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Research Article

Examining Water Use and Sanitation Practices in Rural Schools of Chegutu District, Mashonaland West Province, Zimbabwe

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Access to water, sanitation and hygiene (WASH) in schools is integral to the well-being of children and their right to quality education. The study examines water use and sanitation practices of selected rural secondary schools in Ward 11 and 29 of Chegutu District in Zimbabwe. Data were collected using questionnaires, interviews and published data. A total of 81 questionnaires investigating students' hygiene practices, as well as their perceptions on service delivery, were issued to students. Data collected were analyzed using tables, graphs, pie chart, and descriptive statistics. The study concluded that the present WASH practices in many of the schools were not adequate. The reasons for low water and sanitation services, which to some extent affected the capacity of local authorities and schools to manage water and sanitation supply services in the past years. Despite support by community, civic society and Government, the impact of their contributions remains significant though insufficient. Inadequate capital to support and maintain WASH standards in schools, and lack of monitoring systems remain key challenges. Further support is required to meet international recommendations for healthy and gender-equitable schools.

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1. Introduction

Water, sanitation and hygiene (WASH) in schools contributes to better health and educational outcomes among students. Water, sanitation and health are therefore very critical not only as a human right, but also as a step to national development and poverty reduction. World Health Organization has set a target of halving the proportion of people without safe access to improved water or sanitation by 2015 (UN, 2003).

The impact of WASH in schools is multi-faceted as it makes a crosscutting contribution to achievement of the Sustainable Development Goals (SDGs) through impacting universal primary education, gender equality and environmental sustainability. Although the world has progressed in the area of water and sanitation, more than 2 billion people still live without access to sanitation facilities and some are unable to practice basic hygiene (UN World Water Development Report, 2023).

In developing countries, there is mounting pressure from international agencies for schools to institute Water, Sanitation and Hygiene (WASH) facilities to reduce or eliminate water borne diseases. Inadequate water supply and sanitation are largely responsible for the high levels of water borne diseases in Southern Africa, where the majority of people live in rural areas and do not have appropriate sanitation systems (Hirji, 2001; Hirji, 2002). Not surprisingly, infectious water borne diseases, such as dysentery, cholera, and hepatitis are ommon in places where water is scarce. Providing drinking water free of disease-causing agents is the primary goal of all water supply systems (Faggle and Rabie, 1992). The inability of vulnerable populations to access safe water and basic sanitation has seen frequent diarrheal and cholera outbreaks in the Zimbabwe. The 2008 cholera outbreak was unprecedented, affecting urban and rural areas in all ten provinces. Results from the 2009 Multiple Indicator Monitoring Survey (MIMS) indicate that the proportion of people in rural areas with access to safe drinking water declined from 70% in 1999 to 61% in 2009, due to unfavorable economic conditions in the country (Sisimayi and Masuku, 2010). The majority of the cholera cases (68.6%) were reported from the provinces of Mashonaland West, Harare, Manicaland, and Masvingo (Waddington et al, 2009). Poor water and sanitation provisions in areas of Chegutu District (Mashonaland West Province) gave the outbreak a distinct rural preponderance at its outset. Access to health services was a major challenge and one of the major reasons for the prolonged nature of the outbreak.

The programme component of WASH in schools supports countries in providing access to safe water and adequate sanitation for all in order to improve the health and well-being of the students, staff, as well as community. WASH provides guidance and tools for sustainability of water supply and sanitation facilities with focus on: operation and maintenance, community management, participatory health and hygiene education transformation as well as drinking water surveillance (WHO, 2012). WASH also assists countries in resource mobilization for the development of the water supply and sanitation sector. Since 1990, almost 2 billion people globally have gained access to improved sanitation, and 2.3 billion people have gained access to drinking water from improved sources (WHO Report, 2014). The report also highlights a narrowing disparity in access to cleaner water and better sanitation between rural and urban schools.

Southern African primary schools in rural areas are poor, linked to the high incidence of poverty, poor hygiene and sanitation practices (Dube and January, 2011). A study conducted in six Sub-Saharan African countries comprising Ethiopia, Kenya, Mozambique, Rwanda, Uganda and Zambia, found that 1% of rural schools in Ethiopia and Mozambique to 23% of rural schools in Rwanda, had improved water sources, improved sanitation and water and soap on school premises. Fewer than 23% of rural schools in the six countries met the WHO's recommended studentlatrine ratios for boys and girls (Morgan et al., 2017). It is important to note that apart from the family, schools are important and stimulating learning environments for children and have the potential to significantly alter the behavior patterns of students leading to improved hygiene practices (UNICEF, 2009). According to Fewtrell et al (2005), these hygiene behaviors include proper hand washing, regular bathing and laundering, safe disposal of waste, and proper use of toilets which will help in enhancing effective learning, attracting large student enrolment in schools and ensuring a reduced burden on diseases. Very few studies have been carried out particularly in rural secondary schools to assess sanitation practices carried in these schools. It is against this back drop that this study sought to establish the extent of water use and sanitation practices in ensuring sustainable implementation of hygiene practices particularly in resettlement areas.

Results derived from the study provide a snapshot of the current status of water use and sanitation practices in rural schools of Chegutu District based on available local data and from research studies. This research seeks primarily to support raising the profile of WASH in schools by providing the current available data, and a baseline from which progress in the sector may be tracked. The results from the study would be used by Chegutu District Public Health Department and other related organisations that are involved in the prevention of diarrheal diseases to come up with appropriate diarrheal prevention interventions. The findings of the research help schools to avail financial resources and time in areas of water use and sanitation practices, hence improving and reinforcing hygienic conditions. The study provides information for the development of better policy regarding implementation strategies for the rural schools by the Government of Zimbabwe from district to national level.

2. Literature Background: Overview on Water and Sanitation

Human health depends on the quality of our immediate surroundings, in which water and sanitation services and their management have a key role. In September 2000, the United Nations General Assembly adopted a number of Millennium Development Goals (MDGs) that challenged the global community to reduce poverty and increase the health and wellbeing of all peoples. In September 2002, the World Summit on Sustainable Development in Johannesburg reaffirmed these goals and added specific targets on sanitation and hygiene (UN, 2003). By including sanitation and hygiene in the MDGs, the global community has acknowledged the importance of promoting sanitation and hygiene as development interventions and has set a series of goals and targets. These are to half by 2015, the proportion of people without access to basic sanitation. Additionally, MDGs also seek to improve sanitation in public institutions, as well as strengthening existing information networks (UN, 2003).

However, the global statistics on sanitation hide the actual situation in some developing regions. According to UNICEF (2013), developing regions have an average coverage of 50%, that is, only one out of two people has access to some sort of improved sanitation facility. The regions presenting the lowest coverage are Sub–Saharan Africa (37%), Southern Asia (38%) and Eastern Asia (45%). Since the Global Joint Call to Action for WASH in Schools, "Raising Clean Hands" was published in 2010, the focus on school–based water, sanitation and hygiene has increased, but still lags behind targets for global and regional coverage, which is improving, but much too slowly (UNICEF, 2012b).

2.1. Water Supply and Sanitation Programmes in Developed Countries

Improved sanitation practices that produce the desired results have been studied in the developed world. WHO (2009) notes that, in the developed world, only the sanitation technologies which operate in an environmentally responsible manner are chosen. The implementation of eco-sanitation (eco-san) to manage excreta has been realized in Romania. Following the implementation of eco-san toilet in Romania in 2003 aimed on improving school sanitation facilities, Ukraine adapted the eco-san toilet design to Ukrainian building standards in 2004 (Ukraine Country Report, 2013). The toilet consists of three double vault urine diverting toilets, three waterless urinals and two urine tanks of 2m³ each. Urine and faeces are properly separated, collected and stored. After storage of the urine during six months and composting of the faeces during two years, it can be used as a fertilizer (Compost Toilets Practical Action Technical Brief, 2007). This new technology has been known as a good alternative to the traditional pit latrines for rural schools because it does not result in groundwater contamination and produces good fertilizer. The success of the sanitation programmes were attributed to cooperation from the stakeholders, who made their contributions on what they expected to be done, with schools committing to conserving the environment and sticking to the laid down school policies.

2.2. Legal Framework for Water and Sanitation in Schools in Zimbabwe

The 1976 Education Act, amended in 2006, made provision for WASH in schools among other requirements. It is a requirement that every school shall have at least two blocks of toilets, separate for girls and boys, and the number of toilets is further determined by enrolment in line with Ministry of Health and Child Welfare standards (MOHCW, 2011). Before a school is registered by the Ministry of Education, it is Government policy that officials from MOHCW inspect and certify as satisfactory sanitary

conditions at that school (GoZ, 2013). The national standards require an approved toilet facility for schools, that is, ventilated improved pits (VIP) for rural schools without reticulated water supply; or water-borne sanitation where reticulated water system is available, usually in urban areas. The ratio of pupils to toilet is 25:1 for boys and 20:1 for girls as a national policy (MoHCW, 2011). National standards on WASH in schools are specified in Minimum Functionality School Standards designed by Ministry of Primary and Secondary Education (Appendix A), while international standards for WASH in schools are specified by UNICEF Guidelines (Appendix B).

2.1.1. Impact of Inadequate WASH Facilities in Rural schools

Although it is a worldwide trend to prioritise provision of good quality drinking water over good sanitation, experience has shown that good health requires three essential components, that is, water, sanitation and hygiene (Water Aid, 2012). Inadequate water and sanitation undermines immune functioning and increases vulnerability to infections. This is particularly significant given the prevalence of AIDS in Africa. Inadequate water and sanitation services in schools frequently results in the loss of privacy and dignity, and increases risks to children's safety when toilets are placed at a distance from the schools' premises (Enviro Loo, 2010). This is particularly true for girls when it comes to menstrual hygiene management (MHM). Poor sanitation and unusable facilities in many schools may contribute to absenteeism and an uncongenial learning environment, and is cited as an important reason why many girls drop out of school (UNICEF, 2002). Further studies can also look into the impact of sanitation aspects on girls' participation and attendance in schools since literature is still lacking.

Poorly designed sanitation facilities or inappropriate location may lead to migration of waste matter and contamination of local water supplies putting the school and surrounding community at risk (MoHCW, 2011). Groundwater pollution problems associated with on-site sanitation systems have given rise to concern in terms of its potential negative impact on the environment in rural schools. In areas where water table is high and pollution problems very real, VIP latrines may not be considered (Enviro Loo, 2010), especially for schools in Eastern and Western Cape in South Africa, and part of the Eastern Highlands of Zimbabwe where water table is relatively high.

According to WHO (2009), cholera, dysentery and trachoma are diseases spread by a combination of poor sanitation and poor hygiene practices associated with water scarcity and poor water quality, as well as lack of education and understanding of how easily the infection can spread in public institutions and between people. Between August 2008 and May 2009, Zimbabwe suffered the most severe cholera epidemic ever recorded in Africa, resulting in 98,440 cases and 4,130 deaths (CARE, 2012). In response to the cholera crisis Zimbabwe has experienced, CARE International UK has implemented a successful project in Bikita district, one of the areas worst affected by Cholera.

With funding from the Isle of Man Overseas Aid Committee, technical assistance from CARE and the active involvement of government departments and local authorities, a project has been implemented to improve WASH situation in schools and surrounding rural communities in Bikita (CARE, 2012). Alongside improving education around WASH issues, the project also saw the construction of latrines, hand washing facilities and water points for a community in dire need. Affordable services should be promoted to ensure the broadest coverage within the shortest time frame. As a minimum basic requirement, sanitation services and potable water within 500m of a school should be provided and upgraded when feasible (UNICEF, 2011; MSS, 2013). In addition, good hygiene practices such as hand washing, safe water storage, as well as solid waste management, should be promoted through implementation of appropriate awareness campaigns. The research focuses on how such practices are being achieved in rural schools, and the challenges being faced in service delivery.

Lack of facilities and poor hygiene affect both girls and boys, although poor sanitation conditions at schools have a stronger negative impact on girls. All girls should have access to safe, clean, separate, and private sanitation facilities in their schools (WSP, 2004). If there are no latrines and hand-washing facilities at school, or if they are in bad repair, many children would rather not attend school than use the alternatives (WHO, 2008). It is particularly important that girls who are old enough to menstruate have adequate facilities at school that are separate from those of boys. According to Sayed (2013), if facilities are not separate, students, especially girls may miss school monthly, finding it difficult to catch up, and ultimately being more likely to drop out of school altogether. A study conducted by Morgan et al (2017) notes that fewer than 20% of the rural schools were observed to have at least four to five recommended menstrual hygiene services (separate sex latrines with doors and locks, water for use and waste bin).

3. Methodology

3.1. Study Area

The study was conducted in Ward 11 and 29 of Chegutu District, Mashonaland West Province in Zimbabwe. The area falls under Agroecological Region 2B where rainfall ranges from 750 to 1000 mm per year. The study area which is located in Selous resettlement area, was considered for purpose of the study. Four secondary schools were selected, namely; Chengeta Secondary School, Naemoor Secondary School, Benbank Senior School and Saruwe Secondary School (figure 3.1). The schools were coded A, B, C and D respectively, for confidentiality. The schools are dispersed throughout the study site area as shown in figure 1.



Figure 1. Map showing the location of study area (Arc GIS Version 10.1)

3.2. Data Collection

Descriptive research was used to obtain information concerning the current status of WASH in order to describe what exists with respect to variables or conditions in school WASH. Both qualitative and quantitative (descriptive statistics) techniques were employed in this study. Although each method collects specific type of data, the methods are complementary; one method confirms, verify and reinforce the findings obtained by the others (Mills et al, 2010).

Data collection techniques used in this study were self-administered questionnaires and interviews. The adoption of these techniques was meant to have these methods augment each other in soliciting data from different units of analysis. Combining these methods also facilitate verification of data.

3.2.1. Questionnaires

Questionnaires were distributed to students since they are the most affected by water supply and sanitary conditions in public schools. Questionnaires were used to collect data from respondents with cognisance that the data would be easy to convert into figures for comparative analysis (Gray, 2009). Both closed and open-ended questions were used for respondents to express themselves where necessary. The questionnaires with simple-tick response administered to students included 5-point Likert scale seeking information on water, sanitation, and hygiene- related issues.

3.2.2. Interviews

Interview guides were used to solicit information from School Health Masters, School Development Committee (SDC) Chairpersons, Rural District Council, District Education Office, Ministry of Health (Chegutu District Hospital), and UNICEF coordinator in the district. The role of school health master in the survey was to examine the consistency of the students' view concerning the state of the WASH in their schools. The methodology was preferred for its strength in giving detailed explanations of a phenomenon (Babbie, 2008) and in this case, explanation on progress of WASH in schools, challenges and future plans. The above mentioned authorities were interviewed to assess their contribution towards attainment of WASH objectives in the district, including future plans.

3.3. Secondary data

Secondary data is data already collected for other purposes. The secondary data sources included WASH reading material, School Development Plan (SDP), records of enrolment from 2016 to 2022, Health education schedules, school WASH campaign schedules, as well as internet sources. This method was favourable for its fewer costs compared to other methods like which required more resources (Gray, 2009).

3.4. Sampling

Sampling is the process of taking any portion of the population as representative of that population (Otero, 1999). For this research, combinations of sampling techniques were used to gather data. These were purposive sampling and stratified-systematic random sampling. Purposive sampling was used to select schools in geographical area under study. Schools from Ward 11 and 29 of Chegutu East Constituency were consciously and purposively selected to be representative of secondary schools in resettlement areas. Stratified-systematic random sampling was used to select students. The students were aggregated by gender (stratified sampling) and systematic sampling was used to select every second student using school registers. Stratified sampling permits the researcher to identify sub-groups within a population and create a sample which mirrors these sub-groups by randomly choosing subjects from each stratum (Babbie, 2008).

3.5. Study Sample size

According to Otero (1999), a sample is a set of data collected and selected from a statistical population by a defined procedure. Generally, a sample is a subset of the population. The study's sample frame comprised of 81 students (40%) from a target population of 201 students. In all statistical analysis, the objective is to minimise error and maximise the true measure. Gay (1987) suggests 10% of large populations and 20% of small populations as minimum population samples. The sample that was chosen constituted 40% of the form four student populations. The population sample was set above the minimum of 20% suggested by Gay to minimise error. According to Gray (2009), as the sample size increases, the random extraneous errors tend to cancel each other out, leaving a better picture of the true measure of the population. The survey was carried out in the winter season, between the months of October and November 2022.

3.6. Data analysis

Data collected were compiled and analysed using descriptive statistics (graphs and tables). WASH components in schools were assessed using Minimum Functionality School Standards designed by Ministry of Primary and Secondary Education to promote WASH in schools, and UNICEF guidelines. The Minimum Functionality School Standards document draws information from various Government and Ministry instruments. Both documents set the basic measures or benchmarks of expected performance and achievement for effective teaching, learning and institutional management of schools. The documents also specify expected standards for WASH in schools. The student-latrine ratios were also used to assess adequacy of sanitation facilities in schools. It was obtained by dividing number of students by the number of observed functional latrines per school.

4. Results and Discussion

Data collected from four school sites in Chegutu District was presented and analyzed. The researcher used the findings that have been reviewed in the literature section and those from the field survey. General characteristics of staff and student population were also identified. Heads of schools and students responded to self-administered questionnaires. To assess water use and sanitation practices by students, 5-point Lickert scale (strongly agree, agree, neutral, disagree and strongly disagree) was used to determine level of agreement. Students were asked for their perceptions pertaining services delivered to them. The schools from which data were acquired were coded as A, B, C, and D following the order of visits from day one. Coding was spurred by the idea of maintaining anonymity of the respondents. Health masters (one per school) and SDC chairpersons were interviewed on the assumption that some of them would not respond to self-administered questionnaires well and that the researcher required qualitative data from people directly involved in school WASH programmes. The findings revealed the actual sanitation practices in rural secondary schools of Chegutu District.

4.1. General Characteristics of Students and Staff Population

This section identifies populations of male and female staff, as well as trends in student enrolment statistics of schools A, B, C and D, from 2017 to 2022. Figure 2 below shows staff categories in schools A, B, C, and D.

4.2. Staff Characteristics by Gender

The study revealed that all schools were headed by male acting heads, with 6 to 11 years work experience. All school heads were holders of Bachelor of Education degree in subject area. From the schools visited, the number of male teachers range from 2 to 6 teachers, while females range from 3 to 5 teachers. On average there were 4 male and 4 female teachers per school. Equal average numbers entail the need for equity in terms water supply and sanitation to meet the needs of both male and female teachers. Research findings (Figure 2) show that there were more female (71%) than male (29%) teachers in school D. School C had equal numbers of male (50%) and female (50%) teachers. School A and B had more male than female teachers. Figure 2 below shows staff population classified by gender. The research revealed that both staff and students used the same water source. Sanitation facilities for staff were adequate ranging from two to four toilets. The research showed that hand-washing for teachers and washing water for female staff is still lacking in schools. The results showed that school D had more female staff, more than double male teacher population. This condition implies that more washing water for female staff, and the need for privacy is required.



Figure 2. Staff Population by gender (Source: Research Findings)

4.3. School Enrolment Statistics from 2017 to 2022

Information of student population was extracted from school registers. From 2017 to 2022, enrolment for schools A, B, C, and D increased although school A showed a sharp increase from 130 to 200 students. The head of School A explained that the increase in enrolment was due to presence of good sanitary facilities as well as classroom blocks. The other heads of schools indicated that the increase in student population were due to migration of students from other schools. Increase in enrolment for schools C and D from year 2017 to 2022, were due to low fees structure ranging between US\$20 and US\$25 or local currency equivalence (Zimbabwean dollars). The head of school C added that, local people could not afford high fees; therefore their children attended schools with affordable fees. More so, students' population for school A continues to rise up to 2022. The reason cited was that, school A had a larger sphere of influence than all other schools, and furthest distance travelled by students is close to 15 kilometers. School A has been characterized by good pass rates, as a result, new students have visited the school often. The reason for the drop in enrolment for school B was unclear; the head revealed that the school experienced quite significant numbers of dropouts from 2020 to 2022. Figure 3 shows a summary of student enrolment statistics from 2017 to 2022.



Figure 3. School Enrolment statistics from 2017 - 2022. (Source: Research Findings)

The trends in figure 3) revealed that enrolment for schools A, C and D was increasing each year from 2017 to 2022, except for school B when it declined in 2020 and 2021 then rose sharply in 2022. Generally, enrolment for schools A, B, C and D were higher in 2022 than in 2017 by 116%, 74%, 81% and 157% respectively, which suggests that enrolment rate was on the rise.

4.4. Water Use in Schools

Among many factors which influence the quality of service delivery, water availability is one of them (UN, 2011). In order to assess the regularity of supply of water in schools under study, it was important to first identify the common water sources used. A student questionnaire was used to identify the main source of water in the schools. It was found that the majority of the students in all the four schools are supplied with borehole water. It was noted that these sources of water do not go through any form of treatment before use and this does not make it totally safe for drinking. Even though majority of the students indicated that water was safe for drinking (60%) as shown in figure 4, 34% disagreed. From student assessment in school D, 96% of respondents said borehole water usually contained some visible suspended substances.

Supporting evidence through observations by researcher revealed that suspended substances and rust were seen in borehole water during morning when people start to fetch water. The school health master from school D confirmed that students had raised concern on quality of water, but had not investigated the issue to verify the sentiments. Students from school C also reported that the water had an unpleasant taste. To determine the significance of responses the researcher tested the water and it had an unpleasant taste. The school health master, the head and the SDC chairman also said the same thing, and emphasised on the need for water test to ensure microbiological safety. However, borehole and tap water is considered acceptable provided it has undergone necessary treatment that meets national standards (UNICEF, 2014). Instead, microbial water tests by trained individuals at schools could provide more accurate information on water quality. While boreholes for schools C and D provided a needed source of potable water 4 and 5 years ago, respectively, they have not been maintained by experts, and no inspections have been done by Government health officials for the past 5 years. All heads of schools reported that neither Ward health officials nor Chegutu Rural District Council have visited schools on WASH related issues but for other reasons. This shows lack of commitment on part of Ministry of Health and Rural District Council despite the fact that the results from key informants interviewed indicated lack of resources and overdependence on donor aid as main challenges being faced by these institutions. However there has been to a larger extent the intervention of the private sector and community in ensuring availability of water in all schools. Increased resources or alternative actors for water quality monitoring should be addressed.

Majority of the students from school C indicated water scarcity as the main challenge in the school especially when the borehole is not functioning. To handle such challenges, students bring their drinking water from home while a few depend on water sold in school. The school in this category dedicates a day during the week to fetch water from boreholes from nearby farms and store in large drums. Since the water supplied is not treated before storage, majority of the students bring their drinking water from home. Figure 4 below shows the results on water related matters from the students. It could be inferred that all schools had their water sources functional as indicated by 77% of students. Despite similarities in terms of pumping out water, the states of boreholes were different due to age. Aging water systems are vulnerable to continued breakdown, burst pipes and leaks leading contamination problems (DWAF, 2003b). Observations showed that boreholes in schools A and B were newer than of other schools. The heads of schools and SDC chairmen also indicated that donor intervention and community involvement provided boreholes for schools A and B, respectively. The boreholes for these schools were replaced after series of break downs due to use of old equipment. In addition, students from these schools did not mention any problems related to water quality other than long queues and long waiting time at water points during break and lunch time. Figure 4 below shows students' responses on provision of water services as well as hygiene practices by students.



Figure 4. Students' response on water use in schools (Source: Research findings)

The results showed lack of investment in hand-washing facilities and soap among schools studied. Majority of students disagreed on provision of soap (89%) and availability of hand-washing water (63%). Observations also revealed that there were neither hand-washing facilities nor soap during school visits. Only a few students indicated bringing soap for hand-washing to school. Majority of students (76%) indicated that they do not wash hands with soap; this is a clear indication of lack of commitment in terms of investment in school WASH components. Majority of students did not agree on provision of washing water for girls (78%), while 17% agreed. Students also revealed that lack of hand-washing facilities and soap made it difficult for them to practice hygiene at school. Washing water for girls were only provided in school B; water was stored in open drums and a small bucket was used to fetch water. Open water is prone to contamination and its use poses potential health risk. According to MoHCW (2009), water quality is an important consideration in rating the performance of a water supply system. The quality of water required for either personal or domestic use must be safe, that is, free from micro-organisms and chemical substances that constitute a threat to a person's health. The need for clean protected water for use by students should be considered seriously. Findings support the view that girls who are menstruating face numerous challenges when attending school and these include; lack of appropriate disposal facilities for sanitary pads, inadequate water supply, lack of sufficient toilets and little provision for hand washing (UNICEF, 2012).

4.5. Frequency of Water Use

Students were asked on frequency of water use during school hours. Figure 5 below shows frequency of water use by male and female students per day. The results showed that frequency ranged from "once a day" to "four times a day". Majority of male students (40%) use water source twice a day, followed by 29% using water source three times a day. 16% and 14% of male students use water source once a day and four times a day, respectively. The study also revealed that majority of female students (52%) use water source three times a day, followed by a significant number of 34% using water source four times a day. From the study findings, it is noted that small percentages of female students use water source once (5%) and twice (9%) a day. The results reveal that female students use water source more frequently that male students, hence renewed investments in school WASH need to consider consistent provision of water for girls and all students in the long run. Water access and good latrine conditions at school were found to be important aspects of school environment for menstruating girls in Tanzania, Kenya and South Asia (Blanton et al, 2007). However, a recent study in Malawi found no impact of school WASH conditions on girls' absenteeism (RWSSI Project Briefs, 2014). A number of qualitative studies (UK Aid, 2014; UNICEF, 2011; WHO, 2014) provide reports of the adverse impact poor WASH conditions have on girls' privacy and comfort at school, and lack of menstrual hygiene management (MHM) resources may affect girls' participation in school activities due to fear of leakage. Current findings reveal that insufficient resources are available for menstruating girls in rural schools of developing countries; however reviews indicate insufficient research to clarify the impact of improved MHM on school or health parameters. Generally there is lack of privacy and places to wash or dry (reusable) sanitary materials, and lack of water for washing.



Figure 5. Water use by Male and Female Students per day. (Source: Research findings)

4.6. Sanitation Practices in Rural Schools

In the study area, all schools had improved functional sanitation structures (VIP toilets) on premises. School directors reported that facilities had waterless latrines, and all were functional. From figure 6, majority of the students (67%) reported bad odour in toilets, while 33% disagreed. Observations revealed that toilets in schools C and D had "bad smell" compared with toilets in schools A and B which were in good state. Additionally, the study found that 40% of the students (majority from school A and B) agreed that cleaning schedules were available in schools, while a significant number also disagreed (38%). Observations showed

that only schools A and B had cleaning schedules pasted on notice boards. The state of sanitation facilities in schools C and D is an indication that little is being done to ensure that facilities are kept in good state. To support that, 63% of students, with majority from schools C and D, indicated that sanitation facilities were not cleaned and disinfected. It can be noted that there is need for schools to put written schedules into practice in order to promote a healthy learning environment. This shows lack of commitment on part of the school staff. The research revealed that all heads of schools were holders Bachelor of Education degree, but they failed to embark on at least one fundraising project, yet they have the potential to design, plan and manage income generating projects.



Figure 6. Sanitation Practices and Hygiene (Source: Research Findings)

Another issue that is crucial in the provision of sanitation in schools is the technical efficiency of schools. According to United Nations (2008), technical efficiency measures the ability of an organization (school) to use its resources productively to generate outputs (healthy school environment). The study revealed that provision and efficiency in the use of water and sanitation resources as well as financial management of the WASH budget is still lacking in all schools. In the provision of water and sanitation, schools are expected to be technically efficient. According to Water and Sanitation Programme (2011), only nine countries in Eastern and Southern African region provide WASH facilities for students with physical disabilities, including policies and design standards that consider wheelchair access for toilets, including ramps and larger cubicles. Further

studies can look into effectiveness of current WASH programmes for students with physical disabilities in both rural and urban schools, locally and regionally. Considering students with physical disabilities in WASH promotes equality and social acceptance. School Heads have plans to improve WASH conditions as outlined in School Development Plans (SDPs). Their plans include purchasing hand-washing facilities, building toilets and urinals, painting toilets and electrifying the schools.

Although the conditions of sanitation facility of schools A and B were better than those of schools C and D, their adequacy remains an issue. Table 1 shows the current ratios of toilet to students for schools A, B, C and D.

School Code	Population of students		Number of toilet facilities	Ratio of toilet to students	
А	Boys	180	5	1:36	
	Girls	122	4	1:31	
В	Boys	123	4	1:31	
	Girls	89	3	1:30	
с	Boys	106	3	1:36	
	Girls	90	3	1:30	
D	Boys	110	4	1:28	
	Girls	101	3	1:34	

Table 1. Current Ratio of Toilet to Students for Schools A, B, C and D

Source: Research findings

It was observed that there were insufficient toilets in all the secondary schools. Latrine construction in all the schools had not kept pace with the increase in enrollment which has resulted in schools having more than 25 pupils per drop-hole. The study revealed that for the past 5 years, no toilets were added to keep pace with increase in enrolment. The population of the schools visited range between 196 and 302 students, with number of toilet facilities that ranges between 3 and 5 latrines. The ratio of toilet to student in all schools ranged from 1: 28 for boys and 1: 30 for girls to 1: 36 and 1: 34 respectively. The study also found that students find it difficult to use toilets especially the female students, who require more privacy. Both female and male students prefer using the toilets before leaving their various homes and also at the close of the day since school toilets are not always clean even though there were schedules for cleaning of toilets. The study revealed that cleaning of toilets were done by students as schools under study were low income schools and could not afford to employ ancillary staff as specified by all heads of schools. Proper use of the toilet facility can only be possible when the toilet facilities are well cleaned and disinfected (UN, 2003). Some students could not use the toilets because they were always dirty. No urinals are provided in all the schools assessed. Through thorough observation and investigation, it was revealed that cleaning materials were only provided in school A and B, Heads of schools C and D indicated that school cash inflow rates were not favourable, the reason being that only a few students were paying fees. They also added that most parents live in farm compounds, and their monthly wages are low, ranging between US\$40 and US\$60. As a result, the little income each school get is channeled towards administrative issues and the purchase of teaching and learning material for staff. In addition, the population of students served by these facilities is much more than the stipulated standard by UNICEF and Government of Zimbabwe.

4.7. Information Access and Hygiene Education

Participation of staff, students and community in school WASH programmes is encouraged. The research revealed that only school B had sanitation club and the club functions fully during third term when there are no sports. School B made an effort to allow students to participate in District WASH programmes in 2021 (table 2). The results show reluctance and lack of technical efficiency of schools A, C and D on part of the school administration. School Health Clubs could be helpful in reminding the students on the ethics of good sanitation (Adukia, 2013). From student responses in figure 7 below, 51% of the students disagreed that the schools provided information and hygiene education to students, while 38% agreed. Head of school A added that students are taught hygiene education once a term, and students have participated in awareness programmes at school, cluster and District level. Schools B and D reported giving hygiene education twice per term. This shows that students' knowledge and perceptions with WASH programme were shallow. Many of the students in all the schools visited were not enlightened on the importance of hygiene education and attitudes towards regular practices concerning water, sanitation and personal hygiene.

Research showed that 69% of students were aware that students' health is mainly affected by their hygiene practices and by school environment (71%), compared to 23% and 15% of students who disagreed respectively. Majority of students (56%) disagreed that students have engaged in District WASH programmes, while 32% of students agreed. On the other hand, 76% disagreed of students agreed that students have engaged in Cluster WASH programmes while 7% of the students agreed. Responses from significant number of students showed that provision of Health Education in all schools is still lacking. There is need for schools to redesign schedules for Health Education embracing water, sanitation and hygiene. It would be of great value if monitoring and evaluation were done in this area.



Figure 7. Students' Responses on Hygiene Education and Awareness. (Source: Research findings)

The study revealed that training WASH programmes at district level were few in the past years due to lack of resources as highlighted by District Environmental Health Officer, and that the district is currently sourcing funds from stakeholders including government and NGOs. District WASH programmes were organized by Ministry of Health and Child Welfare (MoHCW) with support from Chegutu Rural District Council, Ministry of Primary and Secondary Education and UNICEF to raise hygiene awareness among students, school staff and community. The study findings revealed that only two schools attended WASH workshops at District level. The school health masters also expressed that they were already teaching hygiene education in schools, but not in the context of WASH. Hygiene education in schools is very important since it promotes good health and improves learning ability (UNICEF, 2010).

Teachers from all schools emphasized the need for adequate learning materials on WASH. Table 2 below shows participation of schools in WASH programmmes at District and local level. Teachers from school A and B participated in WASH programmes at District level in 2022. School A participated twice, while school B participated once. Teachers in schools in schools C and D were also not acquainted with the knowledge of ensuring enabling environment and promoting continual awareness campaigns to the students. The teachers acknowledged that they had never participated in specialized training on sanitation and hygiene education except at colleges where they did hygiene education, but not in the context of WASH. None of the schools realized the importance of access to information, education and communication (IEC) materials that incorporate water, sanitation and hygiene-related issues. Additionally, no information on WASH was displayed in classrooms, except cleaning schedules in classrooms.

According to the survey results, Heads from school A and B interviewed revealed that WASH workshops were designed for all schools to keep them abreast with modern trends in school environmental management and to ensure, according to Morgan (2006), that the need for inter-generational and intra-generational distribution of resources was understood.

Training / Awareness Program	Target	Level	Date	Duration				
School A								
WASH Workshop	WASH Workshop School heads, students, community members		February 2022	4 Hours				
Environmental Health	Teachers, students and community	Ward	July 2022	3 Hours				
WASH Workshop	WASH Workshop Health masters, Heads of schools		March 2022	6 Hours				
Hygiene Education	students	School	Once every term	At least an hour				
School B								
WASH Workshop	Health masters, Heads of schools	District	March 2022	6 Hours				
Hygiene Education	Hygiene Education Students		Twice per term	1 – 2 Hours				
Guidance and Counselling	Guidance and Counselling Students		Once every week	30 minutes per lesson				
School Health Clubs	School Health Clubs Students and teachers		Functional 3 rd term	2 Hours				
School C								
WASH Workshop		District	None attended					
Health Club	Health Club Students and teachers		None					
Hygiene Education	Hygiene Education Students		Once a term	30 minutes to 1 Hour				
School Health Clubs		school	None					
School D								
WASH Workshop	SH Workshop		None attended					
Hygiene Education	Students		Twice a term	At least 1 Hour				
Health Club		School	none					

Table 2. Participation of Schools in Awareness Programmes at Distict and local level

Source: Extracts from schools visited

The workshops were meaningful to the target groups who were trained to tackle the challenges they faced in their specific school environments. WASH Coordinator from District Education Office also highlighted the need for more workshops, support and equal participation of schools in the District. Emphasis was also placed on self-reliance of rural schools through engaging in fundraising projects, so as to finance WASH programmes at school level.

Participation of schools in Global campaigns is still lacking in all schools. The study showed that all schools participated in Hand-washing Day in 2022, and only school A participated in 2021 Sanitation Week. Heads of schools also reported that preparations for 2023 Hand-washing Day (15th October) were already underway, and the community had already pledging to improvise hand-washing facilities using low cost plastic buckets. The researcher further discussed with all the school heads and school health masters on the importance of participating in awareness campaigns, and concluded that, the involvement of community in awareness campaigns could bring positive changes in hygiene behaviour of students, staff, as well as community. School heads and school health masters also highlighted the need to mobilize resources earlier in preparation for international WASH campaigns each year. It was also recommended that the District Education WASH compaigns.

4.8. WASH Documents in Schools

The research notes that only a few WASH documents were kept as sources of reference in schools. Filing system were not prepared to ensure that the requisite documents were kept and the important detail were captured. Among the documents kept at the visited schools were the School Development Plans (SDPs), MSS document and reports from workshops attended. School management, in this regard, should prepare enough documents to see effective implementation of WASH in schools. WASH materials were also lacking in all school, and schools should be encouraged to extract WASH material from internet.

4.9. WASH Support from Stakeholders

Effectiveness of WASH in schools requires all-stakeholder commitment (Murinda, 2011). Most countries in southern Africa, such as Zimbabwe, South Africa, Malawi, Tanzania, Zambia and Namibia, have embraced the philosophy of stakeholder participation in water and sanitation management (Morgan, 2006). According to Chegutu Rural District Council, two different NGOs were reported to have worked in the District in recent years, and these are UNICEF and Mvuramanzi Trust among others. All schools reported receiving support from UNICEF in the form of textbooks and full science kits only in the year 2019 and 2020, WASH related materials were not provided. Social Service Personnel Assistant from Chegutu rural District Council also revealed that plans were underway to embark on Rural Sanitation Programme in 28 Wards of Chegutu District, with support from UNICEF, Mvuramanzi Trust and UK Aid, among others. The results also revealed that schools that received support from A2 farmers and community had better sanitary conditions. No significant differences were observed for schools receiving assistance, in terms of structural integrity, cleanliness as well as latrine-student ratio.

The heads all schools reported that costs for repair and maintenance of water and sanitation facilities were covered by schools, and currently no external support under the Devolution Funds had been received from Rural District Council. In case of borehole repair, they would hire local people for a fee ranging from US\$100 to US\$200 depending on the magnitude of repair. When schools are bankrupt, they enter into agreement with service provider and get the service on credit and pay later. School staff, students and the community involvement in WASH has long lasting benefits.

WASH in rural areas has not been spared from stagnation and deterioration in services. Rural District Council Environmental officer revealed that rural capital subsidies have dried, and that currently they were operating below targets due to lack of funds and support from donors, save for Devolution Funds from the Government, which could not meet their rural target. They added that rural water and sanitation in public schools was currently characterized by aging structures. They also highlighted that plans were underway to assist rural schools in resettlement areas to improve WASH in schools, and to work towards achievement of Sustainable Development Goals (SDGs).

A UNICEF representative revealed that much support has been given to primary schools in the past years, and that rural secondary schools were receiving funding in the form of School Improvement Grant (SIG). All heads of schools confirmed that the SIG sought to provide financially constrained schools with funding to address their most basic needs and to meet a minimum set of school functionality criteria with the aim of improving the quality of teaching and learning at the school level and reducing user fee costs for vulnerable children (UNICEF, 2013). The SIG is a component of the second phase of the Education Development Fund (EDF). The EDF is a multi-donor trust fund which enables donors to jointly support the Ministry of Primary and Secondary Education (MoPSE) in its activities, with UNICEF managing the funds and providing technical support. UNICEF representative also acknowledged that the success of the School Improvement Grant (SIG) is dependent on strong project management at the Ministry of Primary and Secondary Education (MoPSE), reliable disbursement modalities, accountability, and strong monitoring and evaluation systems. Effective use of the grant also depends on well trained and informed schools on the SIG, active School Development Committees (SDC) and quality School Development Plans (SDPs).

5. Conclusion

Sanitation practices in rural schools are not safe due to lack of handwashing facilities and inadequate water supply. The findings of this study are consistent with evidence on WASH in schools in other countries and highlight several common challenges regarding WASH in schools. This study provides evidence of low coverage in schools WASH programme in Ward 11 and 29 of Chegutu District. The analysis of WASH in schools data from resettlement areas of Chegutu District indicates that water supply sanitation coverage were significantly lower across all schools. Conditions are likely worse than specified in the survey if schools do not improve water access and sanitation adequacy to students. For example, not all improved water sources are necessarily free of contamination, so access to safe water coverage may in fact be lower than reported in this survey since water quality testing was not conducted. Access to water services and the quality of water varies by season and water quality is typically worse in the wet season. Stored water quality is generally much worse than water from the source leading to further contamination that was not considered in this analysis. Because of the lack of a system of monitoring and surveillance, the government and donors may not have been aware of the low WASH coverage and rural disparity in the access and quality of WASH in schools in the District that the survey revealed.

6. Recommendations

In order to improve the performance of schools in WASH programmes, there is need to reinforce the strengths and improve on the shortcomings. The following recommendations are provided:

- a. Schools should introduce orientation programmes at the beginning of every term which will remind the students' on the need to managing well the available sanitation facilities. In addition, adequate number of well-designed and gender segregated toilet facilities should be provided for students.
- b. Health clubs should be encouraged in schools in order to ensure adequate campaign on the importance of WASH in schools and WASH materials must be pasted at conspicuous and strategic places in the school premises. Establishing effective school sanitation clubs and raising community awareness through education would strengthen sector collaboration on relationships between education and WASH.

Furthermore, the District Education Office should encourage all schools to allocate budget towards Hand-washing Day and Sanitation Week each year.

- c. Introduction of competitions and awards to best schools with best sanitation practices and school environmental management. Schools may also raise funds through income generating projects in order to finance local awareness programmes.
- d. Stakeholder involvement is recognized as an important factor in the successful implementation of water and sanitation plans, particularly when efforts are made to resolve competing and conflicting demands in schools facing water scarcity and poor sanitation (ZEWSP, 2006). Involving stake holders enables a better understanding of different parties that have an interest in water and sanitation. The Ministry of Primary and Secondary Education, Ministry of Health and Chegutu Rural District Council should set policies and guidelines on accreditation of secondary schools to include effective WASH programmes and provision of adequate facilities.
- e. The Ministry of Health should provide quality, regular outreach services to public schools. School water, sanitation and hygiene contribute to children's learning and school experiences in many ways, including improving cognitive function and attention, reducing days missed from school, providing more time for learning, thereby increasing dignity and safety (MoHCW, 2011).
- f. The national government, donors, international organizations and community actors should prioritize investment in WASH resources for schools, particularly for the most marginalized schools in resettlement areas.
- g. Monitoring and evaluation of on-going activities and progress in schools, focusing on what has been done is an essential WASH programme component. Episodic or periodic assessment of overall achievements in schools and supporting institutions in terms of water and sanitation is still lacking. Results of analysis of monitoring data can be used for advocacy to appropriately allocate District's resources and leverage the resources of donors and partners. The study findings showed that there was little information on WASH programming in schools, and these programmes must be evaluated based on agreed set of indicators. Regular support, supervision and monitoring should be done at all levels, that is, at school, District, Provincial and National level.

6.1. Further researches

- i. Similar studies could be replicated in other countries or sub-national regions where there is lack of data on WASH in schools, so that problems can be identified and resources can be targeted to improve health and educational outcomes in students. In addition to onetime studies, efforts should be made by national governments, in Zimbabwe and other countries, to establish continuous monitoring systems to regularly track needs and improvements of WASH in schools.
- ii. Further researches might look at water quality tests on sources of drinking water in schools to determine whether water is contaminated or not. Escherichia coli or thermo tolerant coliform bacteria should not be detectable in any 100-ml sample (Appendix A). More so, water should meet WHO Guidelines for Drinking-water Quality or National Standards and acceptance levels concerning chemical and radiological parameters.
- iii. Future studies might use a random sample of public schools to spot check and validate WASH conditions reported by questionnaires. One option could be to deploy rapid surveys, with fewer questions and a smaller sample size, as an alternative to long-format surveys and can be used to study a specific research question in a smaller geographic area. Studies might also use mobile devices as monitoring instruments to collect geospatial data points. With geo-location, monitoring data can be linked to other data sets to provide additional covariates for analysis which will provide further value and more robust analyses.
- iv. Other studies specifically on female students can also be conducted to determine whether schools are meeting the needs of menstruating female students. From this study, health, educational and social

effects of poor conditions for menstrual hygiene management are unclear, and additional research is needed in this area. The aims of such studies are to understand the acceptability, use and safety of various menstrual solutions within the context of the school environment, and to evaluate their potential impact on female students' schooling, health and well-being.

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