1. Why Gender dynamics are important in School Sanitation and Hygiene Promotion (SSHP)

School Children suffer from poor sanitation facilities

Poor sanitation in schools impairs children growth and development. It also limits school attendance and retention of students and negatively affects student’s ability to concentrate and learn. About 40 percent of the World’s 400 million school-age children are infested with intestinal worms. About 1 in 10 school age girls do not attend school during menstruation or drop out at puberty because of lack of clean and private sanitation facilities. Of all the children between the ages of five and fourteen in the world, 87 percent live in developing countries. For these children, the risk of death is now fourteen times higher than for children of the same age groups in the industrialised countries. That risk can be reduced enormously when children stay in a healthy environment and get used to practicing good hygiene both in and out of school (WHO, 1995)

A survey carried out in India among school children, revealed that about half ailments found are related to unsanitary conditions and lack of personal hygiene (UNICEF and IRC 1998). A study in Senegal showed of over 5000 schools showed that 53 percent had no water supply and 46 percent had no sanitation facilities and only half of the schools had separate facilities for girls and boys (Republique du Senegal and UNICEF 2002)

School sanitation and hygiene programmes provide good opportunities to practice gender equality.

This can be through sharing of health knowledge and the division of tasks. Much can be done to this respect. The examples cited here will be of no surprise to many schools. A school survey in Senegal brought out that boys cleaned the schoolyard and girls the toilets. Because cleaning was done only once a week, the latrines were very dirty. The girls explained that this is why they did not use them and why their mothers warned them not to urinate at schools. To avoid urination they tried not to drink during school time. In Mexico when asked why the girls were cleaning the toilets and the boys were playing basketball. The teachers said, “Boys do not clean toilets in Mexico. (Source UNICEF 2002)

What do we mean by Gender?

Gender is not about women and girls only. Gender is all about boys, girls, men and women, not in the sexual difference but in the socially and culturally determined differences between women and men. People make these differences and therefore they can, and do, change. Particularly in personal hygiene and sanitation habits, needs and demands, women and men, adolescent boys and girls differ. Therefore, gender mainstreaming involves assessing all the implications that any sanitation and hygiene intervention can have
for women and men. These differences need to be reflected in relevant policies, strategies and approaches that promote improved sanitation and hygiene behaviour.

2. Rationale for school sanitation and hygiene promotion

- **Sanitation is a basic human right**: The Convention of the Rights of the Child (CRS), which has been ratified by most countries of the World, states that children have a right to a safe environment for enhanced learning, health and development of good citizens.

- **Schools provide an excellent opportunity to create life-long changes in behavior**: Students spend on average 180 days in schools, eight hours a day. Other than the family environment, schools are the most important places of learning for children. Childhood is also the best time for children to learn hygiene behaviors. What children learn in primary school is likely to be applied for the rest of their lives.

- **Targeting children as change agents**: What children learn at school they can transfer to their homes, communities and to other children at home who are unable to go to school for various reasons. These children will later become parents and will be duty bound to provide a safe and clean environment for their own children’s development. If children are brought into the development process as active participants, they can become change agents within their families and catalysts for community development.

- **Improved hygiene and sanitation is critical to health of school children and the community at large**: In reality, schools are often more than just places for learning and behavior change. If school sanitation and hygiene facilities are absent, or are badly maintained and used, schools become a health hazard. During the 1997-98-cholera epidemic, the Ugandan government spent 4.3 billion Ugandan shillings (US $23 million) in health care costs. The schools were rapidly becoming a place for disease transmission and 560 schools had to be closed due to the lack of adequate and acceptable facilities.

- **School dropout and low literacy rates, especially among the girl children can be attributed to poor sanitation and health conditions in schools**: Girls, who are already marginalized in accessing education keep suffering because of inadequate sanitation facilities which allow them no privacy, especially during their menstruation period. The lack of private sanitary facilities for girls discourages parents from sending girls to school, contributes to the drop out of girls at puberty, and a contributing factor to fewer women teachers, who are needed to encourage girls to attend schools. The low level of literacy among women, as a result of girl push-out, aggravates prejudices based on inferiority and superiority complexes between men and women. By promoting girls’ attendance and retention in school, the sanitation project influences sound cultural patterns of conduct in future.

- **School sanitation project offers opportunities for participation**: It has other socio-economic advantages such as empowerment, independence, decision-making, self-reliance, confidence building, creative development, life skills development and sustainability.

Unfortunately, the promises of school health and hygiene programmes have not always been fulfilled. In many countries, schools are not safe for children. Many schools often suffer from:
- non-existent or insufficient water supply, sanitation and hand-washing facilities;
- toilets or latrines that are not adapted to the needs of children, in particular girls;
- broken, dirty and unsafe water supply, sanitation and hand-washing facilities;
- children with poor hygiene habits and hand-washing practices;
- non-existent or irrelevant health and hygiene education for children;
- Unhealthy and dirty classrooms and school compounds.

Under these conditions, schools become unsafe places where diseases are transmitted. Poor health affects a child’s ability to learn, and therefore influences their prospects in life. School sanitation and hygiene is a worthwhile investment for many particular reasons.
In fact, water-related diseases caused an estimated 3.4 million deaths in 1998 alone, (see box below). It is worth noting that the majority of those who died were children.

**Box 1: Data on water-related mortality**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Deaths (000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diarrhoeal Diseases</td>
<td>2,219</td>
</tr>
<tr>
<td>Malaria</td>
<td>1,110</td>
</tr>
<tr>
<td>Trypansomiasis</td>
<td>40</td>
</tr>
<tr>
<td>Intestinal worm infestation</td>
<td>15</td>
</tr>
<tr>
<td>Dengue</td>
<td>15</td>
</tr>
<tr>
<td>Schistosomiasis</td>
<td>7</td>
</tr>
</tbody>
</table>

Source: WHO, 1999

### 3. Results and impacts

A joint study undertaken on School Sanitation and Hygiene Promotion in Uganda by the Water and Sanitation Program-Africa Region, UNICEF and NETWAS (2000) confirmed the following:

- That where hygiene and sanitation promotion has been undertaken actively in schools, there is high levels of pupil knowledge of hygiene and sanitation issues with the main source of information being the schools. However, translation into behavior still remains too low and does not always show significant results. In all the schools visited, the pupils were generally clean, and those interviewed were aware of the problems associated with poor sanitation and how to improve on the school environmental sanitation. In addition, hygiene knowledge was very high, although practice is still low.

- Health clubs/committees have been set up in schools. In a survey done by RUWASA, it was reported that most schools (62.9 percent) had set up health clubs and parents were participating more in school sanitation. Weekly Health parades have now increased in all schools to facilitate personal hygiene inspection and education. This helps to promote good personal hygiene.

- The teachers also reported some linkages and impact on the surrounding community. They said that if they observe pupils with problems like always being dirty or with jiggers and lice they investigate further by going to the children home. Very often they would link up these results with poverty or a weak family structure (old grand parents).

- It was also established that districts and sub-counties were now beginning to plan and budget for sanitation from their own resources. This shows that they are beginning to appreciate the importance of sanitation.

- Involvement of the politicians in the sanitation program had resulted in better physical and financial accountability as well as increased implementation in some districts.

- Some districts had gone ahead to recruit more staff and to fill in vacancies of health and community development staff so as to give more support to water and sanitation development.

- Communities had been mobilized to play their roles as was evidenced by the contributions that they make towards the construction of latrines. It must be said however; some communities contributed unwillingly or often not all as they often had a different perspective/understanding of their responsibilities in the school activities.

- In general, there was insufficient monitoring and supervision at the national level. Monitoring and evaluation unit in Directorate for water development developed a set of survey tools for WES-Management information system in 1998. Though it is a very comprehensive tool but its efficient and effective use needed to be reviewed. The monitoring checklists at the school level though effective had
proven to be time consuming. When used, there was insufficient feedback for appropriate actions to be taken.

- Integration between software and hardware components existed although priority and resources were still skewed towards hardware activities such as latrine construction and borehole drilling. Funds were for use on tangible, physical outputs whereas software activities that rarely had physical outputs to claim in the short run were not a priority in terms of resource allocation.

- It was apparent that integration becomes difficult when hygiene lessons on sanitation are given in class, but the school does not have the required facilities. For example, many lessons emphasized washing hands but most schools don’t have water nearby. In most schools drinking water was not available let alone for washing hands because very few schools had water within a reasonable distance (0.5-km). Others had latrines that are very dangerous structurally and hazardous hygienically. So such messages like ‘use the latrine’ become difficult to translate into practice. The reverse is true for hardware installations without supportive software inputs. For example, many schools had hand-washing facilities locked up in their stores because they fail to understand the value of washing hands.

4. Lessons learned

Lessons extracted from experiences from promoting School sanitation and hygiene improvements:

- High level of pupils knowledge of hygiene and sanitation issues does not ensure change in behavior.
- Sanitation and hygiene promotion messages should not focus on health benefits alone. There is need to also promote values of self-esteem, recognition and accepted status in the society.
- Schools have to be considered in a holistic perspective, where classrooms, urinals, latrines, hand washing facilities and water supply sources are all classified as sanitary requirements.
- Regular supervision, follow up and monitoring is essential for proper operation and maintenance.
- Gender-sensitivity is essential when implementing school sanitation and hygiene activities.
- Follow up and supervision is necessary for the progress of activities, as well as ensuring that the teachers applied the participatory tools that they were used during the training.
- Working through existing institutions rather creating program specific structures ensures ownership, capacity and sustainability of the activities. Institutions that exist are more legitimate because they have statutory powers and are governed by the laws of Uganda. This makes them more accountable and reliable.
- There are too many players involved in sanitation leading to weakness in co-ordination and assumption of responsibility.
- There is a need for a decentralization of resources. Resources are not reaching the intended beneficiaries in the amounts expected to make a difference. There is need to further decentralize resources so that they can move from the district level to the sub-county.
- Training of teachers should include at least one female teacher in each school, as they are needed to encourage girls to attend schools.
- The participation and willingness of the schools, students, School management teams, and teachers especially head teachers to take part in the project are crucial.
- High-level political commitment established through advocacy is key to successful implementation of SSH interventions.
- Political interference in the tendering process results in delays and quality control.
- Participation ensures project activities relevancy and sustainability. Communities should contribute in whichever way that they can to the acquisition of new sanitation facilities.
- Monitoring and Evaluation tools in the school should be simple to use and should take very little time.
5. Scaling Up/The Way Forward

There is already enormous experience in SSHP and a lot of literature on SSHE from specific projects, which deserves to be reviewed. The issue here is not to reinvent the wheel, when determining strategies and institutional options. Useful information about ‘lessons learned’ regarding institutional/organisational as well as technical issues already exists.

It should be noted that the problems of SSHE are generic but the solutions are not. It is therefore not necessarily a question of applying the same approach in different areas. We must continue to learn from past and present experiences, to reflect on this experience and to use it to improve programmes now and in the future.

The following recommendations are necessary to improve current school sanitation and hygiene promotion:

**Advocacy:**
- Continued Advocacy and lobbying for political support and commitment is vital
- Increased sector partners support for school sanitation programs if coverage is to be realised

**Hardware and Technology options:**
- There is a need to explore technological options that could be more children friendly as well as giving choices to schools.
- Implementation of technologies for the disabled children in all schools should be organized.
- Physical facilities should be planned for teachers, in order for them to assume their responsibilities as role models properly.

**Integration of Software and Participatory Approaches and Gender Concerns:**
- Sanitation software should be prioritised at all levels. Behaviour change calls for more application of participatory approaches and continual reinforcement of hygiene messages is expected to change behaviours. Target specific practices that people are likely to change
- Diversification of approaches and target of various gender groups is required to promote and sustain good use, operation and maintenance of facilities. This means training more teachers as well as School Management Committee members and prefects on more use of participatory approaches for attitudinal and behavioural change for improved hygiene and sanitation practices.
- Recognise that changing practices depends on complex set of social and psychological factors. Hence it is important to take into account, gender (ethnic, class, religious) and other social economic and cultural differences that facilitate/inhibit behaviour change/practice.
- Involve both boys and girls, of different age groups or classes and male and female teachers in planning, implementation and evaluation of the SSHP

**Capacity Building:**
- Start on a pilot and drawing from experience and ownership of the process by various stakeholders move to scale
- Find a balance between the ‘hardware’ and ‘software’ aspects of SSHE.
- If increased coverage and sustainable is to be realised build required capacity of staff and management (with a special focus on the female teachers but without necessarily increasing staff workloads) to enable the organisation of the SSHP More work on the syllabus, to include gender issues and concerns to be emphasised. For example, some books depict cleaning activities as roles for girls only. In addition, some messages are incomplete like hand washing, which leaves out the emphasis on soap.
- Mechanisms (such as school competitions, health clubs, follow up on students body cleanliness and hygiene practices) to ensure that the students adopt improved hygiene behaviours in schools and at household level should be promoted
• Apply a multi-sectoral approach where education, nutrition and health are linked to water supply and sanitation in order to enhance impact. A school sanitation program provides one of the ideal and rare opportunities for different departments to learn about each other’s systems, which may affect their work.

**Monitoring and Evaluation:**

• Development of simpler monitoring checklists and ensuring quality control mechanisms established at all level.
• Account for inputs and outputs of the SSHP

**References**


[www.who.int/water_sanitation_health/Globassessment/GlobalTOC.htm](http://www.who.int/water_sanitation_health/Globassessment/GlobalTOC.htm)


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