



Issue 186 | April 10, 2015 | WASH in Non-Household Settings, including Schools

A recent article by the UNC Water Institute stated that few studies have been published on the status of WASH in non-household settings, such as health care facilities, schools, workplaces and among displaced populations. A brief from IRC states that access to WASH facilities at home is simply not enough to achieve complete behavioral change and sustainable impact. The availability of WASH facilities at schools for both students and teachers is of critical importance, especially for girls at menstruating age. WASH services at health centers are vital in preventing infections and other diseases. In addition, the availability of WASH facilities at the workplace is fundamental so that people are able to work in a healthy and safe environment. This issue features a new WHO report on the status of WASH in health care facilities, toolkits and videos from the SPLASH project and CARE on WASH in schools, a journal issue on menstrual hygiene management, as well as recent resources on issues facing WASH services to displaced populations.

GENERAL/OVERVIEW

Monitoring Drinking Water, Sanitation, and Hygiene in Non-Household Settings: Priorities for Policy and Practice. *Int Jnl Hyg Env Health*, Mar 2015. R Cronk, The Water Institute, University of North Carolina at Chapel Hill. [Link](#)

Expanding WaSH coverage and monitoring in non-household settings is an important post-2015 development objective. In the International Journal of Hygiene and Environmental Health, researchers reviewed the status of non-household monitoring and developed a typology of non-household settings. The authors found that most actors focus on monitoring WaSH in schools and health facilities with less attention on settings such as markets and workplaces. To achieve robust national and international monitoring, action must be taken to set guidelines, build national capacity, and translate data into actionable evidence.

The Need for Water and Sanitation in Schools, Health Centres and at the Workplace, 2014. IRC. [Link](#)

Access to WASH facilities at home is simply not enough to achieve complete behavioral change and sustainable impact. The availability of WASH facilities at schools for both students and teachers is of critical importance, especially for girls at menstruating age. WASH services at health centers are vital in preventing infections and other diseases. In addition, the availability of WASH facilities at the workplace is fundamental so that people are able to work in a healthy and safe environment.

WASH IN HEALTH CARE FACILITIES

Water, Sanitation and Hygiene in Health Care Facilities: Status in Low- and Middle-Income Countries and the Way Forward, 2015. WHO; UNICEF. [Link](#)

Water, sanitation, and hygiene (WaSH) are essential to health service delivery and improving quality of care. In this new World Health Organization and UNICEF report, researchers from the Water Institute at UNC assessed the status of WaSH in health care facilities in 54 low- and middle-income countries and found 38% lack an improved water source, 19% lack improved sanitation, and 35% lack soap for hand washing. This compromises health care workers' ability to provide basic, routine services, such as child delivery. Improving service levels requires health sector leadership, inputs from the WaSH sector, and political commitment.

Editorial: Lack of Toilets and Safe Water in Health-Care Facilities. *WHO Bulletin*, Apr 2015. J Bartram, The Water Institute, University of North Carolina at Chapel Hill. [Link](#)

Tens of thousands of health facilities worldwide are in need of water, sanitation, and hygiene services to improve maternal and child health, infection control, and health systems. A new editorial in the *Bulletin of the World Health Organization* authored by The Water Institute at UNC, WaterAid, and WHO calls for health sector leadership in setting standards, tracking service delivery, investing in human resources, and coordinating WaSH, health and development.

Simple Solution Improves Water and Sanitation in Zambian Health-Care Facilities, 2015. WHO. [Link](#)

In 2010, Zambia's Ministry of Health, with support from Tropical Disease Research Centre and other organizations, installed small water stations for safe drinking and handwashing in 150 health care facilities, mostly in rural communities. The facilities were chosen because they reported high levels of diarrhea and low access to clean water.

Safe Management of Wastes from Health-Care Activities, 2014. WHO. [Link](#)

This handbook—the result of extensive international consultation and collaboration—provides comprehensive guidance on safe, efficient, and environmentally sound methods for the handling and disposal of health-care wastes in normal situations and emergencies. Future issues such as climate change and the changing patterns of diseases and their impacts on health-care waste management are also discussed.

Healthy Start: The First Month of Life, 2015. WaterAid. [Link](#)

WaterAid's "Healthy Start" briefing launches a new four-year child health campaign by WaterAid. If the one in five babies who die in their first month in the developing world were washed in clean water and cared for in a clean and safe environment by people who had washed their hands with soap, their untimely deaths could have been prevented.

Rapid Guidance on the Decommissioning of Ebola Care Facilities, 2015. WHO. [Link](#)

In light of the decline in new Ebola cases, strategies are now needed to scale down the activities and bed capacities in Ebola care facilities. These facilities include Ebola treatment units, community care centers, Ebola treatment centers and isolation centers. The Governments of Guinea, Liberia and Sierra Leone; WHO; CDC; ICAN and UNICEF have jointly developed this rapid guidance and checklist to assist national governments and partners as they begin this process.

WASH IN SCHOOLS

Menstrual Hygiene Management Toolbox for Teachers and Schools in Zambia, 2014. SPLASH Project. [Link](#)

This toolkit was designed to help classroom and guidance teachers, School Health and Nutrition (SHN) coordinators, and other school personnel in Zambian primary schools who are carrying out menstrual hygiene management (MHM) programs or activities in their school. It contains a set of basic documents such as a checklist for schools, a visual aid of the female reproductive system that can be used for teaching pupils or other teachers about the science of menstruation, and sanitary towel (pad) patterns that could be easily made by girls themselves. As MHM gets more established in schools, more and better tools will be developed and added to the toolkit. It should be considered a work in progress. The SPLASH Project is funded by USAID Zambia and managed by the USAID WASHplus project.

Exploring the Potential of Schoolchildren as Change Agents in the Context of School WASH in Rural Zambia, 2014. SPLASH Project. [Link](#)

Few school-based WASH programs use systematic or evidence-based approaches to promote dissemination of knowledge and practice, and there is limited research on the mechanisms by which children can influence their parents and siblings as agents of hygiene behavior change. This study explored the potential for children to be change agents for behavior change and technology adoption in their households. The work was conducted in the context of a school-based WASH program, SPLASH, funded by USAID Zambia and managed by the USAID WASHplus project.

WASH-Friendly Schools: A Training Resource for SPLASH Use, 2014. SPLASH Project. [Link](#)

The Training Guide for WASH-Friendly Schools is a tested package that SPLASH has adapted and refined from country-specific models for use in schools, communities, governments, and organizations anywhere. It is envisioned that this guide will support the creation of an enabling environment to establish WASH-Friendly Schools.

CARE WASH in Schools, Kenya, 2015. CARE International. [Video](#)

Many primary schools throughout Nyanza Province in Kenya lack access to safe water and sanitary latrines. In order to support nation-wide change in school WASH conditions, the SWASH+ project used a rigorous research design to evaluate what interventions for school water, sanitation and hygiene (WASH) were most effective. Research findings were used to influence the Kenyan government to increase funding for school WASH and implement sustainable solutions for WASH in schools across Kenya.

Sustaining and Scaling School Water, Sanitation and Hygiene Plus Community Impact (SWASH+). [Link](#)

SWASH+ is a five-year applied research project to identify, develop, and test innovative approaches to school-based water, sanitation and hygiene in Nyanza Province, Kenya. The partners that form the SWASH+ consortium are CARE, Emory University, the Great Lakes University of Kisumu, the Government of Kenya, and Water.org. The SWASH+ website contains videos, lessons learned and other resources.

Menstrual Hygiene Management. *Waterlines*, Jan 2015. | [Complete issue](#) |

This special issue on MHM presents innovative ways in which development practitioners in the field are helping girls face the challenges of managing their periods. This MHM special issue will

help practitioners around the world to better understand MHM-related challenges and to better engage with national governments, local and international NGOs, academia and communities in tackling the stigma and gender marginalization related to menstruation. There is much to be done to build a strong evidence base on critical issues related to MHM and its relationship to girls' attendance and school participation.

Improving Households Knowledge and Attitude on Water, Sanitation, and Hygiene Practices through School Health Programme in Nyakach, Kisumu County in Western Kenya. *Jnl Anthropol*, Nov 2014. J Wasonga, CARE International. [Link](#)

The aim of this study was to assess households' knowledge and attitude on water, sanitation, and hygiene practices through a school health program. Semi-structured questionnaires, focus group discussions, key informant interviews, and observation checklists were used to obtain information from 95 households, which were systematically sampled. It was found that a school program may not improve the gap between knowledge, attitude, and practice but may be good for future generations. This was linked to socio-cultural issues which impede hygiene transformation. The implication is that health programs must find innovative ways of bridging this gap in order to bring change in households through culture-sensitive interventions.

DISPLACED POPULATIONS

Waterborne Outbreaks of Hepatitis E: Recognition, Investigation and Control, 2014. WHO. [Link](#)

Hepatitis E occurs around the world both as outbreaks and as sporadic cases. Outbreaks of this disease frequently occur in countries with limited access to essential water, sanitation, hygiene and health services, and may affect several hundred to several thousand persons. In recent years, some outbreaks have occurred in areas of conflict and humanitarian emergencies, such as war zones, and in camps for refugees or internally displaced populations (IDP). An estimated 20 million infections and 3.3 million symptomatic cases of hepatitis E occur annually worldwide, with an estimated 56 600 deaths.

Neglected Tropical Disease Control and Elimination: Is Human Displacement an Achilles Heel? *PLoS Neg Trop Dis*, Mar 2015. K Errecaborde. [Link](#)

NTD treatment for displaced populations should be a priority for the global health agenda. Inclusion of these populations would decrease health disparities, increase the human right to health, and ultimately benefit the ongoing control and eradication efforts of these insidious diseases, as called for in MDG 6. As long as conflict continues and displaced people are excluded from government-led initiatives, NTD programs will struggle due to remaining pockets of ongoing transmission, introduction, and re-introduction of infection.

Linking Relief and Development in the WASH Sector: An Overview and Contribution to the International Debate, 2014. R Gensch. [Link](#)

Humanitarian assistance and development cooperation in the WASH sector—although very different in nature—are inextricably linked. WASH relief efforts are usually not self-contained, and stand-alone interventions and relief actors inevitably need to consider longer-term local development issues and transition elements to allow for a successful hand-over after the relief phase to local governments or other development actors as part of their exit strategies.

The WASH Approach: Fighting Waterborne Diseases in Emergency Situations. *Env Health Perspec*, Jan 2015. W Nicole. [Link](#)

Poor hygiene and fecal contamination were major factors in one of the world's biggest outbreaks of hepatitis E, which began in October 2007 and persisted for a couple of years. This

outbreak affected camps for internally displaced persons (IDPs) in Northern Uganda's Kitgum District, infecting more than 10,000 people and killing 160, mostly pregnant women and young children. Other recent hepatitis E outbreaks have occurred among refugees and IDPs in Kenya, South Sudan, and Chad.

Integrating Climate Resilience into National WASH Strategies and Plans, 2014.

UNICEF; Global Water Partnership. [Link](#)

This Technical Brief is part of efforts to ensure early action and an effective response by national WASH ministries and departments to prepare and implement coherent and balanced national WASH strategies and plans that incorporate climate resilience. The specific focus of the Technical Brief is on 'how to integrate climate resilience into national WASH strategies and plans', with an emphasis on strategies and plans for small-scale rural WASH systems and community services.

'Pee-Power' to Light Camps in Disaster Zones. *Oxfam Blog*, Mar 2015. [Link](#)

A toilet, conveniently situated near the Student Union Bar at the University of the West of England (UWE Bristol), is proving pee can generate electricity. The prototype urinal is the result of a partnership between researchers at UWE Bristol and Oxfam. It is hoped the pee-power technology will light cubicles in refugee camps, which are often dark and dangerous places particularly for women.

WASHplus Weeklies highlight topics such as Urban WASH, Household Air Pollution, Innovation, Household Water Treatment and Storage, Hand Washing, Integration, and more. If you would like to feature your organization's materials in upcoming issues, please send them to Dan Campbell, WASHplus Knowledge Resources Specialist, at dacampbell@fhi360.org.



About WASHplus - WASHplus, a five-year project funded through USAID's Bureau for Global Health, supports healthy households and communities by creating and delivering interventions that lead to improvements in access, practice and health outcomes related to water, sanitation, hygiene (WASH) and household air pollution (HAP). WASHplus uses at-scale, targeted as well as integrated approaches to reduce diarrheal diseases and acute respiratory infections, the two top killers of children under five years of age globally. For information, visit www.washplus.org or email: contact@washplus.org.