 of the Sustainable Development Goals of the United Nations as adopted in 2016. The figure below gives the details of the flow of the study in a sequential manner.

The WASH strategy contributes to benefits in all the stages of life. The benefits as per the stages of life as per the WASH strategy document of UNICEF are-

Pregnancy- reduced maternal disease and death, reduced under nutrition, protection from violence, increased dignity.

Childbirth and New-born - reduced neonatal, maternal disease and death, increased dignity.

Infant to 2 years- reduced child disease and death and reduced stunting.

Young children (2-5 years) - reduced child disease and death, reduced under nutrition.

School age children- reduced child disease and death, reduced under nutrition, increased school attendance, protection from violence, increased dignity.

Adolescent girls and boys- reduced adolescent disease and death, reduced under nutrition, increased school attendance especially for girls, protection from violence, increased dignity.

From among these stages, the direct relation is with the school age and the adolescent girls as two upper primary girl schools were selected for the study.

As per the NUHM launched in 2013, populations including school children are to be covered through Urban Health and Nutrition Days. The study also focused on UHNDs as critical points for disseminating WASH messages and distribution of OZ tablets to children suffering from diarrhea and antibiotics including antipyretics for pneumonia.

MATERIALS AND METHODS

Purposeful sampling technique was used for the study as 8 schools were those where AYCS, the NGO had worked/working currently. There were 6 primary and 2 upper primary schools. All the primary schools were co-ed schools and the other two schools were upper primary schools only for girls. In all, there were 96 girls and 45 boys who participated in the study. Among the 96 girls, 39 were from the upper primary schools. In order to have adequate representation from the schools and stake holders, 8 FGDs were done in school and 3 other stake holders were interviewed. 2 were from the public health system and the other was from women and child development department of the state government. From among the schools, 8 groups of children having both boys and girls and 2 groups of only girls were the vehicles for the FGDs. The three stakeholders were those who have direct stakes in the programs implemented by AYCS were the ASHA and ANM from the public health system, AWW from the women and child development department. All three were working in the communities where these schools come under.

Statistical treatment: The data was analyzed using qualitative research techniques software to summarize and prioritize the issues as per the number of respondents replying per issue. The qualitative data was grouped into common thematic areas that emerged in the study which formed the basis of the ensuing results and discussion.



Figure 1.

Box-1- Recommended activities for AYCS for schools based on the discussions

1. Make all hand pumps functional in schools with the support of SMCs as this is the base of addressing WASH related activities.
2. Keep soaps ready at hand pumps for students to wash hands and plates. If soaps are not available, develop the habit in students to bring some washing powder from home daily.
3. Girls use toilets in most schools to urinate and boys urinate in the open. The students are sent home to defecate. Encourage cleaning of toilets so that both boys and girls use the toilets.
4. Link with municipal corporation to make the Safai Karmachari clean the toilets in schools. Currently most schools use the services of a hired cleaner. Try including students to clean toilets as well so that the habit percolates to HH level. Work with SMCs to have the services of hired cleaner at least twice a month.
5. Encourage teachers to keep ready some sanitary pads for girls and teachers to ask girls to use cotton cloth by the girls. Encourage them to attend school. Discuss about Menstrual Hygiene Management in schools.
6. Do hand washing demonstration once in every three months and link with RBSK of NHM of UP for distribution of deworm and iron tablets. ORS and Zinc tablets in case of diarrhoea in children. Focus on critical points of hand washing with students frequently. Show the 60 second movie on diarrhoea.
7. Encourage students to eat together and not in their respective classes to make students socially inclusive.
8. Encourage all schools to have schedules for students to clean class rooms, maintain garden and keep surroundings clean so that only few students do not clean but all learn to clean.
9. Encourage all schools to introduce dustbins only for dry garbage.

Research tools: The tools used for the study were FGD protocols for students and Interviews schedules (IS) for stake holders. Observation technique was also used to observe WASH related activity done by the school during the field work. Both the tools had open ended questions. The initial pattern of questions in the tools ranged from the basics of SBM and their awareness about SBM. Next part was about the activities they do regarding SBM followed by their experiences on SBM related activities. This part was followed by the opportunities and challenges that they face. The last part was about the future plans or activities that they want for themselves. The children were interviewed using FGD protocol which included sections on their rapport with SBM related activities and capacity building initiatives and discussions in the schools. The flow of the interview schedule for the FLWs had their brief background, their capacity building initiatives, their awareness level and the types of job aides they received on WASH and how they used and perceived these materials.

RESULTS AND DISCUSSION

This section has the detailed summary of the FGDs held in the schools followed by the observation related findings. Next is the box that has the recommendations for AYCS that mentions the activities to be done in future. The last section has the detailed summary of the discussions held with the three stake holders.

Summary of the FGDs held in schools: Most of the students knew about the SBM and could relate the mission to cleanliness in their school. Only 2 out of the eight schools had schedules for both boys and girls to clean the class rooms but gender disparity is clear in most schools as the girls clean the class rooms and not the boys. When students urinate, mostly the girls use the toilets of the school and not the boys. The boys urinate in the open.

For defecation, students are sent back home and mostly they do not come back to school on those days. Few students in the schools bring their own tiffin or plates to eat the mid-day meal. The reason they gave was that all students especially the younger ones do not clean their plates properly. One to one probing with the student might help to bring out the issue of social inclusion here. All the students could relate to the hand washing demonstration and distribution of iron and deworm tablets but these events are not held periodically. None of the students clean the toilets. In the absence of regular safai karmachari, all schools have hired private cleaner who cleans the toilets once a fortnight or month.

Hands washing with soaps are not regular feature as soaps are not kept at the source of water. Students bring washing powder from homes also. None of the schools have the habit of keeping dustbins and the students do not have the habit of using dustbins also. No school has provisions for keeping sanitary pads in the school in case of a menarche in any girl. Usually girls go home and come back to school only after their menstrual cycle has stopped. I could also find that the girls knew about MHM but not all were using cotton clothes during menstrual cycle. However, in all the schools the teachers keep some sanitary pads on their own for emergency use. None of the schools has the habit of keeping drinking water in a pot in the school.

Observation in schools: In most of the schools, toilets remained closed. In one school, 2 toilets were used as stores. Although the students replied that they maintain garden and keep surroundings clean, the garden and surroundings were not clean. The students replied that they eat mid-day meal together but in reality, they were eating in their own classes. Students were drinking water with hands in most of the schools. Although students said that they broom the class rooms daily, the class rooms looked dirty or unclean.

Summary of the discussions held with Front Line Workers such as ASHA, AWW and ANM

The ANM at the urban UHND session uses the hub cutter for the used needles and deposits in the Bal Mahila Chikistalaya without realizing that she is addressing Swacch Bharat Mission (SBM) related activities. The hospital/medical wastes are treated as bio hazards and the disposal of these wastes are done by the hospital. The ANM was unaware of the SBM related activities in the community but the ASHA knew about SBM. The ASHA informed that the municipal corporation picks up the garbage from the common area where the community throws the garbage. The SBM activity that they do in the UHND session is to talk about hand washing with pregnant women and mothers. The ASHA and ANM distribute ORS and Zinc to the mothers or house hold members of children under the age of 5 years for diarrhoeal diseases. The ASHA also discusses hand washing with the members of HH when she visits the HH as part of her home visit activity. The AWW informed that the students of the play school of the Angan Wadi Centre (AWC) urinate in the open and for defecation they go home. The helper of AWC cleans the plates and the children wash their hands using soaps at the AWC. The children had de-worm tablets only once in the year 2017. They had also received iron tablets only once in the year 2017. Not all students ate the tablets at the AWC. However, there was no dustbin available in the AWC. There is no indicator related to SBM in the management information system or reporting system of the ICDS for AWW. None of the FLWs were able to link the benefit of Zinc to stunting there by addressing their application on the WASH issue.

Conclusion

The study concludes that five major activities that NGOs and school authorities needs to do in near future. The first is to make the family of these children to promote use of toilets at homes and schools (for boys) there by addressing open defecation issues.

The second is to reinforce hand washing demonstration at school level as students learn through demonstration and doing. The third is to involve all the stakeholders such as parents and the community in the vicinity of the school in the project area whether they are directly or indirectly related to WASH activities. The fourth is to strengthen mechanisms at the schools so that children get portable or drinking water at the school premises perennially. The all-important MHM and WASH education in schools is the 5th priority.

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