



## All the Difference

How water, sanitation and hygiene in a school changed one girl's life

By Carol Meyer

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The family's rooster is still asleep, yet 13-year-old Susan Awino is awake and on top of her morning chores. She walks 10 minutes down a dusty dirt road to fetch water for the family from a nearby pump, and balances a 20 gallon bucket on her head for the return trip home. Once home, Susan helps her mother treat the drinking water with WaterGuard and then helps her younger sister get ready for school, making sure her hair is combed and her hands and nails are clean.

Not just a role model at home, Susan Awino is also helping to lead the charge to improve the health of her entire community, and that charge begins at school. Susan and her fellow students arrive at school two hours early in hopes of reaping the rewards of an early start. By 6:30 a.m., with the sun just barely on the horizon, Susan reads her lesson book by candlelight and raises her hand enthusiastically to answer the teacher's questions. An extremely bright student, Susan had the highest marks in Grade 5 last year. Together with her teachers and fellow students, they are on a mission to not only improve the academic grades in Ogwodo Primary School, but also the health and hygiene of her community of Sidho.



*Susan and her classmates are committed to improving all aspects of their school – including grades, environmental hygiene and students' health.*

### **Be the change**

Three years ago, Susan and the residents of Sidho village may not have realized the degree to which their lives would change as the school embarked on a health initiative that would exponentially improve their learning environment and the community's health and wellbeing. The *Sustaining and Scaling School Water, Sanitation and Hygiene Plus Community Impact* (SWASH+) project<sup>1</sup> selected Ogwodo Primary School to participate in a quantitative study to assess the impact of a school-based water treatment, hygiene and sanitation program. The school received a water, sanitation and hygiene (WASH) "package" including a government-designed set of three cement block latrines for girls, with a separate bathing stall. Also included were: four containers for drinking water, four handwashing containers, and a supply of WaterGuard to kill waterborne bacteria. To ensure hygiene, the school received a small allotment of cleaning supplies such as bleach, soap and detergent. The school also established a health club that comprises 32 children between the ages of 11 and 15 who volunteer and take responsibility for the school's WASH activities and share messages on preventing waterborne illnesses and on cleanliness standards for both home and school. Two teachers trained by the SWASH+ team oversee the student health club and impart a series of valuable health education lessons among students and parents.

<sup>1</sup> SWASH+ is funded by the Bill & Melinda Gates Foundation and the Global Water Challenge. It is implemented by a consortium of partners including CARE, Emory University's Center for Global Safe Water, the Great Lakes University of Kisumu and the Government of Kenya.



Sustaining and Scaling School Water,  
Sanitation, and Hygiene Plus  
Community Impact



When morning recess begins, health club members scatter among the schoolyard and go about the process of collecting water, cleaning the latrines, and setting up the handwashing and drinking stations. Everyone has a task; Susan takes on the essential job of treating the school’s daily drinking water with three capfuls of WaterGuard for 60 liters of water. She measures carefully and keeps track of time to make sure that no one drinks from the container until the required 30 minutes are up. Treating the drinking water is especially personal for Susan because she remembers what life was like before the

school treated the water. “I remember feeling sick often. Stomach pains and diarrhea made it quite difficult to concentrate in class. I hated to interrupt the teacher, but in one instance, I was so sick that my parents had to take me to the hospital where I was treated and sent home with medicine for the diarrhea,” she says.



*As a member of the health club, Susan is responsible for treating the school’s drinking water each day. The challenge, she says, is making sure the younger children wait the required 30 minutes before drinking.*

As if the pains from her illness were not enough, Susan also felt pangs of guilt because she knows that hospital fees are expensive. She realizes that her parents paid more money to treat her illnesses in the past than they now pay to prevent them – WaterGuard costs 20 Kenyan shilling (24 US cents) per bottle, which treats about 1,000 liters of water. Research findings from schools like Susan’s have since been shared by the SWASH+ project with the Ministry of

Education and as a result, the ministry has doubled the per-pupil allocation of government funds to schools for supplies like WaterGuard and soap, and is seeking further increases.

**Share the wealth**

Participating in the school health club has taught Susan that young children are especially vulnerable to waterborne illnesses. Teaching them to wash their hands after using the latrine and to drink only treated water is critical to their health. But knowing that “children are children,” the school health club treats both the drinking and handwashing water in case the littlest ones drink while washing their hands. The same knowledge transfer applies to creating a sanitary environment. “As health club members, we have to be role models. If older girls want clean latrines, younger students will want them clean too because they copy us,” Susan shares. “Dirty latrines not only smell bad, but also contain worms or maggots that can enter the feet since some children do not wear shoes.”



*For some adolescent girls in Kenya, a private latrine can influence their decision to stay in school or drop out.*



Having separate latrines for girls is, in Susan’s opinion, a blessing. In the past, she says, girls would go to the sugar cane fields to urinate or defecate because they worried that boys might open the door to their latrine or peek through the large gap at the bottom. The cane fields pose a more ominous risk than curious boys. Venomous snakes are a real danger to girls seeking privacy in the fields. The new latrine design includes a wall that surrounds the entire facility, creating complete privacy.

Susan’s friend Mary, now 15 and in the same grade, dropped out of school when she first started puberty at 11. Mary says she realized she was growing up, but because no one had really explained to her what was happening, she felt shameful. Mary finally told her parents that she didn’t want to go back to school because there wasn’t anywhere she could go to clean up when she was menstruating. Three months later, Mary heard from some of her friends that the school was building separate facilities for girls. With her parents’ encouragement, she returned to school and is now a member of the school health club. Having a support network to learn and talk about issues like bodily changes, puberty and sexuality has given Mary newfound confidence.

***Pay it forward***

Susan is doing her part to share her new WASH knowledge. At home she teaches her mother about the lessons she learns in the health club. While her family’s latrine is not nearly as nice as the one at school, it is very clean. Susan advocates for sanitation and hygiene among her siblings and parents, helping her mother clean the latrine and maintain the younger children’s hygiene.

So what’s next for Susan? After primary school, she plans to eventually study law at the university. Susan wants to help communities solve their problems and would like to see other communities in her country have access to safe water. A lifelong learner and now health advocate, Susan Awino is helping to improve her classmates’ and communities’ health status and mitigate future outbreaks of waterborne disease. Susan lives by her own words, “A girl who goes to school is not only educating herself, but she will help to educate her community and her entire country.”

*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 formerly the Kenya Water for Health Organisation (KWAHO), and Water.org. SWASH+ is funded by the Bill & Melinda Gates Foundation and the Global Water Challenge. For more information, visit [www.swashplus.org](http://www.swashplus.org).*