

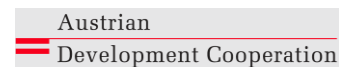


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PADER DISTRICT LOCAL GOVERNMENT

THE ROLES OF LOCAL LEADERS IN IMPROVING HYGIENE AND SANITATION IN ADILANG S/C, AGAGO DISTRICT

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ABSTRACT

The decentralisation policy that came into force after the enactment of the 1995 constitution of the Republic of Uganda empowered local leaders to actively participate in key government programmes which are geared towards improving service delivery. Expected impacts include, but are not limited to, reduction in hygiene and sanitation related diseases among the rural poor. The issue of active participation by the local leaders became of paramount importance in Adilang Sub-County due to numerous reported cases of sanitation-related diseases in the area and the neighbouring district of Kitgum. The involvement of local leaders led to increased sanitation coverage from 11% in 2006 to 48% in 2011. Through active participation and involvement of the local leaders at both local and national levels, great achievements can be made in sanitation and hygiene to attain the millennium development goals.

BACKGROUND

On the 1st July 2010, Agago District Local Government was created out of Pader district and as such, it provided an opportunity for local leaders to be closer to the people as written in Article 9(1) of the 1995 constitution of the Republic of Uganda. Adilang Sub-County is located in Agago District. It is bordered by the following Sub Counties: Lapono in the North, Lukole in the North West and Patongo in the West (all Sub-Counties of Agago district), as well as Abim Sub-County in the East and Lotuker in the South East (both in Abim district), and finally Orum Sub-County (in Otuke district).

Adilang Sub-County is among the Sub-Counties of Agago district that experienced for over 25 years the Lord's Resistance Army (LRA) insurgency. One consequence of this conflict was the creation of camps for Internally Displaced People (IDP). After the end of the insurgency, the different leaders of this Sub-County were determined to improve the hygiene and sanitation situation in their areas of jurisdiction.

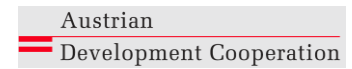
Despite the local leaders' commitment, the cultural settings of the community were not so conducive for improving hygiene and sanitation practices and facilities. People were continuing to practice open defecation, for example.



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DESCRIPTION OF THE INITIATIVE

The local leaders initiated the idea of leading by example and self reliance. They agreed on a byelaw stating that all leaders should show a good example by establishing adequate hygiene and sanitation facilities in their homes, to enable other members of the community to replicate them. All these were done in most of the local leaders' homes, a sign of their commitment, and communities could copy from them.

Local leaders were involved in a number of activities that helped to improve hygiene and sanitation in Adilang, such as:

- **Planning for and by the community, under a bottom-up planning approach:** The leaders of Adilang sub-county got involved in making some plans that were initiated by the communities to meet their basic needs in the area of hygiene and sanitation at school and household levels. This helped to increase the number of hygiene and sanitation facilities and to improve practices
- **Continued mobilisation and sensitisation of camps, community and resettled household members:** The leaders were responsible for mobilising and sensitising the community on the planned government programmes in all aspects, including sanitation and hygiene practices. Nearly 75% of the

population of Adilang Sub-County was sensitised by these local leaders.

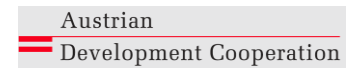
- The local leaders formulated some byelaws at different levels that promoted improvements in sanitation facilities, increased their number and also helped to improve hygiene practices within the Sub-County
- Adilang Sub-County significantly increased its budget allocated to sanitation and hygiene, as described in more detail under the section listing the major drivers of success of this process
- The local leaders have been involved in monthly meetings with the communities, NGOs, and local and central government, for monitoring and providing feedback on community sanitation and hygiene problems. Through these meetings, local leaders have been reviewing and solving hygiene and sanitation related issues
- Local leaders were involved in the collection of data, mapping of areas of greater sanitation and hygiene needs and submission of reports to the Sub-County and district, who in turn submitted these to the national level. At the national level, these were then compiled and used for planning purposes.



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RESOURCES

- Leaders were able to tap both on direct and indirect resources to build their sanitation and hygiene facilities. They used their own means and got support from humanitarian organisation such as Medical and Environmental Development by Air (MEDAIR). These resources were both human and financial, as further detailed below
- A significant part of the Sub-County budget was used for the facilitation of activities of local leaders in hygiene and sanitation, both in schools and homes
- Some resources came from the Sub-County's partners in development, e.g. CARITAS, the Lutheran World Foundation (LWF), MEDAIR, the Norwegian Refugees Council (NRC), Population Service International (PSI), International Aids Services (IAS), Arbeiter Samaritan Bund (ASB), etc. These organisations provided financial resources, trained personnel who built the capacities of the local leaders, monitoring tools, and means of transport such as bicycles.

SUCSESSES

- Hygiene and sanitation practices became a concern for all, leading to

improvement of sanitation coverage from 11% in 2006 to 48% in 2011

- The active involvement of the local leaders contributed to a great reduction in hygiene and sanitation related diseases within the Sub-County. For example, in 2006, when people were in the camps, dysentery was at 30% but as of now in 2011 when people have returned to their respective homes, it is at 2%
- The reduction in the incidence of hygiene and sanitation related diseases has improved the health of our communities. This has made people more productive and ready to embark on production of a variety of crops such as cotton, maize, beans, and millet, among others
- There has been an increase in byelaws being made within the Sub-County regarding hygiene and sanitation issues.

CHALLENGES

In initiating this best practice, leaders met a lot of challenges that can be outlined as follows:

- Lack of community and local leaders' ownership of the hygiene and sanitation programme, as this was primarily triggered by NGOs working in the Sub-County, as well as by rampant

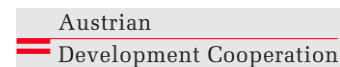


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episodes of sanitation and hygiene related diseases in the Sub-County and in neighboring district of Kitgum

- Local leaders always need facilitation for proper planning, implementation, monitoring and follow up on hygiene and sanitation activities in the Sub-County
- Transport and coordination problems were due to a lack of transport means; movements and timely implementation of activities were hence affected
- Limited resources to implement the programme
- Some cultural beliefs among some communities affected the uptake of good practices and increase in hygiene and sanitation facilities. For example, smell emanating from a latrine is absolutely unacceptable hence many people prefer to go and defecate in the bush than use a poorly maintained latrine
- Up and down movement of community from camps to their homes affected people's engagement in the construction of hygiene and sanitation facilities; their first priority was constructing houses.

MAJOR DRIVERS OF THE PROCESS

The key people who played a great role in the implementation of these programmes included:

- District leaders such as LCV Chairperson, Executives and councilors got involved in the monitoring, coordination and implementation of the existing hygiene and sanitation workplans that had been agreed upon by different stakeholders and partners in development. This helped to increase coverage of hygiene and sanitation in the Sub-County
- The increase in budget allocation; for example, Adilang Sub-County increased its budget for hygiene and sanitation from UGX 50,000 in 2006/2007 to UGX 1,500,000 in the financial year 2008/2009. In general, Adilang Sub-County increased its health sector budget by 40% in the financial year 2009/2010. This showed the total involvement of these local leaders in hygiene and sanitation activities, both at the households and institutional levels within the Sub-County
- Sub-County leaders, LCIII Chairperson, Executives and councilors, LCII and LCI, all helped in the planning, lobbying, implementation, monitoring and evaluation, and provision of feedback on hygiene and sanitation activities to different actors within the Sub-County

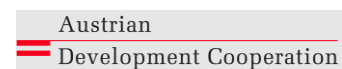


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- The Sub-County's partners in development, CARITAS, MEDAIR, LWF, PSI and ASB, among others, all helped local leaders in capacity building and with the provision of transport in form of bicycles that helped in monitoring of hygiene and sanitation activities
- The great improvements in sanitation and hygiene coverage and practices were achieved thanks to the involvement of the local leaders in the promotion of approaches like CLTS by different NGOs (including CARITAS)
- The formation of Village Health Teams (VHTs) in 2006 in every village also greatly contributed to improving the sanitation and hygiene situation in Adilang Sub-County. Each VHT is indeed attached to a given village and supervised by the local leaders besides the technocrats. This helped to improve community access to health information, as local leaders are closer to the communities.
- important to involve them and to identify champions among them
- Capacity building of local leaders in hygiene and sanitation issues should be done on a regular basis. As behaviour and attitude changes take a long time, involving everybody, including local leaders, to gain skills and knowledge is key
- Households and institutional hygiene and sanitation competition should be encouraged. Everyone in the community should take part in mobilisation and implementation in order to address hygiene and sanitation issues effectively
- Community mobilisation is a continuous capacity building process, rather than a single event.

LESSONS LEARNT

- There should be the heart of ownership in every community we live in, people should be trained to change their attitudes and behaviour, while efficient policies and byelaws should be developed and adhered to
- Local leaders can act as role models for the rest of the community, so it is

REFERENCES

Otema Johnson Oyat
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District Health Inspector-Agago