A. Enabling Policy Environment for WASH in Schools

- The introduction of Free Primary Education (FPE) in 2003 resulted in a rapid increase in the number of children in primary schools, placing severe strain on school infrastructure and facilities which were already inadequate. The school population rose from 5.9 Million pupils in 2002 to 7.2 Million in 2003, to 8.2 Million pupils in 2007. This trend is expected to continue to 10 million in 2012. In 2004, government committed significant funds, equivalent to KSH 50,000 for every primary school in the country. This was a significant step forward but unfortunately the funding commitment did not continue beyond 2004-05, partly because resources were diverted to deal with emergencies. Kenya has over 18,000 public primary schools and a large number of non-formal schools offering primary school curriculum. Lacking or poor primary school infrastructure is a major barrier to improving access to primary education in the country.

- The Ministry of Education in collaboration with the Ministry of Public Health and Sanitation (MoPHS) and other partners developed a National School Health Policy and National School Health Guidelines in 2009. The School Health Policy enables the Government to utilize available resources in an effective and efficient manner towards the child health. It provides a coordination mechanism that enhances the roles of the various ministries, institutions and stakeholders. The National School Health Guidelines are aimed at operationalizing the National School Health Policy by providing specific guidelines which ensure that school age children, teachers, support staff and community members access quality and equitable services for improved health. At present, an implementation plan is being developed.

- Donor support to school WASH was designed to be allocated on a cost sharing basis with government via the Kenya Education Sector Support Programme (KESSP), which provided a holistic package of support covering, amongst other things, infrastructure including WASH facilities, books and teacher training. UNICEF was one of four development partners (the others being DFID, World Bank and CIDA) who agreed to provide pooled funding to the programme. In September 2009, serious misuse of programme funds was reported and DFID subsequently announced that it would stop funding the sector via government systems until the risks of fraud had been substantially reduced (UNICEF WASH programmes had not started). UNICEF and the other partners have also withdrawn from KESSP. It is not clear what percentage of the programme is still sustained through government financing.

- UNICEF is a key partner within the WASH in Schools sector in Kenya. The Government of Kenya/UNICEF WASH Programme (2008-2013) funded by the Government of the Netherlands includes WASH projects in over 780 schools in 22 (of some 60 original) districts. Unfortunately, this component was delayed following the KESSP concern and in the interim alternative partnership arrangements (including district public health and education offices, NGOs and regional authorities) have been developed to hasten implementation. Other key sector players are DfID, CIDA and CARE Kenya.

- The recently (2010) established Sanitation & Hygiene Interagency Coordinating Committee (ICC) of the health sector has constituted a School WASH Working Group as one of 6 technical working groups. It is anticipated that this WG will support the relevant ministries in improving coordination and raising the profile of WASH in schools.

B. Quality and Coverage of WASH in Schools Programming
The critical primary school WASH issues include lack of WASH infrastructure particularly in poor districts and informal urban settlements (most public schools do not meet the minimum standards); low prioritisation of WASH in Schools; poor enforcement and inadequate maintenance (Government efforts have focused on construction of toilet facilities with less focus on changing practices); overcrowded schools; and huge regional discrepancies.

Functional sanitation facilities are mostly pit latrines in rural schools and VIP latrines in urban schools. Current provision and quality of WASH in primary schools remains uncoordinated and of variable quality. Most school latrines are constructed through the efforts of school committees and the local community. External support has been limited, although NGOs in particular, are active in the sector.

UNICEF remains the most visible partner in the overall programming and implementation of WASH in schools over the years, particularly in rural areas. UNICEF projects are targeted to benefit most vulnerable communities (including remote and insecure northern regions) where child survival indicators are of higher concern. For each school, the package comprises gender sensitive sanitation facilities, access to safe and adequate water supply, handwashing facilities, showers for girls, and hygiene promotion component with emphasis on handwashing with soap. The programme has also incorporated facilities for children with disabilities.

UNICEF has also supported WASH in schools in informal urban settlements in Nairobi and Mombasa with at least 30 schools supported over the past 3 years.

The Ministry of Education has prescribed designs for school sanitation facilities. Unfortunately most school communities and even NGOs do not adopt these. UNICEF is currently producing technical designs for use by its partners, with due recognition of the need for adaptability due to geographical and cultural variations.

An Education Management Information System (EMIS) is in place within the Ministry of Education but the quality and reliability of the information currently available is uncertain. Specifically, it does not adequately address WASH in schools parameters or needs. Therefore, no reliable national data is available on the status of school WASH in Kenya. However, the UNICEF Country Programme Action Plan noted that many schools had more than 100 pupils per latrine as compared to the recommended maximum of 30; and that few schools had access to safe water for drinking and washing hands. The shortage of reliable data complicates planning and progress monitoring.

The recommended pupil: latrine ratio is 25:1 (girls) and 30:1 (boys). According to the MoED Basic Report on Spatial Analysis of School Mapping Data (Feb 2011), the national pupil to toilet ratio (2007) is indicated as 38:1 and 32:1 for boys and girls in public schools, respectively. These ratios are considered not to represent the dire situation on the ground. Additionally, there is no clear indication on condition and usability of available facilities. A recent Baseline Survey (2010) of the 22 UNICEF WASH Programme districts found that overall, a third of schools have safe water sources in their compounds and had child friendly latrines and although most of the schools had separate latrines for either gender, majority of them did not meet the country standards regarding the number of latrines for girls and boys:

- Out of the 343 schools sampled in 21 districts, just over a third (37.3%) had safe water sources in the school yard or 200 metres from the school yard
- 86.9% had separate latrines for girls, boys and school personnel.
- Less than a quarter of the schools met the country standards for either the number of latrines for boys (20.1%) or for girls (19.0%)
- Out of schools that were surveyed to determine whether or not they had child-friendly latrines, 62.4% met the criteria for spacious cubicles, 51.3% for an appropriate aperture and 75.8% met the criteria for privacy.
- only 32 schools (9.3%) met the minimum hygiene criteria
- just over a quarter (27.1%)of schools were found to maintain their latrines correctly
A study was recently undertaken to assess the potential impact of constructing urinals for girls and boys in improving access to sanitation at school. The primary objective of the study was to determine the optimal latrine-to-children ratio where adequate urinals are provided for both girls and boys. Urinals for girls and boys have been included in school WASH programme activities. Use of urinal by girls is a relatively new practice in Kenya. The study revealed the following:

- Boys: 55 boys per latrine with optimal urinal capacity (98 boys per urinal block of 7 slots);
- Girls: 33 girls per latrine (with 81 girls per urinal block with 7 cubicles/ slots).

The construction of urinals can greatly reduce the high cost of constructing new latrines. Moreover access to urinals will help alleviate congestion at latrines, improve conditions, reduce maintenance costs, and sustain latrines longer. The findings underscore the need to pay special attention to equitable allocation of resources where girls have the relevant facilities to accommodate their needs.

While hygiene education has not been included in the national curriculum, school health clubs which promote safe water, sanitation and hygienic behaviour (amongst other things) are becoming common. UNICEF in partnership with WHO and ministries of public health and education is currently supporting the development of resource materials for hygiene education (Children’s Environmental Health Initiative, CEHI, Toolkit)

Every UNICEF School WASH project incorporates educational murals (talking walls) on sanitation and hygiene. A template has recently been developed to enhance and standardize messaging by all UNICEF partners.

Schools are also important entry points for promotion of household water treatment and safe storage in their communities.

Menstrual management is a critical problem for many girls particularly in rural areas. UNICEF has initiated a partnership to support production of reusable pads in Turkana region and hygiene education of school children. The programme has generated a lot of interest and new partners are coming in.

C. Highlights and Main Challenges for WASH in Schools

- The disruption of the KESSP SWAp process has significantly impacted scale up of WASH in Schools and also created a situation of poor coordination.
- Low prioritization and poor funding of WASH in Schools at all levels remains a big challenge. Focus has been on classrooms, books and teachers. The infrastructure budget is tight and has no specific allocation for WASH (maintenance etc).
- Evidence base and monitoring of WASH in Schools (status and trends) at national level is wanting. The EMIS does not adequately address WASH parameters. Stakeholders in the sector are developing a questionnaire and this when administered will contribute to filling in the gaps
Some regions continue to get more attention than others. While accessibility and security have influenced the low support especially to northern regions, concerted effort is required to scale up in the neediest areas. In some cases, options (especially for water sources) are limiting.

There is a nascent process to bring the players together through the Sanitation & Hygiene ICC, however coordination and partnerships still have a long way to go.

The issue of affordable design will need to be resolved soon, and particularly to address the need for school latrines that can be emptied upon filling.

Even where adequate facilities have been provided, school management committees in many cases have not put in place proper measures for maintenance.

There is an urgent need to improve and standardize the approaches for hygiene education in schools. The current process of development of tools will go a long way in harmonizing hygiene education in different schools.

D. Reference Materials

Following WASH in Schools documents are attached.

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<tbody>
<tr>
<td>1</td>
<td>National Plan of Action/National Strategy Documents</td>
<td>Yes</td>
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<tr>
<td>2</td>
<td>Technical Manuals for WASH in Schools</td>
<td>Yes</td>
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<td>3</td>
<td>Hygiene Promotion Guidelines and Materials</td>
<td>Yes</td>
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<td>4</td>
<td>Evidence Base for WASH in Schools</td>
<td>Yes</td>
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WASH related data

- Under five mortality 74 deaths /1000 (Kenya Demographic Health Survey, KDHS 2008-09)
- Proportion of under-five mortality due to diarrhoeal disease 20% (2009 Situation Analysis GoK/ UNICEF- Sitan)
- Coverage improved water supply in 2008: total 59%, rural 52%, urban 83% (JMP 2010)
- Coverage improved sanitation in 2008: total 31%, rural 32%, urban 27%; Open defeation total 2008 15% (JMP 2010)
- Prevalence of diarrhoea 16% (2009 Sitan)
- Principal causes of child mortality: neonatal deaths 26%, diarrhoea 20%, pneumonia 15%, malaria 11% (KDHS 2008-09)
- 78% dispose of children’s faecal material properly (KDHS 2008-09)

WASH in Schools related data

- Gross Enrolment Rate (GER) primary schools in 2008: 112.2% (boys), 107.3% (girls) (EMIS) (with large regional disparities)
- Net enrolment Rate (NER) primary schools 2008: Total 92.5%, Boys 94.6%, Girls 90.5% (EMIS)
- 23% (1.945 million) children out of primary school: 24% of boys and 22% of girls (2009 Census)
- Proportion of girls to boys in primary education 0.95 (2009 Census, EMIS 2007 Gender Parity Index)
- National pupil toilet ratio public schools 2007 Boys 38:1 girls 32:1 (huge regional disparities; needs updating) EMIS
- Data on % schools having gender-sensitive latrines and % schools with access to drinking water unavailable