



THE REPUBLIC OF UGANDA

## Ministry of Education and Sports

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### SANITATION AND HYGIENE IN PRIMARY SCHOOLS IN UGANDA



**SCHOOL SANITATION SURVEY RFP/UGDA/05/015**

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# **EXECUTIVE SUMMARY**

## ***Introduction***

The Ministry of Education and Sports (MoES) in collaboration with major partners and other stakeholders has been implementing a school sanitation and hygiene programme as part of its efforts to ensure that quality education for boys and girls becomes a reality through the Universal Primary Education (UPE) policy. The introduction of UPE resulted in a rapid increase in the number of children in the primary schools from 5.3 million in 1997 to 7.3 million in 2002; a trend that has continued in subsequent years, straining hygiene and sanitation facilities in schools, with consequent low standards of sanitation and hygiene in many primary schools all over the country.

The study, commissioned to obtain updated in-depth information on sanitation and hygiene in schools carried out situation and trend analysis, as a backup to the routine information collected in the Education Information Management System (EMIS) and will inform policy and programs targeting sanitation and hygiene in schools for achieving the Millennium Development Goals (MDGs).

Data was collected using quantitative and qualitative methods in August 2005 in 20 districts from five major regions- Northern, Eastern, Western, and Central and Kampala. Observations of sanitation and hygiene were made in 416 schools, 334 primary and 82 secondary schools and a total of 6704 primary pupils and 1684 secondary students were interviewed. Six Primary Teachers Colleges (PTCs) were also observed. Key informant interviews were conducted with national programme managers, district heads of departments in relevant sectors and development partners, school heads and senior teachers, and prefects. Focus group discussions were held at school and community level among pupils/students, parents, and out of school youths.

Government remains the main provider of education in rural areas where majority of children live and UPE has led to rapid expansion of needs in education sector creating equity issues. While improving sanitation and hygiene services in schools is a basic human right, Government and its development partners still face several challenges for improving sanitation and water in the country although provision of water and sanitation has been included in major development goals for Poverty Eradication Action Programme (PEAP) and Millennium Development Goals (MGDs).

## ***Summary of Key Results***

### **School Characteristics**

A total of 416 schools, 334 primary and 82 secondary schools from 20 districts in five regions of the country were visited. Almost all were day schools (95%), two thirds were rural while 80% were government-aided schools. Schools had large pupil/student populations, with 1 in 5 schools having 1000 or more pupils, especially in Kampala district (31%). Two thirds of schools visited met recommended pupil: teacher ratio (40:1)

but in the Northern region, only a third of schools did. Overcrowding in schools with few teachers can contribute to poor supervision and implementation of public health standards in schools.

## **Pupil/student Characteristics**

A total of 6704 primary pupils were interviewed, reaching equal numbers of females and males. Three quarters of pupils were 10 –14 years old, largely from P.6 or higher classes, majority being rural government schools. Equal male and female secondary students (total 1684) were interviewed, mostly from rural government schools.

## ***Excreta Disposal***

The demand for toilet facilities is still very high following UPE and almost all schools did not meet the minimum school standards on sanitation and hygiene as highlighted in the main report. Generally sanitation and hygiene was moderate in Kampala, Central and Western but much worse in Northern and Eastern regions. Government efforts have focused on construction of toilet facilities in government-aided schools only through the School Facilitation Grant (SFG), UPE funds and Local Government Development Programme (LGDP). As such, emphasis has been on facility development with less focus on changing practices in sanitation and hygiene in schools.

### Types of Sanitation Facilities in Schools

Functional sanitation facilities were mostly pit latrines in rural schools and VIP latrines in urban schools. Water closet and newer technologies such as ECOSAN and Mobilets were being explored for economizing on space and addressing poor soil textures in some schools. Modern toilet facilities (59%) exceeded traditional pit latrines (41%) in primary schools and more permanent structures had been put up for girls than boys.

Urinals for boys were present in 84% of primary schools and 77% of secondary schools. Concrete floor (36%) type was most common but many Kampala schools visited (63%) and those in northern region (49%) had poorly drained urinals that were unhygienic. Girls urinals, although not recommended, were present in 2 out of 5 schools visited, a practice that has to be discouraged because of its potential health hazards.

### Pupil: Stance Ratio

Although there has been a steady improvement in pupil: stance ratio from 150:1 (1997) to 60:1 (2004), the survey average pupil: stance ratio for primary schools was much higher (69:1) compared to EMIS in 2004 (61:1), and even higher than set standard (40:1). Schools in eastern region (93:1) and northern (73:1) had highest ratio but also least proportion of schools (eastern-15% and northern-22%) meeting set standards, compared to Kampala primary schools (33% met standards). More private (42%) than government primary (25%) and more secondary (57%) than primary (25%) schools met set standards. **In learning centers, which were located near IDP camps, the pupil stance ratio was 110, which was well over the standard and the current level of 69:1 obtained in this study.** There was an outcry for improving on current pupil: stance ratio by pupils, school management and district managers alike.

### Separation of Toilet Facilities

Almost all primary schools surveyed (95%) were mixed schools; but only 72% provided separate facilities for boys and girls, and over a quarter offered shared facilities. In terms of regions, ownership and school level, Kampala (38%), privately owned schools (39%) and secondary (39%) schools provided least separate facilities, indicating inadequate sanitation for girls in these schools.

Close to 80% did not allocate separate toilet facility for specific classes; the very young shared facilities with older pupils; a practice that was reported to inconvenience younger pupils creating sanitation access barrier for young ones. In a third of primary (37%) and a higher proportion- 52% of secondary schools, teachers shared facilities with pupils/students, further constraining young pupils' access to facilities.

#### Provision of Facilities for Disabled Pupils

Three quarters of primary schools visited had disabled children, only a quarter of schools reported to offer separate toilet facilities for these children. Northern region schools where programmes had made targeted efforts for this provision, more schools offered separate facilities. Poor hygiene of toilet facilities rendered shared toilet facilities not user-friendly for disabled children, denying them access to services.

#### Physical Structure of Toilet Facilities

Structures observed were adequate for use in only one third of primary and secondary schools and stepping slabs were absent in half of primary and secondary schools, rendering facilities difficult to be kept clean. Construction and maintenance challenges in some districts included poor soil texture, high construction costs, limited physical space, poor community involvement and slow cultural acceptance for new technologies.

#### Toilet Facility Hygiene

Hygiene was poor especially in the Northern and Eastern regions, floors in most primary (80%) and secondary schools (79%) were wet and dirty while walls were smeared with feces in 1/3 primary and 1/4 secondary schools visited. Toilet surroundings were littered with feces/urine in 2/5 primary and 1/5 of secondary schools, an indication of poor sanitation culture but also as a consequence of users avoiding use of dirty facilities. Toilet facilities were within standard distance from classrooms but poor hygiene led to pupils complaining of close proximity to classrooms.

#### Privacy of Toilet Facilities

Privacy was inadequate and compromised facility utilization, either due to lack of doors or doors that do not lock. Almost 1 in 6 of primary school toilet facilities had no doors and two thirds (64%) of those with doors could not lock from inside. Kampala, Central, urban and secondary schools had more toilet privacy than rural government primary schools, creating inadequacies of sanitation facilities provided.

#### Sources of Funding and Cost for Primary School Sanitation

Government was the main source of funding for construction of toilet facilities in primary schools, using the School Facilitation Grant, (SFG), UPE and Local Government Development Programme (LGDP). Development partners mostly, and in some cases also parents, funded construction of toilets. Construction costs were high, with a 5-stance VIP costing between 4-6 million Uganda shillings, a formidable barrier to scaling up sanitation improvement in schools.

## ***Water for Sanitation and Hygiene***

### Quantity of Water in Schools

Based on school estimates, majority of schools visited used inadequate quantities (< 5liters per day pupil/student per day). Less than 1 in 5 primary schools met recommended standard of 5 liters per day per pupil in day schools and 25 liters per pupil per day in boarding schools). Rural (22%) more than urban (13%) schools, government more than private (7%) schools met this standard. Primary schools in Kampala and secondary schools in general used very little water, less than 2 liters/capita/day, indicating great inadequacies to meet necessary hygienic standards.

### Water Sources and Distances

A third of primary schools (35%) obtained water from boreholes, especially schools from Northern region (38%) and another third obtained water from piped sources, especially western region (47%) followed by Kampala (31%) region. Most water sources were further than recommended distance (0.5km) from the school although 1/3 of school authorities did not perceived this to be an issue, indicating that they were unlikely to address it in terms of increasing water available for schools.

### Operation and Maintenance of Water

Government (48%) funded water in primary schools through UPE, LGDP and SFG, followed by community/parents (33%) and pupils rarely paid for water. Over a third (38%) of primary schools repair their water in the event of break down, while a similar proportion use alternative often unprotected sources. Communities' involvement in water maintenance is still wanting; much of the burden is left to schools. Eastern (53%) and northern region (1/3) communities actively participated in water repairs but also school heads in 40% of government schools reported community participation.

## ***Hygiene Practices and Facilities in Schools***

### Anal Cleansing

Hygiene promotion and practices were poor in most primary schools. Availability of anal cleansing materials in toilet facilities was inadequate, present in only a quarter (23%) of primary schools, a downtrend (from 37%) within the last 5 years. More Kampala (62%) and private (37%) schools had anal cleansing supplies (toilet paper), possibly because such schools/parents could afford buying them than other schools. Two thirds of pupils, mostly rural schools reported improvising by using pieces of paper (38%) or leaves (28%). The supply of such materials was irregular and inadequate contributing to poor personal and toilet facility hygiene.

### Hand Washing Facilities and Practices

Hand washing facilities (HWF) next to toilet facilities were present in about four in ten primary schools (39%), that is well below 61% noted 5 years ago. HWF were absent more in rural government than private schools. More than half of secondary schools had

no HWF. Two out of five primary schools' HWF were dry especially those in government and rural primary schools; a factor closely related to inadequate and irregular water supply. Water containers were small requiring frequent re-filling in a third of primary and a quarter secondary schools, especially in eastern and central regions.

Hand-washing practice among primary and secondary pupils remains inadequate; only 2/3 of primary and 3/4 secondary students reported washing hands after use of school toilet facility. A higher proportion in urban (82%) and private schools (83%) reported washing hands after use of toilet facility at school but washed hands with water only (4/5), especially in rural government schools. Similarly high proportions (3/4) in secondary schools washed without soap/ash.

### Hygiene Education to Pupils

Schools encouraged hand washing after use of toilet by offering knowledge but HWF were not functional in many schools, thus schools failed to provide an enabling environment to students for hand washing. Multiple methods, apart from the curriculum, practical work (29%), school parades and assemblies (26%), health clubs (18%), health staff and senior woman teacher, were used.

Senior women teachers who are key actors in hygiene education, offered guidance to girls on personal hygiene, while science teachers were considered more knowledgeable on sanitation and hygiene but many admitted having limited knowledge and skills in sanitation and hygiene. School parades are an important tool for supervising pupils' personal hygiene; mostly daily parades were reported by primary schools. IEC materials were rare and ad hoc in schools; slightly over a third of schools had posters/signs on sanitation and hygiene, a missed opportunity for reinforcing health messages.

## ***Gender and Hygiene in Schools***

### Adequacy of facilities

Toilet facilities in primary schools remain inadequate for girls - 28% of schools have shared facilities, lacking privacy and poor hygiene. Special washrooms for girls were in one third (36%) of primary schools but half of these had questionable functionality - had no soap or washbasin. The eastern and central regions provided more washrooms for girls (50%), but northern region (1/4) provided the least. Washrooms in rural and government-aided schools were poorly equipped, schools were less likely to prioritize for soap/basin, rendering such facilities non functional in majority primary schools.

Physical discomfort and pain (92%) was reported to be the main hindrance for girls to attend school during menstruation as well as lack of sanitary materials for 1 in 10 girls. Lack of privacy (16%), fear of soiling toilets (31%), and poor toilet hygiene (51%) greatly contributed to discomfort of girls using toilet facilities during their menses, a potential for girls to miss school during menstruation period.

### Sanitary Materials

Two thirds of pupils reported using hygienic disposable sanitary materials (pads- 51% and cotton wool- 14%). These were mostly pupils in Kampala privately owned primary

and secondary schools, a reflection of affordability in these schools. One third of rural primary pupils used non-disposable materials (clothes in 28%), carrying a possible health hazard especially in day schools where it may be difficult to change them during day. Disposal of used pads remained a problem; in most cases (71%) they were being thrown into pit latrines, predisposing foul smell and difficulties for emptying latrines.

### ***School Refuse Management***

In a quarter of schools, school compounds were bushy and dirty especially in central (29%) and northern (45%) region. Urban (31%) more than rural schools (27%) had dirty compounds. Dustbins were rare and half the primary schools burnt their refuse against the recommended practices.

### ***Policies***

National sanitation policies in Uganda are strong in concept, based on sound, state-of-the-art methodologies, and are mainly well developed at the national level. Overall, most policies do not put into consideration the needs of the disabled children. At the local government level they are poorly disseminated and to date, have had a relatively minor effect on the delivery of improved and expanded sanitation and hygiene services. Such policies are for instance completely silent on the standards of urinals for boys.

Translating policies into action on the ground is a highly complex matter, but the guiding principle must be creation of an enabling environment promoted by political will at the highest level, and assured by appropriate budgetary allocations and a sound legislative framework. At the school level, dissemination of guidelines and procedures for construction of school toilets was poor, creating a gap in implementation of programme to improve sanitation and hygiene in schools.

### ***Institutional Linkages***

The presence of many players (public institutions, private sector, schools and communities) in sanitation and hygiene has resulted in some weaknesses in the coordination and assumption of responsibility. The different sub-sectors have continued to work independently despite the signing of the MoU, apparently due to failure to allocate adequate financial and technical resources, and clearly stipulating each sub-sector's (MoH, MoES, MoWLE) role.

### ***Curriculum Issues***

The primary curriculum specifically addresses a number of relevant hygiene and sanitation issues as part of the general science curriculum but was not well utilized. It is highly informative, but only encourages recalling as opposed to critical awareness, that leads to concrete action. The curriculum focuses on upper primary section; lower levels where habits begin to form, lack guidelines and instructional material.

Lack of guidance on choice and appropriate utilization of methods, together with large numbers of children in the classes undermines the capacity of teachers to effectively

implement the curriculum. The absence of well-integrated syllabus for hygiene and sanitation at all levels leaves it at the mercy of science teachers what to teach.

### **Schools, Communities and Other Actors**

The challenges, which face the linkages between schools and communities on sanitation and hygiene, are multiple, being not only social, cultural, political, institutional, but also technical, financial and policy perspectives. Social equity and power relations on who should use or repair the water sources, and who should use whose toilet facilities, continue to bog down the inter-linkages. Negative cultures on sanitation and hygiene are still a major limitation to sanitation and hygiene.

### **Interventions and Programmes**

Current interventions are limited in scope and not comprehensive in nature despite the presence of policies and programmes to promote sanitation and hygiene. This is aggravated by lack of clear definition of roles for the different stakeholders at all levels, and inadequate funding to implement what is stipulated in the national guidelines. A lot has been set up or provided by several development actors, institutions and departments on sanitation and hygiene, latrines, hand washing facilities, health kits, and boreholes, have been provided to some schools and communities.

### **Challenges**

The following challenges exist, and therefore, call for strategic interventions.

#### Planning at National Level and District

- A multi-sectoral approach and collaboration is necessary: some sectors felt left out in the implementation process, especially in areas that require mobilization of communities. A holistic approach in improving sanitation and hygiene is thus required.
- Policies and guidelines should be actively translated into real action and backed by resources for their implementation otherwise the result is poor coordination leading to failure to deliver.
- Political pressure or interference has also been cited as a major constraint to implementation. Mobilization of communities and schools requires political will and participation at both local and national levels, since experience has shown that when politicians are fully sensitized and involved in programme planning, they are likely to make a big difference.
- At district and school levels lack of resources is a major constraint that has resulted into poor coordination of efforts, and in many cases failure to plan and take action in districts and in schools.
- Learning centres (Case Study 3) set up in war-torn Northern Uganda near internally displaced people's (IDP) camps face peculiar problems and challenges, not only of large populations, but of encroachment and vandalizing of their facilities by IDP residents. Special efforts are required to reduce the pressure on such schools by soliciting for special additional resources.

#### Planning for Sanitation and Hygiene at School Level

- Sanitation has not been taken as a priority; as a result some schools have failed to take sanitation and hygiene seriously, with appalling results, such that some children have expressed open dislike and dissatisfaction with the state of dirty toilet facilities in

their schools. As many as a quarter of primary schools did not include sanitation into their school plans, and latrine constructions were the most present item included in the plans, while hand-washing facilities were at lower priority level.

- Senior women teachers as well as science teachers remain an important resource and source of knowledge for the pupils in schools. Only one third of primary schools had plans to train teachers on sanitation and hygiene, with regional variation and these plans were rare in secondary schools. Motivation for teachers to impart skills on sanitation and hygiene was poor.
- Gender and special needs considerations are important in provision of facilities: special needs children in particular have hardly been catered for, despite some existing policies that point to catering for their needs.

### Community involvement in School Sanitation and Hygiene

- It is good practice to involve neighbouring communities in the promotion of sanitation and hygiene in the schools, and in particular to encourage parents of children in school to take part, or make direct contributions.

## ***Recommendations***

### *National Level*

1. The MOU requires re-negotiation among partners to come up with clear mechanisms for coordination and feedback to partners, and to include the MOGLSD as a key line ministry for its role in community mobilization for development.
2. Technical sectors (e.g. MoH, and MoWLE) should delegate tasks for day-to-day implementation of programmes in schools to MoES but offer technical support programmes implementation (MoH- public health aspects and MoWLE- construction and maintenance of facility) in schools to minimize duplication of efforts and possible conflicts.
3. Gender and special needs considerations for girls and disabled children should be made compulsory in schools and be included for supervision by the inspectorate of schools.
4. MoES and MoH jointly should offer more in-service training to senior teachers to offer support and counsel to girls. A simple manual should be developed to support such teachers, and more time should be allocated to them for supporting girls to continue their schoolwork while they learn to handle menstruation in life.
5. National and local political leaders should give political backup for sanitation and hygiene activities in schools and communities in their areas.
6. New technologies (ECOSAN, mobilets) should be promoted through advocacy and sensitization addressing cultural and social barriers, limited spaces and poor soil textures.
7. The MoWLE working with MoES, should disseminate and ensure provision of minimum amount of water required for healthy living and hygienic practices in schools by supporting districts to target primary schools in water provision programmes.

8. The primary school curriculum should be made more practical by way of applying or carrying out activities that translate learning into action, such as competitions among classes, clubs, and practical involvement in the school.
9. Deliberate efforts should be made to integrate hygiene and sanitation issues across the curricula at the different levels. Better instructional materials are required for teaching in lower primary section for forming health habits.
10. There is need to re-orient the teaching of hygiene and sanitation both at the primary school and PTC levels, to ensure that methods and content to empower learners to become more proactive, and critically aware of their responsibility in maintaining hygiene and sanitation in their institutions.
11. The SFG should additionally support practical learning opportunities for acquiring skills and good practices and should support government school capacities to offer functional facilities, and use more IEC. Government through its Inspectorate should enforce good sanitation and hygiene standards in private schools to ensure service access to more children attending these schools.
12. Learning centers in the North require special attention, since their sanitation and hygiene facilities were in many cases encroached upon by surrounding IDP camps and communities. Special efforts need to be put in place to cater for their near-emergency type of situation.

#### District Level

13. Districts should construct specific accessible water sources for primary schools. Mechanisms should be explored to offset the high cost of maintenance and nearby communities should be actively involved.
14. Targeted strategies and activities for sanitation facilities in primary schools should be combined with skills development and motivation of teachers and administrators.
15. Tendering should be done transparently to allow the private sector to participate in a competitive process, and for proper supervision of those contracted to do the work.
16. Districts need to allocate funds and regularly inspect sanitation and hygiene in all schools, both government and private schools.
17. Districts engineers should strictly observe the requirements for separation of toilet facilities for classes, gender and disability, clearly marking facilities for proper monitoring and use, by including them in the standard specifications made by the construction unit of MoES; with more effective dissemination of standards and guidelines to schools.
18. Joint training of teachers and extension workers (community development and public health assistants) should be encouraged to complement their effort in promotion of sanitation and hygiene in schools and communities.
19. The key departments in the district should plan and budget specified school sanitation and hygiene activities based on school plans, and these should be reflected in District Development Plans, and jointly supervised.

#### School and Community Level

20. Efforts should be made by the school authorities to ensure that sanitation and hygiene is clearly budgeted for and head teachers should be more sensitive or positive to sanitation and hygiene priorities.
21. School administration should get and understand sanitation and hygiene standards to implement them from providing adequate water, hygienic sanitation facilities with adequate privacy to meet different age and sex needs, to functioning HWF.

22. School management should involve parents and pupils in ensuring reliable supply of hygienic anal cleansing materials and accessible alternatives be explored for rural schools and mechanisms for supplying toilet papers in urban schools.
23. Schools should actively involve neighboring communities in operation and maintenance of school water sources.
24. Innovative strategies to affect behavior change of children at school and home need to be developed, for closing the knowledge/practice gap in sanitation and hygiene.
25. Senior teachers should be equipped with painkillers for girls who may need them during menstruation to reduce the number of days they have to miss school.
26. Toilet and water facilities for communities and internally displaced people's camps located near learning centers should be specifically targeted in order to reduce or stop encroachment on facilities meant for schools designated as learning centers.

### ***Organization of Report***

The first chapter of the report presents background information to the study and education in primary schools in the country, including objectives and justification for undertaking this study. The second chapter describes the study methodology, covering design, scope, and sample size and sampling procedure, together with data management.

The main findings are presented in chapter three, covering background/ characteristics of schools and pupils/students, and the situation and trends in sanitation and hygiene in schools. Chapter four looks at the intervention- policies and programs, institutional arrangements at various levels, the major actors and their roles, mechanisms for partnerships and collaboration. Chapter five draws on experiences and best practices, as well as the lessons learnt in school sanitation and hygiene, and the final chapter draws the conclusion and recommendations.