



Learning Center Community

Handwashing / Toothbrushing / Deworming

FIT FOR SCHOOL

Making Children Fit for School The Essential Health Care Program (EHCP)

combines three preventive interventions:

Daily group handwashing with soap to reduce diarrhea and other preventable diseases a

Daily group toothbrushing with fluoride toothpaste to reduce tooth decay

Bi-annual deworming to reduce worm infections

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The program aims to improve the health of children, so that they can go to school more often and perform better.

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Introduction

Education and health go hand in hand. Children need to be healthy to be fit for school. Sadly, too many children in the Philippines are afflicted by everyday ailments that impact largely on their physical and mental development and limit them from getting the most from their education. The majority of Filipino children very often suffers from worm infections, severe tooth decay and from infectious diseases. Toothaches have a huge impact on the quality of life of children and on their ability to learn. Diarrhea, stomach aches, and itchy skin infections also contribute to poor participation and school absenteeism. Even the best education system cannot guarantee high academic performance when learners are frequently ill or in pain. However, many of these diseases and ailments are preventable. There are simple, scientifically proven interventions that greatly limit their occurrence and transmission.

The key is good hygiene. The Essential Health Care Program (EHCP) for Filipino children focuses on three such interventions - daily handwashing with soap, daily toothbrushing with fluoride toothpaste, and bi-annual deworming. EHCP is cost-effective and can be easily implemented on a mass scale, even in under-resourced communities. By bringing communities together, BRAC Learning Centers (LCs) provide an ideal environment to expose children to healthy practices. Through the Australian government's Basic Education Assistance to Muslim Mindanao (BEAM ARMM) program, the Department of Education's Essential Health Care Program has been incorporated into BRAC's Alternative Delivery Model (ADM). EHCP is now part of regular Learning Centers' activities that have the potential to significantly improve the health of children in ARMM.

Table of Content

Foreword	4
1. How to Create a Supportive Learning Environment	6
2. Handwashing	12
3. Toothbrushing	18
4. Deworming	24
5. Working Together	30

Foreword

Republic of the Philippines Department of Education Autonomous Region in Muslim Mindanao Cotabato City



Office of the Regional Secretary

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BRAC EHCP Community Manual

I am delighted to present the Learning Center Community Manual for the Essential Health Care Program (EHCP) in the Autonomous Region in Muslim Mindanao (ARMM). This will serve as a guide to you on the quality implementation of this internationally awarded school health program of the Department of Education (DepEd).

In ARMM, where education and health continue to be a great challenge, the EHCP was introduced and declared as a flagship program of DepEd ARMM in 2011. This was made possible with support from the Australian and German Governments. Under the umbrella of the Basic Education Assistance for Muslim Mindanao (BEAM-ARMM), Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) provides technical assistance to DepEd-ARMM.

Local government units, private sectors, and other stakeholders are also supporting the program in transforming our schools into healthier places. By following this manual, you will be able to contribute to improving our school children's health and well-being. The simple group activities of daily hand washing with soap and tooth brushing with fluoride toothpaste and bi-annual deworming will help reduce preventable diseases such as tooth decay, respiratory diseases, diarrhea, intestinal worms, and other communicable diseases. This will allow the children to go to school more often, to perform better and to maximize their potential.

While at the helm of DepEd-ARMM, I will continue tomake children's health, through the Essential Health Care Program, a priority. Implementation will be further strengthened and expanded, and new partnerships will be explored and encouraged to ensure that all education institutions are healthy places for the Bangsamoro children to practice healthy habits.

As we all try to make ARMM a better and healthier place for the future, let us all live by the hadith, "Cleanliness is half of faith," through the quality implementation of EHCP using this manual. After all, being fit for school – with clean hands, strong teeth and healthy bodies free from worms – means starting a better life for a brighter and more meaningful future.

DR. JOHN A. MAGNO; MSI	
Regional Secretary	nur, FRIEUR, MRIPSYCH
Automous Region in Muslim Mindanas Department of Education	
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"Matuwid na Pamamahala Tungo sa ARMM na Masagana't Mapayapa"

Foreword



Apart from the devotion to provide disadvantaged children free education, BRAC gives high value to keeping its beneficiaries safe and their healthcare well taken care of. Our objectives in providing education to the children of Autonomous Region in Muslim Mindanao was completed by the integration of the Essential Health Care Program of the DepEd-ARMM.

With the EHCP, brought to the BRAC Learning Centers by Basic Education Assistance for Muslim Mindanao (BEAM-ARMM), Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) and the Autralian Government, our learners experience more. The equipment established for them are being utilized at its utmost use. Our children enjoy their everyday hygiene activities held in their very own school yards as part of their learning lessons. We are very much glad that we became a part of the implementing grounds of the GIZ for the program due to the immediate need of the learners for healthcare facilities.

This manual is not only an instructional material for the implementers of the program, but also a compilation showcasing its already-successful pilot implementation that is yet to reap more fruitful results in the future.

To the learners, learning can be both serious and fun. Our passion is to put your wellbeing on top of our priorities. We bring you free access to education and healthcare to go along with that with the help of our partners to serve your interests the best we can.

M. Nazrul Islam Country Representative BRAC Philippines BRAC Learning Centers (LCs) are the heart of their communities, a place where children spend half of their day. By transforming your LC into a healthy and supportive learning environment and by practicing healthy habits on a daily basis you can improve both the health and education of your learners at the same time. LC resources are limited though, so the challenge is to improve your center with available resources.

How to Create a Supportive Learning Environment



Functional group washing facilities are crucial for the program's success. Without a functional facility children cannot practice the hygiene activities as a group!





Water and Hygiene in LCs

Access to water remains a major challenge in LCs across ARMM. This chapter will guide LC communities on how to improve the situation in their LC starting with small steps and available resources.

In order to enable learners to practice handwashing and toothbrushing on a daily basis, functional group washing facilities have to be in place. Even if the LC has no access to water yet, a simple self-contained group washing facility can be installed.

Guidelines // Design & Construction of Group Washing Facilities

Assess the water and sanitation conditions in your LC, discuss needed improvements and seek support from parents and the community.

To facilitate handwashing and toothbrushing as daily school activities, each LC should be equipped with its own group washing facility.

Ensure regular cleaning of the facility and be proud of your healthy school.

If your LC has been provided with a group washing facility, please consult the "User's Guide: Group Washing Facilities" for additional information on how to install and maintain the facility.



Take care that the handwashing facility is within reach for the children.



Ensure regular water supply to the facility.



Your facility will need to be cleaned and maintained on a regular basis.

Guidelines // Toothbrush Holder

Toothbrushes are to be stored in a toothbrush holder, ideally inside the classroom.

The toothbrush holder will be fixed to the wall so that children can easily reach it.

The toothbrush holder should be easy to clean.

There should be spaces between the brushes to avoid cross infection.

The slots should be designed in such a way that the head of the brush is exposed to the air. The cover has little holes to prevent molding.

Each space and each brush should be clearly labeled to avoid mixing up brushes.



Never let the children bring the brushes home. A second brush is needed at home.



Using a permanent marker, toothbrushes and toothbrush covers must be labeled individually according to learner name or number.



The label must be wrapped with tape to prevent it from being erased over time.



As an alternative to labeling, have the children personalize their toothbrushes for easy identification.

Frequently Asked Questions // Supportive Environment

We have no water access at our LC. Can we still implement the program?

Yes, you can. One option is to have an elevated refillable container, usually a water jug, water bucket or repurposed pail, attached to the washing facility. An even more compact system is the Tippy-Tap facility where each learner has his or her own water bottle to perform the exercise. Only about 250ml of water are needed per child per day for the activities.

What kind of facility is the best for our LC?

When choosing a type of facility you should have the following things in mind: local materials available and resources available, access to water and water pressure, water consumption, number of children in LC, as well as cleaning and maintenance of facilities. No matter what kind of facility you decide to build the most important thing is that it is functional. You can raise more funds later on, e.g. to beautify the facility or improve the basin.

Why should parents and community be involved in the construction of facilities?

The success and the sustainability of the program depend on the support and commitment of parents and the community. It is the role of the Learning Facilitator (LF) to involve parents and community members. Parents and community members will feel more responsible if they are involved and have a clear role in the program implementation. The contributions of parents can be for example labor, materials or financial contributions. Parents can also help to advocate for water access and improved sanitation in LCs.

How big should the facility be?

It is recommended to have one facility per Learning Center (LC) that can fit at least between 10–15 children at a time. Children love to conduct the activities as a group. With a big enough facility near the classroom it only takes about 7 minutes a day for an entire class to conduct the activities.

Should our facility have a roof?

A roof offers protection from rain or direct sunlight and makes the activities more convenient. A roof is nice to have, but at the beginning it is not crucial in order to conduct the activities. The most important thing is that the facility is functional and children can practice activities on a daily basis. If the LC community prefers to have a roof, funds can be raised and a roof can be built later on.



Handwashing has been recognized as the most important step in avoiding infectious diseases and preventing the spread of germs to others.

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Infectious Diseases

Infectious diseases are diseases that spread from one person to another. Worm infections, diarrhea, common colds, coughs, bronchitis and skin infections are the most common infectious diseases. Lack of hygiene is the root cause for the spread of these diseases. If we all take care to keep ourselves, our home and our LC clean, we can guide children to cleanliness and stop most diseases before they start.

Guidelines // Daily Handwashing

All children will wash their hands with soap at least once a day in LC as a group activity.

The best time to do this is before eating at recess or at lunch time.

Make soap available at the group washing facility all the time. Soap can be placed in a stocking and tied to the facility.

The Learning Facilitator will assign and train learners to help their classmates conduct the handwashing activity in an organized manner.

Water is only needed at the beginning to wet hands and at the end to rinse hands. Turn off the water in between while children lather their hands.

After about a week, children get used to this procedure and the role of the LF will be limited to supervision.

The LF will remind the children to wash their hands with soap after using the toilet, before handling food and before eating.

Children are encouraged to be advocates for handwashing with soap and make it a routine in family life.



Apply soap, create lather and rub all surfaces for 20 seconds.



Rub right hand over left and vice versa.



Rub palms together with fingers interlaced.



Rub the backs of fingers against the opposite palm.



Grasp thumb and rub with a twisting motion. Repeat for other thumb.



Rub left palm against the back of the right hand and vice versa.



Rinse hands with running water.

Save water and don't let the water flow throughout the activity.



Do not use a towel! Towels become a source of infection after the first use. Dry hands in the air.

Frequently Asked Questions // Handwashing

Why do we have to wash hands with soap?

Washing hands with water only is not as effective as handwashing with soap. Proper handwashing needs soap and uses only a little water. Soap will clean the hands from oil and dirt, which contain germs. With correct use, all kinds of soap are just as effective for removing germs.

Do we need to use antibacterial soap?

No. It is the act of rubbing and rinsing, not the type of soap that physically removes bacteria from the skin.

Can we use wet wipes and hand sanitizer instead of hand washing with soap?

According to the Center for Disease Control and Prevention (CDC) wet wipes and hand sanitizers can be used as alternatives when there is no water and soap (e.g., traveling), but not as a replacement for handwashing.

When we use a fork and spoon for eating and the food is well wrapped,

do we still have to wash hands with soap before eating?

Yes. Handwashing with soap reduces bacterial contamination of food while we are eating. Sometimes, without being aware, we touch the food with our hands even while we use a fork and spoon.

Can rainwater be used for handwashing?

Yes. If water is scarce, water from a well or rainwater can be used for handwashing, but it is of utmost importance that handwashing is always done with soap.

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Why is it also important to trim fingernails?

The area under fingernails has the highest potential for harboring bacteria and viruses. Well-trimmed nails are easier to keep clean.

If water is scarce, can two or more children use the same water from a basin for handwashing?

Children should not use the same water from a basin when washing hands together as they will also share their germs. Children should rinse their hands individually and it is best to use flowing water. Only a small amount of water is needed for handwashing.

FIT FOR SCHOOL 17

Toothbrushing with fluoride toothpaste is the most realistic way to prevent tooth decay.

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You should brush your teeth at least twice a day: once in the morning and always before going to sleep.



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Tooth Decay

Tooth decay is the most common chronic childhood disease worldwide. Tooth decay does not heal by itself. In low-income countries, nearly all tooth decay remains untreated. Consequently, the decay will last a lifetime and will affect the general health and quality of life of a person.

Tooth decay hurts and deprives children of a good night's sleep, making it harder for them to pay attention in class, play with friends and enjoy life. Ultimately, it may hinder social development.

Guidelines // Daily Toothbrushing

Children should start their day with fresh breath and clean teeth.

All children will brush their teeth at least once a day in LC as a group activity.

The LF will assign and train student/ learner leaders to help their classmates conduct the toothbrushing activity in an organized manner.

Children enjoy group activities. Daily toothbrushing will help make them even better at performing activities together. The role of the LF is to supervise.

After a week of training, the whole activity should not take longer than five minutes of each LC day.

Children are encouraged to be champions of clean teeth and fresh breath, and to motivate their parents and siblings to make a daily habit of brushing teeth, especially before going to bed.



When using a dispenser, remove the two locks from the toothpaste dispenser and pump the plunger until the toothpaste comes out. Replace one lock before using. Press the dispenser once to apply a drop of toothpaste onto a dry toothbrush.



If you are using a tube of toothpaste, squeeze a pea-sized amount onto the toothbrush. This can easily be done by applying the paste across the head of the toothbrush.



There is no need to rinse the mouth before brushing. Brush all teeth, especially your molars, for two minutes.



Spit the toothpaste out. Do not rinse your mouth.



Feel with your tongue if all teeth are smooth and clean.



Rinse your toothbrush with water.



Wipe your mouth with some water using clean hands.



Return your toothbrush to the toothbrush holder.

Frequently Asked Questions // Toothbrushing

Is bad breath caused by a lack of oral hygiene?

If teeth are not cleaned, bad breath will annoy the people around you. Some people have bad breath because they have bacteria in their mouths, which produce sulfur compounds. It is helpful to brush the tongue intensively because this is where these bacteria reside.

What can I do to keep my teeth healthy?

Cut down on sugary snacks and drinks. Get into the habit of eating fresh fruits as snacks, replace soft drinks with water and brush your teeth twice a day with fluoride toothpaste.

Why is it important to use fluoride toothpaste?

In many countries, the levels of tooth decay have fallen by over 50% in the last 20 years. Leading experts around the globe have agreed that this development is almost entirely due to the use of fluoride toothpaste.

Why is it important not to rinse the mouth after toothbrushing?

Rinsing will reduce the positive effect of the fluoride on your teeth. If you feel a need to rinse out the food particles, brush your teeth and rinse, then brush teeth again with fluoride toothpaste, this time without rinsing.¹

Is toothpaste safe to swallow?

Toothpaste is not intended to be eaten and children are encouraged to spit out the toothpaste. However, it is known that children will always swallow some toothpaste, but even when they do so, it is harmless.

Do I need to change toothbrushes every three months?

Not necessarily. Research has shown that there is no difference in cleaning effectiveness between an old and a new toothbrush in the hands of children². In general, a good quality toothbrush can still be used after 200 times. This is similar to being used twice a day for 3-4 months, or for one school year if used once a day in school.

FIT FOR SCHOOL 23

Nowadays worm infections can be controlled through deworming with inexpensive, highly effective single-dose drugs.

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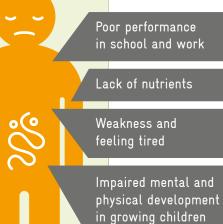


Deworming drugs are safe and can also be given to children who are not infected.





People with infections also infect others.



Common Worm Infection

Intestinal worm infections are very common among school-age children. When infected, children lose energy and their ability to concentrate. As a result, they are always tired and cannot actively participate in class. Heavily infected children will not grow as expected for their age. Malnourished children become even more malnourished.

Guidelines // Mass Deworming

The Barangay Health Worker will orient and educate parents and LFs on mass deworming to address all questions and concerns.

Once parents are informed on the facts of deworming, they can choose to sign a consent form to allow their children to be dewormed.

Only children of parents who choose to participate in the deworming process will be given deworming tablets.

The LF will call children whose parents have signed the deworming form to the front of the class five at a time. Deworming tablets will be administered and will be chewed by the children immediately, under the direct observation of the LF.

The Program Organizer is encouraged to establish linkage with the community and seek the presence of Barangay Health Workers on the deworming day.

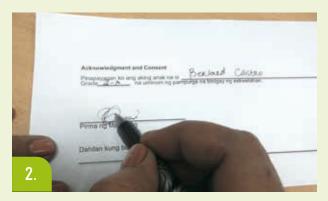
This procedure is documented by the LF and assisted by a parent.

Deworming will be offered every 6 months.

The data of deworming and the names of all children dewormed will be documented in the LF's record book.



Barangay Health Workers orient LFs and parents.



Parents who choose to have their child dewormed sign a consent form.



LF calls five children at a time and distributes the deworming tablets.



Upon receiving the tablet, children must chew and swallow it immediately.



LF inspects the children's mouths.



A parent or another LF can assist in the documentation.

Frequently Asked Questions // Deworming

What are the symptoms of worm infection?

Worms and other parasites live in people's intestines and cause disease. Many of these worms can be seen in the stool. Some worms lay their eggs outside the anus, which causes itching, especially at night, and interrupts sleep. If the infection is not treated, an infected person may experience loss of appetite, abdominal pain and decline in energy levels resulting in decreased physical and mental performance. The body of an infected person cannot absorb food properly, which then leads to malnutrition and intestinal obstruction.

How can I prevent the children from being infected?

Prevention of worm infection requires improvement of personal hygiene and sanitation facilities. First, use a toilet. Second, always wash hands with soap after going to the toilet and before eating. Rubbing hands with soap will get rid of microscopic worm eggs you or the child may have picked up. Third, wash vegetables thoroughly with clean water. Fourth, keep fingernails and toenails short. Finally, always wear shoes or slippers to keep feet from direct contact with the soil.

Are deworming drugs safe?

Deworming drugs are safe and highly beneficial. These are safe for all children above 1 year of age and can also be given to noninfected children. Adverse events are uncommon and usually depend on the severity of the worm infection. When such events do happen, the effects will be minor (nausea, vomiting, fatigue, or diarrhea) and can be easily managed by allowing the child to rest for a few hours and drinking water.³

Why should my child be dewormed again when he was dewormed last year?

Children will easily be re-infected. Therefore, deworming is needed every six months. It will prevent chronic infection and a heavy worm load.

Can we deworm without a lab result?

The World Health Organization recommends the deworming of all children without prior laboratory testing if the infection rate in the area is higher than 50%. The infection rate in the Philippines has been higher than 50% in all areas surveyed. Deworming of all children is recommended in LCs as the drugs used are safe even for non-infected children.

Why do children have the highest risk of intestinal worm infection?

Most intestinal worms are so-called "soil transmitted helminths", which means that the infection is spread through soil. Soil is easily contaminated with human excreta or waste. Children play on the ground then put their fingers in their mouths and get infected. Thus, proper handwashing before eating is very important.



Children are not only the beneficiaries but also the prime actors in making the LC a healthy place.

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How You Can Contribute

The Essential Health Care Program works best if different partners work together. In BRAC Learning Centers, success can only be realized if the whole community is on board to support daily hygiene activities. Different roles for members of the LC community are outlined below to ensure a supportive healthy environment and the improved health of all learners.



Children

- → Remind the LF when it is time for handwashing and toothbrushing, and lead the formation of learner lines during these activities.
- → Maintain cleanliness of hygiene and sanitation facilities and the LC/school grounds.

Learning Facilitator

- → Orient the children on the activities.
- → Facilitate and supervise the daily group activities.
- → Organize and supervise the regular cleaning of hygiene and sanitation facilities and LC grounds.
- → Check the availability of toothpaste, soap, and water for the hygiene activities.
- → Administer the deworming medicine after being oriented by health personnel.



BRAC/PNGO

- → Call for Parents Meeting to orient and properly inform parents and LFs about EHCP.
- → Oversee the overall implementation of the project.
- Seek close partnership with parents and the community in constructing the necessary washing facilities.
- Include group handwashing and toothbrushing activities in the daily program.
- → Ensure availability and proper distribution of supplies (soap, toothpaste, toothbrushes) within your LC.
- → Ensure availability of water.
- → Ensure monitoring of the program in all LCs.

Parents and the Community

- → Facilitate the construction of washing facilities
- → Advocate for access to water and sanitation in the LC.
- → Participate in regular monitoring.
- → Participate in the Parent Meetings, address questions and concerns to the Barangay Health Worker and Program Organizers.

Checklist for Program Organizers// Phase I: Preparation

Tasks	
Primary assessment.	Ø
Read the Manual.	
Set a meeting with the Learning Center Community.	
Inform the community officials of the meeting.	
Encourage their participation.	
Include the Barangay Health Worker in the meeting.	
Discuss the program with the Learning Center Community.	
Share the manual with parents and community members.	
Dicuss how the parents and community can contribute to the construction of the handwashing facility and the toothbrush holders.	
Supervise the construction of the handwashing facility together with parents and Learning Facilitators.	

Checklist for Learning Facilitators // Phase II: Implementation

Daily Handwashing with Soap	
Have at least two soap dishes ready or make soap available at the facility in another way (e.g. put them in nylon nets/stockings and tie them to the facility).	<u>(</u>)
Keep the soap dish or liquid soap bottle in a dry place in the health corner.	
Assign and train a learner to help his/ her classmates conduct the handwashing activity in an organized manner.	
Perform the activity daily.	
Daily Toothbrushing with Fluoride Toothpaste	
Put the holder in an area where children can easily reach for their toothbrushes.	<u>(</u>)
Request toothbrushes, toothpaste bottles and soap from the Program Organizers.	
Label the toothbrushes individually according to student name or number using a permanent marker, or have the children personalize their toothbrushes for easy identification.	
Remove ONLY one lock/stopper when using a dispenser.	
Assign and train a learner to help his/her classmates conduct the toothbrushing activity in an organized manner.	
Dicuss how parents and community can contribute to the construction of the handwashing facility and the toothbrush holder.	
Time the whole activity; after a week of training, the combined group handwashing and toothbrushing activity should take less than seven minutes	

Frequently Asked Questions // Working Together

Why should LFs train children to develop healthy habits?

Because teaching learners to develop healthy habits can make learners have good health, come to LC regularly, and improve their academic performance. Healthy habits contribute to reduction in academic barrier and improve education quality and effectiveness in educational institutions. In addition good health builds self-esteem for character development and provides energy for participating in sports and social activities.

Can learners be leaders in practicing personal hygiene and keeping the LC environment clean?

In general, we observe that most learners possess leadership skill and have proven to be able to facilitate participation of their classmates on various LC programs. Practicing personal hygiene as a group activity in LC offers a good learning experience for each learner, so that they can practice these habits at home and encourage family members to also develop good hygiene habits. It is important that they do this EVERY day. Only a daily routine will lead to sustainable behavior change.

What is the role of health personnel if LFs are deworming and doing handwashing and toothbrushing with the children?

Health personnel deliver preventive and curative health care services. They are experts who can provide advices and good experience on health and hygiene for learners in LCs. They also function as a link between the LC and the health system.

How can community and religious organizations participate in EHCP in BRAC Learning Centers?

Community organizations and religious groups can participate in EHCP implementation at the local level. They can support the school in obtaining access to water and improving washing facilities. In some areas, such organizations provide the funds for improving school grounds and environment, and supporting school health services.

Can LFs instruct children in toothbrushing?

The World Health Organization recommends that school-based deworming should be done by well oriented LFs. Teachers around the globe have been doing this successfully.

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For more Information on GIZ Fit for School and group washing facilities, please contact Dr. Bella Monse (bella.monse@giz.de)

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