Field mission in Senegal highlights strengths and weaknesses of sanitation programmes

A field mission by the joint programme across various regions in Senegal last July, shows the conditions and maintenance of sanitation infrastructures which are still not accommodating Menstrual Hygiene Management (MHM).

The field mission led by Massiré Karé, the programme’s hygiene, sanitation and social engineering consultant was set to collect data in order to make proposals for a better integration of MHM into sanitation projects. It was also aimed at proposing technical and practical solutions that can be included in the new policy of the Government of Senegal and its existing manuals.

The expert looked at schools, health facilities, markets and other public places in 13 municipalities and have visited a total of 25 public institutions and spaces.

More than half of the schools in the Kédougou region have no latrines. In many schools where there are toilets in most cases it consists of only one latrine.

In other regions, although the situation seems to be better than Kédougou, efforts still need to be made to ensure that all pupils have access to adequate sanitation facilities. Moreover, gender-sensitivity and the accommodation of MHM is still far from reality in all these sanitation facilities.

At all visited infrastructures the common problem was the low and inadequate

There needs to be an understanding that sanitation is about dignity.

Massiré Karé

Sare Dianfo public school in Kolda. In red, toilets with no doors and no light; in yellow, toilets for girls on the left and boys on the right, both also used by professors.

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frequency of cleaning facilities. For schools it stood at once or sometimes twice a week and for health structures one time per day. There is also a lack of cleaning products because there is no budget allocated.

The lack of maintenance of toilets leads to their non-use by the pupils especially girls and contributes to a loss of school hours.

For markets and public places, the situation of sanitation infrastructures is worse often leading to the non-use of latrines and to open defecation.

“There needs to be an understanding that sanitation is about dignity,” said Karé, who adds in his observations, that none of the infrastructures accommodate MHM.

However, some efforts have been made by the Government of Senegal to take into account persons with reduced mobility (with ramps, chairs in one of latrines).

Recommendations to improve the conditions of sanitation infrastructures include safe water supply points, handwashing points and sustainable sanitation facilities in all schools and other public places. In addition, proper design of structures should include an operating and maintenance plan to avoid the rapid deterioration of the installation, this plan needs to be validated before construction. It should also identify who is responsible for cleaning and maintaining the facility with the associated costs.

The team has proposed essential criteria to consider for sanitation infrastructures. In schools, children should feel safe when using the toilet and should have their privacy with complete hand washing devices with soap installed near the toilet.

Infiltration pit toilets should be located downstream from a source and at least 20-30 meters from wells and water sources. For children in wheelchairs or on crutches installations must be equipped with ramps, wider doors, extra space in the cabins, handles and switches at good height and with toilet seats of adequate size.

Toilets must be easy to keep clean to encourage use and should not present a health hazard, in addition they must be equipped with a system to discard sanitary towels and other feminine hygiene products, give women the privacy necessary to wash and dry their sanitary towels.

For health facilities, toilets should be designed according to the technical and financial means available and be to local cultural and social requirements to meet the needs of users of all ages and categories.

There should be no risk in using them, they should be of easy access and a water source for handwashing should be located near the toilet. The cleanliness and proper functioning of the toilets has to be ensured at all times by a cleaning and maintenance service.

The results of this mission, organized in partnership with the Government of Senegal, were taken into account, particularly in the formulation of recommendations. With a view to achieving the objectives of sustainable development, particularly regarding target 6.2, the implementation of these recommendations has started and results are expected in the coming months at local and national level.
Women and girls need water source located near the toilets

KEY CHALLENGES TO BE ADDRESSED FOR A SUSTAINABLE USE OF SANITATION FACILITIES

- Lack of maintenance
- Poor quality
- Lack of security
- Absence of water
- Insufficient number of toilets
- Lack of social sensitivities
International norms and standards on WASH in schools and refugee camps

1. Available norms on ratios for WASH in schools

WASH facilities must provide sufficient capacity and minimal waiting time. For water use in schools, WHO and UNICEF apply a ratio of 5 liters per student per day for drinking and hand washing.

When there are not enough toilets, taps and waste bins for the number of schoolchildren, they inevitably urinate and defecate elsewhere, ‘forget’ to wash their hands, throw garbage on the ground or drink water from unsafe sources.

Ensuring the right capacity in facilities is usually not a matter of applying a simple ratio.

Different literature and country standards use a ratio of 1 toilet for 20-40 children. Beyond the total number of schoolchildren, factors that determine required capacity may include the times when children are allowed to go to the toilet, drink water or wash hands, and the number of classes and future growth of the school population. (Source: Child Friendly School Manual, UNICEF https://www.unicef.org/publications/files/CFS_WASH_E_web.pdf)

UNICEF/WHO guideline standard for student-to-toilet compartment ratio is 25 girls per toilet compartment and 50 boys per toilet compartment when a urinal is available, plus one toilet for male staff and one for female staff. (Source: WASH for school monitoring Package https://www.unicef.org/wash/schools/files/wash_in_schools_monitoringpackage_.pdf)

2. WASH in refugee camps

**Toilet access.** Toilets should be evenly dispersed throughout the camp; no dwelling should be more than 50 meters from the nearest toilet.

**12. Universal access.** Make sure that all toilets can be used safely by all refugees, including children, older persons, and pregnant women. Collect data on users who have disabilities and construct dedicated toilet facilities as near to them as possible. (For more information, see the Handicap International Guidelines).

**13. Hand-washing.** Ensure that all public toilets, communal toilets, shared toilets and household toilets have hand-washing facilities, with soap (or a clean rubbing agent), and that arrangements are in place to ensure they remain functional.

**14. Toilet cleaning and maintenance.** Ensure that toilets are kept clean and maintained, in a manner that does not deter use. Put in place a budget adequate to cover operational and maintenance activities. Particularly in the first phase of an emergency, you may need to offer incentives for toilet cleaning; if so, provide hygiene non-food items rather than cash.

**15. Disaggregated distribution.** Provide three female toilets to every male toilet, based on disaggregated population numbers. Toilet blocks must be segregated by sex and marked with culturally appropriate signage.

Ensure that emergency excreta management programmes switch into transition programmes as quickly as possible. Construct shared and household toilets aiming for a ratio of 1 latrine per 5 persons if it becomes clear that the humanitarian situation will last for longer than six months. (Source: UNHCR Emergency Handbook https://emergency.unhcr.org/entry/39930/wash-in-camps)
Field Mission in Cameroon uncovers concrete steps to improve MHM in refugee camps

A field mission in refugee camps of Cameroon offered valuable insights on the challenges of menstrual hygiene management (MHM) in humanitarian settings. The mission undertaken within the framework of the Joint Programme, focused on three separate refugee camps that are home to some 38,000 men, women and children. The results reveal the difficulties women and young girls face in managing menstruation as well as specific recommendations for improvement of sanitation and hygiene facilities in the camps.

Timangolo refugee camp

Purpose of Cameroon refugee camp field mission

The purpose of the mission was to identify the specific needs of women and girls and better understand perceptions of menstruation among the refugee community. It explored information needs, current practices and waste disposal in the context of the Joint Programme’s three pillar approach: addressing taboos; adequate MHM; safe reuse and disposal solutions for menstrual hygiene products. The preliminary study assessed the state of existing toilet facilities in the camps and identified solutions for adequate management of menstrual hygiene and better integration of MHM in the context of a humanitarian response. Data collected will be used by Joint Programme partners to aid planning and accelerate policy and practices to support equity and the human right to water and sanitation for women and girls in West and Central Africa.
Safety, a key issue for women and girls in the camps

Most latrines in the camps are not segregated and lack doors and locks to ensure privacy. At night there is no lighting, further exacerbating the risks for their safety.

More toilets needed as well as better maintenance

One of the biggest constraints for women and girls in managing menstruation is the insufficient number of toilets and low standards of cleanliness and maintenance. With one latrine for every ten households, on average, there are often long queues and waiting times. In addition, the latrines are poorly maintained and designed, and lack the basic range of facilities required for safe menstrual hygiene management, such as private and segregated cubicles that can be locked and provide enough space to change, sufficient and reliable running water, soap and a clothes line for drying reusable sanitary pads. Facilities are even less suited to women and girls with disabilities.

Participants in the preliminary study recommended separating toilets for males, females and children, increasing the number of toilets and renovating old facilities. They noted that responsibility for cleaning the toilets falls largely to the mothers and responsibility for this task should be more evenly shared. They also suggested the need to build toilets adapted specifically to the needs of disabled people, equipped with running water and located near to their homes for ease of access.

Population of refugee camps in the study:

Gado-Badzere 25,000
Ngam 6,500
Timangolo 7,500
Menstrual waste management: an overlooked issue

Little attention is paid to the important subject of menstrual waste management or environmental concerns. There is no systematic approach to waste disposal of sanitary materials in the camps. Used materials are variably buried in small holes, thrown in the toilets/latrines and sometimes in the river, sometimes burned or placed in regular garbage bins, rubbish pits or discarded randomly in the bush. Men and women in the camps both feel the lack of proper waste management has potential negative consequences for their health, although these sentiments may be hard to separate from underlying myths and taboos surrounding menstruation. During the preliminary study, camp management recommended the installation of a separate waste disposal system for the disposal of used sanitary materials.
Women and men part of the solution

One of the key components of the study was the involvement of both men and women in the focus groups in recognition of prevailing societal norms and the broader influence of gender relations in menstrual hygiene management. In predominantly Moslem and patriarchal refugee communities, such as the camps in Cameroon, men and women have distinct roles and taboos and myths around menstruation often serve to create further barriers to women's empowerment. Men accounted for 45% of the total of almost 300 people who took part in the study, a figure that acknowledges the central role they will play in implementing the recommendations.

Within family groups, and alongside certain myths and taboos surrounding menstruation, men and women admitted discussing the topic in the home environment. One male leader voiced concrete examples of how MHM could be improved: "Shops selling sanitary products, more water taps, more segregated toilets for women....separate toilets for men and women, waste bins, have cleaning products in the toilets and strengthen the committees responsible for managing the toilets".

Women expressed their desire to make their own sanitary pads, an opportunity, they felt, would bring multiple potential benefits: "This would be a chance to save money and also earn some money if we could sell them. It would help us look after ourselves, we would not have to always wait for the camp supplies and we would be sure to have them whenever the need arises".

Separate toilets for men and women, waste bins, cleaning products in the toilets and strengthen the committees responsible for managing the toilets.

Male leader – concrete examples of how MHM could be improved.
Tackling menstrual waste management in West and Central Africa

The lack of adequate sanitation and waste systems, alongside the increasing use of disposable sanitary products, presents a considerable challenge for sustainable waste management across Africa. A technical workshop hosted by the Senegal Ministry of Environment and Sustainable Development in October brought together around fifty experts from a range of ministries and disciplines to tackle this issue and develop recommendations for menstrual waste management at the household and health facility level in Joint Programme countries (Cameroon, Niger and Senegal).

Weak enforcement of waste management laws and sanctions poses an ongoing challenge for sustainable waste management in West and Central Africa. Waste disposal facilities in places frequented by women and girls, such as schools, transport hubs and markets are extremely limited. In addition, waste management efforts have typically focused on urban areas neglecting the growing need in rural areas for sustainable systems for waste collection, management and elimination.

Some positive examples of progress were highlighted: Senegal’s National Waste Management Program has adopted an inclusive approach by devolving waste
management to the local government and introducing awareness-raising initiatives such as National Recycling Day and an alert system to monitor waste management at the community level in the region of Dakar. Schemes for community-wide collection and recycling of waste have been successfully piloted in several towns and cities in Senegal. In Cameroon, the recruitment of ‘hygiene police’ has helped to enforce sanctions on individuals who commit offences related to waste management.

Several practical examples of waste management initiatives in Kenya were also presented, including: the use of WHO-recommended guidelines for health care waste management to implement a colour coding system for hospital waste and classification of bins for waste segregation; new technologies for waste incineration and eco-friendly waste disposal; and the generation of biogas from human and animal waste to produce electricity. Five different technological options for composting different types of waste in India were also highlighted including using various species of worms, a process known as vermicomposting.

The lifespan of waste in nature

### SOME RECOMMENDATIONS ON MENSTRUAL WASTE MANAGEMENT EMERGING FROM WORKSHOP

- **Raise awareness of the negative consequences of poor waste management on health and the environment.**
- **Develop waste management systems at the local level and facilitate access to water, sanitation and waste disposal for women and girls, especially in rural areas.**
- **Involve women in the design of sanitation and waste management structures to ensure menstrual waste-related needs for disposal, collection and treatment are taken into account.**
- **Support private sector development of menstrual waste management products that are environmentally friendly and accessible for women and girls.**
Integrating Menstrual Hygiene Management in municipalities budgets in Cameroon

Five municipalities in Cameroon have committed to integrate Menstrual Hygiene Management (MHM) into their plans following a series of workshops on MHM organized by the Joint Programme in October in Cameroon.

The objective of these sessions was to emphasize the specific sanitation and hygiene needs of women and girls as well as the requirement for municipalities to take them into account in local development plans.

Around 169 local elected officials and community leaders in the localities of Meyomessala, Batchenga, Ntui, Edéa and Idénau took part in the workshops that familiarized the participants with the concepts of MHM. They expressed their satisfaction of the workshop as it made them realize the importance of MHM and the need to promote good practices. They were able to break the silence surrounding menstruation and learn how to manage it safely and hygienically while also managing and eliminating menstrual waste in compliance with environmental ethics.

Following the workshops, the five communes (Batchenga, Edea, Idénau, Meyomessala, Ntui) committed to integrate women and girls’ sanitation and hygiene needs into their municipal plans and budgets for 2017, taking MHM as an entry point to hone their commitments to achieve the Sustainable Development Goals. In addition, dozens of secondary schools in those municipalities will integrate MHM into their 2016-2017 curricula.

Platforms have been set up in each locality to support the work of the municipalities on MHM and gender, hygiene and sanitation. These platforms will operate at the level of each village and district as a tool of social mobilization to foster and promote good practices on sanitation and hygiene across the country.

The five communes committed to integrate MHM into their municipal plans and budgets for 2017:

1. Batchenga
2. Edea
3. Idénau
4. Meyomessala
5. Ntui

Around 169 local elected officials and community leaders in the localities of Meyomessala, Batchenga, Ntui, Edéa and Idénau took part in the workshops that familiarized the participants with the concepts of MHM.
Next steps

January:
Joint Programme Steering Committee Meeting in Senegal

February:
Policy Workshops in Cameroon and Niger

March:
61st Commission on the Status of Women

Acknowledgements

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