



## HOW SCHOOL SYSTEMS CAN IMPROVE HEALTH AND WELL-BEING



### Background

Schools play a key role in providing safe, nurturing learning environments that provide the foundation for learners to grow, learn and become healthy, educated and engaged citizens.

#### What is a health-promoting school?

Health-promoting schools (HPS) are schools with strengthened capacity to be healthy settings for living, learning and working. HPS reflect a whole-school approach, comprising healthy school policies, curricula, environments, communities and health services. A comprehensive school health programme aims to make every school a health-promoting school, which can be achieved by building health-promoting education systems. A health-promoting education system is one that, through intentional, planned actions, institutionalizes health promotion in all its functions, i.e. governance of the educational process and its content, resource allocation, educators' professional development, information systems and performance management.

#### What is new?

Although the concept of HPS was introduced by WHO many decades ago, the aspiration of fully embedded, sustainable HPS within educational systems is yet to be achieved; few countries have implemented HPS at scale. To fulfil the vision of "making every school a health-promoting school", United Nations agencies collaborated on developing global standards for HPS and systems, implementation guidance and case studies from low- and middle-income countries. These evidence-informed resources are intended to be used by national education, health and associated sectors to strengthen their school health programmes in order to build health-promoting education systems.

### TOPIC BRIEF

# Water, sanitation and hygiene (WASH)

## Why are water, sanitation and hygiene (WASH) important for learners' health and well-being?

Access to safe drinking-water, clean toilets, and hand-washing facilities are essential in schools to ensure that learners are healthy, grow and become better educated. Globally, too many learners do not have accessible, inclusive, functional WASH facilities in their schools, and lack of access to clean drinking-water and appropriate toilet and hygiene facilities are leading contributors to child morbidity and mortality. Inadequate WASH facilities in schools are associated with higher rates of infectious illnesses such as gastrointestinal and urinary conditions (e.g., diarrhoea, constipation, incontinence) and contribute to psychological distress poor growth and poor neurocognitive development. Infectious diseases associated with poor WASH include not only diarrhoeal diseases, but also skin, eye, and respiratory conditions, including COVID-19. Improving WASH not only benefits health in the short term but may also reduce future risk of infectious disease outbreaks and long-term disabilities such as blindness due to trachoma or hearing impairment due to otitis media. Access to adequate WASH facilities is a fundamental human right and a Sustainable Development Goal (SDG).



## Why are water, sanitation and hygiene important for education and learning?

Improved access to WASH facilities in schools can improve the health and well-being of learners and of the whole school community. Access to adequate WASH facilities improves teacher satisfaction and learner academic performance. Concentration is improved due to increased water intake, and absenteeism is reduced by provision of gender-sensitive facilities (e.g., for menstruating girls) and prevention of infectious illness. Appropriate WASH facilities provide a cleaner, safer, more appealing learning environment that promotes attendance and fosters student dignity and well-being. WASH facilities can also reduce inequities in education when facilities are appropriate, accessible and inclusive to all, including learners of all genders and those living with disability. Thus, investing in school WASH facilities can be seen as part of the solution to the global learning crisis, which has been exacerbated by the COVID-19 pandemic, leading to significant learning losses and increased education inequality globally.

Education and health are inseparable. Educational attainment is linked to longer, healthier lives and is a pathway to financial security, stable employment and social success. Investment in a whole-school approach to WASH has the potential to improve health, learning, well-being and the economic outlooks of individuals, communities and countries.

## Why are schools ideally placed to improve water, sanitation and hygiene?

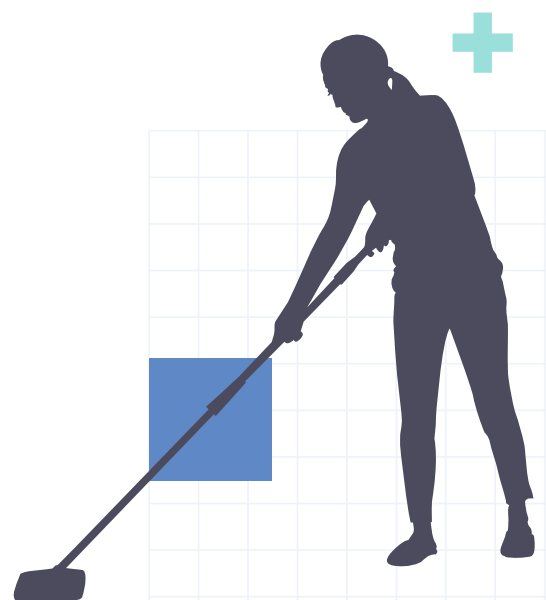
Most children and adolescents spend much of their time at school. This presents an important opportunity to deliver specific WASH programmes and to reinforce appropriate hygiene behaviour, with life-long benefits for health and well-being. Children and adolescents can be empowered by

schools to act as ambassadors of good sanitation and hygiene practices in their homes and communities, improving the health of the wider community.

## What are the current gaps?

Some schools already implement WASH interventions; however, few embed such programmes or approaches in an HPS and systems framework. The many barriers to appropriate WASH in schools require action in several systems and sectors, including infrastructure, water, environment, health and education. Bringing these systems together is the essence of the HPS and systems approach.

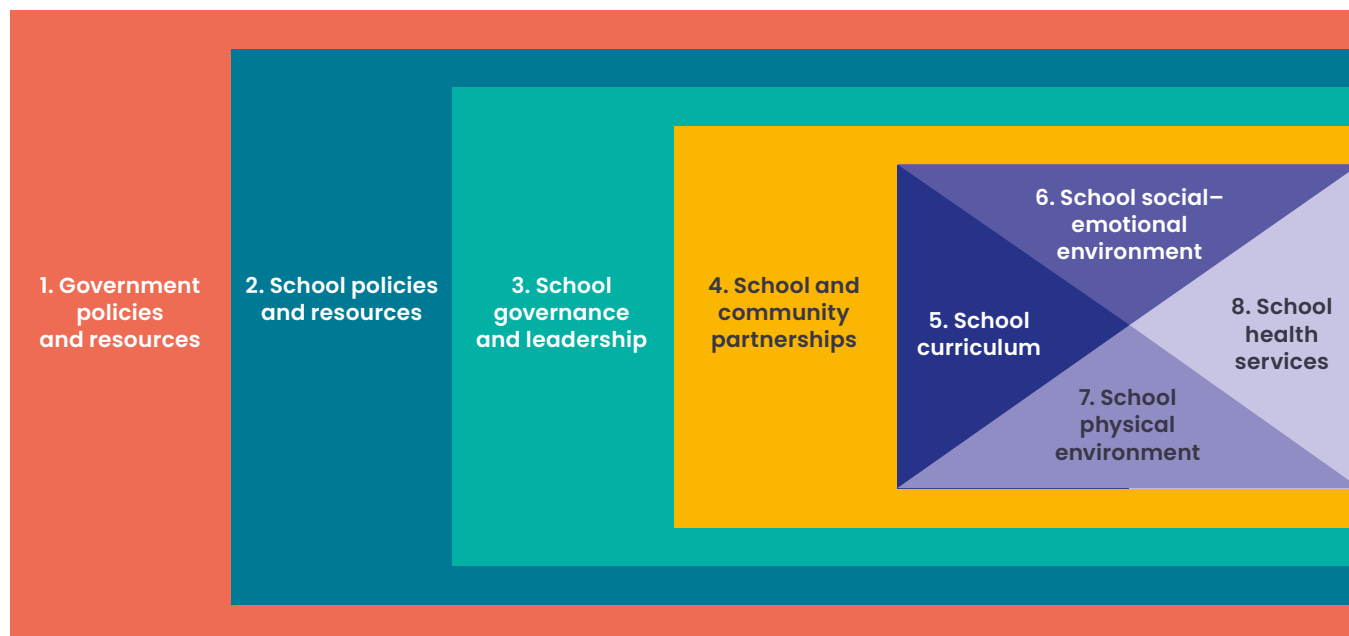
The advantage of this approach is its potential to amplify benefits for well-being, health and education by harmonizing policies and practices across multiple health areas simultaneously, leveraging not only the school's resources but also the surrounding environment and community. This brief explores how policies, curricula, environments and services can be better designed and linked to promote access to appropriate WASH in schools.



## What are health-promoting schools and systems?

The eight global standards are a system of interconnected elements (Fig. 1) comprising governance structures (primarily standards 1–4), community partnerships (standard 4) and school operations (primarily standards 5–8). A systems approach ensures that policies, mechanisms and resources for health and well-being are sustainably promoted in all aspects of school life. This involves cross-sectoral collaboration, participatory processes, models of distributed leadership, capacity-building and effective monitoring and evaluation.

Fig. 1. The eight global standards for health-promoting schools and systems



As in this topic brief, the global standards are designed to be used by various stakeholders involved in identifying, planning, funding, implementing, monitoring and evaluating any whole-school approach (even if the term HPS is not used) at local, subnational, national and global levels, primary and secondary schooling and public and private educational institutions.

## Activating synergies in interventions

### What is the relation between WASH and nutrition?

Poor sanitation, unsafe water and inappropriate food handling can cause diarrhoea and dysentery, which prevent children from absorbing energy and nutrients, impacting growth and development.

Access to safe drinking-water is an essential component of a healthy diet. Poor water quality is linked to increased consumption of sugar-sweetened beverages, which is associated with weight gain and obesity in children.

### What is the relation between WASH and sexual and reproductive health?

WASH facilities play an important role in the safety and quality of sexual and reproductive health (SRH) service delivery. Lack of access to appropriate WASH facilities in schools limits the ability of learners and staff to manage their menstruation with dignity, which acts as a barrier to participation in education.

SRH and WASH intersect with menstrual health, sexually transmitted infections, discrimination in accessing services and gender-based violence. Integration of WASH and SRH interventions can synergistically increase health, well-being and gender equity.



# How can we strengthen WASH using a health-promoting schools and systems approach?

The following are examples of actions, activities or initiatives that can be conducted to strengthen access to and use of WASH facilities using an HPS and systems approach. The list is not exhaustive; actions will depend on the context (e.g., social, cultural, country-specific), vary the level of schooling (e.g., primary, secondary) and are ideally generated through engagement with all stakeholders (e.g., teachers, learners, community, caregivers, government, private sector and civil society organizations), based on local data. Solutions that target multiple aspects of education, health and well-being are encouraged as cost-effective ways of amplifying benefits.



## 1 Government policies and resources

- Develop national policies for HPS and WASH, ensuring alignment between the ministry of education and all other relevant sectors (e.g., health, environment and water).
- Develop national WASH guidelines, and set minimum WASH standards for schools.
- Allocate a budget to support WASH facilities and activities in schools (e.g., for infrastructure development and maintenance and other initiatives, such as free menstrual hygiene products for learners).
- Incorporate WASH education into a comprehensive national curriculum for health and well-being that includes education on hand hygiene, personal hygiene (including face washing) and menstrual health.
- Ensure that education data management information systems collect data on WASH in schools that can be used to report on achievement of the global SDGs and for national planning and programming.
- Honour commitments to global conventions that ensure universal access to WASH services in schools (such as the Convention on the Rights of the Child, the Convention on the Rights of Persons with Disability).

## EXAMPLES OF ACTIONS, FRAMED WITHIN THE GLOBAL STANDARDS FOR HPS AND SYSTEMS

## 3 School governance and leadership

- Recognize and promote WASH as integral to health and education.
- Ensure accountability mechanisms (e.g., Three Star Approach), and assign a focal person to be responsible for WASH and menstrual health management.
- Establish a distributed model of leadership to encourage all teachers, school health staff, learners and caregivers to participate in deciding to promote HPS and WASH.
- Ensure coordination of activities with all partners, including nongovernmental organizations, community organizations and international development organizations.



## 2 School policies and resources

- Develop and communicate relevant policies in all local languages. Policies include those on personal hygiene, food preparation, support for gender issues, infection prevention and control and environmental hygiene, including water management.
- Ensure an appropriate budget and human resource allocation for maintenance and cleaning of school grounds, including toilets, and provision of consumables such as soap, toilet paper and menstrual hygiene products.
- Support professional development of school staff on monitoring and education on WASH (e.g., hand and face hygiene, menstrual health, infection prevention and control).





## 4 School and community partnerships

- Encourage learners to be agents of change within their families and communities (e.g., by giving WASH lessons at home, participating in community activities to promote WASH such as through art or theatre).
- Establish partnerships with relevant community organizations to improve WASH facilities in schools and in the community as a whole (e.g., building companies, engineers, water use associations).
- Create WASH awards for WASH-friendly schools and community groups.



## 5 School curriculum

- Ensure that teachers and peer mentors are comfortable and confident in delivering educational messages from the comprehensive national health and nutrition curriculum, including messaging on personal hygiene and menstrual health.
- Integrate WASH education into other parts of the curriculum to optimize learning by creating synergies with other educational activities (e.g., home economics, biology, reproductive and sexual health, outdoor education).



## 6 School social-emotional environment

- Establish WASH or health clubs to engage learners in monitoring, advocacy and social activities related to WASH.
- Ensure teacher supervision of toilet facilities throughout the school day.
- Commit to “zero tolerance” of bullying and discrimination and emphasize dignity and safety (e.g., menstruation is not an illness; children with a disability might need help in toileting).
- Ensure that all staff demonstrate healthy hygienic habits during all daily school routines.

## 7 School physical environment

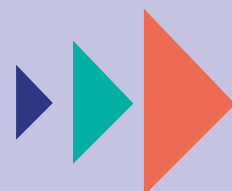


- Ensure that clean, safe, freely available drinking-water is accessible in all recreation and eating areas.
- Ensure that hand-washing stations with clean water, soap and hand-drying facilities are available throughout the school, especially in toilets and eating areas.
- Ensure that toilets are clean, safe, accessible and gender-inclusive for all learners, including those with a disability or a chronic health condition, and have safe disposal facilities for menstrual hygiene products.
- Provide environmental prompts for good hygiene practices (e.g., posters, painting footpaths leading to hand-washing stations).
- Ensure that school buildings are well ventilated.
- Ensure adequate drainage of school grounds, and eliminate standing water in malaria-prone regions.



## 8 School health services

- Make health services available to address the needs of learners and the school community (e.g., deworming programmes, as required).
- Develop and support health-care plans that address learners’ specific needs (e.g., menstrual care plans, continence care plans).



## How does a systems approach to WASH work in different contexts?

### The Clean Green and Hygiene approach with “Dokter Kecil” (little doctors) – Indonesia

**The programme:** The Clean Green and Hygiene approach is an integrated, school-based health and hygiene strategy in which school principals, teachers, school committees and especially learners have educational opportunities to encourage the development of healthy, hygienic behaviour, including environmental health. The goal is to prevent diarrhoea and other infectious illness. The strategy is implemented in tandem with other initiatives, including the “little doctors” (*dokter kecil*) programme, in which peer-to-peer strategies are used to improve hygiene-related behaviour among learners and school staff.

Little doctors programme has been running since the 1980s and has been implemented in 27 provinces in Indonesia. The little doctors programme selects learners from grades four, five and six and trains them in WASH and health promotion strategies through pictures, cards, songs, dances and discussions. The little doctors prepare plays for their parents and their community to convey lessons on good WASH practices.

**Results:** Schools have established and committed themselves to their own WASH goals, including teacher involvement in building and repairing WASH facilities. The CGH approach has brought together multiple stakeholders in the development and maintenance of WASH infrastructure, including local governments, community leaders and the private sector. The media have been used to raise the visibility of the initiative and public commitment of local and school authorities. A well-structured health and hygiene curriculum has been produced that motivates teachers and engages learners.

**Message: Establishment of strong links between local governments, schools, community leaders and private sector organizations leveraged support for effective programme implementation.**

**Reference:** Koesoebjono-Sarwono S. (1991). The “little doctor”: an innovate health education program in Indonesia. *J Health Educ.* 1991;22(3):158-9 (doi: 10.1080/10556699.1991.10614604).

### Trachoma control through school approaches, Australia

**Background:** Trachoma is an eye infection which is generally transmitted by young children. Repeated infections damage the eye and can cause blindness in adulthood. It is present in remote Indigenous communities in Australia, where poverty and overcrowded housing are common and adequate hygiene facilities and practices are uncommon.

**The programme:** For more than a decade, health promotion and trachoma education developed by Indigenous Eye Health at the University of Melbourne have been used in remote schools in the Northern Territory, with the support of various stakeholders. The goals are to increase health literacy and the personal capability of learners and families, support schools in providing daily face- and hand-washing routines and improving infrastructure and access to WASH supplies.

**Results:** Collaboration among Indigenous Eye Health, the Department of Education and the health sector resulted in curriculum-aligned teaching materials, a tool to identify support structures that might require improvement and a guide to make such improvements. A key of support is WASH infrastructure; health hardware was upgraded in nine schools in 2018 and 2019. A unified hygiene approach, the “Six Steps to Stop Germs”, has been accepted by the health and education sectors to support health literacy with consistent messaging. In this approach, it is recommended that, when children arrive at school, they blow their noses, wash their faces and hands and brush their teeth to improve their health and well-being and their ability to learn. Lesson plans and materials support this approach and encourage reflection on how it could also be used in the home environment. The prevalence of trachoma in 5-9-year-olds in the Northern Territory decreased from 14% in 2010 to 5.2% in 2019.

**Messages: Collaboration among sectors can create healthy, supportive school environments to reinforce new skills and good hygiene practices. The elimination of blinding trachoma requires the involvement of schools, communities and families. Schools are critical in promoting good hygiene, and children can be agents of change in their families and communities.**

**Reference:** Baunach E, Lines D, Pedwel B, Lange F, Cooney R, Taylor HR. The development of culturally safe and relevant health promotion resources for effective trachoma elimination in remote Aboriginal communities. *Aboriginal Islander Health Worker J.* 2012;36:9-11,16,19.

# Resources

## Health-promoting schools



**Making every school a health-promoting school: global standards and indicators**

<https://www.who.int/publications/item/9789240025059>



**Making every school a health-promoting school: Implementation guidance**

<https://www.who.int/publications/item/9789240025073>



**Making every school a health-promoting school: country case studies**

<https://www.who.int/publications/item/9789240025431>



**WHO guidelines on school health services**

<https://www.who.int/publications/item/9789240029392>

## Water, Sanitation and Hygiene



**Strategy for Water, Sanitation and Hygiene 2016-2030 (UNICEF)**

<https://www.unicef.org/media/91266/file/UNICEF-Strategy-for-WASH-2016-2030.pdf>



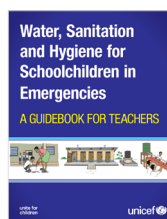
**Progress on drinking water, sanitation and hygiene in schools: 2000-2021 data update (UNICEF)**

<https://data.unicef.org/resources/jmp-wash-in-schools-2022/>



**Guidance for Monitoring Menstrual Health and Hygiene (UNICEF)**

<https://www.unicef.org/media/85461/file/MHM-Monitoring-Resource.pdf>



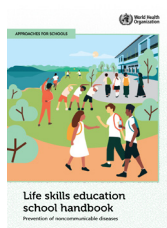
**Water, Sanitation and Hygiene for Schoolchildren in Emergencies: A guidebook for teachers (UNICEF)**

[https://www.unicef.org/kyrgyzstan/media/1586/file/WASH%20Guidebook-Eng\\_0.pdf%20.pdf](https://www.unicef.org/kyrgyzstan/media/1586/file/WASH%20Guidebook-Eng_0.pdf%20.pdf)



**Improving health and learning through better water, sanitation and hygiene in schools (WHO)**

<https://apps.who.int/iris/bitstream/handle/10665/329531/9789289054508-eng.pdf>



**Life Skills Education School Handbook: Prevention of Noncommunicable Diseases: Approaches for Schools (WHO)**

<https://www.who.int/publications/item/9789240005020>

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