

**Conceptual Frame Work of School Sanitation and Hygiene Education in India**

**Hamela, K**

Assistant Prof. of Computer Science, Government First Grade College, Malur, Kolar District, Karnataka

**Abstract**

School sanitation and hygiene education (SSHE) in India was launched by Government of India, this programme focus on wide need for sanitation and hygiene in all schools with more concentration towards rural school in our country. The main aim of this project is to provide basic sanitation and clean drinking water facilities and also to teach the students the need for hygiene practice. According to "NFHS-3", 88% of the aggregate population of the nation approached enhanced wellspring of drinking water and 45% including restrooms inside their family units while these were 85% and 26% in rural areas respectively. Besides, inadequate water and sanitation facilities in rural areas has aggravated the seriousness of such difficulties. The most ideal approach to break terrible practices is to develop great practices and youth is the best time for that as kids are open to all impacts. Along these lines "School sanitation and hygiene education" have been given unmistakable quality in the Total Sanitation Campaign, which perceives the part of kids in retaining and promoting new thoughts and ideas. This paper aim at bring out the functioning and role of SSHE in India.

Keyword: SSHE, GOI policy, sanitation

**I Introduction**

School is a place for psychological, inventive and social advancement of kids. So are the School Sanitation and Hygiene Education, needed for the protected, secure and sound condition for kids to learn better, furthermore, confront the difficulties of future life. This comprehension is especially a piece of the approach of Government of India (GOI). School Sanitation and Hygiene Education (SSHE) has now turn into a reality of school driven improvement activity being acknowledged by the majority of the schools. Legislations in India have propelled this program coordinating with more extensive sanitation program to guarantee that all the schools particularly rural schools in the country have essential sanitation and drinking water offices and great cleanliness rehearses are instructed to the school children. The SSHE program is participatory in nature and critical segment of the national changes program for rural water and sanitation part.

An attention on school sanitation originates from the way that school children have a privilege to basic needs, for example, school toilets, safe drinking water, clean environment and hygiene. In the event that these conditions are made, school children come to class, enjoy learning, learn better and take back the information to their families about sanitation and hygiene. So concentrating on training students are found essential. Such conditions have a significantly more noteworthy positive result for young girls who regularly avoid or drop out of schools due to toilet facility.

This paper has been organized in to seven sections First one introduces the theme of the paper, second, provide information about need for sanitation and hygiene, third describe about evolution of SSHE, fourth, describe the organizational structure of SSHE, fifth, list the achievement of SSHE in various states, sixth, focus on challenges faced by SSHE and the last one provides the summary

**II Need for Sanitation and Hygiene**

To enable poor and downtrodden people to have sustainable access to safe drinking water, sanitation and better hygiene practices, through community partnership for the promotion of knowledge, skills and expertise and ownership. Open defecation is the main cause for 75% of the disease in India. Even in Andaman Nicobar Island, people use toilet though they eat fish without boiling them. One gram of human faeces contains one crores virus, ten thousand bacteria's, thousand parasite, one hundred parasite eggs. Loose motion

[Diarrhoea] is may be attributed due to prevalence of open defecation. As a consequence of this, thousands of children die much before celebrating their fifth birthday. From comprehensive survey of the medical and economic literature with respect to low-and middle-income countries, Ramani *et al.* (2012) classify the main correlates of diarrhoeal diseases in to five categories: i) physical environment of the society ii) level of socio-economic development of the region, iii) knowledge, resource and asset portfolio of households, (level of education of mother, access to water and sanitation); iv) behavioural routines of household (child care practice of open defecation); and v) individual host characteristics (age, gender), Sanitation facility that best improves health status in the following ways.

1. Handling of drinking water.
2. Disposal of waste water.
3. Disposal of human excreta.
4. Disposal of garbage and animal excreta.
5. Home sanitation and food hygiene.
6. Personnel hygiene.
7. Environmental Cleanliness.

**Ten commands for healthy living.**

1. Brush the teeth morning and night.
2. Take bath daily using soap.
3. Wear washed clothes.
4. Cut the nail once in a week.
5. Wash your hands with soap before eating.
6. Always eat closed food.
7. Wear chappals whenever you go outside and toilets.
8. Use toilets whenever you go for defecation.
9. Wash your hand with soap after defecation
10. Keep the environment clean always

SSHE programme will make children as change agents for hygiene promotion in households by giving proper training. Saying goes: "The longest toilet in the world is Indian Railway tracks". Central and respective states are spending a lot for sanitation. Unless we include sanitation in our school books, we cannot achieve the target of eradication of Open Defecation. It is declared that Kerala state stands first in personnel hygiene and use of toilets. Reason is in 1936 itself the government includes in the school syllabus and even questions were asked in the government examinations. All this initiative made Kerala state to stand first in sanitation.

**III Evolution of SSHE in India**

The first stepping stone for sanitation was laid during the five -year plan (1951-56) as national agenda for water supply and sanitation. Around 1986, the Ministry of Rural development launched a sanitation programme called the Central Rural Sanitation Programme (CRSP). In 1999, the CRSP process was restructured which made it more demand-responsive and community-based programme. Total Sanitation Campaign (TSC) was introduced as a part of CRSP reform, which included school sanitation as a primary involvement to achieve sanitation facilities. TSC deals with Information, Education and Communication (IEC) for demand generation, hygiene education, human resource development (HRD) and capacity building (CB) along with providing hardware sanitary facilities to household, community,

schools and Anganwadis. Involvement of Panchayati Raj Institutions (PRI's), Parent-Teacher Associations (PTAs) and NGO was also involved in popularization of TSC programme. The popularization gained in TSC paved a way for recognizing the children for popularizing sanitation and hygiene programmes.

The SSHE programme under the shade of TSC was implemented across the country. In the evolution of SSHE, even UNICEF agreed for partnership with Government of India (GOI). Both Government of India and UNICEF, believed school sanitation is the key factor for improving sanitation and hygiene condition in India. In 1992, SSHE first implemented there scheme in Mysore District, Karnataka, India which covered around 20 schools with sanitation and hygiene facilities. In around 2005, this pilot project in SSHE has spread to more than 300,000 schools in India under TSC scheme.

#### **IV Organizational Structure of SSHE**

SSHE Program in India means to advance sanitation and cleanliness in and through schools to realize behavioural change that will have an enduring effect. It looks to empower school going children to understand their entitlement to a sound and safe learning condition. The methodologies are produced tuned in to neighbourhood needs that are versatile and satisfactory among target group. These systems have been operational through two parts. These are "hardware component" that incorporates water, hand washing and sanitation administrations, and "software component" that incorporates wellbeing checkups, deworming, wellbeing and cleanliness instruction, to counteract water and sanitation related sicknesses for making sound school condition and creating safe hygiene.

SSHE is characteristically connected to the general execution of TSC in campaign mode, taking district as a unit. The TSC report was prepared based on district-wise containing information about sanitation, the requirement of hardware, structure plan for implementing sanitation in the district.

The TSC reports are put together by the State Government to the GOI and are examined by Dept. of Drinking Water Supply. If the report is found suitable as per the guidelines of TSC, they are set before the National Scheme Sanctioning Committee (NSSC). TSC Project execution in a region is required to take around 3-5 years. At the district level, Zilla Panchayat actualizes the venture. In the event that, Zila Panchayat is not functioning, District Water and Sanitation Mission (DWSM) can execute the TSC. Essentially, at the Panchayat levels, Panchayat Samiti and their Gram Panchayats are engaged with the execution of the TSC. At School level, PTA, School Management Committee and Gram Panchayat assume the liability of actualizing SSHE. Overall, the scheme of SSHE in India has been to implement in an integrated and participatory manner with sincere focus on health and hygiene education.

#### **Activities Carried By SSHE Programmes**

- Functioning facilities for drinking water and sanitation
- All kids using facilities
- School Cleanliness – drinking water storage, waste disposal, improving school environment
- Personal Hygiene practices
- Operation and support frameworks
- Knowledge, aptitudes and administration ability of teachers
- Regular meeting of School Management and Development Committee
- Fortnightly meeting of District/ Block coordinators, DPEP and RCPE officials
- School visits by education officials
- Visits by Auxiliary Nurse Midwives (ANM's)

#### **V Achievements of SSHE**

School sanitation and hygiene training due to its in-constructed ability to guarantee generational change, has welcomed huge reaction at all levels. Department of Drinking Water Supply has played a lead part to actualize this program in a successful mode. Numerous

activities have been taken which have brought about better execution and acknowledgment among group.

Key Areas	Achievements
The number of schools with a separate toilet facility for girls in India	0.4 million (37 per cent) in 2005-06 1.24 million (88 per cent) in 2012-13
No. of girls in schools who have access to toilet facilities	89 million girls
Number of schools having separate toilet facilities for boys	0.4 Million (31%) in 2005-06 0.9 Million (67%) in 2012-13.
No. of boys in schools having access to toilet facilities	79 million
The number of schools with a drinking water	0.9 million (83 per cent) in 2005-06 1.36 million (95 per cent) in 2012-13
No. of children in schools having access to drinking water facilities	193 million
Percentage of schools reported to have drinking water facilities	92% of schools
The current water and sanitation coverage in rural schools	80% and 65% respectively (UNICEF estimates based on TSC/SSA MIS, 2008).

## **VI Challenges Faced By SSHE**

SSHE programme would face gigantic difficulties as far as strategy and monetary support, need to the program, execution and sustenance. Understanding the problem areas is the first steps in identifying solution for them. The GOI is acutely mindful of the tremendousness of these challenges and proactively engaged with surmounting them:

- Still problem exist in quality of construction of toilets
- In India, nearly 7 million (7%) of girls still do not have access to toilet facility in school
- In India, nearly 23million (22%) of boys still do not have access to toilet facility in school
- Some of the states like Orissa, Meghalaya, Chhattisgarh, Jharkhand, Assam, Uttar Pradesh and Bihar, nearly 13.8 million children do not have toilet at school.
- In 13 states, functionality of school toilet is very less
- Still 5 million(5 per cent) children in school do not have access to drinking water
- Some states Andhra Pradesh, Assam, Bihar and Rajasthan, more than half of the children do not have access to drinking water

## **VII Conclusion**

The approach of SSHE has been broadened by making this program more demand-responsive and community based usage. The program is currently significantly more exhaustive and incorporated to elevate the children's entitlement to a sound and clean condition, successful learning, and improving enrolment of girls, diminish diseases and worm invasion, and benefit to families and communities.

## **References**

1. <http://www.mdws.gov.in/>
2. <https://www.unicef.org>
3. <https://www.ircwash.org/>
4. SSHE in India: An Investment in building children's future, Paper presented in SSHE Global Symposium organized by IRC, Delft, The Netherlands, and June 2004
5. J P Majra and A. Gur, School Environment and Sanitation in Rural India Glob Infect Dis. 2010 May-Aug; 2(2): 109–111.doi: 10.4103/0974-777X.62882

6. School Sanitation and Hygiene Education – India resource book, 2002

7. <http://www.indiangochennai.org>

8. Ramani, S.V, T Fruhauf, A. Dutta and H.H.M. Meijers, (2012): “Determinants of the Prevalence of Diarrhoea in Adolescents Attending School:,” UNUMERIT, Working paperSeries # 2012-59, Maastricht, Netherlands, pp121-129.