

---

# School Sanitation and Hygiene Education Symposium

## The Way Forward : Construction is not Enough!

June 8 – 10 June 2004, Delft, The Netherlands

---

### CROSS- TRANSFER OF SCHOOL SANITATION AND HYGIENE EDUCATION TO COMMUNITIES

(Unedited version, May 2004)

**Walugendo Kyesa Sulaiman**

National Co-ordinator,

Uganda Muslim Rural Development Association (UMURDA)

P.O Box 8796, Kampala, Uganda.

#### Uganda Muslim Rural Development Association (UMURDA)

##### 1.0 Background of UMURDA

Uganda Muslim Rural Development (UMURDA) is a local Organisation that was founded in 1992 in Bugiri District .The Organisation is registered with the Ministry of Internal Affairs NGO-Board -Reg. No S5914/2217 mandated to operate countrywide.

It is a Faith Based Organisation carrying out development activities in the country irrespective of color, religion, age, sex or political affiliation.

UMURDA's **vision** is to:

*“Have a healthy skilled and informed self-reliant rural community”*

and the **mission** is to:

*“Build capacities of rural communities to influence change for sustainable development through training, information sharing, provision of credit and support”.*

The ultimate **goal** to:

*“Mobilise and organise the target group to enable them identify their needs and assist them organise programmes to address the identified problems of poverty, ignorance and disease”.*

##### 2.0 Services provided by UMURDA

UMURDA's services rotate on the following objectives;

- Capacity building of rural communities.
- Encourage community based facilities.
- Promote the welfare of rural communities
- Alleviate poverty in rural population.

##### 3.0 UMURDA's experience in the water and sanitation sector

UMURDA has been involved in the Water and Sanitation Sector since 1997/1998. It started by carrying out a Needs Assessment in 10 primary schools in Bugiri District and developed a proposal that was funded by District Health Support Project (DHSP) by The Ministry of Health funded by World Bank. Several 5 stance pit-latrines and hand washing facilities have been constructed.

### **3.1 UWASNET**

UMURDA was a taskforce member in the formation of Uganda Water and Sanitation NGO-Network in 2001. It is now on the Executive Committee representing the Eastern Region of 11-Districts.

### **3.2 Regional co-ordinator**

UMURDA is currently the Regional Co-ordinator of 7 Districts in the Capacity Building Framework of NGOs/CBOs in the Water and Sanitation Sector. UMURDA's role in capacity building entails linking NGOs and CBOs, Organisational development, provision of specific technical thematic support and gender mainstreaming and process facilitation.

## **4.0 Cross - transfer of school sanitation and hygiene education to communities**

### **4.1 Introduction**

In Uganda School Sanitation and Hygiene Education has always presented a big challenge to several actors in the Health, Education, Water supply and Sanitation Sectors. The current high and ever increasing enrollment in all schools in the country as a result of Universal Primary Education (UPE) has made sanitation an issue worth national attention. At the end of the Sanitation Forum in October 1997, Kampala Declaration on sanitation was adopted and the district Leaders declared that:

*“We shall ensure that every Primary School and all other Institutions of Learning have adequate Facilities (Latrines, Safe drinking water supply and with hand washing facilities, with separate facilities for girls)”*

Action point No.5 Kampala Declaration on Sanitation.

The Ministry of Education Policy on UPE of 1997 also emphasises that all primary schools shall have School Health Programmes.

### **4.2 Outcome**

School Sanitation and Hygiene Education programmes have been initiated by several Organisations in the Water Supply and Sanitation (WSS) such as UNICEF/WES and RUWASA.

Large investments have been put into mainly providing two 5 -stance pit-latrines one for boys and one for girls and hand washing facilities together with hygiene promotion packages.

Concerns such as structure to adequately cater for girl hygiene needs especially the adolescent girl during menstruation; special focus on People With Disabilities (PWDs); temporary nature of the pit-latrines of drop and store technology and innovations on re-usable facilities and ecological sanitation were/are being explored within the school environment.

The menacing fact is that the SSHE arrangements are done within the school environment ignoring the children's respective homes in the communities where they live (*See Photographs attached*)

The Construction contracts normally go to Government Registered Private Construction Companies and they have no interest in involving the communities of where the school children live in sanitation and hygiene education. These Contractors are paid for fulfilling the formal

programme of activities as laid out in the Contract rather than for the actual impact on the Community.

### **4.3 Study background**

The investment by the Government and Donors in the SSHE is enormously large but according to medical reports most of the ailment is related to water and sanitation related diseases.

The Hypothesis Statement developed was that: “The number of Water and Sanitation facilities in schools together with hygiene promotion has increased; But potentially the number of pupils suffering from water and sanitation related diseases is on the increase in rural communities”.

### **4.4 Study objective.**

- Obtain information that would be useful in identifying the kinds of problems children face in order to design programmes that will lead to the reduction of water and sanitation related diseases.
- Create awareness of the need for Cross-Transfer of SSHE to pupils homes
- Serve as a channel to stimulate discussions among parents, children, policy makers, professionals and the public at large on SSHE for all.

### **4.5 Research findings**

Background information was gathered from UNICEF, DWD and RUWASA regarding the guidelines used in implementing the SSHE. In addition discussions were held with the teachers, medical personnel, parents, Local Leaders and the pupils. The procedure for selecting respondents for the study was through visiting the schools that benefited from the programmes, the nearby health units and homes of parents with children in the schools.

This paper maps out different reasons that must be understood in order to devise strategies for promoting hygiene education practices both at school and the local communities that can help to prevent water and sanitation related diseases and to encourage healthy behavior in the future generation of adults.

The word sanitation is often interpreted, as meaning latrines or toilets but the definition of sanitation is actually much broader (ranging from solid waste disposal to drainage). However, this paper mainly focuses on hygiene practice and latrine usage.

The “Cinderella” of the Water supply and Sanitation Sector has long been Sanitation. Although it is accepted by most as critical, in reality it is the water supply and toilet constructions that take precedence in terms of resource allocation, sector goals, priority actions and political will.

This is mainly so because direct construction has tangible output for political accountability, yet sanitation is a public investment mainly concerned with promoting hygiene practice and latrine usage. Improvement in water supply quality and latrine coverage in schools alone doesn't have a big impact on communicable disease transmission such as diarrhea unless it is combined with improvements to hygiene behavior and sanitation in communities where the children live. If health impact is one of the main objective of the Water Supply and Sanitation Sector, then the investments currently being made in improving water supply and sanitation in schools cannot be justified without comparable efforts to improving hygiene and sanitation in the communities where pupils live.

The poor householder who are the parents of the school children only receive improvements to water quality when water is collected from standpoints and are therefore in greater need of hygiene and sanitation improvements to ensure a health impact.

In the past many WSS Projects and larger NGOs did in fact show commitment to Hygiene and Sanitation promotion as an integral part of water supply improvement. Larger projects such as RUWASA and WES/UNICEF have long experience in developing Hygiene and Sanitation strategies but even though these support only local schools and are limited by the project approach as the funding and much of the personnel support are only available for the duration of the project.

Many changes have taken place in the Water Supply and Sanitation Sector such as undertaking a number of reforms in line with a sector Wide Approach (SWAP) and decentralization process. The changes to the Sector brought into question the issue of institutional responsibility for sanitation particularly regarding WHO should fund Sanitation at household levels?

#### 4.6 Responsibilities

A Memorandum of Understanding (MOU) on sanitation was signed between three Ministries; Ministry Of Health (MOH), Ministry of Water Land and Environment (MWLE) and Ministry Of Education and Sports (MOES) in December 2001. Specific areas of Sanitation and Hygiene promotion were:

- MWLE for planning investments in sewerage services and public facilitation in towns and rural growth Centres.
- MOH for household hygiene and sanitation; and
- MOES for school latrine construction and hygiene education.

The preliminary estimates on levels of funding for sanitation and hygiene promotion is highlighted as follows:

#### **Rough Estimates of elements of sanitation funding for 1998-2002**

U Shs in millions

Source	1998/99	1999/00	2000/01	2001/02	2002/03
DWD Budget	3,464	2,808	11,091	5,585	5,818
MOH budget	251	241	665	438	587
MOES Budget	1,462	3,237	4,368	6,277	6,367
<b>TOTAL</b>	<b>5,177</b>	<b>6,286</b>	<b>16,124</b>	<b>12,300</b>	<b>12,772</b>

(Source: WELL scooping study)

As can be seen the MOH with the largest mandate to provide hygiene promotion and sanitation has the smallest budget compared to the MOES and MWLE.

It appears that in many cases hygiene and sanitation promotion is not done at all at household level, even mobilisation for water points is often neglected. The pressure on the Districts is to deliver water supply and the construction of water points which is more determined by the procedure relating to contracting rather than planned around of software activities.

District Water offices have a mandate to promote sanitation to households at least to the community receiving water supply up until construction is completed and water comes on line.

District Health Offices (DHO) have few activities related to the promotion of hygiene and sanitation to rural or urban households. The emphasis at the DHO is on curative activities rather than preventive.

Most of the cost of sanitation is payment to contractors to construct latrines in schools and urban Centres.

No systematic and regular analysis is done to try to determine the cause of poor environmental health and to develop strategies to improve the sanitation.

In primary schools hygiene is a topic in Science and it is the Science teachers that pass it to pupils. As a result children and the local communities are not realizing the potential health benefits of introduced facilities.

There is therefore, need of tools and techniques for designing, implementing and monitoring hygiene promotion activities that are carried out in schools to be integrated into local communities in order to achieve sustainable health promotion in schools and after school.

Hand washing facilities, shower places, latrines and dish racks need to be installed in rural homes and their advantages to health fully explained

Because of the dominant ideology that divides children into “good” and “bad”, children are unable to insist that they teach hygiene Education to parents without risking being thought of as being bad mannered.

As the saying goes ; *”Charity begins at home”*, even silence of children starts at home. Talking about sanitation and hygiene in rural communities is a shame. Looking back at African History, it is unbelievable that most parents used to live without boiling water, no pit-latrines and even personal hygiene was unheard of with minimal illness. In African culture adults assume the responsibility of stating what societal norms are and what the young ones and women are expected to do. The young who has been introduced to SSHE rarely gets heard at home. In this research we sought to learn at first hand the pupils views and their perceived solutions to healthy behavior in future.

The pupils talked to say that they know that older persons disapprove of their knowing about sanitation and hygiene but they had in fact learned from schools.

However, some few parents do talk to their children about the dangers of poor sanitation and the consequences.

In one district in the research area children said that they learnt some words from peers such as Okunia (Defecate) and Okunaala (Urinate), but surprisingly in their respective homes they used – Okweyamba (to help oneself) and it was bad manners to mention the former words. The point here is not to shock people with the rudest words but to encourage parents, children, men and women to talk about them in ways that are not uncomfortable to them This is normal even in the Western world because they prefer to use Short call (Urinate) and Long call (defecate).

Sanitation and Hygiene Education for transformation must break this silence by involving children and parents into SSHE in the home settings.

When children can discuss Sanitation and Hygiene Education with parents, peers (out-of-school youth) and the consequences to their health then they will not solely be vehicles of not changing attitudes when they grow into adulthood.

## **5.0 School-To-Home Approach**

The **School-To-Home Approach** was explored to find out the relationship between the SSHE in Schools and the surrounding communities

The background to the study was that 5 schools where UNICEF and RUWASA had carried out SSHE were selected in the Eastern Region of Uganda and pupils were selected at random and a visit made to their respective homes.

The results of the study revealed that 80 % of the children lacked pit latrines in their homes, 15% had pit latrines in poor states, 3% had pit-latrines in good state but with no hand washing facilities and only 2% had the pit-latrines that match with the facilities at school.

## 6.0 Recommendations

1. There is a clear need to define the roles and responsibilities for sanitation and hygiene promotion at the local government level.
2. There is need of establishing Sanitation Committees at the district level with funds for it's operation. .
3. NGOs /CBOs need to be empowered to bring the "voices of the poor" into dialogue to the Sector through capacity building programme.
4. NGOs to take on more of the responsibilities previously held by governments for project implementation in the SSHE
5. Adequate Capacity building support to be provided to NGO- Sector for the School To Home Approach to be sustainable.

## Conclusion

The millenium goal is alleviating poverty through the provision of universal access to Safe-water and effective Sanitation by the year 2015, but the loophole is that much effort has been put on schools especially as far as water supply and construction of pit-latrines is concerned leaving sanitation as an orphan in rural communities.

The **School To Home Approach** if explored further will help to prevent water and sanitation related diseases by concretising the SSHE acquired at school in order to enhance **Participatory Approaches in Hygiene and Sanitation/ PHAST** that can lead to sustainable change in healthy behavior of children both at home and school.

The distinct role-played by NGOs, as independent commentators on development need to be recognised, valued and strengthened by donors.