

PEOPLE-CENTRED APPROACHES TO WATER AND ENVIRONMENTAL SANITATION

Scaling Up School Sanitation

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The paper outlines the various initiatives undertaken in Uganda to scale up school sanitation. The main strategies employed were; appropriate macro-economic policies, increased funding and stakeholder involvement at the lowest level. It starts with the Sanitation Baseline Survey that provided important information for planning the interventions. It then describes the institutional reforms, that created an enabling environment to proceed with the interventions. The two UNICEF Programmes are then discussed, followed by the School Facilities Grant and the RUWASA Programme. Key issues relating to latrine construction, hand washing facilities, behavior change, the girl child, the disabled are highlighted together with the overall impact of these interventions. Conclusions are then drawn and a way forward, recommended.

Background

Education, quality of life, good health and economic activity have a positive correlation. Studies have shown that 50% of child morbidity in Uganda is attributed to poor sanitation. The burden of disease study in 1995 (Uganda Ministry of Health) Showed 8.4% deaths as a result of poor sanitation.

During the 1997 cholera outbreak, 560 primary schools were closed due to poor sanitation and several children died.

In the past during the wars, schools suffered a great deal of neglect. National latrine coverage was 90% in the 1960s but dropped to 47 % in the nineties.

In 1995, primary school enrollment was 2.5 million with a pupil: latrine cubicle of 328:1 but has risen to 700:1 with the introduction of Universal Primary Education (UPE).

A Baseline Survey on sanitation conducted by UNICEF in 1999 across the districts in Uganda revealed that:

99% of the schools in the study area had latrines but only 44% of them had privacy. Majority of the pupils used latrines but only 2% of the schools had the recommended pupils: latrine cubicle ratio of 40:1 16% of the schools had a latrine assigned to girls or boys only. 20% of the schools had hand-washing facilities next to the latrine. 86% of the schools had urinals and of these 30% were smelly with flies and 15% were poorly drained. Solid waste disposal was reported in schools at only 25% and these were burnt in their pit. 44% of the pupils had knowledge of sanitation and hygiene. 91% of the students mentioned teachers as the main source of information, but 64% of them were not trained on sanitation. In most schools, posters (50%) and books (31%) were present but inadequate and pinned in wrong places.

The Baseline Survey showed considerable progress in sanitation infrastructure and little focus on awareness and behavioral change among the beneficiaries. By this period,

few schools had benefited from the projects that were mostly still in the pilot phases and were facing various challenges despite the visible progress. In reaction to this, there were dramatic changes at legislative and policy levels and increased involvement of Government Ministries, External Support Agencies and NGOs in School sanitation projects. The Poverty Eradication Action Programme provided the overall macro framework, while the National Health Policy and National Water Policy elaborated the sectoral responsibilities under sanitation. The Public Sector Reforms of Privatisation, Decentralisation and Civil Service Reform contributed towards streamlining the roles of the various actors.

The Kampala Declaration on Sanitation 1998

To achieve their goals, the school sanitation programme needed to work under a conducive environment. In 1998/99, initiatives began to clarify policy, assigned roles to stakeholders and from a wider perspective, introduced government commitment to poverty eradication and the provision of basic services. Strong emphasis was put on decentralising of the School Programmes in terms of institutional framework. The Kampala Declaration on Sanitation 1998 was the landmark in spearheading all these new initiatives. This was when Government Ministries, External Support Agencies, Local Government Representatives NGO's and other stakeholders in sanitation, formulated ten guidelines in order to improve the sanitation status in the country.

These guidelines included: exemplary leadership and commitment; full community mobilization; a focus on schools; the central role of women; focus at the sub-county level; private sector and NGOs in development and service delivery; capacity building at the district level and policies,

guidelines and standards.

A new definition of sanitation was also provided, which covered excreta disposal; solid and liquid waste disposal; personal and food hygiene; safe water chain and vector control.

The overall strategy was through increased funding to support the following activities; the provision of sanitation infrastructure; the establishment of school sanitation clubs; the organizing of inter-school/community/district sanitation campaigns and competitions; the reorienting of teachers and pupils on sanitation issues; the organizing and integrating of sanitation messages into existing drama and music groups and monitoring the use and maintenance of installed facilities.

The key actors in the Programme are; The District Management Team (DMT), Directorate of District Health Services (DDHS), NGOs and CBOs, the District Education Officers (DEO) and District Water Officers (DWO).

The Programmes

The UNICEF Water and Environmental Sanitation WES (1995-2000) project established productive programmes in community and school sanitation in 34 districts. Its key characteristics were; private sector involvement in sanitation infrastructure and strengthening hygiene education in 735 schools and 2468 teachers

In over 100,000 primary school children, there was adequate sanitation and safe water and another 300,000 had safe sanitation. A total of 1,449 five-cubicle latrines with hand washing facilities were constructed and the pupil: cubicle ratio was reduced from an estimated 700:1 to just above 100:1.

The UNICEF School and Community Hygiene and Water Programme (2001-2005) has so far covered 105,040 children and has reduced the pupil: cubicle ratio from 700:1 to 86:1. 97.2% of the schools were provided with easily maintainable latrines, separate latrines and washing rooms for girls, safe water and hand washing facilities; built next to the latrines. A high level of knowledge of sanitation issues among the pupils was observed. New designs led to more sustainable latrine construction.

The School Facilities Grant Programme (1998-2003) was a direct response to the increased school enrollment, following the introduction of Universal Primary Education. It was aimed at promoting school sanitation in selected districts by building latrines with proper hand washing facilities, classrooms and teachers' quarters. To date, the Programme has built latrines and classrooms in over 8000 schools countrywide.

In April 2002, a survey was conducted in a number of districts and a fairly typical example is Nebbi district which increased coverage with support of a local NGO, from a pupil: latrine cubicle ratio of 130:1 to 97:1 in 2 years

The Rural Water and Sanitation Programme (1996-2001) (RUWASA) was a Government of Uganda Project funded by the Government of Denmark through DANIDA, with two phases that lasted until 2001 in 12 districts in Eastern Uganda. A total of 3,650 school latrines cubicles were con-

structed and approximately 721,800 rural people got access to safe drinking water. It was noted that approximately 50% of the pupils are knowledgeable about hygienic practices through hygiene education. Some latrines however, have been filled to capacity.

The facilities

Latrines were designed with pre-fabricated movable slabs to allow for mobility. The latrine designs were gender sensitive, took into account the disabled needs and were constructed with high quality materials and with a vent. Deliberate standardisation of facilities by the Government, helped to ensure quality and value for money across the country.

The provision of hand washing facilities encouraged students to wash their hands after using the latrine and before eating food. PVC tanks with a capacity of 10,000 cubic liters and a tap were centrally purchased and distributed to identified schools, with the greatest needs in the district. For example, in St. Kizito Primary school in Kampala, the children were so enthusiastic about the new facilities because they had never seen anything like a large gravity water tank and water so close. Teachers' seminars were also held on how to mobilize and supervise latrine construction.

Changing hygiene-related behavior

Kavumba Church of Uganda Primary School is a rural school in Wakiso district but has fliers and posters on the trees around the well swept compound reminding the pupils to wash their hands after visiting the latrines.

The school has a teacher in charge of sanitation, a senior women teacher, a sanitation prefect, a school prefect, a Health and Sanitation club and Health parades in order to maximise awareness and behavior change. Some of the activities linked to behavior change were:

Sensitisation of students on the pros and cons of good and poor sanitation and how to improve their overall standards. Teachers' training seminars were held, on proper sanitation techniques, of behavior change. Students' sanitation competitions in essay writing, picture drawing and drama were conducted. A TV documentary was produced shirts and caps with the slogan, "Better school sanitation a responsibility for all" were printed.

During a Health Parade at Railway Primary School, Kampala, pupils line up and are checked for cleanliness every morning. The shabby and dirty ones are taken to school bathrooms to wash.

Teachers have been encouraged to learn a lot about sanitation so as to effectively impact on the hygiene.

A sanitation calendar with the District Inspector of Schools caution was published. Some teachers have discovered that poor pupil sanitation, is due to the beliefs they hold and the kind of homes they come from.

The girl child

Emphasis was put on the special needs of the girls like putting up changing/washing rooms for girls, enclosed latrine facilities to ensure privacy, a school Health and Sanitation

Club, a senior woman and health parades. Consequently, the awareness levels are very high, but behavioral change leaves a lot to be desired.

Mafubira Primary School in Jinja had earlier suffered poor sanitation facilities for the girls however, with the implementation of the program, the school won the 2002 Award for the Girl-Child Education, because it recognised the special needs for girls.

Many schools are still faced with the challenge of finances, to buy the sanitary materials needed.

The disabled

The School Facilities Grant made special provisions for the disabled pupils by providing at least one teacher to be educated on special needs, whether they had disabled pupils or not, in their school. One stance was built specifically for disabled pupils and those with serious disability, are in schools for physically handicapped.

Conclusion

The Overall Achievements were as follows:

Water provision and adequate sanitation to over 400,000 primary schools, reduction of the pupil: cubicle ratio from 700:1 to 100:1, rainwater tanks, educational and media promotional materials were developed. A 20% increase in the proportion of total 2000 population with access to safe protected water.

More access to safe drinking water within walking distance. 20% increase in safe water coverage.

Improved living conditions and the burden of work for women and children reduced. Sanitation coverage increased by 33%. A new standardised design for latrines was developed. In the different schools, the success of the sanitation program can be attributed to the balance between the hardware sanitation facilities and software components awareness and behavior change. Children awareness of hygienic practices has been raised through hygiene education and adequate sanitation facilities, but this does not necessarily mean behavior change. There has been funding by UNICEF, World Bank, DANIDA and World Vision. A community-based operation and maintenance has been emphasised and the continued commitment of teachers in school sanitation, has been encouraged in order to achieve sustainability.

The way forward

A well defined institutional framework; strengthening behavioral change, nationally for students and communities, partly, by better management systems and better monitoring and evaluation, remain the main challenges these programmes are facing.

Other challenges at the national, district, community and school levels include; political interference in resource allocation, corruption, unfair distribution of facilities, limited funds to build latrines that are gender sensitive, and more flexible technology for differing soil and water conditions. There is also a need for improved coordination, among

stakeholders. This would be enhanced by better management information systems.

This implies that there is need for equitable distribution of sanitation facilities, more funds, school and community co-operation, child to child approach, in ensuring capacity building, training for life skills, practicing primary health care and the use of technology, that is not too complex, for the community or school. Private contractors also need more control, to prevent shoddy workmanship. Although primary health care is included, in the primary school science syllabus, more practice is required after class.

Although there have been significant achievements in terms of sanitation infrastructure and behavior change, the challenge remains to prioritise behaviour change, because this is qualitative. Uganda's success in combating the AIDS scourge, is a good example of the importance of behaviour change.

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