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**DELIVERING WATER, SANITATION AND HYGIENE SERVICES
IN AN UNCERTAIN ENVIRONMENT**

**Meeting the needs of schools and communities through
improved WASH interventions in Kenya**

A. Kombija & A. Adongo, Kenya

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This is an experience sharing about a strategy for meeting high demand for WASH interventions in school communities. Overwhelming demands for WASH facilities in most primary schools in Kenya has been created by the introduction of free primary education. Many WASH interventions have focused only on implementation of WASH facilities in schools while pupils still face challenges associated with inadequate WASH facilities at home. The paper outlines the approaches of project implementation which incorporated mechanisms for up scaling, replicating and sustaining the WASH projects both within the school and in the community. The approaches are highlighted using a case study about a school WASH project implemented by SANA International and funded by WaterCan in which the impact assessment findings indicated improved accessibility to improved WASH facilities and behaviour change. The paper also outlines the project approaches and technologies and key lessons learnt that can be recommended similar interventions in future.

Introduction

The introduction of free primary education in Kenya has led to an influx of pupils in the available schools and has put stress on the available WASH facilities (UNICEF and World Bank, 2009). The situation is worse in the neighboring communities to the schools, most pupils who have accesses to the facilities in school lack basic sanitation facilities at home. Parents who participate in ensuring the school WASH infrastructure is developed harbor hope that similar projects may be replicated at the household level by the development agencies, which is not usually the case due to limited resources. These notions therefore must be tackled during project implementation by ensuring that measures are put in place for replication and sustainability of the developed facilities at the school by the community members themselves.

Primary school in most parts of Africa is not free and many children never get the opportunity to attend school. While the Kenyan Government introduced free primary education in 2003, the Government did not plan for expansion of infrastructure to cope up with the increase in school population. A recent Baseline Survey in 22 UNICEF WASH Programme districts found that overall, a third of schools have safe water sources in their compounds and had child friendly latrines. Although most of the schools had separate, gender specific latrines, the majority of them did not meet the national pupil to toilet ratio standards for boys or girls (Wash in Schools Mapping Report, WinS 2011). It is notable that even in the schools reported to be having latrine facilities a significant number of the existing infrastructures are in a pathetic state and not gender sensitive. With the previously deplorable conditions, it became apparent that the schools could become dangerous grounds for infections due to the overburdened and overused sanitation facilities. This is critical as the situation affects the Kenyan youth of primary school going age who according to 2009 Population Census report constitutes 40% of total population. To avert the situation the Government departments works hand in hand with non-state agencies to improve accessibility to improved WASH facilities. with an aim of improving the health status and economic empowerment of Kenyan youth..

It is in the context of this effort that WaterCan has been collaborating with SANA International for the past 10 years to support School WASH in different Districts of Nyanza Province. As a basis for real

sustainability, the project placed special emphasis on effective school and community participation throughout the entire project cycle s including planning, implementation and management of the developed water supply and sanitation facilities.

The case of Abidha Primary School, Nyanza Province, Kenya

Pre-intervention

Abidha Primary School in Bondo District of Nyanza province serves a total population of 430 pupils comprised of 230 girls and 200 boys.

The school, as is the case of many schools in Kenya, lacked access to safe water and proper sanitation facilities; this resulted in a lot of time spent by children, especially the girl child and young women, looking for water and frequent outbreaks of water related diseases.

Before the intervention in 2009 the school had one 2-door latrine block for 230 girls and one 2-door latrine block for 200 boys, implying a ratio of 1: 115 girls and 1:100 boys against the required national standard of 1:25 and 1:30 respectively (The American journal of tropical medicine and hygiene,2012) . The only source of water for the school was Lake Victoria which is about 2km away from the school and also not potable.



Photograph 1. Girls latrine block pre intervention at Abihda PS

Source: SANA

Approach and technology

SANA'S intervention aimed at providing Abidha community with improved and sustained access to clean water, sanitation facilities and hygiene education through targeting schools as the entry point by:

- Developing child friendly water facilities in school
- Developing child friendly and gender sensitive sanitation facilities in the school
- Facilitating school and community sanitation and hygiene education
- Facilitating capacity building of the target school communities for replicability, scalability and sustainability of improved WASH facilities.

Participatory approaches were deployed throughout project implementation to ensure involvement of all project stakeholders with an emphasis on the beneficiary communities in order to enhance their sense of ownership to increase project sustainability. Participatory Hygiene and Sanitation Transformation (PHAST) was used as a tool to mobilize and sensitize the community about the project's objectives. Suitable and viable technological options for water and sanitation facilities were selected in a participatory manner and with an emphasis on quality and replicable technologies. SANA found that if the parents and caregivers of the pupils were pro actively involved in the selection of technologies, they were more likely to buy into the idea of investing in improved WASH facilities at their own homes.

A number of institutions were constituted at the community and school level which included School Health Clubs, village resource persons, caretakers and water and sanitation committees.

The major aim for consulting these institutions was to:

- Create ownership for the project by Abidha community
- Enhance participation and involvement in project implementation
- Impart skills that would enhance the community member’s capacity to construct, operate and also maintain the facilities with minimum input from external agencies
- Give them exposure by highlighting the community rights to access water and sanitation and also link Abidha community with other agencies.

During the trainings promotion of proper use and upkeep of the installed facilities was emphasized by using visible hygiene messages in strategic places within the school compound. The development and production of flyers, use of talking walls, social marketing techniques and sanitation campaigns by village resource persons and school health clubs to promote sanitation in the whole community was effective.

To create capacity for replication at the household level, on job training for local artisans was undertaken during construction of each technology applied at the school. In addition, both artisans and the user community were trained on operation and maintenance of the developed facilities for maximum benefit. Strategic plans for sustainability, scalability and replicability were developed by all stakeholders involved.

Beneficiaries were specifically trained on issues of monitoring and evaluation and participated in the development of monitoring and evaluation tools which were simple and applicable so at the village level. The community was also made aware of the Water Sector reforms in Kenya that has the objective of decentralizing water and sanitation services to the community level, emphasizing participation by community members themselves and their roles in ensuring quality services.

Project impact

After the project intervention, the most immediate impact was a reduction in the latrine to pupil ratio that improved from 1:115 and 1:100 to 1:41 and 1:55 for girls and boys respectively, as shown in the figure below:

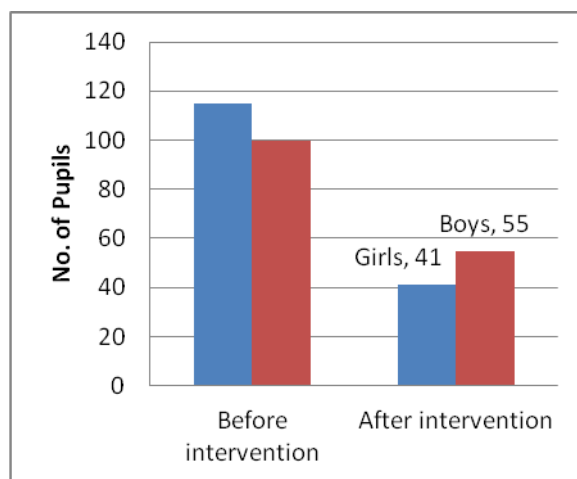


Figure 1. Latrine to pupil stance ratio pre and post intervention

Source: SANA

The construction of latrines in the school has reduced congestion considerably during break time for the pupils. Higher self esteem is also correlated with the pupils who now with access to improved sanitation facilities.



Photograph 2. Girls latrine after intervention

Source: SANA



Photograph 3. Rain Water Harvesting System at Abidha PS

Source: SANA

Improved enrolment

With improved sanitation facilities the school's status in the surrounding communities has changed, leading to an increase of 12% in the student population (from 430 to 460). The female student population increased by 13%, compared to only 10% for boys, as show in the figure below:

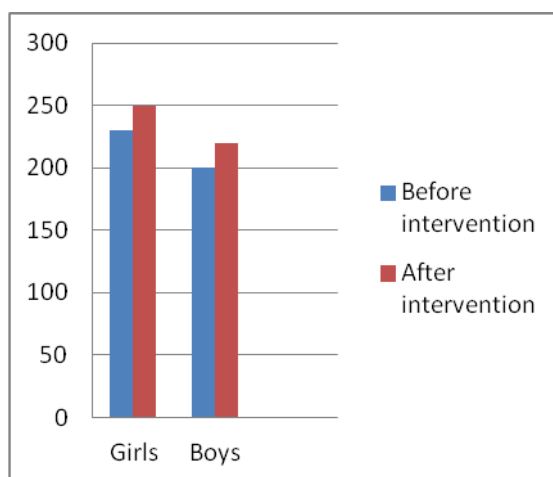


Figure 2. Pupil enrollment pre and post intervention

Source: SANA

Improved health status and school attendance

With a readily available and safe water source within the school compound and improved sanitation and hygiene practices incidences of water-borne diseases have since been reduced by 25%. Time spent by each pupil in search of water has reduced from 30 minutes to now only 5 minutes. The two factors combined have contributed to an increase in time spent in the classroom by pupils with overall class attendance improving by 20%. This is anticipated to contribute to improved academic performance in the long run.

Adoption of positive health practices

Community training on PHAST and other participatory approaches has contributed greatly to an increase in awareness on the benefits of improved water supply, hygiene and sanitation. Pupils have been instrumental

in encouraging their parents to construct latrines and install tippy-taps at the household level. Consequently there has been a marked increase in adherence to good hygiene practices including treatment of drinking water and installation of dish racks. 52% of the households now treat their drinking water while 47% of the households have installed dish racks. With trained Village Resource Persons (VRP) actively promoting construction of hygienic gender sensitive and child friendly latrines within the community there has been a 20% increase in the number of homes with improved latrines, while 50% of the households in Abidha community have installed tippy taps which could hardly be found in any household before the intervention.

Lessons learnt

Good water quality and adequate sanitation in schools is achieved through school WASH projects, however the benefits it often reduced due to the poor WASH conditions within the community and households where students return after class. Thus, in order for the interventions in schools to be effective, efforts to improve physical infrastructure in schools and improve hygiene behaviour must be linked to capacity-building of the target communities and involvement of members in the WASH activities.

SANA's experience indicates that school interventions with involvement and participation of all key stakeholders will stimulate and sustain hygiene and sanitation practices beyond the period of intervention. School programmes are also supported by governments and international institutions as part of the effort for universal sanitation in the community. For this, the school is seen as a point of outreach to the household for improving sanitation within schools' communities.

This case study done for Abidha Primary School shows that as much as comprehensive school health calls for the provision of safe water and appropriate sanitation facilities in order to create a healthy learning environment, involvement and participation of the target communities, coupled with tailor made capacity building initiatives, will go a long way in ensuring sustainability and replication which is essential for future demands for WASH facilities in school communities.

Conclusion

SANA's experience indicates that school interventions with involvement and participation of all key stakeholders will stimulate and sustain hygiene and sanitation practices beyond the period of intervention leading to benefit optimization with positive impact on health, education and general behavior change. WASH interventions should therefore use schools as the intervention focal point but with project resources and planning dedicated to building capacity building of community members as well. This will help to ensure sustainability of not only the new hardware but also the improved hygiene behaviour.

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Contact details

Anne Atieno Kombija
PO Box 1137 Kisumu, Kenya
Mobile: +254723390167
Fax:+254572023409
Email: salyanneati@yahoo.com
www: <http://sanainternational.org>

Alfred Adongo
PO Box 1137 Kisumu, Kenya
Mobile: +254722206505
Fax:+254572023409
Email: okeyoadongo@yahoo.com