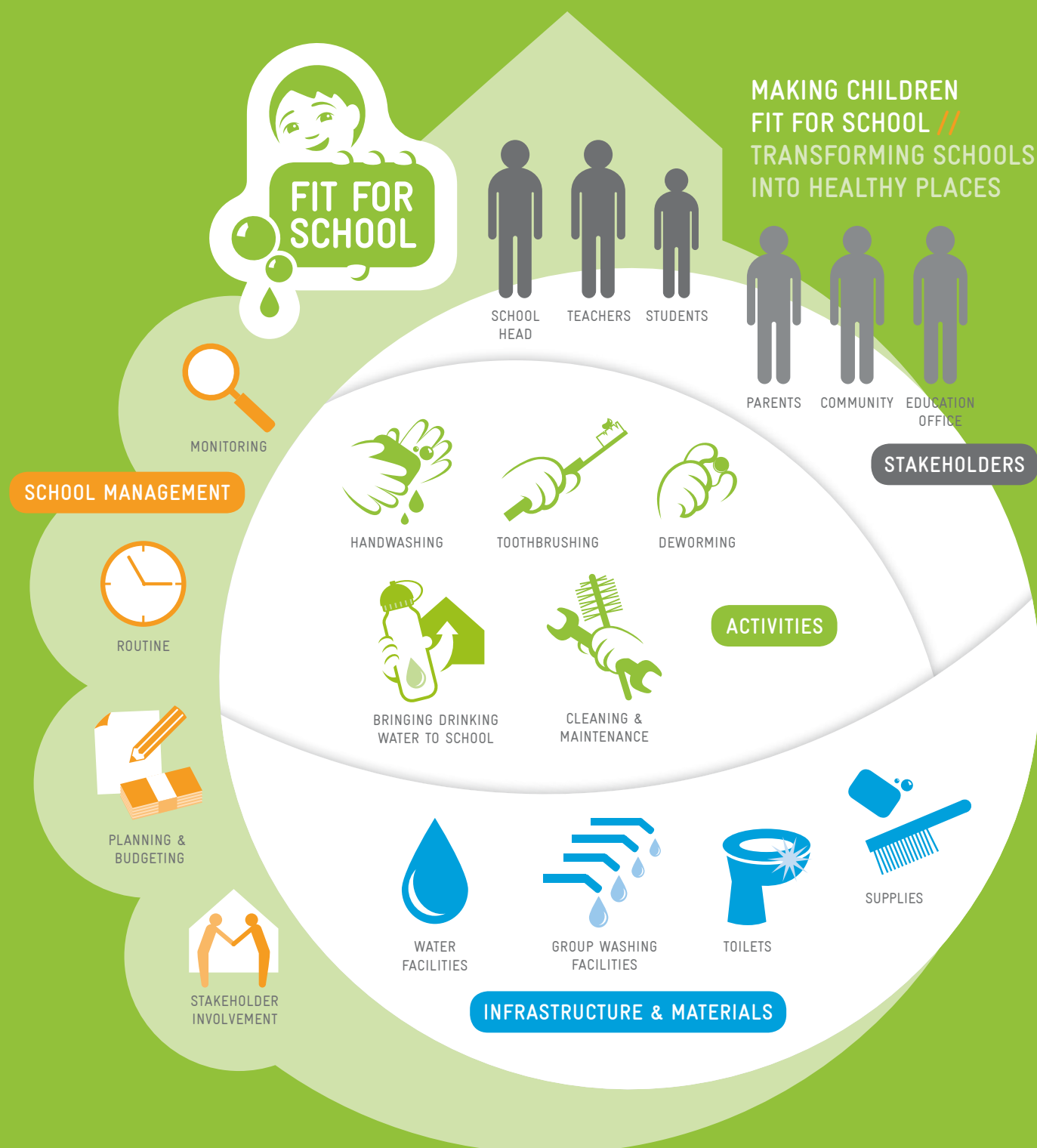




## School-based Hygiene Activities in Maguindanao II

The scaling up of the Essential  
Health Care Program



## Summary

The Essential Health Care Program (EHCP) has been scaled up in the Division of Maguindanao II to 75 schools targeted by the Basic Education Assistance to Muslim Mindanao (BEAM ARMM) program and to an additional 10 schools which were not targeted by the program. The division has been a strong advocate for EHCP and was awarded best EHCP implementing division by the Department of Education in the Autonomous Region in Muslim Mindanao (DepEd ARMM) Regional Office in 2015. A qualitative study was conducted to better understand which existing structures and mechanisms were leveraged for scale up, the factors which supported the scale up process and institutionalisation of EHCP, and the ongoing barriers to implementation. The study identified five key factors which enabled the successful EHCP scale up in Maguindanao II: the development of a conducive policy environment, strong support from DepEd-ARMM leadership, development of strong ownership in DepEd-ARMM

staff, ability of DepEd at all levels to maximise limited resources, creation of improved working arrangements among school health personnel and the promotion and adoption of simple steps for water, sanitation and hygiene (WASH) improvements. Despite these factors, additional challenges remain which limit the quality of implementation on a wide scale. Water access remains an enormous challenge in Maguindanao, limiting the ability of schools to practice daily hygiene habits. In addition, without any school-level funds, schools lack the needed resources to fund simple materials to sustain the program, particularly toothpaste, toothbrushes, and maintenance and repairs of WASH infrastructure. The continued strong reliance on DepEd-ARMM health personnel as the leaders in ensuring EHCP implementation limits the integration of the program into the School Head's responsibility to ensure a conducive learning environment.

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# 1. Introduction



## Significance of the Study

DepEd's EHCP combines three low-cost evidence-based hygiene interventions in schools: daily group handwashing with soap, daily group toothbrushing with fluoride toothpaste and bi-annual deworming. EHCP is implemented in all provinces in ARMM. As part of the BEAM ARMM program, this scale-up of EHCP was supported with technical assistance from the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) using the Fit for School approach. The approach follows the key principles of simple, scalable, sustainable and systems thinking. It aims to transform public primary schools into supportive learning environments where children can practice healthy habits, learn and thrive. The program promotes a stepwise approach for schools to improve according to their resources, circumstances and capabilities.

Although the quality of EHCP implementation varies throughout the region, the Division of Maguindanao II has demonstrated its ability to integrate WASH in Schools (WinS) into division structures and processes and, as a result, has some of the top-performing schools with regards to WinS, as identified by the DepEd ARMM regional office. According to the last round of DepEd-ARMM's WinS monitoring, 83% of schools in the division practice group handwashing

with some or all students, 89% of schools practice group tooth brushing with some or all students, and 89% of schools offer deworming. Understanding the experience of how Maguindanao II scaled up EHCP can offer lessons and guidance to other divisions on how to scale up WinS using existing DepEd-ARMM resources and structures. It can also provide insights on how to develop ownership and institutionalise new initiatives.

## Objectives and Research Questions

The study aimed to review the structures, systems and approaches/strategies which the division of Maguindanao II has used to scale up EHCP within the unique context of ARMM. The following main research questions were considered:

- How was EHCP scaled up in Maguindanao II?
- What were the facilitating factors that enabled the scale up in the division and school levels?
- What were the barriers to scale up at division and school levels and how were these addressed?

## Methodology

The study was conducted through key informant interviews and focus group discussions of DepEd ARMM staff at the regional, division, district and school levels: Four schools within Maguindanao II were selected by the division for participation in the study, based on their accessibility, diversity of contexts and their strong EHCP performance: Limitations: The study is limited by its scope. Security considerations limited the focus of the study to the Division of Maguindanao and focus group discussions were conducted in schools that were accessible from Cotabato City.

In light of the implementation of this new policy, which was released by DepEd on October 16, 2014, a WinS Summit took place in Cotabato City on February 17-18 2016. This report synthesizes the presentations, discussions, and school visits that took place during the event and summarises key learnings and conclusions. The document therefore does not necessarily follow the schedule of the event, nor does it provide all details of presentations or discussions. All presentations have already been shared with participants and are available on request from the organisers.





## 2. Findings and Discussion

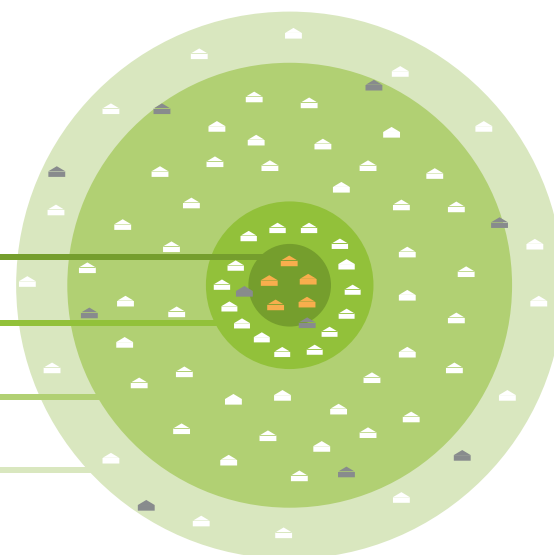


EHCP was scaled up in Maguindanao II, gradually increasing the number of targeted schools from 5 to 75 from 2011 to 2015. The division identified target schools based on criteria that provided the best opportunities for successful implementation. In the first year of the program, five schools were targeted for implementation. The division and region then reflected on that piloting and were able to understand the tangible benefits of the program. While the initial momentum for the piloting was strongly supported by GIZ, following the first year of piloting, DepEd-ARMM began to develop a strong appreciation for the program after better understanding its potential. Over the following five years, that appreciation developed into strong ownership and now DepEd-ARMM operates the program, with GIZ's support phasing out in 2017.

The scale up process was largely driven by DepEd-ARMM's school health personnel, who conducted orientations from division to school levels, conducted regular monitoring, and mobilised engagement of the school community. In the years since 2015, efforts have focused on sustaining the program and supporting WASH improvements in the entire division more broadly. The strategy has also shifted to focus more on EHCP implementation as part of School Based Management (SBM) and engaging School Heads to take the lead in ensuring implementation, based on DepEd-ARMM's School Health and Nutrition policy.

### Maguindanao II Scale-up Timeline

- 5 targeted schools  
(Year 2011-12)
- 15 targeted schools  
(Year 2012-13)
- 40 targeted schools  
(Year 2013-14)
- 15 targeted schools  
(Year 2013-14)
- 10 untargeted schools  
(Across Years 2011-14)



### Enabling Factors

**Policy Environment:** DepEd-ARMM created a conducive policy environment at the regional and division levels. Most notably DepEd-ARMM's School Health and Nutrition policy identifies EHCP as a strategic action area. The policy strongly emphasises the focus of DepEd-ARMM's school health efforts on preventive, evidence-based measures and away from treatment-focused interventions, which complements well the EHCP concept. In addition, in the division of Maguindanao II, the Schools Division Superintendent issued a memo that all schools should implement EHCP, whether they were targeted by the BEAM-ARMM program or not. This instruction for implementation in all schools demonstrated the division's commitment to the program and gave School Heads clear guidelines on what was expected for implementation. This environment provided the policy framework on which health personnel could scale up the program, particularly to non-target schools. However, the instruction for immediate scaling up to all schools somewhat limited the division's ability to learn from the pilot experience and develop a gradual scale up strategy based on the learnings and experience from school-level implementation.

### Strong Support for EHCP from DepEd-ARMM

**Leadership:** From the start of the program, there was strong support for the EHCP from the leadership of DepEd ARMM, both at the Regional and Division levels. The development of strong internal advocates for the program has been instrumental in sustaining momentum for the program through changes in DepEd-ARMM leadership since the start of BEAM-ARMM. Despite changes in Regional Secretaries and Assistant Secretaries, 'ambassadors from within' (as described by DepEd-ARMM) were able to orient the new leadership on the program and advocate for continued support. In addition, it was particularly noted that strong leadership and vocal support was expressed from the division level. The Schools Division Superintendent was noted for 'leading by doing'. The division office maintained impeccable toilet facilities, handwashing stations with soap, and kicked off the implementation of Transparency Boards by installing one themselves. The Schools Division Superintendent also ensured that EHCP

was integrated into regular school evaluations including the inter-school and inter-district visitations. Moreover, strong leadership support was particularly evident in support for deworming advocacy. Leaders at the regional and division levels both publicly took deworming pills to alleviate concerns regarding their safety and were very vocal in their promotion of deworming, which contributed to the significant increase in deworming coverage. According to the Health and Nutrition Unit of DepEd-ARMM, deworming coverage increased from 17% when the program started in the 2011-2012 school year to 65% in the 2016-2017 school year. The Regional Office also highlighted EHCP at wider ARMM events, most notably the monthly 'People's Day' activity, where EHCP is demonstrated each month as DepEd-ARMM's contribution to the event.

**Strong Ownership:** DepEd-ARMM developed strong ownership over the program and describe it as their 'flagship school health program'. DepEd-ARMM noted that reviewing the benefits of the piloting and understanding the impact EHCP was having on school children helped to strengthen their appreciation for the program. Some health personnel reported that in the early months of the program they were somewhat hesitant to push for implementation on the ground, as they perceived EHCP to be 'GIZ's program'. However, once they started to see the implementation at school level and understand the potential impact of the program and how schools were able to implement it, they developed a strong identity associated with the program. Health personnel noted that EHCP was a very visible program on school grounds and that helped to also strengthen their visibility as school nurses and clearly demonstrate their contribution at school level, which strengthened their ownership of the program as school communities closely identified them with the program.

Similarly, at school level, school communities, especially parents, were more open to contributing labor and funds for EHCP after seeing the implementation of the program and its tangible benefits for their children (improved hygiene habits, cleaner school environments). Closely related to this was the close alignment of the program's core message of cleanliness and hygiene with Islamic values of



cleansing before prayer time and maintaining a high standard of personal hygiene. These two factors were instrumental in mobilising school-level support and encouraging Parent Teachers Association to raise the necessary resources to implement the program. The division was also able to promote the program to attract support from outside of the education sector. In particular, they were able to secure the provision of hygiene kits from the Maguindanao Provincial Government to support EHCP. As ownership grew, DepEd-ARMM, especially the Regional Office, also became more open to taking on the full funding of the program.

#### **Mobilizing Funds and Maximizing Existing Resources:**

From the onset of the program, GIZ provided only limited financial assistance for its implementation and expressed clearly that, as EHCP was a DepEd program, it should be primarily funded by DepEd. This approach resulted in school communities mobilising funds and maximising existing resources to initiate the program. Schools targeted by the BEAM-ARMM program were given hygiene kits to cover the first year of the program and group washing facilities. However, beyond that, all other expenses including orientations and workshops, school materials, additional washing facilities and water needed to be covered by DepEd-ARMM. The division looked to creative ways to maximise limited available resources. The Bayanihan spirit was leveraged to engage school communities to provide the needed labor and minimal funds to kick start the program.

Over time, the funding of materials was gradually taken over from GIZ by DepEd-ARMM. The division noted that this lack of financial resources forced teachers and school heads to think more creatively (e.g., developing handwashing facilities from indigenous materials, holding popularity contests to raise funds for water access). Without significant funding, the division rarely held separate activities for EHCP. Instead, they integrated EHCP advocacy and reporting into other ongoing division activities which minimised costs and helped to institutionalise and mainstream the program. In addition, this self-funding by DepEd-ARMM contributed to long-term sustainability and helped to strengthen ownership of the program.

#### **Improved Health Workforce Working**

**Arrangements:** In addition, the health workforce created improved working arrangements to meet the new challenges presented by EHCP implementation.

Previously, health personnel in Maguindanao II were not assigned to specific schools. Since the introduction of EHCP required nurses to visit schools regularly to conduct orientations and to monitor program implementation, schools were clustered into groups and assigned to a specific nurse. This working arrangement has endured and is now the basis for the current structure of the health personnel assignments in the division. This strategy has also improved the health personnel's ability to manage other school-level health programs and integrate EHCP into their implementation, particularly with regards to the School Based Feeding Program and School Gardening. This arrangement also ensured that nurses could share knowledge between schools. Strong working relationships between the division-level EHCP Coordinator and the Schools Division Superintendent also allowed for the integration of EHCP into division activities like the evaluation of the inter-school visitation and regular division meetings, where, according to the formal DepEd structure, a division nurse would not normally participate. These informal working arrangements helped to strengthen EHCP's position on the division's agenda.

**Promotion of Gradual Simple Steps:** With limited available resources, gradual simple steps were encouraged so that schools could tangibly see what they could do on their own to implement the program. For example, schools without water access encouraged children to bring water from home or fetch water from nearby residents to school; and in cases where schools could not fund permanent washing facilities they constructed group facilities, called tippy taps, from old plastic bottles and string. Promoting these low-tech and low-cost options helped to make EHCP feasible for any committed school to implement, regardless of available funds. This also provided health personnel with specific recommendations to provide to schools in low-resource settings.



## **Barriers**

**Water access:** The primary barrier identified by DepEd-ARMM personnel and stakeholders is water access. Based on Maguindanao II's latest round of WinS monitoring about one quarter of schools do not have any access to water on school grounds and nearly half do not have potable water. Nearly half of schools also arrange for children to bring water from home to school. This lack of water or limited water on schools grounds makes practicing daily hygiene activities and maintaining WASH infrastructure a significant challenge.

**School-level Resourcing:** In their first year of the program, target schools were provided with hygiene kits and group washing facilities. However, as the program evolved, responsibility for the provision of materials has entirely shifted to DepEd-ARMM. While the Regional Office has made additional group washing facilities available to some schools, many schools still struggle to mobilise the needed funds annually for new toothbrushes, toothpaste and soap as well as regular maintenance and repairs of WASH infrastructure. Without funds available at school level or materials provided from the Regional Office to schools, implementation will be a challenge for some schools to sustain the program over time.

**Operationalisation of School Health and Nutrition Policy:** While the School Health and Nutrition policy provides an important policy basis at the regional and division level with regards to EHCP, there is a potential to strengthen the operationalisation of School Health and Nutrition policy at district and school levels, particularly with regards to roles and responsibilities where School Heads should be responsible for leading implementation with health personnel providing technical assistance where needed.

In reality, school health personnel continue to take a strong lead in ensuring implementation while School Heads are less active in ensuring implementation. Consequently, EHCP implementation becomes dependent on the role of school nurses, however, some schools are only rarely visited by school nurses and school nurses also do not have any authority over School Heads or teachers to affect implementation. The perception of EHCP as a separate issue under the health personnel limits integration of EHCP into School Based Management and the responsibilities of the School Head.



### 3. Comparisons with Other Programs



Relative to the need for improvements in WinS, resources for WASH within the education sector are often very limited. Often good practices can be established but their impact remains limited if they cannot be sustained and implemented on scale by existing government structures. In some cases, significant investments are made to improve WASH in a few schools but these prove too expensive to scale up and tend to have lower government ownership and poor sustainability once funding ceases. For this reason, the Fit for School approach, based on the '4S' principles of simplicity, scalability, sustainability, and systems thinking, is being increasingly adopted by Ministries of Education in Southeast Asia. Through this approach other countries, particularly Lao PDR, Cambodia and Indonesia are also making

gradual stepwise low-cost improvements in WASH which have the potential to be scaled up to many schools. The approach is closely aligned with the Three Star Approach for WinS. Developed by GIZ and UNICEF, the approach aims to guide a stepwise process towards reaching national standards for WASH by focusing on low-cost solutions and simple models that can be realistically scaled up. It aims to address the bottlenecks that block the effectiveness and expansion of current WinS programs. Experiences like the scale up of EHCP in Maguindanao II to 85 schools using limited resources are of particular interest within this context as many schools can be reached using resources that the education sector can realistically provide on its own.

### 4. Conclusion



The experience of Maguindanao II provides important insights into the opportunities to expand/strengthen EHCP in other divisions, and simple WASH improvements more generally, on a large scale. A step-wise, low-cost approach was central to the ability of DepEd-ARMM to implement the program. Limited external resources available for program implementation meant that schools had to be creative to use their own means to implement the program, which ultimately was key to sustainability and strengthening ownership of the program. The commitment of DepEd-ARMM leadership has also been instrumental in scaling up the program and has strengthened over time as ownership within the agency grew. This support also enabled the health workforce to adopt flexible working arrangements to better support EHCP at school-level. Despite these promising aspects of the program, there are still some factors which limit the quality of implementation across the division. Schools continue to struggle with lack of access to water and the needed funds to properly implement the program over the long-term. Moreover, sustainability of the program would be strengthened by increased integration of EHCP into School Based Management and the responsibility of School Heads.

The experience of Maguindanao II has implications for the continued evolution of EHCP in ARMM. DepEd-ARMM's scale up of the WinS monitoring

system provides an opportunity for renewed momentum to strengthen and expand EHCP implementation to all schools in the region. The system sets daily group handwashing, daily group tooth brushing and offering deworming as part of the minimum requirements to reach the one star accredited status. Through this system, schools are recognised for their efforts to initiate and sustain EHCP and are given specific direction on how to make incremental steps to improve WinS overall. While the context of the division of Maguindanao II is unique, many of the strategies that were used in that environment could also be adapted to other divisions to support further scaling up. Momentum at school and division levels would also need to be strongly supported by the region, particularly with regards to sustainable long-term funding for EHCP. The promising scale up of EHCP with limited external support, provides a potential model for the continued improvement of WinS in the region. However, there is still significant work to do to improve the state of WASH in DepEd-ARMM schools. Infrastructure is poor throughout the region and cleaning and maintenance of existing facilities need further attention. In addition, formation of healthy habits requires that schools practice daily hygiene activities routinely in a consistent manner and in an environment with the necessary materials available.

## 5. Recommendations for Future Support



In continuing support to create conducive learning environments, low-cost, gradual WASH improvements should be promoted. DepEd-ARMM's WinS monitoring and corresponding accreditation system provides the framework in which to encourage schools to make gradual WASH improvements. There are small improvements that schools can do immediately, such as constructing tippy taps, encouraging children to bring water from home, fund raising projects for concrete handwashing facilities, soap, toothbrush & toothpaste and installing rainwater harvesting systems. Through the WinS monitoring, DepEd-ARMM can track such improvements made by schools. However, a regional solution is needed to address the gap in infrastructure in toilets and water access over the long-term. The Community Led Sanitation Construction concept has shown initial promise as an opportunity to fast-track WASH infrastructure improvements in hard-to-reach areas.

Support for routine hygiene habits in schools should continue at the school, division and regional levels. The region has demonstrated its intention to continue funding daily hygiene activities through its production of group washing facilities. Advocacy to continue this production and complement it with the provision of hygiene kits for all schools would

enable all schools an opportunity to practice daily activities. In particular, this should be integrated within the wider WinS and school health landscape. With the expansion of DepEd's School Based Feeding Program, midday meals in schools provide an opportunity to mandate daily group handwashing prior to eating and daily group tooth brushing after meals. In addition, support for deworming advocacy should continue. Low-cost and time-effective advocacy interventions have had a significant impact, contributing to nearly quadrupling the deworming coverage in DepEd ARMM over a six-year period.

Finally, continued emphasis is needed to integrate WinS into School Based Management. While health personnel provide valuable technical assistance, efforts should continue to mainstream WASH into the responsibility of School Heads. There is a strong need to strengthen the operationalisation of the School Health and Nutrition Policy, which clearly outlines the central role of the School Head and wider school community in improving WinS. Creating and ensuring healthy learning environments which support the wellbeing of learners is firmly rooted in School Based Management, and ensuring access to appropriate WASH infrastructure and healthy habits is a central part of that.

Further research in ARMM to study the relationship between WinS and learning outcomes or other educational indicators would better enable DepEd-ARMM to understand the impact of WASH improvements on their overall mission. Additional research is needed on the process of hygiene habit formation in the school setting and how healthy habits developed in schools are transferred into the household and vice versa. Such research would help DepEd-ARMM to refine their hygiene interventions to best ensure that the interventions contribute to habit formation and that those habits are being carried over into the home.

The Fit for School approach of ensuring that all technical assistance is simple, scalable, sustainable and based on systems thinking has enabled the BEAM-ARMM program to institutionalise WASH interventions in schools in Maguindanao II and across ARMM more broadly. In the scale up process, working through the existing structures within DepEd-ARMM, strengthening WASH as part of School Based Management and only promoting interventions which could be realistically achieved using DepEd-ARMM's own means, rather than relying on external resources, has been a central part of the sustainability of this approach.

Notes



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