



Ministry of Health
Environmental Health Division



SUMMARY REPORT
Sanitation Best Practice Workshop

Jointly Organised By:

- *Sanitation Working Group (SWG)*
- *Environmental Health Division (MoH)*
- *Water & Sanitation Program (World Bank)*

3rd - 5th February 2004

Sunset Hotel, Jinja, Uganda

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1.0 Introduction

The Environmental Health Division of MoH together with the Sanitation Working Group (for which EHD acts as the Secretariat) organized this three-day workshop in Jinja. It was supported and funded by WSP while DWD funded the attendance by representatives of all eight TSUs. There were 83 participants including representatives from the Ministries of Finance, Water, Gender, Health and Local Government as well as from the NGO and Development Partner community. Over half the participants were senior district officials from a wide selection of districts. They certainly added considerable seriousness and inspiration to the deliberations on how to strengthen advocacy and raise the profile of Sanitation in their respective districts and plan a practical Way Forward to implement Best Practice of Sanitation in Test Model areas.

1.1. Specific Objectives

- Consensus on best practice for hygiene promotion and sanitation (HP&S) in Uganda;
- Recommendations for effective implementation of best practice for hygiene promotion and sanitation through active support of all eight TSUs;
- A practical Way Forward for TSUs and Districts on a planning and implementation process for test models of best practice for sanitation and hygiene promotion.
- A six-month SMART Activity Plan for piloting BP in Test Model areas.

2.0 SUMMARY OF THE WORKSHOP PROCEEDINGS

The workshop included presentations, group discussions, plenary discussions and case studies. The overwhelmingly important role Hygiene Promotion and Sanitation (HP&S) should play in achieving the Millennium Development Goals (MDGs) and Uganda's Poverty Eradication Action Plan (PEAP) was demonstrated through a number of powerful presentations. In addition, a number of successful case studies, which have achieved some stunningly successful outcomes in terms of improved health and poverty eradication among rural populations in different countries, were also presented. A summary of some of the key presentations is presented below:-

2.1 *EHD – Capacity Building Programme*

This presentation covered the ongoing Capacity Building Programme for EHD (backed by DFID and WSP) in support of national HP&S. This programme has 5 components:-

- (i) National coordination of sanitation
- (ii) Strengthening capacity of EHD
- (iii) Policy and Legislation development
- (iv) Sanitation management information systems (MIS)
- (v) Consolidation of Best Practices in Sanitation

2.2 *Effective Hygiene Promotion & Sanitation*

This presentation covered definitions of Best Practice and the ingredients necessary for effective sanitation and hygiene promotion, at central, district and sub-district levels. Examples given as:

- Enabling policies, improved coordination and capacity building,
- Advocacy and incentives (and sanctions),
- Partnership and Financing,
- Technical issues and Knowledge management,
- M&E.

2.3 *Global Overview : Hygiene Promotion & Sanitation and the MDGs*

The presentation investigated how HP&S impacts forcefully on every one of the MDGs :-

- Goal 1 Eradicate extreme poverty and hunger
 - ❖ Sanitation is essential for improving quality of life – for health & economic development
- Goal 2 Achieve universal primary education
 - ❖ Sanitation keeps children fit & underpins healthy school environment.
- Goal 3 Promote gender equality & empower women
 - ❖ Sanitation improves women's dignity & provides opportunities for women to lead.
- Goal 4 Reduce child mortality
 - ❖ Sanitation reduces morbidity/mortality (Note Uganda's very high I&MM Rates)
- Goal 5 Improve maternal health
 - ❖ Sanitation reduces miscarriages, deaths, & impacts on fetuses/newborns.
- Goal 6 Combat HIV/AIDS, malaria, & other diseases
 - ❖ Sanitation prevents vector born & water/hygiene-related diseases.
- Goal 7 Ensure Environmental Sustainability
 - ❖ 2000-2015: Halve proportion of people without sustainable access to safe drinking water **AND Sanitation !!**
 - ❖ 2020: Have achieved a significant improvement in the lives of at least 100 m. slum dwellers through access to improved sanitation.
- Goal 8 Develop a global partnership for development
 - ❖ WSS needs partnerships of governments/NGOs/business/donors/people.

This paper presented findings on effectiveness of hygiene interventions on disease and poverty reduction (where hygiene interventions contributed a higher percentage than latrines). Successful case studies on BP were also presented which included some of the following

- Ouagadougou: Urban sanitation with focus on hand-washing (social marketing)
- Vietnam: Credit schemes for sanitation
- Maharashtra: Total HP&S campaign for a faecal-free environment
- Bangladesh: Total Sanitation campaigns for a faecal-free environment
- Philippines: Sanitation demand studies

2.4 *New Vision for Sanitation*

The presentation centred on the challenges of sanitation in Africa and the world over. All stakeholders needed a new vision for sanitation with new roles and a new approach. For Uganda, it was concluded that:

- Uganda has unique opportunity to take the lead in Africa and make a major impact on HP&S.
- There is a great opportunity for innovative HP&S approaches and an urgent need to avoid repeating the many mistakes of the past (e.g. subsidising latrine construction).
- Sanitation marketing approaches, within context of the massive "home improvement industry" can certainly provide solutions (as has shown to be the case in other countries).

2.5 *Cost Effective Health Promotion Through Community Health Clubs (CHC)*

A case study of an innovative hygiene promotion methodology from Zimbabwe was presented. Within a period of less than one year and at a cost of only US\$ 0.22 cents per person, sustainable hygienic behaviour change and significant reductions in disease and poverty had been achieved. This CHC methodology built on the well known PHAST approach but took it just one step further by making it more *structured*. CHC members (who were issued with Membership Cards that listed 20 health topics and practical home & hygiene improvements) would meet on a weekly basis for at least 20 weeks to cover all the different topics that were facilitated by trained Health Assistants or CDWs. This approach went way beyond mere transfer of knowledge; it stimulated many social dynamics within the "community" (i.e. with "common-unity" of purpose) and built social capital and increased peer pressure that resulted in fundamental changes amongst whole populations towards improved hygienic behaviour (of which a total faecal-free environment, hygienic latrine usage and hand-washing were simple indicators).

2.6 **Strengthening Budget Mechanisms for Sanitation Financing in Uganda**

Key issues for improved sanitation budgeting were highlighted as well as the need for clarification on what is meant by improved sanitation. There was clear need to agree on budget categories and develop an integrated budgetary framework, which is linked to clear sanitation objectives and targets. Clear input and output indicators also need to be developed. To this end the Consultant is working on a document for presentation at the Joint Technical Review.

2.7 **Improved Performance Measurement in the Uganda Water & Sanitation Sector**

The importance of performance measurement indicators (PMIs) was explained as being a way of improving accountability to the public and of helping to resolve competing demands for public funds and resources. Better PMIs should result in improved data collection, reporting, policy formulation, and planning and resource allocation. However, the proposed PMIs were not a blueprint and did not stop districts from developing their own district-based performance indicators. Eight new "golden indicators" for water and sanitation were presented, two of which are specifically for sanitation as follows:-

- *% of households that use hygienic latrines*
- *% of people with access to hand-washing facilities*

It was observed that the golden indicators should include a PMI specific to school sanitation used by 7 million children (e.g. a *pupil : stance ratio*).

2.8 **The Role of District Extension Staff in Support of Sanitation**

This presentation focused on the very useful role of CDWs in support of sanitation, through:-

- **Community participation** by mobilising and empowering communities to demand for services and to effectively participate in development initiatives;
- **Community enablement** by providing communities with vital information regarding their livelihood through a range of community techniques e.g. theatre, PRA/PLA etc;
- **Community management** by facilitating communities in the identification of key problems and priorities through participatory planning and collective community actions.

3.0 **A PRACTICAL WAY FORWARD**

The workshop participants formed themselves into groups that were organised around the eight TSUs and the districts that the TSUs are already supporting. Having identified global and local instances of Best Practice, these groups then proceeded to formulate SMART Action Plans for the next six months. Focus was given towards what districts could actually achieve right now in favour of Hygiene Promotion and Sanitation using their existing assets:-

- Strong **advocacy**, by District Leadership, for crucial role HP&S should play in achieving MDGs, PEAP and overall reduction in poverty and disease;
- Much better **coordination** of all district and sub-district W&S activities;
- Review baseline data collection tools, use new PMIs and ensure reliable information and data on existing status of Hygiene and Sanitation;
- Engagement and **mobilisation of extension staff** towards Hygiene Promotion;
- Improved **resource allocation** and budget planning in favour of HP&S;
- Plan and implement **Test Models of Best Practice** in selected areas;
- Improved knowledge sharing and cross-fertilisation between TSUs and districts.

DRAFT ACTIVITY ACTION PLAN TSU No:7

No.	Activity	Task	Participants	Method	Time	Resp. Person
1.0	Dissemination of workshop report	Inform district technical persons who did not attend	DHI, DIS, DWO, DCDO	Meeting	3 rd wk Feb	TSU
1.2		Inform the District leadership	C/M-V, RDC, CAO	Letters	1 st wk March	EHD
2.0	Advocacy at district level	Pre-planning for sensitization at district	DHI, DIS, DWO, DCDO	Meeting	4 th wk Feb	DHI/TSU
2.1		Sensitisation at district level, prioritise S/county	Full council	Workshop	1 st wk March	DHI/TSU
3.0	Advocacy at Sub-county level	Pre-planning for sensitization at S/C level	LC 111 executive & Ext. staff, Sub-county chief	Meeting	2 nd wk March	DHI
3.1		Sensitisation at Sub-county, prioritise parish	Full council	Workshop	3 rd wk March	DHI
4.0	Advocacy at parish level	Pre-planning for sensitization at parish level	LC 1 Executive	Meeting	4 th wk March	HA
4.1		Sensitisation at parish level	Parish/Village council	2-3 Workshops	1 st wk April	HA
5.0	Planning	Review baseline data collection tools			2 nd wk April	DHI
5.1		Planning for baseline surveys	Parish developmt. committee	Meeting	3 rd wk April	HA
5.2		Conduct surveys, assess and analyse results	Parish developmt. committee	Household visits	4 th to 2 nd wk May	HA, CDA, HI, CWO
5.3		Give village feed back	Council	Meeting	3 rd wk May	Ext.staff
	Implementation	Mobilise communities and develop community action plans	Household members	Household visits	4 th wk May	HA, CDA, HI, CWO
7.0	Supervision	Facilitate communities to: <ul style="list-style-type: none"> • Construct latrines • Provide HWFs. • Carry out home improvements • Maintain the SWC • Practice hygiene 	Homesteads	Home visits	June to July	Ext.staff
8.0	Evaluation	Develop criteria for evaluation	Ext.staff	Meeting	2 nd wk July	DHI
8.1		Plan for evaluation	Ext. staff, LCs	Meeting	3 rd wk July	DHI
8.2		Conduct evaluation	Homesteads	Field verification s	1 st to 3 rd wk Aug	Ext.staff
9.0	Reporting	Compile data, analyse results & make a report	Extension staff	Desk work	4 th wk Aug	DHI
9.1		Determine best performers (Villages & households)	Extension staff	Desk work	4 th wk Aug	DHI