

Gender Responsive School Sanitation, Health and Hygiene

Minimum Standards Reference (Handbook page 47)

Category: Access & Learning Environment

Standard 3: Facilities

Education facilities are conducive to the physical well-being of learners.

Relevant Key indicators (to be read in conjunction with the guidance notes)

- ☐ Basic health and hygiene are promoted in the learning environment.
- ☐ Adequate sanitation facilities are provided, taking account of age, gender and special education needs and considerations, including access for persons with disabilities (see guidance note 3).

Guidance note 3.

Sanitation facilities should include solid waste disposal (containers, waste pits), drainage (soak pits, drainage channels) and adequate water for personal hygiene and to clean latrines/toilets. Learning environments should have separate toilets for males and females and adequate privacy. Sanitary materials should be available for females.

Background/ Rationale:

In many emergency, chronic crisis and early reconstruction contexts, where school buildings exist they are likely to have been either fully or partly destroyed, fallen into disrepair because of lack of attention and maintenance funds. Whilst basic classrooms may survive, latrines and washing facilities may not. Alternatively, where children do not have access to purpose-built schools and are learning in spaces such as mosque halls, teachers' homes, under trees in the open air, or even in a sheltered corner of a field, it is unlikely that the students will have easy access to latrines and to water and facilities for washing. Students and teachers are forced to either use nearby land or bushes, or to wait until they are out of school.

This situation has particular impacts for girls' education. Adolescence and puberty can be difficult times for all young people, but for girls in emergencies, chronic crisis and early reconstruction contexts, puberty, and especially the onset of menstruation, pose particular challenges, not least this lack of adequate latrines and necessary water supplies at school to comfortably change sanitary pads or other materials and wash themselves in

privacy. Refugee, IDP, and girls otherwise affected by crises may not be able to afford the cost of commercially-produced sanitary pads and may not have access to rags or other materials for home-made solutions. The situation may be even more difficult for very poor girls whose clothing is either too small and tight - or just torn and worn - and who do not have underwear. Both of these factors are known to affect the participation in education of girls in South Sudan, for example.

Such situations mean that menstruating girls may miss classes each month during their period. Even if they are able to attend school, with limited and make-shift sanitary materials they may be very uncomfortable and unable to participate in class out of fear that they will have an 'accident'. The same may be the case for women teachers who either fail to attend school during menstruation or who attend but are restricted in their activities.

Furthermore, students who have to use latrines that are far away from the main school compound, and possibly out of sight of the school authorities, are then at risk of sexual violence; this is especially the case for girls.

In many social contexts these issues are not openly discussed and there is stigma and/or taboos surrounding personal hygiene, health and menstruation. Particularly where education levels are low, pubescent girls and boys may have very little understanding of what is happening to them and their bodies. IDP, refugee and otherwise crisis-affected parents may lack the time and energy to talk with their children about puberty, adolescence and the physical and emotional changes they may be experiencing.

Furthermore, school curricula typically do not cover topics such as puberty and menstruation in a very sensitive way and so do not help girls or boys to understand the changes in their maturing bodies. In emergency situations, schools tend to be dominated by male teachers and there are difficulties in recruiting women (see 'Gender Strategies in Education in Emergencies: Women Teachers'); these male teachers may be un(der)trained with little understanding of and sensitivity to the challenges faced by post-pubescent girls in regularly attending school. It is often the case that where there are women teachers in a school they are fully occupied teaching in the lowest grades and so older girls in higher grades have no confidante with whom to share questions and concerns.

Promising Approaches

There is increasing recognition of the potential impact of providing separate, private and safe latrines for girls to improve school access, attendance and retention, especially for adolescent girls. Adequate facilities however are only part of the solution. We must also ensure that girls and boys are engaged in planning and implementing new sanitation projects, that they have information to understand and cope with puberty, and that linkages are

made between the infrastructure improvements in the school and the nature and quality of teaching and learning.

Process

- Different actors should be engaged and all work together to promote and implement gender-responsive sanitation, health and hygiene solutions. This includes:
 - Schools – (parents, PTAs, school councils, teachers, students)
 - NGOs and CBOs
 - Women's groups
 - Youth organizations
 - Governments – including Ministries of Education, Health, Water
 - Health providers
 - Researchers
- Particular attention should be given to ensuring that projects are designed and developed with the full participation of girls and boys. Girls are important stakeholders and 'knowers' of sanitation, hygiene and menstruation issues in their communities. They should be actively involved in decisions regarding the location, design and maintenance of school sanitation facilities.

Infrastructure development

- Adequate gender-responsive (and particularly girl-friendly) sanitary facilities should be prioritized for all school construction and rehabilitation projects.
- Relevant Sphere Standards should be aimed at in relation to the design, implementation, monitoring and evaluation of sanitation projects (see annex of relevant Sphere standards, indicators and guidance notes).
- Such guidelines should be used as advocacy tools to encourage donor funding for gender-responsive education, health and sanitation projects.
- Sex-segregated latrines should be carefully located in relation to the main school buildings; separate enough for girls to have privacy but not too far away and too isolated so as to create protection concerns.
- Handwashing facilities should always be provided, and where possible, more private bathing facilities.
- A separate and well-located latrine should also be available for women teachers, parents and other visitors to the school.

Complementary programming and linkages with school-based programs for health and well-being

- School sanitation projects to improve physical infrastructure should be linked to curriculum topics in, for example, health education, life skills, biology etc.
- The school should aim to create an environment in which open discussion of adolescent health and well-being in general, puberty and menstruation, is possible, and that menstruation and puberty are not over-problematized.
- Efforts should be made to understand local beliefs, including possible taboos around menstruation and if these have negative impacts for girls and women – and their participation in education in particular, then collaborations with women’s organizations, health workers may be required to challenge and change prevailing attitudes.
- School curricula should include puberty and menstruation, and the lessons need to be delivered by confident, knowledgeable teachers. It may well be preferable to organize some single-sex classes and to have women teachers prepared to talk with girls.
- This means that sanitation, personal health and hygiene must be included in teacher training curricula, for men and for women too (cross reference Minimum Standard Category: Teaching and learning Standard 2: Training, Guidance note 2 ¹
- In contexts where there are no female teachers, collaborations should be created with appropriate local women – for example, nurses, health workers, midwives, community leaders – who can come to the school and teach, but who also can visit on a regular basis and be available to answer girls’ questions and concerns as they arise.
- Sanitary materials should be made available for girls who would otherwise not attend school.

¹ ... Training curricula may include, but are not limited to: core subject knowledge; pedagogy and teaching methodologies; child development; teaching adults; respect for diversity; teaching of learners with special needs; psychosocial needs and development; conflict prevention/resolution and peace education; human rights and children’s rights; codes of conduct; life skills for teachers (including HIV/AIDS); school-community relations; utilising community resources; and identifying and meeting needs of transient or returning populations, such as internally displaced populations or refugees.

- Teachers and school authorities – perhaps in partnership with local women’s groups – can advocate to parents that their daughters attend school throughout their periods, and where appropriate that they be provided with adequate sanitary protection.
- Efforts must be made to ensure the sustainability of such supplies (e.g. by teaching girls to make their own pads).
- Women’s groups, female PTA members, mothers’ clubs or such could be encouraged to provide home-made sanitary pads for school girls in need. If funds are available to purchase the pads for further distribution, then the project may generate income for such groups.

Finally, it is clear that further research is required, preferably action research involving girls and boys about the short and long-term impacts of school sanitation, health and hygiene projects in emergency, chronic crisis and early reconstruction contexts. We need to better understand the particular relationships between education, gender, health and sanitation in specific contexts such as refugee and IDP camps and settlements, about how to most appropriately address local cultural beliefs about menstruation, puberty and to implement even the most apparently basic infrastructure projects in a reflective way which allows for the continual identification of critical gaps in knowledge.

Mini Case Studies

An integrated approach to addressing sanitary protection needs: IRC Ethiopia's intervention

IRC implemented a multi-sector programming to increase girls' enrollment and participation in Walanihby Refugee Camp Primary School including the establishment of a girls' school council, recruitment of a refugee girls' education specialist, introduction of school feeding, and distribution of school uniforms. To complement this, IRC started production and distribution of sanitary napkins and soap to school girls as an important strategy to increase girls' participation in the school as well as in other non-formal education activities. When IRC started its education program for the Kunama refugees, girls' enrollment, and attendance rate in the primary school was very low and the findings from focus group discussion with school girls cited the lack of protection during their menstrual cycle was one of the main reasons for low enrollment and high drop out of girls in school.

IRC started dialogue with stakeholders and brought this issue to the attention of UNHCR including proposed strategies to address the concern of girls and women in the camp. UNHCR donated fabrics for the production of sanitary napkin kits, and IRC using women graduates from the tailoring program designed and produced sample sanitary napkin kits in its vocational training program, distributed to sample group of girls and women in each zone. The sample group provided feedback on the use and quality of the sanitary napkin kits and the women continued to incorporate feedback from the refugee women and girls to improve the sanitary napkin design. The distribution is done by the IRC Reproductive health and HIV/AIDS program involving the women association members in each zone. Moreover, following vocational training on soap production, IRC added the distribution of soap as part of the sanitary napkin package in 2004-05. IRC purchases the underwear, pads and bars of soap from the women and distributes to girls and women ages 13-49 every 3 months. Each girl and woman receives 4 pairs of underwear, 12 re-usable pads, and 12 bars of soap per year.

The production of school uniforms and sanitary napkins is not solely an opportunity for women to increase their household income as distribution of these items encouraged greater enrollment and retention of girls in school.

For other examples, please see texts describing projects by CRS and the Sudan Basic Education Program: Kirk, J & Sommer, M. (2005). *Menstruation and Body Awareness: Critical Issues for Girls' Education*. EQUALS, Beyond Access: Gender, Education and Development, Nov/Dec 2005. 15. Pp 4-5.

Minimum Standards – Sphere linkages related to school sanitation

<p>INEE Access and Learning Standard 3: Facilities Education facilities are conducive to the physical well-being of learners.</p> <p>Indicators:</p> <ul style="list-style-type: none"> ▪ The physical structure used for the learning site is appropriate for the situation and includes adequate space for classes and administration, recreation and sanitation facilities. ▪ Communities participate in the construction and maintenance of the learning environment. ▪ Class space and seating arrangements are in line with an agreed ratio of space per learner and teacher, as well as grade level, in order to promote participatory methodologies and learner-centred approaches. <p>INEE Access and Learning Standard 3: Facilities (continued) Education facilities are conducive to the physical well-being of learners.</p>	<p>Sphere Shelter and Settlement Standard 2: Physical Planning Local physical planning practices are used where possible, enabling safe and secure access to and use of shelters and essential services and facilities, as well as ensuring appropriate privacy and separation between individual household shelters.</p> <p>Relevant Indicator</p> <ul style="list-style-type: none"> • All members of the affected population have safe access to water, sanitary facilities, health care, solid waste disposal, graveyards and social facilities, including schools, places of worship, meeting points and recreational areas. <p><i>Guidance note 2:</i> <i>Maximise the use of existing or repaired facilities whilst minimising the adverse effect on any neighbouring or host communities. Additional facilities or access points should be provided as required to meet the needs of accommodating the target population, and planned to ensure safe access by all inhabitants. The social structure and gender roles of the affected population and the requirements of vulnerable groups should be reflected in the planning and provision of services. Safe play areas should be made available for children, and access to schools and other educational facilities provided where possible.</i></p> <p>Sphere Shelter and Settlement Standard 4: Design The design of the shelter is acceptable to the affected population and provides sufficient thermal comfort, fresh air and protection from the climate to ensure their dignity, health, safety and well-being.</p> <p>Shelter and Settlement Standard 5: Construction The construction approach is in accordance with safe local building practices and maximises local livelihood opportunities.</p> <p>Sphere Non-Food Items Standard 2: Personal Hygiene Each disaster-affected household has access to sufficient soap and other items to ensure personal hygiene, health, dignity and well-being.</p> <p>Relevant Indicator</p> <ul style="list-style-type: none"> • Women and girls have sanitary materials for menstruation. <p><i>Guidance note 4:</i> <i>Sanitary protection: women and girls should receive appropriate material for menstruation. It is important that these materials are appropriate and discreet and that women are involved in making decisions about what is provided.</i></p> <p>Sphere Hygiene Promotion Standard 1: Programme Design and Implementation All facilities and resources provided reflect the vulnerabilities, needs and preferences of the affected population. Users are involved in the management and maintenance of hygiene facilities where appropriate.</p> <p>Relevant Indicator</p> <ul style="list-style-type: none"> • Users take responsibility for the management and maintenance of facilities
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<p>Indicators:</p> <ul style="list-style-type: none"> ▪ Adequate sanitation facilities are provided, taking account of age, gender and special education needs and considerations, including access for persons with disabilities. ▪ Basic health and hygiene are promoted in the learning environment. ▪ Adequate quantities of safe drinking water and water for personal hygiene are available at the learning site. 	<p>as appropriate, and different groups contribute equally.</p> <p><i>Guidance notes 5 & 6</i></p> <p><i>5. Managing facilities: where possible, it is good practice to form water and/or sanitation committees, made up of representatives from the various user groups and half of whose members are women. The functions of these committees are to manage the communal facilities such as water points, public toilets and washing areas, be involved in hygiene promotion activities and also act as a mechanism for ensuring representation and promoting sustainability.</i></p> <p><i>6. Overburdening: it is important to ensure that no one group is overburdened with the responsibility for hygiene promotional activities or management of facilities and that each group has equitable influence and benefits (such as training). Not all groups, women or men have the same needs and interests and it should be recognised that the participation of women should not lead to men, or other groups within the population, not taking responsibility.</i></p> <p>Sphere Water Supply Standard 1: Access and Water Quality</p> <p>All people have safe and equitable access to a sufficient quantity of water for drinking, cooking and personal and domestic hygiene. Public water points are sufficiently close to households to enable use of the minimum water requirement.</p> <p>Relevant Indicator</p> <ul style="list-style-type: none"> • Water sources and systems are maintained such that appropriate quantities of water are available consistently or on a regular basis. <p><i>Guidance note 8</i></p> <p><i>Access and equity: even if a sufficient quantity of water is available to meet minimum needs, additional measures may be needed to ensure that access is equitable for all groups. Water points should be located in areas that are accessible to all regardless of e.g. sex or ethnicity. Some handpumps and water carrying containers may need to be designed or adapted for use by people living with HIV/AIDS, older and disabled people and children. In urban situations, it may be necessary to supply water into individual buildings to ensure that toilets continue to function. In situations where water is rationed or pumped at given times, this should be planned in consultation with the users. Times should be set which are convenient and safe for women and others who have responsibility for collecting water, and all users should be fully informed of when and where water is available.</i></p> <p>Sphere Excreta Disposal Standard 1: Access to, and Number of, Toilets</p> <p>People have adequate numbers of toilets, sufficiently close to their dwellings, to allow them rapid, safe and acceptable access at all times of the day and night.</p> <p>Sphere Excreta Disposal Standard 2: Design, Construction and Use of Toilets</p> <p>Toilets are sited, designed, constructed and maintained in such a way as to be comfortable, hygienic and safe to use.</p> <p>Relevant Indicators</p> <ul style="list-style-type: none"> ▪ Users (especially women) have been consulted and approve of the siting and design of the toilet (see guidance notes 1-3). ▪ Toilets are designed, built and located to have the following features: ▪ They are designed in such a way that they can be used by all sections of the population, including children, older people, pregnant women and physically and mentally disabled people (see guidance note 1); ▪ They are sited in such a way as to minimise threats to users, especially women and girls, throughout the day and night (see guidance note 2);
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	<ul style="list-style-type: none">▪ They are sufficiently easy to keep clean to invite use and do not present a health hazard;▪ They provide a degree of privacy in line with the norms of the users;▪ They allow for the disposal of women's sanitary protection, or provide women with the necessary privacy for washing and drying sanitary protection cloths (see guidance note 4) <p><i>Guidance notes</i></p> <p><i>2. Safe facilities: inappropriate siting of toilets may make women and girls more vulnerable to attack, especially during the night, and ways must be found to ensure that women feel, and are, safe using the toilets provided. Where possible, communal toilets should be provided with lighting or families provided with torches. The input of the community should be sought with regard to ways of enhancing the safety of users.</i></p> <p><i>4. Menstruation: women and girls who menstruate should have access to suitable materials for the absorption and disposal of menstrual blood. Women should be consulted on what is culturally appropriate.</i></p> <p>Sphere Planning guidelines for minimum water quantities</p> <ul style="list-style-type: none">▪ Schools: 3 litres/pupil/day for drinking and hand washing (use for toilets not included) <p>Public toilets: 1-2 litres/user/day for hand washing and 2-8 litres/cubicle/day for toilet cleaning</p>
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Other Reference Documents

Bharadwaj, S. & A. Patkar. (2004). *Menstrual Management in Developing Countries: Taking Stock*. Mumbai, India: Junction Social Development Consultants.
<http://www.schoolsanitation.org/Resources/ReadingsGenderAspects.html>

Burgers, L., & V. Tobin. (2003). Water, Sanitation and Hygiene in Schools: Accelerating Progress for Girls' Education. *Education Update* 6. Pp 8-9.
<http://www.schoolsanitation.org/Resources/Readings/GirlsEducationUNICEFLessonsLearned.pdf>

Fong, M. S., W. Wakeman, & A. Bhushan (1996). *Toolkit on Gender in Water and Sanitation*. Gender Toolkit Series, No. 2. Washington, DC: World Bank.
http://www.wds.worldbank.org/external/default/main?pagePK=64193027&piPK=64187937&theSitePK=523679&menuPK=64187510&searchMenuPK=64187283&siteName=WDS&entityID=000094946_00121301483084

IRC (May 2005). *The School Sanitation and Hygiene Education Notes & News*. Special Issue on 'How does school hygiene, sanitation and water affect the life of adolescent girls? IRC. <http://www.irc.nl/page/22823>

Kirk, J & Sommer, M. (2006). *Menstruation and Body Awareness: Linking Girls' Health with Girls' Education*. Gender and Health Special. Royal Tropical Institute (KIT), Amsterdam. http://www.kit.nl/specials/html/gh_guest_contributions.asp

Kirk, J & Sommer, M. (2005). *Menstruation and Body Awareness: Critical Issues for Girls' Education*. EQUALS, Beyond Access: Gender, Education and Development, Nov/Dec 2005. 15. Pp 4-5.
(<http://k1.ioe.ac.uk/schools/efps/GenderEducDev/Equals%20Issue%20No.%2015.pdf>)

Lidonde, R. (2004). *Scaling up School Sanitation and Hygiene Promotion and Gender Concerns*. Paper presented at School Sanitation & Hygiene Education Symposium, Delft, the Netherlands. <http://www.schoolsanitation.org/Resources/Readings/Global-Lidonde-Scalingup.pdf>

Snel, M. (2003). *School Sanitation and Hygiene Education: Thematic Overview Paper*. IRC International Water and Sanitation Centre (IRC)

World Bank. *Toolkit on Hygiene, Sanitation, and Water in Schools*.
<http://www.schoolsanitation.org/>