

## Behaviour change for improved hygiene and sanitation: not just a household affair!

*There is common agreement in the WASH sector that household hygiene and sanitation in rural areas in developing countries is, first and foremost, the responsibility of the household. With the Community Led Total Sanitation (CLTS) approach, a stronger role of the community has been introduced in changing the hygiene and sanitation behaviour of the household members.*

*The PILS<sup>1</sup> (Performance Improvement through Learning in Sanitation) project in three districts in Northern Uganda<sup>2</sup> has focused on strengthening the supporting role to communities of local government and Civil Society Organisations (CSOs) by facilitating district- and sub-county-based learning and action research. Working in a post-war environment, PILS has shown that improvements in coordination and the introduction of a learning process among the decentralised stakeholders can contribute to innovation, better financing and local solutions. The experiences with the PILS project can help the development of hygiene and sanitation policies and their implementation in Uganda.*

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### The hygiene and sanitation context in Northern Uganda



*Demonstration Arbour Loo Kitgum, Uganda  
(photo: Valérie Bey – PILS)*

After more than 20 years of insurgencies, Northern Uganda is going through a transition phase from heavily externally-supported humanitarian aid to peace and sustainable development. Most Internally Displaced People (IDPs) have left the camps and are now either in transition camps or have returned to their villages. At the same time, many humanitarian NGOs and UN agencies have left Northern Uganda and have substantially reduced their programmes there.

The returnees are faced with many challenges to develop their livelihoods and get to grips with the routines of daily life. In fact, most have to start from scratch: building shelters, cultivating the bare land, and building a secure environment for the families. The reported latrine coverage in Northern Uganda varies between 40-55% (SPR 2011) and 10-35%

<sup>1</sup> PILS is funded by the Austrian Development Cooperation (ADC) and implemented by a consortium consisting of IRC (International Water and Sanitation Centre, NETWAS Uganda and Caritas Gulu

<sup>2</sup> Gulu, Kitgum and Pader districts: Pader was split into two districts during the course of the project and the project therefore also implemented some activities in the newly-formed Agago district.

(Health Inspectors reporting during PILS meetings in 2010), with handwashing practised by 20-25% of the households.

### **Attitude and dependence**

Having been in camps for more than a generation, and fully dependent on food, housing, health and education assistance, has made many people ill-equipped to fend for themselves. Helping them to take responsibility for their own family development and become less dependent on external aid needs a structured approach. Moving from dependency to actively taking initiatives is a great challenge. Constructing sanitation and hygiene facilities may be largely postponed, because of lower priority compared to other activities, and people may fall back some rungs on the hygiene behaviour and sanitation ladder they were on while in the IDP camps. The disease and public health risks are high, which will have a direct effect on their new livelihoods. All stakeholders alike in Northern Uganda received, until recently, relatively high funding levels from foreign aid sources. In a humanitarian situation people have no other option than receiving external aid. In Northern Uganda, it has made them dependent on external donations for the last 22 years or more. That dependency has shaped the attitude of an entire young generation. That same generation now has to build its own new livelihoods. The attitude of dependency needs to transform into responsibility to build up its own future, largely within the new conditions and limitations, but also with new positive prospects in agriculture, small businesses, etc. The attitude also refers to improving sanitation and hygiene conditions, taking up responsibility using local resources for replicable and sustainable solutions.

But the same dependence attitude also exists among the district and sub-county government and local NGO/CBO staff. They also have to change and take up their responsibilities towards another mode of planning, implementation and funding levels.

### **Local government, local NGOs & private sector**

*During the Inter District Meeting in August 2011, organised by PILS, there was a lively discussion around the apparent insufficient awareness on all sides of what others in similar fields are doing. The case is the participatory monitoring system developed by a NGO with the local government in Pader. The district where the new tool is or was? tested was at the time unaware that there is or was? already a central monitoring tool of the Ministry of Health: the Household Assessment Book or HAB. It was concluded for the future that early communication and exchange of experiences, and connecting the central and decentralised levels at an early stage is crucial for the uptake of innovations.*

The district and lower local governments face many challenges in this changed context of new settlements and the need/demand for central government support. New Government of Uganda and Development Partners' funding mechanisms have been established but will probably be insufficient to address all development demands adequately. In addition, the governance responsibilities and tasks that will need to be carried out in other districts in Uganda will, for many, still be an uphill struggle. The capacity at the decentralised levels is further challenged by the rapid increase of the number of districts over the past few years: from 80 in 2006 to 111 in 2012. Local NGOs face funding gaps as many humanitarian funders have left the

region. The private sector is barely present in the rural areas because of low demand and profitability. At the same time, the PILS project assumed that the new situation would create opportunities to look at the tasks differently from the perspective of governance, planning, implementation and roles and responsibilities.

## The learning approach and methodology of PILS

The overall aim of PILS is to strengthen good governance in sanitation and hygiene at the decentralised levels, by increased efficiency and effectiveness of the sanitation and hygiene support services. Local government, NGOs, the private sector, schools and households are the main players, and improvements can only be achieved with optimal coordination, harmonisation and collaboration between them. This is primarily the task of the District Water and Sanitation Coordinating Committee (DWSCC), the institution where the PILS initiative is anchored.

Figure 1?

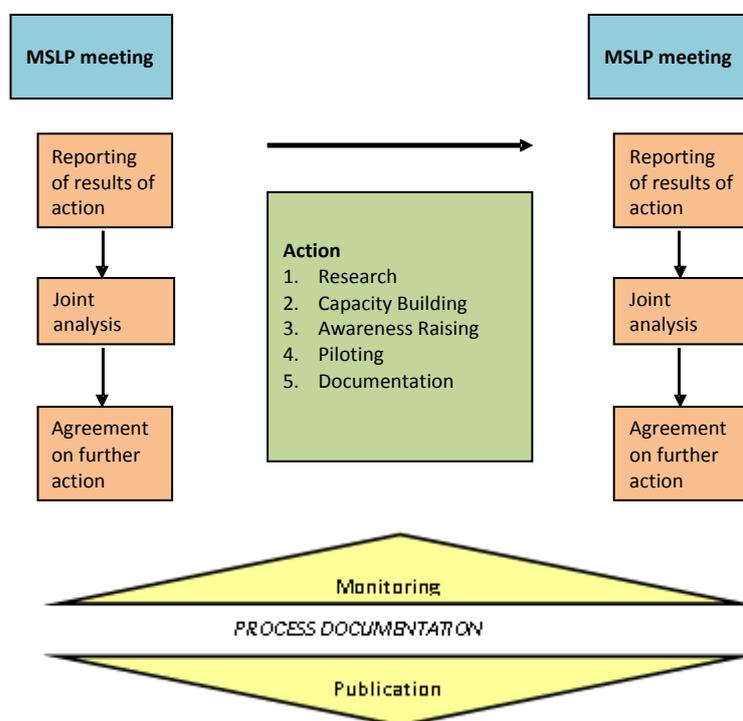


Figure 1: Multi Stakeholder Learning Platforms (MSLPs) and action research process

Procedures, guidelines and standards set by government and partner organisations in general define the way we work. Technical innovations, approaches and changes in our work procedures do not come about automatically. PILS's starting point is that in order to make any improvement we have to learn: learn about current sanitation and hygiene practices; how promotion is organised; about successes and failures; and how we can improve. To facilitate learning, PILS is using learning platforms and action research (see figure 1). The learning platforms take place at district and sub-county levels involving all key

sanitation and hygiene stakeholders. The issues for action research result from the multi-stakeholders learning platform (MSLP) meetings. Findings are reported to DWSCC and discussed during Inter District meetings. Next to stakeholders from the PILS districts, these meetings also involve national stakeholders from the National Sanitation Working Group (NSWG).

## What can be learnt from the PILS experience?

What follows are the key learning's from the PILS experience. They all address the support mechanisms that are in place or are lacking in Uganda to facilitate household access to safe sanitation and hygienic behaviour.

### **No surprise here: dedicated staff and resources for sanitation and hygiene make a difference**

The area that has probably the most obvious impact on how effective sanitation and hygiene are promoted is the number of staff deployed, in particular the number of Health Workers involved in sanitation and hygiene promotion. In Gulu district, the health staff occupation rate rose from 35 to 72% between 2007 and 2011. The latrine coverage figure increased during the same period from 26 to 62%. The Health Inspector of the district attributes this to the fact that the higher number of staff has allowed for more frequent interaction with the communities and also better collaboration with the local NGOs to coordinate the promotion and monitoring activities.

In Pader district, it was determined during the first learning meeting that each sub-county (average 20-30,000 inhabitants) had a yearly budget in 2009 of approximately 60,000 UGX (= app. 30USD) per quarter for sanitation. It was also noticed that the allocation for sanitation and hygiene of the Ministry of Health grant is only 10% of the total, while even of this 10% the sub-counties were not made aware. Furthermore, sanitation and hygiene were not included as a separate component in the district rolling plan. In all three districts the DWO and District Health Inspectors informed the next learning meetings that most of the sub-counties had been able to increase the allocation for sanitation and hygiene and that the pooling of resources of the Ministry of Health and the Ministry of Water in Pader District had led to higher efficiency and increased latrine coverage from 25 to 40% in 2011. Nevertheless, in general all three districts where PILS is working kept repeatedly stressing the problem of inadequate resourcing of the subsector. In Adilang sub-county (Agago District), the budgets allocated to sanitation and hygiene were increased from UGX50.000 to UGX1.500.000 in 2011. The latter is still only 50UGX or 0.02 USD per person per year!

### **Working together on the basis of common information leads to higher effectiveness**

All stakeholders agree in principle that better coordination at the district and sub-county levels leads to more effective promotion of sanitation and hygiene. An important basis for better coordination is having access to reliable information. The assistant District Water Officer (ADWO) of Gulu, Laker Florence, expressed support for the use of a common database on Water, Sanitation and Hygiene (WASH): *'The data is used by the district (District Water Office, District Health Office, District Education Office, District Community Development Office, District Planning Office, etc.), WASH partners and line ministries for a great number of purposes: for planning, to portray the WASH situation in the district, for advocacy and lobbying for WASH resources, for allocation of WASH activities to partners, for focusing sanitation improvement*

*strategies and approaches like CLTS and home improvement campaigns in poor performing villages, and for policy development.'*

In Gulu, the sanitation coverage had dropped significantly in the post-war situation when many people returned to their villages from the camps. Since 2008, joint efforts by both government and civil society led to a substantial increase in latrine coverage in the district from 26 to 62% in 2011. According to the assistant DWO, important reasons for this success have been:

- The data available so far has enabled the District and its partners to set priorities and design appropriate strategies for the villages performing poorly in terms of sanitation, thus increasing the general sanitation status in Gulu District, mainly due to the commitment of the Village Health Teams, Health Assistants and World Vision support.
- Coordination between the District and partners has greatly improved because the partners know of the existence of the database and provide data on their areas where they work.



*Learning session in district, Uganda (photo: Daniel Mwesiige – PILS)*

However, at the same time it is a major challenge to maintain this database due to:

- The lack of a specific budget to collect sanitation data, because both for the Health and Water sectors, sanitation is treated as an adjunct activity, not receiving priority on its own.
- Data management requiring frequent updates.
- Use of the data can only happen via the DWSCC meetings, which often struggle with low turn-out of stakeholders. This low turn-out also negatively affects the continuous update of the database, as stakeholders don't report regularly on their activities.
- The absence of sanitation bye-laws also reflects the relatively low priority sanitation and hygiene receive, which can also be seen by the weak political lobby for hygiene and sanitation compared to water issues in general.

The key stakeholders, both of local government and civil society, agreed that better communication and consultation will contribute to learning at the local level and in turn will contribute to more harmonisation of approaches and more effectiveness of the efforts.

## Providing space for learning reduces fragmentation, motivates participation and uptake for innovation

*Examples of benefits of the district and sub-county learning platforms:*

- *Participants from Pader were able to appreciate how low-cost ecosan technologies work and this inspired them to plan for adoption of the technologies and to begin reviving the use of ecosan UDDT-latrines (Urine Diverting Dry Toilet) at District and school level*
- *The DWSCCs were revived as a result of discussions in the learning platforms on the need for coordination*
- *In Kitgum, it led to sharing of facilities, such as transport and experiences. The media were brought on board and they offered an opportunity for community discussion of sanitation and hygiene issues in a poorly performing village. This was aired on the local radio and helped in sensitising the public*
- *At the sub-county level, the learning meetings empowered the stakeholders to work better with the communities. It was particularly appreciated that common challenges in sanitation and hygiene were discussed and information was shared that could directly be applied in their work.*

Under the PILS project, District learning platforms, sub-county learning platforms and inter-district platforms were organised for stakeholders. Participation in the platforms was reported to be mostly good, offering an opportunity for sharing of experiences and challenges, and therefore helping to decide on the way forward in a participatory manner. Some of the learning platforms also included field visits to (for example) low-cost ecosan demonstration toilets.

During the District and sub-county learning platforms approaches, tools, case studies, best practices and new technologies were shared among sector actors. This enriched the thinking and practices of actors in the sector across all three districts as the District Health Inspector of Gulu remarked: *“before PILS, none of us knew how to document success stories but today, we have case studies of our good practices being shared.”* It also widened the scope of what activities stakeholders plan for and what approaches to use. For instance, all three districts have adopted CLTS and School Health Clubs in the new financial year as approaches for improving hygiene and sanitation.

The learning platforms partly fulfilled the role of the coordination meetings, e.g. in avoiding duplication and more efficient use of resources. For example, the DHI office in Kitgum stopped all the NGOs from triggering CLTS without proper training, which has enabled NGOs to work together with the department to support and provide manpower while using the approach. Allocation of money for activities was often discussed, which led to improved allocations for facilitation of both the DWSCC and Sub-County Water and Sanitation Coordinating Committee (SCWSCC) meetings, especially in Kitgum and Pader Districts.

### **The learning platforms strengthen links and improve local networking**

The learning sessions create new links and connections and provide an opportunity for people to meet and learn about each other's work. The districts of Gulu and Kitgum have introduced

google groups to which all the sector players have subscribed. The learning platforms also bring new stakeholders into the network. One example is primary schools and parish chief health teams, which are better connected with the sub-counties.

Next to the meetings at district level, sub-county quarterly meetings were held to review and plan for the SCWSCC activities. The sub-county chiefs hailed these meetings as very helpful in informing the annual sub-county development plans, particularly the sanitation and hygiene sector. “They have helped us identify problems of sanitation and hygiene in schools, they have helped us plan and harmonise activities”, noted the Akwang sub-county chief.

### **Districts regard support from central levels as essential**

During one of the inter-district meetings organised by PILS, the stakeholders emphasised the need for support from the Ministries and their agencies, such as the Technical Support Unit (TSU), in the following areas:

- Harmonisation of data and statistics in the districts with the data of the Ministries of Water and Environment (MWE) and Health. The district should get better and more user friendly access to data that is processed (e.g. for the Water Atlas) for planning and resource allocation purposes.
- Communication and collaboration mechanisms between national level (National Sanitation Working Group (NSWG) and ministries), TSUs and local government are insufficient. Local elected leaders often do not have sufficient knowledge and understanding (including governance experience) to implement a correct interpretation of the sanitation policies.
- The harmonisation mechanisms, such as the DWSCC, between government, NGOs and the private sector need to be further improved to ensure that NGOs’ and private sector’s work are in line with the official sector requirements. Participants requested a more prominent role of the NSWG in providing guidance to the decentralised stakeholders.

### **Local leaders become role models**

Politicians across the three districts have become much more involved in the sector. Their relationship with the local government staff has improved and they also understand better the challenges that local government is facing. This has been a significant improvement since the start of the PILS project, when politicians sometimes worked against efforts of the local government departments and NGOs. The direct involvement of local leaders, elected and administrative as well as traditional leaders, in sanitation and hygiene promotion, can have a big impact. This is shown by the case of Adilang sub-county in Agago district. Spearheaded by the head of the sub-county, the LC3, the leaders agreed that they would start making their own homes examples of safe hygienic behaviour. Community members are directly encouraged to follow their examples. They also agreed to establish bye-laws for safe sanitation and hygiene to promote facilities in some institutions, such as schools and government offices. In Adilang, the budget for sanitation and hygiene was also increased significantly. Another important initiative has been that local leaders involved themselves directly in specific monitoring and coordination meetings for sanitation and hygiene. During these meetings, direct feed-back to solve problems was also provided. The meetings also contributed importantly to a more effective involvement of the different stakeholders.

## Recommendations for implementation of sanitation and hygiene policies

As implied by the title of this paper, safe sanitation hygiene behaviour is not the sole responsibility of the individual households. In the previous section, a number of examples have been given on how the functioning and behaviour of the different supporting stakeholders can positively influence the behaviours of the households and the communities. On the basis of these experiences, a number of recommendations are made for the implementation of sanitation and hygiene policies in Uganda.

### Resource allocation for sanitation and hygiene

For effective policy implementation, it is essential to know what resources and capacities are needed. This is an area where the Ugandan sanitation and hygiene sector still has much to learn. During the implementation of PILS, it was clear that budgets for the promotion of sanitation and hygiene are heavily under resourced. In some cases the districts were not sufficiently aware about how the (small) budgets available should be used. Even less is known about how much it will cost to maintain behaviour change and prevent households or whole communities slipping back to old behaviour. It has also been noted that the capacity available for effective sanitation and hygiene promotion is not sufficient. It will be necessary to allocate dedicated time and resources to health workers and extension staff for the promotion and monitoring of sanitation and hygiene. To provide a firmer basis for resourcing the sector, it would be helpful to carry out a comprehensive analysis of what resources will be required for triggering and promoting behaviour change in sanitation and hygiene, but also of how to maintain the changes achieved. A methodology that can be applied is the Life-Cycle Cost Approach for sanitation, currently being developed and tested in India, Burkina Faso, Ghana and Mozambique<sup>3</sup>, of course building on what has already been done in the area of costing for sanitation and hygiene by the different organisations in Uganda. What is encouraging is that from 2012 onwards, the sanitation and hygiene budget is increased with the help of the Uganda Sanitation Fund<sup>4</sup>.

### Anchor learning for WASH in the districts

The PILS project illustrated the importance of stakeholders at the local level meeting to coordinate their efforts, to discuss issues and seek local solutions. The latter is even more important, taking into account that most of the problems are local problems (except perhaps the shortage of resources). Therefore, the solutions will also need to be found locally. Almost without exception, the stakeholders at the decentralised levels have experienced the benefits of meeting each other and sharing knowledge.

At the same time, it is important to realise that the improved coordination and the learning and sharing has taken place in a project context. Although in a limited way, the project contributed to the learning meetings with staff time and costs for travel and food. To make the coordination and learning mechanisms sustainable, the funding of the activities has to come, to a great extent, from the district stakeholders themselves with a relatively small contribution from the

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<sup>3</sup> <http://www.washcost.info/page/1626>

<sup>4</sup> <http://www.wsscc.org/countries/africa/uganda/global-sanitation-fund>

centre. The three districts where PILS has been working all had access to multiple resources, from three different ministries and a number of NGOs. The same is true for the available staff capacity, which consists of both government and civil society staff. There is therefore a strong need for coordination to be able to use these resources effectively. The government has already made the DWSCC meeting mandatory, which is a commendable step in the right direction. It is encouraging that in more and more districts, coordination meetings at the sub-county level (SCWSCC) are organised.



*District learning meeting, Uganda (Photo: Daniel Mwesiige –PILS)*

The PILS experience reveals that, in particular for learning and sharing purposes, these meetings were seen as very fruitful. It has also been noted that the water agenda still heavily dominates the sanitation and hygiene agenda.

One challenge has been the irregular attendance of the meetings, in particular by the civil society organisations. In some cases this can be attributed to poor organisation and facilitation, but in other cases it

also seems to be low priority. It has been noted that when the CAO or the DWO took full ownership of the meeting and mobilised the stakeholders directly, the turn-out in general was good. This suggests that strong leadership can contribute to more effective coordination and learning.

Another challenge for the coordination meetings is the facilitation of the costs for participating. As the districts now have budgets for these meetings, it would be good to look into possibilities for civil society organisations to contribute to coordination as well. This could be a fixed amount per year or a percentage of the turn-over of the organisation in a particular district. This is fully justified, as coordination will strongly contribute to the effectiveness of the civil society interventions.

It is encouraging that stakeholders have started discussions on how they can continue with the coordination, learning and sharing meetings after the project is finished. Caritas Gulu seems determined to find a more sustainable solution and is planning to consult all the members on the forums on how they can contribute and make the meetings a collaborative effort.

### **National support to the districts and sub-counties**

There are a few areas for which support from the centre has been clearly identified. A first area for support is monitoring, in particular to ensure that the stakeholders in the district have access to the data of the ministries. It should be explored how innovative approaches (such as using the mobile network for capturing data and the web for easy access) that are implemented and piloted in different parts of the world (including Uganda), can contribute to more user-friendly access to data at decentralised level.

A second area identified is a continuous need for capacity building of local leaders and staff of government and civil society organisations, mainly for mitigating the effects of staff turnover, but also for uptake of innovations, new policies and approaches. The Technical Support Units of MWE are probably the best placed at the moment to have a coordinating role for capacity development in sanitation and hygiene at decentralised levels. Their linkages with the Ministry of Health (MoH) and the Ministry of Education and Sport (MoES, for school WASH) will need to be improved, and a structural partnership with civil society organisations in the regions will be necessary for pooling of resources and capacities.

A third area is the long pending harmonisation of the policy implementation between the three ministries: Ministry of Health, Ministry of Education and the Ministry of Water and Environment. It is generally felt in Uganda that the MoH doesn't take sufficient leadership for sanitation and hygiene as their focus is more geared towards curative health and vaccination programmes when it comes to preventive health care. One suggestion is to have a closer look at how change came around in Kenya after a separate Ministry of Public Health and Sanitation was created, which has taken a strong leadership on promoting safe hygiene and sanitation behaviour. Another is to explore and learn from the experience of Rwanda, where the MoH has fully embraced sanitation and hygiene promotion.

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