FIRST DRAFT

Case study Report

On

School Sanitation Experiences of Uganda

For

UNICEF/World Bank

9 March 2000

Acronyms & Abbreviations

DANIDA	Danish Agency for International Development Assistance
DWD	Directorate of Water Development
EHD	Environmental Health Division
KDS	Kampala Declaration on Sanitation
M&E	Monitoring & evaluation
MWL&E	Ministry of Water, Lands and Environment
MoH	Ministry of Health
NETWAS	Network for Training in Water and Sanitation
NGOs	Non Government Organisations
RUWASA	Rural Water and Sanitation Project
RWSG-ESA	Regional Water and sanitation Group – East and Southern Africa
UNICEF	United Nations Children's Fund

Chapter I: Country Profile

Social-Economic and Demographic Profile

Uganda's projected population in 2000 is 21.4 million people of which 51% are female and 49% are male. The population growth rate is estimated at 2.5% and the fertility rate at 6.9. The life expectancy in 1991 was 45.7 years (males) and 50.5 years for females, the average being 48 years at birth. According to the Uganda Demographic and Health Survey of 1995, the overall life expectancy was put at 52 years.

Uganda has achieved marked economic growth of an average of 6.5% per annum for the last 5 years and inflation rate maintained below 10%. The Gross Domestic Product (GDP) per capita has grown at a rate of 3.4% per annum and per capital income is estimated at US$ 300 over the last five years. This is attributed to the sound macro-economic policies, liberalisation and privatisation of the economy. The budget deficit has been reduced from 14% to 3% of GDP between 1991/92 - 1996/97 *(PEAP, 1997).*

Government health expenditure was estimated to be 8% of the total government expenditure in 1995/96, which represents about 0.8% of GDP. Per capita health expenditure is estimated at US$ 12. Only US$ 3.95 is attributed to government and donor spending, the balance is from private spending .

Despite the mentioned economic achievements, household incomes have remained low. However, there has been a reduction in levels of absolute poverty from 66.3% in 1994/95 to 46% in 1996/97. Notwithstanding the poverty reduction levels, the national health status is still poor.

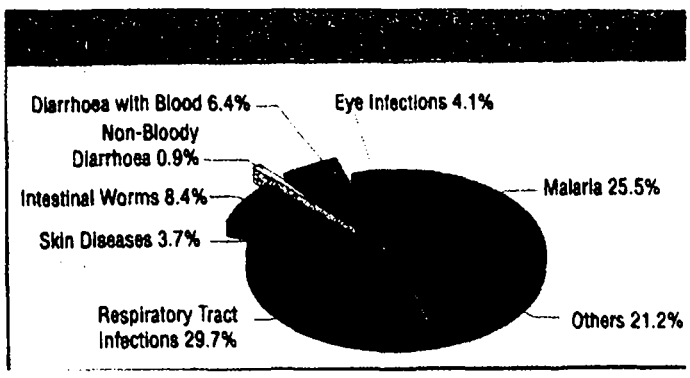
A Poverty Eradication Action Plan is being pursued by Government to improve on the above situation. The campaign is aimed at reducing mass poverty from the Ugandan population, with emphasis on the following:

- Implementation of Universal Primary Education.
- Primary Health Care.
- Pursuance of debt relief initiatives.

- Improvement of road infrastructure network
- Water and sanitation
- Modernisation of agriculture.

Uganda has managed to make economic and political progress but limited progress in sanitation improvement. The term sanitation here is defined as a process whereby people demand, effect and sustain a hygienic and healthy environment for themselves, by erecting barriers to prevent the transmission of diseases. Sanitation related diseases remain among the major causes of mortality and morbidity in Uganda with an estimated 440 children dying each week from diarrhoea .The infant mortality rate in Uganda has been declining rapidly over the last ten years from 122 to 97 per 1000 live births. The under 5 year mortality rate has also declined in the same period from 167 to 147 per 1000 live births. Below is a pie chart showing a total of 49% of outpatients had diseases that were sanitation related.

FIGURE 1: COMMON DISEASES IN UGANDA



The child population in Uganda is high and most of them are found in schools where they spend more than eight hours a day; that is, about 75% of daytime in a year. The current estimated school-going population is put at 6.5m children due to UPE. Because of the unfavourable and inadequate sanitation facilities, often shared by both sexes, girls tend to leave school and stay at home because of lack of privacy. Ultimately, this has an effect on the number of educated women in the country and therefore robs them of skills and opportunities to improve their quality of life. Furthermore, there are glaring disparities between the access to safe and clean school environments between rural and urban schools. This disparity exists nationally as well, in terms of resources allocated for sanitation.

A study of schools by the Uganda National Examination Board in 1996, in several sample districts found the coverage of water facilities to be 66.7% while 8% had adequate numbers of latrines. Only 33% of schools surveyed had separate latrine facilities for girls. Mature girls seldom had changing facilities. They had to move to neighbouring homes to change during menstruation (Carasco et al, 1996). A study done by UNICEF in 1999 in 90 schools showed that only 2% of the surveyed schools had adequate latrine facilities, only 37% of the teachers had received sanitation related training and only 25% of schools had sanitation educational materials. During the cholera epidemic in early 1998, 560 schools were closed due to lack of adequate and acceptable sanitation facilities.

An analysis of the problem shows that one of the main causes of the poor sanitation situation in schools is the fact that people do not value the need for a safe and clean environment. They do not value this because they do not have enough information. They do not have enough information because of ineffective promotion and or because they simply lack the interest.

In addition, there is limited awareness of whose role and responsibility it is to provide and maintain good sanitation, resulting in institutional confusion.

Sanitation is not prioritised in schools also because of the design of the education system which emphasises the passing of exams with little consideration for the learning environment and the need for an all round education. Teaching and learning therefore focuses mainly on the facts related directly to passing of exams. Thus the teaching leaves out training of pupils in hygiene and proper use of sanitation facilities. The spread of sanitation related disease follows, together with other attendant problems of absenteeism from school, poor performance leading to high rates of "push out."

The introduction of the Universal Primary Education (UPE) in 1995, following its articulation in the President's Election manifesto, caused the enrolment in Primary schools to more than double, which put pressure on the existing sanitation facilities. However, in the same Manifesto the sanitation problem had been accorded priority, and this provided a basis for channelling more funds to sanitation improvement.

TABLE1: ENROLMENT TRENDS BY GENDER

Year	Enrolment million	Girls million	Boys Million
1995	2.64	1.19	1.45
1997	5.30	2.47	2.83
1998	5.81	2.74	3.07
1999	6.55	3.16	3.39

The school enrolment has risen from 2.5m in 1995 to 6.5m in 1999 an increase of 62%. The girls enrolment increased by 166% since 1995 with an increase between 1995 and UPE being 107.5% while boys increased by 95.2%. The sanitation facilities however, have not increased in the same proportion.

The low value placed on sanitation impacts on resource allocation. During the allocation of resources, activities that have a direct bearing on the academics get all the attention while issues of sanitation get minimum support. Investments would rather be made in activities that offer tangible, visible, short-term effects. Therefore, when there are many competing priorities for limited resources, sanitation is neglected, primarily because it is not linked to the performance and achievement of the child. In 1997, most of the programmes involved in health and water service delivery did not put enough emphasis on sanitation. For example, the Small Towns Rural Water and Sanitation Project committed about 2 % only of the budget to sanitation improvement, the WES- 3.8%, RUWASA 6.0% . However, the 1999 situation shows a tremendous change with RUWASA estimated at 42% and WES-UNICEF at 44%.

Alongside all this, in Uganda, children and women culturally have the weakest voice and sanitation is seen as a private affair. Therefore, the right of children to a clean and safe environment is not valued.

Chapter II: Evolution

Since the early 1990's Sanitation and hygiene have been a key issue of the Government of Uganda Programme, and during that period, UNICEF was the largest donor and programme provider. But the main reason why sanitation was difficult to address nationally was because of the insecurity, lack of a favourable policy environment, poor economic performance and low donor investments in the sector at that time impeded significant progress.

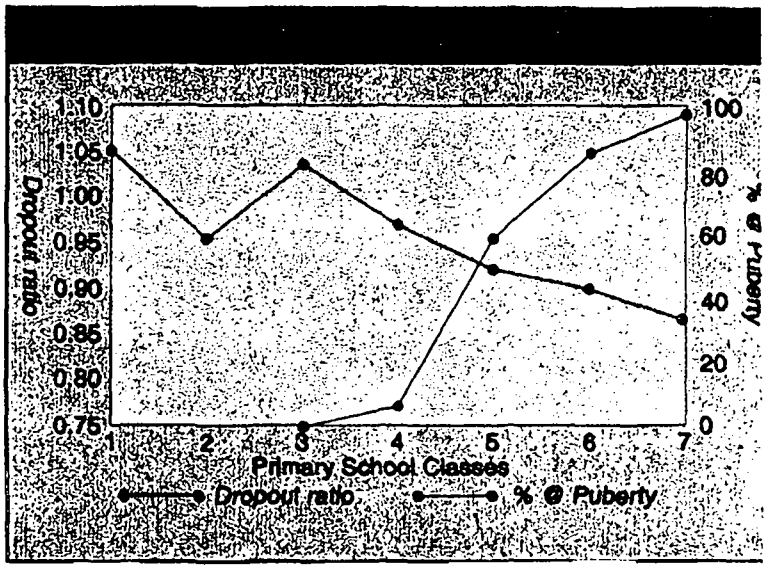


FIGURE 2: FEMALE DROPOUT RATIO AND PROPORTION OF GIRLS REACHING PUBERTY

But in spite of a lot of constraints during that period, the Ministry of Health and the other external support agencies and NGOs did some excellent work on sanitation promotion through developing effective educational materials and methodologies. These were successfully used in creating awareness of the links between poor sanitation and hygiene and disease, and more importantly they promoted specific actions and practices that individuals, families, communities and others could take to address these problems. This work helped set the seed of awareness for change for when the time was ripe.

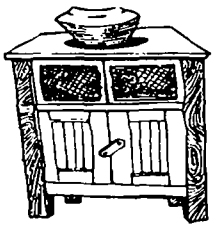
It was not until late 1986 when the HIV/AIDS epidemic was nationally recognised as a crisis that issues of sexual behaviour (and sanitation & hygiene) were given more attention at all levels, particularly at political level. All ministries associated with health, education and social development were mobilised to seriously address the problem. It was then, that the need for safe sanitation and good hygiene practices was identified, politically, as critical to curbing the spread

of diarrhoeal diseases from those affected by the virus to the general population, and for the need for such facilities and practices to protect the health of patients affected by the virus.

From the period 1987- 1995, vertical, top down programmes emerged to deal with different problems as emergency interventions. These included programmes like the Control of Diarrhoea Diseases (CDD) programme, the immunisation programme and various water and sanitation programmes of which SWIP was the biggest water and sanitation project.

A 1996 review revealed that more emphasis was being given to Water than Sanitation and that latrine coverage was not keeping up with population growth, leading to coverage decline. This led to another complete rethink of approach. Working in close collaboration with DANIDA, WHO and the UNDP/World Bank Technical Group in Nairobi the approach to sanitation for the entire country was redefined. First definition of sanitation was broadened from the mere provision of latrine slabs, to excreta disposal, solid waste disposal, liquid waste disposal, and hygiene and vector control. A sanitation task force was set up to develop new approaches and a concept paper entitled "Promotion of Sanitation in Uganda" was commissioned. This concept paper is the most comprehensive statement on sanitation ever written in the country. It covers

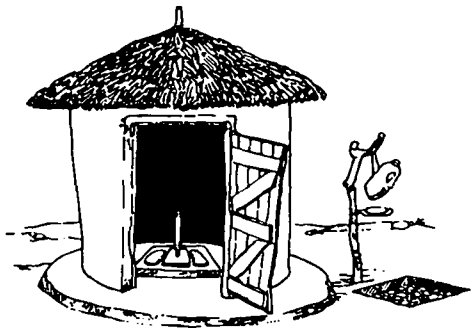
Safe drinking water



Safe storage of food.

Washing hands

Disposal of refuse



Pit latrine with hand washing facility

the global situation, the history and the present day situation of sanitation in Uganda. The paper, which was personally endorsed by the Ministry of health, Hon. Dr. Kiyonga, also highlights the effects of poor sanitation, the reasons for its marginalisation and calls for an accelerated national improvement programme (1997).

A cabinet memorandum drafted on the basis of the concept paper obtained parliamentary backing in July 1997 leading to the development of a National Sanitation Programme. However, the most important achievements was the holding on 16-17 October 1997, of a National Sanitation Forum. The theme **"Better Sanitation, A Responsibility for All"** brought together the leadership of all 45 Districts in Uganda who together with Members of Parliament, cabinet, Donors, Non-Governmental Agencies and Concerned Citizens spent two days discussing the issue of sanitation. The culmination of the forum was the signing of The Kampala Declaration on Sanitation (1997) by the Chairmen of the District Councils.

NATIONAL SANITATION FORUM

WE, THE UNDERSIGNED ENDORSE THE DECLARATION

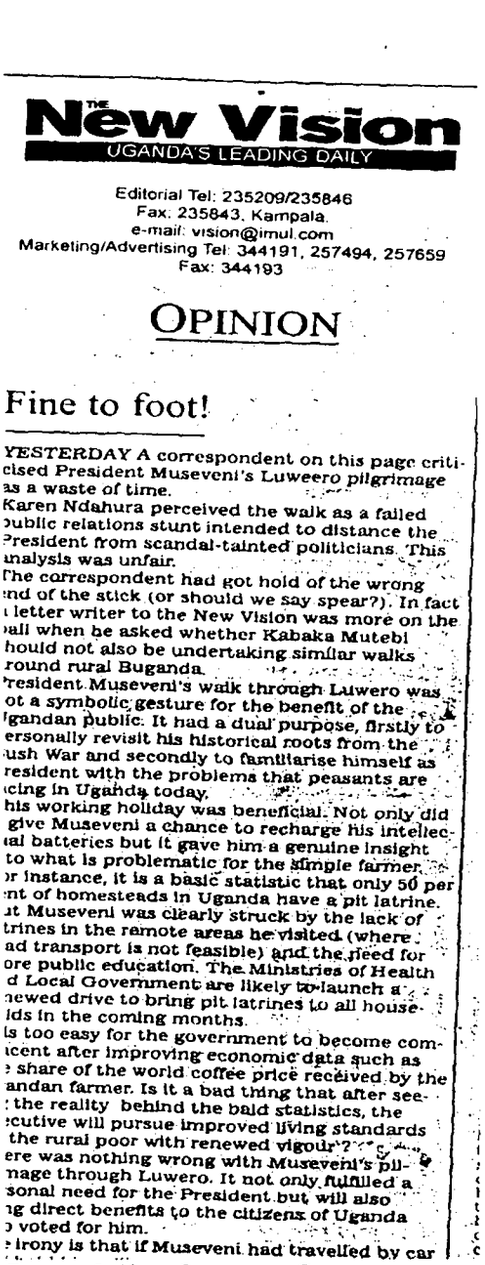
THIS 17TH DAY OF OCTOBER 1997

DISTRICT	LC.V. CHAIRPERSON	SIGNATURE
1. APAC	R. Oyuru	
2. ARUA	D. Amabua	
3 ADJUMANI	J.B. Opio	
4. BUNDIBUGYO	S.K. Babungi	
5. BUSIA	E. Wabuli	
6. BUSHENYI	Y. Makaaru	
7. BUGIRI	L. Samanya	
8. GULU	S. Laneke	
9. HOIMA	R.J. Kiiza	
10. IGANGA	W. Kirya	
11. JINJA	E. W. Kirya	

The main output of the forum was the 10-point strategy programme of which school sanitation was a priority in the action point 5, which states that:

> "**Focus on schools**: 'We shall ensure that every primary school and all other institutions of learning have adequate sanitation facilities (latrines, safe drinking water supply and handwashing facilities; with separate facilities for girls) by the end of 1998' (National Sanitation Forum action point 5)"

Sanitation has since remained high on the agenda. The President's 1996 election Manifesto promised the electorate improved sanitation. Sanitation has been the subject of over 600 newspaper articles in the national press since the beginning of 1998. Home and school improvement competitions are being held. Schools have built latrines and hand washing facilities; teachers have been trained in sanitation and health clubs established. Private entrepreneurs are setting up businesses to recycle garbage. The visit of President Clinton led to a massive clean up Kampala campaign led personally by the first lady. Sanitation is being improved throughout Uganda. Sanitation promotion also featured high in the manifestos of all the Kampala City mayoral aspirants.



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OPINION

Fine to foot!

YESTERDAY A correspondent on this page criticised President Museveni's Luweero pilgrimage as a waste of time.
Karen Ndahura perceived the walk as a failed public relations stunt intended to distance the President from scandal-tainted politicians. This analysis was unfair.
The correspondent had got hold of the wrong end of the stick (or should we say spear?). In fact a letter writer to the New Vision was more on the ball when he asked whether Kabaka Mutebi should not also be undertaking similar walks round rural Buganda.
President Museveni's walk through Luwero was not a symbolic gesture for the benefit of the Ugandan public. It had a dual purpose, firstly to personally revisit his historical roots from the Bush War and secondly to familiarise himself as President with the problems that peasants are facing in Uganda today.
His working holiday was beneficial. Not only did it give Museveni a chance to recharge his intellectual batteries but it gave him a genuine insight into what is problematic for the simple farmer. For instance, it is a basic statistic that only 50 per cent of homesteads in Uganda have a pit latrine. It was clear that Museveni was clearly struck by the lack of latrines in the remote areas he visited (where road transport is not feasible) and the need for more public education. The Ministries of Health and Local Government are likely to launch a renewed drive to bring pit latrines to all households in the coming months.
It is too easy for the government to become complacent after improving economic data such as the share of the world coffee price received by the Ugandan farmer. Is it a bad thing that after seeing the reality behind the bald statistics, the executive will pursue improved living standards for the rural poor with renewed vigour?
There was nothing wrong with Museveni's pilgrimage through Luwero. It not only fulfilled a personal need for the President but will also bring direct benefits to the citizens of Uganda who voted for him.
The irony is that if Museveni had travelled by car

Museveni irked over latrines

By Daniel Sabo

PRESIDENT Yoweri Museveni has directed that owners of homes without pit latrines be arrested. He said lack of proper latrines encourages the spread of diseases especially dysentery which can kill hundreds of people as ago.
"If a person with an unregistered gun can be arrested, whereas this can just kill one person at ago, why not you who is bent on destroying a whole village through dysentery?", the President asked.
He was addressing a public rally at Alhul Bait Islamic Institute Buyemba Iganga district Wednesday.
Museveni advised people to practice a high level of hygiene and also immunise children to avoid falling sick.
The President had earlier asked political leaders to liaise with Government research centres to get breeding and planting materials and multiply them for distribution to farmers.
He said that Government has done its part in helping peo-

PRACTICE HYGIENE: Museveni at a rally in Buyemba, Iganga

FIGURE 5: HIGH POLITICAL COMMITMENT TO SANITATION IMPROVEMENT EXISTS IN UGANDA.

CHAPTER III: PROJECT JUSTIFICATION

Why School Sanitation Project?

Sanitation is a right! Investing in schools in the developing world is central to meeting children's rights, confronting issues of gender and ethnic discrimination, preparing young people for their roles in civil society. The **CRC** which has been ratified by most of the World, including Uganda, provides that children have a right to a safe environment for enhanced learning, health and development of good citizens.

In Uganda, a large percentage of the population of children (6.5million children in primary schools alone) are found in schools. In these schools, the children spend a lot of their active day, on average eight hours and about 260 days a year. Schools therefore provide the best opportunity for creating impact on the children. Targeting schools is also very important because children are effective agents for change in their communities. What they learn at school they can transfer to their homes and communities and to other children who at home and not able to go to school for various reasons. This will positively impact on the home and community environment. These children in school soon become parents and will be duty bearers for their own children with a duty to provide a safe and clean environment for their children's development.

It is important for children to have a safe environment for learning for good performance and achievement. Good sanitation creates a disease barrier by reducing sanitation diseases such as diarrhoea, malaria, worms, anemia etc. thus cutting down on absenteeism and the dropout rate brought about by those diseases. The health effects of inadequate sanitation are critical; diarrhoea kills 2.2 million children every year world wide, and increases health care costs for the three billion people who lack access to adequate sanitation. Children are the most vulnerable to environmental health hazards and subsequently also the worst affected. In addition, where the sanitation facilities are inadequate, the girl child suffers because of lack of privacy especially during menses, thus resorting to absenteeism and eventually dropping out of school.

In a study done by UNEB, approximately ninety-two percent (92%) of schools in the sample had six (6) latrine posts or less. Sixty-seven (67%) had no latrine posts exclusively for girls. Management in several schools stressed the lack of latrine posts for girls as a serious concern. They also observed that mature girls had no changing facilities so that they had to move to

neighbouring homes to change when they are 'at that time of the month'. In addition they found that children's worst experiences centred around water and latrines particularly for girls. The pupils were also concerned about the few teachers that were available in the schools. Other problems specific to pupils include lack of a senior woman teacher for female pupil guidance, the amount of domestic chores which prevents them from doing school 'home work' as well as too much manual labour at school. *(Carasco)*

School children who are malnourished, have worms or are anaemic do not learn well because health is important for learning in the same way that education is important for health – for this generation and the next. Several studies have shown that most diseases suffered by children are related to unsanitary conditions and lack of personal hygiene. Such survey results show the need for a focus on children. Also, it is generally recognised that childhood is the best time for children to learn hygiene behaviours.

FIGURE 6: POOR SANITATION ENVIRONMENT DEMOTES HYGIENE HABIT BEHAVIOURS

Children are future parents and what they learn is likely to be applied in the rest of their lives. They have important roles in the household, such as taking care of younger brothers and sisters, and depending on the level of awareness they have, they may also be able to question existing negative practices in their homes. If children are brought into the development process as active participants, they can become change agents within their families and catalysts for community development. In addition to the schools' impact on the development of individual students, they can be a central point for development in communities, for disseminating information (e.g. hygiene, immunisation), influencing norms (e.g. Water and sanitation), and contributing to social change.

A school sanitation project can offer the children opportunities for child participation and its commensurate advantages like empowerment, independence, decision-making, self-reliance, confidence building, creative development, life skills development and sustainability, among others. This can be done through sanitation activities like:

- monitoring
- self-checks
- science clubs
- music, dance and drama
- sanitation planning

These activities will increase their abilities and self-confidence, and also create empowerment and foster sustainability.

The low level of literacy among women, 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 will influence sound cultural patterns of conduct in future. There is evidence to show that there are wide disparities between urban and rural areas, women and men, rich and poor. A school sanitation and water project can target the less privileged in order to promote equity, reduce disparities and the poverty gap.

After the family, schools are the most important places of learning for children; they have a central place in the community. Schools are a stimulating learning environment for children and stimulate or initiate change. Schools can also influence communities through outreach activities, since through their students, schools are in touch with a large proportion of the households in a community. The sanitation facilities in schools can act as a model, and teachers can function as role models.

In summary, school sanitation investments are legitimate uses of public funds because of economic, political, social, health and human rights factors.

Chapter IV: Institutional Arrangements

It has always been a policy in Uganda, as far as possible, to integrate water source development, sanitation promotion and community empowerment for sustainable community ownership, utilisation and maintenance of installed facilities/services. As a result there exist an array of line ministries involved in sanitation.

The Environmental Health Division in the Ministry of Health has the overall responsibility for environmental sanitation improvement. Before the ongoing policy reforms, the division had operated as a traditional centralised department with environmental health officers posted in each district and urban authority. At present, the role of the division is being redefined with a view of strengthening its capacity to support local governments to improve environmental sanitation. Officers who used to belong to the division now belong to their District Local Governments. These officers and assistants are trained in the Schools of Hygiene as Health Inspectors and Health Assistants. These carry out mobilisation and training activities at community level.

The Ministry of Gender and Community Development, through the Directorate of Community Development, and district staff is responsible for social mobilisation and promotion of the role of women in sanitation improvement initiatives. District level officers and assistants for the rural water and sanitation subsector, are mainly trained by the Institute of Social Development, as community development officers and assistants. A module on sanitation improvement will be integrated in the curriculum.

> *There has been a non-participation by ministry of education. Efforts have been made to involve them, however they have not handled much responsibility, I am mainly talking about central level.(key informant UNICEF)*

The Ministry of Education, through its Inspectorate department plays a role in enforcement of Government policy through guidance, supervision and monitoring. It also plays a role in the promotion of a national syllabus that supports and teaches sanitation and hygiene.

The Ministry of Lands Minerals and Water is also to date the most important institution involved in sanitation promotion, represented by its Department of Water Development (DWD) through its two main programs, namely;

i) WES/UNICEF (1995-2000) covering 34 districts with a total budget of US $ 27 million
ii) RUWASA /DANIDA (1996-2000) covering 10 districts with a total budget of US$ 40 million

Other Government projects include STWSP and Eastern Centres, which are involved in sanitation improvement programmes in both rural and urban settlements. NGOs like ACTIONAID, World Vision, AMREF, SOCADIDO, Water Aid, AVISI and Uganda Community Based Health Care Association (UCBHCA) are involved in sanitation improvement program including community capacity building. Private individuals and institutions have provided facilities and services and carried out sanitation improvement activities in various areas.

All the above are co-ordinated at national level through the Inter-Ministerial Steering Committee (IMSC) and project management teams to provide an enabling environment in aspects of policy development, technical assistance, quality assurance and monitoring & evaluation. These frameworks have greatly assisted/promoted the multi-sectoral collaboration and lobbying needed for policy reforms. The IMSC comprises the highest-ranking civil servants, i.e. Permanent Secretaries from each of the ministries mentioned earlier with their technical heads of department as ex-officio.

At the District level, sanitation responsibility is borne by the Department responsible for Health Services competing with other health services like immunisation, HIV/AIDS and MCH. At district level also, sanitation activities are co-ordinated through respective sectoral committees of LC V councils e.g. works, social services, health, and district management teams with responsibility for planning, budgeting, supervision and monitoring implementation. The water components come under the water department, which is usually housed in the works department.

At sub-county level, the responsibility for water and sanitation is mainly for extension staff, namely health assistants and community development assistants. There are also sectoral

committee members for health and education as well local NGOs and CBOs. The subcounty chief also plays an important role of mainly enforcing bye-laws and government policy.

At parish and village level, water and sanitation is the responsibility of PDCs, local council secretaries for health, school management committees and water and sanitation committees.
Annex one shows institutional arrangements for school sanitation diagrammatically.

The use of the private sector is one of the main strategies as well as institutions that the programme is using. This is in support of the Government policy on privatisation. Use of the private sector for school sanitation is a very new venture, of not more than a year old. As a result many teething problems are being experienced.
Initially the public sector was in charge of constructing the school facilities, however the following problems were encountered:

- Latrine construction in most cases was very slow and inefficient.
- Some latrines collapsed due to the fact that they were sited badly and because technical staff did not supervise construction of the latrines.

Because of these reasons, there was a need for building capacity for the private sector to get involved both in latrine construction and latrine construction supervision.

The program supports the privatisation policy of government through the use of private local contractors in latrine construction and sanitation platforms. Further areas of private sector participation are the development, production, and dissemination of appropriate sanitation materials as well as skills development for sanitation service delivery and advocacy.

All latrine construction work is to be undertaken by private contractors except digging the pit, which is done by the school community. The District Tender Boards advertise and invite tenders following the district tendering procedures. Sub-counties are encouraged to employ local contractors to take up construction work. The centre's role is to support districts to strengthen the tendering processes, assist in preparation of tender documents for certification and payment.

It is still too early to confidently state the benefits that have been reaped from the use of the private sector, however, we do expect better levels of implementation as well as improved quality. There will also be an overall build up of the sector's capacity as a result of training and experience. There should be economic growth and increased employment as contracts become bigger and bigger. All this will be good for sustainability.

The main problems experienced with the private sector involvement are the following:

1. The process of tendering at the district level is slow, not transparent and very often the politicians heavily influence the evaluation of the bids.
2. The sector is not well developed, so there is often no adequate competition
3. It is difficult to track down local contracting firms with regard to latrine construction, as for a long time only locally-based masons had been involved in school facilities' construction.
4. There is often a lack of drive for private sector involvement because the profit margin associated with building school latrines was very low.
5. The redefinition of roles: many district staff who had been directly implementing WES activities look at privatization as an invasion of their territory. It implies changing roles and responsibilities. Some view it with suspicion, especially for job security.
6. The community, and schools acknowledged that there were locally based masons who undertake small-scale construction such as latrines and protection of springs, but there are

FIGURE 7: LATRINE COLLAPSED DUE TO POOR WORKMANSHIP AND ECONOMY OF CEMENT

very few private-contracting firms in their localities. These local masons often lack the technical knowledge and often required closer supervision.

The overall strategy of the school sanitation program is to involve all stakeholders (central and local governments, bilateral and multi lateral agencies, private sector and community members) in sustainable sanitation improvement. The stakeholders' participation is intended to enhance the sustainability mechanism that will ensure the continuity of both the process and benefits arising from the school sanitation promotion.

We have also chosen to make sanitation promotion a highly political process. The target is all elected officials in Uganda starting with the President and Cabinet and moving down through Chairmen and Secretaries at village level. The local councils are recognised as vital institutions with their main role being in planning, monitoring and resource allocation.

With the increased resources for sanitation especially school sanitation, the water development department has taken the leading role in school sanitation. This was a political decision taken by Ministry of Finance in order to ensure that the hardware (latrines) are built as fast as possible to alleviate the poor sanitation in schools in the wake of cholera and increased pupil population. It was also felt that the department was better equipped technically to ensure accountability. However, a task force comprising partners from the Ministry of education, health and community development have been brought on board. This has helped to reduce conflicts and to foster collaboration. However, it does not rule out uneasiness felt by national Health and Education departments.
Annex two shows a table of key actors and their responsibilities.

Collaboration and co-ordination becomes further strained at district level, where the CAO sends money to either the water department, education or health department. The district water officers dislike being held responsible for school sanitation in the presence of a district health inspector. The education department complains of not being involved and the health inspectors do not want to cooperate. This also brings confusion in the District Local Council where the sectors; works, water, health, social services, and education all want to be responsible for this component. This confusion results in problems of information not being shared with relevant stakeholders and this reduces implementation speed.

> ' *How do you expect me to follow up sanitation when I do not know what is going on? I don't know how much money has been sent....* " (Education official Rukungiri).

Process: Implementation arrangements for school sanitation

Below is a description of how the school sanitation programme is arranged and implemented in an effort to make it demand driven and to promote sustainability by using the bottom up approach.

Advocacy/information phase:

Mobilisation meetings are held during which standardised application forms are distributed for schools through the LC3 Chairpersons and chiefs. The mass media and print media are also used to disseminate information about the programme.

Application:

Head Teachers apply to the CAO through their Sub-county leadership. The Sub-county Chiefs present the application list to the LCIII Standing Committee for Health and Education and Technical Committee for approval. The Sub-County Chiefs submit the list of approved schools in their respective sub-counties to the CAO.

Vetting:

The CAOs submit the list of applications to the District Vetting Committee comprising the District technical committee (DTC), Sectoral Standing Committee for Health and Education for approval.

Approval and workplanning:

A list of approved schools is then sent to the Director - DWD and copied to the focal point officers in the line Ministries (i.e. Health, Education, Local Government, Gender and Finance). The Director compiles submissions into quarterly requests to the Ministry of FPED to release funds to the respective districts as conditional grants.

Release funds

Once funds have been released to the Districts, the CAO informs the sub-county Chiefs and advises the school authorities to start digging the pits. Copies of this notice are given to the LCIII Chairperson, Sub-county chief, County Health Inspector and the private contractors engaged by the District to under take the construction.

Teacher training

The CAOs then invite 3 teachers from the selected schools for a one-day sanitation and hygiene training workshop. Here the teachers analyse their school situation and make a workplan on how improvements will be carried out.

Construction

The Health Inspector or Health Assistant helps the school management to site the pit. The school will then dig a pit (s) according to the recommended dimensions. The school collects money from the community in order to pay for the labour for the pit excavation.

Quality assurance

When the pit has been dug, the District Health Inspector and the District Engineer are responsible for certification and quality assurance.

Follow –up and monitoring

National and district teams carry out follow up and monitoring of both hardware and software activities, regular spot checks, auditors monitor progress, and support supervision is carried out.

Sanitation Policy Environment

The need to improve the environmental sanitation situation is a collective responsibility for all. Policies provide a basis for enforcement of sanitation standards. In light of this, the Government of Uganda enacted laws and makes policies that provide a framework for participation in sanitation activities. The Government of Uganda is committed and supportive to the promotion of sanitation and has put in place the following:

- The 1995 Constitution (chapter 3, Article 17(i)) mandates '**every citizen to create and protect a clean and healthy environment',** in addition it is every citizen's right to have a clean and healthy environment (chapter 4, article 39)

- The 1997 Local Government Act has defined roles of different levels of Governance including the decentralisation of key functions related water supply to the district and lower councils. It also emphasises the importance of sanitation promotion.

- The Kampala Declaration on Sanitation (October 1997) which was endorsed by all the districts puts sanitation high on the development agenda. All district leaders and representatives of government signed it.

- The Ministry of Planning and Economic Development, in the Poverty Eradication Action Plan, June 1997, emphasises the relationship between poverty and environmental related diseases. The plan lays down strategies for improvement of access of the poor and other disadvantaged groups to sources of safe drinking water, and the improvement of sanitation facilities and conditions at every rural household.

- The first principle of the Water Policy of the Ministry of Lands, Water and Environment, Directorate of Water Development (DWD), is the "protection of the environment and safeguarding health through the integrated management of water resources and liquid and solid waste". It emphasises the importance of this approach for environmental sustainability, better human health and integrated water resources management. It also stresses the need for women to play influential roles in both water management and hygiene education.

- The National Gender Policy states that "women and children are the main carriers and users of water". It commits DWD, among others, to ensure that women participate in community decision making on water and sanitation matters; and to ensure that projects developed and managed are gender responsive in planning, implementation and monitoring.

- The Decentralisation Policy of the Government of Uganda devolves responsibility to the districts and the sub-counties as a means to improve performance, efficiency, effectiveness and sustainability. One of the challenges is the need to build technical capacity at national and district levels for supervision and monitoring.

- The National Health Policy replaced the draft sanitation policy; however no emphasis is given to sanitation aspects.
- The National Health Services Bill
- The Draft National Environmental Health Policy has not yet been passed.

- The 1996 Presidential Election Manifesto highlights the importance of sanitation and hygiene.
- The 1964 Public Health Act is mostly about sanitation; however, it is outdated and out of print.
- The 1998 Land Act shows the important linkage between land tenure, ownership and maintenance of water and sanitation facilities.

Other policies such as the Privatisation and Public Service Reform policies, provide a facilitative framework for the management of the program. Further strengthening of these policies need to be put in practice and actively followed -up. On the whole the policy environment is positive, however the weakness is in application.

Chapter V: Socio - Economic aspects & Socio - Cultural Aspects

In Uganda cultural beliefs are not very influential in determining hygiene and sanitation behaviour, a study done by RUWASA gave laziness as a major factor. However, there does exist some cultural barriers. These can be restricted to migrant nomadic people who do not value sanitation improvements probably due to the nature of their lives. There are some tribes in eastern and northern Uganda that believe that women who have not yet given birth should not use the latrine They believe the 'fumes' from inside the latrine can 'spoil the eggs' of the woman rendering her infertile. An operational school sanitation research carried out in 46 schools found one school had never had a latrine. The reason was "the communities around believe that when one uses a latrine, the cows will die". But this is not widespread. This trend is also true for school sanitation where socio-cultural influences do not play a significant role in influencing school sanitation.

> *'Ah...No..here we don't have such beliefs. May be in the north' (Discussion Masaka District)*

People everywhere are pleased to acquire convenient water supplies, but they are often indifferent to improved latrines and their use. This is because they do not believe or understand that their hygiene behaviour may be endangering their health. Consequently, they do not see the need to change what they are doing. However, this is not so true for school sanitation. Schools appreciate the need for improved sanitation especially since the 1997-1999 cholera epidemic.

Hygiene and sanitation behaviours are very difficult to change mainly because of the personal and private nature of the change required. Behaviour change per se, takes time and is a process that people go through at different paces and for very diverse reasons. This is why there exist so many theories/ schools of thought on the psychology of behaviour change. The Uganda programme has tackled this aspect of behaviour by mainly focussing on interventions for children by promoting the principle of gradual change, and by focussing on a few key behaviours at a time and the use of participatory approaches for behaviour change.

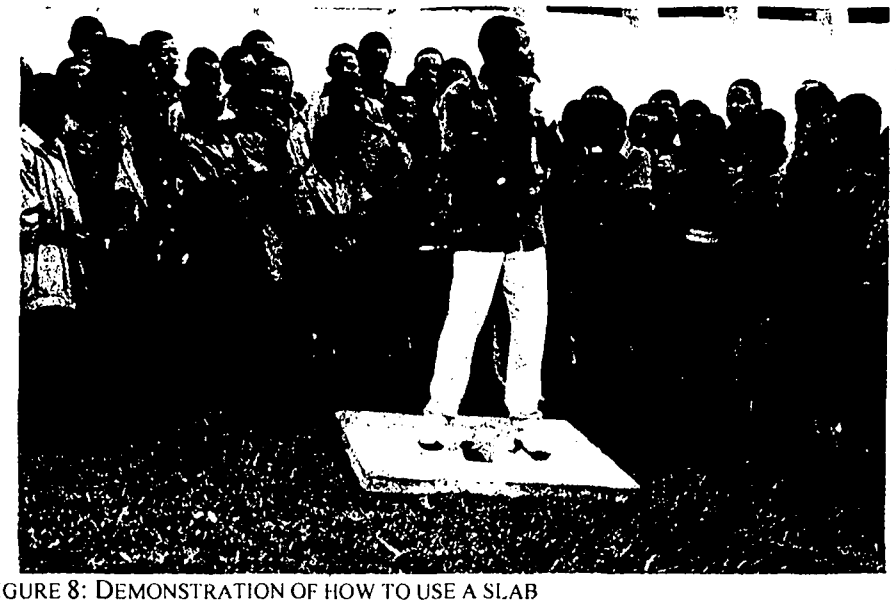

FIGURE 8: DEMONSTRATION OF HOW TO USE A SLAB

Children learn easier and are more receptive to change. Teaching hygiene to them while they are still at an impressionable age will help inculcate good practices that will eventually become second nature as they develop into hygiene habits. These habits will then stand a better chance of being transferred to their own children, creating a generation of people practising healthy hygiene. Children are being reached using various approaches including participatory approaches that promote child participation like. Drama, quizzes debates, music, and competitions. Teachers have been trained in sanitation with emphasis on the use of participatory approaches for hygiene education.

The key practices being promoted are:

- community participation in the school latrine building programme
- maintenance and use of the latrines
- hand washing after latrine use
- proper management of refuse
- reactivating school parades
- formation of school science /health clubs (committees)
- development of school sanitation plans

Target groups and an adoption analysis can been seen in annex two. Generally, the reasons given for not adopting hygiene behaviour range from predisposing factors like laziness and lack of information to lack of enabling factors like availability of latrines and water and lack of reinforcing factors like continuity and follow up of hygiene education.

School curriculum:
The school sanitation programme messages correspond with national school curriculum messages. The school science curriculum now teaches sanitation and hygiene aspects right from primary one. There has also been an attempt to integrate sanitation into other lessons like social studies and English. Sanitation aspects are also covered in the examinations. The examination papers of the past years show good grades. This is corroborated by the studies, which show high levels of knowledge. But translation into behaviour still remains too low to show significant results.

The syllabus however still needs some work on gender issues. In addition some messages are incomplete messages like hand washing with soap.

The girls' enrolment has greatly improved since the UPE policy declaration. Although the latrine stance ratio affects both boys and girls, the trend is towards higher ratios for girls than boys. In addition, absenteeism still remains a problem, especially in schools were there are extra –activities that parents or families have to participate in. The girl child is usually required to stay behind and look after the siblings.

> *Tuesday is the market day for this area. On these days the attendance goes down. We have brought this up with the Councilors for education and they have agreed to change the market day to a weekend.(Head Teacher, Mbarara)*

Chapter VI Technology

Government policy encourages the use of appropriate low cost technologies that offer possibilities for participation. The provision of facilities was identified as one of the immediate causes of poor school sanitation and hygiene in rural primary schools in Uganda.

Excreta disposal technologies

The technology offered at the moment is conventional (traditional) pit latrines. This comprises a simple pit of depth varying from 10 –15 metres, normally covered with a cement slab or made of a cement floor and iron sheets for the roof. The technology is appropriate even though it offers some disadvantages especially because it is temporary, but it is the most convenient in such urgent situation of high enrolments. Schools do not participate in choosing the technology that meets their needs. However, discussions with school management members and children revealed that that they like the pit latrines because other systems like water borne ones are expensive to maintain and water is a problem in the schools.

Although the current assistance is for normal soil conditions, some school have modified the design being recommended. The recommendation is a five-stance latrine block. Some schools have decided to add stances 6-10, or bathrooms or even line the pits so as to prevent them from collapsing and to ease emptying, all at their own cost. This shows initiative and commitment to sanitation it is good for sustainability. However, the structures themselves are not reusable apart from the slabs.

Plans to use more reusable designs like prefabricated structures are under way and are currently only widely used in 2 districts. There are also plans to try out more appropriate technologies like iron sheets for the superstructures. The country has the practice of reusing iron sheets so this will not be strange.
Eco-sanitation is also being proposed but with reservations about community acceptance.

The current latrine has a life span of 3-5 years. However it was reported that some have been known to last 7 months before they are filled up.

There are no latrine designs for the disabled that are being promoted. Proposals for suitable technologies for disabled children are on the drawing board.

The five-stance latrine is estimated to cost $1, 600 – 3,000 (if constructed by the private contractor)

TABLE 2: LATRINE SPECIFICATIONS

Latrines construction	
Number of stances	5 stances for boys and 5 stances for girls
Life span	3-5 years
location	• On firm ground where a pit (4.5-9m) can be dug without reaching rock/water. There is no lining. • 30m away from any water source to avoid contamination of the water • 10m or more from the school • on self-supporting hard soils to avoid collapsing
Materials used	• materials for superstructure are local materials like iron sheets, reeds, tiles and grass
Walls	• Walls should be at least 7 feet high from the slab level, well bonded The bricks should be placed along the edge line of the slabs.
Roof	Made durable and weather proof by using materials like iron sheets, reeds, tiles, and grass.
Ventilation and lighting	Opening space on top of the walls all around

For household sanitation the appropriate options for sanitation in difficult areas include:

- Raised latrines for communities on lake shores and high water table areas;
- Lining the pit (Circular pit) for communities living in sandy soils;
- Pit latrines for communities in arid areas;
- Pit latrines and flush systems in hilly areas;
- Construction of double pits, raised pits for communities in rocky areas.

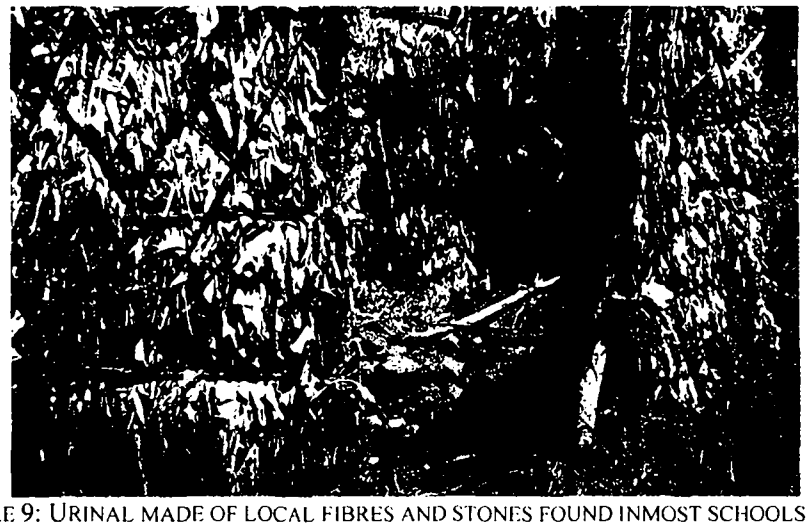

FIGURE 9: URINAL MADE OF LOCAL FIBRES AND STONES FOUND INMOST SCHOOLS AND USED BOTH SEXES

Urinals meant for proper disposal of human liquid waste are very few in most schools although they are part of the five stance latrine designs being promoted. Otherwise very few schools have urinals and those that exist have been very poorly designed and constructed

resulting in a smelly area that no one would want to use. It is common to find an open space covered with a few stones and some old fibres for a super structure being called a urinal. In some parts of the country, these facilities are being built for both boys and girls.

In addition, the designs in most school do not provide for separation by gender despite the fact that most schools in rural Uganda are mixed. The latrines are also dark and small making it very difficult to move in and out of them.

FIGURE 10: LATRINE SMALLER THAN CHILD

Hand-washing facilities

There are many designs used for hand-washing facilities. In most cases, 10 litre plastic jerry cans with taps are used in schools. However, the presence of hand-washing facilities was very low in the country - about 20 % and less being used. The current programme is promoting a package which ensures that the private contractor installs a hand washing facility of 200litres for each block of five stances before the work can be deemed complete. This is still inadequate and requires regular filling up by the children at least 3 times a day.

Classrooms

The conditions of the classrooms were contributory factors to the pupils' state of cleanliness. Picture 4 shows the general conditions of classrooms. In general these classrooms had no cemented floors, which made it difficult to sweep and keep them clean.

We need help so that we can cement our classrooms in order to avoid jiggers (FGD children, Masaka)

The seats were not enough and most students would sit on rocks. The classrooms have no windows or doors. The situation has been worsened by the high numbers of pupils as a result of UPE, forcing some schools to conduct their classes under trees.

Unit costs of the package for a primary school:

The unit costs of this package are based upon the assumption that the latrines built in the primary schools are constructed on stable soil formations. The community pays for excavation and unskilled labour while the government and Donors pay for all materials, skilled labour and hand washing facilities. If the latrines need to be constructed in rocky and high water table or in sandy and collapsing soil formations, the unit cost will be higher.

FIGURE 11: WES-UNICEF PROGRAMME GIVES ASSISTANCE FOR LATRINES, HAND WASHING FACILITATES AND RAIN WATER TANKS

Details	Ugandan Shillings	US dollars	Donor/Gov't	Community/school
One block of 5 stances latrines Hand washing facilities	2,085,484	1,600	86% 91% (Ruwasa)	14% 9% (Ruwasa)
Rainwater tanks (10,000 litres)	1,800,000	1,200	87%	13%
Training of science teachers for 3 teachers	150,000	100	100%	0%
Production of materials for 3 teachers	45000	10	100%	0%
Nation mass media campaign	100,000	67,000	100%	0%

TABLE 3: UNIT COSTS USED BY WES-UNICEF (MARCH – 2000)

The initial process of determining the unit cost estimates was not participatory and did not involve the district engineers. This led to the establishment of a very low unit cost of about seven hundred dollars. The private sector district bids offered 1,500-2000 dollars. This led to delayed implementation because the communities/schools had to make up the difference.

Chapter VII: Intervention Methods and Process:

Government has contributed nearly 2 million dollars from the Poverty Action Fund to the effort of improving the school sanitation situation with matching funds provided by UNICEF. Guidelines on the development of school sanitation plans have been developed and teachers and headmasters trained in their use. Local Government Politicians have been informed of the gravity of the problems and actions that they need to take to improve it. Money has been made available to schools for latrine and hand washing facility construction. In the first year of this initiative, improved sanitation has been provided to more than 640,000 students. All this effort is in support of school sanitation in the context of UPE.

Capacity building and training is done in recognition of the need for upgrading skills and knowledge especially with a view of promoting more participatory and empowering approaches. Teachers, private contractors and political leaders are the current main target groups.

Eligibility criteria

Schools to receive support are to be selected according to the following criteria:

Government schools:

- Involved in the UPE programme (including schools with or without classroom structures)
- Without a nearby water source (in a distance of more than 0.5 km)
- With high enrolment
- With a high ratio of pupils to existing latrine stances
- Community showing interest and willingness to participate in the activity

The main school sanitation interventions since 1998 have been as follows:

a) Training:

Teachers already in service need to get the opportunity to upgrade their knowledge and skills obtained during teacher training courses. The training of teachers is a key element for effective hygiene education. In order to bring about or facilitate improvements in the water

and sanitation situation, teachers need to know how and where to apply for assistance, how to get pupils to practice good hygiene behaviour and how to mobilise community members.

This training targets three teachers from each primary school of which one must be a female teacher and the headteacher must be included. The teacher training was initially done with support from the national level as part of capacity building for the district team in-charge of the training. The district team comprises the DHI, DEO/DIS, DWO and the DCDO. A curriculum was developed for one-day training and the purpose of the course is to refresh participants on the importance of sanitation, and includes effective teaching methodologies, e.g. the use of participatory techniques. The training is aimed at supporting the hardware component of the UPE sanitation activity by providing information about the project. It is also aimed at refreshing/reorienting teachers in sanitation and hygiene knowledge and participatory skills in order to stimulate/motivate the teachers to change the sanitation situation in their schools and in the children.

In addition, Parish Development Committees (PDCs) have also been trained in some parishes and are carrying out community mobilisation for sanitation improvement in the schools and homes. The PDCs provide a vital community linkage to school sanitation promotion. The LC III councils go through PDCs to mobilise communities for general development as well as for overall sanitation improvement.

With respect to school sanitation, the PDCs mobilise the people to:

- Dig latrine pits
- Collect sand, and
- Collect stones

These constitute vital community contribution to school latrine construction.

b) Mobilisation of political leadership

Mobilisation for school sanitation is a process of passing on salient information to relevant stakeholders in order to solicit their support, participation and commitment to school sanitation activities. The objectives of the mobilisation are:

- To share information on the School Sanitation Project.
- To motivate/stimulate district audiences to participate and ensure timely implementation of school sanitation activities.

- To discuss roles and responsibilities of different actors and seek district commitment to advancement of the School Sanitation Project.
- To solicit the support of the districts in quality control of facilities to be constructed.

School sanitation mobilisation targets the:

- District Management Teams and district political leaders
- LC III Chairmen
- Sub-County Chiefs
- Inspectors of Schools
- Head Teachers of benefiting schools
- Chairmen School Management Committees
- Chairmen PTA in schools

Table 4: Presence of Selected Latrine Conditions by Education and Number of Meetings Attended

Selected Characteristics	HW Facility %	Super-structure %	Roof %	Door %	Soiled/ Fouled %	Latrine Cover %
Education						
Nil	8.9	39.2	59.5	24.1	7.6	10.1
Lower Primary	13.4	46.2	66.4	2.9	8.4	17.6
Upper Primary	13.7	55.3	71.1	36.0	9.1	18.8
Secondary	18.1	57.4	76.1	42.6	7.1	26.5
Post Secondary	30.0	56.7	76.7	43.3	3.3	23.3
No. of Meetings Attended						
1	11.4	47.3	65.9	32.3	9.1	8.2
2	17.0	52.2	71.1	34.6	8.2	8.8
3	15.0	57.9	77.6	35.5	6.5	7.5
4	20.3	62.7	76.3	33.9	6.8	15.3
5+	22.9	81.9	71.4	42.9	14.3	28.6

Ref: RUWASA study on impact, 1999

c) Mass media campaign

The school sanitation campaign is an attempt to inform, persuade and motivate sanitation and hygiene behaviour changes in school children, teachers and decision-makers by means of organised communication activities involving the mass media. It aims at using social marketing principles of the creation of demand by "selling" sanitation and it's benefits like other commercial products. The messages do not focus on health benefits alone but promote values of self-esteem, recognition, and accepted status in the society. Messages that appeal to the emotions are expected to trigger off the desired behaviour change.

A campaign team comprised a multidisciplinary team of professionals from vital departments included MOES, DWD, RUWASA (a sister project) UNICEF officers from all programmes chaired by MOH, media personnel was set up in 1999.

It was hoped that the President would launch the project thus giving the campaign the necessary boost, but this has not yet happened due to various problems mainly institutional. However, a documentary has been produced and several spots have been run on various stations. In addition, a fortnightly page was started in 3 of the leading dailies called sanitation news

With the liberalisation of the airwaves, making the operational radio stations 17, there has been improved dissemination and reception of messages. It is now common place to have districts budget and design their own radio programmes, something that was controlled centrally less than 3 years ago. The problem here becomes the distortion of messages resulting in messages promoting non-government policies. E.g. immunisation, slab purchase, latrine building. Etc

d) Construction of facilities

Blocks of five stance latrines, 2 for each school, for normal soils, separate for boys and girls, rainwater tanks, and hand washing facilities are being supported. 25% coverage of school for 34 districts and 50 % over 5 years for 10 districts in the RUWASA project. The construction is carried out by private contractors selected through a competitive tender system by the District Tender Board and local masons in some districts selected by the School Management Committee Chairman, the Headteacher and LC III Chairperson.

e) Sanitation Materials Development

In support of school sanitation activities, materials have been developed which include:

- School Sanitation Mobilisation information for district leaders
- School sanitation guidelines
- What Teachers Need to Know
- Teachers Training Facilitators Guide
- Monitoring checklist for education inspectors
- School sanitation campaign pamphlet
- Posters

- Participatory tools

Participatory approaches are being encouraged and used to empower communities by bringing about awareness and understanding, as well as a sense of ownership, leading to sustainable change. The sanitation ladder, faecal oral routes, faecal barriers and roles and responsibilities are the tools currently being used but limited to the 10 districts of RUWASA. District officers view them as helpful but time consuming. The benefits have not been formally analysed but judging by the demand for them they are found to be useful and sets are given to schools and water user committees. The main problems have been convincing decision-makers to commit resources to the promotion and use of these approaches.

The following are views held about the participatory tools collected from district management team members and mobilisers in eastern Uganda

TABLE5: ANALYSIS OF PARTICIPATORY APPROACHES

TOOLS/METHOD	STRENGTHS	LIMITATIONS
Time Management	• Enables Community to be time conscious and plan accordingly	◦ Participants can easily lie about their day's activities.
Carts and Rocks	•	• Difficult to understand and apply
Social resource mapping	• Community easily identifies the resources ◦ Community chooses appropriate water sites	• Illiterate members of the group hardly participate ◦ Rarely applied in guiding sites for water construction
Sanitation ladder	◦ Establishes level of sanitation	◦ Unattractive features in the community are deliberately omitted ◦ Exercise an be easily dominated by one person in the group
Disease routes and barriers	Simple disease preventive measures easily analysed	Difficult to comprehend for some people without knowledge of disease transmission
Exchange Visits	People can learn from different experience	Expensive method in terms of costs and time
Gender task/resource analysis	Outlines imbalances and advocates for balancing of duties between women and men	Generates negative defence by men making women withdraw into silence Generates too many arguments
Competitions	◊ Involves all target households/individuals ◊ Motivation - eventual commitment ◊ Learning effect ◆ General improvements registered	- losers are demotivated - maintenance of change is difficult - too much focus on prizes
Folk media	◆ Facilitates learning ◆ Retains attention ◆ Taps on existing values, skills, norms, culture - making it relevant.	◆ Taken as Entertainment ◆ Few skilled people ◆ No target segmentation
Health/debates clubs	◆ Encourages participation of pupils ◆ Facilitates learning in a more friendly way ◆ Raises profile of sanitation among pupils ◆ Express underlying cultural limitations	◆ Less active members may not benefit ◆ The winning argument may not be necessarily the correct positions
Sanitation Forum	- All Leaders brought together. - Share experience - Sanitation profile raised - Nationally - Commitment secured LD - Political , Donor, social	- Bandwagon effect - Local Unique situation not addressed. - Expensive

Ref: RUWASA study on impact, 1999 and key informant workshop

Impact of interventions

The expected outputs for the school sanitation interventions are:

- Community participation
- Well used and maintained latrine facilities
- Improved quality latrines constructed
- Increased quantity of latrines constructed
- Hand washing facilities provided with soap/ash and being used
- Functioning rain water tanks

Assessing impact has not been done yet because it is too early in the programme. However, there are indications of outcomes of some activities especially from the RUWASA project experiences, and internal and external monitoring exercises.

The following are some of the prominent outcomes from the interventions in place:

- The teacher-training program was reported to be good in terms of content and delivery, and very relevant to the school sanitation needs. It covers critical areas in primary school sanitation. However it was observed that the one-day duration of the training is not sufficient for the teachers to internalise and share diverse experiences that exist in different schools. The teachers trained felt that the training was beneficial and they proposed that it should be done in 2 days and include more teachers.

> ***When I came back from the training, I sensitised my fellow teachers and convinced the headteacher of the need for hand washing facilities. (Teacher Mpigi district)***

TABLE 6: OBSERVED LATRINE CONDITIONS

Conditions	%	No
Presence of Hand-washing Facility	15.0	87
Latrine has Superstructure	51.6	283
Latrine has Roof	70.1	407
Latrine has Door	34.6	201
Latrine has Cover	19.6	114

Ref: RUWASA study on impact, 1999

- The impact of various hygiene education interventions on the community revealed some behaviour change. There has been increased appreciation of hand washing, and the safe water chain.

TABLE 7: HYGIENIC CONDITIONS OF LATRINE BY DISTRICT

Conditions	Bugiri %	Busia %	Iganga %	Kapchorwa %	Mbale %	Pallisa %	Tororo %
Latrine with hand washing facility							
Latrine with superstructure	19.7	11.9	39.7	1.5	3.5	22.7	27.3
Latrine with a roof	54.9	33.3	75.0	34.3	55.5	63.6	31.8
Latrine with door	73.2	59.5	75.0	61.2	74.5	78.8	56.1
Latrine fouled/soiled	38.0	35.7	35.3	44.8	26.5	39.4	39.4
Latrine Full	1.4	0.0	2.9	10.4	16.0	4.5	1.5
Latrine cover	11.3	2.4	8.8	6.0	8.0	22.7	9.1
Availability of cleaning tissue/leaves	4.2	35.7	0.0	11.9	27.5	24.2	25.8
	0.0	11.9	0.0	68.7	25.0	47.0	31.8

Ref: RUWASA study on impact, 1999

- It was also reported that most schools (62.9 %) had set up health clubs and parents were participating more in school sanitation.

" The outcomes of the sanitation component were evident as latrine coverage rose tremendously.... However, appropriate hygiene practices are yet to pick to satisfactory level. (RUWASA, Aug 1999)

- The hardware part of the programme is appreciated more. However, the assistance is not adequate since only 5 stances are supported. The ratio is still high.

> *I need more latrines. Can you recommend me to the district for some more. The parents are willing to contribute. (headteacher Mbarara P.sch)*

> *We appreciate the assistance, but can't you support some latrines for teachers? (Head teacher Masaka)*

- The teachers also reported some linkages and impact on the surrounding community. They said that if they observe pupils with problems like being always dirty or with jiggers and lice they investigate further by going to the children's home. What they often encounter are very poor parents or old grandparents who cannot afford to look after the children.

- On the whole teachers claimed they did not have time to go into the communities to teach the parents. They also felt this was not their responsibility but that of the extension staff, like health assistants.

- The parents interviewed said it was very rare and not expected that a child would come from school and try and teach the parents about hygiene due to the fact that children are not viewed as people with good advice for the elders. In the unlikely event that they do so, they would be more likely to tell their mothers not their fathers.

- Communities have been mobilised to play their roles as is evidenced by the contributions that they make towards the construction of latrines. It must be said however, some communities are poor and contribute unwillingly or through coercion.

> *FGD Mbarara 'I sent away the children of the parents who were not contributing. When I did this that's when they came forward. But some homes are really poor. You find a grandmother, very old, taking care of six grandchildren left to her by her children who have died from AIDS.'*

- Most district leaders and officials are aware of the sanitation laws and clearly understand their mandate for school sanitation promotion vested in these laws and policies. There is commitment on the part of these officials and leaders to ensure school sanitation improvement. As a result, most districts have included school sanitation activities in their budgets. Also mobilisation for sanitation improvement is handled as an integrated package for the overall community mobilisation for good governance and national development. In addition, the districts regard this activity as the most strategic for the success and sustainability of the program. It provides a linkage between the school and the community.

- From Focus Group Discussion with community members, PDC members and teachers, it was revealed that the people appreciate the programme and would like it to continue.

- The Sub-counties have contributed money to sanitation activities although with some difficulty. The district has included sanitation activities in their budget, and PDCs have been trained. This is strategic for sustainability of sanitation improvement activities.

- The pupils (both girls and boys in upper primary) clean respective latrines. A variety of methods are used for cleaning which include:
  - Smoking (for non- VIP latrines)
  - Scrubbing with water and at times with soap
  - Sweeping
  - Sprinkling ash
- The senior women teachers who were trained by UNICEF and or AMREF carry out hygiene education for girls. Some schools have started hygiene education sessions for boys as well.
- Weekly Health parades are held in all schools to facilitate personal hygiene inspection and education
- 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 ver high, however practice was still low.

TABLE 8: PRESENCE OF HAND WASHING FACILITIES BETWEEN 1997 AND 1999 BY DISTRICT

District	1997 %	1999 %
Bugiri	-	19.7
Busia	-	11.9
Iganga		39.7
Kapchorwa	0.8	1.5
Mbale	2.0	3.5
Pallisa		22.7
Tororo	1.7	27.3
Average		**15.1**

- With the new facilities being provided at schools, the communities around have taken advantage of them by using them. This shows that the community appreciates the need for proper excreta disposal, but does not invest in it. On the hand, the teachers complain that these people use and foul the latrines especially since they use them in the dark, creating more cleaning work for the school.

  People come from the roadside into the school and use our latrines' (Headteacher Hoima)

Chapter VIII: Management and Sustainability

Government policy emphasises capacity building in support of decentralisation, equal opportunities for women's participation and participation of the private sector with the main principle for O & M being community based systems. Therefore, stakeholders at different levels manage the program. The obligations, roles and functions of each stakeholder are clearly defined to avoid duplication and conflict. The community level is at the centre of program implementation.

Recognising existing gender inequalities in sanitation and development work, the program encourages participation of both men and women in the planning and implementation of sanitation activities. The sanitation activities in direct support of the girl child are intended to reduce this inequality, promote women empowerment and equal participation.

Through inter- district co-ordination meetings, the program facilitates collaboration, networking, and integration that enhance experience sharing and harmonised implementation of the sanitation improvement activities. Sanitation improvement has therefore been institutionalised in central and local Governments.

The local councils carry out the mobilisation of community members for digging of pits and provision of local materials, financial and material resources for sanitation improvement. The latrine construction is contracted to local masons and or local contractors in the private sector and paid for by the district from programme funds.

Workplans emanate from the districts through the chief administrative officer with the approval of the political leadership of the district, namely the sectoral committees.

Program and financial accountability is based on well-established systems that promote transparency and cost effectiveness in all activities. Program reporting channels follow work plans and formats that bring out the main achievements and failures. Expenditure based on value for money and transparent competitive tender procedures are encouraged to give equal opportunity to private contractors.

At Community level, the community manages WES facilities e.g. water user groups and caretakers take care of water sources. Likewise in schools, the school health committees and the school management committee manage WES facilities. The programme emphasises representation of both genders on the committees and groups to facilitate effective participation and appropriate WES planning.

Districts and sub-counties may step in to assist poor vulnerable communities where funding may be needed to replace very costly water parts or carry out large-scale rehabilitation of WES facilities.

Sustainability

Sustainability is fostered through the use of local contractors, community based organisations, NGOs and the private sector as well through capacity building and use of low cost appropriate technology. Groups trained include PDCs, teachers, local council members, water and sanitation committees. The programme works through existing institutions, promotes women's participation and use of participatory approaches in order to foster a sense of ownership. Although, not much choice is available for school sanitation facilities, especially latrines, there is a need for more participation of the schools in technological decisions.

In addition, the programme has promoted sustainability by ensuring that all stakeholders are informed of their roles and responsibilities through mobilisation meetings, radio programmes and print materials, through promotion of a demand driven approach, and introducing community contributions.

Indicators for sustainability include:

- Demand responsive vs. demand driven
- O& M practices
- Willingness to contribute
- Appropriate technology
- Satisfaction
- Life span

Demand driven /demand responsive

Demands are voiced strongest in relation to water supply facilities. The demand for sanitation is increasing but is still generally low to virtually non-existent in exceptional cases, such as; Moroto District. In more regions, demand for sanitation is shown through the sales of locally produced sanplats. These are generally more affordable than the slabs provided by the district authorities, because there is less or no transport costs involved.

The increased attention for sanitation that is seen presently is mainly due to the cholera outbreak. This has initiated intensive sanitation campaigns, and has resulted in bye-laws being enforced. However, long-term behaviour change is not ensured and needs consolidation by a strong follow-up once the cholera is under control.

The demand for hardware is usually quite high and exceeds supply. The software part is however best described as 'negotiated demand', because there is no real demand expressed. The demand is triggered by:

- Developing materials and guidelines to create awareness
- Providing technical guidance
- Running courses for teachers that did not have adequate training and needed an update on sanitation.
- Mass media campaigns

> *The need for facilities exists and it is without doubt demand-responsive. However, the software part is in most cases is not demand-driven, as many people do not see the need for the software part of this programme. (key informant, UNICEF)*

Demand is established and known through inter-district meetings, visits to schools and from district reports and requests.

Most interventions are demand responsive in the sense that there are limited resources and unlimited needs. In addition, the more information the communities receive about what assistance they can get, the more demand there is, leading to situations where the resources allocated are not enough. Paradoxically, often enough the districts experience a lack of

absorptive capacity, which means they receive funds for latrine construction but they fail to use them in the speculated period. This is sometimes due to low private sector capacity or poor organisation of officers or more commonly now, political interference.

For the systems being promoted now, if the assistance was to be stopped now, the latrine building and other activities would stop. This is evident from the reports which indicate that previously when the programme was supporting less than 30% of the construction, the community and schools were failing to complete the latrines so that up to now, many incomplete latrines at various stages still exist. When the assistance was stepped up to 90%, the construction rate has improved .

Operation and Maintenance

The responsibilities for operation and maintenance of all WES facilities lie with the communities. This means that the school community is responsible for their water and sanitation facilities. However, generally operation and maintenance still remains a challenge. Most of the facilities are soiled/fouled. The rain water tanks are missing small things like taps or gutters. There is need to facilitate the community users to plan and mobilise resources for operation and maintenance of WES facilities. However, it must be said that this attitude varies from district to district. For example where there is more than one source of water nearby, the other sources tend to be neglected. But in the case of latrines, the problem is general and is aggravated by the high populations. Teachers complain that the latrines are cleaned in the morning but by break time they are filthy.

FIGURE 12: JERRICANS ARE USED AS HAND WASHING FACILITY

Hand washing facilities exist but they vary in sizes mostly too small to make any difference. The result being that within a week of display /use they are broken and promptly taken back into the stores until the next inspector visits demanding that the school repairs it and puts it into use. The ability to maintain the facilities also depends on the distance of the water source. However, even where schools do have nearby sources hand washing is still not prioritised. One teacher from Mukuju primary school expressed the exact sentiments by asking why the school should fetch water for washing their hands rather than for drinking.

Most schools do not have soap or the equivalent. Various reasons are given for this including the fact that the younger children play with it and waste it while the older ones steal it. Others say the goats eat it if it is left outside. The schools have tried to over come such problems by using liquid soap or soap powder, which they mix directly into the water containers. But this is an expensive alternative and so it is left to the better off schools.

Cleanliness of latrines is still a problem in the majority of schools. This is a result of many factors, including the high school population, coupled with the lack of a cleaning system and limited skills in using the latrines. The latrine designs also affect proper use in that most times the rooms are too dark, holes too small and there are no foot rests, making it very difficult to aim straight. Most latrines have floors made of earth, making it very difficult job to clean properly. Often latrine cleaning is a job given to children found in fault, like late coming or being naughty. This is because very few schools can afford to hire porters to do this for them. The limited supply of nearby water source also aggravates the problem.

FIGURE 13: WHY ME? CLEANING THE LATRINE IS USUALLY A PUNISHMENT FOR COMING LATE TO SCHOOL

Once latrines are full, there is no mechanism in place to allow the emptying of that particular latrine and the technological design itself does not allow for emptying. When taps, doors are

stolen or any other parts are, replacement is not done. Some of the facilities are no longer being used because of minor problems that could be easily fixed.

Supply of anal cleansing materials like toilet paper is a luxury. Children have been known to use the floor, stones and the wall for such purposes.

In an effort to try and promote proper use and maintenance of installed sanitation facilities, teacher training is being done with the hope that, they will pass the skills on to the children. During the training, teachers are encouraged to share their experiences of how they have managed to overcome certain challenges. Some teachers have developed cleaning rosters so that each class or groups of pupils take turns to clean the facilities.

In addition, water is seen as an enabling factor and in as far as possible, safe water sources are being developed within easy access and by increasing the number of facilities. We are reducing the pressure on the few and reducing the chances of misuse and breakdowns.

By means of reinforcement of O &M, regular supervision and monitoring is being encouraged and has recently expanded to include facilitation for political supervision and inspectors of schools.

Monitoring systems in place and the indicators being used

Regular supervision, follow up and monitoring have been put forward as means for promotion of proper operation and maintenance. Monitoring tools exist, but there is a problem with the staff. The main problem is that the sub-counties are under-staffed, and they do not have capable staff to do the regular visits. Sometimes the systems are too many and too time consuming and complicated. This is coupled with a lack of feedback or appropriate action taken from the findings. There is therefore a need to provide a simpler checklist that could allow immediate feedback. The cost of collecting information should be low in terms of energy and time.

In general, there is insufficient monitoring and supervision from the national level. The M&E unit in DWD developed a set of survey tools for WES-MIS (January - March 1998). It is a very comprehensive tool for MIS but its efficient and effective use needs to be reviewed in the operational phase to come.

Annex four is an example of indicators used by the inspectorate of education staff.

There are four main levels, which cover school sanitation monitoring:

1. by national: MIS, spot checks, surveys, reviews
2. by district: spot check and supervisory visits by DHI, DEO, DIS. DWO
3. by politicians: spot checks and report verifications
4. by subcounty: through extension staff routinely

At subcounty level , CDAs and HAs are supposed to monitor and report on a monthly basis to their respective district staff on water supply, latrine coverage , hygiene in homes, and in some cases on the functioning of WUCs. Evidence of these reports can be found in some districts, although the number of extension staff practising this and the frequency of submitting monthly reports vary widely. The effectiveness of this monitoring its frequency is also questionable.

Furthermore, these reports are generally not copied to the S/C Chief or to the villages concerned. At district levels, the information is deemed to be useful, and is said to be used in planning and budgeting, but it is felt to be insufficient because district staff do not carry out monitoring activities themselves.

CDAs and HAs rarely receive feedback from the districts on their reports, which seriously affects their motivation. At village level, the information is being used by the extension staff and local leaders to enforce by-laws , e.g. in the construction of latrines, and for WUC to help in the collection of O&M contributions.

Chapter IX Lessons, Challenges and Recommendations

The key lessons and recommendations for any one interested in school sanitation are as follows:

It is better to work using existing institutions rather creating programme specific ones for ownership, capacity and sustainability reasons. 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 in sanitation leading to confusion in identifying who is to the lead and who is to take responsibility. There is need for a ' home' for sanitation. This home needs to be led by a dynamic co-oridnator who can bring together different disciplines like engineering and health, education and community development into the sanitation movement. In addition, there are limited resources for sanitation in all aspects, software, hardware and human resources.

Sanitation should be treated as a priority issue in its own right and not simply as add-on too more attractive water supply programmes. Sanitation requires its own resources and its own time frame to achieve optimal results.

There is need for a multi-sectoral approach where education, nutrition and health are linked to water supply and sanitation. A school sanitation programme provides one of the ideal and rare opportunities for different departments to learn about each other's systems, which may affect their work. Management should involve the beneficiaries in order to ensure sustainability and build capacity. It should done at the lowest most appropriate level and be gender balanced. School management and local council members are capable, interested and effective in promoting sanitation including supervision and therefore should be supported.

High level political commitment established through advocacy by is the key to successful implementation of interventions. There is need for continued advocacy and lobbying for political support and commitment. The political level actors should be more involved especially in activities like supervision, in order to promote accountability and speed up implementation.

Diversification of approaches and target groups is required to promote and sustain good use and maintenance of facilities. This means using more participatory approaches and training more teachers as well as school management committee members and prefects.

The challenge is to provide services, which will be more child friendly (user-friendliness). The designs are suitable for children and seem to be in common usage in Uganda, however the facilities are not attractive to young children. The latrine is still a bit too dark and still does not look as convenient as using the bush as an alternative. There is need to explore more technological options in order to give the schools the chance to choice one that they can replicate and replace and afford to operate and maintain. Ones that sustainable/reusable. Inspite of not being given a choice in technology, schools have gone ahead and modified designs to suit their needs. The problem of technology for the disabled must be looked into especially types, numbers and location of disabled children, in order to put a case forward for investment.

With the privatisation, decentralisation and civil service reform, there is need to invest more in the private sector for cost effective implementation and capacity building . However, private sector capacity is low. There is need to build it up by on job training and quality control mechanisms. In addition, there is political interference in the tendering process, which results in delays and poor quality products. There is need to enforce the Local Government Act which prohibits such actions.

Districts are faced with accountability problems and limited capacity to absorb funds. There is need to build financial management capacity and integrity, as decentralisation has overwhelmed districts. All financial decisions should incorporate the views of the beneficiaries or their representatives as a way of making decisions more transparent, build capacity, foster ownership and ensuring more accurate and appropriate decisions are made. There is also a need to balance resources between hard and software both funds and staff time. All stakeholders should know the amount of resources that are being invested in the programme and this should be done publicly like in the mass media.

There is also need to further decentralise resources so that they can move from the district level to the subcounty and nearer the beneficiaries. This can be done by channelling resources straight to the subcounty local governments.

Behaviour change calls for participatory approaches and continually reinforcement. We can not rely only three teachers to teach and instil hygiene and sanitation habits. More teachers should be trained and more effective sessions should be introduced to cater for the student body represented by their prefects. This will ensure sustainability and promote children's participation. We need sanitation software to be prioritised at all levels especially national levels. We need to make sanitation and hygiene habits a movement/ crusade targeting all levels.

Effective participation is a must for sustainability. There is a need to ensure that the program is sustainable, meaning that the facilities put in place are replicable, and that there is quality control. Communities should contribute in which ever way they can to the acquisition of new sanitation facilities. There is need for a concerted effort to change the attitude the people have to education Ever since UPE, they feel that any thing related to the school should be the responsibility of the Government. Therefore they are very reluctant to make contributions towards school sanitation activities.

For impact there is need for more integration. Schools should be considered in a holistic perspective, where classrooms, urinals, latrines, handwashing facilities and water supply sources are all classified as sanitary requirements. Teachers' latrines should be provided. If this is not done, they end up taking over some of the ones meant for the children. Besides,

how do we expect them to promote hygiene and sanitation when they don't have the facilities.

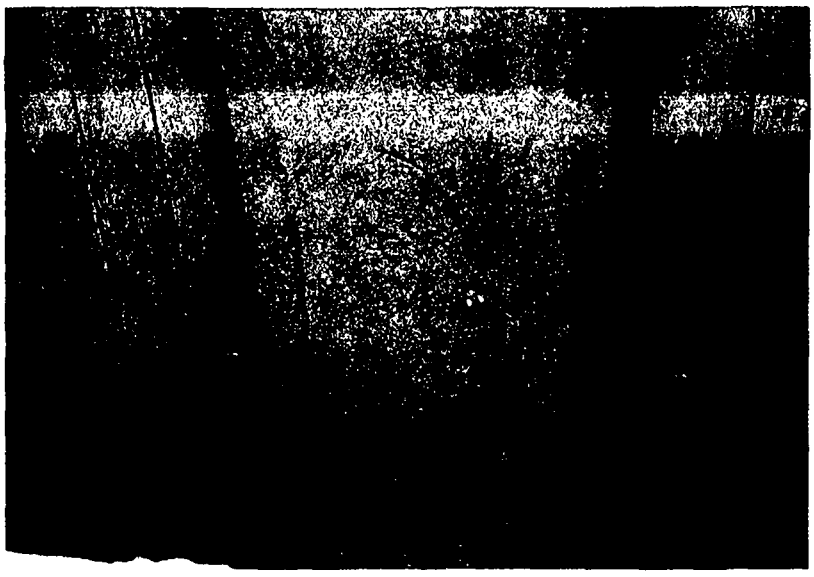

FIGURE 14: OUT OF THE FIVE STANCES PROVIDED, TWO WERE LOCKED UP AND RESERVED FOR TEACHERS AND VISITORS.

With no follow up and supervision nothing can progress. Schools that were never visited had poor quality installations and teachers trained had never implemented any thing that they had been taught.

> *We need you people to come more often to see us and guide us. Sometimes we do not know whether we are doing the right thing. Like now that you have given us this advice. We are going to act now.(LC V chairman Apac)*

More resources both human and financial should be committed to both software and hardware aspects of school sanitation. Maintenance and monitoring of behaviour change is critical.

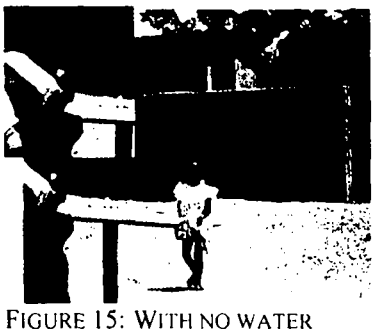

FIGURE 15: WITH NO WATER DRINKING... WOULD BLAME FOR DRINKING THE ONE FOR HANDWASHING?