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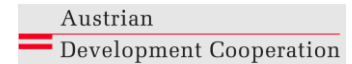


KITGUM DISTRICT LOCAL GOVERNMENT



Performance Improvement through Learning on Sanitation - PILS

A project funded by



HOME IMPROVEMENT CAMPAIGN IN AKWANG SUB COUNTY, KITGUM DISTRICT

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ABSTRACT

The home improvement campaign in Kitgum District Local Government was launched in 2010 in Akwang Sub-County in 3 villages: Kilime, Mwolubune and Liba. Households competed to become the “ideal homestead” by implementing hygiene and sanitation measures. This resulted in a significant increase in latrine coverage and general improvement of the health status of participating villagers.

BACKGROUND

Akwang Sub-County is one of the ten Sub-Counties in Kitgum district. Its headquarters are about 9 km from Kitgum town. The Sub-County is bordered by Palabek Gem Sub-County to the west, Padibe West in the north-west and Padibe East from the north.

Akwang Sub-County has three parishes: Lamit, Pajimo and Lugwar, all of which are divided into 21 villages. The approximate population of Akwang is about 17,450 people.

Being located in Northern Uganda, Kitgum district was affected by the Lord’s Resistance

Army insurgency. During the 25 years of the civil war, many people had to leave their villages to go and live in camps for Internally Displaced People (IDP). People have only recently returned to their ancestral homes, having to rebuild shelters and cultivate the bare land. Water, sanitation and hygiene facilities are most of the time insufficient or inadequate when people return from the camps. The return process to the original homesteads helped in the reduction of congestion and reduced the incidence of water and sanitation-related diseases, although these were still prevalent.

For Kitgum, the latrine coverage in all the 10 Sub-Counties was below 50%, way below the national average. Safe water coverage was good but with very poor distribution since most of the boreholes were drilled in and around IDP camp areas. The Sub-County was often hit by outbreaks of water and sanitation-related diseases such as hepatitis and cholera.

DESCRIPTION OF THE INITIATIVE

The home improvement campaign in Kitgum District was initiated in 2010 by AMREF, Oxfam and IRC, in collaboration with Kitgum District Local Government, the Sub-County technical persons and the local community leaders, with the aim of improving sanitation and hygiene situation in the district.

The campaign was first implemented in Akwang Sub-County in the villages of Kilime, Mwolubune and Liba. These villages were chosen as pioneer sites because they had very poor sanitation, with



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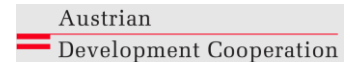


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latrine coverage as low as 10%. The campaign was later on rolled out in all the other nine Sub-Counties of Kitgum.

The preparation started in April 2010 but the actual competition was held in June 2010. The National sanitation week theme “**Exemplary leadership**” was used during the initiative. Among other methods, the district adopted community total-led sanitation (CLTS) to increase the latrine coverage. The district also embarked on increasing the water coverage in the return sites since it is a component of home improvement.

The District lobbied for funds from development partners such as international NGOs (UNICEF, Oxfam, International Rescue Committee - IRC, International Committee of the Red Cross - ICRC) and local NGOs (such AMREF, Caritas etc). These organisations supported the district with motorcycles, fuel, and sanitation kits for each of the villages. They also provided skills training to the water source committees at each of the water sources and to the village health committees.

The inspectorate staffs, i.e. the Health Assistant, Health Inspectors, community development officer/Assistant community officers, were trained comprehensively on the concept of the community-led total sanitation by NGOs. The target for scaling up the village latrine coverage in their Sub-Counties was set to at least 60%.

The overall process for the home improvement campaign can be summarised as follows:

1. Conducting training of inspector staffs, VHT, Local leaders
2. Mobilising the community of the selected village for CLTS triggering
3. Triggering
4. Provision of sanitation kits to local councils of a village for distribution to community members. Each kit included 50 hand hoes, axes, spades, and wheelbarrows
5. Monitoring and evaluation (follow up)
6. Calling for consultation meeting with the community.

MAJOR DRIVERS OF THE PROCESS

The District Health Inspector and Oxfam GB Kitgum supported and trained the inspectorate staff on the concept and practice of sanitation and hygiene in an ideal home. The inspectorate staff and community development staff mobilised the community, triggered the practice and followed up to assess the success of the practice in the community. This made the community realise the danger of open defecation and poor sanitation in the homestead and the entire environment. The community came up with the solution by itself in order to prevent water and sanitation-related diseases.



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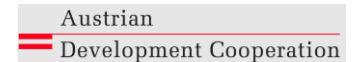


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The village health teams, together with LC officials, were instrumental in areas of mobilisation and monitoring, and, together with the other technocrats, they helped in selecting the best performing household.

The community participation was very good. About 600 households in three villages were all sensitised and all participated in the preparation of the campaign spearheaded by the leaders of the selected villages.

Awards were given to the best family or “Ideal home” so as to motivate the community to promote proper sanitation in their homes. The households which had not satisfied all the criteria were encouraged to complete them since there are several programmes such as Northern Uganda Social Action Fund (NUSAF) and Community Driven Development (CDD) which focus on proper hygiene and sanitation for households as a condition to access funding.

The District Water Officer advocated for and mobilised more resources to scale up the practice to other villages. However, the major roll out of the programme was not completed as planned due to the financial constraints in the Sub-County. However, NUSAF 2 and CDD programmes indirectly helped to roll out the programme in all the Sub-Counties in Kitgum and eventually in all the villages, because they required that whoever needed funding had to fulfill certain sanitation and hygiene criteria. As a result, latrine coverage in all the worst affected villages rose to over 50%.

RESOURCES

As mentioned above, village local councils were provided with sanitation kits (hand hoes, axes, spades, and wheelbarrows) for distribution to community members. In addition, community members made direct contributions in the following ways:

- Local materials for the construction of their latrines
- Land and labour for construction of latrines, digging of rubbish pits, shelters, drying racks etc
- Communities attended triggering meetings in their villages and contributed ideas
- Selecting of a committee and lead persons to follow up home improvement campaign and monitor progress
- Joint community planning.

SUCSESSES

The home improvement campaign generated the following positive results:

- Participating villages had a very remarkable improvement in sanitation
- There was also improvement in the health status of the community and improved hygiene behaviour change generally. Statistics in the health center showed a reduction of sanitation and water-related diseases. For example, in Akwang Health Centre, reported cases of water-borne diseases declined from a monthly average of between 25-30 cases before the start of



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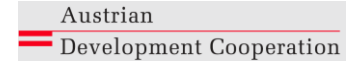


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- the initiative to an average of 18-20 cases two months after the actual beginning of implementation of total sanitation
- The latrine coverage and usage improved in the selected villages
- The community leaders were the lead in the exercises. They also acted as good models, with all the local leaders' sanitation facilities and water points around them in hygienic conditions.
- There is also a need to have constant monitoring to ensure that the improved homesteads sustain their good hygiene practices. This means that a committee at the village level needs to be trained and put in place for monthly monitoring for sustainability of the practice.

CHALLENGES AND LESSONS LEARNT

- The minimum target of the initiative was achieved in that latrine coverage increased and the general health status of the participating villagers improved. However, there were questions of lack of sustainability. Communities had significant contributions but the NGOs who were the major donors scaled down their activities in the district
- Alternative means of funding must be sought before the roll out continues. Efforts must be directed at advocating and lobbying for extra funding from the district. The district and Sub-County executives should increase the budget for the home improvement campaign in the development of Sub-County plans
- For sustainability there is always a need for such campaigns to be organised on a yearly basis, with the best performers being rewarded, which has cost implications. This remains a challenge for the local government of Akwang