

Evaluating the Stakeholders' Involvement in the Provision of Water, Sanitation and Hygiene (Wash) Activities in Public Schools, Ghana

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Abstract

This study sought to assess the level of involvement and provision of water, sanitation and hygiene practices (WASH) by stakeholders for public basic schools in the Fiapre circuit of the Sunyani West Education Directorate. A mixed method study approach was used. The key instruments used for the data collection were questionnaires, interviews and observation. The participants in the study were officials from public sector institutions, the school teachers, pupils and PTA and SMC officials. The study revealed that sanitation and hygiene facilities available in these schools include toilet, urinal, handwashing materials and solid waste disposal facilities. On toilet facilities available in these schools, only pit latrines with most of them being wooden slaps except the Methodist Basic Schools that have cemented slaps. Almost all the schools have urinal facilities that are cemented. The use of the toilet rolls as the required anal cleansing material was also non-existent in all schools visited, as well as the provision of soap for hand washing. The study recommends that government should assist stakeholders in provision of toilets, urinals, solid waste containers and hand washing facilities which the schools cannot afford.

Keywords

Stakeholders Involvement, Water, Sanitation, Hygiene

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1. Introduction

Provision of sustainable school Water, Sanitation and Hygiene (WASH) facilities is critical for the health and well-being of school children in Ghana. Over the years, the issue of school hygiene, sanitation and water has been put high on the agenda of many, international donors, non-governmental organisations, international agencies including government as a way of promoting a conducive school environment for school children [13, 19, 7]. One way of achieving this is by providing schools with safe drinking water, improved sanitation facilities and hygiene education that encourage the

development of good health [9, 14]. This strategic approach is known as Water Sanitation and Hygiene (WASH) in Schools. This strategy, according to [21], helps fulfil children's rights to health, education and participation and has been widely recognized for its significant contributions to achieving the just ended MDGs. The current Sustainable Development Goals (SDGs) particularly those related to providing access to primary education, reducing child mortality, improving water and sanitation, and promoting gender equality have not been fully achieved [3, 1].

Improvements in WASH in schools provide safe drinking water, build good sanitary facilities and establish appropriate

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hygiene habits [15, 16]. The impacts of such improvements include; improved primary school attendance, health and cognitive development, positive hygiene behaviours that may last for life, outreach to families and communities, through the participation of pupils in hygiene promotion and greater girls' participation in school [10, 12]. WASH in Schools not only promotes hygiene and increases access to quality education but also supports national and local interventions to establish equitable, sustainable access to safe water, and basic sanitation services in schools [21, 6, 19].

Learning, hygiene and health are strongly inter-linked as children miss school or perform poorly when they are suffering from illnesses. Schools are also places where children get sick. Illnesses can spread very fast in schools where many children are together in classrooms for many hours a day in poor hygienic conditions [4, 17]. Recently, it has been estimated that infections which children contract in schools will lead to infections in up to half of their household members [1, 18]. Eighty-eight percent of diarrheal diseases are caused by unsafe WASH conditions [23].

2. Statement of the Problem

Whereas Ghana has achieved the Millennium Development Goal for water supply, it is seriously lagging behind in sanitation. The latest data of the Joint Monitoring Programme for Water Supply and Sanitation (by UNICEF/WHO), state access to safe drinking water in Ghana at 86% while total access to sanitation is just 13% (or 15% according to MICS). For the rural population, safe sanitation coverage is as low as 8% [22] and [23]. This is mainly because of the wide-spread (app. 59% of the population) use community/shared toilets.

So far, WASH in schools in Ghana has been delivered as part of traditional water, sanitation and hygiene promotion projects in communities. In 2015, 56% of schools (Creche/Nursery, Kindergarten, Primary Schools and Junior High Schools) had toilet facilities and 49% had access to water onsite. The figures do not indicate the condition and use of the facilities and since 2010, many more school WASH facilities have been constructed. Therefore, no accurate data on functional school toilets and water systems are available [10] and [20].

In 2015, the GES developed the School Health Education Programme (SHEP) Policy and Strategy Framework. The SHEP policy and strategic framework offers general direction for school health programming and provides a good context for WASH in school programming. SHEP comprises of four components: (1) disease prevention and control; (2) skills based health education; (3) food safety and nutrition education; and (4) a safe and health school environment. Safe water and sanitation is one of the three key interventions

areas under the “safe and healthy school environment” (the other interventions are: healthy psychosocial school environment and safe physical environment). So far, various stakeholders and donors have used their own project specific standards and strategies (all with the best intentions). To assure minimum quality, the initiative was taken to develop National Standards and an Implementation Model [24].

The promotion of WASH in school will focus on key stakeholders in a district including the district SHEP office, the district Environmental Health Office, the District Works Department, the school circuit supervisors in the district, School Heads, Parent Teacher Associations, School Management Councils, Assembly Members, teachers and pupils.

However, since the development of implementation manual for schools and other stakeholders, very little is known regarding the state of implementation. Thus, assessment of WASH improvements at institutions—such as schools—on children behavior remains underexplored particularly Fiapre circuit. Based on the above, it is important to understand the extent to which school interventions in WASH activities are implemented in public basic schools in Fiapre.

The main purpose of the study was to evaluate the level of involvement in the provision of water, sanitation and hygiene practices (WASH) among public basic schools in the Fiapre circuit of the Sunyani West Education Directorate. This study therefore sets off to attain the following objectives; to examine the types or kinds of water, sanitation and hygiene facilities available in the public basic schools in Fiapre and to identify stakeholders in the provision of WASH facilities and practice in public basic schools in Fiapre. The sought to answer the following questions; Based on the objectives, the study will provide answers to the following: what are the types of water, sanitation and hygiene facilities available in these public basic schools in Fiapre? And what are the various stakeholders in the provision of WASH activities in these schools?

3. Significance of the Study

The outcomes of the study brought to bear the current state of WASH activities in these schools by highlighting the available facilities and the functionality of these facilities in the promotion of WASH practices. Also, the outcomes of this study highlighted the various stakeholders in the implementation of WASH activities and what needs to be done to improve WASH practices in these schools. The results of this study provided the Government of Ghana, social and educational policy makers, basic school teachers, parents and all other stakeholders in education and other stakeholders with relevant information for their efforts to

improve WASH activities of these schools.

Again, the research would extend knowledge on academic performance in this context. This study would contribute to the literature by serving as a reference source. The study adds to the growing body of literature highlighting the importance of water supply improvements—in both schools and communities—either as an individual factor or as a means of achieving the full benefit of other WASH interventions. The general trends in the data would help to point towards areas in basic education where more funding is needed and whether or not the current available resources are more efficient.

4. Methodology

A mixed method cross-sectional design was adopted for this study. Quantitative data was collected using questionnaires and observational checklist enlisting hygiene and sanitation status for the facilities. Qualitative data was captured using Key Informants Interview (KII) guides with key stakeholders at the government levels, the school levels, the community and the private sector. Specific key stakeholders were asked questions that are relevant to this study.

The study population covers the government, public servants, the District School Health and Education Programme (SSHP) Coordinator, The District Environmental Health Officer (DEHO). Also, the Parent Teacher Association (PTA), the Chairman of the School Management Committee (SMC) drawn from each school at the study area and the educators and the learners as well (heads, School Health Education Program (SHEP) coordinators and pupils). Furthermore, the private companies, NGOs (both international and local), religious bodies and philanthropists that support the basic schools in diverse ways to ensure effective sanitation and hygiene practices among the pupils. The heads of all the public basic schools (primary and JHS), School Health Education Program (SHEP) coordinators and pupils in Fiapre, the officer in-charge of SHEP at the Sunyani West Education Directorate, committee on education at the Sunyani West Assembly, SMCs and civil societies working in the area of education cannot be left out.

A total sample size of 45 respondents took part in this study. Table 1 below shows how respondents were drawn from the various categories of stakeholders.

Table 1. List of Respondents.

CATEGORY OF RESPONDENTS	PROFILE	TOTAL	
GOVERNMENT	GHANA EDU. SERVICE	SSHP CO.	1
	DISTRICT ASSEM.	ENVIRON. OFFICER	1
	GHANA HEALTH SERV.	Fiapre Health Center	1
SCHOOL	HEADTR /SANI. TR	From all the 6 schools	12
	PUPILS (PREFECTS)	4 each from 6 sch. (Prim and JHS) only	24
COMMUNITY	PTA/SMC EXECUTIVE & PARENTS	From Prim. and JHS only	5
	NGOs		
PRIVATE SECTOR	PRIVATE COMPANIES		
	RELIGIOUS BODIES		1
	PHILANTROPIST		
Total		45	

Sources: authors own construct, 2018

The six schools are Methodist, Presbyterian, Roman Catholic, Urban Council, Kantro R/C and A.M.E. Zion Basic Schools. The levels include Pre-school (Kindergarten), The Primary (1-6) and The Junior High School (JHS) (1-3).

Purposive sampling was used to select the respondents in the government, community and the private sector category. The study used both primary and secondary sources of data to assess the level of implementation of water, sanitation and hygiene practices (WASH) among public basic schools in the Fiapre circuit of the Sunyani West Education Directorate. Data for this study was collected using the mixed methods approach consisting of document analysis, surveys, interviews and observations. The mixed method design was used with the aim of one form of data supporting the other. In

this case, the observation data supports the survey and interview data. The survey questionnaires were administered to the respondents using face-to-face encounters. The sample survey questionnaires constituted the main research instruments for pupils at the JHS. The in-depth interview was selected to conduct interviews with key informants namely, Head teachers and Teachers, Official from the Fiapre Health Center, PTA/SMC Executives and the District Environmental Health Inspector, Apart from using interviews, to investigate the stakeholders' experiences, participant observation was also used to develop an understanding of how stakeholders actually participate in the delivery of sanitation and hygiene practice in the basic schools.

Most ethical issues in research fall into one of the four categories: protection from harm, informal consent, right to

privacy and honesty with professional colleagues [8, 2]. Rights, anonymity and confidentiality of the respondents were respected in all phases of the study. Informed verbal consent with the respective heads and the respondents were taken before data collection. Through verbal consent process, the type and purpose of the survey or interview; issues of anonymity and confidentiality; voluntary participation and freedom to discontinue the interview/discussion at any stage; and absence of any known risk or benefit for participating in the study was explained beforehand. To preserve anonymity, all findings are presented without ascribing names or identifiable personal description.

5. Discussion of Results

5.1. Sanitary Facilities that Exist in Basic Schools

The provision of adequate and good sanitation facilities improves the health of teachers and pupils and also enhances effective teaching and learning. Tables 1, 2, 3 and 4 show the number of sanitation facilities in the sampled basic schools within the study schools. From the table it can be realised that the six (6) schools (JHS, Primary and KG) visited have a population of 962 boys and 1,527 girls making a total of 2,594 pupils sharing only 8 pit latrines (4 for boys and 4 for girls). This is far below the SHEP policy requirement that recommends a minimum of one squat hole per fifty pupils.

Table 2. Sanitation and Hygiene Facilities in JHS Schools.

JHSs	population			Toilet		urinal	Hand wash	Anal cleansing	Solid waste disposal
	B	G	T	Pit latrine	Flush Toilet				
Presby	40	80	120	1/1	Nil	1/1	1 Basin	Nil	1 Bin
Methodist	96	156	252	1/1	Nil	1/1	2 Basins	Nil	1 Bin
Roman catholic	30	54	84	Nil	Nil	1/1	1 Basin	Nil	1 Bin
Urban council	38	52	90	Nil	Nil	1/1	1 Basin	Nil	1 Bin
AME Zion	28	55	83	1/1	Nil	1/1	1 Basin	Nil	1 Bin
Kantro	30	34	64	Nil	Nil	1/1	Nil	Nil	Nil

Source: Fieldwork, 2018

Table 2 shows that the public Junior High Schools have a total population of 689 pupils. Only three (3) schools have pit latrines for pupil's use. None of the schools have flush toilet facilities. All the schools have urinal facilities, with separate rooms for the boys, girls and the staff. Almost all the schools have basins used for handwashing. None of the schools have anal cleansing materials on site.

Table 3. Sanitation and Hygiene Facilities in Primary Schools.

Primary schools	population			Toilet		urinal	Hand wash	Anal cleansing	Solid waste disposal
	B	G	T	Pit latrine	Flush Toilet				
Presby	100	154	254	1/1	Nil	1/1	2 Basins	Nil	1 Bin/Pit
Methodist	156	277	492	1/1	Nil	1/1	2 Basins	Nil	2 Bins/Pit
Roman catholic	60	150	210	Nil	Nil	1/1	1 Basin	Nil	1 Bin/Pit
Urban council	59	99	198	Nil	Nil	1/1	2 Basins	Nil	1 Bin/Pit
AME Zion	78	102	180	1/1	Nil	1/1	1 Basin	Nil	1 Bin/Pit
Kantro	62	70	132	Nil	Nil	1/1	Nil	Nil	Pit

Source: Fieldwork, 2018

The primary schools in the circuit has a total population of 1,367 pupils with 515 boys and 852 girls. All the primary schools have no flush toilets with 3 schools having pit latrines. Almost all the schools except Kantro RC, have handwashing materials especially bowls or basins to store water for handwashing. At the time of my visit, few of the schools have soaps for hand washing. None of the schools have proper anal cleansing materials such as toilet rolls for pupils use.

Table 4. Sanitation and Hygiene Facilities in KG Schools.

KG	Population			Toilet		urinal	Hand wash	Anal cleansing	Solid waste disposal
	B	G	T	Pit latrine	Flush Toilet				
Presby	25	29	54	1	Nil	1	2 Basins/soap	T' roll	1 Bin/Pit
Methodist	56	77	133	Nil	1	1	2 Basins/soap	T' roll	1 bin
Roman catholic	38	50	88	Nil	Nil	Nil	1 Basin	Nil	Nil
Urban council	28	39	67	Nil	Nil	1	1 Basin/soap	T' roll	2 Bins/Pit
AME Zion	28	45	73	1	Nil	1	1 Basin/soap	T' roll	1 Bin/Pit
Kantro	10	14	24	Nil	Nil	Nil	Nil	Nil	Nil

Source: Fieldwork, 2018

There are a total population of 429 preschool pupils in the circuit with sharing only 2 pit latrines and one flush toilet facility. Almost all the schools have urinals except the Fiapre R/C and Kantro R/C KGs that have no urinals. Again, almost all the preschools have handwashing materials including bowls/basins to store water and soap for handwashing. It was also observed that apart from 2 schools (Fiapre RC and Kantro RC) that without proper anal cleaning materials such as toilet roll, all the other preschools have materials such as toilet roll for use by the pupils.

5.2. Toilet Facilities

The study sought to establish facilities where school pupils go to ease themselves. It emerged that majority of them (3 in JHS, 3 in primary and 3 in KG) had toilet facility. The rest of the schools go to nearby public toilets or bush to defecate. Out of the 6 schools that were sampled for the study, only 3 schools each (JHS and Primary) had pit latrines that were functional of the schools under study. The pit latrines with wooded slaps were in good conditions, somehow hygienic and safe for the pupils especially those at the upper Primary and the JHS.

No school had adequate toilet facilities except Methodist JHS where the number of persons per squatting hole was less than 50 as recommended by the GES SHEP policy of 50 persons per squatting hole. It was revealed that none of the schools in the primary and JHS levels use a flush latrine except Methodist KG that has a flush toilet facility for use.

On the whole, it was noted that most of the schools use pit latrines and others without toilet facilities use the nearby public toilets and bush as their places of convenience and of course not a single flush toilet was used in either primary or JHS as a place of convenience for both pupils and teachers. Generally, toilet facilities in the schools visited were clean, the compound and the classrooms were also clean.

5.3. Types of Urinal Facilities Available

Parallel to toilet facility as an important aspect of school health status, is the urinal facilities as well. Inadequate urinal facilities lead to inconveniences as lot of time is wasted on trips to reach a urinal facility such as the bush. For urinals, majority of schools with urinals have the cemented type of urinals (Tables 1, 2, 3 and 4).

But with total population of schools sampled, more than 87% of the schools' use cemented floor urinals. Nearly 13% of the schools used soaked pits as urinals for the schools in the schools in the circuit. Some of the urinals available in schools were in some extent hygienic surroundings but inside and outside the urinal is unacceptable odour nuisance. Table 5 below shows the statistical distribution of the urinal

facilities available in the schools visited.

Table 5. Type of Urinal Facilities in the Schools.

Solid waste disposal	Frequency	Percentage
Cemented Urinal	21	87.5
Soak Pit	3	12.5
No Facility	0	0.0
Total	24	100

Source: Fieldwork, 2018

5.4. Solid Waste Disposal

Inadequate dumpsites in the schools make disposal of refuse a problem to the schools. Many of the schools have refuse bins donated by Sunyani West District to ensure collection of refuse before final disposal. In an interview with the teacher at the Methodist JHS, he suggested that refuse holding bays with a cover can be constructed in basic schools for safe storage of refuse.

On sweeping of the school compound and the toilets, the researcher was told by some head teachers through an interview that usually it is the responsibility of the last section of the schools for the week to sweep the school compound, classrooms and also clean the toilets. Also, pupils who are punished for certain offences can be asked to clean the toilet facilities or sweep the compound or classrooms. When the sampled schools were surveyed for proper solid waste disposal methods, it emerged that with regards to the schools with bins, few of the schools (66.7%) of the schools had. About 25% of the schools said they dump their refuse in the nearby bush. Table 6 below shows the actual situation on the ground.

Table 6. Types of Solid Waste Disposal Facilities available.

Solid waste disposal	Frequency	Percentage
Bins/barrows	16	66.7
Pits/dumping sites	2	8.3
No Facility	6	25.0
Total	24	100

Source: Fieldwork, 2018

It was observed during the field visit that the schools without the bins had littered their compound with polythene and papers during school hours creating unsightly environment and insanitary conditions. Both the head teacher at Presbyterian KG and the sanitation teacher at Presby Primary mentioned that dust bins are essential for refuse collections in schools to always ensure good sanitation and hygiene practices and behaviours of pupils. He added that the basket used as litter bins are opened hence, the waste scatters on the compound by the wind. Generally, it was observed that the environment of the schools using dustbins with lid was hygienically clean.

5.5. Hand Washing Facilities

Washing of hands is one of the first steps of personal hygiene practices. Hand washing facilities like washing containers, water and soap were inadequate in the schools. The recommended 'veronica container' for hand washing was available in most of the schools with very little evidence of hand washing with soap which the GES Guidelines for Provision of School Health Service in Ghana (2014) and UNICEF (2017) recommended for use in schools. Both UNICEF and GES are of the strong view that hand washing with soap, especially at critical times like, before eating and after visiting the toilet must be adhered to.

Observations from the schools revealed that most of the schools had hand washing facilities particularly water storage basins or containers. None of the schools visited practised hand washing with soap. After the survey with the pupils and interview with school heads and teachers as a follow up on the pupils' views and also as a form of triangulation to substantiate the veracity of the information gathered. According to some of the head teachers interviewed mentioned that though water accessibility was not a problem, (there is enough water in the surroundings of the school in a form of either pipe borne or borehole water) the difficulty is rather the containers to fetch the water with.

On soap for hand washing, the pupils said nobody had given them soap for hand washing in their respective schools. This was confirmed when the teachers said they have no money to buy soap for pupils to wash their hands and the PTA hardly support them in that direction. Their only source of funding is the government capitation grant which in itself is not enough as several other pressing needs of the school do compete for the same funds.

Refuse collection is also another means of harbouring microbes especially in the finger nails. Some of the reasons cited by the school children who washed their hands after toilet and refuse collection were to: avoid food contamination; prevent diarrhoea; minimise worm infestations through finger nails; and to be healthy. This knowledge acquired and put in practice by the pupils emphasises the fact that it is good to teach the children on hygienic practices while they are young. One teacher from Urban Council Primary School noted that washing of hands with water and soap in schools can be improved if access to hand-washing facilities is close to latrines and eating-places. This was also noticed from the literature review that research has shown that 42% of the diarrhoea cases could be avoided

if hand washing with soap is done after visiting toilet facilities and after collection of refuse [15]. This practice must be encouraged among the pupils.

Evidence as reviewed from the literature and analysis of documents, revealed that improved hand washing has a major impact on public health in any country and significantly reduce the two leading causes of childhood mortality—diarrhoea diseases and acute respiratory infection. It can also reduce skin infection and trachoma. This is because hand washing with soap can prevent the transmission of a variety of pathogens. Promoted broadly enough, hand washing with soap can be viewed as an essential do-it-yourself vaccine. If the sustainable development goals targets for reduction in child mortality were to be met, hand washing habits must have been improved along with access to safe water and sanitation at home and in schools.

5.6. Anal Cleansing Materials

The study also assessed the kind of anal cleansing materials that the pupils use when visiting the toilet. Another revelation from the study is the total absence of proper anal cleansing materials like the sanitary tissue (toilet roll). All the primary and JHS schools visited do not use toilet rolls for anal cleansing when visiting the toilet. The common anal cleansing materials used by pupils were old/used exercise books. These have very serious implications, since the pupils lose materials which could have served as reference materials. It was observed that, this also compounds to the soiling of the available toilet facilities by making the place untidy as these anal cleansing materials are not burnt or cleared daily.

During an interview with the primary pupils, some of the pupils said they do not remember the last time they used the toilet roll for anal cleansing in school. When asked what they use instead, materials like newspaper and exercise book sheets were commonly mentioned. Others also mentioned tree leaves, sticks and stones as material used for cleansing their anuses.

5.7. Presence of Water in Schools

The assessment of the 6 schools revealed that generally, most schools do not have water source available and functioning except the Roman Catholic and Urban Council schools. The majority of schools do not have the water source within the school compound or within 1 km except the Roman Catholic and Urban Council schools as shown in the Table 7 below.

Table 7. Types of Water Source.

Schools	Type of water source	Water source within the school compound	Water source available and functioning
Presby	Nil	Nil	Nil
Methodist	Nil	Nil	Nil

Schools	Type of water source	Water source within the school compound	Water source available and functioning
Roman catholic	Mechanized borehole	Available	Available
Urban council	Mechanized borehole	Available	Available
AME Zion	Nil	Nil	Nil
Kantro	Nil	Nil	Nil

Source: Fieldwork, 2018

The most common water sources available in school are mechanized boreholes while the other schools access water from the private mechanized boreholes and the pipe water from the Ghana Water Company.

The findings in the interviews further build on these findings. One of the girl's prefect is quoted saying; "There is always shortage of water for handwashing because we do not have water at school that we can use to wash our hands".... Primary six girl, Methodist Primary 'A'.

While a teacher stated that "sometimes I asked the pupils to bring water while coming to school from home because there is no water at school".... Teacher, A.M.E. Zion JHS.

5.8. Stakeholders in the Provision of WASH Practices in Public Basic Schools in Fiapre

This objective sought to identify all the stakeholders whose responsibility lie in promoting sanitation and hygiene facilities in public basic schools. As it has been identified in the GES WASH model for schools, the following stakeholders were identified including the government agencies (District Assembly, the Ghana Education Service, the Ghana Health Service), school level (Heads, Teachers and Pupils), Community level (School Management Committees, Parent Teachers Associations), and private (Zoomlion, philanthropists, etc.).

5.8.1. Government Officials

In this study, government referred to public officials who are not involved in the day-to-day running of school operations but whose duties have a direct impact on the wellbeing of the school more especially on the sanitation and hygiene practices in the school environment. Among the government agencies identified included Sunyani West District Assembly, Sunyani West District Education Directorate and Sunyani West District Health Directorate.

5.8.2. Sunyani West District Assembly

Both the GES-WASH model guidelines and the Local Government Act 462 [11] placed the provision of infrastructure of schools in the hands of the assembly. At the assembly level, the main body in-charge of sanitation and hygiene is the District Water and Sanitation Team. The DWST is made up of individuals from the Environmental Health Unit, Department of Social Welfare and Community

Development, Works Department and Development Planning Unit. The activities of this DWST included provision of sanitation facilities for all schools, maintenance of these facilities and inspections.

An interview with the District Environmental Health Officer (DEHO) could not mention any aspect of the SHEP policy document or any other school sanitation and hygiene document, since according to him, he has not even seen such a policy document from GES before. Nevertheless, he showed sufficient knowledge of the legal and institutional arrangements for sanitation services delivery in the district. He made it clear that the role of district assemblies in sanitation services delivery is spelt out in section 10 (3) of the Local Government Act 462, 1993

The District Environmental Health Officer (DEHO) said that the District Assembly (DA) has not enacted any bye-laws for enforcement of waste management practices in the district. According to the Officer, the MA uses some sections of the Criminal Code, i.e. Act 29 1960 for enforcement of waste management practices in the Municipality.

When asked about his knowledge of sanitary conditions in the schools, he stated that

"for the past three years or so the assembly has constructed and supplied a number of sanitation facilities to public basic schools in the district...we constructed toilet facilities-pit latrine with cement slaps for schools such as Fiapre Methodist Basic Schools, Dumase Methodist Basic Schools just to mention but a few...we also distributed dustbins for almost all the schools to aid the collection of refuse in these schools...I sometimes deploy some of my officers to these schools to inspect the condition of these facilities and report to me for official report to be presented".

5.8.3. Sunyani West District Education Directorate

An interview with the District Coordinator in-charge of School Health Education Program (SHEP) revealed that he is very familiar and knowledgeable with the policies of the Ministry of Education (MoE) and the GES on school hygiene and sanitation. He, however, lamented that effective implementation of all the sanitation and hygiene policies and programmes by GES for schools as well as monitoring of those already implemented is a challenge to them due to lack of resources and logistics.

“sanitation and hygiene issues in the district to some extent is ok comparatively...among the urban schools, some of the schools have benefited from the assembly’s provision of sanitation facilities with the construction of pit latrines with cemented floors and the distribution of dustbins...in the rural schools, some schools do have pit latrines with wooden slaps and others don’t have...those schools without toilet facilities, you see pupils running home or to nearby bush to attend to nature’s call...one big challenge which cut across schools is lack of water in schools...pupils have to visit community boreholes to fetch water for their use...some of the schools have deplorable toilet facilities and pupils can easily fall in it”. He continued by say;

“some of these schools have improvised hand washing facilities...the KGs have anal cleansing materials because parents are required to provide these materials for their ward’s use”.

5.8.4. Sunyani West District Health Directorate

The District Health directorate of the Ghana Health Service was visited as a stakeholder participating in school sanitation programmes. From an interview with the District Public Health Officer, he revealed that, the health of school age children is the responsibility of the MoH although it is often given low priority compared with clinical services and infant and maternal health, nevertheless, health education delivery by teachers or other agents can only proceed with the explicit permission of the MoH. In addition, health and hygiene messages disseminated through a project for hygiene, sanitation, and water in schools are coordinated with the messages disseminated through the MoH and GHS.

“periodically, the district with the various health posts in communities visit these schools to provide health education to these pupils...we deploy our community health officers to schools to sensitize and educate our pupils on sanitation and hygiene issues...normally during Fridays and church service times of some of the schools, we arrange with the school authorities to visit them...most of our communities have health centers and CHPS Compounds so the Health Workers there as part of providing public health education visit these schools...even during National Immunization Weeks, we take advantage of that to engage school pupils with health education that include personal hygiene and proper sanitation at homes, schools and every place they visit”.

5.9. School Level Stakeholders in WASH Activities

Another category of stakeholders who participated in the study was the school. These are the participants whose responsibilities are to see to the day-to-day running of the

school and its effective management and supervision. This group included the teachers, PTA/ SMC executives and the pupils.

5.9.1. Head Teachers

An interview with the Head teachers revealed that indeed, they are the ones always in-charge of providing sanitation and hygiene facilities as higher level authorities are not helping. In most cases, they either have to improvise through their limited resources or put pressure on assembly authorities and other stakeholders to come to their aid. One head teacher had this to say;

“Since I came here as the head teacher, I have been able to lobby for authority to provide some sanitation and hygiene facilities in the school. I lobbied through the Presiding Member of the assembly to consider us to benefit from the toilet facility...I also spoke to the Rev father whose jurisdiction the school is placed and the church provided us with a mechanized borehole for the pupil’s use...I also tasked the PTA to purchase for the school hand washing materials which some of the parents voluntarily bought some water containers to store water for hand washing...we always have soup for the pupils to wash their hands through monies realized during church service”.

5.9.2 Pupils

In an effort to find out the school children’s stake towards the improvement of sanitation and hygiene in their schools, some of the children mentioned that they clean the school toilets and urinals. They also sweep their classrooms and the school compound every morning before classes begin and empty the dust bins where available. Beyond these they observe appropriate hygiene measures like washing hands at critical times and also washing fruits very well before eating.

5.10. Community Level Stakeholders

In all the schools visited, the Parent-Teacher Association (PTA) and the School Management Committee (SMC) assumed overall management of sanitation and hygiene projects and in some cases with the collaboration of some other stakeholders at the school level.

An interview with the PTA chairman of Methodist Basic Schools, revealed that the PTA contributes sufficient funds in the management of the school activities including sanitation and hygiene projects. He stated that,

“At schools where the PTA raises a significant portion of the school’s discretionary money, the PTA has a lot of power to influence which programs are funded. Ideally the PTA works with the head teachers and other school managers to decide jointly which programs will most benefit the school”.

The PTA of RC Basic Schools also had this to say;

“we mobilise the church and the community for the project activities particularly during the construction of the sanitary facilities, even though targets were not always met...as member of the church, I sometime speak to the Rev. Minister and the leadership of the church to help the school with basic things such as bowls, soups etc...during PTA meetings I strongly push for members to accept and contribute to solving some of the basic but urgent things to promote a conducive environment for effective teaching and learning”.

6. Conclusion

Schools are the best entry points for promoting hygiene and sanitation activities, aiming at changing the behavior of children as well as the wider community. It was also noticed that, improved hygiene and sanitation is critical to health of school children and the community at large. The key role of the school is about ensuring that children are able to learn in a sanitized school atmosphere and hygienic education system. This is particularly most relevant to efforts at achieving education for all. Health problems interfere with students' ability to come to school, stay in health, or make the most of their opportunity to learn. Schools, even those with limited resources, can do a great deal to improve students' health and thus educational outcomes [22]. Good health increases enrolment, reduces absenteeism and brings more of the Children, many of which are girls to school. It is for this reason that Health policies in schools, including skilled based health education and the provision of some health services can help promote the overall health, sanitation and hygiene of these children. [8].

Findings from the research were that while most of the schools have some sanitation facilities to ensure WASH practices in these schools, none of the schools visited used flush toilets for both teachers and pupils. The use of the toilet rolls as the required anal cleansing material was also non-existent in all schools visited, as well as the provision of soap for hand washing. Some teachers asserted that they have no money for buying soap for children to wash their hands. Findings from the research indicated that funding for procuring sanitary facilities was a major challenge and parents also neglect their active involvement in helping their children observe good hygiene practices.

The findings from the field showed that stakeholders' participation towards provision of sanitary facilities in schools within the Fiapre circuit was very low.

In the light of the information gathered and presented in this study, it can be concluded that unless the identified gaps in basic school's sanitation and hygiene are closed by the

recommendations made, effective school sanitation and hygiene delivery and practice in the public basic schools and more especially those in the Fiapre circuit of the Sunyani West District will for long remain a tantalizing mirage.

7. Recommendations

From the information obtained from the field research, the researcher has come up with the following recommendations:

- 1 The Ghana Education Service should permit the PTAs to collect some minimum dues/levies to support government efforts for the provision of sanitation and hygiene facilities on school compounds.
- 2 The SHEP coordinator must design a comprehensive strategy that brings all key stakeholders together in the hygiene and sanitation promotion in all schools and also improve existing sanitary facilities in schools.
- 3 Most schools in the circuit do have sanitary facilities such as toilet, urinal and hand washing materials but in state of disrepair. The researcher recommends that stakeholders should assist in provision of toilets, urinals, solid waste containers and hand washing facilities which capital investment the schools cannot afford.

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