



Roles & Responsibilities

What are the best models for sustaining and maintaining school WASH facilities?

Background

School-based water treatment, latrine provision, and handwashing programs have demonstrated measurable improvements for both health and educational outcomes. Unfortunately, school WASH interventions face serious challenges to sustainability. Evaluations have demonstrated sharp declines over time in functionality of water and sanitation infrastructure and the provision of key inputs, such as soap and treated drinking water.

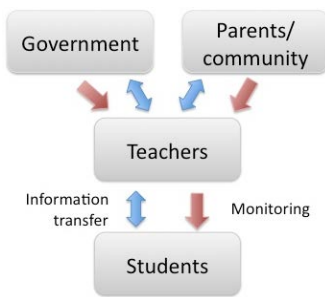


Figure 1: Ideal system of monitoring and communication for school WASH

A qualitative study among twelve public primary schools in Nyanza Province, Western Kenya was conducted to **identify alternative models for expanding and clarifying the roles and responsibilities for maintaining school WASH facilities at the school and community level.** The roles and responsibilities include **actions** (i.e. providing soap and cleaning latrines), **monitoring** those actions, and **communicating**

information about problems and solutions to others. The aim of the study was to enhance these three elements (actions, monitoring and communicating) among actors at the school level in order to sustain the ideal system as depicted in figure 1.

Research

This study had two phases, 1) formative research on existing roles and accountability systems in schools, and 2) an extended participatory learning period. The SWASH+ project engaged all schools in the participatory learning process to accomplish the following; 1) identify the challenges schools face in maintaining school WASH facilities by taking parents and teachers on a “walkthrough” of facilities, and 2) help the schools select and implement a set of roles and responsibilities interventions to mitigate those challenges. The research team worked with each school to actively implement and adapt their chosen interventions over the course of a few months. Data included focus group discussions and in-depth interviews held at the schools with teachers, parents, and students.

Findings

Current roles

The existing system for managing WASH facilities in most schools relies on **students to conduct day-to-day WASH activities**, such as cleaning & monitoring latrines, collecting and treating water, and monitoring whether water or soap run out during the day. The **teacher on duty (TOD)** for the week supervises these activities and monitors facility cleanliness along with the health patron, a teacher specifically tasked with managing school WASH. The head teacher provides more general oversight and reports any financial needs to the **School Management Committee (SMC)**, which is responsible for budgeting government funding. Outside of the SMC, parents typically do not have any roles in school WASH aside from occasionally supplying their children with water or contributing funds for soap, water treatment, or other supplies.

Initial awareness of WASH

The walkthrough process revealed significant variation in the level of awareness of school WASH conditions among stakeholders, both between and within schools. At some schools even the health patrons and head teachers were surprised by poor conditions of existing WASH facilities. At several schools, the **awareness of conditions** generated by this walkthrough was the reason for repairs and purchase of supplies made later in the pilot period. Schools that were aware of the poor WASH conditions reported that problems were not fixed due to financial constraints.

Models for Maintaining WASH

This study identified four models for increasing accountability in maintaining a school WASH program through broadening and clarifying the roles and responsibilities of parents, students and teachers: community monitoring competition, health representatives, pupil monitoring, and teacher engagement.

Community Monitoring Competition

The community monitoring competition took place among **three schools** and involved two monitoring visits to each of the schools, at the beginning and end of a term. After the first round of monitoring, **committee members found the monitoring form**

This brief is based on the report, ‘Summary Report: Roles & Responsibilities Extended Learning Period A SWASH+ Project research report, prepared by Trinies, V., & Dreibelbis, R. (2012).

SWASH+ is a five-year applied research project to identify, develop, and test innovative approaches to school-based water, sanitation and hygiene in Nyanza Province, Kenya. The partners that form the SWASH+ consortium are CARE, Emory University, the Great Lakes University of Kisumu, the Government of Kenya, and formerly the Kenya Water for Health Organisation (KWAHO), and Water.org. SWASH+ is funded by the Bill & Melinda Gates Foundation and the Global Water Challenge. For more information, visit www.swashplus.org.





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easy to use because it provided clear instructions for specific feedback to leave. All three schools made some improvements to their WASH programs as a result of the monitoring visit, including closing unsafe latrines, buying water treatment products, and setting up duty rotations for latrine cleaning and water treatment. Unfortunately, teachers and monitoring committee members all found the committee chair to be overbearing. Teachers were supportive of the process conceptually, but felt that, “the chairman needs to be educated a bit.”

Health Representatives

Nine schools implemented a health representative program.

Most schools called a parents meeting to nominate and elect health representatives. All schools were able to elect parents to support the program. The health representative visits the school once a week to monitor WASH facilities, activities, and supply levels using a structured monitoring tool. At six of the schools,



John Otieno, health representative, fills out a form after checking school cleanliness and supply stock.

participants said that the health representative was directly responsible for helping the school get supplies such as soap, brooms, and disinfectant. Health representatives also relay WASH information to the SMC and parent body to advocate for prioritizing WASH needs in budgeting; however, few health representatives participated in the school’s budgeting process or even had a clear understanding of how the process worked. Teachers in the intervention schools were almost universally supportive of the health representative program. They called it a “relief” that parents came.

Pupil Monitoring

Eight schools chose to implement pupil monitoring. Pupils’ duties were in two parts: 1) checking latrine cleanliness, and presence of drinking water and handwashing supplies, and 2) checking for any necessary repairs on latrines or water vessels.

Teachers reported that pupil monitoring was very successful. Dirty latrines were reported more quickly, and latrines were kept cleaner than before because daily monitoring motivated pupils to do a better job of cleaning latrines and students were more careful while using them. A sense of responsibility was also gained by pupils; however, health club members said they were discouraged by reporting the same repairs needs every week without seeing any change. At one school where few WASH improvements had been made, pupil monitoring was considered

“silly work” among students. Health patrons found that pupil monitoring created more work for them because they had to address the problems that the pupils found, but they still supported the program. Several teachers said that pupil monitoring lessened their work of physically checking WASH facilities.

Teacher Engagement

A teacher on duty (TOD) checklist and reporting logbook were implemented at three schools. The TOD was given a checklist of activities to complete each day, including those related to WASH. Most teachers did not use the checklist throughout the day because activities on the list were “routine,” and filling in the checklist was “tiresome.” None of the teachers could cite a specific instance where the checklist reminded them of an activity that they would have otherwise forgotten to carry out. **Of the three schools, two had stopped using the TOD checklists by the end of the study period.**

The reporting logbook was implemented to increase communication about problems that TODs needed help with or wanted to document, such as damage to a facility or disciplinary cases. Teachers had a positive response to the reporting logbooks that were used; many teachers talked about the benefit of having documentation. TODs seemed to be sharing the problems in the logbooks with the health patron and incoming TODs, showing potential for this system to act as another point for addressing WASH issues, although no WASH-related issues were reported in the logbooks during the pilot period.

Conclusion

Several intervention models had positive impacts on school WASH through clarifying and expanding the responsibilities of parents, pupils, and teachers. Many models could be tested in future trials to improve WASH programs at a national scale. Parents and teachers widely supported enlisting parent volunteers to monitor school WASH conditions and to serve as a liaison between the school and parents. There were indications that such programs increased school and parent responsiveness to WASH needs. Training a small group of pupils to oversee daily WASH monitoring seemed to be an effective strategy to improve latrine conditions and awareness of WASH conditions among teachers, and reduce teacher workload. Operational monitoring tools for teachers show promise for increasing communication, however, further research could show whether formalizing TOD procedures could impact schools’ responsiveness to WASH concerns.

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