



PHASE

A simple hand-washing programme that saves lives

GLOBAL COMMUNITY PARTNERSHIPS



PHASE

P – Personal
H – Hygiene
A – And
S – Sanitation
E – Education

WATER

PHASE

FOOD

PERSONAL HYGIENE



PHASE – Personal Hygiene And Sanitation Education

Every year three million people globally die of diarrhoeal disease, most of them children. It is one of the world's biggest killers, yet one of the most easily preventable.

Poor provision of healthcare in developing countries means that children suffering from diarrhoeal diseases and other parasitic infections do not get the simple but effective treatment they need. Even when the disease is not fatal it often results in poor school attendance which can affect a child's future.

GlaxoSmithKline (GSK) initiated PHASE in 1998 after identifying personal hygiene and sanitation as a health education priority. The programme has since been recognised as a valuable intervention in helping to achieve the Millennium Development Goals (MDGs) agreed in 2000 by leaders from every country in the United Nations. PHASE specifically contributes to the reduction of child mortality and the provision of water and sanitation facilities.

By working closely in partnership with non-government organisations (NGOs), including AMREF (African Medical and Research Foundation), Save The Children, Plan International – as well as Ministries of Health and Education – PHASE has

developed as a low-cost and effective education programme.

The key factor in reducing diarrhoea is recognising the significance of personal hygiene. PHASE is a simple hand-washing programme for children that teaches them how to reduce the spread of germs. By providing guidance on hand-washing and other basic practices, PHASE has reduced diarrhoea-related diseases associated with poor hygiene and is improving children's overall health and well-being. The PHASE curriculum has a strong focus on what children and communities can do collectively to make their lives and surroundings healthier.

Following the first pilot project in Kenya in 1998, PHASE has been introduced into Nicaragua, Peru, Zambia, Uganda, Bangladesh, Mexico and Tajikistan. In 2007 PHASE will be launched in Bolivia and Indonesia, bringing the programme to ten countries in four continents. With GSK's support PHASE will reach over 1 million school children by 2010.

“Improved hygiene among pupils led to a significant reduction in illness and hence a reduction in absenteeism. Some of those schools are now centres of academic excellence.”

GEORGE OKOTH, SENIOR EDUCATION OFFICER, KENYA

Education materials making learning fun

The educational materials used in PHASE are simple and effective. They include cloth books and story cards which are adapted for each country based on input from local teachers and pupils to ensure they are meaningful and in context.

In Tajikistan, pupils commented that one of the proposed characters looked like a shepherd, while another was wearing old-fashioned clothes. Neither of these were appropriate so the characters were redesigned to give relevance to the local population.

Teachers and community leaders are given specialist training to deliver the programme in schools. PHASE has had a significant impact on pupils; many report that when they go home they implement the ideas they have learnt at school, therefore transferring their knowledge to their parents. As a result families and the broader community benefit from what they have learnt.

The PHASE materials have been described as “Easy to use, they lead to participatory discussions and they enable participants to identify the problems and come up with practical solutions”.



Pumps and Pipes improving the local infrastructure

The adoption of PHASE has had a far-reaching effect on local communities as they put their new knowledge to wider use. Many have become involved in improving the sanitation infrastructure of their villages and surrounding areas.

For example in Kenya the number of pit latrines increased by 70% between 2000 and 2006. It has become standard practice to provide hand-washing facilities and separate toilet facilities for boys and girls in many of the participating schools.

Protected sources for drinking water have also increased in both Kenya and Bangladesh. Water collection has improved through the construction of boreholes and less water is now being collected from contaminated streams and rivers.

Other notable improvements to the local infrastructure include: schools building new kitchens so children can have meals prepared in a hygienic environment; schools planting shrubs and trees nearby, marking out defined areas to prevent animals wandering in and spreading disease; making water containers from vegetable oil cans, so-called ‘leaky tins’, which store water for washing hands and help manage the limited water supply effectively.



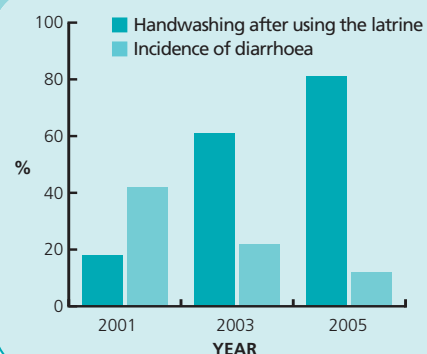
Healthy children creating brighter futures


Children suffering from diarrhoeal illnesses often miss a significant number of school days, affecting their future development. However schools which have adopted PHASE have seen a drop in pupils’ absence due to ill health, and as the availability of latrines and clean water in schools has increased so the number of days lost to sickness has decreased.

In Nicaragua the frequency of hand-washing after using the latrine among pupils increased fivefold and the proportion of children reporting diarrhoea in a two week period fell dramatically from over 40% to just 13%. The number of families showing improved hygiene practice in handling and conserving drinking water has trebled.

Similarly in the Ongiello community in Kenya the reported incidence of diarrhoea in participating schools decreased by 40% between 2000 and 2002, while in the nearby Gobei community, which is not participating in PHASE, the incidence of diarrhoea actually increased by 70% in the same period.

Incidence of handwashing after using the latrine and diarrhoea in PHASE schools in Nicaragua





“We have adapted the PHASE model because it has been seen to work. The recent training of representatives from the provincial level to roll out PHASE nationally is an important sustainability measure.”

MINISTRY OF EDUCATION
REPRESENTATIVE, KENYA

From local adoption to global expansion

PHASE partnerships have helped create a closer connection between schools, families and local communities and many of the pilot schemes have been taken up by the local ministry of health and education, enabling PHASE to reach a wider audience – and in some cases being adopted nationally.

In 2003 in Peru, the Ministry of Health agreed to reproduce the PHASE materials and methodology at national level, reaching all 1,200 primary schools in the country. Likewise, in Kenya a Ministry of Education representative stated that. “we have adapted the PHASE model because it has been seen to work. The recent training of representatives from the provincial level to roll out PHASE nationally is an important sustainability measure”.

In Zambia, PHASE is working directly with the Ministry of Education to enable other government ministries and NGOs to adapt the materials to support the National Health and Nutrition programme.

Following the launch of PHASE in Bangladesh a national working group for School Health and Nutrition (SHN) was created. Save the Children was asked to take the lead in this group and is now in a position to advocate the national adoption of PHASE strategies within a SHN programme.

The effectiveness of PHASE has also encouraged our partners to take the programme into other countries. Following Bangladesh, Save the Children introduced PHASE in Tajikistan in 2006 and is now working with GSK to take it to Bolivia and Indonesia in 2007. Our partners in Africa, AMREF, are helping us introduce PHASE into the first urban slum, Kibera, in Kenya.



What people say about PHASE

A HEAD TEACHER

Mr. Francis Khaemba, the head-teacher of St. Stephen Buloosi Primary School in Bungoma District, Kenya, credits PHASE with playing a major role in transforming his school from a “collapsing institution to a centre of academic excellence”.

“Through the PHASE trainings, we gained remarkable skills which we have used to mobilise the community, the Ministry of Education and local administration to fully support our school. The academic performance in our school is improving every year. All these achievements are due to the PHASE project.”

A PARENT

In Bondo, Kenya a parent stated.

“In my view PHASE has done a lot in my household because I had children who were sickly due to diseases caused by poor hygiene, but now they have improved so much. I have also received a lot of information from children regarding this project from AMREF. So I can see a lot of changes.”

A PHASE PARTNER

Mette Kjaer, County Director,
AMREF Kenya

“The key to the success of PHASE is its incorporation into the school curriculum with the support of the Ministries of Health and Education in order to reach even more children.”

A PHASE PARTNER

Charlie MacCormack, President
and CEO, Save the Children, US

“In Bangladesh PHASE is helping to establish positive health behaviours among populations that have experienced devastating floods and widespread disease.”

International recognition

2002

Business in the Community
International Business Leaders Forum
International Award for Excellence

2002

Semi-finalist in Generation Europe
Shaping the Future Awards

2004

Winner World Business Award
in support of the Millennium
Development Goals ICC-UNDP-IBLF

2004

Winner in the Pharmaceutical
Achievement Awards – Worldwide
Health and Community Involvement
category for Disease Prevention
and Education



GlaxoSmithKline's global mission is to improve the quality of human life by enabling people to do more, feel better and live longer. It pursues this mission not only through the medicines and vaccines it develops and makes available, but also through a wide variety of community programmes.

Websites

For information on GlaxoSmithKline,
its Global Community Partnerships or
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