

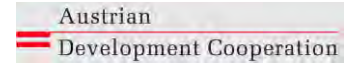


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Performance Improvement through Learning on Sanitation - PILS

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KITGUM DISTRICT LOCAL GOVERNMENT

CLTS - A CHEAPER AND SUSTAINABLE APPROACH FOR IMPROVING HYGIENE AND SANITATION

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BACKGROUND OF THE INITIATIVE

Kitgum District is located in the Northern part of Uganda and is part of the Acholi Region. It is bordered by the Districts of Gulu in the West, Pader in the South, Kotido in the East and Lamwo in the North.

According to the 2002 Uganda Population and Housing Census¹, Kitgum District has about 283,546 inhabitants, with 53,170 households. The population growth rate is estimated at 4.1%.

The main economic activity in the area is agriculture. Over 80% of the population are farmers who practice subsistence agriculture. Use of oxen and tractors for production purposes does not exceed 5%; this has resulted in farmers cultivating small fields, which are, in most cases, scattered and generally give relatively low yields. Family labour is the most common source of labour, though communal

labour is a traditional practice. The main food crops are millet, cassava, cowpeas, potatoes, beans, sesame seeds and sunflower. Cash crops include cotton, tobacco, sugar cane and sesame. Grown vegetables include cabbage; some pockets of community rear cattle.

For more than twenty years, the Lord Resistant Army rebellion forced over 90% of the population to be displaced into camps when the war was at its peak. Populations were forced into the camps established in protected villages or Sub-County headquarters. When the situation normalised from 2006 to 2008, people moved back to their villages.

Due to the disruption of the war, latrine coverage was very low when the communities first returned to their villages of origin. This caused Kitgum district to register one of the lowest latrine coverages (37%²) in Uganda (compared to the national average for rural areas of 69.7%³). Most of the 10 Sub-Counties of Kitgum district had a latrine coverage of below 50%. The safe water coverage was better, although the distribution of water points was poor since most of the boreholes were drilled in camp areas. The District was regularly hit by outbreaks of water and sanitation related diseases such as Hepatitis E and cholera which killed many people. The District considered it

¹ 2002 population and housing census conducted by the Uganda Bureau of Statistics

² Kitgum District Sanitation and Hygiene report 2009
³ Sector Performance Report 2011

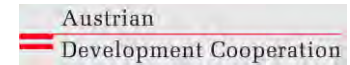


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very important for people returning to their homes to step up water, hygiene and sanitation levels in every household, so that communities could concentrate on productive work, have reduced treatment expenses and take their children to school.

The District realised that using a method such as Community-Led Total Sanitation (CLTS), which can help the community understand their sanitation status and consequences, could be cheap since it does not involve giving subsidies to the community. District staff thought that CLTS would enhance the District latrine coverage, and hence help reduce or prevent water and sanitation related diseases.

DESCRIPTION OF THE INITIATIVE

In 2007 Kitgum district adopted the CLTS approach to improve the sanitation and hygiene of returning communities. The CLTS approach was first introduced in the district with support from OXFAM.

CLTS practice to sanitation promotion builds upon the sense of shame within communities with poor sanitation. Through a provocative approach, it triggers communities to construct latrines without any external support.

The main steps of CLTS implementation were the following:

- The District lobbied for funds from NGOs such as OXFAM
- The inspectorate staff were trained comprehensively on the concept of CLTS
- The inspectorate targeted the villages with the lowest latrine coverage in their Sub-Counties. Sub-Counties and villages targeted for CLTS included: Tumanguu village in Akwang Sub-County, Ateng in Akwang Sub-County, Parwech Alango in Kitgum Matidi Sub-County, Owongo bone and Oryang central
- The new approach was triggered and progress was followed-up by a team of inspectorate staff
- Community members attended triggering meetings, selected the lead persons amongst themselves and monitored their own progress in building latrines
- After most households had constructed latrines in the triggered villages, one village, Labigiryang in Palabek kal Sub-County, was declared Open Defecation Free (ODF) in 2008
- Since the practice is cheap, more funds were lobbied from UNICEF to scale up the practice to other villages. Other agencies supporting water, hygiene and sanitation promotion were also directed to use this approach.

At the moment 21 villages have been triggered in Kitgum district but only one has reached ODF status. According to the District Health

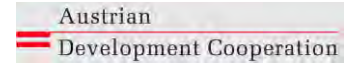


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Inspector of Kitgum, Mr. John Omoo, all triggered villages should be declared ODF by the end of March 2012.

MAJOR DRIVERS OF THE PROCESS AND SUCCESS

The District health inspector and OXFAM supported and trained the inspectorate staff on the practice. The inspectorate staff mobilised the community, triggered the practice and followed up to assess the success of the practice in the communities. This made the communities realise the danger of open defecation, and to come up with the solution by themselves in order to prevent water and sanitation related diseases.

The District Water Officer advocated for and mobilised more resources to scale up the practice to other villages. Thanks to this lobbying, in the financial year 2011/2012, Kitgum district got financial support from the Ministry of Health for scaling up CLTS.

RESOURCES

The main activities which required resources were:

1. Conducting training of inspectorate staff
2. Mobilising the community of the selected villages for triggering
3. Triggering

4. Follow up.

Direct contributions from the households included the provision of materials and labour for the physical construction of their latrines.

OTHER APPROACHES PROMOTED IN KITGUM DISTRICT FOR IMPROVING SANITATION AND HYGIENE

CLTS was not the only approach promoted by the district for improving sanitation and hygiene. A number of other less successful initiatives were tried out. Their drawbacks are briefly described below:

1. Home improvement campaign

It can change quickly because communities are eager to get the gift awarded to model households. However, once the campaign is aware, people usually forget about it. Unfinished facilities are quite often not even completed.

2. Participatory Rural Appraisal

Only members of the community willing to participate voluntarily come; the few who turn up benefit from the approach but this had a limited impact on improving sanitation and hygiene in communities.

3. Participatory Hygiene And Sanitation Transformation (PHAST)

It is a good approach but very expensive, since it involves numerous trainings of

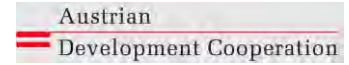


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health staff, community structures (Village Health Teams - VHTs, local council members and the community).

4. Bye laws

This approach experienced problems with unclarity on who should enforce the bye laws.

5. Target leader approach

This is a good approach, but it involved use of law reinforcement officers such as the police. If funds for engaging the police are not there, this approach becomes very difficult to implement.