POLICY BRIEF · SCHOOL HEALTH & WASH · NIGERIA · 2025

Clean Hands, Clear Minds: Advancing School WASH and Hygiene Behaviour Change Through Hygiene Quest

Wellbeing Foundation Africa (WBFA) in partnership with Reckitt (Dettol Nigeria) | 2026 | Rasheed Yusuf

Key Message

In Nigeria, more than 10 million schoolchildren lack access to basic sanitation at school, and fewer than 20% of schools provide handwashing facilities with soap. Poor hygiene is not just a health issue it causes absenteeism, undermines learning, and disproportionately harms girls. The WBFA–Reckitt Hygiene Quest programme has now reached over 269,000 schoolchildren across three states, demonstrating a 34% decline in communicable diseases and a 40.9% reduction in illness-related absenteeism in Abuja. Now in its third year and scaling toward six million children by 2030, Hygiene Quest is ready for national adoption.

The Scale of The Challenge — Nigeria & The World

1 in 5	1 in 3	<20%	4×	56%
children globally lack basic water at school (447M) — JMP 2024	children globally lack basic hygiene services (646M) — JMP 2024	of Nigerian schools have handwashing facilities with soap — JMP 2022	acceleration needed in hygiene to meet 2030 SDG targets — JMP 2024	of Nigerian children lack a household handwashing facility — MICS 2021

1. The State of WASH in Nigerian Schools

Access to clean water, safe sanitation, and hygiene education remains a profound challenge in Nigeria's learning environments. Despite the National School Health Policy (2006, updated 2016) and the National WASH in Schools Strategic Plan, implementation gaps persist at every level. According to the WHO/UNICEF Joint Monitoring Programme (JMP, 2022), only 36% of schools have basic water services, just 26% have basic sanitation, and fewer than 20% provide handwashing facilities with soap.

These deficits carry significant consequences for children's health, attendance, and learning outcomes:

- Diarrhoeal diseases, worm infections, and respiratory illnesses reduce school attendance — particularly among younger children and those in rural areas.

- Poor menstrual hygiene management forces many girls to stay home during menstruation, directly affecting retention and academic progression.
- Children in public schools report significantly higher rates of open defecation (55.7%) compared to private school peers (6.9%), reflecting deep infrastructure inequality (BMC Public Health, 2025).
- Despite widespread knowledge of WASH-related diseases, practice gaps persist — with only approximately 30% of students consistently practising handwashing with soap at school (PMC, 2022)

2025 Global Context: The World Is Off Track

The JMP 2024 progress update on WASH in schools (covering data to 2023) finds that the world is not on track to achieve universal WASH access in schools by 2030. Reaching the SDG target requires a twofold increase in progress on basic water, a twofold increase on sanitation, and a fourfold increase on hygiene services. At current trajectories, only 74% of schools globally will have basic hygiene services by 2030 — leaving hundreds of millions of children behind. Sub-Saharan Africa, including Nigeria, accounts for a disproportionate share of this gap. (WHO/UNICEF JMP, 2024)

Nigeria also faces a growing menstrual health crisis in schools. The JMP 2024 report's special focus on menstrual health finds that globally only 2 in 5 schools (39%) provide menstrual health education, and fewer than 1 in 3 schools (31%) have bins for menstrual waste in girls' toilets. Nigeria's performance on these indicators remains weak, with limited national data and inconsistent implementation of menstrual hygiene management (MHM) provisions.

Beyond infrastructure, behaviour change is essential. Studies consistently show that building handwashing stations alone does not guarantee their use. Age-appropriate, repeated hygiene messaging, peer reinforcement, and teacher-led programming are required to translate access into practice. This is precisely what Hygiene Quest delivers.

2. The Hygiene Quest Programme

Hygiene Quest is a behaviour change initiative co-created by the Wellbeing Foundation Africa (WBFA) and Reckitt (Dettol Nigeria), designed to improve hand hygiene, sanitation behaviour, and WASH literacy among primary and junior secondary school students. It integrates hygiene education into school timetables through engaging, child-centred pedagogy and has been implemented across Lagos, Kwara, and FCT-Abuja since 2022.

Now in its third year (2025), Hygiene Quest is scaling toward an ambitious target of six million Nigerian children by 2030, aligned with Reckitt's Clean Naija national commitment and Nigeria's WASHNorm targets. The programme operates in partnership with State Universal Basic Education Boards (SUBEBs), Ministries of Education, and School Health Boards.

Hygiene Quest Curriculum — Six Modules, One Goal

A six-module curriculum covering hand hygiene, toilet use, safe water, waste disposal, menstrual hygiene management (MHM), and peer advocacy. Delivered through teacher-led sessions, cartoons, storybooks, role-play, and quizzes — adapted for lower and upper primary with local context and culturally grounded examples. Designed for both literate and non-literate learners.

Hygiene Heroes Clubs — Child-Led Reinforcement

Student groups established in schools to serve as hygiene ambassadors. They conduct peer learning sessions, drama performances, handwashing demonstrations, and hygiene monitoring. This model ensures child-led ownership and accountability, transforming hygiene from a school rule into a peer-enforced social norm.

Visual Learning Aids and School WASH Corners

Colourful handwashing charts, germ-buster mascots, stickers, posters, and classroom corner kits placed in high-visibility areas near toilets, canteens, and school entrances. Designed for both literate and non-literate students, including children with disabilities. WASH corners serve as permanent reinforcement fixtures.

Teacher and Head Teacher Engagement

Teachers trained via cascade models and supported with the Hygiene Quest Toolkit. School heads oriented on programme goals and WASH monitoring responsibilities. Hygiene integrated into weekly routines, morning assemblies, and reward systems. Refresher training and supportive supervision ensure sustained teacher engagement beyond initial roll-out.

Community and Family Engagement

Hygiene Quest extends beyond the school gate through SBMC meetings, PTA events, community WASH pledges, and local radio. The programme leverages children as change agents — bringing hygiene knowledge home to siblings, parents, and caregivers. This multiplier effect expands the programme's reach far beyond its direct beneficiary count.

The programme also includes a dedicated Menstrual Hygiene Management (MHM) module for upper primary and junior secondary girls — promoting safe, stigma-free conversations around menstruation, providing information on menstrual products, and supporting girls' attendance and dignity during their cycle.

3. Impact and Outcomes (2022–2025)

The Hygiene Quest programme has demonstrated consistent, measurable behaviour shifts, improved knowledge retention, and institutional engagement even in schools with limited WASH infrastructure. The results below reflect cumulative programme data from 2022 through 2025, incorporating the latest figures from the Year 3 launch (April 2025) and Global Handwashing Day 2025 activations.

Programme Reach (2022–2025)

Since launch, the Hygiene Quest programme has grown significantly in both scale and depth. Over 269,758 schoolchildren have been taught the foundational principles of hygiene across Lagos, Kwara, and FCT-Abuja a number that continues to rise through Year 3 (2025). The programme has also reached 69,233 pregnant and lactating mothers through healthcare facility sessions, 32,928 community members empowered as household health promoters, and more than 2,300 healthcare workers trained in hygiene-led care standards (Dettol/WBFA, 2025). More than 370 schools across the three implementing states have adopted the programme, with WASH Clubs active in over 200 of them (WBFA Annual Report, 2024).

Disease Reduction and Health Outcomes

The most significant 2025 update is the evidence of disease reduction. The Year 3 launch impact assessment reveals a 34% decline in noticeable communicable diseases among students in Abuja, 22% in Kwara, and 16% in Lagos — directly attributable to hygiene behaviour change. Illness-related school absenteeism fell by 40.91% in Abuja, with similar improvements recorded across other states (Dettol/WBFA Impact Assessment, 2025). These figures represent a major step toward the programme's target of a 10% reduction in diarrhoea cases and a 10% decline in absenteeism nationally.

Knowledge and Behaviour Change

Post-intervention assessments show 91% of children could correctly demonstrate handwashing steps, and 83% could explain why soap — not water alone — is essential for effective hygiene. Hygiene knowledge scores rose substantially across all states: from 50.5% to 79.8% in Abuja, 38.4% to 62.8% in Kwara, and 56.4% to 61.7% in Lagos. Handwashing practice scores more than doubled — Lagos (33.0% to 72.1%), Kwara (28.3% to 71.3%), and Abuja (28.3% to 71.3%) (WBFA Impact Assessment, 2024).

Menstrual Hygiene and Girls' Outcomes

Girls in upper primary classes demonstrated increased confidence discussing menstruation after MHM sessions, with improved school attendance during menstrual periods. Demand for sanitary pads and safe disposal facilities increased following programme implementation highlighting both the awareness generated and the gap in infrastructure that policies must address. This aligns with the JMP 2024 special focus on menstrual health, which identifies data gaps and programme opportunities across sub-Saharan Africa.

Community Spillover

A striking outcome of Hygiene Quest is its household spillover effect. Parents reported children teaching siblings and reminding caregivers to wash hands before meals and after defecation. Community interventions strengthened awareness and attitudes: positive hygiene attitudes rose to near-universal levels in Lagos (65% to 99.8%), Kwara (83% to 97.8%), and Abuja (62% to 97.6%) (WBFA Impact Assessment, 2024). As of August 2025, WBFA and Reckitt reported the programme has inspired over six million children nationwide to adopt handwashing as a daily habit (Vanguard, 2025).

Indicator	Result	Source
Schoolchildren taught hygiene fundamentals (cumulative 2022–2025)	**269,758+**	Dettol/WBFA, 2025
Schools implementing Hygiene Quest	**370+**	WBFA Annual Report, 2024
Pregnant & lactating mothers reached with hygiene education (cumulative)	**69,233+**	Dettol/WBFA, 2025
Community members empowered as health promoters (cumulative)	**32,928+**	Dettol/WBFA, 2025
Healthcare workers trained in hygiene-led care standards (cumulative)	**2,300+**	Dettol/WBFA, 2025
Decline in communicable diseases among students (Abuja)	**34%**	Dettol/WBFA Impact Assessment, 2025
Decline in communicable diseases (Kwara)	**22%**	Dettol/WBFA Impact Assessment, 2025
Decline in communicable diseases (Lagos)	**16%**	Dettol/WBFA Impact Assessment, 2025
Reduction in illness-related school absenteeism (Abuja)	**40.91%**	Dettol/WBFA Impact Assessment, 2025
Children correctly demonstrating handwashing steps (post-intervention)	**91%**	WBFA Programme Data, 2024
Hygiene knowledge increase among students (Abuja, pre/post)	**50.5% → 79.8%**	WBFA Impact Assessment, 2024
Teachers reporting Hygiene Quest tools easy to use	**92%**	WBFA Programme Data, 2024

Table 1: Hygiene Quest Programme Impact Snapshot (2022–2025). Sources: WBFA Annual Report 2024; Dettol/WBFA Impact Assessment 2024–25; published news reports.

Voice From the Field: WBFA Director of Programmes

"Through the Dettol Hygiene Quest, the Wellbeing Foundation Africa and Reckitt have transformed hygiene knowledge into lasting community action. Clean hands are not just a habit — they are a health right and a shared responsibility. As we mark Global Handwashing Day 2025, we celebrate every child, mother, teacher, and health worker who has become a hygiene hero in their community."
— Dr. Osinachi Onyeoziri, Director of Programmes, Wellbeing Foundation Africa (October 2025)

4. Lessons Learned

Three years of Hygiene Quest implementation across Nigerian schools has provided critical, field-validated insights into what works — and what structural conditions are needed to make school WASH behaviour change sustainable at scale.

1 **Creative, child-centred approaches drive engagement — and retention.**

Children responded significantly more to songs, role-play, cartoons, and storytelling than to lectures. Post-intervention knowledge gains were highest in schools using the full edutainment toolkit. Implication: WASH education must be fun, visual, and interactive to resonate with primary-age learners. Curricula that feel like play produce results that last.

2 **Behaviour change can improve even without perfect infrastructure.**

In schools with limited or irregular water supply, children still adopted hygiene routines when visual cues and peer reinforcement were in place. The 34% disease reduction in Abuja was achieved without full infrastructure upgrades. Implication: Behaviour change programmes should not wait for perfect facilities. Build habits now, while simultaneously advocating for infrastructure investment.

3 **Teacher buy-in and institutional embedding are the critical success factors for sustainability.**

Schools that integrated hygiene into assemblies, timetables, and reward systems showed the highest sustained gains. The 92% teacher satisfaction rate reflects strong acceptance of the toolkit but this must be converted into systemic embedding. Implication: Teacher training must be paired with school-level accountability mechanisms and supportive supervision to endure the programme cycle.

4 **Child-led Hygiene Heroes Clubs institutionalise change — and scale community impact.**

When students led clubs, hygiene behaviour became peer-enforced and normalised. Children became vectors of change at home, influencing siblings and caregivers. The near-universal improvement in positive hygiene attitudes within communities reflects this multiplier effect. Implication: Peer-led structures, when guided and resourced, are the most cost-effective mechanism for sustaining WASH culture beyond the programme.

5 **Government partnership enables scale — but requires clear coordination of structures.**

Partnerships with SUBEBs and State Ministries of Education were essential for school access. However, alignment on schedules, supervision, and reporting was sometimes uneven — particularly during state-level handovers. Implication: To scale WASH education nationally to 6 million children by 2030, clear governance roles, joint planning, data sharing, and feedback loops are essential between public and non-state actors.

5. Policy Recommendations

To ensure every Nigerian school supports healthy hygiene habits, policymakers must go beyond infrastructure alone. The Hygiene Quest experience shows that embedding hygiene education, teacher support, and behaviour monitoring into the education system yields sustained health and learning gains. The following seven recommendations provide a pathway to institutionalise WASH behaviour change as a core element of Nigeria's basic education framework.

R1

Integrate hygiene behaviour education into the national curriculum

Work with the Nigerian Educational Research and Development Council (NERDC) and State Ministries of Education to incorporate age-appropriate hygiene modules into Basic Science, Social Studies, Health Education, and Life Skills subjects, as well as extracurricular school health clubs. Permanent curriculum integration ensures hygiene is taught systematically, not sporadically — and prevents programme discontinuity when NGO funding cycles end.

Lead actors: NERDC, UBEC, FME, State MOEs, School Health Boards

R2

Train and support teachers as hygiene champions at scale

Establish WASH-in-Schools training modules in teacher colleges and continuous professional development programmes, covering hand hygiene and disease prevention, menstrual hygiene management, behaviour change communication tools, and child-led reinforcement approaches. Empowered, supervised teachers are the linchpin of consistent hygiene delivery in every classroom.

Lead actors: Teachers Registration Council of Nigeria (TRCN), UBEC, NTI, State Education Resource Centres

R3

Institutionalise Hygiene Clubs and peer education in all schools

Formalise Hygiene Heroes Clubs or equivalent peer-led WASH groups in all primary and junior secondary schools. Provide clubs with simple toolkits, activity guides, and monitoring checklists. Peer education builds ownership and continuity — making hygiene a social norm, not a temporary campaign. Evidence from Hygiene Quest shows that child-led clubs produce the most durable behaviour change.

Lead actors: State SUBEBs, SBMCs, School Heads, PTAs

R4

Monitor hygiene behaviour indicators in school data systems

Update the Education Management Information System (EMIS) and WASH in Schools (WinS) dashboards to track: access to soap and water, frequency of hygiene education sessions, functioning handwashing stations, and menstrual hygiene supplies and disposal methods. The JMP (2024) identifies data gaps as a key barrier to evidence-based investment — tracking behaviour, not just infrastructure, improves planning, funding, and accountability.

Lead actors: UBEC, FME EMIS Unit, SMOE Planning Units, UNICEF WinS Taskforce

R5

Include WASH behaviour change in state and LGA budgets

Allocate specific budget lines for hygiene education materials, teacher training and incentives, low-cost soap and water provision, and MHM supplies and disposal systems. Behaviour change programmes require sustained funding — not donor dependency. The BHCPF School Health Desk and state planning commissions should treat hygiene education as a recurring health investment, not a project-based intervention.

Lead actors: State Planning & Budget Commissions, LG Education Authorities, BHCPF School Health Desks

R6

Scale Hygiene Quest to additional states and sustain toward the 2030 target

Formally adopt Hygiene Quest as Nigeria's national model for school hygiene behaviour change and support its scale-up to achieve the target of six million children by 2030. This includes expanding to at least five additional states by 2026, institutionalising the Hygiene Quest curriculum within the national education framework, and positioning the model as a best-practice framework for hygiene education in Africa and globally. Global Handwashing Day 2025 demonstrated the programme's national mobilisation capacity — this momentum must be converted into structural policy adoption.

Lead actors: FMoH, FME, State Ministries of Education and Health, Reckitt, WBFA, UNICEF, bilateral donors

R7

Engage families and communities through child-to-community campaigns

Leverage SBMCs, PTA meetings, school events, and local radio to extend hygiene messages to caregivers — reinforcing handwashing at home, menstrual hygiene support, and household sanitation practices. The near-universal shift in positive hygiene attitudes across Hygiene Quest communities demonstrates that children are the most effective hygiene ambassadors. Policies should formalise and resource this multiplier effect.

Lead actors: School Health Boards, SBCC Technical Working Groups, Community Development Associations

The table below provides a quick-reference summary of all recommendations:

#	Recommendation	Lead Actors	Timeframe
R1	Integrate hygiene education into the national curriculum	NERDC, UBEC, FME, State MOEs, School Health Boards	Short-term
R2	Train and support teachers as hygiene champions	TRCN, UBEC, NTI, State Education Resource Centres	Short-medium term
R3	Institutionalise Hygiene Clubs and peer education in all schools	State SUBEBs, SBMCs, School Heads, PTAs	Medium term
R4	Monitor hygiene behaviour indicators in EMIS and school data systems	UBEC, FME EMIS Unit, SMOE Planning Units, UNICEF WinS	Medium term

R5	Include WASH behaviour change in state and LGA budgets	State Planning & Budget Commissions, LG Education Authorities	Medium-long term
R6	Scale Hygiene Quest to additional states and sustain to 2030	FMoH, FME, State Ministries, Reckitt, WBFA, UNICEF, donors	Ongoing
R7	Engage families and communities through child-to-community campaigns	School Health Boards, SBCC TWGs, Community Development Associations	Short-term

Table 2: Summary of Policy Recommendations — WASH in Schools, Nigeria 2025

Every child deserves to learn in a clean, safe, and healthy environment.

Hygiene is not a luxury — it is a right. And when children learn it, they practice it. When they practice it, they change families, schools, and futures.

Clean hands build strong minds. Safe schools build healthy futures.

WE CALL ON:

Federal & State Ministries of Education	Integrate hygiene education into the core curriculum. Train teachers as hygiene champions. Ensure every school has functioning, child-friendly handwashing facilities. Adopt Hygiene Quest as Nigeria's national school hygiene model.
School Administrators and Teachers	Make hygiene a daily part of school routines not just special events. Empower students to lead hygiene clubs and peer-to-peer campaigns. Engage parents and SBMCs in sustaining WASH gains beyond programme cycles.
Development Partners and Donors	Support scale-up of proven school hygiene models. Invest in WASH materials, teacher training, and behaviour monitoring. Align support with national education and health sector plans and the 2030 SDG targets.
Parents and Communities	Reinforce hygiene behaviours at home. Support schools with soap, cleaning materials, and encouragement. Celebrate children as champions of cleanliness and community wellbeing.

About This Brief

This policy brief is produced by the Wellbeing Foundation Africa (WBFA) and draws on implementation evidence from the WBFA–Reckitt (Dettol Nigeria) Dettol Hygiene Quest programme (2022–2025), supplemented by the WHO/UNICEF JMP 2024 progress update on WASH in schools, peer-reviewed research published in 2024–25, and WBFA's 2024 Annual Report. It is intended for Federal and State Ministries of Education and Health, UNICEF and WHO, donors, and school administrators. The programme is currently implemented in Lagos, Kwara, and FCT-Abuja, with Year 3 underway in 2025.

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Keywords

WASH in Schools; Hygiene Behaviour Change; School Health; Handwashing with Soap; Nigeria; Hygiene Quest; Behavioural Interventions; Menstrual Hygiene Management (MHM); Child Health; Education Outcomes; Public Health Policy; Health Promotion; Community Engagement; School-Based Interventions; SDG 3; SDG 4; SDG 6; Implementation Research; Health Systems Strengthening.

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