



A primary school baseline study of SSHE in Swaziland

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To prepare the way for further work, an SSHE programme in two regions of Swaziland was studied. This article describes the lessons learned from the UNICEF and government-funded project.

A study, funded by UNICEF and the Government of Swaziland (GoS) under its Water Supply, Sanitation and Environment Programme, was undertaken between 1999 and 2000 to collect, analyse and assess data on water supply, sanitation and hygiene education in primary schools in the drought and poverty-stricken rural areas of the country. With this baseline data on schools available it should be possible to draw lessons about further programme implementation.

At the time of the study, the Ministry of Health and Social Welfare Management Information System (MIS) revealed that 52 per cent of schools countrywide had access to safe water supply, and 80 per cent had some form of sanitation. Information on the condition of the water and sanitation facilities, however, such as whether they were in working order, the quantity and quality of water available, proper use of sanitation facilities, etc., was not available.

Background

The kingdom of Swaziland covers a land area of 17 364 km², and has a population of just under 1 million. It is a landlocked country in south-eastern Africa, surrounded to the north, west and south by the Republic of South Africa, and to the east by the Republic of Mozambique.

Between 1996 and 2000, the Water, Environment and Sanitation Programme under the auspices of UNICEF and the Government of Swaziland carried out a programme to provide safe water, latrine construction and hygiene education in schools in drought-stricken areas. The project was an integrated package of hygiene and environmental

education, sanitation and water supply for schools in the rural areas (mainly in the Shiselweni and Lubombo regions) of Swaziland. In both Lubombo and Shiselweni regions it was reported that these activities were being carried out pretty well, especially with respect to latrine construction and hygiene education.

However, certain factors hampered the proper planning of replication activities in other parts of the country:

- a lack of baseline information on existing water and sanitary facilities and hygiene education in schools
- a lack of standards in place for sanitation facilities and
- a lack of co-ordination among the stakeholders involved in water supply, sanitation and hygiene provision.

It was against this background that a study was proposed to collect and analyse baseline data on water, sanitation and hygiene education in all primary schools in the Lubombo and Shiselweni regions.

Study findings

The study identified a set of critical concerns such as:

- absence of water points and latrines in schools
- a lack of personnel trained to teach hygiene education
- a lack of national policies on health education and
- inadequate training resources in schools.

Among the reasons identified for this state of affairs was the lack of importance placed on school sanitation facilities by national institutions and a

lack of harmony between what was taught at school and the realities of life in the home and community. When sanitation structures are available at schools, they are often far removed from anything families can afford to build. It was noted, however, that communities are increasingly taking responsibility for the improvement and maintenance of the school environment. This could be attributed to the fact that communities are becoming aware of the importance of education and of a healthy learning environment.

One of the major constraints is the fact that teachers almost never receive adequate training in hygiene education. Secondly, hygiene education has no specific slot in the curriculum and is not adequately addressed through other subjects. The third problem is the lack of appropriate teaching methodologies and materials at teachers' disposal. Lastly, teachers have difficulty teaching hygiene behaviours that cannot be applied in the school, because of a lack of sanitary facilities. A hand-washing lesson has little impact when no hand-washing facilities are available.

Recommendations

The first step towards improving the situation would be the adoption of a coherent national policy on school environmental sanitation and hygiene education. Such a policy should clearly stipulate that all new schools constructed should provide adequate numbers of safe water points, latrines and hand-washing installations. It should also make a commitment to the improvement of water supply and environmental sanitation in existing

schools and map out how these improvements are to take place. Flexible guidelines should be prepared and distributed, providing simple guidance on approximately how many latrines, water points and hand-washing installations should be available for a given number of boys and girls; and on standard designs for suitable latrines or flush toilet for pupils.

Several recommendations were identified:

- There is a great need for the hygiene education programme, and it should therefore be strengthened and extended to all schools in the country.
- Hygiene education should not be treated as an extra-curricular activity but should be included in the schools' curriculum as a subject, and be given a period each week on the school timetable.

- School inspectors, nurses and environmental health officers should play a more visible role in evaluating the achievements of teachers and in monitoring cleanliness. They can also foster effective collaboration between government and communities disseminating information and supporting community action.
- The most effective role of government and concerned NGOs and inter-governmental agencies is to support schools and communities in their efforts to improve the school environment and the teaching of hygiene.

While it may be over-simplistic to suggest that a healthier school environment will immediately improve the health of school-age children, there is hardly any doubt that an improved school environment, combined with health education

and efforts to teach the wider community, can have a long-term effect on the population. Childhood is the best time to learn hygiene behaviours. But an effective school environment health programme does not simply offer children an opportunity to learn personal behaviours, it can also help children to see themselves as important members of the community.

About the authors

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