



## Participatory hygiene and sanitation programmes

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IN OCTOBER 1993, Regional Participatory Hygiene Education in Methodology Workshop was held in Mukono Uganda. It brought participants from five countries namely Uganda, Kenya, Eritrea, Ethiopia, Botswana, Zimbabwe and Mozambique. All these are countries piloting the use of Participatory Hygiene and Sanitation Transformation (PHAST) in the water and sanitation sector.

The major aim of this workshop was to draw experience from existing Hygiene Education concepts and practice with a view to facilitating the enhancement of human capacities to enable people to manage their own lives and their environment.

### Why participatory

There have been many approaches used all intended to involve communities and albeit with varying degrees of success. The underlying issue has been lack of evidence of continuity, sustenance of facilities and replication of activities. The Participatory Hygiene and Sanitation Transformation seeks to arouse community spirit for Self esteem, Associative strengths, Resourcefulness, Action planning and Responsibility which are the motive factors for community participation and involvement.

The method of application has been through use of participatory tools to wit pictorial illustrations which depict sequences of every activities as they relate to water and sanitation. These are used to arouse discussions of fundamental issues for example Operation and Maintenance (using planning tools), Hygiene (using sanitation ladder), Monitoring and Evaluation, Environment, and Gender involvement; thereby triggering off interventions to identified problems.

The RUWASA Project experience has largely been a re-activation of the roles of Water User Committees, extension workers and their supervisors.

This paper will present experiences in RUWASA project as the approach evolved in the last two years or so. It will expose the benefits that are related to community level partners and how these can be used as indicators for success of a water and sanitation project. It will further invite discussion on the way forward for the use of this approach in enhancing demand driven and sustainable implementation.

### Participatory hygiene and sanitation programmes

Hygiene and sanitation have rarely occupied a prominent position on the agenda of water and sanitation programmes. Why?

This is primarily because false assumptions have been used to back up blue prints (plans) for water and sanitation programmes. These assumptions can be taken at two levels viz the donor/implementing agency and the beneficiary levels. Some key but false assumptions at the donor/implementing agency level include:

- Improved water supply alone leads to better health
- Health education will automatically create demand for sanitation and change of behaviour
- Sanitation programmes can be made only through the construction of latrines
- People are not willing to pay for sanitation
- Traditional values and knowledge are a barrier to good sanitation practices
- Institutions which have been set up for water supply are also suitable for sanitation development (community versus household tasks)
- The private sector are not interested in sanitation

At the beneficiary level the false assumptions include:

- There is no immediate benefit in improved sanitation
- Sanitation systems can not reliable
- Responsibility for sanitation lies somewhere else
- Children' faeces are harmless

The net result of relying on these false assumptions is the aggravation of the sanitation problem both in terms of facility provision and behaviour related to use and maintenance.

The focus of intervention should not be limited to provision of technological options alone but should also be linked to behaviour change. This calls for participation especially at the household and community level. This participation should come about through the enhancement of the community potential to realise their own *self esteem, associative strengths, resourcefulness, action planning, and sense of responsibility*. (SARAR).

Participatory techniques using the SARAR methodology have been successfully tried out in the RUWASA East Uganda Project, to bring about community level transformation of hygiene practices related to sanitation, and water collection, storage and use.

The findings of the Joint Review Mission 1993 to the RUWASA project, project monitoring reports and studies, as well as observations by project visitors did indicate that concerted efforts by social mobilisers (health assistants and community development assistants) did

not bring about desired behaviour especially at the water user committee (WUC) level, e.g

- WUC members could not easily identify who uses their water source
- The situation of sanitation among the water users was not accurately known
- There was a tendency on the part of the community to rely heavily on external support e.g from health workers, RUWASA or NGOs to identify and provide interventions for sanitation, and hygiene problems.
- There was hardly any evidence of extensive practice of hygienic behaviour e.g hand washing after using the latrine

So what was the problem? Participation of the partners at household and community level had been limited to provision of cheap labour and available materials on the assumption that having been duly instructed on their roles, the WUC would ensure the maintenance of water sources and practice of hygienic behaviour.

A closer look at the mobilisation and training techniques revealed that the approach did not adequately equip the mobilisers with the necessary skills to bring about participation and sense of ownership at the community level. Training methodology was mainly didactic interspersed with classroom based discussions, role plays and video shows on Operation and Maintenance. The result was the WUCs had little contact with the realities of hygiene, sanitation and water use behaviour around them.

On the recommendation of the JRM, and in collaboration with SARAR training experts from the RWSG/WB - Nairobi, the project undertook to develop and try out the use of participatory tools. A Guide for Training Water User Committees using Participatory Tools was developed (ref: Guide....) to assist the social mobilisers in their training activities. A pilot was carried out in Mukono district and on the strength of the success, the participatory training methodology was extended to cover the other districts where RUWASA was active. The subjects covered included community map building, hygiene education, WUC responsibilities, and evaluation. The training which was designed was not limited to hygiene education and sanitation. It covered other areas as well. The tools which were used were:

**Mapping, Sanitation Ladder, Faecal Routes and Barriers, Gender Task analysis, Story with a gap and other Planning exercises.**

The essential findings in using this methodology were that the WUC and other community members were able to actively participate in discussions related to sanitation, hygiene behaviour, water source maintenance, gender and planning. The use of pictorial illustrations easily facilitated and generated discussion. This was a positive departure from previous didactic approach.

The community members demanded for the tools so that they too could train others. This was evidence of a

feeling of empowerment to take charge of project activities by community members themselves. It also showed the tools were easy to understand and use at grassroots level. A summary of some lessons learnt are here below listed:

- The methodology is user friendly and appropriate for use with various (all) categories of people;
- The methodology is interesting, provokes discussion, brings out real life experiences which can not be brought out using traditional training methods;
- The approach is learner centred, therefore empowering the learner to think, identify and address (find solutions) situations;
- The methodology eases work on the side of the trainer/facilitator;
- \* The methodology can be used in a structured (ref: RUWASA) or non-structured manner (ref: Water Aid and KUPP). The latter two are using informal community members who are trained to train other community members!
- Training is continuous at the community level;
- The table below shows the tools that were pre-tested and the experiences:

In order to closely monitor the effect of using this methodology for training at grassroots level, the Mobilisation

Tool	Experiences	Adopted
Unserialised posters Photo parade	easy to use as starters	Yes
Community mapping	very good for establishing baseline - sanitation, infrastructure, etc	Yes
Sanitation ladder	easily understood and used also establishes sanitation baseline	Yes
Faecal routes	useful to start off a hygiene education discussion	Yes
Faecal barriers	Enables community members think of solutions to hygiene problems that are within their touch.	Yes
Gender task analysis	Evokes lively discussion, brings to light gender roles and distribution and difficult to halt; ice breaker	Yes
Story with a gap	Eases planning discussions	Yes
Three pile sorting	Useful for hygiene behaviour discussion	Yes
Health case study	Not much used	
Roles and responsibility chart	has been applied in RUWASA area by mobilisers with success	

sation and Training units of the project followed up 19 WUCs in three different sub-counties of Ikumbya (Iganga district), Bussede (Jinja district) and Kauga (Mukono district). A checklist of indicators of good WUC performance was drawn up as follows:

- proper record of water source users
- existence of O&M funds, collection and use
- existence of caretakers (for preventive maintenance and hygiene education)
- good general condition of the water sources (fencing, cut grass, soakaways, drains)
- hygiene education activities (users cleaning containers, posters on hygiene)

Observations:

- a) 79% of WUCs had updated lists of water source users
- b) 64% WUCs had collected and were using O&M funds to pay handpump mechanics, buy grease and spares
- c) 71% WUCs had proper records related to the use of O&M funds
- d) 100% of caretakers had spanners and were carrying out preventive maintenance
- e) 15% of the WUCs remunerated their caretakers with Shs 800 - 2000 (US\$ 0.9 - 2.1)
- f) 100% WUCs had hygiene and sanitation messages embedded in their bye laws e.g use of clean utensils for collecting water, but there was no indication of direct intervention like meetings on hygienic behaviour.
- g) 5% of the WUCs had an updated list of latrine and sanplat coverage of its water users as a basis for follow up on sanitation activities.  
18 homes of water users were visited. Of these, latrine coverage was 89%. 72% of the latrines were hygienic (clean floor with sanplats), and 6% had hand washing facility. (ref: Internal Project reports CMS)

This data was against a background where it was previously difficult to obtain accurate information at the water user committee level.

### Acceptance of participatory approaches at institutional level

So far the acceptance and use of the participatory methodology has largely been limited to the water and sanitation projects e.g KUPP, RUWASA and Water Aid. At the policy levels, i.e ministries or agency HQ administrations, the MOH - Uganda supports Uganda Community Based Health Care Association (UCBHCA) which uses a lot of PRA approaches although support is still very limited. The methodology is sometimes thought to be time wasting!

Generally, decision makers who have been exposed to the methodology have shown a lot of interest and implicit support for its use.

### Acceptance at community level

The communities appreciate the use of the approach during training. In the RUWASA project area, there have been expressed demands for the tools by water user committee members who would like to use them to mobilise other community members! They have been spurred onto action.

### Reactions of community members:

- There is full community participation in discussion irrespective of gender, status or educational levels;
- Communities have recommended the use of the tools for all training activities and that all should be trained using this approach;
- the turn up during training is consistent throughout the period;
- During community level meetings where these approach has been used, tasks are allocated and sanctions agreed on by community members for non performance;
- Some behaviour changes have been observed e.g dish washing (Water Aid), hand washing RUWASA), orderly lines at water kiosks (KUPP);
- General level of cleanliness is up!

### Constraints experienced

- Lack of support from supervisors and policy makers who have not been exposed to the methodologies;
- Durability of tools (lamination has been tried out with some success);
- Artists are not always available and needs training when present;
- It is expensive to produce materials on a low scale;
- Training costs may be prohibitive as a full scale workshop requires say 10 working days (administrators' headaches!);
- It a time consuming exercise.

### Recommendations

- i) Use of participatory approaches and tools should be encouraged and widely marketed in other fields other than water and sanitation, e.g environment protection, in agriculture, income generating. This is to foster sustainability of development initiatives.
- ii) There is need to institutionalise the methodologies (in ministries, dept., agencies) so as to secure future funding. Sensitisation of policy makers could be organised nationally or internationally. This will foster sustainability.
- iii) Community level, national and regional exchange visits should be encouraged to foster closer collaboration and capacity building, as well as monitoring and evaluation of the progress of this initiative.
- iv) A monitoring and evaluation mechanism be developed/refined for effective assessment of the impact of participatory tools

- v) Coordination of Participatory Hygiene and Sanitation initiatives at national level should be through an established network supported by participating agencies.

**Acronyms**

PHAST	Participatory Hygiene and Sanitation Transformation
RUWASA	Rural Water and Sanitation
SHEP	School Health Education Project
SARAR	Self Esteem, Associative strengths, Resourcefulness, Action Planning, Responsibility.
WUC	Water User Committee

JRM	Joint Review Mission
RSWG/WB	Regional Water and Sanitation Group/World Bank
KUPP	Katwe Urban Pilot Project
O&M	Operation and Maintenance
CMS	Community Mobilisation and Sanitation
UCBHCA	Uganda Community Based Health Care Association
PRA	Participatory Rural Appraisal

**References:**

1. A Guide for Training of Water User committees using Participatory Tools - RUWASA August 1994
2. Tools for Community Participation - Srinivasan, UNDP/WB