

Toilet Shortage and Poor Hygiene Hamper Kenya's Free Education

By Misheck Kirimi

Welcome to a short tour of the sanitary facilities in a typical public primary school in Kenya. Notice how the toilet floors are soiled with faeces and are wet with urine. Remember that bare-foot children must stand in this mess to help themselves. See the faecal-painted walls, smell the stench and observe the flies.

What of toiletries? Children have to use their fingers, leaves, stones, clothes...anything to wipe themselves with after defecating. No disinfectants, no proper brooms, no flowing water, nowhere to wash your hands. This is the shame, the humiliation and the hazard that millions of schoolchildren in Kenya have to grow up with.

A severe shortage of toilets in many public primary schools is undermining the efforts to provide quality education. Since the introduction of free primary education in 2003, national primary school enrolment has risen from 5.9 million children in 2002 to the current figure of about 7.3 million. A 2004 assessment shows that the drop out rate has remained insignificant.

The assessment revealed that the expansion of physical infrastructure has been too slow to cope with the influx. School sanitation and hygiene have received least attention in the allocations of free education monetary grants and other resources.

Elusive Goals

While the country seems set to achieve the Universal Primary Education goal of ensuring that all boys and girls complete primary education by the year 2015, the school sanitation and hygiene goal may not be achieved. This goal calls for governments to educate 80% of primary school children about hygiene and equip every school with facilities for sanitation and hand washing by 2015.

Ensuring children are healthy and learning in a friendly environment is—or should be—an essential component of an effective education system. The goal recognises that school has an important role to play in imparting knowledge about health and changing basic hygiene habits.

Provision of adequate sanitation and hygiene education is found to be especially relevant among the poorest and most disadvantaged children, many of whom are girls. These children are often the least healthy and most malnourished, and they gain most from improved health.

This article was written by **Misheck Kirimi**, communication expert with the Network for Water and Sanitation International (NETWAS). It was prepared as part of an initiative advocating for improvement of SSH in Kenya. The initiative is being carried forward by a partnership of 7 organisations in Kenya (NETWAS, UNICEF Kenya Country Office, Plan International, the Ministry of Health, the Ministry of Water, Intermediate Technology Group (ITDG) Eastern Africa, and the Ministry of Education). Other materials produced under the initiative include a video, three briefing notes, and a number of reports. The initiative has also led to the establishment of a vibrant SSH coalition, which is now working to scale up some of the lessons learned through a recent pilot (April 2004 to February 2005). The objective of the article is to generate attention around SSH in Kenya and contribute towards the coalition's goal of improving SSH in Kenya's public primary schools.

Facts From the Field

In 2004 a School Sanitation and Hygiene Education working group was formed. The group comprises of NETWAS, Unicef, Maji Na Ufanisi, ITDG, Ministry of Education Science and Technology, Ministry of Water and Irrigation, and the Ministry of Health. It seeks to improve school sanitation and hygiene in Kenya's public schools through sharing of relevant information.

As part of its planned work, the group carried out rapid assessment in a sample of public primary schools in Nairobi, Machakos, Kajiado and Kiambu districts. In addition, the group talked to sector professionals and policy makers. The main findings were:

1. School Toilet Standards Not Met

The Ministry of Health recommends a minimum of 1 toilet to 25 girls and 1 toilet to 30 boys. This assessment found that on average 64 children shared one toilet.

Schools in the Arid and Semi Arid Lands (ASALs) were worst hit both by water supply and sanitation provision. Up to 104 children share one latrine in Noth eastern Province. This is reflected in low enrolment, poor school performance and low pupil retention rates.

In most schools, the toilets for girls and boys are semi-separated (back-to-back design), shared or constructed close together. Experience shows that when girls reach puberty, they drop out of school due to the embarrassment of having to share latrines with boys, or because the facilities do not give them privacy and dignity. A UNICEF report shows that 1 in 10 school-age girls do not attend school during menstruation.

Even where a fair number of latrines existed, their condition was deplorable. Maintenance and proper use were found to be poor. Toilets without proper doors, or means of locking from inside were common.

2. Pupils Hygiene Practices are Hazardous

Participatory and promotional hygiene is not emphasised and teachers are not sensitised on these issues. The assessments observed that where school lunch is served, children ate without washing their hands, partly because of ignorance and partly for lack of hand washing facilities. 87% percent of the children interviewed said they did not wash their hands after visiting the toilet.

Schools reported that they did not receive any hygiene promotion materials or teaching aids. All teachers interviewed recognised gaps in their hygiene promotion skills. At the same time, pupils ranked clean latrines second only to friendly teachers in determining the overall friendliness of a school.

Experts are agreed that education is potentially one of the most effective weapons we have to reduce the toll of diseases. Regular hand washing with water and soap alone can drastically lower the national health burden.

3. No Flowing Water or Hand-washing Facilities

Over 90% of primary schools in rural Kenya lack a source of safe water and do not have even the simplest hand washing facility. There is plenty of water during the wet season, but the quality of this water is poor.

Head teachers reported that roof catchment offers the most viable option for a majority of schools. Presently rainwater harvesting and storage capacities are inadequate for large pupil populations. Children spend the time that should be spent learning in fetching water from unimproved sources in the neighbourhood. Often they carry water from home.

Schoolchildren need water for cleaning toilets, hand and face washing, preparation of lunches and wiping or reducing dust in the earthen classroom floors. These habits are known to reduce and even eliminate skin and eye diseases, diarrhoeas, intestinal worms and typhoid.

4. Mandates and Efforts are Scattered

Various government ministries, development partners, private and civil society organisations have a stake in school sanitation and hygiene. However, there is no structured and sustained national programme to co-ordinate and consolidate their efforts.

The survey noted the inter-sectoral nature of school sanitation and hygiene. Improvement of public sanitation is the mandate of the Ministry of Health. Provision of water is the mandate of the Ministry of Water. Ministry of Education provides teaching and school administration.

A school water and sanitation workshop held in August 2003 recognised the need for a programme to operate in the intersection of the line ministries, the donor community, the private sector and civil society in improving environmental health in schools. Such a programme would provide co-ordination role in policy formulation, project and implementation plans guidelines, and operate within the concept of the Water, Sanitation and Hygiene for all (WASH).

5. The Government has Shown Commitment

In 2004, the Government of Kenya, through the Ministry of Education, provided Ksh 50,000 for school water and sanitation improvement. While all stakeholders have praised this move, they concur that the amount is too little to create a lasting impact.

The Ministry of Health is currently developing an Environmental Health and Hygiene Policy and a School Health Programme to address health issues at school. In the efforts to reduce the number of people without access to safe water, the Ministry of Water recognises that schools, being well organised and holding about a third of Kenya's population, offer the best opportunity to achieve the Millennium Development Goals for water and sanitation.

"Most of the current toilet facilities are not only a health risk, but also the students that use these facilities believe that these toilets are the 'norm'. And this will have a real negative impact on their understanding of general health and *sanitation standards*"

—Lifted from the Delft Framework of Action on SSHE, June 2004

Conclusion

Construction of more toilets and water points alone does not bring the desired health benefits. Hygiene promotion, aimed at bringing behavioural changes, must go hand-in-hand with the development of physical facilities.

It is a recognised fact that schools offer a great opportunity to combat disease through preventive measures. If the current crop of primary school children in Kenya made a major positive shift in their hygiene behaviour, this change would be a national norm in the next decade.

The power of education, more than mere technology, is what transformed the countries of the north and reduced their health burden. This underscores the urgent need for Kenya to focus on school sanitation and hygiene issues.