**IMPACT ON ABSENTEEISM** — Schools in two geographic clusters that received a water treatment and hygiene promotion intervention had a 58% reduction in girls’ absence or an average reduction of six days per year per girl (controlling for grade and age). The same intervention had no effect on boys’ absenteeism.

**COMMUNITY BEHAVIOUR CHANGE** — Household water treatment in communities increased with the initiation of school WASH. The increase was significant, but modest. School WASH interventions should be combined with other programs more specifically targeted to parents and families for optimal behaviour change in communities.

**SUSTAINABILITY** — Three years after implementing the Safe Water System (SWS) school WASH intervention, only 36% of schools continued to provide drinking water and only 9% had measurable levels of chlorine in their drinking water. Inappropriate technology, cost, limited access to water and lack of institutional support are among the key barriers to long-term provision of safe water at schools.

**HELMINTH REINFECTION** — Provision of school WASH may reduce re-infection of soil-transmitted helminths following a single round of school-based deworming, but the magnitude of the effects may be gender and helminth species-specific. The impact of the intervention appeared to be greatest for pupils who practiced hygienic behaviors such as wearing shoes or abstaining from geophagy (eating dirt). The intervention was associated with a 52% less odds of reinfection of *A. lumbricoides* compared to the odds of reinfection for girls at control schools. Findings provide initial support for the benefit of improved WASH in schools when implemented alongside school-based deworming.

**SERVICE DELIVERY** — In a trial examining WASH service delivery options in schools, additional funding contributed to improvements in water treatment and soap provision at schools; however, money alone was insufficient for providing quality school WASH. Intervention schools that trained students and parents in monitoring tools and engaged parent volunteers to represent health issues within the School Management Committee had the best sanitary conditions and the most WASH supplies available, even when compared to schools that received money alone.

**MENSTRUAL MANAGEMENT** — Menstrual management presents significant challenges to students that are rarely discussed. Young women expressed feelings of confusion, anxiety and shame, and negative experiences associated with menstrual management at school. Girls are unable to effectively manage their periods because of poverty and insufficient sanitary facilities at school. Kenyan girls from the study stated the most effective way to deal with menstruation is to “go home,” despite guilt from missing classes.

**LATRINE CLEANLINESS** — Latrine cleanliness (smell, flies, dirtiness) is a very important factor in usage, regardless of the technical design and quality of the latrine. Pupils in schools with cleaner latrines were half as likely to be absent than pupils in schools with dirtier latrines.

**SOAPY WATER** — SWASH+ partners piloted a handwashing intervention using soapy water in place of bar soap in 11 schools. Though the first 6 months of unannounced visits showed high uptake (90%), the one-year follow-up revealed a decrease of soapy water use (36%). Despite the decrease in soapy water use over time, schools reported purchasing powdered soap (for making soapy water) over bar soap because it was easier to use, longer lasting, and reduced soap theft.

**DIARRHEAL DISEASE** — Among schools in the water ‘scarce’ group (schools without a dry season water source within 1km), provision of a comprehensive school-based WASH intervention was effective in reducing the risk of diarrheal disease by 66%. The significant overall reduction in diarrhea prevalence was similar for boys and girls; however, diarrhea prevalence was not impacted at schools without water supply improvements and who only were provided water treatment and/or sanitation.

**HAND CONTAMINATION** — The provision of new latrines along with hygiene promotion and water treatment did not reduce the presence of E. coli on students’ hands; the addition of new latrines actually introduced a significantly greater likelihood of E. coli presence among girls and a moderate increase among boys. Increased usage of school latrines for defecation without improving handwashing practices could explain the increased contamination. Improvements in sanitation must be accompanied by sufficient supplies of anal cleansing material, hand washing water, soap and comprehensive hygiene promotion in order to prevent hand contamination.


