

HYGIENE AND SANITATION IN KAKUTO COUNTY, UGANDA

Authors: Harriet Busingye and Helen Mwase
Country: Uganda
Sector: Water and Sanitation

CHALLENGE

Access to safe water, good sanitation facilities and good hygiene practices have been known to have a positive effect in the performance of students and retention especially for the girl child. Both World Vision (WV) and SNV realise this significance and have come together in a partnership that is geared at improving enrolment and performance of students and general access to safe water and sanitation towards attaining positive changes in social and economic development. In this regard, the two organisations agreed on a series of interventions in Kakuuto County in Rakai District to provide support to implementing partners and staff of world vision. The partnership would result into at least 2000 people accessing safe water and good sanitation in the county over a period of one year.

Activities planned by the two organisations include:

- Conducting a training of school teachers in promotion of hygiene and sanitation in 25 primary schools in Kakuuto County to contribute to improvement in learning environment and performance of boys and girls.
- Provision of on job training of the Community health extension staff to enable them acquire skills and open up opportunities for replication and sustainability of service delivery.
- Monitoring the implementation of school hygiene and sanitation programmes.
- Construction of water and sanitation facilities in selected primary schools.
- Exposing of Community groups and local leaders to hygiene and sanitation practices through music, drama and leaflets.

METHOD

During the period from February 2008 when the partnership between World Vision and SNV was signed a number of activities were carried out; these include assessment of WASH needs of the schools in Kakuuto County, training of fifty school teachers from 25 schools in five sub counties of Kakuuto in good practices of hygiene, conducting a training of a trainers of thirty community health workers to enable them support the schools and monitor activities in hygiene and sanitation in schools and the neighbouring communities.

A local CBO (Rural Community Strategy for Development- RUCOSDE) was also engaged to carry out community sensitisation and competitions in hygiene and sanitation among households in Kakuuto targeting the five sub-counties. The sensitisation used drama and music as the main methods of delivering information and simple leaflets. In the third week of June a monitoring exercise was carried out jointly by SNV, WV and the District health Department to measure the current impact of the activities so far carried out and effects it has had on both communities and schools. The monitoring exercise assessed what changes need to be made and where emphasis should be put for better results.

Partners

The activities were carried out by SNV in partnership with World Vision and the Community Health workers based at the County and the five sub counties of focus.

Key Outcomes and outputs

The needs assessment and situation analysis was carried out in four primary schools in 3 sub counties and it revealed a lot of issues around hygiene and sanitation. During this visit, Head teachers (or deputies), Senior Women teachers and other teachers were involved in the inspection of their schools and discussions on of the school water, sanitation and hygiene facilities.

Among the findings, the following key areas were noted:

- *Latrine situation:* All schools had improved latrine facilities though the quality and conditions varied across the schools. The average pupil stance ratio was 77:1 above the national standard of 41:1. Despite reports of daily cleaning and weekly smoking of latrines by the pupils, some of the facilities were littered, stagnated urine observed and gave off sharp odours. None of the schools had urinals but all schools visited had separate latrines for boys and girls. On the other hand, all lacked special rooms (sanitary room) for the girl child to use especially during the menstrual time which was quoted as a challenge in nearly all schools but was still found to be a necessity for provision of privacy to the girls who needed it.
- *Hand washing facilities:* None of the schools had hand washing facilities nor water taps though most of the schools have water tanks but these are not close to the latrine facilities. This in essence implies that the students are not practicing hand washing after latrine use. Their absence was attributed to the vandalism of the facilities by communities especially during the long holiday season. It was proposed to install jerry cans / tippy taps that would be removed at the close of school each day rather than deprive the students.
- *Water:* All schools had access to some functioning water facilities i.e. rain water tank and a shallow well or borehole close by. Despite this, all schools complained about vandalism of school facilities by the neighbouring communities. This has led to unreliability in water supplies, travelling of long distances by students in search of safe water causing delays in classrooms and non observance of good hygiene practice that would promote good health amongst the pupils. They recommended the development of mechanisms for engaging these communities and parents in the safe guarding and proper use of school water facilities.
- *Food management and vector control:* though all schools had kitchens, they were all in very unhygienic conditions affecting the quality of food provided to the students.
- *Health sensitisation:* All schools hold regular health parades to check on the cleanliness of students. Both the senior women and men teachers meet students regularly especially from the higher classes to discuss hygiene and sanitation and general body cleanliness. However, it was not evident that other sensitisation or promotional activities are being held to influence the children's behaviour change both at school and in the household.
- *Impact of hygiene and sanitation on performance:* None of the schools had any information on trends in diseases and the effects on performance.
- *Hygiene and sanitation training:* All teachers met reported to having never received a specified children hygiene and sanitation training. The HA reported conducting a training in 2000 for specific schools on hygiene and sanitation, standards and maintenance of latrines and HWFs, body hygiene

LESSONS LEARNED

- Given the above situation the training activities revealed the importance of adapting hygiene and sanitation tools/materials and facilitation to suit the individual needs of the participants as paramount to the successful transfer of knowledge and skills.
- Teachers made action plans to reverse the situation of hygiene and sanitation in their schools. All participants had plans which would be implemented within six months of the training. Groups from two of the sub counties resolved to start model villages. These are Kifamba and Kibanda. The process would be spear headed by the teachers and Community Health workers from the area.
- The monitoring exercise was carried out in ten schools and revealed that many of the schools had put in place provisions for safe drinking water with support from World Vision. Three schools were now providing boiled water for pupils. Of the ten schools visited six were now providing a meal for children for lunch with the support from parents. Sanitation school parades were conducted almost in all schools and sanitation prefects and committees had been put in place. Compound cleaning and cleaning of latrines had however improved very slightly and many challenges still remain in this area.

IMPACT

The activities carried out have impacted on 25 schools in five sub counties in Kakuuto County with each school with an average population of five hundred pupils, 50 teachers were trained and the population of the of the five sub counties estimated to be over 10,000 people have been exposed to good hygiene practices and sanitation. Each of the twenty five schools developed an Action Plan on Hygiene and Sanitation and agreed to implement them over a period of six months.

The evaluation revealed that many of the schools had started a programme on hygiene and sanitation and had appointed sanitation Committees and a teacher and pupil responsible for sanitation. Pupils were now able to access safe drinking water in some of the schools and supervision of general body hygiene had intensified. However a number of challenges were noted;

- Many of the teachers and head teachers were still not able to mobilise pupils to clean their own compounds and latrines.
- Majority of these were found to still be in very bad conditions. Some of the schools had no drinking water, no lunch provided and many children were not aware of issues around their own hygiene.
- Some of the teachers who participated in the training did not sensitise their schools or share the information at all.
- Many schools were also complaining of lack of money to implement their work plans and were unwilling to start on those activities which they could do on their own even without outside support.

FUTURE PLANS

In view of the above challenges and observations of the conditions of the schools, both World Vision and SNV have agreed to carry out follow up activities which will include:

- Facilitating of an exchange visit for 25 teachers from each of the schools trained to visit one of the leading model villages to get on hand experience of the community which has excelled in hygiene and sanitation through their own efforts.
- Organising multi-stakeholder platforms in each of the five sub counties on hygiene and sanitation which will involve school head teachers, community health workers, School management Committees, Parents teachers Association (PTA), representatives of pupils and the Sub County leadership. The platform will be facilitated to come up with guidelines for schools to ensure hygiene and sanitation and sanitation days where the best schools are rewarded.
- Carrying out quarterly monitoring exercises jointly with Community health workers.

Other activities to be undertaken will include the facilitation to set up two sanitation model villages in the County and training of CBOs in monitoring and evaluation.